



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
GOVERNOR

JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

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ATTORNEY GENERAL

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COMMISSIONER OF
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



AIG Property Casualty

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

Angela Caraballo
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332 215-6351 Cell
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FOR INFORMATIONAL PURPOSES ONLY

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

January 21, 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)
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

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.:

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

FL OFFICE OF INSURANCE REGULATION

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

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

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.:

**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

FLORIDA CERTIFICATION

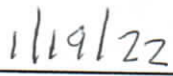
Date Received: 01/21/2022 Date Of Action: 01/21/2022
FL OFFICE OF INSURANCE REGULATION

(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.



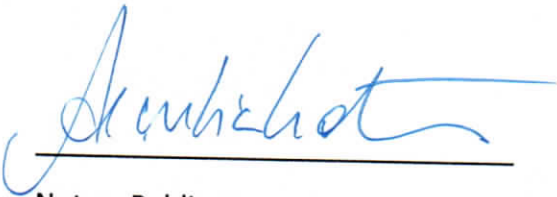
Signature



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



OFFICE OF INSURANCE REGULATION

FINANCIAL SERVICES
COMMISSION

RON DESANTIS
GOVERNOR

JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

ASHLEY MOODY
ATTORNEY GENERAL

NICOLE "NIKKI" FRIED
COMMISSIONER OF
AGRICULTURE

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

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Angela Caraballo
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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

**SPORTS and LEISURE
Forms Rule
Excess Liability**

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

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.