

SERFF Tracking Number: CATL-125332236 State: Arkansas  
Filing Company: Catlin Insurance Company, Inc. State Tracking Number: AR-PC-07-026517  
Company Tracking Number: 07-IL-AP001-CW-AR  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Miscellaneous Schedules and Endorsements  
Project Name/Number: Miscellaneous Schedules and Endorsements/07-IL-AP001-CW-AR

## Filing at a Glance

Company: Catlin Insurance Company, Inc.

Product Name: Miscellaneous Schedules and Endorsements SERFF Tr Num: CATL-125332236 State: Arkansas

Endorsements

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: AR-PC-07-026517

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: 07-IL-AP001-CW-AR

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Author: Bob Eells

Disposition Date: 10/25/2007

Date Submitted: 10/23/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 10/25/2007

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

10/25/2007

## General Information

Project Name: Miscellaneous Schedules and Endorsements

Status of Filing in Domicile: Pending

Project Number: 07-IL-AP001-CW-AR

Domicile Status Comments: Filings has been submitted but is pending.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/25/2007

State Status Changed: 10/23/2007

Deemer Date:

Corresponding Filing Tracking Number: 07-IL-AP001-CW-AR

Filing Description:

Filing of schedules and endorsements to be used with the insurance product to be offered your state.

Catlin Insurance Company, Inc. is a new company in your states. In the future, we will be submitting product filings for your approval and the aforementioned schedules and endorsements will be used with those products unless otherwise noted in those filings.

SERFF Tracking Number: CATL-125332236 State: Arkansas  
 Filing Company: Catlin Insurance Company, Inc. State Tracking Number: AR-PC-07-026517  
 Company Tracking Number: 07-IL-AP001-CW-AR  
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
 Product Name: Miscellaneous Schedules and Endorsements  
 Project Name/Number: Miscellaneous Schedules and Endorsements/07-IL-AP001-CW-AR

## Company and Contact

### Filing Contact Information

Bob Eells, Director, Regulatory Development bob.eells@catlin.com  
 1620 Market Street (267) 207-2937 [Phone]  
 Philadelphia, PA 19103 (267) 207-2938[FAX]

### Filing Company Information

Catlin Insurance Company, Inc.	CoCode: 19518	State of Domicile: Texas
1650 Market Street	Group Code:	Company Type: Property and Casualty
Philadelphia, PA 19103	Group Name:	State ID Number:
(267) 207-2937 ext. [Phone]	FEIN Number: 20-4929941	
	-----	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Flat fee for form filing.
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$50.00	

SERFF Tracking Number: CATL-125332236 State: Arkansas  
 Filing Company: Catlin Insurance Company, Inc. State Tracking Number: AR-PC-07-026517  
 Company Tracking Number: 07-IL-AP001-CW-AR  
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
 Product Name: Miscellaneous Schedules and Endorsements  
 Project Name/Number: Miscellaneous Schedules and Endorsements/07-IL-AP001-CW-AR

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/25/2007	10/25/2007

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Cover Letter	Note To Reviewer	Bob Eells	10/23/2007	10/23/2007

*SERFF Tracking Number:*      *CATL-125332236*                      *State:*                      *Arkansas*  
*Filing Company:*              *Catlin Insurance Company, Inc.*                      *State Tracking Number:*      *AR-PC-07-026517*  
*Company Tracking Number:*      *07-IL-AP001-CW-AR*  
*TOI:*                      *35.0 Interline Filings*                      *Sub-TOI:*                      *35.0002 Commercial Interline Filings*  
*Product Name:*              *Miscellaneous Schedules and Endorsements*  
*Project Name/Number:*      *Miscellaneous Schedules and Endorsements/07-IL-AP001-CW-AR*

## **Disposition**

Disposition Date: 10/25/2007

Effective Date (New): 10/25/2007

Effective Date (Renewal): 10/25/2007

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

SERFF Tracking Number: CATL-125332236 State: Arkansas  
 Filing Company: Catlin Insurance Company, Inc. State Tracking Number: AR-PC-07-026517  
 Company Tracking Number: 07-IL-AP001-CW-AR  
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
 Product Name: Miscellaneous Schedules and Endorsements  
 Project Name/Number: Miscellaneous Schedules and Endorsements/07-IL-AP001-CW-AR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	SCHEDULE OF LOCATIONS	Approved	Yes
Form	SCHEDULE OF NAMED INSUREDS	Approved	Yes
Form	SCHEDULE OF FORMS AND ENDORSEMENTS	Approved	Yes
Form	In Witness Endorsement	Approved	Yes

*SERFF Tracking Number:*      *CATL-125332236*                      *State:*                      *Arkansas*  
*Filing Company:*              *Catlin Insurance Company, Inc.*                      *State Tracking Number:*      *AR-PC-07-026517*  
*Company Tracking Number:*      *07-IL-AP001-CW-AR*  
*TOI:*                      *35.0 Interline Filings*                      *Sub-TOI:*                      *35.0002 Commercial Interline Filings*  
*Product Name:*              *Miscellaneous Schedules and Endorsements*  
*Project Name/Number:*      *Miscellaneous Schedules and Endorsements/07-IL-AP001-CW-AR*

**Note To Reviewer**

**Created By:**

Bob Eells on 10/23/2007 02:13 PM

**Subject:**

Cover Letter

**Comments:**

The cover letter was excluded from the initial filing, please see the attached.

**CATLIN**

Catlin, Inc.  
One Liberty Place  
1650 Market Street, 36<sup>th</sup> Floor  
Philadelphia, PA 19103  
Phone: 267-207-2937  
Fax: 267-207-2938

October 23, 2007

The Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Attn: Property & Casualty Division

**Interline – Forms Filing**

**Miscellaneous Schedules and Endorsements**

**Filing Number: 07-IL-AP001-CW-AR**

**Catlin Insurance Company, Inc. – NAIC No. 19518 – FEIN No. 20-4929941**

Honorable Bowman,

Catlin Insurance Company, Inc. hereby submits for your review and approval the following schedules and endorsements to be used with the insurance product to be offered in the State of Arkansas.

- Schedule of Locations - ABAP 300 1007
- Schedule of Named Insureds - ABAP 301 1007
- Schedule of Forms and Endorsements - ABAP 302 1007
- In Witness Endorsement – ABAP 400 0507

Catlin Insurance Company, Inc. is a new company in your states and this is the first filing being submitted for this company. In the future, we will be submitting product filings for your approval and the aforementioned schedules and endorsements will be used with those products unless otherwise noted in those filings.

We trust that you will find all in order.

Regards,



Bob Eells

Director, Regulatory Development  
Catlin, Inc.  
One Liberty Place  
1650 Market Street, 36<sup>th</sup> Floor  
Philadelphia, Pennsylvania 19103  
Phone: 267-207-2937 / Fax: 267-207-2938  
Mobile: 678.772.0092  
[bob.eells@catlin.com](mailto:bob.eells@catlin.com)

SERFF Tracking Number: CATL-125332236 State: Arkansas  
 Filing Company: Catlin Insurance Company, Inc. State Tracking Number: AR-PC-07-026517  
 Company Tracking Number: 07-IL-AP001-CW-AR  
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
 Product Name: Miscellaneous Schedules and Endorsements  
 Project Name/Number: Miscellaneous Schedules and Endorsements/07-IL-AP001-CW-AR

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	SCHEDULE OF LOCATIONS	ABAP 300	1007	Declaration New s/Schedule		0.00	ABAP 300 1007.pdf
Approved	SCHEDULE OF NAMED INSUREDS	ABAP 301	1007	Declaration New s/Schedule		0.00	ABAP 301 1007.pdf
Approved	SCHEDULE OF FORMS AND ENDORSEMENTS	ABAP 302	1007	Declaration New s/Schedule		0.00	ABAP 302 1007.pdf
Approved	In Witness Endorsement	ABAP 400	0507	Endorsement New/Amendment/Conditions		0.00	ABAP 400 0507.pdf





THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## SCHEDULE OF FORMS AND ENDORSEMENTS

<b>Named Insured</b>	
<b>Policy Number</b>	<b>Policy Period</b>
	From _____ To _____

<b>Forms and Endorsements</b>	

IN WITNESS ENDORSEMENT

**CATLIN INSURANCE COMPANY, INC.**

ADMINISTRATIVE OFFICE: 3340 Peachtree Road N.E.  
Tower Place 100  
Suite 2950  
Atlanta, GA 30326

STATUTORY HOME OFFICE: 1330 Post Oak Boulevard  
Suite 2325  
Houston, TX 77056

It is hereby agreed and understood that the following In Witness Clause supercedes any and all other In Witness clauses in this policy.

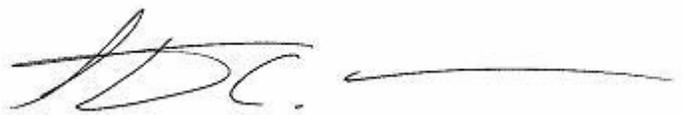
All other provisions remain unchanged.

IN WITNESS WHEREOF, the Company has caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by a duly authorized representative of the Company.



---

Richard S. Banas  
President



---

Steven C. Adams  
Secretary

*SERFF Tracking Number:*      *CATL-125332236*                      *State:*                      *Arkansas*  
*Filing Company:*              *Catlin Insurance Company, Inc.*              *State Tracking Number:*      *AR-PC-07-026517*  
*Company Tracking Number:*      *07-IL-AP001-CW-AR*  
*TOI:*                      *35.0 Interline Filings*                      *Sub-TOI:*                      *35.0002 Commercial Interline Filings*  
*Product Name:*              *Miscellaneous Schedules and Endorsements*  
*Project Name/Number:*      *Miscellaneous Schedules and Endorsements/07-IL-AP001-CW-AR*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: CATL-125332236 State: Arkansas  
Filing Company: Catlin Insurance Company, Inc. State Tracking Number: AR-PC-07-026517  
Company Tracking Number: 07-IL-AP001-CW-AR  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Miscellaneous Schedules and Endorsements  
Project Name/Number: Miscellaneous Schedules and Endorsements/07-IL-AP001-CW-AR

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 10/25/2007

**Comments:**

**Attachment:**

NAIC PC Transmittal Form.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
-----------------------------------	--

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22. Filing Fees (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:  
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
-----------	--	--

<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
-----------	--	--

<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
-----------	--	--

<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
------------	---	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
------------	--	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
---	--	--	--

		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
-----------	---	--

<b>7.</b>	<b>Effective Date of last rate revision</b>	
-----------	---	--

<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
-----------	---	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	