

SERFF Tracking Number: ZURC-125773946 State: Arkansas
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CW GL 27619
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Earlier Notice of Cancellation or Nonrenewal for ISO Commercial General Liability
Project Name/Number: CW GL 27619 - Earlier Notice of Cancellation or Nonrenewal for ISO Commercial General Liability/CW GL 27619

Filing at a Glance

Companies: American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Zurich American Insurance Company of Illinois, Zurich American Insurance Company

Product Name: Earlier Notice of Cancellation or SERFF Tr Num: ZURC-125773946 State: Arkansas
Nonrenewal for ISO Commercial General

Liability

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: CW GL 27619

State Status: Fees verified and
received

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Betty Montesi, Edith
Roberts

Author: Patricia Chudik

Disposition Date: 09/09/2008

Date Submitted: 08/14/2008

Disposition Status: Approved

Effective Date Requested (New): 10/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 10/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: CW GL 27619 - Earlier Notice of Cancellation or
Nonrenewal for ISO Commercial General Liability

Status of Filing in Domicile: Pending

Project Number: CW GL 27619

Domicile Status Comments:

Reference Organization: NA

Reference Number: NA

Reference Title: NA

Advisory Org. Circular: NA

Filing Status Changed: 09/09/2008

State Status Changed: 08/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to revise our form U-GL-1298.

This new version provides a schedule where an increased notice period can be referenced for cancellation, nonrenewal

SERFF Tracking Number: ZURC-125773946 State: Arkansas
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or both cancellation and nonrenewal.

Please see the explanatory memorandum for a complete description of this filing.

Company and Contact

Filing Contact Information

Patricia Chudik, Product Analyst pat.chudik@zurichna.com
 1400 American Lane (847) 605-7714 [Phone]
 Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

Filing Company Information

American Zurich Insurance Company	CoCode: 40142	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-3141762	

American Guarantee and Liability Insurance Company	CoCode: 26247	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-6071400	

Zurich American Insurance Company of Illinois	CoCode: 27855	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-2781080	

Zurich American Insurance Company	CoCode: 16535	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60102	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-4233459	

Filing Fees

SERFF Tracking Number: ZURC-125773946 State: Arkansas
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Arkansas's fee is \$50.00 for a form filing.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Zurich Insurance Company	\$50.00	08/14/2008	21944389
American Guarantee and Liability Insurance Company	\$0.00	08/14/2008	
Zurich American Insurance Company of Illinois	\$0.00	08/14/2008	
Zurich American Insurance Company	\$0.00	08/14/2008	

SERFF Tracking Number: ZURC-125773946 State: Arkansas
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Correspondence Summary

Dispositions

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

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Edith Roberts	08/14/2008	08/14/2008	Patricia Chudik	08/19/2008	08/19/2008
Industry Response						

SERFF Tracking Number: ZURC-125773946 State: Arkansas
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Project Name/Number: CW GL 27619 - Earlier Notice of Cancellation or Nonrenewal for ISO Commercial General Liability/CW GL 27619

Disposition

Disposition Date: 09/09/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: ZURC-125773946 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	Explanatory memorandum	Approved	Yes
Supporting Document	Marked copy showing changes to form	Approved	Yes
Form (revised)	Earlier Notice of Cancellation or Nonrenewal	Approved	Yes
Form	Earlier Notice of Cancellation or Nonrenewal	Approved	Yes

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Project Name/Number: CW GL 27619 - Earlier Notice of Cancellation or Nonrenewal for ISO Commercial General Liability/CW GL 27619

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/14/2008

Submitted Date 08/14/2008

Respond By Date

Dear Patricia Chudik,

This will acknowledge receipt of the captioned filing.

This form cannot be approved. Item #2 does not comply with the 20 day requirement of AR Code 23-66-206 (9) (a) and which only allows cancellations for specific reasons which must be included in the provision.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

Response Letter

Response Letter Status Submitted to State

Response Letter Date 08/19/2008

Submitted Date 08/19/2008

Dear Edith Roberts,

Comments:

Response 1

Comments: Dear Ms. Roberts:

Thank you for your correspondence regarding this filing.

We have amended our form in order to bring it into compliance. Please also note the following comments regarding the use of this form:

The additional days notice will never exceed any state-mandated maximum. Addition of this endorsement is a negotiated item and can be requested by either the underwriter or the insured.

SERFF Tracking Number: ZURC-125773946 State: Arkansas
 First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: CW GL 27619
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Please note this endorsement is used along with all mandatory ISO forms. This endorsement does not replace any ISO cancellation endorsements. The minimum state cancellation/nonrenewal requirements will always be met.

We hope this revised form is now acceptable. Please contact me if you have additional questions or concerns.

Thank you,
 Pat Chudik

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Earlier Notice of Cancellation or Nonrenewal	U-GL-1298-C CW	08 08	Endorsement/Amendment/Conditions	Replaced	ZURC-12542095 4	0	U-GL-1298-C CW_08-08_.pdf

Previous Version

Earlier Notice of Cancellation or Nonrenewal	U-GL-1298-B CW	08 08	Endorsement/Amendment/Conditions	Replaced	ZURC-12542095 4	0	U-GL-1298-B CW_08-08_ Earlier Notice of Canc or Non-Renew-Final.pdf
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No Rate/Rule Schedule items changed.

Sincerely,

SERFF Tracking Number: ZURC-125773946 *State:* Arkansas
First Filing Company: American Zurich Insurance Company, ... *State Tracking Number:* EFT \$50
Company Tracking Number: CW GL 27619
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0001 Commercial General Liability
Product Name: Earlier Notice of Cancellation or Nonrenewal for ISO Commercial General Liability
Project Name/Number: CW GL 27619 - Earlier Notice of Cancellation or Nonrenewal for ISO Commercial General Liability/CW GL 27619
Patricia Chudik

SERFF Tracking Number: ZURC-125773946 State: Arkansas
 First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: CW GL 27619
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: Earlier Notice of Cancellation or Nonrenewal for ISO Commercial General Liability
 Project Name/Number: CW GL 27619 - Earlier Notice of Cancellation or Nonrenewal for ISO Commercial General Liability/CW GL 27619

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Earlier Notice of Cancellation or Nonrenewal	U-GL-1298-C CW	08 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 U-GL-1298-A CW Previous Filing #: ZURC-125420954		U-GL-1298-C CW _08-08_.pdf



Earlier Notice of Cancellation or Non-Renewal

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

1. Number of days required for notice of non-renewal (other than for nonpayment of premium): _____
(If the number of days is not provided above, please see the nonrenewal provisions of your policy.)
2. Number of days required for notice of cancellation (other than for nonpayment of premium): _____
(If the number of days is not provided above, please see the cancellation provisions of your policy.)
3. Number of days required for notice of cancellation (for nonpayment of premium): _____
(If the number of days is not provided above, please see the cancellation provisions of your policy.)

- A. For any statutorily permitted reason for non-renewal other than nonpayment of premium, the number of days required for notice of non-renewal, as provided in the Commercial General Liability Conditions, as amended by an applicable state endorsement or as provided by an applicable state's change in coverage regulation is increased to the number of days shown in Paragraph **1.** in the Schedule above.
- B. For any statutorily permitted reason for cancellation other than nonpayment of premium, the number of days required for notice of cancellation, as provided in the Common Policy Conditions, as amended by an applicable state endorsement or as provided by an applicable state's change in coverage regulation is increased to the number of days shown in Paragraph **2.** in the Schedule above.
- C. For nonpayment of premium, the number of days required for notice of cancellation, as provided in the Common Policy Conditions, as amended by an applicable state endorsement or as provided by an applicable state's change in coverage regulation is increased to the number of days shown in Paragraph **3.** in the Schedule above.

All other terms and conditions of your policy remain the same.

SERFF Tracking Number: *ZURC-125773946* *State:* *Arkansas*
First Filing Company: *American Zurich Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CW GL 27619*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Earlier Notice of Cancellation or Nonrenewal for ISO Commercial General Liability*
Project Name/Number: *CW GL 27619 - Earlier Notice of Cancellation or Nonrenewal for ISO Commercial General Liability/CW GL 27619*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125773946 State: Arkansas
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Company Tracking Number: CW GL 27619
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Product Name: Earlier Notice of Cancellation or Nonrenewal for ISO Commercial General Liability
Project Name/Number: CW GL 27619 - Earlier Notice of Cancellation or Nonrenewal for ISO Commercial General Liability/CW GL 27619

Supporting Document Schedules

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

Comments:

Attachment:

NAIC transmittal.pdf

Satisfied -Name: Explanatory memorandum **Review Status:** Approved 09/09/2008

Comments:

Attachment:

Explanatory Memorandum - Replacement.pdf

Satisfied -Name: Marked copy showing changes to form **Review Status:** Approved 09/09/2008

Comments:

Attachment:

Redlined A to B.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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Guarantee and Liability Insurance Company	NY	26247	36-6071400	
American Zurich Insurance Company	IL	40142	36-3141762	
Zurich American Insurance Company	NY	16535	36-4233459	
Zurich American Insurance Company of Illinois	IL	27855	36-2781080	

5. Company Tracking Number	CW GL 27619
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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
Patricia E. Chudik Regulatory Services Analyst Zurich North America 1400 American Lane Schaumburg, Illinois 60196	Regulatory Services Analyst	847 605-7714	847 605-7768	pat.chudik@zurichna.com

7. Signature of authorized filer	<i>Patricia E. Chudik</i>
8. Please print name of authorized filer	Patricia E. Chudik

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

9. Type of Insurance (TOI)	17.0000
10. Sub-Type of Insurance (Sub-TOI)	17.0001
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Earlier Notice of Cancellation or Nonrenewal Endorsement
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: 10-01-2008 Renewal: 10-01-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	NA
17. Reference Organization # & Title	NA
18. Company's Date of Filing	08-14-2008
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 #	CW GL 27619
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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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The purpose of this filing is to revise our form U-GL-1298.

This new version provides a schedule where an increased notice period can be referenced for cancellation, nonrenewal or both cancellation and nonrenewal.

The additional days notice will never exceed any state-mandated maximum. Addition of this endorsement is a negotiated item and can be requested by either the underwriter or the insured.

We are removing the previous discussion of reasons for cancellation or nonrenewal from the old form, since that is sufficiently handled by current ISO forms.

There is no premium impact associated with this 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 #: EFT
Amount: \$50.00

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

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 #	CW GL 27619
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	NA
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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	Earlier Notice of Cancellation or Nonrenewal Endorsement	U-GL-1298-B CW (08/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	U-GL-1298-A CW (01/07)	ZURC-125420954
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		

Explanatory Memorandum

U-GL-1298-B CW (08/2008)

Earlier Notice of Cancellation or Non-Renewal

The purpose of this filing is to revise our form U-GL-1298.

This new version provides a schedule where an increased notice period can be referenced for cancellation, nonrenewal or both cancellation and nonrenewal.

The additional days notice will never exceed any state-mandated maximum. Addition of this endorsement is a negotiated item and can be requested by either the underwriter or the insured.

We are removing the previous discussion of reasons for cancellation or nonrenewal from the old form, since that is sufficiently handled by current ISO forms.

There is no premium impact associated with this endorsement.



Earlier Notice of Cancellation or Non-Renewal

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Deleted: ¶
Policy No.

... [1]

This endorsement modifies insurance provided under the:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

1. Number of days required for notice of non-renewal (other than for nonpayment of premium): _____
(If the number of days is not provided above, the number of days is 30.)
2. Number of days required for notice of cancellation (other than for nonpayment of premium): _____
(If the number of days is not provided above, the number of days is 10.)
3. Number of days required for notice of cancellation (for nonpayment of premium): _____
(If the number of days is not provided above, the number of days is 10.)

A. For any statutorily permitted reason for non-renewal other than nonpayment of premium, the number of days required for notice of non-renewal, as provided in the Commercial General Liability Conditions, as amended by an applicable state endorsement or as provided by an applicable state's change in coverage regulation is increased to the number of days shown in Paragraph 1. in the Schedule above.

B. For any statutorily permitted reason for cancellation other than nonpayment of premium, the number of days required for notice of cancellation, as provided in the Common Policy Conditions, as amended by an applicable state endorsement or as provided by an applicable state's change in coverage regulation is increased to the number of days shown in Paragraph 2. in the Schedule above.

C. For nonpayment of premium, the number of days required for notice of cancellation, as provided in the Common Policy Conditions, as amended by an applicable state endorsement or as provided by an applicable state's change in coverage regulation is increased to the number of days shown in Paragraph 3. in the Schedule above.

All other terms and conditions of your policy remain the same.

Deleted: Coverage Part ¶

¶
We waive our rights of cancellation except for one

Deleted: more of the following reasons:¶

¶
Non-payment of premium by the insured. Non-payment shall be deemed to have occurred if payment is not received

Deleted: the company in accordance with the agreed payment schedule. Premium includes policy premium, collateral, audit premium, escrow and loss reimbursement funds. ¶

¶
Failure of the insured to adhere to our request(s) to comply with our safety engineering standards when such failure creates an unreasonable risk of serious and/or substantial loss. Such requests shall be

Deleted: writing and each request will include an expected date of compliance provided by the company

Deleted: Failure of the insured to adhere to our request(s) to comply with the insured's and/or our quality control standard(s) when such failure creates an unreasonable risk of serious and/or substantial loss. Such requests shall be in writing and each request will include an expected date of compliance provided by the company

Deleted: The company will provide ___ days prior written notice of cancellation due to non-payment of premium and ___ days prior written notice of cancellation due to non-compliance with safety and/or quality control standards. ¶

Deleted: . ¶
¶
¶

Cancellation



Page 1: [1] Deleted

Author

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.

Section Break (Next Page)

Cancellation



Named Insured / Mailing Address:

Producer:

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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Earlier Notice of Cancellation or Nonrenewal	08/14/2008	U-GL-1298-B CW _08-08_ Earlier Notice of Canc or Non-Renew-Final.pdf



Earlier Notice of Cancellation or Non-Renewal

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

1. Number of days required for notice of non-renewal (other than for nonpayment of premium): _____
(If the number of days is not provided above, the number of days is 30.)
2. Number of days required for notice of cancellation (other than for nonpayment of premium): _____
(If the number of days is not provided above, the number of days is 10.)
3. Number of days required for notice of cancellation (for nonpayment of premium): _____
(If the number of days is not provided above, the number of days is 10.)

- A. For any statutorily permitted reason for non-renewal other than nonpayment of premium, the number of days required for notice of non-renewal, as provided in the Commercial General Liability Conditions, as amended by an applicable state endorsement or as provided by an applicable state's change in coverage regulation is increased to the number of days shown in Paragraph **1.** in the Schedule above.
- B. For any statutorily permitted reason for cancellation other than nonpayment of premium, the number of days required for notice of cancellation, as provided in the Common Policy Conditions, as amended by an applicable state endorsement or as provided by an applicable state's change in coverage regulation is increased to the number of days shown in Paragraph **2.** in the Schedule above.
- C. For nonpayment of premium, the number of days required for notice of cancellation, as provided in the Common Policy Conditions, as amended by an applicable state endorsement or as provided by an applicable state's change in coverage regulation is increased to the number of days shown in Paragraph **3.** in the Schedule above.

All other terms and conditions of your policy remain the same.