



## NOTICE OF EFFECTIVE FILING

**TO:** PROGRAMS DIVISION 66  
Kathleen Ott  
**DATE:** January 27, 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)

**STATE:** OREGON

**EFFECTIVE DATE:** January 27, 2022

**MODIFICATIONS:** None

**COMMENTS:** The program will be rated using the rating plan exempt under filing no. CHS-12-CU-03.

**COMPANY(IES) EFFECTIVE:**

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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



Tracking Number:

Filings	Messages	Billing	Settings	Filing Rules	Reports	Templates	Alerts
<a href="#">My Workfolder</a>	<a href="#">My Open Filings</a>	<a href="#">My Draft Filings</a>	<a href="#">Search</a>	<a href="#">Create Filing</a>	<a href="#">Create Paper Filing</a>		

**Oregon**

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This Filing has been marked as public access.

<b>Product Name:</b> Sports and Leisure Program - Excess Liability / 151-640-288	<b>SERFF Tr Num:</b> AGNY-133116719	<b>SERFF Status:</b> Closed-Approved
<b>TOI:</b> 17.0 Other Liability-Occ/Claims Made	<b>State Tr Num:</b> AGNY-133116719	<b>State Status:</b> Review completed
<b>Sub-TOI:</b> 17.0020 Commercial Umbrella and Excess	<b>Co Tr Num:</b> AIG-22-XL-01	<b>Co Status:</b>
<b>Filing Type:</b> Form	<b>Date Submitted:</b> 01/26/2022	<b>Disposition Date:</b> 01/27/2022
<b>Effective Date Requested (New):</b> 02/25/2022	<b>Authors:</b> Angela Caraballo	
<b>Effective Date Requested (Renewal):</b> 02/25/2022		

General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact	Filing Fees	Filing Correspondence				
<b>Form Count: 4</b>											
Item No.	Schedule Item Status	Form Name *	Form Number	Edition Date	Form Type *	Action *	Action Specific Data	Readability Score	Attachments	Submitted	
1	Approved 01/27/2022	SEXUAL MISCONDUCT LIABILITY COVERAGE - SUB-LIMIT ENDORSEMENT	141709 (11/21)		END	New			Show All Files	Date Submitted: 01/26/2022	
<b>Previous Version</b>											
	Disapproved 01/27/2022	SEXUAL MISCONDUCT LIABILITY COVERAGE - SUB-LIMIT ENDORSEMENT	141709	(11/21)	END	New			<a href="#">141709 (11-21) SML COVERAGE SUB-LIMIT ENDORSEMENT.pdf</a>	Date Submitted: 01/26/2022 By: Angela Caraballo	
2	Approved 01/27/2022	ABSOLUTE EMPLOYEE AND WORKER INJURY AND LIABILITY EXCLUSION FOR OPERATIONS IN THE STATE OF NEW YORK ENDORSEMENT	141747 (11/21)		END	New			Show All Files	Date Submitted: 01/26/2022	
<b>Previous Version</b>											
	Disapproved 01/27/2022	ABSOLUTE EMPLOYEE AND WORKER INJURY AND LIABILITY EXCLUSION FOR OPERATIONS IN THE STATE OF NEW YORK ENDORSEMENT	141747	(11/21)	END	New			<a href="#">141747 (11-21) ABSOLUTE EMPLOYEE&amp;WORKER INJURY&amp;LIABILITY EXCL FOR OPERATIONS NY.pdf</a>	Date Submitted: 01/26/2022 By: Angela Caraballo	
3	Approved 01/27/2022	SPECIAL EVENTS EXCLUSION ENDORSEMENT	141748 (11/21)		END	New			Show All Files	Date Submitted:	

<b>Previous Version</b>								
	Disapproved 01/27/2022	SPECIAL EVENTS EXCLUSION ENDORSEMENT	141748	(11/21)	END	New	<a href="#">141748 (11-21) SPECIAL EVENTS EXCLUSION ENDORSEMENT.pdf</a>	Date Submitted: 01/26/2022 By: Angela Caraballo
4		Approved 01/27/2022	NEURODEGENERATIVE INJURY EXCLUSION ENDORSEMENT— SPECIFIED PARTICIPANT	141860 (11-21)	END	New	<a href="#">Show All Files</a>	Date Submitted: 01/26/2022
<b>Previous Version</b>								
	Disapproved 01/27/2022	NEURODEGENERATIVE INJURY EXCLUSION ENDORSEMENT— SPECIFIED PARTICIPANT	141860	(11-21)	END	New	<a href="#">141860 (11-21) Neurodegenerative Excl Specific Sports.pdf</a>	Date Submitted: 01/26/2022 By: Angela Caraballo

**Form Type Legend:**

- **ADV** = Advertising
- **BND** = Bond
- **CER** = Certificate
- **DSC** = Disclosure/Notice
- **END** = Endorsement/Amendment/Conditions
- **PCF** = Policy/Coverage Form
- **ABE** = Application/Binder/Enrollment
- **CNR** = Canc/NonRen Notice
- **DEC** = Declarations/Schedule
- **ERS** = Election/Rejection/Supplemental Applications
- **OTH** = Other

**Icon Legend:** - Draft Schedule Item - Open Objection

Add Authors
Update
Create Reminder
Move to Workfolder
PDF Pipeline

Clone Filing

## Disposition for AGNY-133116719

## Filing at a Glance

<b>State:</b> Oregon	<b>SERFF Tracking Number:</b> AGNY-133116719
<b>TOI:</b> 17.0 Other Liability-Occ/Claims Made	<b>State Tracking Number:</b> AGNY-133116719
<b>Sub-TOI:</b> 17.0020 Commercial Umbrella and Excess	<b>Company Tracking Number:</b> AIG-22-XL-01
<b>Filing Type:</b> Form	<b>Product Name:</b> Sports and Leisure Program - Excess Liability / 151-640-288
<b>Filing Company:</b> National Union Fire Insurance Company of Pittsburgh, Pa.	<b>Project Name:</b> Sports and Leisure Program - Excess Liability
	<b>Destruction Date:</b>

**Disposition Date:**

01/27/2022

**Effective Date (New):**

02/25/2022

**Effective Date (Renewal):**

02/25/2022

**Status:** \*

Approved

**Comments:**

Department of Consumer and Business Services  
Division of Financial Regulation - Product Regulation - Rates and Forms

Invitation to Comment on Quality of Service from the Division of Financial Regulation

We strive to provide excellent customer service at all times and invite you to provide written comment regarding your filing experience.

Instructions for submitting a filing are on our website at <http://www.oregon.gov/DCBS/insurance/insurers/rates-forms/Pages/rates-forms.aspx> or contained within SERFF under the Filing Rules tab. Filings that contain errors may be returned without having been accepted for review. Filing errors that are considered include; form numbers that do not match, forms attached under the wrong tab, or missing required documents. If we allow the company to correct a filing error it must be corrected within 24 hours or the filing will be rejected for no response.

If we contact you about compliance-related issues or corrections that need to be made to your filing, we must receive your complete response within 10 calendar days.

Any disapproval for reasons other than filing errors must be supported by our product standards. If you believe we have failed to meet our performance objectives or you believe we have provided outstanding performance, please let us know. We value your comments and will use this information to improve our service.

You may request that your comments be kept confidential; however, be aware that confidential feedback limits our ability to

follow up, as your concerns cannot be shared with staff. If you are not requesting confidentially, please include the SERFF or state tracking number with your comments.

Please explain if the Division met its objective. Was your experience positive?

Comments:

Thank you,  
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#### Schedule Items

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter or Explanatory Memorandum	Reviewed-No Action	Yes
Supporting Document	Third party filers letter of authorization	Not Applicable to filing	Yes
Supporting Document	3894 Certification of Compliance	Reviewed-No Action	Yes
Supporting Document	3610 Standards for Personal and Commercial Liability	Information only	Yes
Supporting Document	Highlighted/Redline form version if a replaced, amended or similar forms	Not Applicable to filing	Yes
Supporting Document	Form Listing	Reviewed-No Action	Yes
Form	141709 (11/21), [No date], Endorsement/Amendment/Conditions, SEXUAL MISCONDUCT LIABILITY COVERAGE - SUB-LIMIT ENDORSEMENT	Approved	Yes
Form	141709 , (11/21), Endorsement/Amendment/Conditions, SEXUAL MISCONDUCT LIABILITY COVERAGE - SUB-LIMIT ENDORSEMENT	Disapproved	Yes
Form	141747 (11/21) , [No date], Endorsement/Amendment/Conditions, ABSOLUTE EMPLOYEE AND WORKER INJURY AND LIABILITY EXCLUSION FOR OPERATIONS IN THE STATE OF NEW YORK ENDORSEMENT	Approved	Yes
Form	141747 , (11/21) , Endorsement/Amendment/Conditions, ABSOLUTE EMPLOYEE AND WORKER INJURY AND LIABILITY EXCLUSION FOR OPERATIONS	Disapproved	Yes

*IN THE STATE OF NEW YORK ENDORSEMENT*

Form	141748 (11/21), [No date], Endorsement/Amendment/Conditions, SPECIAL EVENTS EXCLUSION ENDORSEMENT	Approved	Yes
<i>Form</i>	<i>141748 , (11/21), Endorsement/Amendment/Conditions, SPECIAL EVENTS EXCLUSION ENDORSEMENT</i>	<i>Disapproved</i>	<i>Yes</i>
Form	141860 (11-21), [No date], Endorsement/Amendment/Conditions, NEURODEGENERATIVE INJURY EXCLUSION ENDORSEMENT—SPECIFIED PARTICIPANT	Approved	Yes
<i>Form</i>	<i>141860 , (11-21), Endorsement/Amendment/Conditions, NEURODEGENERATIVE INJURY EXCLUSION ENDORSEMENT—SPECIFIED PARTICIPANT</i>	<i>Disapproved</i>	<i>Yes</i>

Sincerely,  
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