

SERFF Tracking Number: WESA-125824680 State: Arkansas
 Filing Company: United States Liability Insurance Company State Tracking Number: #30759 \$50
 Company Tracking Number: NP-SSO-08-18
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Non-Profit Businessowners Product
 Project Name/Number: Non-Profit Businessowners Form Submission/NP-SSO-08-18

Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Non-Profit Businessowners SERFF Tr Num: WESA-125824680 State: Arkansas

Product

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: #30759 \$50

Sub-TOI: 05.0002 Businessowners Co Tr Num: NP-SSO-08-18 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Westmont Associates Disposition Date: 09/25/2008

Date Submitted: 09/24/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 09/25/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 09/25/2008

State Filing Description:

General Information

Project Name: Non-Profit Businessowners Form Submission

Status of Filing in Domicile: Pending

Project Number: NP-SSO-08-18

Domicile Status Comments: Filing was recently submitted in Pennsylvania 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 Non-Profit Businessowners Form Revision

SERFF Tracking Number: WESA-125824680 State: Arkansas
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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

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

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 #
United States Liability Insurance Company	\$0.00	09/24/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
30759	\$50.00	09/16/2008

SERFF Tracking Number: WESA-125824680 *State:* Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/25/2008	09/25/2008

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Disposition

Disposition Date: 09/25/2008

Effective Date (New): 09/25/2008

Effective Date (Renewal): 09/25/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125824680 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	Forms Index	Approved	Yes
Supporting Document	Side-By-Side Comparisons	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Businessowners Policy Declarations	Approved	Yes
Form	Businessowners Liability Coverage Part Declarations - Limits	Approved	Yes
Form	Businessowners Liability Coverage Part Declarations - Premises	Approved	Yes
Form	Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead	Approved	Yes
Form	Event Limitation Endorsement	Approved	Yes
Form	Molestation or Abuse Exclusion	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Businessowners Policy Declarations	USLI-CPD7/88		Declaration New s/Schedule		0.00	USLI-CPD.pdf
Approved	Businessowners Liability Coverage Part Declarations - Limits	NBP-150L8/08		Declaration New s/Schedule		0.00	NBP-150L.pdf
Approved	Businessowners Liability Coverage Part Declarations - Premises	NBP-150P8/08		Declaration New s/Schedule		0.00	NBP-150P.pdf
Approved	Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead	BP 49	11/07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 BP 49 (8/04) Previous Filing #:		bp-49_(11-07).pdf
Approved	Event Limitation Endorsement	BP 124	7/08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 BP 30 (5/04) Previous Filing #:		BP 124 _07-08_.pdf
Approved	Molestation or Abuse Exclusion	L 617	10/07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 L 617 (4/05) Previous Filing #:		L 617 _10-07_.pdf

Original

United States Liability Insurance Group

Renewal of Number _____

190 South Warner Road
Wayne, PA 19087

POLICY DECLARATIONS

No. NBP

- United States Liability Insurance Company
- Mount Vernon Fire Insurance Company
- U.S. Underwriters Insurance Company

NAMED INSURED AND ADDRESS

*** Draft Only ***

POLICY PERIOD: (MO. DAY YR.) From: _____ To: _____

12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT

	PREMIUM
Businessowners Property Coverage Part	\$
Businessowners Liability Coverage Part	\$
Commercial Crime Coverage Part	Not Covered
Commercial Glass Coverage Part	Not Covered
Commercial Inland Marine Coverage Part	Not Covered
Professional Liability Coverage Part	\$
Liquor Liability Coverage Part	Not Covered
Equipment Breakdown	Not Covered
Terrorism Coverage Part	Included

PREMIUM PAYABLE AT INCEPTION \$ _____

TOTAL CHARGE: \$ _____

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue: **See Endorsement EOD (1/95)**

Agent: _____ Issued: _____

Broker: _____ By: _____
Authorized Representative

This policy has NOT been issued yet.

**BUSINESSOWNERS LIABILITY COVERAGE PART
DECLARATIONS**

Policy No. **NBP**

Effective Date: 12:01 AM STANDARD TIME

LIMITS OF INSURANCE

Except for Damage To Premises Rented to You, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Businessowners Liability Coverage Form.

Liability and Medical Expenses	\$
Medical Expense (per person)	\$
Damage To Premises Rented To You (Any One Premises)	\$

LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

<i>Location</i>	<i>Address</i>	<i>Territory</i>
-----------------	----------------	------------------

PREMIUM COMPUTATION

<i>Loc</i>	<i>Classification</i>	<i>Code No.</i>	<i>Premium Basis</i>	<i>Rate</i>		<i>Advance Premium</i>	
				<i>Pr/Co</i>	<i>All Other</i>	<i>PR/Co</i>	<i>All Other</i>
			(1000 Total Area)				\$
All	Terrorism Coverage	08811	5.00% of prem. (\$100 MP)				\$

ADVANCE PREMIUM FOR THIS COVERAGE PART: \$
(This Premium may be subject to adjustment.)
MP - minimum premium

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue: **See Endorsement EOD (01/95)**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

**BUSINESSOWNERS PROPERTY COVERAGE PART
DECLARATIONS**

Policy No. **NBP**

Effective Date: 12:01 AM STANDARD TIME

DESCRIPTION OF PREMISES

<i>Prem</i>	<i>Bldg</i>	<i>Address, Construction, Occupancy and Other Information</i>	<i>Territory</i>	<i>Fire Code</i>
1	1			
		Cause of Loss:		Prot. Class:
		Construction:	Number of Stories:	Sq. Footage:
		Special Deductible:	Sp. Deductible Type:	
		Description:		

COVERAGES PROVIDED -INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN.

<i>Prem</i>	<i>Bldg</i>	<i>Coverage</i>	<i>Limit of Insurance</i>	<i>Deductible</i>	<i>Coinsurance % or Monthly Indemnity</i>	<i>+ Valuation</i>	<i>Premium</i>
1	1	Building (4% Auto. Increase)	\$	\$		ACV	\$
1	1	Business Income and Extra Expense	\$	N/A			Included
1	1	Business Personal Property	\$	\$		ACV	
All		Terrorism Coverage					\$

TOTAL PREMIUM FOR THIS COVERAGE PART: \$

MP - minimum premium

+ Valuation: ACV - Actual Cash Value; RC - Replacement Cost; FBV - Functional Building Value

MORTGAGE HOLDER(S): See Endorsement MEP (01/03)

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue: **See Endorsement EOD (01/95)**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

**ABSOLUTE EXCLUSION FOR POLLUTION, ORGANIC PATHOGEN,
SILICA, ASBESTOS AND LEAD**

SECTION II – LIABILITY; B. Exclusions; 1 Applicable to Business Liability; f. Pollution is deleted in its entirety and replaced with the following:

f. Pollution, Organic Pathogen, Silica, Asbestos and Lead

- (1) “Bodily injury”, “property damage”, or “personal and advertising injury”; or
- (2) Diminishing or lessening in value of property or for damages from the taking, use or acquisition or interference with the rights of others in property or air space; or
- (3) Loss, cost or expense, including but not limited to payment for investigation or defense, fines and penalties, arising out of any governmental or any private party action, that an insured or any other party test for, monitor, clean up, remove, contain, mitigate, treat, detoxify or neutralize or in any way respond to or assess the actual or alleged effects of “pollutants”, “organic pathogens”, “silica”, asbestos, or lead

arising directly, indirectly, or in concurrence or in any sequence out of actual, alleged or threatened presence of or exposure to, ingestion, inhalation, absorption, contact with discharge, dispersal, seepage, release or escape of “pollutants”, “organic pathogens”, “silica”, asbestos, or lead, whether or not any of the foregoing are (1) sudden, accidental or gradual in nature; (2) intentional; or (3) expected or intended from the standpoint of the insured.

This exclusion applies even if the “pollutant”, “organic pathogen”, “silica”, asbestos or lead has a function in, or is used by you in your business, operations, premises, site or location.

This exclusion does not apply to “bodily injury” or “property damage” arising from the consumption of food products intended for human consumption.

“Pollutants” means any solid, liquid, gaseous or thermal irritant or contaminant, including but not limited to smoke, vapor, soot, fumes, acids, alkalis, chemicals, toxic materials, “volatile organic compound” and gases therefrom, radon, combustion byproducts and “waste.”

“Silica” means silica in any form and any of its derivatives, including but not limited to silica dust, silicon dioxide, crystalline silica, quartz, or non-crystalline (amorphous) silica.

“Volatile organic compound” means any compound which discharges organic gases as it decomposes or evaporates, examples of which include but are not limited to formaldehyde, pesticides, adhesives, construction materials made with organic chemicals, solvents, paint, varnish and cleaning products.

“Waste” means any property intended to be disposed, recycled, reused or reclaimed by the owner or user thereof.

“Organic pathogen” means any organic irritant or contaminant, including but not limited to mold, fungus, bacteria or virus, including but not limited to their byproduct such as mycotoxin, mildew, or biogenic aerosol.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

EVENT LIMITATION ENDORSEMENT

SECTION II - LIABILITY; B. Exclusions; 1. Applicable To Business Liability Coverage, is amended to add the following:

Except as provided in the endorsement, this insurance does not apply to:

- a. Loss or expense, including but not limited to the cost of defense, arising or resulting from, directly or indirectly, “bodily injury”; “property damage”, “personal and advertising injury” or medical expense arising from, directly or indirectly, or caused by:
 - 1. Events hosted and/or sponsored by the insured except for business meetings or seminars related to the insured’s operations.
 - 2. Events, event activities, or booths, hosted and/or sponsored by any insured for the purpose of generating revenue from the sale of goods and/or services. This exclusion does not apply to concessions hosted and/or sponsored by any insured if the risk classification – *concessionaries* is shown on the Declaration pages of this policy.

This exclusion does not apply to the following event(s):

[Insert Event Description]
[Insert Event Description]

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This Endorsement modifies insurance provided under the following:

**SOCIAL SERVICE ORGANIZATION
PROFESSIONAL LIABILITY COVERAGE FORM**

MOLESTATION OR ABUSE EXCLUSION

Section I. – Coverage, Item 2. Exclusions is amended to add the following:

- v: sustained by any person arising out of or resulting from any alleged, threatened or actual molestation or abuse by any person whether or not such “damages” arise out of or result from, directly or indirectly, a “professional incident”.

This exclusion applies to all injury sustained by any person, including emotional distress, arising out of abuse or molestation whether alleged, threatened or actual including but not limited to abuse or molestation arising out of your negligence or other wrongdoing with respect to:

- a. Hiring, placement, employment, training, supervision or retention of a person for whom any insured is or ever was legally responsible; or,
- b. Investigation or reporting any abuse or molestation to the proper authorities, or failure to so report or the failure to protect any person while that person was in the insured’s care, custody or control.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

SERFF Tracking Number: WESA-125824680 *State:* Arkansas
Filing Company: United States Liability Insurance Company *State Tracking Number:* #30759 \$50
Company Tracking Number: NP-SSO-08-18
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Non-Profit Businessowners Product
Project Name/Number: Non-Profit Businessowners Form Submission/NP-SSO-08-18

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:** 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:

Westmont Authorization Letter.pdf

Satisfied -Name: Forms Index **Review Status:** Approved 09/25/2008

Comments:

Attached is the forms index for this submission.

Attachment:

Forms Index.pdf

Satisfied -Name: Side-By-Side Comparisons **Review Status:** Approved 09/25/2008

Comments:

Attached are side-by-side comparisons reflecting all changes being made through this submission.

Attachment:

Side-By-Side Comparisons.pdf

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

Comments:

SERFF Tracking Number: WESA-125824680 *State:* Arkansas
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Company Tracking Number: NP-SSO-08-18
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Attached is the cover letter for this submission.

Attachment:

Draft 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	
-----------------------------------	--

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 type="text"/> Renewal: <input 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]
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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)	
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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						
------------	----------------------------------------------------------------	--	--	--	--	--	--

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

FORMS INDEX

Form Number	Form Name
USLI-CPD (7/88)	Businessowners Policy Declarations
NBP-150L (8/08)	Businessowners Liability Coverage Part Declarations – Limits
NBP-150P (8/08)	Businessowners Liability Coverage Part Declarations – Premises
BP 49 (11/07)	Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead
BP 124 (7/08)	Event Limitation Endorsement
L 617 (10/07)	Molestation or Abuse Exclusion

Text and Font Comparison

Documents Compared

bp-49_(08-04).pdf

bp-49_(11-07).pdf

Summary

46 word(s) added

21 word(s) deleted

475 word(s) matched

475 word(s) differ in font

To see where the changes are, scroll down.

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This ~~Endorsement~~ modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

**ABSOLUTE EXCLUSION FOR
POLLUTION, ORGANIC PATHOGEN, SILICA, ASBESTOS AND LEAD**

SECTION II – LIABILITY; B. Exclusions; 1 Applicable to Business Liability; f. Pollution is deleted in its entirety and replaced with the following:

f. Pollution, Organic Pathogen, Silica, Asbestos and ~~Lead~~.

- 1. ~~“Bodily injury”, “property damage”, or “personal and advertising injury”;~~
- 2. ~~Diminishing or lessening in value of property or for damages from the taking, use or acquisition or interference with the rights of others in property or air space; or~~
- 3. ~~Loss, cost or expense, including but not limited to payment for investigation or defense, fines and penalties, arising out of any governmental or any private party action, that an insured or any other party test for, monitor, clean up, remove, contain, mitigate, treat, detoxify or neutralize or in any way respond to or assess the actual or alleged effects of “pollutants”, “organic pathogens”, “silica”, asbestos, or lead,~~

~~arising directly, indirectly, or in concurrence or in any sequence out of actual, alleged or threatened presence of or exposure to, ingestion, inhalation, absorption, contact with discharge, dispersal, seepage, release or escape of “pollutants”, “organic pathogens”, “silica”, asbestos, or lead, whether or not any of the foregoing are (1) sudden, accidental or gradual in nature; (2) intentional; or (3) expected or intended from the standpoint of the insured.~~

~~This exclusion applies even if the “pollutant”, organic pathogen”, “silica”, asbestos or lead has a function in, or is used by you in your business, operations, premises, site or location.~~

~~“Pollutants” means any solid, liquid, gaseous or thermal irritant or contaminant, including but not limited to smoke, vapor, soot, fumes, acids, alkalis, chemicals, toxic materials, “volatile organic compound” and gases therefrom, radon, combustion byproducts and “waste.”~~

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

**ABSOLUTE EXCLUSION FOR POLLUTION, ORGANIC PATHOGEN,
SILICA, ASBESTOS AND LEAD**

SECTION II – LIABILITY; B. Exclusions; 1 Applicable to Business Liability; f. Pollution is deleted in its entirety and replaced with the following:

f. Pollution, Organic Pathogen, Silica, Asbestos and Lead

- (1) “Bodily injury”, “property damage”, or “personal and advertising injury”; or
- (2) Diminishing or lessening in value of property or for damages from the taking, use or acquisition or interference with the rights of others in property or air space; or
- (3) Loss, cost or expense, including but not limited to payment for investigation or defense, fines and penalties, arising out of any governmental or any private party action, that an insured or any other party test for, monitor, clean up, remove, contain, mitigate, treat, detoxify or neutralize or in any way respond to or assess the actual or alleged effects of “pollutants”, “organic pathogens”, “silica”, asbestos, or lead

arising directly, indirectly, or in concurrence or in any sequence out of actual, alleged or threatened presence of or exposure to, ingestion, inhalation, absorption, contact with discharge, dispersal, seepage, release or escape of “pollutants”, “organic pathogens”, “silica”, asbestos, or lead, whether or not any of the foregoing are (1) sudden, accidental or gradual in nature; (2) intentional; or (3) expected or intended from the standpoint of the insured.

This exclusion applies even if the “pollutant”, “organic pathogen”, “silica”, asbestos or lead has a function in, or is used by you in your business, operations, premises, site or location.

This exclusion does not apply to “bodily injury” or “property damage” arising from the consumption of food products intended for human consumption.

“Pollutants” means any solid, liquid, gaseous or thermal irritant or contaminant, including but not limited to smoke, vapor, soot, fumes, acids, alkalis, chemicals, toxic materials, “volatile organic compound” and gases therefrom, radon, combustion byproducts and “waste.”

“Silica” means silica in any form and any of its derivatives, including but not limited to silica dust, silicon dioxide, crystalline silica, quartz, or non-crystalline (amorphous) silica.

“Volatile organic compound” means any compound which discharges organic gases as it decomposes or evaporates, examples of which include but are not limited to formaldehyde, pesticides, adhesives, construction materials made with organic chemicals, solvents, paint, varnish and cleaning products.

“Waste” means any property intended to be disposed, recycled, reused or reclaimed by the owner or user thereof.

“Organic pathogen” means any organic irritant or contaminant, including but not limited to mold, fungus, bacteria or virus, including but not limited to their byproduct such as mycotoxin, mildew, or biogenic aerosol.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

“Silica” means silica in any form and any of its derivatives, including but not limited to silica dust, silicon dioxide, crystalline silica, quartz, or non-crystalline (amorphous) silica.

“Volatile organic compound” means any compound which discharges organic gases as it decomposes or evaporates, examples of which include but are not limited to formaldehyde, pesticides, adhesives, construction materials made with organic chemicals, solvents, paint, varnish and cleaning products.

“Waste” means any property intended to be disposed, recycled, reused or reclaimed by the owner or user thereof.

“Organic pathogen” means any organic irritant or contaminant, including but not limited to mold, fungus, bacteria or virus, including but not limited to their byproduct such as mycotoxin, mildew, or biogenic aerosol.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This ~~Endorsement~~endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

~~**SPECIAL EVENTS EXCLUSION EXCEPTION FOR SCHEDULED
EVENTS**~~
EVENT LIMITATION ENDORSEMENT

~~The following exclusion is added to SECTION II—SECTION II - LIABILITY; B. Exclusions;~~
1. Applicable ~~to Business Liability;~~To Business Liability Coverage, is amended to add the following:

~~s. In addition to the conditions of BP 04 12—Limitation of Coverage to Designated Premises or Project, it is agreed that coverage for events located off the premises listed on the Declarations or Supplemental Declarations page shall be strictly limited to the event(s) listed in the schedule below by date, location and description:~~

~~The following exclusion is added to SECTION II—LIABILITY; B. Exclusions; 2. Applicable To Medical Expenses Coverage:~~

~~i. In addition to the conditions of BP 04 12—Limitation of Coverage to Designated Premises or Project, it is agreed that coverage for events located off the premises listed on the Declarations or Supplemental Declarations page shall be strictly limited to the event(s) listed in the schedule below by date, location and description:~~

~~Schedule*:~~

- ~~1.~~
- ~~2.~~
- ~~3.~~

~~* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.~~

~~Except as provided in the endorsement, this insurance does not apply to:~~

- ~~a. Loss or expense, including but not limited to the cost of defense, arising or resulting from, directly or indirectly, “bodily injury”; “property damage”, “personal and advertising injury” or medical expense arising from, directly or indirectly, or caused by:~~

1. Events hosted and/or sponsored by the insured except for business meetings or seminars related to the insured's operations.
2. Events, event activities, or booths, hosted and/or sponsored by any insured for the purpose of generating revenue from the sale of goods and/or services. This exclusion does not apply to concessions hosted and/or sponsored by any insured if the risk classification – *concessionaries* is shown on the Declaration pages of this policy.

This exclusion does not apply to the following event(s):

[Insert Event Description]

[Insert Event Description]

All other terms and conditions of this ~~Policy~~policy remain unchanged. This endorsement is a part of your ~~Policy~~policy and takes effect on the effective date of your ~~Policy~~policy unless another effective date is shown.

UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA

This Endorsement modifies insurance provided under the following:

**SOCIAL SERVICE ORGANIZATION,
PROFESSIONAL LIABILITY COVERAGE FORM**

Deleted: endorsement

Deleted:

MOLESTATION OR ABUSE EXCLUSION

Deleted: Molestation or Abuse Exclusion

Section I – Coverage, Item 2. Exclusions is amended to add the following:

Deleted: The following is added to Section I

v: sustained by any person arising out of or resulting from any alleged, threatened or actual molestation or abuse by any person whether or not such “damages” arise out of or result from, directly or indirectly, a “professional incident”.

Deleted: and supercedes any endorsement or policy provisions that are inconsistent herewith:

Deleted: Sustained

Deleted: by:

This exclusion applies to all injury sustained by any person, including emotional distress, arising out of abuse or molestation whether alleged, threatened or actual, including but not limited to abuse or molestation arising out of your negligence or other wrongdoing with respect to:

Deleted: (1). any insured, or the spouse of an insured.¶
(2). any “employee” of any insured.¶
(3). any person performing volunteer services for or on behalf of any insured, or¶
(4). any other person as provided in Section II – Who Is An Insured.¶

- a. Hiring, placement, employment, training, supervision or retention of a person for whom any insured is or ever was legally responsible; or,
- b. Investigation or reporting any abuse or molestation, to the proper authorities, or failure to so report, or the failure to protect any person while that person was in the insured’s care, custody or control.

¶ We shall not have any duty to defend any “suit” against any insured seeking damages on account of such molestation or abuse.¶

¶ The intent of this endorsement is to exclude coverage for all damages

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

Deleted: any such

Deleted: molestation or abuse,

Deleted: or abuse caused by:

Deleted: ¶ your negligent hiring,

Deleted: responsible, or

Deleted: your negligence or failure in investigating

Deleted: or abuse

Deleted: ,

Deleted: Policy

Deleted: Policy

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Deleted: (04/05)



WESTMONT ASSOCIATES, INC.

September 23, 2008

Commissioner of Insurance
Department of Insurance
Property and Casualty Division
Form Review Section

Attn: Property and Casualty Division

Re: **United States Liability Insurance Company/NAIC#25895
Non-Profit Businessowners Filing
Form Submission
Company Filing Number: NP-SSO-08-18
Effective Date: Upon earliest possible approval**

To Whom It May Concern:

Enclosed you will find the Company's Non-Profit Businessowners forms submission. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

Attached please find the Company's declarations pages for their Non-Profit Businessowners product.

In addition, the Company is filing the below referenced revised forms. Attached are comparisons reflecting all changes being made to these endorsements.

New Form Number	Form Name	Replaced Form Number
BP 49 (11/07)	Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead	BP-49 (8/04)
BP 124 (7/08)	Event Limitation Endorsement	BP-30 (5/04)
L 617 (10/07)	Molestation or Abuse Exclusion	L 617 (04/05)

Finally, please note that there is no rate impact as a result of this filing submission.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date.

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

Enclosures

Cc: M. Miller - USLI