

Filing at a Glance

Companies: Hartford Casualty Insurance Company, Hartford Insurance Company of the Midwest, Hartford Underwriters Insurance Company, Property and Casualty Insurance Company of Hartford, Twin City Fire Insurance Company, Hartford Fire Insurance Company, Hartford Accident and Indemnity Company

Product Name: HS 2133 0607 Exclusion - Residential Premises (Products-Completed Operations Hazard Only) SERFF Tr Num: HART-125227967 State: Arkansas

TOI: 17.0 Other Liability - Claims Made/Occurrence

SERFF Status: Closed

State Tr Num: AR-PC-07-025643

Sub-TOI: 17.0001 Commercial General Liability Co

Tr Num: FF.13.001.2007.01

State Status:

Filing Type: Form

Co Status: Initial Filing

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

Author: Martha Cain

Disposition Date: 08-01-2007

Date Submitted: 07-30-2007

Disposition Status: Approved

Effective Date Requested (New): 10-01-2007

Effective Date (New):

Effective Date Requested (Renewal): 10-01-2007

Effective Date (Renewal):

General Information

Project Name: HS 2133 0607 Exclusion - Residential Premises (Products-Completed Operations Hazard Only)

Status of Filing in Domicile: Pending

Project Number: FF.13.001.2007.01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08-01-2007

State Status Changed: 07-31-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Revise form HS 2133 Exclusion - Residential Premises (Products-Completed Operations Hazard Only)

Company and Contact

Filing Contact Information

Martha Cain, Filing Analyst

690 Asylum Avenue

(860) 547-9979 [Phone]

Hartford, CT 06115

() -[FAX]

Filing Company Information

Hartford Casualty Insurance Company

CoCode: 29424

State of Domicile: Indiana

Hartford Plaza

Group Code: 91

Company Type: Property

Hartford, CT 06115

Group Name:

State ID Number:

(860) 547-5000 ext. [Phone]

FEIN Number: 06-0294398

Hartford Insurance Company of the Midwest
Hartford Plaza
Hartford, CT 06115

CoCode: 37478
Group Code: 91
Group Name:

State of Domicile: Indiana
Company Type: Property
State ID Number:

(860) 547-5000 ext. [Phone]

FEIN Number: 06-1008026

Hartford Underwriters Insurance Company
Hartford Plaza
Hartford, CT 06115

CoCode: 30104
Group Code: 91
Group Name:

State of Domicile: Connecticut
Company Type: Property
State ID Number:

(860) 547-5000 ext. [Phone]

FEIN Number: 06-1222527

Property and Casualty Insurance Company of
Hartford

CoCode: 34690

State of Domicile: Indiana

Hartford Plaza
Hartford, CT 06115

Group Code: 91
Group Name:

Company Type: Property
State ID Number:

(860) 547-5000 ext. [Phone]

FEIN Number: 06-1276326

Twin City Fire Insurance Company

CoCode: 29459

State of Domicile: Indiana

Hartford Plaza
Hartford, CT 06115

Group Code: 91
Group Name:

Company Type: Property
State ID Number:

(860) 547-5000 ext. [Phone]

FEIN Number: 06-0732738

Hartford Fire Insurance Company

CoCode: 19682

State of Domicile: Connecticut

Hartford Plaza
690 Asylum Avenue
Hartford, CT 06115

Group Code: 91
Group Name:

Company Type:
State ID Number:

(860) 547-5000 ext. [Phone]

FEIN Number: 06-0383750

Hartford Accident and Indemnity Company
690 Asylum Ave
Hartford, CT 06115

CoCode: 22357
Group Code: 91
Group Name:

State of Domicile: Connecticut
Company Type: Property
State ID Number:

(860) 547-5000 ext. [Phone]

FEIN Number: 06-0383030

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 flat fee for group. per form filing
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
25457033	\$50.00	07-27-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08-01-2007	08-01-2007

Disposition

Disposition Date: 08-01-2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Supporting Document	PC-FFS-1	Approved	Yes
Form	Exclusion-Residential Premises (Products-Completed Operations Hazard Only)	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion-Residential Premises (Products-Completed Operations Hazard Only)	HS 21 33 06 07	06-01-07	Endorsement/Amendment/Conditions Replaced	HS 21 33 06 05	0.00	AR PC-FFS-1.pdf HS 21 33 06 07.pdf

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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.)

1.	This filing transmittal is part of Company Tracking #	FF.13.001.2007.01			
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	Exclusion - Residential Premises (Products-Completed Operations Hazard Only)	HS 21 33 06 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	HS 21 33 06 05	FN.13.035.2005.01
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		



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - RESIDENTIAL PREMISES (PRODUCTS-COMPLETED OPERATIONS HAZARD ONLY)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS COVERAGE PART

SCHEDULE

Location(s)
Project(s)

(If no entry appears above, this exclusion applies to all locations or projects.)

This insurance does not apply to "bodily injury" or "property damage" included in the "products-completed operations hazard" and arising out of or in any way related to premises if any part of those premises was marketed, sold or occupied as residential premises at the time the "bodily injury" or "property damage" occurred.

Residential premises include, but are not limited to:

1. Condominiums, cooperatives, dwellings, homes, houses, town homes or town houses and time shares; and
2. Appurtenant common areas, structures, facilities and grounds associated with the residential premises.

Residential premises do not include:

- a. Hotels or motels; or
- b. Apartments that are not owned as a condominium, cooperative, town home or town house.

However, this exclusion does not apply to residential premises at locations or projects described in the schedule.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	08-01-2007
Comments:			
Attachment:	AR HS PC-TD-1.pdf		
Satisfied -Name:	Cover Letter	Review Status: Approved	08-01-2007
Comments:			
Attachment:	AR GL coverlet.pdf		
Satisfied -Name:	Explanatory Memo	Review Status: Approved	08-01-2007
Comments:			
Attachment:	EM HS2133 CW.pdf		
Satisfied -Name:	PC-FFS-1	Review Status: Approved	08-01-2007
Comments:			
Attachment:	AR HS PC-FFS-1.pdf		

Property & Casualty Transmittal Document

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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 #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Hartford Fire Ins. Co.	Connecticut	00914-19682	06-0383750	
Hartford Accident & Indemnity Co.	Connecticut	00914-22357	06-0383030	
Hartford Casualty Ins.Co.	Indiana	00914-29424	06-0294398	
Hartford Underwriters Ins. Co.	Connecticut	00914-30104	06-1222527	
Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	
Hartford Ins. Co. of the Midwest	Indiana	00914-37478	06-1008026	
Property & Casualty Ins. Co. of Hartford	Indiana	00914-34690	06-1276326	

5. Company Tracking Number	FF.13.001.2007.01
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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
	Martha Cain	filing analyst			martha.cain
	Hartford Plaza, Hartford, CT 06115		860-547-9979	860-547-4849	@TheHartford.com

7. Signature of authorized filer	<i>Martha Cain</i>
8. Please print name of authorized filer	Martha Cain

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

9. Type of Insurance (TOI)	17.0000 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Prem/Ops and Prod/Completed Ops
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
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: 10/1/07 Renewal: 10/1/07
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	7/30/07
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	FF.13.001.2007.01
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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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Revision to multi-state form HS 21 33 Exclusion - Residential Activities, which excludes damages arising out of or related to premises marketed, sold or occupied as residential premises at the time damages occurred.

Form is optional, and amends our independently filed General Liability Occurrence or Claims-Made coverage forms and Excess CGL coverage forms.

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 #: 25457033
Amount: \$50

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.)**



7/30/07

Honorable Julie Benafield Bowman, Commissioner
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: **OTHER LIABILITY – FORM FILING**
Our Filing Number: FF.13.001.2007.01.

<input type="checkbox"/>	Hartford Fire Insurance Company	NAIC Code #19682
<input type="checkbox"/>	Hartford Accident and Indemnity Company	NAIC Code #22357
<input type="checkbox"/>	Hartford Casualty Insurance Company	NAIC Code #29424
<input type="checkbox"/>	Hartford Underwriters Insurance Company	NAIC Code #30104
<input type="checkbox"/>	Twin City Fire Insurance Company	NAIC Code #29459
<input type="checkbox"/>	Hartford Insurance Company of the Midwest	NAIC Code #37478
<input type="checkbox"/>	Property and Casualty Insurance Company of Hartford	NAIC Code #34690

Enclosed are the following:

- Check No. 25457033 in the amount of \$50 to cover the required filing fee
- Explanatory Memo with comparison of prior form edition to form revision
- Revised form HS 21 33 Exclusion-Residential Premises (Products-Completed Operations Hazard Only)

For the above listed companies, to apply to all policies written on or after 10/1/07, we file revised form HS 21 33.

Very truly yours,

Martha Cain

Martha Cain, Filing Analyst
Hartford Plaza
Business Insurance - Commercial Lines
Hartford, CT 06115
Phone: 860 547 9979 email: Martha.cain@thehartford.com
FAX: 860 547 4849



**COMMERCIAL GENERAL LIABILITY FORMS
EXPLANATORY MEMORANDUM
EXCLUSION – RESIDENTIAL PREMISES (PRODUCTS-COMPLETED OPERATIONS HAZARD ONLY)
FF.13.001.2007.01
(C/W)**

Overview & Purpose of This Filing

This filing is a revision of multi-state form **HS 21 33 Exclusion – Residential Activities**, which excludes damages arising out of or related to premises marketed, sold or occupied as residential premises at the time damages occurred.

The form excludes construction-related defects for *non-commercial* residential premises; therefore, it does not apply to hotels, motels, or apartments (unless the apartments are owned as a condominium, cooperative, town home or town house).

The form is optional and will amend our independently filed General Liability Occurrence or Claims-Made coverage forms and Excess CGL coverage forms.

Coverage Impact of Changes

1. Broadening of Coverage

Limited the scope of the exclusion to BI or PD arising out of the “products-completed operations hazard”.

2. Restatement of Coverage Intent

- Added examples of what is a residential premises subject to the exclusion
- Added examples of what does not constitute an apartment, which are excepted from the exclusion.

The **attached Side-By-Side table** provides a more detailed comparison of the prior and new versions.

Rate Impact

There is no rate impact associated with these changes. When this endorsement is used, the applicable premium base is not included in the rating of products-completed operations.

Included in this Filing

The following related filing is being submitted at this time:
Umbrella Liability Forms Filing (submitted under separate cover) FF.09.001.2007.03

Prepared by:

Tom Hartzell
Product Specialist
The Hartford Financial Services
Hartford Plaza – HO-2
Hartford, CT. 06115
Ph. (860) 547-7434
Fax: (860) 547-4849
E-mail: tom.hartzell@thehartford.com

Side-By-Side

HS 21 33	Revision June 2007	Impact of Change		
Exclusion – Residential Activities	Exclusion – Residential Premises (Products – Completed Operations Hazard Only)	More descriptive title.		
N/A	<p style="text-align: center;">SCHEDULE</p> <table border="1" style="width: 100%;"> <tr> <td style="padding: 5px;">Location(s)</td> </tr> <tr> <td style="padding: 5px;">Project(s)</td> </tr> </table> <p>(If no entry appears above, this exclusion applies to all locations or projects.)</p>	Location(s)	Project(s)	See comments in last section of this Side-By-Side*.
Location(s)				
Project(s)				
This insurance does not apply to any injury or damage	This insurance does not apply to "bodily injury" or "property damage" included in the "products-completed operations hazard"	Broadening of coverage. The exclusion has been limited to apply only to bodily injury or property damage included within the products-completed operations hazard.		
arising out of or in any way related to the design, development, site preparation, construction, repair, remodeling, demolition, marketing, or sales of	and arising out of or in any way related to premises if any part of those premises was marketed, sold or occupied as residential premises at the time the "bodily injury" or "property damage" occurred.	Restatement of coverage intent. Improves readability.		
a non-commercial dwelling or residence, including homes, cooperatives, and condominiums.	Residential premises include, but are not limited to: 1. Condominiums, cooperatives, dwellings, homes, houses, town homes or town houses and time shares; and 2. Appurtenant common areas, structures, facilities and grounds associated with the residential premises.	Restatement of coverage intent. Added more examples of residential premises and spelled out that residential premises applies to the entire premises, not just the primary structure occupied as a residence.		
However, this exclusion shall not apply to: a. Apartments; b. Hotels; or c. Motels.	Residential premises do not include: a. Hotels or motels; or b. Apartments that are not owned as a condominium, cooperative, town home or town house.	Restatement of coverage intent. Apartments are intended to mean non-owner occupied residences. Consistent with the exclusionary language above, condominiums, cooperatives, town homes or town houses are examples of owner occupied residences to which the exclusion is to apply.		
N/A	However, this exclusion does not apply to residential premises at locations or projects described in the schedule above.	*Broadening of coverage for scheduled projects / locations; provides underwriting flexibility.		

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01	Exclusion - Residential Premises (Products-Completed Operations Hazard Only)	HS 21 33 06 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	HS 21 33 06 05	FN.13.035.2005.01
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