



## NOTICE OF EFFECTIVE FILING

**TO:** PROGRAMS DIVISION 66  
Kathleen Ott  
**DATE:** March 1, 2022  
**FROM:** Angela Caraballo  
**PHONE:** 718 250-1732

**PROGRAM:** **SPORTS AND LEISURE PROGRAM (S&L) – EXCESS LIABILITY**

**Utilizes the following Coverage Forms:**

Excess Liability Policy - Form No. 60225 (2/20) and  
Declarations Page - Form No. 60226 (2/20)

**CONTENTS:**

1. Sexual Misconduct Liability Coverage - Sub-Limit Endorsement - 141709 (11/21)
2. Absolute Employee and Worker Injury And Liability Exclusion For Operations In The State of New York Endorsement - 141747(11/21)
3. Special Events Exclusion Endorsement - 141748 (11/21)
4. Neurodegenerative Injury Exclusion Endorsement-Specified Participant - 141860 (11-21)  
Excess Liability Forms Rule - Sports and Leisure Program - KK-CW-EX (11-22)

**STATE:** FLORIDA

**EFFECTIVE DATE:** March 10, 2022

**MODIFICATIONS:** None

**COMMENTS:** **Filing was submitted as informational pursuant to Florida Insurance Code Section 627.4102.**

The program will be rated using the rating plan exempt under filing no. AIC-02-CU-01.

**COMPANY(IES) EFFECTIVE:**

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

**FILING NUMBER: AIG-22-XL-01**



## OFFICE OF INSURANCE REGULATION

FINANCIAL SERVICES  
COMMISSION

RON DESANTIS  
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NICOLE "NIKKI" FRIED  
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AGRICULTURE

DAVID ALTMAIER  
COMMISSIONER

January 21, 2022

Mrs. Angela Caraballo  
Senior Filing Analyst  
National Union Fire Insurance Co. Of Pittsburgh, Pa  
28 Liberty Street, 22nd Fl  
New York, NY 10005-1445

RE: NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA  
Other Liability / Umbrella - Commercial (170 + 17.0020FL)  
Company File Number: AIG-22-XL-01  
OIR File Number: FCC 22-001948

Dear Mrs. Caraballo:

Thank you for your recent form filing. You have requested that the filing be submitted for informational purposes only, as allowed under Section 627.4102, Florida Statutes, and the required certification has been submitted that states all of the forms within the filing have been thoroughly and diligently reviewed and that each form is in compliance with all applicable Florida Laws. Pursuant to your request, this filing is considered to be an informational filing.

This request is applicable only to the form(s) stamped "INFORMATIONAL" contained herein as of the date stamped. Any corresponding rate or rule filing must be submitted as a separate filing. **Please note that it is the insurer's responsibility to comply with all applicable Florida Laws, including but not limited to statutes, rules, regulations and court decisions.**

Sincerely,

Office of Insurance Regulation

# Florida Office of Insurance Regulation

## I-File Workflow System

Filing Number: 22-001948

Request Type: Stamped Only

**FOR INFORMATIONAL PURPOSES ONLY**

Date Received: 01/21/2022 Date Of Action: 01/21/2022  
FL OFFICE OF INSURANCE REGULATION



January 21, 2022

**AIG Property Casualty**

State Filings Division  
28 Liberty Street  
22<sup>nd</sup> Floor  
New York, NY 10005  
www.aig.com

Angela Caraballo  
Senior Filing Analyst  
718 250-1732  
332 215-6351 Cell  
angela.caraballo@aig.com

Honorable David Altmaier  
Commissioner of Insurance  
Office of Insurance Regulation  
Florida Department of Financial Services  
Property and Casualty Forms and Rates  
Room 233-A, Larson Building, 200 East Gaines Street  
Tallahassee, Florida 32399-0330

**RE: NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.  
NAIC # 012-19445 FEIN #25-0687550  
SPORTS AND LEISURE PROGRAM (EXCESS LIABILITY)  
FILING NO.: AIG-22-XL-01**

Dear Commissioner Altmaier:

National Union Fire Insurance Company of Pittsburgh, Pa. submits for informational purposes this filing to provide Excess Liability coverage over a new Sports and Leisure Program (the "Sports and Leisure Excess Liability Program"). Coverage is provided with the use of the Excess Liability Policy, Form No. 60225 (2/20) and Declarations Page, Form No. 60226 (2/20) placed on filed under company filing no. AIG-20-XL-01, OIR File No. 20-13748 and the endorsements included in this submission.

Pursuant to Florida Insurance Code, Section 627.4102, please refer to the attached Florida Informational Form Certification.

The Company wishes to implement the filing on the requested effective date or the date of disposition, whichever is earlier.

Sincerely,

*Angela Caraballo*

**ENDORSEMENT**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement, effective 12:01 A.M.,  
Forms a part of Policy No.:

**SEXUAL MISCONDUCT LIABILITY COVERAGE - SUB-LIMIT ENDORSEMENT**

This endorsement modifies insurance provided under the following:

EXCESS LIABILITY POLICY FORM

The following is added to **ITEM 3**. Limits of Insurance of the Declarations:

To the extent that sexual misconduct liability coverage is provided in the First Underlying Insurance Policy shown in **ITEM 4**. of the Declarations, this policy does not apply to such coverage except for the limits of insurance described below.

Sexual Misconduct Liability Limits Of Insurance:

\$ \_\_\_\_\_ Each "insured event", subject to the Aggregate limit

\$ \_\_\_\_\_ Aggregate

With respect to this endorsement, the Aggregate Limit Of Insurance shown in this endorsement is part of, and not in addition to the Aggregate limit stated in **ITEM 3**. of the Declarations. This aggregate limit will apply and is not subject to an aggregate limit of insurance being provided under the First Underlying Insurance Policy.

All other terms and conditions of the policy remain the same.

\_\_\_\_\_  
Authorized Representative

**ENDORSEMENT**

Date Received: 01/21/2022 Date Of Action: 01/21/2022  
FL OFFICE OF INSURANCE REGULATION

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement, effective 12:01 A.M.,  
Forms a part of Policy No.:

**ABSOLUTE EMPLOYEE AND WORKER INJURY AND LIABILITY EXCLUSION FOR OPERATIONS IN THE STATE OF NEW YORK ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**EXCESS LIABILITY POLICY FORM**

This endorsement applies only to ongoing operations performed at any location, in the state of New York, regardless of whether such operations are performed by you, on your behalf or whether the operations are performed for you or for others.

**A. The following is added to Section IV. Exclusions:**

This insurance shall not apply to:

**1. Ultimate Net Loss to:**

- a.** An "employee," "leased worker," "temporary worker" or "volunteer worker" of any insured;
- b.** Any contractor, subcontractor, sub-subcontractor or anyone hired or retained by or for any insured; or
- c.** Any employee or anyone directly or indirectly employed by such contractor, subcontractor or sub-subcontractor or anyone for whose acts such contractor, subcontractor or sub-subcontractor may be liable

if such "Ultimate Net Loss arises out of and in the course of their employment or retention of such contractor, subcontractor or sub-subcontractor, regardless of whether or not it is caused in part by you; or

**2. Any obligation of any insured to defend, indemnify or contribute with another because of Ultimate Net Loss to:**

- a.** An "employee," "leased worker," "temporary worker" or "volunteer worker" of any insured;
- b.** Any contractor, subcontractor, sub-subcontractor or anyone hired or retained by or for any insured; or
- c.** An employee of any contractor, subcontractor or sub-subcontractor; or

**3. Ultimate Net Loss to the spouse, child, parent, brother or sister of that employee of any contractor, subcontractor or sub-subcontractor, or that contractor, subcontractor or sub-subcontractor, or that "employee," "leased worker,"**

Date Received: 01/21/2022 Date Of Action: 01/21/2022

“temporary worker” or “volunteer worker” of any insured as a consequence of items 1. or 2. above.

FL OFFICE OF INSURANCE REGULATION

This applies to all claims and “suits” by any person or organization for damages, indemnity and/or any obligation to share damages with or repay someone else who must pay damages because of the injury.

**B.** For the purposes of this endorsement the following definitions apply:

1. “Employee” includes a “leased worker.” “Employee” does not include a “temporary worker.”
2. “Leased worker” means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm, to perform duties related to the conduct of your business. “Leased worker” does not include a “temporary worker.”
3. “Temporary worker” means a person who is furnished to you to substitute for a permanent “employee” on leave or to meet seasonal or short-term workload conditions.
4. “Volunteer worker” means a person who is not your “employee,” and who donates his or her work and acts at the direction of and within the scope of duties determined by you, and is not paid a fee, salary or other compensation by you or anyone else for their work performed for you.

All other terms and conditions of the policy remain the same.

\_\_\_\_\_  
Authorized Representative

**FOR INFORMATIONAL PURPOSES ONLY**

**ENDORSEMENT**

Date Received: 01/21/2022 Date Of Action: 01/21/2022  
FL OFFICE OF INSURANCE REGULATION

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement, effective 12:01 A.M.,  
Forms a part of Policy No.:

**SPECIAL EVENTS EXCLUSION ENDORSEMENT**

This endorsement modifies insurance provided under the following:

EXCESS LIABILITY POLICY FORM

The following exclusion is added to Section **IV. Exclusions**:

Insurance provided under this Policy does not apply to Ultimate Net Loss arising out of any activity connected with the following special event(s):

**Special Event(s):**

All other terms and conditions of the policy remain the same.

\_\_\_\_\_  
Authorized Representative

Date Received: 01/21/2022 Date Of Action: 01/21/2022

ENDORSEMENT

FL OFFICE OF INSURANCE REGULATION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective 12:01 A.M.,  
Forms a part of Policy No.:

NEURODEGENERATIVE INJURY EXCLUSION ENDORSEMENT—  
SPECIFIED PARTICIPANT

This endorsement modifies insurance provided under the following:

EXCESS LIABILITY POLICY FORM

Schedule

Name of Specified Participant: \_\_\_\_\_

I. Section IV. Exclusions is amended to include the following additional exclusion:

This insurance shall not apply to:

Ultimate Net Loss involving "Neurodegenerative Injury" to the "Specified Participant" shown in the Schedule above arising out of or in any way relating, in whole or in part, directly or indirectly, to the participation in, observance of, or monitoring of any athletic or sports game, contest, activity, practice, scrimmage or exhibition.

II. Section II. Definitions is amended to include the following additional definitions:

Neurodegenerative Injury

The term "Neurodegenerative Injury" means any brain injury, neurological injury, disease, condition or dysfunction, including, but not limited to, Alzheimer's disease, Parkinson's disease, amyotrophic lateral sclerosis (ALS), mild traumatic brain injury, repetitive brain trauma, chronic traumatic encephalopathy (CTE), dementia, cognitive injury or disorder, memory loss, anxiety disorder, mood disorder, memory loss, depression, sleeplessness, impulse control problems, headaches or single or repetitive concussive or sub-concussive injury or trauma.

Specified Participant

The term "Specified Participant" means any person engaged in athletic activities shown in the Schedule above. Such "Specified Participant" does not include the referees, umpires or coaching staff.

All other terms and conditions of the policy remain the same.

\_\_\_\_\_  
Authorized Representative

**FOR INFORMATIONAL PURPOSES ONLY**

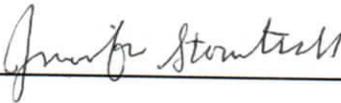
Date Received: 01/21/2022 Date Of Action: 01/21/2022

**FLORIDA CERTIFICATION**

FL OFFICE OF INSURANCE REGULATION

(Pursuant to FL Ins. Code, Section 627.4102: Informational Form Filing)

I, Jennifer Stonitsch, as Associate General Counsel of National Union Fire Insurance Company of Pittsburgh, Pa., affiliate of AIG, do hereby certify that this form filing has been thoroughly and diligently reviewed by me and all appropriate company personnel, as well as company consultants, if applicable, and certify that each form contained within the filing is in compliance with all applicable Florida laws and rules. Should a form be found not to be in compliance with Florida laws and rules, I acknowledge that the Office of Insurance Regulation shall disapprove the form.

  
\_\_\_\_\_

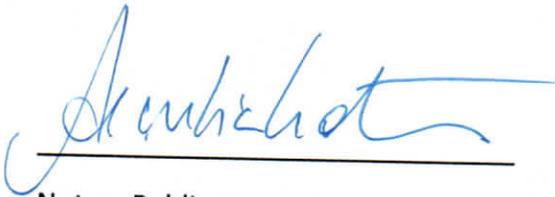
Signature

1/19/22  
\_\_\_\_\_

Date

Subscribed and sworn before me

This 19 day of January, 2022.

  
\_\_\_\_\_

Notary Public

AURELIA DEBIAZE KOTLAREWSKI  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 02KO6305539  
Qualified in Kings County  
My Commission Expires 08-09-2022



FINANCIAL SERVICES  
COMMISSION

RON DESANTIS  
GOVERNOR

JIMMY PATRONIS  
CHIEF FINANCIAL OFFICER

ASHLEY MOODY  
ATTORNEY GENERAL

NICOLE "NIKKI" FRIED  
COMMISSIONER OF  
AGRICULTURE

## OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER  
COMMISSIONER

March 1, 2022

Mrs. Angela Caraballo  
Senior Filing Analyst  
National Union Fire Insurance Co. Of Pittsburgh, Pa  
28 Liberty Street, 22nd Fl  
New York, NY 10005-1445

RE: NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA  
Other Liability / Umbrella - Commercial (170 + 17.0020FL)  
Company File Number: AIG-22-XL-01  
OIR File Number: FCC 22-003504

**PLEASE REFER TO THE OIR FILE NUMBER WHEN CORRESPONDING**

Dear Mrs. Caraballo:

This is to acknowledge receipt of your notice of changes to the rates for the above-referenced line of business, filed pursuant to Section 627.062(3)(d), Florida Statutes. Attached for your records is a copy of the original cover letter and a set of manual pages stamped "ACKNOWLEDGED" for the above referenced filing.

Our records indicate that this filing is effective 3/10/2022 for new business and 3/10/2022 for renewal business.

***It is a company's responsibility to comply with all applicable statutes and rules.***

Please verify that these pages are the final printed manual pages intended for use with this filing and that the effective dates noted above are correct. **If we do not hear from you within the next 10 days, we will assume that you have received a stamped copy of all manual pages applicable to this filing and that the effective dates are correct.**

Sincerely,

Office of Insurance Regulation

# Florida Office of Insurance Regulation

## I-File Workflow System

Filing Number: 22-003504

Request Type: Stamped Only



**AIG Property Casualty**

State Filings Division  
28 Liberty Street  
22<sup>nd</sup> Floor  
New York, NY 10005  
www.aig.com

Angela Caraballo  
Senior Filing Analyst  
718 250-1732  
332 215-6351 Cell  
angela.caraballo@aig.com

**ACKNOWLEDGED**  
Date Received: 02/08/2022 Date Of Action: 02/08/2022  
FL OFFICE OF INSURANCE REGULATION

February 8, 2022

Honorable David Altmaier  
Commissioner of Insurance  
Office of Insurance Regulation  
Florida Department of Financial Services  
Property and Casualty Forms and Rates  
Room 233-A, Larson Building, 200 East Gaines Street  
Tallahassee, Florida 32399-0330

**RE: NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.  
NAIC # 012-19445 FEIN #25-0687550  
SPORTS AND LEISURE PROGRAM (Excess Liability Rule)  
FILING NO.: AIG-22-XL-01**

Dear Commissioner Altmaier:

National Union Fire Insurance Company of Pittsburgh, Pa. submits a manual rule to be used with the associated form filing acknowledged under OIR File No. FCC 22-001948.

The Company wishes to implement the filing on the requested effective date or the date of disposition, whichever is earlier.

Sincerely,

*Angela Caraballo*

**ACKNOWLEDGED**

Date Received: 02/08/2022 Date Of Action: 02/08/2022

FL OFFICE OF INSURANCE REGULATION

**SPORTS and LEISURE  
Forms Rule  
Excess Liability**

**SML Coverage Sub-Limit Endorsement – Form No. 141709**

Use this form to provide Sexual Misconduct Liability when the risk retains lower liability limits.

This form is optional at the discretion of the insured.

There is no premium impact.

**Absolute Employee and Worker Injury and Liability Exclusion for Operations in the State of New York Endorsement – Form No. 141747**

Use this form when ongoing operations are performed at any location, in the state of New York.

This form is mandatory when operations are performed at any location in the state of New York.

There is no premium impact.

**Special Events Exclusion Endorsement – Form No. 141748**

Use this form to exclude Ultimate Net Loss arising out of any activity connected with the event named in the endorsement.

This form is optional at the discretion of the insurer.

There is no premium impact.

**Neurodegenerative Injury Exclusion Endorsement – Specified Participant – Form No. 141860**

Use this form to exclude Neurodegenerative Injury for the specified participant listed.

This form is optional at the discretion of the insurer.

There is no premium impact.