

SERFF Tracking Number: TRVE-125308062 State: Arkansas  
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: AR-PC-07-026267  
Company Tracking Number: 2007-07-0100  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability  
Product Name: Wrap+ Liability Application Filing 2007-07-0100  
Project Name/Number: Wrap+ Liability Application Filing 2007-07-0100/2007-07-0100

## Filing at a Glance

Company: Travelers Casualty and Surety Company of America

Product Name: Wrap+ Liability Application SERFF Tr Num: TRVE-125308062 State: Arkansas

Filing 2007-07-0100

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: AR-PC-07-026267

Made/Occurrence

Sub-TOI: 17.0006 Directors & Officers Liability Co Tr Num: 2007-07-0100 State Status:

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Socorro Armstrong, Disposition Date: 10/10/2007

Theresa Lavenburg, Michelle Smith

Cotto, Celina Caez

Date Submitted: 10/01/2007 Disposition Status: Approved

Effective Date Requested (New): 10/31/2007 Effective Date (New):

Effective Date Requested (Renewal): 10/31/2007 Effective Date (Renewal):

## General Information

Project Name: Wrap+ Liability Application Filing 2007-07-0100

Project Number: 2007-07-0100

Reference Organization:

Reference Title:

Filing Status Changed: 10/10/2007

State Status Changed: 10/01/2007

Corresponding Filing Tracking Number:

Filing Description:

Filing Number: 2007-07-0100

WRAP+ Application Filing

Other Liability – Directors and Officers Liability

Form Filing

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA 3548-31194 06-0907370

SERFF Tracking Number: TRVE-125308062 State: Arkansas  
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**WRAP+ Application**

In 2005, we introduced WRAP+, a new modular approach where in an insured can choose anything from a monoline coverage part to a WRAP+ multi-coverage part policy. This filing consists of a new application, which is designed for use with the WRAP+ policy.

**Company and Contact**

**Filing Contact Information**

Michelle Smith Cotto, Regulatory Analyst MSMITHCO@travelers.com  
 One Tower Square (860) 277-2345 [Phone]  
 Hartford, CT 06183 (860) 235-4951[FAX]

**Filing Company Information**

Travelers Casualty and Surety Company of America CoCode: 31194 State of Domicile: Connecticut  
 One Tower Square Group Code: 3548 Company Type:  
 2S2B  
 Hartford, CT 06183 Group Name: State ID Number:  
 (860) 277-0179 ext. [Phone] FEIN Number: 06-0907370  
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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Travelers Casualty and Surety Company of America	\$50.00	10/01/2007	15878738

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## Correspondence Summary

### Dispositions

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

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## **Disposition**

Disposition Date: 10/10/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	WRAP+SM Community Association Liability Insurance Policy - Application For Community Association	59199	Ed. 8-07	Application/ New Binder/Enro llment		0.00	59199.pdf



Application For Community Associations

Travelers Casualty And Surety Company Of America, Hartford, Connecticut

**NOTICE:** THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO ANY "CLAIM" FIRST MADE OR DEEMED MADE AGAINST THE "INSURED" DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES" AND SUCH "DEFENSE EXPENSES" SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

- 1. Type of Association:     Condominium                       Homeowner                       Commercial/Industrial/Professional
- Cooperative                       Property Owner                       Timeshare/Interval

Applicant is:     Non-Profit                       For Profit

List any Association subsidiaries or affiliates and their respective status (Non-Profit/For Profit) \_\_\_\_\_

2. Requested aggregate limit of liability each policy year:

- \$1,000,000                       \$2,000,000                       \$3,000,000                       \$4,000,000                       \$5,000,000

Requested effective date: \_\_\_\_\_

3. Community Information:

- a) Does the Builder/Developer maintain any representation on the Applicant's Board of Directors?.....  Yes  No
- b) Number of units or lots upon completion: \_\_\_\_\_ c) Is construction complete?.....  Yes  No
- d) Number of units Commercial occupancy: \_\_\_\_\_ e) Is average unit or lot ≥ \$2 million? .....  Yes  No
- f) Total number of employees: \_\_\_\_\_ g) Is number of units rented/leased ≥ 25?....  Yes  No

**If Applicant has > 30 Employees, please complete the supplemental Employment Practices Application.**

- h) Does the Applicant have recreational facilities? .....  Yes  No

Please describe: \_\_\_\_\_

Are the facilities open to non-members or guests? .....  Yes  No

4. Management Company: If the Applicant contracts with an independent professional Community Association Manager for management services please complete the following information.

Name of Management Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

5. Current Insurance Information:

- Does the Applicant currently carry Commercial General Liability Insurance ≥ \$1 million?.....  Yes  No

6. Applicant Financial Information as of the most recent fiscal year end:

- a) Has the Applicant had a negative fund balance within the past 3 years? .....  Yes  No
- b) Have any improvements been completed within the past year or are any improvements presently being contemplated which would result in a special assessment of the owners of the Units/Lots?.....  Yes  No
- If yes, for what purpose: \_\_\_\_\_
- c) In the next twelve (12) months (or during the past twelve {12} months) will the Applicant be completing (or has the Applicant completed or been in the process of completing) any reorganization or arrangement with creditors under federal or state law? .....  Yes  No

**If the Applicant meets any of the following criteria, please provide your most recent fiscal year end financial statement:**

- Applicant has requested a limit greater than \$2 million.
- Applicant is a Cooperative or Timeshare/Interval Association.
- Applicant has a negative fund balance.

7. Applicant Claim/Loss Information:

- a) Please provide details or attach loss run for all previous claims, losses, litigation, or proceedings, whether or not insured, occurring in the past five (5) years that would fall within the scope of any Directors & Officers or Employment Practices insurance products. **If none, please check box:**.....  None
- b) Has any suit or legal action been filed by or on behalf of the Applicant against any member of the Applicant (excluding liens or collection claims) or against any third party including without limitation the builder/developer? .....  Yes  No
- c) Is there any pending claim, counter-claim or lawsuit against the Applicant or any person in his or her capacity as director, trustee, officer, employee, committee member, or volunteer of the Applicant? .....  Yes  No

8. Applicant Knowledge/Loss Information:

Does the Applicant or any person proposed for this insurance have knowledge or information of any fact, circumstance or situation which might give rise to a "Claim" as defined by the Policy? .....  Yes  No

**It is agreed that in addition to any other remedy the Insurer may have, any Claim made during the Policy Period, arising from any knowledge or information required to be disclosed in response to question 8. above, will be excluded from the Policy requested hereunder; provided, that this exclusion will only apply to the Applicant and any Insured Person having such knowledge or information.**

**If Yes to any question in 7.a) through 8. above, attach details of each, including the type, how resolved, whether any insurance responded to any aspect of the claim, and any corrective procedures implemented.**

**Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, OH, and OK**

Any person who knowingly and with intent to defraud any insurance company or other 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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.)

**Attention: Insureds in FL**

Any person who knowingly and with intent to defraud any insurance company or other 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 felony of the 3<sup>rd</sup> degree, and may also be subject to a civil penalty.

**Attention: Insureds in ME, TN, VA, and WA**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Attention: Insureds in PA**

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

**Attention: Insureds in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**YOUR SIGNATURE AND AUTHORIZATION**

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, OR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE: (1) IN VA AND UT, PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED; AND (2) IN ALL STATES OTHER THAN VA AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

<b>Signature of Applicant (Signature of Chairman, President, Executive Director or Community Association Manager required)</b>	<b>Name (printed)</b>
<b>Title</b>	<b>Date</b>

**INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:**

Insurance Agency Name	Producer Name:	Travelers Agency No.	
Insurance Agent/Broker License No.	City	State	Date Submitted:
Policy Number			

**Administered By:**



**P.O. BOX 55012, Los Angeles, CA 90055**  
Tel: 213.833.6191 Fax: 213.626.1060 Toll Free: 877.807.8708

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/10/2007

**Comments:**

**Attachments:**

2007 PC NAIC Transmittal (generic) (2).pdf  
2007 NAIC Form List.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 10/10/2007

**Comments:**

**Attachment:**

AR WRAP+ Directors & Officers Liability Apps filing ltr 3.pdf



**Property & Casualty Transmittal Document—**

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	2007-07-0100
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Filing Number: 2007-07-0100  
 WRAP+ Application Filing  
 Other Liability – Directors and Officers Liability  
 Form Filing

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA      3548-31194    06-0907370

WRAP+ Application

In 2005, we introduced WRAP+, a new modular approach where in an insured can choose anything from a monoline coverage part to a WRAP+ multi-coverage part policy. This filing consists of a new application, which is designed for use with the WRAP+ policy.

<b>22.</b>	<b>Filing Fees</b> (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]
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**Check #:** EFT  
**Amount:** 50.00

**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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>2007-07-0100</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
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	WRAP <sup>SM</sup> Community Association Liability Insurance Policy - Application For Community Association	59199 Ed. 8-07	<input checked="" 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		



One Tower Square, 2SHS  
Hartford, CT 06183

Michelle Smith Cotto  
Travelers Bond and Financial Products  
Phone: (860) 277-2345  
FAX: (866) 235-4951  
Email: msmithco@travelers.com

October 1, 2007

Honorable Mike Pickens  
Commissioner of Insurance  
Arkansas Insurance Dept  
1200 West Third Street  
Little Rock, AR 72201-1904

**Filing Number: 2007-07-0100**  
**WRAP+ Application Filing**  
**Other Liability – Directors and Officers Liability**  
**Form Filing**

**TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA      3548-31194      06-0907370**

In compliance with the laws and regulations of your state, we submit an enhancement to our WRAP+ Policy, which was approved by your department on March 1, 2007 under company filing number 2005-07-0133. This filing consists of a new application for our Community Associations program. The application does not have any rating impact.

**WRAP+ Application**

In 2005, we introduced WRAP+, a new modular approach where an insured can choose anything from a monoline coverage part to a WRAP+ multi-coverage part policy. This filing consists of a new application, which is designed for use with the WRAP+ policy.

**Enclosures and Implementation**

The following are enclosed to facilitate your review:

- Form listing and final prints of each form.
- Any applicable state filing forms and fees.

We propose to implement this filing with respect to all new and renewal businesses effective on or after October 31, 2007 or any earlier date allowed by state law. Should you have any questions, please feel free to call me at (860) 277-2345.

Sincerely,