

State: District of Columbia **Filing Company:** Old Republic Insurance Company
TOI/Sub-TOI: 17.2 Other Liability-Claims Made Only/17.2006 Directors & Officers Liability
Product Name: A-Sure Program
Project Name/Number: A-Sure Program/DC035210100009

Filing at a Glance

Company: Old Republic Insurance Company
Product Name: A-Sure Program
State: District of Columbia
TOI: 17.2 Other Liability-Claims Made Only
Sub-TOI: 17.2006 Directors & Officers Liability
Filing Type: Form
Date Submitted: 11/22/2016
SERFF Tr Num: LDDX-G130816906
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: DC035210100009

Effective Date: 01/01/2017
Requested (New):
Effective Date: 01/01/2017
Requested (Renewal):
Author(s): SPI ORChicago
Reviewer(s):
Disposition Date:
Disposition Status:
Effective Date (New):
Effective Date (Renewal):

State: District of Columbia **Filing Company:** Old Republic Insurance Company
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Product Name: A-Sure Program
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General Information

Project Name: A-Sure Program	Status of Filing in Domicile:
Project Number: DC035210100009	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/22/2016	
State Status Changed:	Deemer Date:
Created By: SPI ORChicago	Submitted By: SPI ORChicago
Corresponding Filing Tracking Number:	

Filing Description:

Old Republic Insurance Company submits the following new endorsements for your approval to be used with our Non-Indemnifiable D&O A Side (Primary) Policy (ORUG-93) approved under SERFF #: LDDX-G129703551

D93072 (10/2016) AMEND SECTION II. K. (Claimant Attorney Fees)
(Optional - Clarifies Coverage)

This endorsement clarifies that the policy would cover claimant/plaintiff attorney fees, if legally obligated to.

We request a new and renewal business effective date of 1/1/17 .

Company and Contact

Filing Contact Information

Haleema Ahmad, State Filing Analyst	hahmad@oldrepublic.com
307 N. Michigan Avenue	312-762-4535 [Phone]
Chicago, IL 60601	312-762-4950 [FAX]

Filing Company Information

Old Republic Insurance Company	CoCode: 24147	State of Domicile:
307 N. Michigan Avenue	Group Code: 150	Pennsylvania
Chicago , IL 60601	Group Name:	Company Type:
(312) 762-4800 ext. [Phone]	FEIN Number: 25-0410420	State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State: District of Columbia**Filing Company:**

Old Republic Insurance Company

TOI/Sub-TOI: 17.2 Other Liability-Claims Made Only/17.2006 Directors & Officers Liability**Product Name:** A-Sure Program**Project Name/Number:** A-Sure Program/DC035210100009

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Amend Section II. K. (Claimant Attorney Fees)	D93072	(10/2016)	END	New			D93072.PDF

Form Type Legend:

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

OLD REPUBLIC INSURANCE COMPANY

AMEND SECTION II. K. (Claimant Attorney Fees)

It is understood and agreed that the definition of **Loss** in Section II. K. is amended to include the following:

claimant attorney fees and costs for which an **Insured Person** against whom the covered **Claim** is made is legally obligated to pay by reason of a court order or settlement agreement to which the Insurer consents pursuant to Section IV. E.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

This endorsement is a part of the Policy and takes effect at the inception of the Policy, unless another effective date is shown below.

Endorsement No.	Policy No.	Issued To	Effective Date Of This Endorsement

State: District of Columbia **Filing Company:** Old Republic Insurance Company
TOI/Sub-TOI: 17.2 Other Liability-Claims Made Only/17.2006 Directors & Officers Liability
Product Name: A-Sure Program
Project Name/Number: A-Sure Program/DC035210100009

Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Form Filing Memorandum
Comments:	
Attachment(s):	DC Form Filing Memorandum.PDF
Item Status:	
Status Date:	

Old Republic Insurance Company

**Non-Indemnifiable D&O A Side (Primary) Policy
ORUG-93**

**Form Filing Memorandum
DISTRICT OF COLUMBIA**

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