

SERFF Tracking Number: EVST-125786447 State: Arkansas
Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-PL-20025061
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Professional Liability
Project Name/Number: Pollution Change/CW-PL-20021199

Filing at a Glance

Company: Everest National Insurance Company

Product Name: Professional Liability

SERFF Tr Num: EVST-125786447 State: Arkansas

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0019 Professional Errors &
Omissions Liability

Co Tr Num: AR-PL-20025061

State Status: Fees verified and
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Author: Vanessa King

Disposition Date: 09/08/2008

Date Submitted: 08/22/2008

Disposition Status: Disapproved

Effective Date Requested (New): 11/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 11/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Pollution Change

Status of Filing in Domicile:

Project Number: CW-PL-20021199

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/08/2008

Deemer Date:

State Status Changed: 09/08/2008

Corresponding Filing Tracking Number:

Filing Description:

We are introducing endorsement EIL 01 510 – Pollution Changes, for use with our Professional Liability business. This endorsement reinforces the intent of the pollution exclusion to state that it applies whether or not a pollutant is of essential or significant use to the insured's business.

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 Project Name/Number: Pollution Change/CW-PL-20021199

Company and Contact

Filing Contact Information

Vanessa King, Manager, Filing and Regulation vanessa.king@everestre.com
 P.O. Box 830 (908) 604-3267 [Phone]
 Liberty Corner, NJ 07938-0830 (908) 604-3546[FAX]

Filing Company Information

Everest National Insurance Company CoCode: 10120 State of Domicile: Delaware
 477 Martinsville Road Group Code: 1120 Company Type:
 P.O. Box 830
 Liberty Corner, NJ 07938-0830 Group Name: Everest Re Group, State ID Number:
 Ltd.
 (908) 604-3000 ext. [Phone] FEIN Number: 22-2660372

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------------------|---------|----------------|---------------|
| Everest National Insurance Company | \$50.00 | 08/22/2008 | 22079306 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-------------|---------------|------------|----------------|
| Disapproved | Edith Roberts | 09/08/2008 | 09/08/2008 |

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Liability
Product Name: Professional Liability
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Disposition

Disposition Date: 09/08/2008

Effective Date (New):

Effective Date (Renewal):

Status: Disapproved

Comment: This provision is too broad and is contrary to public policy for liability. It also does not comply with the Department's position that smoke, soot, vapors or fumes from a hostile fire may not be excluded.

Rate data does NOT apply to filing.

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 Product Name: Professional Liability
 Project Name/Number: Pollution Change/CW-PL-20021199

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|-------------------|------------|--------------|----------------------------------|----------------------|-------------|----------------------|
| Disapproved | Pollution Changes | EIL 01 510 | 07 08 07 08 | Endorsement/Amendment/Conditions | | 0.00 | EIL 01 510 07 08.pdf |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLLUTION CHANGES

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL EXCESS LIABILITY COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
PROFESSIONAL LIABILITY COVERAGE PART

Any exclusion, limitation or other provision relating to pollutants ("pollutants"), or any amendment to or replacement of such exclusions, limitations or other provisions, applies whether or not the pollutant has any function in, or is of essential, integral, necessary or significant use to, your business, operations, premises, site or location.

SERFF Tracking Number: EVST-125786447 *State:* Arkansas
Filing Company: Everest National Insurance Company *State Tracking Number:* EFT \$50
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TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0019 Professional Errors & Omissions
Liability

Product Name: Professional Liability
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Disapproved 09/08/2008

Comments:
Attachment:
Transmittal.pdf

Property & Casualty Transmittal Document

| | | | | | |
|---|---|--------------|--|------------------|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes | New Business | | Renewal Business | |
| New Business | | | | | |
| Renewal Business | | | | | |

| | |
|------------------------|---------------------|
| 3. Group Name | Group NAIC # |
| Everest Re Group, Ltd. | 1120 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|------------------------------------|----------|--------|------------|---------|
| Everest National Insurance Company | DE | 10120 | 22-2660372 | |
| | | | | |
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|-----------------------------------|----------------|
| 5. Company Tracking Number | AR-CP-20024991 |
|-----------------------------------|----------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|--|---------|----------------|----------------|-----------------------------|
| | Vanessa King 477 Martinsville Road Liberty Corner, NJ 07938-0830 | Manager | (908) 604-3267 | (908) 604-3526 | vanessa.king@everest-re.com |
| | | | | | |

| | |
|--|---------------------|
| 7. Signature of authorized filer | <i>Vanessa King</i> |
| 8. Please print name of authorized filer | Vanessa King |

Filing information (see General Instructions for descriptions of these fields)

| | |
|--|--|
| 9. Type of Insurance (TOI) | Commercial Property |
| 10. Sub-Type of Insurance (Sub-TOI) | |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested | New: 11/01/2008 Renewal: 11/01/2008 |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Reference Organization (if applicable) | |
| 17. Reference Organization # & Title | |
| 18. Company's Date of Filing | 8/20/2008 |
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

Property & Casualty Transmittal Document—

| | |
|--|----------------|
| 20. This filing transmittal is part of Company Tracking # | AR-CP-20024991 |
|--|----------------|

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|--|
| 21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
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We are introducing endorsement EIL 01 510 – Pollution Changes, for use with our Commercial Property business. This endorsement reinforces the intent of the pollution exclusion to state that it applies whether or not a pollutant is of essential or significant use to the insured's business.

We are also revising our company exception rule pages (where applicable) to reference this new endorsement.

| |
|---|
| 22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
|---|

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

| | | |
|-----------|--|----------------|
| 1. | This filing transmittal is part of Company Tracking # | AR-CP-20024991 |
|-----------|--|----------------|

| | | |
|-----------|--|-----------------------|
| 2. | This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small> | AR-CP-20024992 |
|-----------|--|-----------------------|

| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement Or withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
|----|------------------------------------|--------------------------------|---|---|--|
| 01 | Pollution Changes | EIL 01 510 07 08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 02 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 03 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 08 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 09 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |

PC FFS-1