

# COMMONWEALTH OF VIRGINIA



STEVEN T. FOSTER  
COMMISSIONER OF INSURANCE

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## STATE CORPORATION COMMISSION BUREAU OF INSURANCE

January 29, 1990

### Administrative Letter 1990-2

**TO:** All Companies Licensed to Write Commercial Liability Insurance

**RE:** Report of Certain Liability Claims as Required by Virginia Code Section 38.2-2228.1 due September 1, 1990

Virginia Code Section 38.2-2228.1 requires that all liability claims for commercial liability insurance as defined in Sections 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) be reported annually to the State Corporation Commission (SCC). To collect the required data, the SCC Bureau of Insurance has developed the attached markets (See Exhibit 2) and reporting formats that insurers are required to complete. Mutual assessment insurers and insurers with 1989 written premiums for "Other Liability" and "Medical Professional Liability" combined totaling \$100,000 or less (lines 17 and 11 respectively of page 14 of the Annual Statement) are exempt from the data reporting requirements.

A separate report is required for each market definition by each insurer not exempt from the data reporting requirements. For the purposes of the data report, "insurer" shall mean an individual insurer or group of insurers including all companies under common ownership or control. A combined report must indicate it is a group report and include the group name and NAIC number as well as the name and NAIC number of each individual company comprising the group. These reports are due (must be received by) September 1, 1990.

Insurers shall report data in the detail prescribed by the report formats. If some information is not available, insurers should estimate appropriate figures to complete the form.

Any insurer that is experiencing difficulty in submitting typed reporting form numbers VCR1, VCR2, VCR3, VCR4, VCR5, and VCR6 may wish to reproduce these forms (expanding their width size) in order to insure readability.

Administrative Letter 1990-2  
January 29, 1990  
Page Two

The market definitions provided are to be used as a guide in defining specific markets which are required to be reported. Insurers should also report the required information for policies written under any comparable classification in use by the individual company.

Insurers who are members or subscribers of ISO should contact their liaison officer regarding the computerized transmission. Other insurers not affiliated with ISO should write to the Property and Casualty Division of the Bureau of Insurance requesting assistance.

Actuarial questions about the report may be addressed to our consulting actuary at the following address:

Dennis R. Henry, FCAS, MAAA  
Vice President  
Consulting Actuary  
Huggins Financial Services  
Suite 1400  
1600 Market Street  
Philadelphia, PA 19102  
Telephone: (215) 246-2780

Virginia Code Section 38.2-218 provides that any person who knowingly or willfully violates any provision of the insurance laws shall be punished for each violation by a penalty of not more than \$5,000. Failure to file a substantially complete and accurate liability claims report by the due date may be considered a willful violation and subject to an appropriate penalty.

Attached is a sheet of additional instructions to facilitate accurate completion of the required reports.

Sincerely,

  
Steven T. Foster  
Commissioner of Insurance

STF:km  
Attachments

### LIABILITY CLAIMS REPORT INSTRUCTIONS

The following should be utilized to assure the proper completion and submission of the liability claims reports which must be received by the Commission on or before September 1, 1990.

1. Do not change the format of the report except to expand their width size to ensure readability.
2. Submit only one report per market definition (generally described by CSP subline codes) except as noted in 5. below. (Do not combine markets or sublines and do not provide reports on separate classifications within a market.)
3. In the event you had no written premium in 1989 for a specific market definition, or in the event you had 1989 written premiums for "Other Liability" and "Medical Professional Liability" combined totaling \$100,000 or less (lines 17 and 11 respectively of page 14 of the Annual Statement), complete Exhibit 1. Completion of Exhibit 1 verifies that you are exempt from the data reporting requirements.
4. Reports must contain the complete verbal name and NAIC number of each individual insurer and the group name and group NAIC number, if a group report.
5. Claims made coverage and occurrence coverage data should be reported by separate reports. In addition, tail coverage and basic coverage for claims made data should each be identified on a separate report. In the space provided on the form indicate the type of coverage being reported.
6. All data applicable for deductible liability insurance should be included with data for non-deductible insurance and must not be reported separately.
7. All bodily injury, property damage and medical payments data for each type of coverage should be combined to provide one report.
8. Reports are due (must be received by) **September 1, 1990.**

**VIRGINIA LIABILITY CLAIMS REPORT  
DEFINITIONS**

**Calendar Year Earned Premium**

Report premium that is earned during the Calendar year beginning January 1st and ending December 31st for each year.

**Incurred But Not Reported (IBNR) Loss and Allocated Loss Adjustment Expenses**

Report IBNR loss and allocated loss adjustment expense reserves segregated by year of accident or occurrence at annual intervals for each accident year. IBNR is the amount held in reserve for claims which have occurred, but have not yet been reported, plus the amount held in reserve for the deficiency (or redundancy) of known case reserves. It is the estimated ultimate incurred loss and allocated loss adjustment expenses for each accident year as of the particular evaluation date minus the incurred loss and allocated loss adjustment expenses for all reported accidents as of the particular evaluation date.

**Evaluation Dates**

Report data on a cumulative basis for the evaluation points indicated up to 108 months.

**Market Definitions**

The attached Insurance Services Office (ISO) Commercial Statistical Plan (CSP) subline and classification codes are to be used as a guide in defining specific markets which are required to be reported. Insurers should also report the required premium and loss data written under any comparable classification in use by the individual company.

**Attorney's Fees**

Attorney's fees are all expenses billed by an attorney to the insurer including hourly billings, expert or other witnesses, stenographic, summons and copies of documents.

ANNUAL REPORT OF VIRGINIA COMMERCIAL LIABILITY CLAIMS  
AS REQUIRED BY SECTION 38.2-2228.1 OF THE CODE OF VIRGINIA

Insurer: \_\_\_\_\_ COMPANY NAIC # \_\_\_\_\_  
 Address: \_\_\_\_\_ (and if Group Report GROUP NAIC#) \_\_\_\_\_  
 \_\_\_\_\_  
 Coverage Code \_\_\_\_\_

This report is due (must be received by) September 1, 1990. For each market described in the attached, provide the information requested for the State of Virginia.

1. Market number and description (see Exhibit 2) \_\_\_\_\_

(Please check one only)  
 1. ( ) Claims Made  
 2. ( ) Claims Made Tail Coverage  
 3. ( ) Occurrence  
 4. ( ) Claims Made - No retroactive date  
 5. ( ) Claims Made Tail - No retroactive data

(\$000 omitted)

|  | 1983  | 1984  | 1985  | 1986  | 1987  | 1988  | 6 months<br>1989 |
|--|-------|-------|-------|-------|-------|-------|------------------|
| 2. Calendar year earned premium.   | _____ | _____ | _____ | _____ | _____ | _____ | _____            |
| 3. Total amount of attorney's fees paid in connection with the claim(s) to the extent these amounts are known (evaluated as of 3/31/89 on an accident year basis).                                     | _____ | _____ | _____ | _____ | _____ | _____ | XXX              |
| 4. Total amount of paid and outstanding unallocated loss adjustment expense in connection with the claim(s) to the extent these amounts are known (evaluated as of 3/31/89 on an accident year basis). | _____ | _____ | _____ | _____ | _____ | _____ | XXX              |

5. Signed: \_\_\_\_\_ 6. Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

VIRGINIA LIABILITY CLAIMS REPORT  
(\$000 Omitted)

Coverage  
Code

(Please check one only)

- 1. ( ) Claims Made
- 2. ( ) Claims Made Tail Coverage
- 3. ( ) Occurrence
- 4. ( ) Claims Made - No retroactive date
- 5. ( ) Claims Made Tail - No retroactive data

Insurer  
NAIC # or GROUP # \_\_\_\_\_

7. Market \_\_\_\_\_  
(from #1 on page 1)

8. For accident years beginning with 1980, list the cumulative paid loss and allocated loss adjustment expense at the various points in time.

PAID LOSS AND ALLOCATED LOSS ADJUSTMENT EXPENSES EVALUATED AS OF:

| Accident Year | 6 Mos | 12  | 15  | 18  | 21  | 24 | 27 | 30 | 33 | 36 | 39 | 42 | 45 | 48 | 51 | 54 | 57 | 60 |  |
|---------------|-------|-----|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| 1980          | XXX   | XXX | XXX | XXX | XXX |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1981          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1982          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1983          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1984          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1985          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1986          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1987          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1988          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1989          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |

| Accident Year | 63 | 66 | 69 | 72 | 75 | 78 | 81 | 84 | 87 | 90 | 93 | 96 | 99 | 102 | 108 | 111 | 114 |
|---------------|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|
| 1980          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1981          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1982          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1983          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1984          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1985          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1986          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1987          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1988          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1989          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |

VIRGINIA LIABILITY CLAIMS REPORT  
(\$000 Omitted)

Coverage  
Code

(Please check one only)

- 1. ( ) Claims Made
- 2. ( ) Claims Made Tail Coverage
- 3. ( ) Occurrence
- 4. ( ) Claims Made - No retroactive date
- 5. ( ) Claims Made Tail - No retroactive data

Insurer \_\_\_\_\_  
NAIC # or GROUP # \_\_\_\_\_

Market \_\_\_\_\_  
(from #1 on page 1)

9. For accident years beginning with 1980, list the case outstanding loss and allocated loss adjustment expense (excluding IBMR) at the various points in time.

CASE OUTSTANDING LOSS AND ALLOCATED LOSS ADJUSTMENT EXPENSES EVALUATED AS OF:

| Accident Year | 6 Mos | 12  | 15  | 18  | 21  | 24 | 27 | 30 | 33 | 36 | 39 | 42 | 45 | 48 | 51 | 54 | 57 | 60 |  |
|---------------|-------|-----|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| 1980          | XXX   | XXX | XXX | XXX | XXX |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1981          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1982          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1983          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1984          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1985          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1986          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1987          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1988          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1989          |       |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |  |

| Accident Year | 63 | 66 | 69 | 72 | 75 | 78 | 81 | 84 | 87 | 90 | 93 | 96 | 99 | 102 | 108 | 111 | 114 |
|---------------|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|
| 1980          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1981          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1982          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1983          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1984          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1985          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1986          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1987          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1988          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1989          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |

VIRGINIA LIABILITY CLAIMS REPORT  
(\$000 Omitted)

Coverage Code

(Please check one only)

- 1. ( ) Claims Made
- 2. ( ) Claims Made Tail Coverage
- 3. ( ) Occurrence
- 4. ( ) Claims Made - No retroactive date
- 5. ( ) Claims Made Tail - No retroactive data

Insurer \_\_\_\_\_  
NAIC # or GROUP # \_\_\_\_\_

10. Market \_\_\_\_\_  
(from #1 on page 1)

11. For accident years beginning with 1980, list the cumulative incurred loss and allocated loss adjustment expense (excluding IBNR) at the various points in time. (sum of 8 and 9).

INCURRED LOSS AND ALLOCATED LOSS ADJUSTMENT EXPENSES EVALUATED AS OF:

| Accident Year | 6 Mos | 12  | 15  | 18  | 21  | 24 | 27 | 30 | 33 | 36 | 39 | 42 | 45 | 48 | 51 | 54 | 57 | 60 |
|---------------|-------|-----|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1980          | XXX   | XXX | XXX | XXX | XXX |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1981          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1982          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1983          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1984          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1985          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1986          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1987          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1988          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1989          |       |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |

| Accident Year | 63 | 66 | 69 | 72 | 75 | 78 | 81 | 84 | 87 | 90 | 93 | 96 | 99 | 102 | 108 | 111 | 114 |
|---------------|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|
| 1980          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1981          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1982          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1983          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1984          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1985          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1986          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1987          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1988          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1989          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |



VIRGINIA LIABILITY CLAIMS REPORT  
(\$000 Omitted)

Coverage  
Code

(Please check one only)

- 1. ( ) Claims Made
- 2. ( ) Claims Made Tail Coverage
- 3. ( ) Occurrence
- 4. ( ) Claims Made - No retroactive date
- 5. ( ) Claims Made Tail - No retroactive date

Insurer  
NAIC # or GROUP # \_\_\_\_\_

Market \_\_\_\_\_  
(from #1 on page 1)

12. For accident years beginning with 1980, list the cumulative number of incurred claims at the various points in time.

ACTUAL NUMBER OF INCURRED CLAIMS AS OF:

| Accident Year | 6 Mos | 12  | 15  | 18  | 21  | 24 | 27 | 30 | 33 | 36 | 39 | 42 | 45 | 48 | 51 | 54 | 57 | 60 |
|---------------|-------|-----|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1980          | XXX   | XXX | XXX | XXX | XXX |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1981          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1982          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1983          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1984          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1985          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1986          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1987          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1988          | XXX   |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1989          |       |     |     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |

| Accident Year | 63 | 66 | 69 | 72 | 75 | 78 | 81 | 84 | 87 | 90 | 93 | 96 | 99 | 102 | 108 | 111 | 114 |
|---------------|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|
| 1980          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1981          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1982          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1983          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1984          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1985          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1986          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1987          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1988          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |
| 1989          |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |

VIRGINIA LIABILITY CLAIMS REPORT  
(\$000 Omitted)

Coverage Code

- (Please check one only)  
 1. ( ) Claims Made  
 2. ( ) Claims Made Tail Coverage  
 3. ( ) Occurrence  
 4. ( ) Claims Made - No retroactive date  
 5. ( ) Claims Made Tail - No retroactive data

Insurer \_\_\_\_\_  
 NAIC # or GROUP # \_\_\_\_\_  
 13. Market \_\_\_\_\_  
 (from #1 on page 1)

14. For accident years beginning with 1980, list the IBNR for loss and allocated loss adjustment expense for each evaluation.

INCURRED BUT NOT REPORTED (IBNR) LOSS AND ALLOCATED:  
LOSS ADJUSTMENT EXPENSE EVALUATED AS OF:

| Accident Year | 12 Mos | 24 | 36 | 48 | 60 | 72 | 84 | 96 | 108 |
|---------------|--------|----|----|----|----|----|----|----|-----|
| 1980          | XXX    |    |    |    |    |    |    |    |     |
| 1981          | XXX    |    |    |    |    |    |    |    |     |
| 1982          |        |    |    |    |    |    |    |    |     |
| 1983          |        |    |    |    |    |    |    |    |     |
| 1984          |        |    |    |    |    |    |    |    |     |
| 1985          |        |    |    |    |    |    |    |    |     |
| 1986          |        |    |    |    |    |    |    |    |     |
| 1987          |        |    |    |    |    |    |    |    |     |
| 1988          |        |    |    |    |    |    |    |    |     |
| 1989          |        |    |    |    |    |    |    |    |     |

EXHIBIT 1

INSURER \_\_\_\_\_

NAIC # \_\_\_\_\_

Check Column A when you had no written premium in 1989. Check Column B when you had 1989 written premiums of \$100,000, or less, for "Other Liability" and "Medical Professional Liability" combined (lines 17 and 11 respectively of page 14 of the Annual Statement).

|   | <u>Column A</u> | <u>Column B</u> |
|---|-----------------|-----------------|
| C0001 OWNERS LANDLORDS AND TENANTS INCLUDING STOREKEEPERS' LIABILITY          | _____           | _____           |
| C0011 MANUFACTURERS AND CONTRACTORS LIABILITY                                 | _____           | _____           |
| C0022 PREMISES/OPERATIONS LIABILITY   | _____           | _____           |
| C0023 LIQUOR LIABILITY  | _____           | _____           |
| C0024 PROFESSIONAL LIABILITY OTHER THAN MEDICAL                               | _____           | _____           |
| C0030 LAWYERS PROFESSIONAL LIABILITY  | _____           | _____           |
| C0031 DIRECTORS AND OFFICERS LIABILITY  | _____           | _____           |
| C0032 ENVIRONMENTAL IMPAIRMENT LIABILITY                                      | _____           | _____           |
| C0033 PRODUCTS AND COMPLETED OPERATIONS LIABILITY                             | _____           | _____           |
| C0034 CONTRACTUAL LIABILITY   | _____           | _____           |
| C0035 OWNERS AND CONTRACTORS PROTECTIVE LIABILITY                             | _____           | _____           |
| C0036 COMMERCIAL UMBRELLA LIABILITY   | _____           | _____           |
| C0037 MEDICAL PROFESSIONAL LIABILITY  | _____           | _____           |
| C0099 ALL OTHER COMMERCIAL LIABILITY NOT REPORTED IN ANY OF THE ABOVE MARKETS | _____           | _____           |

INCLUDE COMPOSITE RATED RISKS

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**EXHIBIT 2**

| <b>Market Number and Name</b>   | <b>Market Definitions<br/>Commercial Statistical Plan<br/>(CSP) Classes</b> |
|---|---|
| C0001 OWNERS LANDLORDS AND TENANTS<br>INCLUDING STOREKEEPERS'<br>LIABILITY          | All Subline 314 Classes and<br>326 Classes                                  |
| C0011 MANUFACTURERS AND CONTRACTORS<br>LIABILITY                                    | All Subline 313 Classes   |
| C0022 PREMISES/OPERATIONS LIABILITY   | All Subline 334 Classes   |
| C0023 LIQUOR LIABILITY  | All Subline 312 and 332<br>Classes  |
| C0024 PROFESSIONAL LIABILITY OTHER<br>THAN MEDICAL                                  | All Subline 317 Classes   |
| C0030 LAWYERS PROFESSIONAL LIABILITY  | See Exhibit 3   |
| C0031 DIRECTORS AND OFFICERS LIABILITY  | 73140, 73144, 73145 (Subline<br>317)  |
| C0032 ENVIRONMENTAL IMPAIRMENT<br>LIABILITY   | See Exhibit 4   |
| C0033 PRODUCTS AND COMPLETED OPERATIONS<br>LIABILITY                                | All Subline 316 and 336<br>Classes  |
| C0034 CONTRACTUAL LIABILITY   | All Subline 311 Classes   |
| C0035 OWNERS AND CONTRACTORS PROTECTIVE<br>LIABILITY                                | All Subline 315 and 335<br>Classes  |
| C0036 COMMERCIAL UMBRELLA LIABILITY   | 99935 (Subline 325)   |
| C0037 MEDICAL PROFESSIONAL LIABILITY  | All Subline 210, 220, 230<br>240, 250, 260, 270 and 280<br>Classes          |
| C0099 ALL OTHER COMMERCIAL LIABILITY<br>NOT REPORTED IN ANY OF THE<br>ABOVE MARKETS | All Subline 325 Classes not<br>reported above                               |
| INCLUDE COMPOSITE RATED RISKS   | All Subline 322, 323, 324,<br>342, 343 and 344 Classes                      |

EXHIBIT 3

LAWYERS PROFESSIONAL LIABILITY

| <u>Subline</u> | <u>Class Code</u> | <u>Description</u>  |
|----------------|-------------------|---|
| 317            | 81220             | Lawyers - not members or employees of a partnership   |
| 317            | 81113             | Additional Charge:<br>Employed Lawyers not named as insureds and employed law clerks, investigators and abstracters - not employees of a partnership. |
| 317            | 81330             | Lawyers - members or employees of a partnership   |
| 317            | 81114             | Additional Charge:<br>Employed Lawyers not named as insureds and employed law clerks, investigators and abstracters - employees of a partnership.     |
| 317            | 81400             | Lawyers   |
| 317            | 81420             | Employed law clerks, Investigators, Abstracters and Para Legals   |

EXHIBIT 4

ENVIRONMENTAL IMPAIRMENT LIABILITY

|                | <u>Class Code</u> |            |   |
|----------------|-------------------|------------|---|
| <u>Subline</u> | <u>Old</u>        | <u>New</u> | <u>Description</u>  |
| 325            | 90000             |            | Pollution Liability   |
| 350            |                   | 90100      | Pollution Liability Form -<br>Including Clean-up Costs<br>Coverage                              |
| 350            |                   | 90105      | Pollution Liability Form -<br>Excluding Clean-up Costs<br>Coverage                              |
| 350            |                   | 90110      | CGL Coverage Form - Pollution<br>Extension Endorsement<br>(Excludes Clean-up Costs<br>Coverage) |