

**State:** California **First Filing Company:** American Zurich Insurance Company, ...  
**TOI/Sub-TOI:** 17.1 Other Liability-Occ Only/17.1001 Commercial General Liability  
**Product Name:** General Liability Hired Auto And Non-Owned Auto  
**Project Name/Number:** General Liability Hired Auto And Non-Owned Auto /44118

### Filing at a Glance

**Companies:** American Zurich Insurance Company  
 American Guarantee and Liability Insurance Company  
 Zurich American Insurance Company of Illinois  
 Zurich American Insurance Company  
**Product Name:** General Liability Hired Auto And Non-Owned Auto  
**State:** California  
**TOI:** 17.1 Other Liability-Occ Only  
**Sub-TOI:** 17.1001 Commercial General Liability  
**Filing Type:** Form/Rate/Rule  
**Date Submitted:** 07/29/2020  
**SERFF Tr Num:** ZURC-132468936  
**SERFF Status:** Closed-Approved  
**State Tr Num:** 20-2623;20-2623-A;20-2623-B;20-2623-C  
**State Status:** Approved  
**Co Tr Num:** 44118  
  
**Effective Date:** 10/01/2020  
**Requested (New):**  
**Effective Date:** 10/01/2020  
**Requested (Renewal):**  
**Author(s):** Cheryl Fogel  
**Reviewer(s):** William Lee (primary)  
**Disposition Date:** 09/29/2020  
**Disposition Status:** Approved  
**Effective Date (New):**  
**Effective Date (Renewal):**

**This filing was provided as part of**  
**The California Insurance ADVISOR**  
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**or call 800-896-8000**

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## General Information

Project Name: General Liability Hired Auto And Non-Owned Auto Status of Filing in Domicile:  
Auto  
Project Number: 44118 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 09/29/2020  
State Status Changed: 09/29/2020 Deemer Date: 10/06/2020  
Created By: Cheryl Fogel Submitted By: Cheryl Fogel  
Corresponding Filing Tracking Number:

### Filing Description:

Explanatory Memorandum  
Hired Auto And Non-Owned Auto Liability  
(U-GL-2180-A CW)  
(Countrywide)

We are filing the above referenced 'Hired Auto And Non-Owned Auto Liability' endorsement (U-GL-2180-A CW) which will modify the ISO CG 0001 'Commercial General Liability Coverage Form'.

Please note the following comments:

- This endorsement modifies Section I – Coverage A – Bodily Injury And Property Damage Liability by providing the additional coverages of Hired Auto Liability and Non-Owned Auto Liability.
- With respect to the additional coverages provided by the endorsement, specific Exclusions apply as indicated in the endorsement.
- With respect to the additional coverages provided by the endorsement, the Who Is An Insured Section is amended as indicated in the endorsement.
- With respect to the additional coverages provided by the endorsement, the General Aggregate limit stated in the Declarations does not apply as indicated in the endorsement.
- With respect to the additional coverages provided by the endorsement, the insurance provided is excess as indicated in the endorsement.
- With respect to the additional coverages, specific definitions apply as indicated in the endorsement.
- In the event of a multistate policy, our intent is to have it apply on a domicile basis.

This endorsement has an associated rate.

### Actuarial Memorandum

Hired And Non-Owned Auto Liability

Zurich North America is submitting rates for a new form to be used with the ISO CG 0001 'Commercial General Liability Coverage Form'. This endorsement extends coverage to include Hired and Non-Owned Auto Liability.

The proposed rates are based on the ISO loss costs and company LCMs currently in use for a similar Commercial Auto endorsement. The proposed ILFs also come from the current Commercial Auto manual.

## Company and Contact

### Filing Contact Information

**State:** California **First Filing Company:** American Zurich Insurance Company, ...  
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Cheryl Fogel, Regulatory Services Analyst cheryl.fogel@zurichna.com  
 1299 Zurich Way 847-413-5033 [Phone]  
 Schaumburg, IL 60196

**Filing Company Information**

American Zurich Insurance Company 1299 Zurich Way Schaumburg, IL 60196 (847) 605-6000 ext. [Phone]	CoCode: 40142 Group Code: 212 Group Name: FEIN Number: 36-3141762	State of Domicile: Illinois Company Type: State ID Number:
-------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------

American Guarantee and Liability Insurance Company 1299 Zurich Way Schaumburg, IL 60196 (847) 605-6000 ext. [Phone]	CoCode: 26247 Group Code: 212 Group Name: FEIN Number: 36-6071400	State of Domicile: New York Company Type: State ID Number:
------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------

Zurich American Insurance Company of Illinois 1299 Zurich Way Schaumburg, IL 60196 (847) 605-6000 ext. [Phone]	CoCode: 27855 Group Code: 212 Group Name: FEIN Number: 36-2781080	State of Domicile: Illinois Company Type: State ID Number:
-------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------

Zurich American Insurance Company 1299 Zurich Way Schaumburg, IL 60196 (847) 605-6000 ext. [Phone]	CoCode: 16535 Group Code: 212 Group Name: FEIN Number: 36-4233459	State of Domicile: New York Company Type: State ID Number:
-------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------

**Filing Fees**

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:

**State Specific**

Variance Requested? (Yes/No): No

State: California First Filing Company: American Zurich Insurance Company, ...  
TOI/Sub-TOI: 17.1 Other Liability-Occ Only/17.1001 Commercial General Liability  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	William Lee	09/29/2020	09/29/2020

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## Disposition

Disposition Date: 09/29/2020

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: Only the changes specifically indicated in the application set forth above, as it may have been amended, are approved. Nothing in this letter shall constitute approval of any other application, whether incorporated by reference, or filed prior or subsequent to the application set forth above. American Zurich Insurance Company shall begin issuing policies pursuant to this approval within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. The insurer may implement this approval earlier if it is able to do so. Regardless of the implementation date, the insurer shall implement this approval with the same effective date for both new and renewal business and shall offer this product to all eligible applicants as of the implementation date. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced lines or programs may be approved or ordered by the Insurance Commissioner.

If any portion of the application or related documentation conflicts with California law, that portion is specifically not approved. This approval does not constitute an approval of underwriting guidelines nor the specific language, coverages, terms, covenants and conditions contained in any forms, or the forms themselves. Policy forms and underwriting guidelines included in this filing were reviewed only insofar as they relate to rates contained in this filing or currently on file with the California Department of Insurance. Any subsequent changes to underwriting guidelines or coverage, terms, covenants and conditions contained in any forms must be submitted with supporting documentation where those changes result in any rating impact. The Commissioner may at any time take any action allowed by law if he determines that any underwriting guidelines, forms or procedures for application of rates, or any other portions of the application conflict with any applicable laws or regulations.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
American Zurich Insurance Company	0.000%	0.000%	\$0	479	\$7,382,190	0.000%	0.000%
American Guarantee and Liability Insurance Company	0.000%	0.000%	\$0	280	\$92,788	0.000%	0.000%
Zurich American Insurance Company of Illinois	0.000%	0.000%	\$0	12	\$131,781	0.000%	0.000%
Zurich American Insurance Company	0.000%	0.000%	\$0	1,619	\$64,149,767	0.000%	0.000%

**SERFF Tracking #:**

ZURC-132468936

**State Tracking #:**

20-2623;20-2623-A;20-2623-B;20-2623-C

**Company Tracking #:**

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**Overall Rate Information for Multiple Company Filings****Overall Percentage Rate Indicated For This Filing**

0.000%

**Overall Percentage Rate Impact For This Filing**

0.000%

**Effect of Rate Filing-Written Premium Change For This Program**

\$0

**Effect of Rate Filing - Number of Policyholders Affected**

2,390

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	New Prior Approval Rate Application		Yes
Supporting Document	Actuarial Memo		Yes
Supporting Document	Exhibit 18		Yes
Form	Hired Auto And Non-Owned Auto Liability		Yes
Rate	Hired Auto And Non-Owned Auto Liability (U-GL-2180)		Yes

**SERFF Tracking #:**

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## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Hired Auto And Non-Owned Auto Liability	U-GL-2180-A CW	(06/20)	END	New			UGL2180ACW0620.pdf

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other



**ZURICH**<sup>®</sup>

# Hired Auto And Non-Owned Auto Liability

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

Policy No.	Effective Date:
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This endorsement modifies insurance provided under the:

**Commercial General Liability Coverage Part**

**A. HIRED AUTO LIABILITY**

The insurance provided under Section I – **Coverage A – Bodily Injury And Property Damage Liability** applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business.

**B. NON-OWNED AUTO LIABILITY**

The insurance provided under Section I – **Coverage A – Bodily Injury And Property Damage Liability** applies to "bodily injury" or "property damage" arising out of the use of any "non-owned auto" in your business by any person.

**C. EXCLUSIONS**

Solely with respect to the insurance provided by this endorsement:

1. The following Exclusions under Paragraph 2. **Exclusions** of Section I – **Coverage A – Bodily Injury And Property Damage Liability** do not apply:
  - b. **Contractual Liability;**
  - c. **Liquor Liability;**
  - e. **Employer's Liability;**
  - g. **Aircraft, Auto Or Watercraft;**
  - h. **Mobile Equipment;**
  - j. **Damage To Property;**
  - k. **Damage To Your Product;**
  - l. **Damage To Your Work;**
  - m. **Damage To Impaired Property Or Property Not Physically Injured;**
  - n. **Recall Of Products, Work Or Impaired Property.**
2. The following Exclusions are added under Paragraph 2. **Exclusions** of Section I – **Coverage A – Bodily Injury And Property Damage Liability**:
 

**Contractual (Hired Auto And Non-Owned Auto)**

Liability assumed under any contract or agreement.

But this exclusion does not apply to liability for damages:



- (1) Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement; or
- (2) That the insured would have in the absence of the contract or agreement.

#### **Employee Indemnification And Employer's Liability (Hired Auto And Non-Owned Auto)**

"Bodily injury" to:

- (1) An "employee" of the insured, or to a co-"employee" of the insured, arising out of and in the course of:
  - (a) Employment by the insured; or
  - (b) Performing the duties related to the conduct of the insured's business; or
- (2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.

This exclusion applies:

- (i) Whether the insured may be liable as an employer or in any other capacity; and
- (ii) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

But this exclusion does not apply to "bodily injury" to domestic "employees" not entitled to workers' compensation benefits or to liability assumed by the insured under an "insured contract". For the purposes of the Coverage Form, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.

#### **Care, Custody Or Control (Hired Auto And Non-Owned Auto)**

"Property damage" to property owned or transported by the insured or in the insured's care, custody or control. But this exclusion does not apply to liability assumed under a sidetrack agreement.

#### **Products-Completed Operations Hazard (Hired Auto And Non-Owned Auto)**

"Bodily injury" or "property damage" included within the "products-completed operations hazard".

### **D. WHO IS AN INSURED**

Solely with respect to the insurance provided by this endorsement, Section II – **Who Is An Insured** is replaced by the following:

#### **WHO IS AN INSURED (HIRED AUTO AND NON-OWNED AUTO)**

1. Each of the following is an insured under this endorsement, subject to Paragraph 2. below:
  - a. You;
  - b. Any other person using a "hired auto" with your permission;
  - c. With respect to a "non-owned auto", any partner, "executive officer" or "employee" of yours, but only while such "non-owned auto" is being used in your business;
  - d. Any other person or organization, but only with respect to their liability because of acts or omissions of an insured under Paragraph a., Paragraph b., or Paragraph c. above.
2. None of the following is an insured:
  - a. Any partner, member or "executive officer" with respect to any "auto" owned by such partner, member or officer or a member of his or her household;
  - b. Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate;
  - c. The owner or lessee (of whom you are a sub-lessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee;
  - d. Any person or organization with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

## E. LIMITS OF INSURANCE

The General Aggregate limit stated in the Declarations does not apply to the insurance provided by this endorsement. Otherwise, there is no other change in the application of Section III – **Limits Of Insurance**.

## F. OTHER INSURANCE

Solely with respect to the insurance provided by this endorsement, the following is added to Paragraph **b.(1)** under Paragraph **4. Other Insurance** of Section **IV – Commercial General Liability Conditions**:

### b. Excess Insurance

(1) This insurance is excess over:

Any other collectible primary insurance covering any "hired auto" or "non-owned auto".

## G. DEFINITIONS

1. Solely with respect to this endorsement, the following definitions are added to the **Definitions** Section:

"Auto business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".

"Hired auto" means only those "autos" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.

"Non-owned auto" means only those "autos" you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "autos" owned by your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households but only while used in your business or your personal affairs.

2. Solely with respect to this endorsement, the "insured contract" definition under the **Definitions** Section is replaced by the following:

9. "Insured contract" means:

- a. A lease of premises;
- b. A sidetrack agreement;
- c. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
- d. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
- e. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another to pay for "bodily injury" or "property damage" to a third party or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement; or
- f. That part of any contract or agreement entered into, as part of your business, pertaining to the rental or lease, by you or any of your "employees", of any "auto". However, such contract or agreement shall not be considered an "insured contract" to the extent that it obligates you or any of your "employees" to pay for "property damage" to any "auto" rented or leased by you or any of your "employees".

An "insured contract" does not include that part of any contract or agreement:

- (1) That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing;
- (2) That pertains to the loan, lease or rental of an "auto" to you or any of your "employees", if the "auto" is loaned, leased or rented with a driver; or
- (3) That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.

3. Solely with respect to this endorsement, Paragraph **16.b.(1)** of the "products-completed operations hazard" definition is replaced by the following:
  - 16.b.(1)** The transportation of property;

All other terms, conditions, provisions and exclusions of this policy remain the same.

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**State Tracking #:**

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17.1 Other Liability-Occ Only/17.1001 Commercial General Liability

**Product Name:**

General Liability Hired Auto And Non-Owned Auto

**Project Name/Number:**

General Liability Hired Auto And Non-Owned Auto /44118

## Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Hired Auto And Non-Owned Auto Liability (U-GL-2180)	36.	New		CA - Manual.pdf

**COMMERCIAL LINES MANUAL  
DIVISION SIX – COMMERCIAL GENERAL LIABILITY  
EXCEPTION PAGE**

California

**RULE 36.**

**DESCRIPTION OF ADDITIONAL OPTIONAL ENDORSEMENTS**

Section E - Coverage Amendment Endorsements is amended to include the following:

**Hired Auto And Non-Owned Auto Liability (U-GL-2180)**

**Premium Determination - Non-Owned Auto:**

Select the appropriate base rate based on the customer's total number of employees:

Class Code	Number of Employees	ZAI	ZAIC	AG	AZ
6638	0-9	116.88	95.23	73.63	51.98
6639	10-19	116.88	95.23	73.63	51.98
6640	20-25	116.88	95.23	73.63	51.98
6602	26 - 100	272.72	222.21	171.81	121.30
6603	101-500	596.58	486.08	375.83	265.34
6604	501-1,000	939.91	765.82	592.12	418.04
6605	Over 1,000	2,106.28	1,716.16	1,326.91	936.80

**Premium Determination - Hired Autos**

Divide the estimated annual cost of hire by 100 and multiply the result by the following base rate:

	ZAI	ZAIC	AG	AZ
Hired Autos	1.85	1.51	1.17	0.82

The minimum premium for this coverage is \$55.

**Increased Limits**

Multiply the total premium for each coverage by the factor for the selected limit from the following table:

Limit (000s)	Factor
100	1.00
1,000	1.70
2,000	1.96

**Company Key:**

ZAI	Zurich American Insurance Company of Illinois
ZAIC	Zurich American Insurance Company
AG	American Guarantee and Liability Insurance Company
AZ	American Zurich Insurance Company

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## Rate Information

Rate data applies to filing.

**Filing Method:**

Prior Approval

**Rate Change Type:**

Neutral

**Overall Percentage of Last Rate Revision:**

0.000%

**Effective Date of Last Rate Revision:****Filing Method of Last Filing:****SERFF Tracking Number of Last Filing:**

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
American Zurich Insurance Company	0.000%	0.000%	\$0	479	\$7,382,190	0.000%	0.000%
American Guarantee and Liability Insurance Company	0.000%	0.000%	\$0	280	\$92,788	0.000%	0.000%
Zurich American Insurance Company of Illinois	0.000%	0.000%	\$0	12	\$131,781	0.000%	0.000%
Zurich American Insurance Company	0.000%	0.000%	\$0	1,619	\$64,149,767	0.000%	0.000%

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## Supporting Document Schedules

<b>Satisfied - Item:</b>	New Prior Approval Rate Application
<b>Comments:</b>	
<b>Attachment(s):</b>	PriorAppRateAPL_Ed01-06-2020.pdf PriorAppRateAPL_Ed01-06-2020.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memo
<b>Comments:</b>	
<b>Attachment(s):</b>	CA - Memo.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 18
<b>Comments:</b>	
<b>Attachment(s):</b>	Exhibit 18.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

# Instructions for Completing the Prior Approval Rate Application

**Note: For information on populating the application in its entirety, including the Prior Approval Rate Application, Prior Approval Rate Template and Standard Exhibits Template, refer to the complete Prior Approval Rate Filing Instructions posted in PDF format on the CDI website, below:**

<http://www.insurance.ca.gov/0250-insurers/0800-rate-filings/>

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- 1) Enter general filing characteristics associated with this application as well as company-specific information on the "1.General" page. Areas of insurer input are generally identified with **blue font text** and/or light blue outlined boxes. If this filing contains group data, select the appropriate indicator on the "1.General" page. The "2.Group" page will automatically unhide to allow for the identification of each company to which this filing applies.
  
- 2) Enter the type of filing to which this application applies. Complete all exhibits and Prior Approval Rate Application pages required for the designated type of filing on the "3.Filing Type and Checklist" page, *in addition to the Prior Approval Rate Template and Standard Exhibits Template, where applicable*. Refer to the Prior Approval Filing Instructions for more information.
  
- 3) On the "6.Program Detail" page, provide premium, loss and DCCE information for the entire line of business as shown in your company's Annual Statement as well as for each separate program that comprises your company's line of business. Programs with less than \$25M in premium each can be combined into one entry. The total of all programs must reconcile to the total Annual Statement line of business for each year provided. Click the "Add 5 Programs" button if additional programs are required. If filing to be submitted is a group filing, populate the page with group data.
  
- 4) If this filing includes a variance request, select the appropriate indicator on the "1.General" page. The "11.Variance Request" page will automatically unhide to allow for the identification and impact of each variance being requested. Final decisions regarding variances will be made by the CDI and/or administrative hearing.



## PRIOR APPROVAL RATE APPLICATION FOR PROPERTY & LIABILITY LINES GENERAL INFORMATION

Completed by:  Date:

Your File #:   
(15 Character Maximum)

### Filing Characteristics

Does this filing include a variance request?  (Page 11 hidden)

If yes,

Is this a variance request submitted after the prior approval application to which it applies?

Provide the applicable CDI File #:

Is this a group filing? If yes, complete Page 2.

Is this a specialty filing?

Line Type:

General Line :

Subline:

Program:

Provide the most recent applicable CDI file # in this line, subtitle and/or program:

DEPARTMENT USE ONLY	
CDI File #:	<input type="text"/>
SERFF #:	<input type="text"/>
Filed Date:	<input type="text"/>
Compliance Date:	<input type="text"/>
Public Notice Date:	<input type="text"/>
Deemer Date:	<input type="text"/>
Intake Analyst:	<input type="text"/>
Bureau/Senior:	<input type="text"/>
Group Filing?:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
X-Reference #:	<input type="text"/>
Filing Type:	<input type="checkbox"/> Rate <input checked="" type="checkbox"/> Rule <input checked="" type="checkbox"/> Form <input type="checkbox"/> Variance <input type="checkbox"/> New Program
% Change:	<input type="text"/>

### Company Information

Company Name:

Group Name:

NAIC Company Code:

NAIC Group Code:

Organized under the laws of the State of:

Home Office:

Contact Name/Title:

Toll Free Phone #:  Fax #:

Email Address:

Mailing Address:

**I declare under penalty of perjury under the laws of the State of California, that the information filed is true, complete, and correct, and that price optimization methods or models have not been used in the development of the final rates for any segment of the filed rating plan.**

Authorized Signature

Date of Filing

Telephone #

Refer to CDI website below for the most current rate template and prior approval factors:

<http://www.insurance.ca.gov/0250-insurers/0800-rate-filings/>

### INSURER GROUP INFORMATION

For private passenger auto insurance only, does CIC, §1861.16(c) apply?    
If yes, complete Exhibit 17 (Super Group).

Is the data from all companies listed below used in the support of this rate application?    
If no, please provide an explanation for the differences in the Filing Memorandum.

List each insurance company included in the group to which this application applies.

<b>Company Name:</b>	<input type="text" value="American Guarantee &amp; Liability Insurance Company"/>	<b>CDI Filing #:</b>	<input type="text"/>
			(Department Use Only)
NAIC Company Code:	<input type="text" value="26247"/>		
Proposed Rate Impact:	<input type="text" value="0.00%"/>		

<b>Company Name:</b>	<input type="text" value="Zurich American Insurance Company"/>	<b>CDI Filing #:</b>	<input type="text"/>
			(Department Use Only)
NAIC Company Code:	<input type="text" value="16535"/>		
Proposed Rate Impact:	<input type="text" value="0.00%"/>		

<b>Company Name:</b>	<input type="text" value="American Zurich Insurance Company"/>	<b>CDI Filing #:</b>	<input type="text"/>
			(Department Use Only)
NAIC Company Code:	<input type="text" value="40142"/>		
Proposed Rate Impact:	<input type="text" value="0.00%"/>		

<b>Company Name:</b>	<input type="text" value="Zurich American Insurance Company of Illinois"/>	<b>CDI Filing #:</b>	<input type="text"/>
			(Department Use Only)
NAIC Company Code:	<input type="text" value="27855"/>		
Proposed Rate Impact:	<input type="text" value="0.00%"/>		

<b>Company Name:</b>	<input type="text"/>	<b>CDI Filing #:</b>	<input type="text"/>
			(Department Use Only)
NAIC Company Code:	<input type="text"/>		

<b>Company Name:</b>	<input type="text"/>	<b>CDI Filing #:</b>	<input type="text"/>
			(Department Use Only)
NAIC Company Code:	<input type="text"/>		

<b>Company Name:</b>	<input type="text"/>	<b>CDI Filing #:</b>	<input type="text"/>
			(Department Use Only)
NAIC Company Code:	<input type="text"/>		

<b>Company Name:</b>	<input type="text"/>	<b>CDI Filing #:</b>	<input type="text"/>
			(Department Use Only)
NAIC Company Code:	<input type="text"/>		

<b>Company Name:</b>	<input type="text"/>	<b>CDI Filing #:</b>	<input type="text"/>
			(Department Use Only)
NAIC Company Code:	<input type="text"/>		

<b>Company Name:</b>	<input type="text"/>	<b>CDI Filing #:</b>	<input type="text"/>
			(Department Use Only)
NAIC Company Code:	<input type="text"/>		

<sup>1</sup>The proposed impact for each individual company should be based on that company's premium distribution and will not necessarily equal the total rate impact shown on Prior Approval Rate Application Page 4.

## FILING TYPE

**Complete the following questions in order to generate the filing checklist:**

- |                                                        |   |
|--------------------------------------------------------|---|
| 1. Is this a New Program filing?                       | N |
| 2. Is this a Rate filing?                              | N |
| 3. Does this filing propose any changes to Rule(s)?    | Y |
| 3.a. Do the Rule change(s) have a rate impact?         | N |
| 4. Does this filing propose any changes to Form(s)?    | Y |
| 4.a. Do the Form change(s) have a rate impact?         | N |
| 5. Does this filing include a request(s) for Variance? | N |

*Question 3: Rule change(s) include new rule(s) and changes to existing rule(s).*

*Question 4: Form change(s) include new, withdrawn or replacement form(s).*

## FILING CHECKLIST

*Use this checklist to assemble a complete application:*

- | PDF                                 | Excel                               | Prior Approval Rate Application                    |
|-------------------------------------|-------------------------------------|----------------------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | General Information, Page 1                        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Insurer Group Information, Page 2                  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Filing Type and Checklist, Page 3                  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Forms, Page 9                                      |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Rules and Underwriting Guidelines, Page 10         |
| <b>Supporting Exhibits</b>          |                                     |                                                    |
| <input checked="" type="checkbox"/> |                                     | Exhibit 18 - Rules and Underwriting Guidelines     |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Exhibit 19 - Supplemental Information              |
| <input checked="" type="checkbox"/> |                                     | <b>Filing Memorandum</b>                           |
| <input checked="" type="checkbox"/> |                                     | <b>Complete Printed Rate and Rule Manual Pages</b> |
| <input type="checkbox"/>            |                                     | <b>Underwriting Guidelines</b>                     |
| <input checked="" type="checkbox"/> |                                     | <b>Forms<sup>1,2</sup></b>                         |

<sup>1</sup> See Prior Approval Rate Filing Instructions.

<sup>2</sup> Attach all independent forms and list all advisory organization forms.

*All Private Passenger Automobile class plans must be filed separately from the Prior Approval Rate Applications.*

**FORMS**

		Applicable Form			Source of Form		Category	Coverage Change Reflects		Coverage Change Includes		Factor or Charge (\$, % or Description)
		#	Title	Type	Source	CDI File # <sup>1</sup>		Restriction? <sup>2</sup>	Broadening?	Rate Impact?	% Impact	
(1)	Proposed	U-GL-2180-A CW	Hired Auto And Non-Owned Auto Liability	2	3		2	N	Y	N		
	Current											
(2)	Proposed											
	Current											
(3)	Proposed											
	Current											
(4)	Proposed											
	Current											
(5)	Proposed											
	Current											

<sup>1</sup> If Source selected is ISO or Other Advisory Organization, provide the CDI File # of the applicable filing from which the form is being adopted. If Source selected is Company and Category is Replacement, provide the CDI File # under which the current form is approved.

<sup>2</sup> Forms that restrict, exclude or delete coverage require consideration of a rate offset/credit. Provide the amount of prior losses incurred associated with the impacted coverage, if any.

**Legend of Response Codes**

Type Code	Source Code	Category Code
(1) Application	(1) Insurance Services Organization (ISO)	(1) New, mandatory
(2) Endorsement	(2) Other Advisory Organization	(2) New, optional
(3) Policy	(3) Company	(3) Replacement, mandatory
(4) Other (Describe in filing memorandum)	(4) Other (Describe in filing memorandum)	(4) Replacement, optional
		(5) Withdrawn, mandatory
		(6) Withdrawn, optional

## RULES AND UNDERWRITING GUIDELINES

Insurers submitting a rule change filing must provide the information identified below.  
Complete Exhibit 18 as necessary to fulfill this requirement.

Check all that apply:

- (1) Introducing a new rule(s)
- (2) Revising an existing rule(s)
- (3) Adopting an approved Advisory Organization (AO) rule(s)
- (4) Withdrawing an approved rule(s)
- (5) Introducing or revising an underwriting guideline(s)<sup>1</sup>

If (1), (2) or (5) above is checked, provide the following:

- (a) The purpose for the rule or underwriting guideline or an explanation for revising an existing rule or underwriting guideline (Exhibit 18)
- (b) A copy of the current and proposed manual page corresponding to the rule or underwriting guideline
- (c) The proposed charge for the rule, and justification of the charge including the rate or premium development method (Exhibit 18)
- (d) The rate impact of the rule or underwriting guideline on the current book of business, with corresponding calculation of that impact (Exhibit 18)
- (e) Advise if the rule is:
  - (i) Optional
  - (ii) Mandatory

If (3) above is checked, specify the approved CDI File #(s) of the AO rule:

If (4) above is checked, provide the following:

- (a) An explanation for the withdrawal of the rule (Exhibit 18)
- (b) A copy of the current and proposed manual page corresponding to the withdrawn rule
- (c) The rate impact of withdrawing the rule on the current book of business, with corresponding calculation of that impact (Exhibit 18)

For all rule and underwriting guideline changes, provide any additional comments necessary to adequately explain the rule change (Exhibit 18).

<sup>1</sup> Underwriting guidelines included in this filing are reviewed only insofar as they relate to rates contained in this filing or currently on file with the California Department of Insurance.

**Actuarial Memorandum  
Hired And Non-Owned Auto Liability**

**California**

Zurich North America is submitting rates for a new form to be used with the ISO CG 0001 'Commercial General Liability Coverage Form'. This endorsement extends coverage to include Hired and Non-Owned Auto Liability.

The proposed rates are based on the ISO loss costs and company LCMs currently in use for a similar Commercial Auto endorsement. The proposed ILFs also come from the current Commercial Auto manual.

<b>Company</b>	<b>Code</b>	<b>LCM</b>
Zurich American Insurance Company of Illinois	ZAI	2.44
Zurich American Insurance Company	ZAIC	1.98
American Guarantee and Liability Insurance Company	AG	1.53
American Zurich Insurance Company	AZ	1.08

<b>Type</b>	<b>Class Code</b>	<b>Number of Employees</b>	<b>Loss Cost</b>	<b>Base Rate = LCM × Loss Cost</b>			
				<b>ZAI</b>	<b>ZAIC</b>	<b>AG</b>	<b>AZ</b>
<b>Non-Owned</b>	6638	0-9	48.00	116.88	95.23	73.63	51.98
	6639	10-19	48.00	116.88	95.23	73.63	51.98
	6640	20-25	48.00	116.88	95.23	73.63	51.98
	6602	26 - 100	112.00	272.72	222.21	171.81	121.30
	6603	101-500	245.00	596.58	486.08	375.83	265.34
	6604	501-1,000	386.00	939.91	765.82	592.12	418.04
	6605	Over 1,000	865.00	2,106.28	1,716.16	1,326.91	936.80
<b>Hired</b>			0.76	1.85	1.51	1.17	0.82

**Filing Memorandum  
Hired And Non-Owned Auto Liability**

**Exhibit 18**

Zurich North America is submitting rates for a new form to be used with the ISO CG 0001 'Commercial General Liability Coverage Form'. This endorsement extends coverage to include Hired and Non-Owned Auto Liability.

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	6605	Over 1,000	865.00	2,106.28	1,716.16	1,326.91	936.80
<b>Hired</b>			0.76	1.85	1.51	1.17	0.82

This is no rate impact for this filing.

**Rate and Rule Changes - Current**

**ISO**

**COMMERCIAL LINES MANUAL  
DIVISION SIX – COMMERCIAL GENERAL LIABILITY  
EXCEPTION PAGE**

California

<b>RULE 36.</b>					
<b>DESCRIPTION OF ADDITIONAL OPTIONAL ENDORSEMENTS</b>					
Section E - Coverage Amendment Endorsements is amended to include the following:					
<b>Hired Auto And Non-Owned Auto Liability (U-GL-2180)</b>					
<b>Premium Determination - Non-Owned Auto:</b>					
Select the appropriate base rate based on the customer's total number of employees:					
Class Code	Number of Employees	<b>ZAI</b>	<b>ZAIC</b>	<b>AG</b>	<b>AZ</b>
6638	0-9	116.88	95.23	73.63	51.98
6639	10-19	116.88	95.23	73.63	51.98
6640	20-25	116.88	95.23	73.63	51.98
6602	26 - 100	272.72	222.21	171.81	121.30
6603	101-500	596.58	486.08	375.83	265.34
6604	501-1,000	939.91	765.82	592.12	418.04
6605	Over 1,000	2,106.28	1,716.16	1,326.91	936.80
<b>Premium Determination - Hired Autos</b>					
Divide the estimated annual cost of hire by 100 and multiply the result by the following base rate:					
Hired Autos	<b>ZAI</b>	<b>ZAIC</b>	<b>AG</b>	<b>AZ</b>	
	1.85	1.51	1.17	0.82	
The minimum premium for this coverage is \$55.					
<b>Increased Limits</b>					
Multiply the total premium for each coverage by the factor for the selected limit from the following table:					
Limit (000s)	Factor				
100	1.00				
1,000	1.70				
2,000	1.96				
<b>Company Key:</b>					
ZAI	Zurich American Insurance Company of Illinois				
ZAIC	Zurich American Insurance Company				
AG	American Guarantee and Liability Insurance Company				
AZ	American Zurich Insurance Company				