

SERFF Tracking Number: CNAC-125346342 State: Arkansas
Filing Company: Continental Casualty Company State Tracking Number: #0000212010 \$50
Company Tracking Number: 07-2194
TOI: 23.0 Fidelity Sub-TOI: 23.0000 Fidelity
Product Name: Crime Pack Policy Program Endorsement
Project Name/Number: Amendment of Section V. Insured Sponsored ERISA Plans Coverage A and O /87402194

Filing at a Glance

Company: Continental Casualty Company
Product Name: Crime Pack Policy Program Endorsement
TOI: 23.0 Fidelity
Sub-TOI: 23.0000 Fidelity
Filing Type: Form

SERFF Tr Num: CNAC-125346342 State: Arkansas
SERFF Status: Closed
Co Tr Num: 07-2194
Co Status:
Author: John Lockhart
Date Submitted: 11/08/2007

State Tr Num: #0000212010 \$50
State Status: Fees verified
Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Disposition Date: 11/09/2007
Disposition Status: Approved
Effective Date (New): 01/01/2008
Effective Date (Renewal): 01/01/2008

General Information

Project Name: Amendment of Section V. Insured Sponsored ERISA Plans Coverage A and O
Project Number: 87402194
Reference Organization:
Reference Title:
Filing Status Changed: 11/09/2007
State Status Changed: 11/09/2007
Corresponding Filing Tracking Number:
Filing Description:
Attached is a new endorsement GSL 8740XX ed. 8-2007 to be filed CW (including VI & PR) for use with the Crime Pack Program.
This form is new, mandatory and has no rate impact.

Status of Filing in Domicile: Pending
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:
Deemer Date:

Company and Contact

Filing Contact Information

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John Lockhart, Regulatory Filings Technician john.lockhart@cna.com
40 Wall Street (877) 269-3277 [Phone]
New York, NY 10005 (212) 440-2877[FAX]

Filing Company Information

Continental Casualty Company CoCode: 20443 State of Domicile: Illinois
40 Wall Street Group Code: 218 Company Type:
9th Floor
New York, NY 10005 Group Name: State ID Number:
(212) 440-3478 ext. [Phone] FEIN Number: 36-2114545

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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 #
Continental Casualty Company	\$0.00	11/08/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000212010	\$50.00	11/07/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/09/2007	11/09/2007

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Disposition

Disposition Date: 11/09/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

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.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Amendment of Section V. Insured Sponsored ERISA Plans- Coverages A and O	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendment of Section V. Insured Sponsored ERISA Plans-Coverages A and O	GSL8740 XX	08/2007	Endorsement/Amendment/Conditions	New	0.00	GSL8740XX 8-07 Amendment Section V ERISA Coverage A & O.pdf



AMENDMENT OF SECTION V. INSURED SPONSORED ERISA PLANS- COVERAGES A AND O

This endorsement modifies the following Coverages, if made part of the policy:

Coverage A – EMPLOYEE THEFT

Coverage O – PUBLIC EMPLOYEE DISHONESTY – PER LOSS

Section V. INSURED SPONSORED ERISA PLANS, is amended by deleting Section V.5 in its entirety and replacing it with the following:

- 5. If, during the policy period, the Plan assets increase resulting in a Limit of Insurance applicable to Coverage A or Coverage O, whichever applies, that is less than the amount required under ERISA, then that Limit of Insurance will be automatically increased to the Limit of Insurance equal to 10% of the total assets for that Plan, but not to exceed the applicable maximum required Per Plan Limit of Insurance required under ERISA

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy and expires concurrently with said Policy unless another effective date is shown below.

By Authorized Representative _____
(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)

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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	11/09/2007
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Comments:

Attachment:

NAIC PCTD.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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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

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.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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