

SERFF Tracking Number: CNNA-125329852 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: AR-PC-07-026512
Company Tracking Number: CPRO-07-6011-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: CPRO-07-6011-AR
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CPRO-07-6011-AR

SERFF Tr Num: CNNA-125329852 State: Arkansas

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: AR-PC-07-026512

Sub-TOI: 17.0000 Other Liability Sub-TOI
Combinations

Co Tr Num: CPRO-07-6011-AR

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts

Author: Sharon Grubbs

Disposition Date: 10/31/2007

Date Submitted: 10/19/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/31/2007

State Status Changed: 10/23/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file form(s) per the attached memorandum.

Final copies are attached for your review.

Filing fees will be sent through the Electronic Filing Fee System as a (EFT) filing.

Your approval is respectfully requested for use on policies effective on or after your date of approval.

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Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst sharon_grubbs@cinfin.com
 6200 S. Gilmore Road (513) 870-2091 [Phone]
 Fairfield, OH 45014 ()-[FAX]

Filing Company Information

The Cincinnati Insurance Company CoCode: 10677 State of Domicile: Ohio
 6200 S. Gilmore Road Group Code: 244 Company Type:
 Fairfield, OH 45014 Group Name: State ID Number:
 (513) 870-2000 ext. [Phone] FEIN Number: 31-0542366

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	10/19/2007	16207048

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/31/2007	10/31/2007

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Project Name/Number: /

Disposition

Disposition Date: 10/31/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	PROPERTY AND CASUALTY TRANSMITTAL	Approved	Yes
Supporting Document	FORM FILING SCHEDULE	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	BODILY INJURY EXCLUSION	Approved	Yes
Form	TEACHER'S PROFESSIONAL LIABILITY COVERAGE PART DECLARATIONS	Approved	Yes
Form	TEACHER'S PROFESSIONAL LIABILITY COVERAGE PART ENDORSEMENT	Approved	Yes
Form	TEACHER'S PROFESSIONAL LIABILITY APPLICATION	Approved	Yes

SERFF Tracking Number: CNNA-125329852 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	BODILY INJURY EXCLUSION	PA 319	08 06	Endorsement/Amendment/Conditions New		0.00	PA319 08-06.pdf
Approved	TEACHER'S PROFESSIONAL LIABILITY COVERAGE PART DECLARATIONS	PA 519	08 06	Declaration Replaced	Replaced Form #:0.00 PA 519 08 92 Previous Filing #: N/A		PA519 08-06.pdf
Approved	TEACHER'S PROFESSIONAL LIABILITY COVERAGE PART ENDORSEMENT	PA 519E	08 06	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 PA 519E 08 92 Previous Filing #: N/A		PA519E 08-06.pdf
Approved	TEACHER'S PROFESSIONAL LIABILITY APPLICATION	IA-005	(9/06)	Application/Replacement Binder/Endowment	Replaced Form #:0.00 IA-005 (7/99) Previous Filing #: N/A		IA005 09-06.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BODILY INJURY EXCLUSION

This endorsement modifies insurance provided under the following:

TEACHER'S PROFESSIONAL LIABILITY COVERAGE FORM

The following exclusion is added to Paragraph 2., **Exclusions** of **SECTION I - COVERAGE**:

This insurance does not apply to:

Any liability based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any actual, alleged or threatened "bodily injury".

However, this exclusion does not apply to "bodily injury" resulting from the legal application of corporal punishment by a teacher in accordance with the policies and guidelines of their employer.

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

TEACHER'S PROFESSIONAL LIABILITY COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: _____ Effective Date: _____		
Named Insured: _____		
Limits of Insurance		
Each Claim Limit \$ _____		
Aggregate Limit \$ _____		
CLASSIFICATION	CODE	ADVANCE PREMIUM
FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:		

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TEACHER'S PROFESSIONAL LIABILITY
COVERAGE PART ENDORSEMENT**

Attached to and forming part of POLICY NUMBER: _____ Effective Date: _____		
Named Insured:		
<u>Item changed</u> <u>Reason for change</u>		
Limits of Insurance Each Claim Limit \$ _____ Aggregate Limit \$ _____		
CLASSIFICATION	CODE	ADVANCE PREMIUM
FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:		

Agency _____

- THE CINCINNATI INSURANCE COMPANY
- THE CINCINNATI CASUALTY COMPANY
- THE CINCINNATI INDEMNITY COMPANY

TEACHER'S PROFESSIONAL LIABILITY APPLICATION

Name of Applicant: _____

Address: _____

Policy Number: _____

1. Size of school system: _____
(If more than 10,000 children, please submit prior to binding.)

2. Have you incurred any losses or suits in the past five years related to teaching or providing special instruction of any kind? _____

3. What other functions are performed by you in addition to teaching? Any administrative duties, counseling, coaching, chaperoning, business, etc., in or out of the school? _____

4. Do you act as an instructor in any capacity outside the classroom - mountain climbing, horseback riding, ski trips, scuba diving, or other field trips, etc.? _____

*5. Are you a member of any Teachers Association or Union - OEA, etc.? _____

Any officer responsibilities? _____

6. List university or college from which you graduated: _____
Degree: _____ Year: _____

7. Do you have a valid teaching certificate? _____

8. How long have you been a teacher? _____

9. What level of education do you teach? (Check all that apply).
Day Care _____ Elementary _____ High School _____
Kindergarten _____ Middle School _____ College _____

***PLEASE NOTE: There is no coverage under this policy for losses arising out of your activities as respects teachers associations, unions, or groups.**

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS (VT: MAY BE COMMITTING A CRIME SUBJECTING) THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. IN THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE, VIRGINIA AND WASHINGTON, INSURANCE BENEFITS MAY ALSO BE DENIED.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE / SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

Applicant's Signature

Date

Agent's Signature

Date

Agency and Code Number

Agent's Name and License Number (Florida only)

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Rate Information

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Supporting Document Schedules

Bypassed -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	10/31/2007
Bypass Reason:	N/A			
Comments:				
Satisfied -Name:	PROPERTY AND CASUALTY TRANSMITTAL	Review Status:	Approved	10/31/2007
Comments:	PROPERTY AND CASUALTY TRANSMITTAL			
Attachment:	F777AR_307[1].pdf			
Satisfied -Name:	FORM FILING SCHEDULE	Review Status:	Approved	10/31/2007
Comments:	FORM FILING SCHEDULE			
Attachment:	F778AR_307[1].pdf			
Satisfied -Name:	MEMORANDUM	Review Status:	Approved	10/31/2007
Comments:	MEMORANDUM			
Attachment:	MEMOF.pdf			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	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	
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h. Subject Codes																					

3. Group Name	Group NAIC #
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

5. Company Tracking Number	CPRO-07-6011-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Sharon Grubbs 6200 South Gilmore Road Fairfield, Ohio 45014	Senior Filing Analyst	513-870-2091	513-870-2097	sharon_grubbs@cinfin.com
7.	Signature of authorized filer		<i>Sharon Grubbs</i>		
8.	Please print name of authorized filer		Sharon Grubbs		

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

9. Type of Insurance (TOI)	Division Seven - Professional Liability
10. Sub-Type of Insurance (Sub-TOI)	Division Seven - Professional Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: Upon Approval Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	10/19/07
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CPRO-07-6011-AR
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Memorandum

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 #: EFT FILING

Amount: \$50

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.)**

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.)

1.	This filing transmittal is part of Company Tracking #	CPRO-07-6011-AR			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
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	Teacher's Professional Liability Application	IA-005 (9/06)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA-005 (7/99)	N/A
02	Bodily Injury Exclusion	PA 319 08 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	-----	-----
03	Teacher's Professional Liability Coverage Part Declarations	PA 519 08 06	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PA 519 08 92	N/A
04	Teacher's Professional Liability Coverage Part Endorsement	PA 519E 08 06	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PA 519E 08 92	N/A
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		

**ARKANSAS
DIVISION SEVEN - PROFESSIONAL LIABILITY
FORMS MEMORANDUM**

NEW FORM	OLD FORM	TITLE/DESCRIPTION OF CHANGE
IA-005 (9/06)	IA-005 (7/99)	TEACHER'S PROFESSIONAL LIABILITY APPLICATION Added space for applicant's name and address. Added question # 9. Updated the fraud warning.
PA 319 08 06	-----	BODILY INJURY EXCLUSION This endorsement is used to exclude bodily injury under the Teacher's Professional Liability Coverage Form in the rare circumstance when the company is not writing the Commercial General Liability Coverage.
PA 519 08 06	PA 519 08 92	TEACHER'S PROFESSIONAL LIABILITY COVERAGE PART DECLARATIONS (Cincinnati Insurance Company) Deleted the box for entering the location (address) information. Deleted Table of Contents on page 2.
PA 519E 08 06	PA 519E 08 92	TEACHER'S PROFESSIONAL LIABILITY COVERAGE PART ENDORSEMENT Deleted the box for entering the location (address) information. Deleted Table of Contents on page 2.