

SERFF Tracking Number: WESA-125984634 State: Arkansas  
Filing Company: United States Liability Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: PROF-CX-09-02  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Professional Office Package  
Project Name/Number: Professional Office Package /PROF-CX-09-02

## Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Professional Office Package SERFF Tr Num: WESA-125984634 State: Arkansas

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

Non-Liability

Sub-TOI: 05.0002 Businessowners

Co Tr Num: PROF-CX-09-02

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: Professional Office Package

Status of Filing in Domicile: Pending

Project Number: PROF-CX-09-02

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/13/2009

State Status Changed: 01/13/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Submission of revised form for Company's Professional Office Package product.

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: WESA-125984634 State: Arkansas  
Filing Company: United States Liability Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: PROF-CX-09-02  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Professional Office Package  
Project Name/Number: Professional Office Package /PROF-CX-09-02

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

Sherri Penn, Senior Analyst sherri@westmontlaw.com  
25 Chestnut Street (856) 216-0220 [Phone]  
Haddonfield, NJ 08033 (856) 216-0303[FAX]

**Filing Company Information**

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

SERFF Tracking Number: WESA-125984634 State: Arkansas  
Filing Company: United States Liability Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: PROF-CX-09-02  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Professional Office Package  
Project Name/Number: Professional Office Package /PROF-CX-09-02

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: AR 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
32068	\$50.00	01/12/2009

SERFF Tracking Number: WESA-125984634 State: Arkansas  
Filing Company: United States Liability Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: PROF-CX-09-02  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Professional Office Package  
Project Name/Number: Professional Office Package /PROF-CX-09-02

## Correspondence Summary

### Dispositions

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

SERFF Tracking Number: WESA-125984634 State: Arkansas  
Filing Company: United States Liability Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: PROF-CX-09-02  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Professional Office Package  
Project Name/Number: Professional Office Package /PROF-CX-09-02

## 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.

SERFF Tracking Number: WESA-125984634 State: Arkansas  
 Filing Company: United States Liability Insurance Company State Tracking Number: #? \$50  
 Company Tracking Number: PROF-CX-09-02  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
 Liability  
 Product Name: Professional Office Package  
 Project Name/Number: Professional Office Package /PROF-CX-09-02

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Supporting Document</b>	Letter of Authorization	Approved	Yes
<b>Supporting Document</b>	Side by Side Comparison	Approved	Yes
<b>Form</b>	Hired and Non-Owned Auto Liability	Approved	Yes

SERFF Tracking Number: WESA-125984634 State: Arkansas  
 Filing Company: United States Liability Insurance Company State Tracking Number: #? \$50  
 Company Tracking Number: PROF-CX-09-02  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
 Liability  
 Product Name: Professional Office Package  
 Project Name/Number: Professional Office Package /PROF-CX-09-02

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Hired and Non-Owned Auto Liability	BP-17 (11/08)	11/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 BP-17 (05/04) Previous Filing #:		bp-17_(11-08).pdf

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

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS COVERAGE FORM**

**HIRED AUTO AND NON-OWNED AUTO LIABILITY**

**A.** Insurance is provided only for those coverages for which a specific limit or premium charge is shown in the Declarations.

**1. HIRED AUTO LIABILITY**

The insurance provided under **SECTION II – LIABILITY; A. Coverages 1. Business Liability**; applies to “bodily injury” or “property damage” arising out of the maintenance or use of a “hired auto” by you or your “employees” in the course of your business.

**2. NON-OWNED AUTO LIABILITY**

The insurance provided under **SECTION II – LIABILITY; A. Coverages 1. Business Liability**; A. Coverages 1. Business Liability, applies to “bodily injury” or “property damage” arising out of the use of any “non-owned auto” in your business by any person other than you.

**B.** For insurance provided by this endorsement only:

**1.** The exclusions, under **SECTION II – LIABILITY; B. Exclusions; 1. Applicable to Business Liability Coverage**; other than exclusions **a., b., d., f.** and **i.** and the Nuclear Energy Liability Exclusion, are deleted and replaced by the following:

**a.** “Bodily injury” to:

**(1)** An “employee” of the insured arising out of and in the course of:

**(a)** Employment by the insured; or

**(b)** Performing duties related to the conduct of the insured’s business; or

**(2)** The spouse, child, parent, brother or sister of that “employee” as a consequence of Paragraph (1) above.

This exclusion applies:

**(a)** Whether the insured may be liable as an employer or in any other capacity; and

**(b)** To any obligation to share damages with or repay someone else who must pay damages because of injury.

This exclusion does not apply to:

**(i)** Liability assumed by the insured under an “insured contract”; or

**(ii)** “Bodily injury” arising out of and in the course of domestic employment by the insured unless benefits for such injury are in whole or in part either payable or required to be provided under any workers compensation law.

**b.** “Property damage” to:

**(1)** Property owned or being transported by, or rented or loaned to the insured; or

**(2)** Property in the care, custody or control of the insured,

**2. SECTION II – LIABILITY; C. Who Is An Insured**; is replaced by the following:

Each of the following is an insured under this endorsement to the extent set forth below:

**a.** You;

**b.** Any other person using a “hired auto” with your permission;

**c.** For a “non-owned auto”, any partner or “executive officer” of yours, but only while such “non-owned auto” is being used in your business; and

**d.** Any other person or organization, but only for their liability because of acts or omissions of an insured under **a., b.** or **c.** above.

None of the following is an insured:

- (1) Any person engaged in the business of his or her employer for "bodily injury" to any co-"employee" of such person injured in the course of employment, or to the spouse, child, parent, brother or sister of that co-"employee" as a consequence of such "bodily injury", or for any obligation to share damages with or repay someone else who must pay damages because of the injury;
  - (2) Any partner or "executive officer" for any "auto" owned by such partner or officer or a member of his or her household;
  - (3) Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate;
  - (4) The owner or lessee (of whom you are a sub lessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee;
  - (5) Any person or organization for the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.
3. This insurance does not apply: If you regularly deliver the good or products which you are in the business of selling, "Bodily Injury" or "Property Damage" arising out of the delivery of those goods or products.
  4. This insurance does not apply: If you deliver any goods or products for a charge, "Bodily Injury" or "Property Damage" arising out of the delivery of those goods or products.
- C. The following additional definitions apply:
23. **"Auto Business"** means the business or occupation of selling, repairing, servicing, storing or parking "autos".
  24. **"Hired Auto"** means any "auto" you lease, hire or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees" or members of their households, or from any partner or "executive officer" of yours. This DOES NOT include any "Auto" you lease for a period of more than 30 consecutive days.
  25. **"Non-Owned Auto"** means any "auto" you do not own, lease, hire, rent or borrow which is used in connection with your business. However, if you are a partnership, a "non-owned auto" does not include any "auto" owned by any partner.

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-125984634      *State:* Arkansas  
*Filing Company:* United States Liability Insurance Company      *State Tracking Number:* #? \$50  
*Company Tracking Number:* PROF-CX-09-02  
*TOI:* 05.0 Commercial Multi-Peril - Liability & Non-      *Sub-TOI:* 05.0002 Businessowners  
Liability  
*Product Name:* Professional Office Package  
*Project Name/Number:* Professional Office Package /PROF-CX-09-02

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125984634 State: Arkansas  
Filing Company: United States Liability Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: PROF-CX-09-02  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Professional Office Package  
Project Name/Number: Professional Office Package /PROF-CX-09-02

## Supporting Document Schedules

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

**Comments:**  
**Attachment:**  
NAIC - USLI.pdf

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

**Comments:**  
**Attachment:**  
Cover Letter - USLI.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:** Side by Side Comparison **Review Status:** Approved 01/13/2009

**Comments:**  
**Attachment:**  
BP 17 Comparison.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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
---	---

<b>3. Group Name</b>	<b>Group NAIC #</b>

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

<b>5. Company Tracking Number</b>	
-----------------------------------	--

**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—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
------------	--	--

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

<b>22.</b>	<b>Filing Fees</b> (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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
-----------	--	--

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

<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
-----------	--	--

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

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
-----------	--	--

<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
------------	---

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)

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

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

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
-----------	--

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

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
-----------	---	--

<b>7.</b>	<b>Effective Date of last rate revision</b>	
-----------	---	--

<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
-----------	---	--

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	



**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  
Professional Office Package  
Forms Revision Submission  
Company Filing Number: PROF-CX-09-02  
Effective Date:**

To Whom It May Concern:

Enclosed you will find the Company's Professional Office 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 submitting attached form BP-17 11/08 – Hired and Non-Owned Auto Liability for use with their Professional Office Package product. Please note that this form will replace previously filed and approved form BP-17 05/04. Attached is a side-by-side comparison which reflects the changes that have been made to the form.

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, with the earliest permissible effective date.

Respectfully submitted,

***Sherri Penn***

Sherri Penn

Senior Analyst

[sherri@westmontlaw.com](mailto:sherri@westmontlaw.com)

Enclosures

CC: M. Miller - USLI



# 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**  
**WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS COVERAGE FORM**

**HIRED AUTO AND NON-OWNED AUTO LIABILITY**

A. Insurance is provided only for those coverages for which a specific limit or premium charge is shown in the Declarations.

**1. HIRED AUTO LIABILITY**

The insurance provided under **SECTION II – LIABILITY; A. Coverages 1. Business Liability;** applies to “bodily injury” or “property damage” arising out of the maintenance or use of a “hired auto” by you or your “employees” in the course of your business.

**2. NON-OWNED AUTO LIABILITY**

The insurance provided under **SECTION II – LIABILITY; A. Coverages 1. Business Liability;** A. Coverages 1. Business Liability, applies to “bodily injury” or “property damage” arising out of the use of any “non-owned auto” in your business by any person other than you.

Deleted: ¶  
SCHEDULE¶  
¶  
Additional¶  
Coverage Premium¶  
¶  
Hired Auto Liability¶  
¶  
Non-Owned Auto Liability¶  
¶  
-----Section Break (Next Page)-----

Deleted: or in the Schedule

B. For insurance provided by this endorsement only:

1. The exclusions, under **SECTION II – LIABILITY; B. Exclusions; 1. Applicable to Business Liability Coverage;** other than exclusions **a., b., d., f. and i.** and the Nuclear Energy Liability Exclusion, are deleted and replaced by the following:

a. “Bodily injury” to:

(1) An “employee” of the insured arising out of and in the course of:

(a) Employment by the insured; or

(b) Performing duties related to the conduct of the insured’s business; or

(2) The spouse, child, parent, brother or sister of that “employee” as a consequence of Paragraph (1) above.

This exclusion applies:

(a) Whether the insured may be liable as an employer or in any other capacity; and

(b) To any obligation to share damages with or repay someone else who must pay damages because of injury.

This exclusion does not apply to:

(i) Liability assumed by the insured under an “insured contract”; or

(ii) “Bodily injury” arising out of and in the course of domestic employment by the insured unless benefits for such injury are in whole or in part either payable or required to be provided under any workers compensation law.

b. “Property damage” to:

(1) Property owned or being transported by, or rented or loaned to the insured; or

(2) Property in the care, custody or control of the insured,

2. **SECTION II – LIABILITY; C. Who Is An Insured;** is replaced by the following:

Each of the following is an insured under this endorsement to the extent set forth below:

a. You;

b. Any other person using a “hired auto” with your permission;

c. For a “non-owned auto”, any partner or “executive officer” of yours, but only while such “non-owned auto” is being used in your business; and

d. Any other person or organization, but only for their liability because of acts or omissions of an insured under **a., b. or c.** above.

None of the following is an insured:

Deleted: ←Section Break (Next Page)→

Deleted: ¶  
¶  
¶  
¶  
-----Section Break (Next Page)-----

- (1) Any person engaged in the business of his or her employer for "bodily injury" to any co-"employee" of such person injured in the course of employment, or to the spouse, child, parent, brother or sister of that co-"employee" as a consequence of such "bodily injury", or for any obligation to share damages with or repay someone else who must pay damages because of the injury;
  - (2) Any partner or "executive officer" for any "auto" owned by such partner or officer or a member of his or her household;
  - (3) Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate;
  - (4) The owner or lessee (of whom you are a sub lessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee;
  - (5) Any person or organization for the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.
3. This insurance does not apply: If you regularly deliver the good or products which you are in the business of selling, "Bodily Injury" or "Property Damage" arising out of the delivery of those goods or products.
  4. This insurance does not apply: If you deliver any goods or products for a charge, "Bodily Injury" or "Property Damage" arising out of the delivery of those goods or products.
- C. The following additional definitions apply:
23. "**Auto Business**" means the business or occupation of selling, repairing, servicing, storing or parking "autos".
  24. "**Hired Auto**" means any "auto" you lease, hire or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees" or members of their households, or from any partner or "executive officer" of yours. This DOES NOT include any "Auto" you lease for a period of more than 30 consecutive days.
  25. "**Non-Owned Auto**" means any "auto" you do not own, lease, hire, rent or borrow which is used in connection with your business. However, if you are a partnership, a "non-owned auto" does not include any "auto" owned by any partner.

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.