

SERFF Tracking Number: WESA-125820356 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #30768 \$100
Company Tracking Number: NP-CAP-08-17
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
Product Name: Community Association Package Product
Project Name/Number: Community Association Package Product/NP-CAP-08-17

Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Community Association Package Product SERFF Tr Num: WESA-125820356 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only

Sub-TOI: 17.1019 Professional Errors & Omissions Liability

Filing Type: Rule

SERFF Status: Closed

Co Tr Num: NP-CAP-08-17

Co Status:

Author: Westmont Associates

Date Submitted: 09/17/2008

State Tr Num: #30768 \$100

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Edith Roberts

Disposition Date: 09/25/2008

Disposition Status: Filed

Effective Date (New):

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Community Association Package Product

Project Number: NP-CAP-08-17

Reference Organization:

Reference Title:

Filing Status Changed: 09/25/2008

State Status Changed: 09/25/2008

Corresponding Filing Tracking Number:

Filing Description:

Submission of rule exception page for Company's Community Association Package Product.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

SERFF Tracking Number: WESA-125820356 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #30768 \$100
Company Tracking Number: NP-CAP-08-17
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
Product Name: Community Association Package Product
Project Name/Number: Community Association Package Product/NP-CAP-08-17

(This filing was made by a third party - westmontassociatesinc)

Wesley Pohler, AVP wes@westmontlaw.com
25 Chestnut Street (856) 216-0220 [Phone]
Haddonfield, NJ 08033 (856) 216-0303[FAX]

Filing Company Information

United States Liability Insurance Company CoCode: 25895 State of Domicile: Pennsylvania
25 Chestnut Street Group Code: 31 Company Type: Property and Casualty
Suite 105
Haddonfield, NJ 08033 Group Name: State ID Number:
(856) 216-0220 ext. [Phone] FEIN Number: 23-1383313

SERFF Tracking Number: WESA-125820356 State: Arkansas
 Filing Company: United States Liability Insurance Company State Tracking Number: #30768 \$100
 Company Tracking Number: NP-CAP-08-17
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
 Product Name: Community Association Package Product
 Project Name/Number: Community Association Package Product/NP-CAP-08-17

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: AR filing fee.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Liability Insurance Company	\$0.00	09/17/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
30768	\$100.00	09/16/2008

SERFF Tracking Number: WESA-125820356 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #30768 \$100
Company Tracking Number: NP-CAP-08-17
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
Product Name: Community Association Package Product
Project Name/Number: Community Association Package Product/NP-CAP-08-17

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	09/25/2008	09/25/2008

SERFF Tracking Number: WESA-125820356 *State:* Arkansas
Filing Company: United States Liability Insurance Company *State Tracking Number:* #30768 \$100
Company Tracking Number: NP-CAP-08-17
TOI: 17.1 Other Liability - Claims Made Only *Sub-TOI:* 17.1019 Professional Errors & Omissions Liability

Product Name: Community Association Package Product
Project Name/Number: Community Association Package Product/NP-CAP-08-17

Disposition

Disposition Date: 09/25/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125820356 State: Arkansas
 Filing Company: United States Liability Insurance Company State Tracking Number: #30768 \$100
 Company Tracking Number: NP-CAP-08-17
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
 Product Name: Community Association Package Product
 Project Name/Number: Community Association Package Product/NP-CAP-08-17

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Letter of Authorization	Filed	Yes
Supporting Document	Rule Exception - Marked Up copy	Filed	Yes
Supporting Document	Cover Letter	Filed	Yes
Rate	Community Association Product Rule Exception	Filed	Yes

SERFF Tracking Number: WESA-125820356 *State:* Arkansas
Filing Company: United States Liability Insurance Company *State Tracking Number:* #30768 \$100
Company Tracking Number: NP-CAP-08-17
TOI: 17.1 Other Liability - Claims Made Only *Sub-TOI:* 17.1019 Professional Errors & Omissions
Liability

Product Name: Community Association Package Product
Project Name/Number: Community Association Package Product/NP-CAP-08-17

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125820356 State: Arkansas
 Filing Company: United States Liability Insurance Company State Tracking Number: #30768 \$100
 Company Tracking Number: NP-CAP-08-17
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
 Product Name: Community Association Package Product
 Project Name/Number: Community Association Package Product/NP-CAP-08-17

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Community Association Product Rule Exception	CAP-1 (ed. 9/08)	Replacement	Rule Exception - Final.pdf

**COMMUNITY ASSOCIATION PRODUCT
RULE EXCEPTION**

Amendment to Rule Manual

Table 2. Rating

3. The base rate per unit is further modified by the below criteria:

Base per unit rate modification-table 2 risks

# of Stories (debit is based on tallest single building written on policy)	# of stories	1-3	4-7	8+
	debit factor	1	1.25	1.32
Any Rental Units Handled by Association or Property Manager		1.05		
All buildings not constructed within the last 10 years		1.05		
Student Housing Units up to 20%		1.10		

Multiply the final base rate per unit by sum of debits from the "Base per unit rate modification-table 2 risks".

SERFF Tracking Number: WESA-125820356 State: Arkansas
 Filing Company: United States Liability Insurance Company State Tracking Number: #30768 \$100
 Company Tracking Number: NP-CAP-08-17
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
 Product Name: Community Association Package Product
 Project Name/Number: Community Association Package Product/NP-CAP-08-17

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 09/25/2008

Comments:

Attached are the NAIC forms.

Attachments:

NAIC Sign.pdf
 NAIC_AR.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 09/25/2008

Bypass Reason: This requirement does not apply.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Filed 09/25/2008

Bypass Reason: This requirement does not apply.

Comments:

Satisfied -Name: Letter of Authorization **Review Status:** Filed 09/25/2008

Comments:

Attached is the Letter of Authorization

Attachment:

Westmont Authorization Letter.pdf

Satisfied -Name: Rule Exception - Marked Up copy **Review Status:** Filed 09/25/2008

Comments:

Attachment:

SERFF Tracking Number: WESA-125820356 *State:* Arkansas
Filing Company: United States Liability Insurance Company *State Tracking Number:* #30768 \$100
Company Tracking Number: NP-CAP-08-17
TOI: 17.1 Other Liability - Claims Made Only *Sub-TOI:* 17.1019 Professional Errors & Omissions
Liability
Product Name: Community Association Package Product
Project Name/Number: Community Association Package Product/NP-CAP-08-17

Rule Exception.pdf

SERFF Tracking Number: WESA-125820356 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #30768 \$100
Company Tracking Number: NP-CAP-08-17
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
Product Name: Community Association Package Product
Project Name/Number: Community Association Package Product/NP-CAP-08-17

Satisfied -Name: Cover Letter **Review Status:** Filed 09/25/2008
Comments:
Attachment:
CAP Letter.pdf

Property & Casualty Transmittal Document

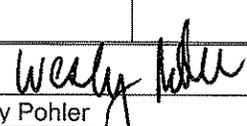
Reset Form

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:
	<input type="checkbox"/> New Business <input type="checkbox"/> Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Berkshire Hathaway				Group NAIC #	0031
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
United States Liability Ins. Co.	PA	25895	23-1383313			

5. Company Tracking Number	NP-CAP-08-17
-----------------------------------	--------------

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

6. Name and address	Title	Telephone #s	FAX #	e-mail
Wesley Pohler Westmont Associates, Inc.	AVP	856-216-0220	856-216-0303	wes@westmontlaw.com
25 Chestnut Street, Suite 105 Haddonfield, NJ 08033				
7. Signature of authorized filer				
8. Please print name of authorized filer	Wesley Pohler			

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

9. Type of Insurance (TOI)	17.1 Other Liability-Claims Made Only
10. Sub-Type of Insurance (Sub-TOI)	17.1019 Professional Errors and Omissions Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	Community Association Package Product
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input type="checkbox"/> Upon Approval <input type="checkbox"/> Renewal: <input type="checkbox"/> Upon approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a-
17. Reference Organization # & Title	n/a-
18. Company's Date of Filing	9/17/08
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 #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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.)

PC TD-1 pg 2 of 2

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 #	
-----------	--	--

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

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			<input 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

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)						
------------	---	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
------------	--	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
---	--	--	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	



UNITED STATES LIABILITY INSURANCE GROUP

A BERKSHIRE HATHAWAY COMPANY

190 South Warner Road, P.O. Box 6700, Wayne, PA 19087-4391
610.688.2535 888.523.5545 Fax 610.688.4391

1/7/2008

RE: United States Liability Ins Company: NAIC #0031-25895 FEIN#23-1383313
Mount Vernon Fire Insurance Company NAIC #0031-26522 FEIN#23-1575334
U.S. Underwriters Insurance Company NAIC #0031-35416 FEIN#23-2049904

Dear Sir or Madam,

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski and Westmont Associates, Inc. is hereby authorized to file form, rate and rule filings on behalf of the above captioned companies.

Sincerely,

Mark Miller
State Filings Manager
United States Liability Insurance Group
190 South Warner Road
Wayne, PA 19087-2191

1.888.523.5545 X586
Fax: 610.688.4391
mmiller@usli.com

**COMMUNITY ASSOCIATION PRODUCT
RULE EXCEPTION**

Amendment to Rule Manual

Table 2. Rating

3. The base rate per unit is further modified by the below criteria:

Base per unit rate modification-table 2 risks

# of Stories (debit is based on tallest single building written on policy)	# of stories	1-3	4-7	8+
	debit factor	1	1.25	1.32
Any Rental Units Handled by Association or Property Manager		1.05		
Subsidized Units more than 10%		1.05		
All buildings not constructed within the last 10 years		1.05		
Student Housing Units up to 20%		1.10		

Multiply the final base rate per unit by sum of debits from the "Base per unit rate modification-table 2 risks".



**WESTMONT
ASSOCIATES, INC.**

September 17, 2008

Commissioner of Insurance
Department of Insurance
Property and Casualty Division
Rate/Rule Review Section

Re: **United States Liability Insurance Company/NAIC#25895
Community Association Package Product
Rule Addendum Submission
Company Filing Number: NP-CAP-08-17
Effective Date: Upon earliest possible approval**

To Whom It May Concern:

Enclosed you will find the Company's Community Association Package Product rule addendum submission. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

Please find attached a rule exception page which amends the Company's currently approved Community Association Package Product manual. In Table 2., Rating, Item 3., the Company had the ability to assess a 5% debit for accounts that had properties which consisted of more than 10% of Subsidized Units. The Company has reviewed its systems and has found that this debit has never been applied. The attached rule exception page eliminates this debit from the fore-mentioned table.

Please be advised that there is no rating impact associated with this revision as the Company did not apply this debit on any admitted accounts.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date. Thank you for your attention regarding this matter.

Respectfully Submitted,

Wesley Pohler

Wesley Pohler
Assistant Vice President
wes@westmontlaw.com

Enclosures

Cc: M. Miller