

SERFF Tracking Number: WESA-125493981 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #1996 \$50
Company Tracking Number: NP-CAP-08-02
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
Product Name: Community Association Package Product
Project Name/Number: Submission of Revised Terrorism Forms/NP-CAP-08-02

Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Community Association SERFF Tr Num: WESA-125493981 State: Arkansas

Package Product

TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: #1996 \$50

Sub-TOI: 17.1019 Professional Errors & Omissions Liability Co Tr Num: NP-CAP-08-02 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Westmont Associates, Disposition Date: 03/12/2008

Wesley Pohler

Date Submitted: 02/19/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New):

Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Submission of Revised Terrorism Forms

Project Number: NP-CAP-08-02

Reference Organization: None

Reference Title: None

Filing Status Changed: 03/12/2008

State Status Changed: 03/12/2008

Corresponding Filing Tracking Number:

Filing Description:

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

Status of Filing in Domicile: Pending

Domicile Status Comments: Pending in PA

Reference Number: None

Advisory Org. Circular: None

Deemer Date:

The Company has revised their terrorism endorsements for its Community Association Package product in response to

SERFF Tracking Number: WESA-125493981 State: Arkansas
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the 2007 extension of the Terrorism Risk Insurance Act (TRIA). The endorsements have been attached for your review and approval. Please also note that the Company has included its revised Disclosure Notice of Terrorism Insurance Coverage for your information as well. Please note that these revisions do not result in any rating impact whatsoever.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date. Enclosed please find a self-addressed stamped envelope for your convenience in returning the duplicate copy of this filing, evidencing your approval and/or acknowledgement.

Company and Contact

Filing Contact Information

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

Wesley Pohler, AVP wes@westmontlaw.com
 25 Chestnut Street (856) 216-0220 [Phone]
 Haddonfield, NJ 08033 (856) 216-0303[FAX]

Filing Company Information

United States Liability Insurance Company CoCode: 25895 State of Domicile: Pennsylvania
 25 Chestnut Street Group Code: 31 Company Type: Property and Casualty

Suite 105
 Haddonfield, NJ 08033 Group Name: State ID Number:
 (856) 216-0220 ext. [Phone] FEIN Number: 23-1383313

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: AR Fee for forms
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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SERFF Tracking Number: WESA-125493981 *State:* Arkansas
Filing Company: United States Liability Insurance Company *State Tracking Number:* #1996 \$50
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Liability
Product Name: Community Association Package Product
Project Name/Number: Submission of Revised Terrorism Forms/NP-CAP-08-02
United States Liability Insurance Company \$0.00 02/19/2008

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1996	\$50.00	02/19/2008

SERFF Tracking Number: WESA-125493981 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/12/2008	03/12/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
EXCLUSION Form OF CERTIFIED ACTS OF TERRORISM		Westmont Associates	02/29/2008	02/29/2008
EXCLUSION Form OF CERTIFIED ACTS OF TERRORISM		Westmont Associates	02/29/2008	02/29/2008

SERFF Tracking Number: WESA-125493981 *State:* Arkansas
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Liability

Product Name: Community Association Package Product
Project Name/Number: Submission of Revised Terrorism Forms/NP-CAP-08-02

Disposition

Disposition Date: 03/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125493981 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Expedited Transmittal	Approved	Yes
Form	Extension of Terrorism Coverage	Approved	Yes
Form (revised)	EXCLUSION OF CERTIFIED ACTS OF TERRORISM	Approved	Yes
Form	Exclusion of War, Military Action and Terrorism	Approved	Yes
Form	Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes
Form	EXCLUSION OF CERTIFIED ACTS OF TERRORISM	Approved	Yes

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Amendment Letter

Amendment Date:
 Submitted Date: 02/29/2008

Comments:

My apologies - we have made some errors in our form filing.

First, we should have submitted the attached form P247 instead of form P246.

Second, we should have attached form CG 2173. This form will replace currently filed form L526.

Best regards,

Wes

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
EXCLUSION OF CERTIFIED ACTS OF TERRORISM	NP 247 (01-08)	(01-08)	Endorsement/Conditions	Replaced	P223 (02/02)		0	P 247 (01-08).pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
EXCLUSION OF CERTIFIED ACTS OF TERRORISM	CG 21 73 01 01 08	01 01 08	Endorsement/Conditions	Replaced	L526 (02/02)		0	CG2173 01-08.pdf

SERFF Tracking Number: WESA-125493981 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Extension of Terrorism Coverage	L 541 (01-08)	(01-08)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 L 541 (01/06) Previous Filing #:		L 541 (01-08).pdf
Approved	EXCLUSION OF CERTIFIED ACTS OF TERRORISM	P 247 (01-08)	(01-08)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 P223 (02/02) Previous Filing #:		P 247 (01-08).pdf
Approved	Disclosure Notice of Terrorism Insurance Coverage	TRIADN (01-08)	(01-08)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 TRIADN (01/06) Previous Filing #:		TRIADN (01-08).pdf
Approved	EXCLUSION OF CERTIFIED ACTS OF TERRORISM	CG 21 73 01 08	01 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 L526 (02/02) Previous Filing #:		CG2173 01-08.pdf

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

This endorsement modifies the following:

BP 101 Exclusion of Certified Acts of Terrorism (Coverage for Certain Fire Losses); BP 102 Exclusion of War, Military Action and Terrorism; BP 103 Exclusion of War, Military Action and Terrorism (Coverage for Certain Fire Losses); BP 104 Exclusion of Certified Acts of Terrorism; CG2173 Exclusion of Certified Acts of Terrorism ; L 526 Absolute War or Terrorism Exclusion; P 246 Exclusion of War, Military Action and Terrorism ; P 247 Exclusion of Certified Acts of Terrorism; P 248 Exclusion of Certified Acts of Terrorism (Coverage for Certain Fire Losses); P 249 Exclusion of War, Military Action and Terrorism (Coverage for Certain Fire Losses)

EXTENSION OF TERRORISM COVERAGE

For the additional premium specified in this Policy, it is hereby agreed that the Exclusion referenced above and attached to this Policy is amended as follows:

The referenced Exclusion shall not apply to loss or damage caused directly or indirectly by certified acts of terrorism under the provisions of the federal Terrorism Risk Insurance Program Reauthorization Act of 2007 ("The Act") and any amendments thereto. The referenced Exclusion also does not apply when "certified acts of terrorism" as defined result in insured losses of \$5 million or less in the aggregate. This Extension of Terrorism Coverage extends coverage under this Policy only to "insured losses" (as defined in The Act) and is subject to the application of any clause in The Act which results in a cap on liability for payments for terrorism losses.

This Extension does not provide coverage for damages arising, directly or indirectly, out of certified acts of terrorism as defined in The Act that are awarded as punitive damages.

The terms and conditions of the referenced Exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this policy, including but not limited to losses excluded by one or more of the above referenced exclusions.

Coverage provided by this Policy for losses caused by "certified acts of terrorism" is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. Under The Act, the maximum amount that insurers and the federal government are required to pay in respect of terrorism loss(es) in any given Program Year is \$100 billion. The premium charged for this coverage does not include any charges for the portion of loss covered by the federal government under The Act.

The federal government may participate in paying for some of the losses from a "certified act of terrorism". However, if aggregate insured losses attributable to terrorist acts certified under The Act exceed \$100 billion in a Program Year, the federal government shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion. Further, this coverage is subject to a limit on our liability pursuant to the federal law, that is, if aggregate insured losses attributable to terrorist acts certified under The Act exceed \$100 billion in a Program Year and we have met our insurer deductible under The Act, we shall not be liable for the payment of any portion of the amount of such losses that exceed \$100 billion. In such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

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 PROPERTY COVERAGE FORM
BUILDERS' RISK COVERAGE FORM
CONTRACTORS' EQUIPMENT COVERAGE FORM
INSTALLATION FLOATER COVERAGE FORM
MISCELLANEOUS ARTICLES COVERAGE FORM**

EXCLUSION OF CERTIFIED ACTS OF TERRORISM

- A. The following definition is added with respect to the provisions of this endorsement:
"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Program Reauthorization Act of 2007 ("the Act"). The criteria contained in the Act for a "certified act of terrorism" include the following:
1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Act; and
 2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

- B. The following exclusion is added:
CERTIFIED ACT OF TERRORISM EXCLUSION

We will not pay for loss or damage caused directly or indirectly by a "certified act of terrorism". Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

If aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

C. Application Of Other Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part or Policy, such as losses excluded by the Nuclear Hazard Exclusion or the War And Military Action Exclusion.

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.

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Program Reauthorization Act of 2007 ("the Act"), effective December 26th, 2007, you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage for each Program Year (January 1 through December 31). The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism. When the amount of such losses for all insurers exceeds \$100 billion, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
	I elect to purchase coverage for certified acts of Terrorism for a premium of \$_____.

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Applicant Name (Print)

Named Insured

Authorized Signature

Date

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY

A. The following exclusion is added:

This insurance does not apply to:

TERRORISM

"Any injury or damage" arising, directly or indirectly, out of a "certified act of terrorism".

B. The following definitions are added:

1. For the purposes of this endorsement, "any injury or damage" means any injury or damage covered under any Coverage Part to which this endorsement is applicable, and includes but is not limited to "bodily injury", "property damage", "personal and advertising injury", "injury" or "environmental damage" as may be defined in any applicable Coverage Part.

2. "Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

- a. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
- b. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

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Liability

Product Name: Community Association Package Product
Project Name/Number: Submission of Revised Terrorism Forms/NP-CAP-08-02

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 03/12/2008

Comments:

Attached is the AR NAIC form.

Attachment:

AR NAIC Form.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 03/12/2008

Comments:

Attached is the Letter of Authorization

Attachment:

Westmont Authorization Letter.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 03/12/2008

Comments:

Attached is our cover letter

Attachment:

CAP Letter.pdf

Satisfied -Name: Expedited Transmittal **Review Status:** Approved 03/12/2008

Comments:

Attached is the expedited transmittal.

Attachment:

Expedited Transmittal Form USLI.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

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

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

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

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

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<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



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

May 30, 2007

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



**WESTMONT
ASSOCIATES, INC.**

February 15, 2008

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

Attn: Property and Casualty Division

Re: **United States Liability Insurance Company/NAIC#25895
Community Association Package Product
Forms Submission in Response to the Terrorism Risk Insurance Program Reauthorization
Act
EXPEDITED FILING
Company Filing Number: NP-CAP-08-02
Effective Date: Upon earliest possible approval**

To Whom It May Concern:

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

The Company has revised their terrorism endorsements for its Community Association Package product in response to the 2007 extension of the Terrorism Risk Insurance Act (TRIA). The endorsements have been attached for your review and approval. Please also note that the Company has included its revised Disclosure Notice of Terrorism Insurance Coverage for your information as well. Please note that these revisions do not result in any rating impact whatsoever.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date. Thank you for your attention regarding this matter.

Respectfully Submitted,

Wesley Pohler

Wesley Pohler
Assistant Vice President
wes@westmontlaw.com

Enclosures

Cc: M. Miller - USLI

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) _____

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
United Stated Liability Insurance Company	PA	0031-25895	23-1383313

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Westmont Associates, Inc 25 Chestnut Street Suite 105 Haddonfield, NJ 08033	(856) 216-0220	(856) 216-0303	wes@westmontlaw.com

Filing information

Line of Insurance (see attachment)	17.0 – Other Liability
Company Program Title (Marketing title) (if applicable)	Community Association Package Program
Filing Type ** see note below	Replacement of current forms; filing of new disclosure
This application is used with:	Community Association Package Program
Effective Date Requested	Upon Approval
Filing date	2/19/2008
Company Tracking Number	NP-CAP-08-02
Date filing approved in domiciliary state, if applicable	Pending in PA

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	See attached forms tab		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02	See attached forms tab		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and

Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Wesley Pohler

Signature

Wesley Pohler

Print Name:

AVP

Title:

SERFF Tracking Number: WESA-125493981 *State:* Arkansas
Filing Company: United States Liability Insurance Company *State Tracking Number:* #1996 \$50
Company Tracking Number: NP-CAP-08-02
TOI: 17.1 Other Liability - Claims Made Only *Sub-TOI:* 17.1019 Professional Errors & Omissions Liability

Product Name: Community Association Package Product
Project Name/Number: Submission of Revised Terrorism Forms/NP-CAP-08-02

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	Exclusion of War, Military Action and Terrorism	02/19/2008	P 246 (01-08).pdf

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

This endorsement modifies insurance provided under the following:

**COMMERCIAL PROPERTY COVERAGE FORM
BUILDERS' RISK COVERAGE FORM
CONTRACTORS' EQUIPMENT COVERAGE FORM
INSTALLATION FLOATER COVERAGE FORM
MISCELLANEOUS ARTICLES COVERAGE FORM**

EXCLUSION OF WAR, MILITARY ACTION AND TERRORISM

If the Policy to which this endorsement is attached contains an exclusion for War, that exclusion is deleted in its entirety and replaced with the following. If the Policy to which this endorsement is attached does not contain an exclusion for War, the exclusion below applies.

A. WAR AND MILITARY ACTION

We will not pay for loss or damage caused directly or indirectly by the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

1. War, including undeclared or civil war;
2. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
3. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

With respect to any action that comes within the terms of this exclusion and involves nuclear reaction or radiation, or radioactive contamination, this War And Military Action Exclusion supersedes the Nuclear Hazard Exclusion.

B. TERRORISM

We will not pay for loss or damage caused directly or indirectly by terrorism, including action in hindering or defending against an actual or expected incident of terrorism. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

Terrorism means activities against persons, organizations or property of any nature:

1. That involve the following or preparation for the following:
 - a. Use or threat of force or violence;
 - b. Commission or threat of a dangerous act; or
 - c. Commission or threat of an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and
2. When one or both of the following applies:
 - a. The effect is to intimidate or coerce a government, or to cause chaos among the

- civilian population or any segment thereof, or to disrupt any segment of the economy;
or
- b.** It is reasonable to believe that the intent is to intimidate or coerce a government, or to seek revenge or retaliate, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

But with respect to any such activity that also comes within the terms of the War And Military Action Exclusion, that exclusion supersedes this Terrorism Exclusion.

In the event of an act of terrorism that involves nuclear reaction or radiation, or radioactive contamination, this Terrorism Exclusion supersedes the Nuclear Hazard Exclusion.

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.