

SERFF Tracking Number: REGU-125466539 State: Arkansas
Filing Company: Discover Property & Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: DPC-BOP-FR-08 F
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Liability Sub-TOI: 05.0002 Businessowners
Product Name: DPC-BOP-FR-08
Project Name/Number: /

Filing at a Glance

Company: Discover Property & Casualty Insurance Company

Product Name: DPC-BOP-FR-08 SERFF Tr Num: REGU-125466539 State: Arkansas

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

Non-Liability

Sub-TOI: 05.0002 Businessowners Co Tr Num: DPC-BOP-FR-08 F State Status: Fees verified and received

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

Author: Jason Graciolett Disposition Date: 02/19/2008

Date Submitted: 02/05/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New): 02/19/2008

Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 02/19/2008

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending

Project Number: Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 02/19/2008

State Status Changed: 02/19/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Discover Property & Casualty Insurance Company is filing three new mandatory forms for use with its current Businessowners program. The three new forms will be attached to all businessowners policies. We are filing policyholder notices for each form. The rules portion of this filing is not required to be filed. A desk filing has been prepared for the rules and will be made available upon request.

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Enclosed for your review are the following:

- Explanatory Memo
- Independent Forms
- Policyholder Notices

We are requesting this filing become effective upon approval or earliest available.

Company and Contact

Filing Contact Information

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

Jason Graciolett, Analyst jasongraciolett@ircllc.com
50 Broad Street (212) 571-3989 [Phone]
New York, NY 10004

Filing Company Information

Discover Property & Casualty Insurance CoCode: 36463 State of Domicile: Illinois
Company
5 Batterson Park Group Code: 164 Company Type:
Farmington, CT 06032 Group Name: State ID Number:
(860) 674-2660 ext. [Phone] FEIN Number: 36-2999370

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: AR is \$50 per forms filing.
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Discover Property & Casualty Insurance Company	\$50.00	02/05/2008	17832685

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/19/2008	02/19/2008

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Project Name/Number: /

Disposition

Disposition Date: 02/19/2008
Effective Date (New): 02/19/2008
Effective Date (Renewal): 02/19/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125466539 State: Arkansas
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 Liability
 Product Name: DPC-BOP-FR-08
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Authorization	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	EXCLUSION - ABUSE AND MOLESTATION	Approved	Yes
Form	IMPORTANT NOTICE TO POLICYHOLDERS EXCLUSION - ABUSE AND MOLESTATION (DB 3012 0108)	Approved	Yes
Form	LEAD EXCLUSION	Approved	Yes
Form	IMPORTANT NOTICE TO POLICYHOLDERS EXCLUSION - LEAD	Approved	Yes
Form	AMENDMENT - NON CUMULATION OF LIABILITY AND MEDICAL EXPENSES LIMIT OF INSURANCE	Approved	Yes
Form	IMPORTANT NOTICE TO POLICYHOLDERS AMENDMENT - NON CUMULATION OF LIMITS ENDORSEMENT	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	EXCLUSION - ABUSE AND MOLESTATION	DB 3012 0108	0108	Endorsement/Amendment/Conditions	New	0.00	BOP Abuse & Molestation DB 3012 0108 Abuse Moles. Exc.pdf
Approved	IMPORTANT NOTICE TO POLICYHOLDERS EXCLUSION - ABUSE AND MOLESTATION (DB 3012 0108)	DB 9037 0108	0108	Disclosure/ Notice	New	0.00	BOP Abuse & Molestation DB 9037 0108 PHN Abuse Molestation. pdf
Approved	LEAD EXCLUSION	DB 3011 0108	0108	Endorsement/Amendment/Conditions	New	0.00	BOP DB 3011 0108 .pdf
Approved	IMPORTANT NOTICE TO POLICYHOLDERS EXCLUSION - LEAD	DB 9036 0108	0108	Disclosure/ Notice	New	0.00	BOP DB 9036 0108 PHN LEAD.pdf
Approved	AMENDMENT - NON CUMULATION OF LIABILITY AND MEDICAL EXPENSES LIMIT OF	DB 5212 0108	0108	Endorsement/Amendment/Conditions	New	0.00	BOP Non Cum DB 5212 0108.pdf

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INSURANCE

Approved	IMPORTANT	DB 9035	0108	Disclosure/ New	0.00	BOP PHN
	NOTICE TO	0108		Notice		BOP
	POLICYHOLDER					noncum.pdf
	S AMENDMENT					
	- NON					
	CUMULATION					
	OF LIMITS					
	ENDORSEMENT					

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - ABUSE AND MOLESTATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following exclusion is added to Paragraph B. Exclusions of **SECTION II - LIABILITY**:

Abuse Or Molestation

This insurance does not apply to "bodily injury" and / or "personal injury" arising out of any act of "abuse or molestation".

The following are added to Paragraph F. Liability And Medical Expenses Definitions of **SECTION II - LIABILITY**:

"Abuse or molestation" means any illegal or offensive physical act or contact committed by any "perpetrator" against any person who is:

- a. Under 18 years of age;
- b. Legally incompetent; or
- c. In the care, custody or control of any insured and is physically or mentally incapable of consenting to such physical act or contact.

"Perpetrator" means any of the following persons who actually or allegedly commit any illegal or defensive physical act or contact:

- a. You or your spouse, if you are an individual;
- b. Your partners or members, or their spouses, if you are a partnership or joint venture;
- c. Your managers or members, if you are a limited liability company;
- d. Your "executive officers" or directors, if you are an organization other than a partnership, joint venture or limited liability company;
- e. Your "employees" or "volunteer workers"; or
- f. Any other person acting together with any of the persons described in Paragraph a. through e. above.

IMPORTANT NOTICE TO POLICYHOLDERS

EXCLUSION - ABUSE AND MOLESTATION (DB 3012 0108)

NO COVERAGE IS PROVIDED BY THIS POLICYHOLDER NOTICE NOR CAN IT BE CONSTRUED TO REPLACE ANY PROVISIONS OF YOUR POLICY. YOU SHOULD READ YOUR POLICY AND REVIEW YOUR DECLARATIONS PAGE FOR COMPLETE INFORMATION ON THE COVERAGES THAT YOU ARE PROVIDED. IF THERE IS ANY CONFLICT BETWEEN THE POLICY AND THIS SUMMARY, THE PROVISIONS OF THE POLICY SHALL PREVAIL.

THIS NOTICE IS INTENDED TO MAKE YOU AWARE THAT THE CAPTIONED ENDORSEMENT IS BEING ADDED TO YOUR POLICY.

This endorsement excludes coverage for "bodily injury" and / or "personal injury" arising out of any act of "abuse or molestation."

- "Abuse or molestation" means any illegal or offensive physical act or contact committed by any "perpetrator" against any person who is:

Under 18 years of age:

Legally incompetent; or

In the care, custody or control of any insured and is physically or mentally incapable of consenting to such physical act or contact.

- "Perpetrator" means any of the following persons who actually or allegedly commit any illegal or offensive physical act or contact:

You or your spouse, if you are an individual:

Your partners or members, or their spouses, if you are a partnership or joint venture;

Your managers or members, if you are a limited liability company:

Your "executive officers" or directors, if you are an organization other than a partnership, joint venture or limited liability company;

Your "employees" or "volunteer workers"; or

Any other person action together with any of the persons described above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LEAD EXCLUSION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

1. The following exclusion is added to Paragraph **B. Exclusions** in **Section II – Liability, A. Coverages: Subparagraph 1. Business Liability.**

This insurance does not apply to:

- a. "Bodily injury" arising, in whole or in part, out of the actual, alleged, threatened or suspected absorption or inhalation of, or ingestion of lead, paint containing lead, or any other material or substance containing lead.
- b. "Property damage" arising, in whole or in part, out of the actual, alleged, threatened or suspected contact with, exposure to, existence of, or presence of, lead, paint containing lead, or any other material or substance containing lead.
- c. "Personal and advertising injury" arising, in whole or in part, out of the actual, alleged, threatened or suspected absorption or inhalation of, ingestion of, contact with, exposure to, existence of, or presence of, lead, paint containing lead, or any other material or substance containing lead.
- d. Any loss, cost or expense arising, in whole or in part, out of any:
 - (1) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, lead, paint containing lead, or any other material or substance containing lead; or
 - (2) Claim or "suit" by or on behalf of any person, organization or governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, lead, paint containing lead, or any other material or substance containing lead.

2. The following exclusion is added to Paragraph **B. Exclusions** in **Section II – Liability, A. Coverages, Subparagraph 2. Medical Expenses.**

This insurance does not apply to expenses incurred with respect to "bodily injury" arising, in whole or in part, out of the actual, alleged, threatened or suspected absorption or inhalation of, or ingestion of lead, paint containing lead, or any other material or substance containing lead.

IMPORTANT NOTICE TO POLICYHOLDERS

EXCLUSION - LEAD

NO COVERAGE IS PROVIDED BY THIS POLICYHOLDER NOTICE NOR CAN IT BE CONSTRUED TO REPLACE ANY PROVISIONS OF YOUR POLICY. YOU SHOULD READ YOUR POLICY AND REVIEW YOUR DECLARATIONS PAGE FOR COMPLETE INFORMATION ON THE COVERAGES THAT YOU ARE PROVIDED. IF THERE IS ANY CONFLICT BETWEEN THE POLICY AND THIS SUMMARY, THE PROVISIONS OF THE POLICY SHALL PREVAIL.

THIS NOTICE IS INTENDED TO MAKE YOU AWARE THAT THE CAPTIONED ENDORSEMENT IS BEING ADDED TO YOUR POLICY.

Businessowners Coverage - DB 3011 0108 Exclusion - Lead

Endorsement DB 3011 0108, Exclusion - Lead, excludes coverage for injury or damage arising out of lead, paint containing lead, or any other material or substance containing lead. This includes any loss, cost or expense arising out of any request, demand or order that any insured or others test for, monitor, clean up, remove or contain lead, paint containing lead, or other material or substance containing lead.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMENDMENT - NON CUMULATION OF LIABILITY
AND MEDICAL EXPENSES LIMIT OF INSURANCE**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Section II, LIABILITY, Paragraph D.2. Liability And Medical Expenses Limits Of Insurance is amended to include the following:

Non cumulation of Liability and Medical Expense Limit

- (a) If "bodily injury", "property damage" or medical expenses arise out of one "occurrence"; and/or
- (b) If "personal and advertising injury" is sustained by any one person or organization;

during the policy period and during the policy period of one or more prior and/or future policies that include the businessowners coverage part for the insured issued by us or any affiliated insurance company, the amount we will pay is limited. This policy's Liability and Medical Expense Limit will be reduced by the amount of each payment made by us and any affiliated insurance company under the other policies because of such "occurrence" and/or such "personal and advertising injury".

IMPORTANT NOTICE TO POLICYHOLDERS

AMENDMENT - NON CUMULATION OF LIMITS ENDORSEMENT

NO COVERAGE IS PROVIDED BY THIS POLICYHOLDER NOTICE NOR CAN IT BE CONSTRUED TO REPLACE ANY PROVISIONS OF YOUR POLICY. YOUR SHOULD READ YOUR POLICY AND REVIEW YOUR DECLARATIONS PAGE FOR COMPLETE INFORMATION ON THE COVERAGES THAT ARE PROVIDED. IF THERE IS ANY CONFLICT BETWEEN THE POLICY AND THIS SUMMARY, THE PROVISIONS OF THE POLICY SHALL PREVAIL.

THIS NOTICE IS INTENDED TO MAKE YOU AWARE THAT THE CAPTIONED ENDORSEMENT IS BEING ADDED TO YOUR POLICY.

Businessowners Coverage - DB 5212 0108 Amendment - Non Cumulation of Liability and Medical Expenses Limit of Insurance

This endorsement states that if one "occurrence" causes "bodily injury" "property damage" or medical expenses, and/or if "personal and advertising injury" is sustained by any one person or organization during more than one policy period insured by us, this policy's Liability and Medical Expenses Limit will be reduced by the amount of payment made under the other policies because of such "occurrence" and /or such "personal injury".

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TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: DPC-BOP-FR-08
Project Name/Number: /

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 02/19/2008

Comments:

Attachment:

AR F - NAIC.pdf

Satisfied -Name: Filing Authorization **Review Status:** Approved 02/19/2008

Comments:

Attachment:

1. Filing Auth.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 02/19/2008

Comments:

Attachment:

2. Exp Memo BOP.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 #
St Paul Travelers	3548

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Discover Property & Casualty Insurance Company	Illinois	36463	36-2999370	

5. Company Tracking Number	DPC-BOP-FR-08 F
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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
Jason Graciolett Insurance Regulatory Consultants 50 Broad Street, Suite 501 New York, NY 10004	Analyst	(212) 571-3989	(212) 571-2502	jasongraciolett@ircllc.com

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

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)	05.0002 Businessowners
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 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: Upon Approval Renewal: Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	2/5/2008
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 # DPC-BOP-FR-08 F

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

Discover Property & Casualty Insurance Company is filing three new mandatory forms for use with its current Businessowners program. The three new forms will be attached to all businessowners policies. We are filing policyholder notices for each form. The rules portion of this filing is not required to be filed. A desk filing has been prepared for the rules and will be made available upon request. There is no charge for any of the forms therefore the filing has no rate impact.

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.

*****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 #	DPC-BOP-FR-08 F			
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	EXCLUSION - ABUSE AND MOLESTATION	DB 3012 0108	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	IMPORTANT NOTICE TO POLICYHOLDERS EXCLUSION - ABUSE AND MOLESTATION (DB 3012 0108)	DB 9037 0108	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	LEAD EXCLUSION	DB 3011 0108	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	IMPORTANT NOTICE TO POLICYHOLDERS EXCLUSION - LEAD	DB 9036 0108	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	AMENDMENT - NON CUMULATION OF LIABILITY AND MEDICAL EXPENSES LIMIT OF INSURANCE	DB 5212 0108	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	IMPORTANT NOTICE TO POLICYHOLDERS AMENDMENT - NON CUMULATION OF LIMITS ENDORSEMENT	DB 9035 0108	<input checked="" 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		

DISCOVER PROPERTY & CASUALTY

January 7, 2008

RE: Authority for Insurance Regulatory Consultants, LLC to Process Filings on behalf of Discover Property & Casualty Insurance Company

Dear Regulatory Official:

Please accept this letter as the authorization for representatives of Insurance Regulatory Consultants, LLC, to prepare and submit, on behalf of Discover Property & Casualty Insurance Company filings in your state. This authorization includes our permission for representatives of Insurance Regulatory Consultants, LLC, to receive and respond to any inquiries that you may raise on these filings.

This authority will continue in place until you receive, from Discover Property & Casualty Insurance Company, a written statement that the authority has been removed.

If you have any questions on this or need any additional information, please don't hesitate to contact me.

Very truly yours,



Arthur W. Wright
President

Re: Discover Property & Casualty Insurance Company
NAIC Number: 3548-36463 FEIN Number: 36-2999370

5 Batterson Park | Farmington, CT 06032 | ph: 860-674-2660 | discover-ra.com

A St. Paul Travelers business

**FILING MEMORANDUM
DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY
BUSINESSOWNERS PROGRAM
FORMS AND RULES**

Discover Property & Casualty Insurance Company is filing three new mandatory forms for use with its current Businessowners program. The three new forms will be attached to all businessowners policies. The corresponding rules for each form are also being filed. There is no charge for any of the forms therefore the filing has no rate impact.

Description of Forms

FORM: Exclusion – Lead DB3011 0108

On an industry-wide basis, claims for loss or damage from court decisions based on unanticipated interpretations of current policy language continue. Discover Property & Casualty Insurance Company desires to manage such an exposure.

It is our position that the standard Businessowners Liability Coverage pollution exclusion precludes coverage for lead exposures arising from an insured's premises.

Some courts have ruled that the standard pollution exclusion does not apply to ingestion of lead paint chips by children because such ingestion is not a "discharge, dispersal, seepage, migration, release or escape of pollutants". Others have ruled that the standard pollution exclusion applies only to environmental pollution without defining what environmental pollution is.

The new form clarifies the intent of the pollution exclusion with regard to exposure to lead. The form is mandatory and there is no rate impact.

FORM: Exclusion - Abuse and Molestation DB3012 0108

This new endorsement replaces the ISO form, Abuse or Molestation Exclusion Endorsement BP 04 39.

This new endorsement:

- excludes coverage for "bodily injury" and / or "personal injury" arising out of any act of "abuse or molestation."
- Adds two new definitions to the Businessowners Liability and Medical Expenses

"Abuse or molestation" means any illegal or offensive physical act or contact committed by any "perpetrator" against any person who is:

Under 18 years of age:

- Legally incompetent; or
- In the care, custody or control of any insured and is physically or mentally incapable of consenting to such physical act or contact.

"Perpetrator" means any of the following persons who actually or allegedly commit any illegal or offensive physical act or contact:

- You or your spouse, if you are an individual:
- Your partners or members, or their spouses, if you are a partnership or joint venture;
- Your managers or members, if you are a limited liability company:
- Your "executive officers" or directors, if you are an organization other than a partnership, joint venture or limited liability company;
- Your "employees" or "volunteer workers"; or Any other person action together with any of the persons described above.

To the extent that current policy exclusions do not apply to liability arising out of abuse or molestation, the attachment of the endorsement will result in a reduction of coverage. The form is mandatory and will be attached to all policies without premium adjustment.

**FORM: Amendment - Non Cumulation of Liability and Medical Expenses Limit of Insurance
DB 5212 0108**

On an industry-wide basis, claims for loss or damage from court decisions based on unanticipated interpretations of current policy language continue. Discover Property & Casualty Insurance Company desires to manage such an exposure.

There is no intent to provide coverage for a continuous injury that spans two or more policy periods arising out of a single occurrence or personal injury sustained by any one person or organization. The new form clarifies our intent to pay only one policy limit for continuous damage or injury that may occur throughout several successive policies periods. The form is mandatory and there is no rate impact.