

SERFF Tracking Number: WESA-125983740 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #? \$50
Company Tracking Number: NP-CAP-09-01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP
Liability
Product Name: Community Association Package Product
Project Name/Number: Submission of Community Association Package Product/NP-CAP-09-01

Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Community Association SERFF Tr Num: WESA-125983740 State: Arkansas

Package Product

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

Sub-TOI: 05.0007 Other CMP

Co Tr Num: NP-CAP-09-01

State Status: Fees verified

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Westmont Associates

Disposition Date: 01/13/2009

Date Submitted: 01/12/2009

Disposition Status: Approved

Effective Date Requested (New): 02/15/2009

Effective Date (New): 02/15/2009

Effective Date Requested (Renewal): 02/15/2009

Effective Date (Renewal):
02/15/2009

State Filing Description:

General Information

Project Name: Submission of Community Association Package Product Status of Filing in Domicile: Pending

Project Number: NP-CAP-09-01

Domicile Status Comments: Pending in
Pennsylvania

Reference Organization: None

Reference Number: None

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 01/13/2009

State Status Changed: 01/13/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Submission of the new forms to the Company's Community Association Package program.

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Company and Contact

Filing Contact Information

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

Meghan Slenkamp, Analyst meghans@westmontlaw.com
 25 Chestnut Street (856) 216-0220 [Phone]
 Haddonfield, NJ 08033

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: \$50.00 filing fee
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Liability Insurance Company	\$0.00	01/12/2009	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
32085	\$50.00	01/12/2009

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/13/2009	01/13/2009

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Disposition

Disposition Date: 01/13/2009

Effective Date (New): 02/15/2009

Effective Date (Renewal): 02/15/2009

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Form	"Assault" or "Battery" Exclusion	Approved	Yes
Form	Firearms 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	"Assault" or "Battery" Exclusion	L-461 07 08	07 08	Endorsement/Amendment/Conditions	New	0.00	I-461_(07-08).pdf
Approved	Firearms Exclusion	L-428 10/08	10 08	Endorsement/Amendment/Conditions	New	0.00	I-428_(10-08).pdf

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

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM
BUSINESSOWNERS COVERAGE FORM
COMMERCIAL UMBRELLA COVERAGE FORM
EXCESS LIABILITY POLICY**

“ASSAULT” or “BATTERY” EXCLUSION

This insurance does not apply to:

Any claim, demand or “suit” based on “assault” or “battery”, or out of any act or omission in connection with the prevention or suppression of any “assault” or “battery”, including the use of reasonable force to protect persons or property, whether caused by or at the instigation or direction of an insured, its “employees”, agents, officers or directors, patrons or any other person. Further, no coverage is provided for any claim, demand or “suit” in which the underlying operative facts constitute “assault” or “battery”.

This exclusion applies to all “bodily injury”, “property damage” or “personal and advertising injury” sustained by any person, including emotional distress and mental anguish, arising out of, directly or indirectly resulting from, in consequence of, or in any way involving “assault” or “battery” whether alleged, threatened or actual including but not limited to “assault” or “battery” arising out of or caused in whole or in part by 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 “assault” or “battery” to the proper authorities; or
- c. the failure to so report or the failure to protect any person while that person was in the care, custody or control of the insured, its “employees”, agents, officers or directors; or
- d. any other negligent action.

“Assault” means the threat or use of force on another that causes that person to have apprehension of imminent harmful or offensive conduct, whether or not the threat or use of force is alleged to be negligent, intentional or criminal in nature.

“Battery” means negligent or intentional wrongful physical contact with another without consent that results in physical or emotional injury.

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:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM
COMMERCIAL UMBRELLA POLICY
EXCESS LIABILITY POLICY**

FIREARMS EXCLUSION

This policy does not insure against loss or expense, including but not limited to the cost of defense, as a result of “bodily injury”, “property damage”, “personal and advertising injury” or medical payments arising out of firearms.

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.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/13/2009

Comments:

Attachment:

AR NAIC.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 01/13/2009

Comments:

Attachment:

CAP Letter.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 01/13/2009

Comments:

Attached is the Letter of Authorization

Attachment:

Westmont Authorization Letter.pdf

Satisfied -Name: Forms Listing **Review Status:** Approved 01/13/2009

Comments:

Attached is the Company's Forms Listing.

Attachment:

Form Listing.pdf

Property & Casualty Transmittal Document

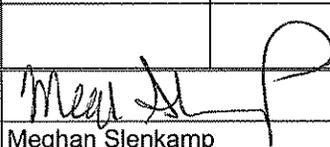
Reset Form

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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

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

5. Company Tracking Number	NP-CAP-09-01
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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
Meghan Slenkamp	Analyst	856-216-0220	856-216-0303	meghans@westmontlaw.com
25 Chestnut St., Suite 105 Haddonfield, NJ 08033				
7. Signature of authorized filer				
8. Please print name of authorized filer	Meghan Slenkamp			

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

9. Type of Insurance (TOI)	05.0 CMP Liability and Non-Liability
10. Sub-Type of Insurance (Sub-TOI)	05.0007 Other CMP
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 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: 2/15/2009 Renewal: 2/15/2009
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	1/12/2009
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 # NP-CAP-09-01

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

Submission of the new forms to the Company's Community Association Package program.

[View Complete Filing Description](#)

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 #: 32085
Amount: \$50.00

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

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

FORM FILING SCHEDULE

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

1.	This filing transmittal is part of Company Tracking #	NP-CAP-09-01			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	n/a			
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	"Assault" or "Battery" Exclusion	L-461 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Firearms Exclusion	L-428 10/08	<input checked="" 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



**WESTMONT
ASSOCIATES, INC.**

January 12, 2009

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
Community Association Package Product
Forms Submission – New Forms
Company Filing Number: NP-CAP-09-01
Effective Date: February 15, 2009**

To Whom It May Concern:

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

The Company is filing the following new endorsement forms for its currently filed and approved Community Association product:

Form Number	Form Title
L-461 07/08	"Assault" or "Battery" Exclusion
L-428 10/08	Firearms Exclusion

Please be advised that there is no rating impact associated with this submission.

Your approval and/or acknowledgement of this submission is respectfully requested. If at all possible, please stamp this filing approved with an effective date of February 15, 2009. Thank you for your attention regarding this matter.

Respectfully Submitted,

Meghan Slenkamp

Meghan Slenkamp

Analyst

meghans@westmontlaw.com

Enclosures

Cc: M. Miller



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

**United States Liability Insurance Group
Community Association Product
Forms Listing**

L-461 07/08	“Assault” or “Battery” Exclusion
L-428 10/08	Firearms Exclusion