

SERFF Tracking Number: WESA-125822162 State: Arkansas
Filing Company: Allied World National Assurance Company State Tracking Number: #30832 \$50
Company Tracking Number: DO-2008-003
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability
Product Name: Primary Directors & Officers Product
Project Name/Number: Primary Directors & Officers Form Filing/DO-2008-003

Filing at a Glance

Company: Allied World National Assurance Company

Product Name: Primary Directors & Officers SERFF Tr Num: WESA-125822162 State: Arkansas

Product

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #30832 \$50

Made/Occurrence

Sub-TOI: 17.0006 Directors & Officers Liability Co Tr Num: DO-2008-003 State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Westmont Associates

Disposition Date: 09/25/2008

Date Submitted: 09/18/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Primary Directors & Officers Form Filing

Status of Filing in Domicile: Pending

Project Number: DO-2008-003

Domicile Status Comments: This filing was recently submitted in New Hampshire which is the Company's state of domicile.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/25/2008

State Status Changed: 09/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Submission of Primary Directors & Officers Form Filing

SERFF Tracking Number: WESA-125822162 State: Arkansas
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 Product Name: Primary Directors & Officers Product
 Project Name/Number: Primary Directors & Officers Form Filing/DO-2008-003

Company and Contact

Filing Contact Information

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

Jennifer Waldron, Supervisor jenb@westmontlaw.com
 25 Chestnut Street (856) 216-0220 [Phone]
 Haddonfield, NJ 08033 (856) 216-0303[FAX]

Filing Company Information

Allied World National Assurance Company	CoCode: 10690	State of Domicile: New Hampshire
100 Summer Street	Group Code:	Company Type:
Boston, MA 02110	Group Name:	State ID Number:
(617) 330-8451 ext. [Phone]	FEIN Number: 02-0493244	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Standard Filing Fee for Forms
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allied World National Assurance Company	\$0.00	09/18/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
30832	\$50.00	09/18/2008

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Correspondence Summary

Dispositions

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

SERFF Tracking Number: WESA-125822162 *State:* Arkansas
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Disposition

Disposition Date: 09/25/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125822162 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Named Policy Coverage Clause	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Named Policy Coverage Clause 00	DO 00148	09/08	Endorsement/Amendment/Conditions New		0.00	DO 00148 00 - Named Policy Coverage Clause Endorsement_4_.pdf

Endorsement No.:
This endorsement, effective:
(at 12:01 a.m. Standard Time at the address shown in Item 1 of the Declarations)
Forms a part of Policy No.:
Issued to:
By:

NAMED POLICY COVERAGE CLAUSE

It is understood and agreed that notwithstanding any other provision in this policy to the contrary, this policy shall provide coverage that is as broad as the coverage provided by the **Named Policy** as of *insert date*; however, this endorsement shall not apply to the following terms and conditions of the **Named Policy**:

Solely as used in this endorsement, **Named Policy** shall mean the policy described below:

Named Insured:
Insurer:
Policy Form:
Policy Number:
Limit of Liability:
Policy Period:

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

AUTHORIZED REPRESENTATIVE

SERFF Tracking Number: WESA-125822162 *State:* Arkansas
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Rate Information

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Supporting Document Schedules

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

Comments:

Attachment:

AR NAIC.pdf

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

Comments:

Attached is the Letter of Authorization.

Attachment:

Allied World National Assurance L.O.A..pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 09/25/2008

Comments:

Attached is the cover letter for this submission.

Attachment:

Cover Letter.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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
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 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 style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input 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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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 #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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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
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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)
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		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	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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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	



January 1, 2008

RE: Allied World National Assurance Company
NAIC #: 10690
FEIN #: 02-0493244
Letter of Authorization
Filing of Forms, Rates and Rules

To Whom It May Concern:

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler, Jennifer Waldron and Westmont Associates, Inc. are hereby authorized to file form, rate and rule filings on behalf of the Company.

Sincerely,

A handwritten signature in black ink that reads 'John R. Wilkens'. The signature is written in a cursive, flowing style.

John R. Wilkens
AVP - Senior Regulatory & Compliance Specialist



**WESTMONT
ASSOCIATES, INC.**

September 18, 2008

Department of Insurance
Property and Casualty Division
Forms Review Section

**RE: Allied World National Assurance Company
NAIC #: 10690 FEIN #: 02-0493244
Primary Directors & Officers Product
Submission of Named Policy Coverage Clause Endorsement
Effective Date: Upon Approval/or Acknowledgement
Filing Number: DO-2008-003**

To Whom It May Concern:

Enclosed please find attached Allied World National Assurance Company's ("AWNAC") Primary Directors & Officers Product new endorsement submission for your review and approval. A letter permitting Westmont Associates, Inc. to submit this filing on AWNAC's behalf is enclosed.

Attached please find new form DO 00148 00 (Named Policy Coverage Clause) which the Company is adding to their currently filed and approved Primary Directors & Officers product.

Please note that there is no rate impact associated with the use of this form.

Your approval and/or acknowledgement of this submission is respectfully requested.

Respectfully submitted,
Jennifer Waldron
Jennifer Waldron
Supervisor
jenb@westmontlaw.com

Enclosures

cc: N. Stepanski – Westmont
J. Wilkens - AWNAC