

SERFF Tracking Number: TRVD-125390099 State: Arkansas
 First Filing Company: St. Paul Fire and Marine Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2007-12-0033
 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: New Endorsement/2007-12-0033

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-125390099	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: 2007-12-0033	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Authors: Jill Karlstad, Carol Letendre, Nancy Sigstad	Disposition Date: 12/26/2007
	Date Submitted: 12/20/2007	Disposition Status: Approved
Effective Date Requested (New): 01/28/2008		Effective Date (New):
Effective Date Requested (Renewal): 01/28/2008		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: New Endorsement	Status of Filing in Domicile: Authorized
Project Number: 2007-12-0033	Domicile Status Comments: None
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 12/26/2007	
State Status Changed: 12/26/2007	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

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

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 Product Name: Real Estate Professional Services
 Project Name/Number: New Endorsement/2007-12-0033

This filing introduces our new form P0684 Ed. 12-07, Bodily Injury or Property Damage Exclusion for Property Managers Endorsement. This endorsement was created for use with our Real Estate Professional Services Liability Protection – Claims-Made, P0450 Rev. 7-05 or our Real Estate Agents or Brokers Professional Liability Protection – Claims-Made, P0614 Rev. 7-05. This endorsement will be used on all policies that have a property manager exposure.

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:
(651) 310-7782 ext. [Phone]	FEIN Number: 41-0963301	

St. Paul Mercury Insurance Company	CoCode: 24791	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: 41-0881659	

Filing Fees

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/26/2007	12/26/2007

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Disposition

Disposition Date: 12/26/2007

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	Bodily Injury or Property Damage Exclusion for Property Managers 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	Bodily Injury or Property Damage Exclusion for Property Managers Endorsement	P0684	Ed. 12-07	Endorseme New nt/Amendm ent/Condi ons		0.00	P0684F_1207.pdf

BODILY INJURY OR PROPERTY DAMAGE EXCLUSION FOR PROPERTY MANAGERS ENDORSEMENT

This endorsement changes each of the following insuring agreements that are part of your policy:

- Real Estate Agents Or Brokers Professional Liability Protection - Claims-Made.
- Real Estate Professional Services Liability Protection - Claims-Made.

How Coverage Is Changed

The following is added to the Exclusions - What This Agreement Won't Cover section. This change excludes coverage.

Bodily injury or property damage. We won't cover loss that results from bodily injury or property damage.

However, this exclusion applies only to loss that results from those services performed, or failed to be performed, as duties in the capacity of property manager.

Bodily injury means:

- any physical harm, including sickness or disease, to the physical health of other persons; or
- mental anguish, injury or illness, or emotional distress.

Property damage means:

- physical damage to tangible property of others, including all resulting loss of use of that property; or
- loss of use of tangible property of others that isn't physically damaged.

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 12/26/2007

Comments:

Attachments:

AR NAIC Transmittal Doc.pdf
NAIC Form Filing Schedule.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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
Travelers	3548

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
St. Paul Fire and Marine Insurance Company	MN	24767	41-0406690	
St. Paul Mercury Insurance Company	MN	24791	41-0881659	
St. Paul Guardian Insurance Company	MN	24775	41-0963301	

5. Company Tracking Number	2007-12-0033
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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
	Carol Letendre 385 Washington Street St. Paul, MN 55102	Sr. Regulatory Analyst	651.310.7110 800.328.2189 Ext 07110	651.310.4361	cletendr@travelers.com

7. Signature of authorized filer	<i>Carol Letendre</i>
8. Please print name of authorized filer	Carol Letendre

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.00000 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0019 Professional Errors & Omissions Liab.
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Real Estate Professional Services
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 1/28/2008 Renewal: 1/28/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	December 28, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2007-12-0033
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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]

Arkansas

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 #	2007-12-0033			
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	Bodily Injury or Property Damage Exclusion For Property Managers Endorsement	P0684 Ed. 12-07	<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		