

SERFF Tracking Number: CAPC-125373990 State: Arkansas  
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$25  
Company Tracking Number: 07-EPL-FO-CW-209  
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability  
Product Name: EPL Exclusion  
Project Name/Number: EPL Exclusion/07-EPL-FO-CW-209

## Filing at a Glance

Company: Capitol Indemnity Corporation

Product Name: EPL Exclusion

TOI: 17.1 Other Liability - Claims Made Only

Sub-TOI: 17.1010 Employment Practices Liability

Filing Type: Form

SERFF Tr Num: CAPC-125373990 State: Arkansas

SERFF Status: Closed

Co Tr Num: 07-EPL-FO-CW-209

Co Status:

Author: Amanda Mullen

Date Submitted: 12/06/2007

State Tr Num: EFT \$25

State Status: Fees verified and received

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

Disposition Date: 12/07/2007

Disposition Status: Approved

Effective Date Requested (New): 02/01/2008

Effective Date Requested (Renewal): 04/01/2008

Effective Date (New):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: EPL Exclusion

Project Number: 07-EPL-FO-CW-209

Reference Organization:

Reference Title:

Filing Status Changed: 12/07/2007

State Status Changed: 12/07/2007

Corresponding Filing Tracking Number:

Filing Description:

RE: Exclusion – Employment Practices Liability Coverage Georgia, New Mexico, South Dakota, Virginia and Wyoming  
EPL 005 (06-07)

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Please review for approval our final printed copy of EPL 005 (06-07) Exclusion – Employment Practices Liability Coverage Georgia, New Mexico, South Dakota, Virginia And Wyoming.

Explanatory Memo

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This is a mandatory endorsement is used to clarify coverage is not available for the states identified. Our reinsurance contract does not cover locations or operations in the state identified.

Please review and evidence your approval. Thank you for your time and consideration.

## Company and Contact

### Filing Contact Information

Amanda Mullen, akmullen@capitolindemnity.com  
 PO Box 5900 (608) 829-4839 [Phone]  
 Madison, WI 53705 (608) 829-7402[FAX]

### Filing Company Information

Capitol Indemnity Corporation CoCode: 10472 State of Domicile: Wisconsin  
 PO Box 5900 Group Code: 501 Company Type:  
 Madison, WI 53705 Group Name: State ID Number:  
 (608) 829-4200 ext. [Phone] FEIN Number: 39-0971527  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: One form filing.  
 Per Company: No

| COMPANY                       | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|-------------------------------|---------|----------------|---------------|
| Capitol Indemnity Corporation | \$25.00 | 12/06/2007     | 16982662      |

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## Correspondence Summary

### Dispositions

| Status   | Created By    | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Edith Roberts | 12/07/2007 | 12/07/2007     |

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## **Disposition**

Disposition Date: 12/07/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CAPC-125373990 State: Arkansas  
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| Item Type           | Item Name   | Item Status | Public Access |
|---------------------|---|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty  | Approved    | Yes           |
| Form                | Exclusion-Employment Practices Liability Coverage Georgia, New Mexico, South Dakota, Virginia and Wyoming | Approved    | Yes           |

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## Form Schedule

| Review Status | Form Name   | Form #  | Edition Date | Form Type Action                         | Action Specific Data | Readability | Attachment                                 |
|---------------|---|---------|--------------|--|----------------------|-------------|--|
| Approved      | Exclusion-<br>Employment<br>Practices Liability<br>Coverage<br>Georgia, New<br>Mexico, South<br>Dakota, Virginia<br>and Wyoming | EPL 005 | 06-07        | Endorsement/<br>Amendment/<br>Conditions | New                  | 48.20       | EPL 005<br>Exclusion<br>EPL_06-<br>07_.pdf |

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUSION – EMPLOYMENT PRACTICES LIABILITY COVERAGE  
FLORIDA, GEORGIA, NEW MEXICO, SOUTH DAKOTA, VIRGINIA  
AND WYOMING**

This endorsement modifies insurance provided under the following:

**EMPLOYMENT PRACTICES LIABILITY COVERAGE PART**

**Employment Practices Liability Coverage -**

The Employment Practices Liability Coverage Part is not available in the States of:

1. **Florida;**
2. **Georgia;**
3. **New Mexico;**
4. **South Dakota;**
5. **Virginia; or**
6. **Wyoming**

and is excluded for any locations or operations an insured may have in one or more of the above-listed states.

*SERFF Tracking Number:*      *CAPC-125373990*                      *State:*                      *Arkansas*  
*Filing Company:*              *Capitol Indemnity Corporation*                      *State Tracking Number:*      *EFT \$25*  
*Company Tracking Number:*      *07-EPL-FO-CW-209*  
*TOI:*                      *17.1 Other Liability - Claims Made Only*                      *Sub-TOI:*                      *17.1010 Employment Practices Liability*  
*Product Name:*                      *EPL Exclusion*  
*Project Name/Number:*              *EPL Exclusion/07-EPL-FO-CW-209*

## **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 12/07/2007

**Comments:**

**Attachment:**

AR EPL Transmittal Doc.pdf

## Property & Casualty Transmittal Document

|   |   |              |  |                  |  |
|---|---|--------------|--|------------------|--|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b><br>a. Date the filing is received:<br>b. Analyst:<br>c. Disposition:<br>d. Date of disposition of the filing:<br>e. Effective date of filing:<br><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 #:<br>g. SERFF Filing #:<br>h. Subject Codes | New Business |  | Renewal Business |  |
| New Business                                    |   |              |  |                  |  |
| Renewal Business                                |   |              |  |                  |  |

|                      |                     |
|----------------------|---------------------|
| <b>3. Group Name</b> | <b>Group NAIC #</b> |
|                      |                     |

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

|                                   |  |
|-----------------------------------|--|
| <b>5. Company Tracking Number</b> |  |
|-----------------------------------|--|

**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<br><input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><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.)

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## 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>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br>(Company tracking number of rate/rule filing, if applicable) |  |
|-----------|---|--|

| <b>3.</b> | <b>Form Name /Description/Synopsis</b> | <b>Form # Include edition date</b> | <b>Replacement Or withdrawn?</b>   | <b>If replacement, give form # it replaces</b> | <b>Previous state filing number, if required by state</b> |
|-----------|--|------------------------------------|--|--|---|
| 01        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 02        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 03        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 04        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 05        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 06        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 07        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 08        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 09        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 10        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |

PC FFS-1