

SERFF Tracking Number: ZURC-125611418 State: Arkansas
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CW-GL-27203
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: CW-GL-27203 Commercial General Liability -AMC Service Station and Jobbers Program
Project Name/Number: CW-GL-27203 Commercial General Liability -AMC Service Station and Jobbers Program /

Filing at a Glance

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

Product Name: CW-GL-27203 Commercial General Liability -AMC Service Station and Jobbers Program
SERFF Tr Num: ZURC-125611418 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: CW-GL-27203 State Status: Fees verified and received

Filing Type: Form Co Status: Not Applicable Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Cindy Schultz Disposition Date: 05/13/2008
Date Submitted: 05/05/2008 Disposition Status: Approved

Effective Date Requested (New): 08/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 08/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: CW-GL-27203 Commercial General Liability -AMC Service Station and Jobbers Program Status of Filing in Domicile:

Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 05/13/2008
State Status Changed: 05/13/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing two new endorsements that amend the ISO General Liability Coverage part.

1. U-GL-1362-A CW (04/08) Petroleum Jobbers Coverage Enhancement endorsement

This is a mandatory endorsement for our Petroleum Jobbers program. It provides coverages specific to this type of risk.

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This is no additional rate for the endorsement.

2. U-GL-1361-A CW (04/08) Station Damage Motor Vehicle

This is an optional endorsement used with our fuel distributor service stations operations. It provides coverage for damage to premises that occurs from a non-owned auto. With this form, the building does not need to be scheduled. Similar to fire legal, the coverage applies to any leased building where it is required.

Company and Contact

Filing Contact Information

Cindy Schultz, Filing Analyst cindy.schultz@zurichna.com
 1400 American Lane (847) 762-7311 [Phone]
 Schaumburg, IL 60196 (847) 605-7768[FAX]

Filing Company Information

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

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

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

Zurich American Insurance Company	CoCode: 16535	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60102	Group Name:	State ID Number:

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(847) 605-6000 ext. [Phone]

FEIN Number: 36-4233459

SERFF Tracking Number: ZURC-125611418 State: Arkansas
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Project Name/Number: CW-GL-27203 Commercial General Liability -AMC Service Station and Jobbers Program /

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Zurich Insurance Company	\$50.00	05/05/2008	20097100
American Guarantee and Liability Insurance Company	\$0.00	05/05/2008	
Zurich American Insurance Company of Illinois	\$0.00	05/05/2008	
Zurich American Insurance Company	\$0.00	05/05/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	05/13/2008	05/13/2008

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Disposition

Disposition Date: 05/13/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Petroleum Jobbers General Liability Enhancement Endorsement	Approved	Yes
Form	Station Damage Motor Vehicle Endorsement	Approved	Yes

SERFF Tracking Number: ZURC-125611418 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Petroleum Jobbers General Liability Enhancement Endorsement	U-GL-1362-A CW	04 08	Endorsement/Amendment/Conditions		0.00	U-GL-1362-A CW 0308 GL ext.pdf
Approved	Station Damage Motor Vehicle Endorsement	U-GL-1361-A CW	04 08	Endorsement/Amendment/Conditions		0.00	U-GL-1361-A CW 0408 Station Damage.pdf



ZURICH

Petroleum Jobbers General Liability Enhancement Endorsement

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

A. FIRE OR EXPLOSION DAMAGE LIABILITY

1. The word "fire" is changed to "fire or explosion" where it appears in:
 - a. The Limits of Insurance section of the Declarations;
 - b. The last paragraph of **SECTION I – COVERAGES, COVERAGE A** (after the **Exclusions**);
 - c. Paragraph 6. of **SECTION III - LIMITS OF INSURANCE**; and
 - d. Paragraph **b.1.(a)** of the **Other Insurance** condition in **SECTION IV - CONDITIONS**;but the Limit of Insurance shown in the Declarations will apply to all damage proximately caused by the same event, whether such damage results from fire or explosion or both.
2. Subject to all the terms of **SECTION III – LIMITS OF INSURANCE**, the Fire or Explosion Limit is the higher of:
 - a. \$150,000; or
 - b. The amount shown in the Declarations.

This provision **A.** does not apply if Fire Damage Legal Liability of **COVERAGE A** is excluded either by the provisions of the coverage part or by endorsement.

B. AUTOMATIC FILL COVERAGE

This policy is extended to apply to "bodily injury" or "property damage" arising out of your failure to keep a person or premises supplied with fuel oil or propane in accordance with a written agreement by you to do so.

This provision **B.** does not apply if the failure to supply is:

1. A result of your inability to obtain a sufficient supply of fuel oil or propane for any reason; or
2. A result of your inability to deliver fuel, oil or propane because of the impassability of public or private roads or thoroughfares necessary for access to a person or premises; or
3. As a result of a payment or credit delinquency of the customer.

C. SUPPLEMENTARY PAYMENTS EXTENSION

The **SUPPLEMENTARY PAYMENTS – COVERAGE A AND B** limit for the cost of bail bonds is changed from \$250 to \$1,000.

All other terms, conditions, provisions and exclusions of this policy remain the same.

Station Damage Motor Vehicle Endorsement



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

Named Insured / Mailing Address:

Producer:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Subject to the Limit of Insurance shown below, subparagraph **(1)** of Exclusion **2.j. Damage to Property** in **Section I – Coverages** does not apply to damage to premises for which you are legally liable under a written lease agreement provided the damage is caused by a non-owned auto.

SCHEDULE		
Limit of Insurance	Rate (per \$100 of Limit)	Premium

All other terms, conditions, provisions and exclusions of this policy remain the same.

SERFF Tracking Number: *ZURC-125611418* *State:* *Arkansas*
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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 05/13/2008

Comments:

Attachments:

NAIC TRANSMITAL.pdf
Form Filing Schedule.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3. Group Name	Group NAIC #
Zurich North America	212

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

5. Company Tracking Number	CW-GL-27203
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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
	Cindy Schultz 1400 American Lane Schaumburg, IL 60196-1056	Filing Analyst	847-762-7311	847-605-7768	Cindy.schultz@zurichna.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Cindy L Schultz		

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

9. Type of Insurance (TOI)	17.0000
10. Sub-Type of Insurance (Sub-TOI)	17.2001
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial General Liability
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: 08/01/2008 Renewal: 08/01/2008
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	05/05/2008
19. Status of filing in domicile	<input checked="" 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 #	CW-GL-27203
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing two new endorsements that amend the ISO General Liability Coverage part.

1. U-GL-1362-A CW (04/08) Petroleum Jobbers Coverage Enhancement endorsement
This is a mandatory endorsement for our Petroleum Jobbers program. It provides coverages specific to this type of risk. This is no additional rate for the endorsement.
2. U-GL-1361-A CW (04/08) Station Damage Motor Vehicle
This is an optional endorsement used with our fuel distributor service stations operations. It provides coverage for damage to premises that occurs from a non-owned auto. With this form, the building does not need to be scheduled. Similar to fire legal, the coverage applies to any leased building where it is required.

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 #		CW-GL-27203		
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	Petroleum Jobbers Coverage Enhancement Endorsement	U-GL-1362-A CW (04 08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Station Damage Motor Vehicle	U-GL-1361-A CW (04 08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<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		