

Filing at a Glance

Company: Capitol Indemnity Corporation

Product Name: LIABILITY FORM

TOI: 17.0 Other Liability - Claims

Made/Occurrence

Sub-TOI: 17.0000 Other Liability Sub-TOI
Combinations

Filing Type: Form

SERFF Tr Num: CAPC-125222093 State: Arkansas

SERFF Status: Closed

State Tr Num: AR-PC-07-025298

Co Tr Num: 07-LIAB-FO-AR-119

State Status:

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts

Author: Lois Beld

Disposition Date: 07-06-2007

Date Submitted: 06-29-2007

Disposition Status: Approved

Effective Date Requested (New): 09-01-2007

Effective Date (New):

Effective Date Requested (Renewal): 11-01-2007

Effective Date (Renewal):

General Information

Project Name: CAL-007-REPETITIVE EXPOSURE

Project Number: 07-LIAB-FO-AR-119

Reference Organization:

Reference Title:

Filing Status Changed: 07-06-2007

State Status Changed: 07-02-2007

Corresponding Filing Tracking Number:

Filing Description:

To Whom It May Concern:

Status of Filing in Domicile:

Domicile Status Comments: Approved in our
domicile state of WI

Reference Number:

Advisory Org. Circular:

Deemer Date:

We previously submitted under your state tracking number AR-PC-06-022532 our filing 06-LIABFOCW038 an endorsement EXCLUSION REPETITIVE EXPOSURE, CONSUMPTION OR USE OF AN INSURED PRODUCES OR SERVICES CAL 007 (01-07). This was disapproved.

We are again submitting for your review and consideration a revised original endorsement CAL 007 (02-07) replacing CAL 007 (01-07). We always intended to use this endorsement on exposures, which presented a long-term health hazard, including but not limited to tanning; use of tobacco products; cosmetics; alcoholic beverages; and devices, which create an electro-magnetic field. We have made this intention more evident by including in the endorsement a list the products or services that will be affected.

If approved this endorsement will be used with Commercial General Liability or Commercial Umbrella Coverage. This is an optional endorsement to be used with new business and renewals.

Thank you for your time and consideration for reviewing this new filing.

Lois Beld

Company and Contact

Filing Contact Information

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Filing Company Information

Capitol Indemnity Corporation
PO Box 5900
Madison, WI 53705
(608) 829-4200 ext. [Phone]

CoCode: 10472
Group Code: 501
Group Name:
FEIN Number: 39-0971527

State of Domicile: Wisconsin
Company Type:
State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Capitol Indemnity Corporation	\$50.00	06-29-2007	14399189

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	07-06-2007	07-06-2007

Disposition

Disposition Date: 07-06-2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: Thank you for the amended language of this endorsement. I am accepting and approving.

Rate data does NOT apply to filing.

Created by SERFF on 07-06-2007 09:29 AM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	EXCLUSION - REPETITIVE EXPOSURE, CONSUMPTION OR USE OF AN INSURED'S PRODUCTS OR SERVICE	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	EXCLUSION - REPETITIVE EXPOSURE, CONSUMPTION OR USE OF AN INSURED'S PRODUCTS OR SERVICE	CAL 007	(02-07)	Endorseme New nt/Amendm ent/Conditio ns		0.00	CAL 007 _02-07_ Repetitive Exposure Exclusion.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EXCLUSION –
REPETITIVE EXPOSURE, CONSUMPTION OR
USE OF AN INSURED’S PRODUCTS OR SERVICES**

This endorsement modifies insurance under the following:

LIABILITY COVERAGE FORM

The following is added to the Exclusions applicable to the Coverage Section:

This insurance does not apply to, nor shall we have the duty to defend, any claim or "suit" arising out of or resulting from repetitive exposure to, repetitive consumption of, or repetitive use over a period of one or more years of the following products or services of any insured:

Tanning; or
Addictive substances and services; or
Cosmetics; or
Lotions; or
Ointments; or
Oils; or
Inks or dyes that are applied on or under the skin; or
Products or services that pierce the skin; or
Medical products or services; or
Dietary supplements; or
Weight loss, gain or weight control products or services; or
Exercise related; food products; or
Tobacco products; or
Products or services that require repetitive motion.

This endorsement does not modify any other provision of the policy.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Bypassed -Name: Uniform Transmittal Document-
Property & Casualty

Approved

07-06-2007

Bypass Reason: Please refer to the SERFF General Information and Form Schedule. If the information on this SERRF document is not sufficient please let me know and I will fill out the NAIC transmittal document.

Comments: