

SERFF Tracking Number: TRVE-125309847 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: AR-PC-07-026292
Company Tracking Number: 2007-09-0020
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Wrap+ MPL Liability Form Filing 2007-09-0020
Project Name/Number: Wrap+ MPL Liability Form Filing 2007-09-0020/2007-09-0020

Filing at a Glance

Company: Travelers Casualty and Surety Company of America

Product Name: Wrap+ MPL Liability Form Filing SERFF Tr Num: TRVE-125309847 State: Arkansas

2007-09-0020

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: AR-PC-07-026292

Sub-TOI: 17.0000 Other Liability Sub-TOI
Combinations

Co Tr Num: 2007-09-0020

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Authors: Socorro Armstrong,
Theresa Lavenburg, Michelle Smith
Cotto, Celina Caez

Disposition Date: 10/10/2007

Date Submitted: 10/02/2007

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+ MPL Liability Form Filing 2007-09-0020

Status of Filing in Domicile:

Project Number: 2007-09-0020

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/10/2007

State Status Changed: 10/03/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Our Company Filing Number: 2007-09-0020

Form Filing

Miscellaneous Professional Liability

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

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In compliance with the insurance laws and regulations of your state, we submit an enhancement to our Miscellaneous Professional Liability Program.

This filing consists of the following endorsement:

FRANCHISOR ENDORSEMENT MPL-7084 (09-07)

This endorsement adds coverage and exclusions specific to our Wrap+ MPL-3001 (07-05).

We will use our previously filed and approved Miscellaneous Professional Liability form filing which was approved by your department on March 27, 2006 under filing number 2005-07-0133.

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

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

SERFF Tracking Number: TRVE-125309847 *State:* Arkansas
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Fee Explanation:
Per Company: No

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| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------------------------------|---------|----------------|---------------|
| Travelers Casualty and Surety Company of America | \$50.00 | 10/02/2007 | 15901072 |

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Project Name/Number: Wrap+ MPL Liability Form Filing 2007-09-0020/2007-09-0020

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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| Item Type | Item Name | Item Status | Public Access |
|---------------------|--------------------------------------------------|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | Cover Letter | Approved | Yes |
| Form | Franchisor Endorsement | Approved | Yes |

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Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|------------------------|------------------|--------------|--------------------------------------|----------------------|-------------|----------------------|
| Approved | Franchisor Endorsement | MPL-7084 (09-07) | | Endorsement/New/Amendment/Conditions | | 0.00 | MPL-7084 (09-07).pdf |

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FRANCHISOR ENDORSEMENT

This endorsement modifies the following coverage:
Miscellaneous Professional Liability

1. Section II. DEFINITIONS. J. is deleted and replaced with the following:

J. **“Professional Services,”** means, solely with respect to <LIST NAME OF FRANCHISES>, the following:

1. marketing and sale of franchises;
2. preparation, amendment, renewal or registration of:
 - a. a Uniform Franchise Offering Circular (“UFOC”) prescribed by the North American Securities Administrators’ Association as amended; or
 - b. a written offering circular issued pursuant to, and in accordance with, the Federal Trade Commission Trade Rule on Franchises and Business Opportunity Ventures, or any similar provision of any state statute or regulation (“FTC Document”)
3. development or monitoring of compliance standards, specifications and/or operating procedures for franchisees;
4. renewal or termination of a **Franchise Agreement**;
5. provision of services, training, advertising or other support to a franchisee in accordance with the terms of a **Franchise Agreement**, UFOC, or FTC Document;
6. site selection or approval of a proposed franchise location, or site selection of a franchisor-owned and operated store or office;
7. negotiation or approval of a lease for a franchise location; and
8. sale, transfer or assignment of a franchise or assets thereof, or a **Franchise Agreement.**”

2. Section II. DEFINITIONS is amended by adding the following:

M. **“Franchise Agreement”** means a written agreement by which the entity stated in ITEM 1 of the Declarations grants a franchise to a franchisee.

ISSUED BY:
ISSUED TO:

POLICY NO:

3. Section III. EXCLUSIONS. A. 13. is deleted and replaced with the following:
 13. based upon, alleging, arising out of, or in any way relating to, directly or indirectly, any infringement of any patent, copyright or trademark, or unauthorized taking or use of any trade name, trade dress, trade secret, service mark, service name, title, slogan, proprietary process, material or information, or other violation of any right under any patent, copyright or trademark registration or license, including any intellectual property licensed by the **Insured** to its franchisees, or any actual or alleged violation of any law or statute or rule or regulation promulgated thereunder, or of any provision of the common law imposing liability in connection therewith;
4. Section III. EXCLUSIONS A. 19. is deleted and replaced with the following:
 19. based upon, alleging, arising out of, or in any way relating to, directly or indirectly, any actual or alleged violation of any law, rule or regulation relating to antitrust, the prohibition of monopolies, activities in restraint of trade, unfair methods of competition or deceptive acts and practices in trade and commerce, including without limitation any actual or alleged violation of the Sherman Act, the Clayton Act, the Robinson-Patman Act, the Hart-Scott-Rodino Antitrust Improvements Act or any regulation or rule promulgated under any such Act.
5. Section III. EXCLUSIONS. A. is amended by adding the following:

This **Liability Coverage** shall not apply to, and the Company shall have no duty to defend or to pay, advance or reimburse **Defense Expenses** for, any **Claim**:

- a. based upon, alleging, arising out of, or in any way relating to, directly or indirectly, any actual or alleged violation of the Federal Trade Commission Act or any similar provision of any state statute or regulation; provided that this exclusion shall not apply to the preparation, amendment, renewal or registration of a Uniform Franchise Offering Circular.
- b. based upon, alleging, arising out of, or in any way relating to, directly or indirectly, the bankruptcy or insolvency of the **Insured**.
- c. based upon, alleging, arising out of, or in any way relating to, directly or indirectly, any mechanical breakdown, mechanical or electronic malfunction, or unauthorized access to an **Insured**'s electronic data processing system, telecommunications system, or computer system;
- d. based upon, alleging, arising out of, or in any way relating to, directly or indirectly, any failure to meet or satisfy any express or implied warranty or guaranty;
- e. based upon, alleging, arising out of, or in any way relating to, directly or indirectly, the failure to effect or maintain insurance or bond;
- f. based upon, alleging, arising out of, or in any way relating to, directly or indirectly, seeking solely the recovery of actual sums paid to the **Insured** by a

ISSUED BY:
ISSUED TO:

POLICY NO:

franchisee consisting of initial fees, service fees, royalties, lease payments or payments for goods or services; or

g. based upon, alleging, arising out of, or in any way relating to, directly or indirectly, any vicarious liability of the **Insured** for the acts, errors, or omissions of any of its **franchisees**.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations of effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by: _____
On behalf of the entity named in
ITEM 1 of the Declarations

Authorized Company Representative

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Rate Information

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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 MPL WRAP+ Liability Form filing.pdf

| | |
|------------------------------------------------------------------|--------------|
| 20. This filing transmittal is part of Company Tracking # | 2007-09-0020 |
|------------------------------------------------------------------|--------------|

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

Our Company Filing Number: 2007-09-0020

Form Filing

Miscellaneous Professional Liability

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

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our Miscellaneous Professional Liability Program.

This filing consists of the following endorsement:

FRANCHISOR ENDORSEMENT MPL-7084 (09-07)

This endorsement adds coverage and exclusions specific to our Wrap+ MPL-3001 (07-05).

We will use our previously filed and approved Miscellaneous Professional Liability form filing which was approved by your department on March 27, 2006 under filing number 2005-07-0133.

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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
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.)

| | | | | | |
|-----------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|
| 1. | This filing transmittal is part of Company Tracking # | 2007-09-0020 | | | |
| 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 | Franchisor Endorsement | MPL-7084 (09-07) | <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 | | |



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

One Tower Sq. 2SHS
Hartford, CT 06183

October 1, 2007

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

Our Company Filing Number: 2007-09-0020
Form Filing
Miscellaneous Professional Liability

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

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our Miscellaneous Professional Liability Program.

This filing consists of the following endorsement:

FRANCHISOR ENDORSEMENT MPL-7084 (09-07)

This endorsement adds coverage and exclusions specific to our Wrap+ MPL-3001 (07-05).

We will use our previously filed and approved Miscellaneous Professional Liability form filing which was approved by your department on March 27, 2006 under filing number 2005-07-0133.

Enclosures and Implementation

The following are enclosed to facilitate your review:

- Form listing and final prints of each form and;
- 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 28, 2007 or any earlier date allowed by state law. Should you have any questions, please feel free to call me at (860) 277-2345.

Regards,

Michelle Smith Cotto