

SERFF Tracking Number: TRVD-125365602 State: Arkansas
 First Filing Company: St. Paul Fire and Marine Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2007-11-0004
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: Real Estate Professional Services
 Project Name/Number: Independent Contractors Exclusion/2007-11-0004

Filing at a Glance

Companies: St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company

Product Name: Real Estate Professional Services	SERFF Tr Num: TRVD-125365602	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.0019 Professional Errors & Omissions Liability	Co Tr Num: 2007-11-0004	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Authors: Carrie Acuna, Carol Letendre	Disposition Date: 11/21/2007
	Date Submitted: 11/20/2007	Disposition Status: Approved
Effective Date Requested (New): 12/20/2007		Effective Date (New):
Effective Date Requested (Renewal): 12/20/2007		Effective Date (Renewal):

General Information

Project Name: Independent Contractors Exclusion	Status of Filing in Domicile: Authorized
Project Number: 2007-11-0004	Domicile Status Comments:
Reference Organization: NA	Reference Number: NA
Reference Title: NA	Advisory Org. Circular: NA
Filing Status Changed: 11/21/2007	
State Status Changed: 11/21/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
ST. PAUL FIRE AND MARINE INSURANCE COMPANY – 3548-24767	
ST. PAUL MERCURY INSURANCE COMPANY – 3548-24791	
ST. PAUL GUARDIAN INSURANCE COMPANY – 3548-24775	
Professional Liability	
Real Estate Professional Services Liability	

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 Project Name/Number: Independent Contractors Exclusion/2007-11-0004

Form P0682 Ed. 10-07, Independent Contractors Exclusion Endorsement
 Our Company Filing Number: 2007-11-0004

Dear Commissioner:

In compliance with the insurance laws and regulations in your state, our company respectfully submits the enclosed endorsement for your review.

This filing introduces our new form P0682 Ed. 10-07, Independent Contractors Exclusion Endorsement, to be used with our Real Estate Professional Services Liability Protection – Claims-Made, form P450 Rev. 7-05. This form is optional and has no rate impact on current policyholders.

We plan to implement this filing with respect to policies effective on or after December 20, 2007. Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

Company and Contact

Filing Contact Information

Carol Letendre, Senior Regulatory Analyst CLETENDR@travelers.com
 385 Washington Street (651) 310-7110 [Phone]
 St. Paul, MN 55102 (651) 310-4361[FAX]

Filing Company Information

St. Paul Fire and Marine Insurance Company	CoCode: 24767	State of Domicile: Minnesota
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 41-0406690	

St. Paul Guardian Insurance Company	CoCode: 24775	State of Domicile: Minnesota
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:

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(651) 310-7782 ext. [Phone]

FEIN Number: 41-0963301

St. Paul Mercury Insurance Company
385 Washington Street
St. Paul, MN 55102
(651) 310-7782 ext. [Phone]

CoCode: 24791
Group Code: 3548
Group Name:
FEIN Number: 41-0881659

State of Domicile: Minnesota
Company Type:
State ID Number:

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
St. Paul Fire and Marine Insurance Company	\$50.00	11/20/2007	16748347
St. Paul Guardian Insurance Company	\$0.00	11/20/2007	
St. Paul Mercury Insurance Company	\$0.00	11/20/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/21/2007	11/21/2007

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Disposition

Disposition Date: 11/21/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Independent Contractors Exclusion 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	Independent Contractors Exclusion Endorsement	P0682	10-07	Endorsement/New/Amendment/Conditions		0.00	P0682F_1007.pdf

INDEPENDENT CONTRACTORS EXCLUSION ENDORSEMENT

This endorsement changes your Real Estate Professional Services Liability Protection - Claims-Made.

How Coverage Is Changed

The Independent contractors coverage in the Who Is Protected Under This Agreement section is deleted. This change excludes coverage.

Other Terms

All other terms of your policy remain the same.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 11/21/2007

Comments:

Attachments:

NAIC Transmittal Doc.pdf
NAIC Form Filing Schedule.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2007-11-0004
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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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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 #: NA - 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 #	2007-11-0004			
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	Independent Contractors Exclusion Endorsement	P0682 Ed. 10-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A – New	
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		