

SERFF Tracking Number: TRVE-125152899 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: AR-PC-07-024519
Company Tracking Number: 2007-04-0051
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: WRAP+ LIA Renewal Application form filing 2007-04-0051
Project Name/Number: WRAP+ LIA Renewal Application form filing 2007-04-0051/2007-04-0051

Filing at a Glance

Company: Travelers Casualty and Surety Company of America

Product Name: WRAP+ LIA Renewal SERFF Tr Num: TRVE-125152899 State: Arkansas

Application form filing 2007-04-0051

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: AR-PC-07-024519

Made/Occurrence

Sub-TOI: 17.0022 Other

Filing Type: Form

Co Tr Num: 2007-04-0051

State Status:

Co Status:

Reviewer(s): Michelle Fahey, Betty Montesi, Edith Roberts

Authors: Socorro Armstrong, Theresa Lavenburg, Michelle Smith

Disposition Date: 08/17/2007

Cotto, Celina Caez

Date Submitted: 05/04/2007

Disposition Status: Approved

Effective Date Requested (New): 06/03/2007

Effective Date (New):

Effective Date Requested (Renewal): 06/03/2007

Effective Date (Renewal):

General Information

Project Name: WRAP+ LIA Renewal Application form filing 2007-04-0051

Status of Filing in Domicile:

Project Number: 2007-04-0051

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/17/2007

State Status Changed: 05/07/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA 3548-31194 06-0907370

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our WRAP+ Policy, which was approved by your department on March 27, 2006 under company filing number 2005-07-0133. This filing consists of three new renewal applications that are available to all eligible policyholders. The new renewal applications

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replace the previously approved versions as shown on the enclosed form listing. These new applications do not have any rating impact.

WRAP+ Applications

In 2005 we introduced the WRAP+, a new modular approach wherein an insured can choose anything from a monoline coverage part to a WRAP+ multi-coverage part policy. This filing consists of renewal applications which has been designed for use with the WRAP+ product.

Company and Contact

Filing Contact Information

Kori Johanson, Regulatory Counsel kjohanso@spt.com
 One Tower Square (860) 277-4045 [Phone]
 Hartford, CT 06183 (860) 277-3937[FAX]

Filing Company Information

Travelers Casualty and Surety Company of CoCode: 31194 State of Domicile: Connecticut
 America
 One Tower Square Group Code: 3548 Company Type:
 2S2B
 Hartford, CT 06183 Group Name: State ID Number:
 (860) 277-0179 ext. [Phone] FEIN Number: 06-0907370

Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
05617296	\$50.00	04/16/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/17/2007	08/17/2007

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Edith Roberts	07/09/2007	07/09/2007			
Pending Industry Response	Edith Roberts	05/30/2007	05/30/2007	Celina Caez	06/28/2007	06/28/2007
Pending Industry Response	Edith Roberts	05/09/2007	05/09/2007	Celina Caez	05/24/2007	05/24/2007

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Disposition

Disposition Date: 08/17/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: Approval contingent upon compliance with AID Order 2007-046. Defense within limits is acceptable for all risks with a limit of liability of \$1,000,000 are greater and with a signed consent and acknowledgment from from the insured.

Thanks!

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
Supporting Document	Explanatory	Approved	Yes
Supporting Document	Response Letter	Approved	Yes
Supporting Document	Forms	Approved	Yes
Supporting Document	Response Letter	Approved	Yes
Form	Employment Practices Liability Renewal Coverage Application	Approved	Yes
Form	Fiduciary Liability Renewal Coverage Application	Approved	Yes
Form	Miscellaneous Professional Liability Renewal Coverage Application	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/09/2007

Submitted Date 07/09/2007

Respond By Date

Dear Kori Johanson,

This will acknowledge receipt of the captioned filing.

YOur letter acknowledges that the Professional "miscellaneous" coverages apply to "Real Estate agents, brokers, graphic designers, travel agents, employment agencies, printers and publishers." My point is that under these coverages, NONE are exempt from the defense OUTSIDE the limit requirements of AR Code Anno. 23-79-307 (5) (A). That is why I cannot approve them.

Please advise if you wish to correct or withdraw.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/30/2007
Submitted Date 05/30/2007
Respond By Date
Dear Kori Johanson,

This will acknowledge receipt of your letter of May 24, 2007.

In my original objection letter, I stated, " With reference to the MPL application, for Miscellaneous Professional Liability, you may not include the notice of defense withing the limits of insurance. Not all professional liability coverage carries an exemption from AR Code Anno. 23-79-307 (5) (A), which mandates defense outside the limits of insurance."

You responded by filing a rule for the minimum limits and consent order as required by the PL coverages that are exempt. NOT ALL PL coverages have an applicable exemption. I cannot approve a "miscellaneous" PL form that contains defense within limits unless it is specific to a coverage that has an exemption.

Please contact me if I am making this confusing.

Thanks,
Edith

Please feel free to contact me if you have questions.
Sincerely,
Edith Roberts

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/28/2007
Submitted Date 06/28/2007

Dear Edith Roberts,

Comments:

SERFF Tracking Number: TRVE-125152899 *State:* Arkansas
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Response 1

Comments: State Tracking Number: AR-PC-07-024519

Please review the following attachment.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Response Letter

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Celina Caez, Michelle Smith Cotto, Socorro Armstrong, Theresa Lavenburg

SERFF Tracking Number: TRVE-125152899 State: Arkansas
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Project Name/Number: WRAP+ LIA Renewal Application form filing 2007-04-0051/2007-04-0051

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/09/2007
Submitted Date 05/09/2007
Respond By Date
Dear Kori Johanson,

This will acknowledge receipt of the captioned filing.

With reference to the MPL application, for Miscellaneous Professional Liability, you may not include the notice of defense within the limits of insurance. Not all professional liability coverage carries an exemption from AR Code Anno. 23-79-307 (5) (A), which mandates defense outside the limits of insurance.

Please feel free to contact me if you have questions.

Edith Roberts
Sr. Certified Rate and Form Analyst
Sincerely,
Edith Roberts

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/24/2007
Submitted Date 05/24/2007

Dear Edith Roberts,

Comments:

Response 1

Comments: Please review the following attachments.

Changed Items:

Supporting Document Schedule Item Changes

SERFF Tracking Number: TRVE-125152899 *State:* Arkansas
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Satisfied -Name: Response Letter

Comment:

Satisfied -Name: Forms

Comment: Forms attached for your review.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Celina Caez, Michelle Smith Cotto, Socorro Armstrong, Theresa Lavenburg

SERFF Tracking Number: TRVE-125152899 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Employment Practices Liability Renewal Coverage Application	EPL-1004	Rev. 3-07	Application/ Replaced Binder/Enro llment	Replaced Form #:0.00 EPL-1004 (12-05) Previous Filing #: N/A		EPL Renewal.pdf
Approved	Fiduciary Liability Renewal Coverage Application	FRI-1003	Rev. 3-07	Application/ Replaced Binder/Enro llment	Replaced Form #:0.00 FRI-1003 (12-05) Previous Filing #: N/A		Fiduciary Renewal.pdf
Approved	Miscellaneous Professional Liability Renewal Coverage Application	MPL-1002	Rev. 3-07	Application/ Replaced Binder/Enro llment	Replaced Form #:0.00 MPL-1002 (12-05) Previous Filing #: N/A		MPL Renewal.pdf



Wrap+SM

**Employment Practices Liability
Renewal Coverage Application**

Travelers Casualty and Surety Company of America
Hartford, Connecticut 06183

NOTICE: ALL LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE AGAINST "INSUREDS" DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES", AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COMPANY HAS NO DUTY TO DEFEND ANY "CLAIM" UNLESS DUTY-TO-DEFEND COVERAGE HAS BEEN SPECIFICALLY PROVIDED HEREIN.

GENERAL INFORMATION

The term "Applicant" means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

Agency	Code	Agent Name/License Number	Policy Number

Name of Applicant: _____

Street Address: _____

City, State, ZIP: _____

1. Does the **Applicant** currently file, or do they anticipate in the next twelve (12) months filing, any documents with the Securities and Exchange Commission, or similar foreign authority regarding any equity or debt securities? Yes No

2. Locations of **Applicant**, including all subsidiaries and fifty percent (50%) owned joint ventures under management control, and number of employees for each:

State or Foreign Country	# of Locations	Full Time Employees	Part Time Employees	State or Foreign Country	# of Locations	Full Time Employees	Part Time Employees

***Employees include Leased, Temporary, Seasonal and Volunteer Employees**
[To enter more information, please attach a separate page to the application](#)

3. Maximum number of employees at any one point during the previous twelve (12) months for the following classifications (regardless of whether they are full or part time):

Labor Unions	Independent Contractors	Temporary	Leased	Seasonal

4. In the next twelve (12) months (or during the past twelve (12) months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) the following:

- a. Any actual or proposed merger, acquisition, or divestiture? Yes No
- b. Any creation of a new business, subsidiary or division? Yes No
- c. Any registration for a public offering or a private placement of securities? Yes No
- d. Any reorganization or arrangement with creditors under federal or state law? Yes No

e. Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs? Yes No

If any of the above questions were answered “Yes”, please attach an explanation, including the timing, the essential terms of the event, arrangement, and the surrounding circumstances

CONTACT INFORMATION FOR RISK MANAGEMENT SERVICES

If the key contacts for the Risk Management PLUS+ OnlineSM loss prevention program have changed in the last 12 months, please update their information below.

HR Contact: _____ HR Contact Email: _____
 HR Contact Phone: _____
 Chief Financial Officer: _____ CFO Contact Email: _____
 CFO Contact Phone: _____

FINANCIAL INFORMATION

Note: Omit this section if the Applicant is required to submit a separate financial statement as an attachment to this application.

Please indicate the following as it relates to the Applicant’s fiscal year end (FYE): <i>[indicate negative figures with “()”]</i>	Most Recent FYE (Month/Year) /	
1. Current Assets		
2. Total Assets		
3. Current Liabilities		
4. Long Term Debt		
5. Retained Earnings/Fund Balance (Accumulated Deficit/Fund Deficit)		
6. Net Equity/Net Assets (Deficit Equity)		
7. Revenues		
8. Net Income (Net Loss)		
9. Is the Applicant currently, or has it been in the past twelve (12) months, in violation of or has it amended any debt covenant? <u>If “Yes”, please attach an explanation</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>

AUDITOR INFORMATION

- Has the **Applicant** changed outside auditors in the last twelve (12) months? Yes No N/A
If “Yes”, please attach an explanation
- Has any auditor issued a “going concern” opinion in any financial statements of the **Applicant** or any of its subsidiaries during the past twelve (12) months? Yes No N/A
If “Yes”, please attach an explanation

TURNOVER

Please provide the following turnover figures for each of the last twelve (12) months:

Voluntary Terminations:	Involuntary Terminations:	Layoffs:
-------------------------	---------------------------	----------

HUMAN RESOURCES

- During the last twelve (12) months, has the **Applicant** made amendments to any Human Resources policies or procedures or Employee Handbook? **If “Yes”, please provide copies of such policies or procedures or handbook** Yes No
 - If the answer to Question 1. above is “Yes,” were the changes reviewed by legal counsel? Yes No N/A
- What percent of the **Applicant’s** revenue is derived from being a Federal Contractor? _____ %

REQUESTED INSURANCE TERMS

Does the **Applicant** desire any changes to the expiring Policy limit of liability or retention? Yes No

If “Yes”, please indicate the desired changes in the tables below

	(a)	(b)	(c)	(d)
--	-----	-----	-----	-----

Liability Coverage	Expiring Limit	Requested Limit	Expiring Retention	Requested Retention
Employment Practices Liability (EPL)	\$	\$	\$	\$

Do not answer the next question, unless the Requested Limit in Column (b) exceeds the Expiring Limit in Column (a).

Solely with respect to that portion of any renewal Limit of Liability that exceeds the expiring Limit of Liability for any Liability Coverage(s), are there any facts, circumstances, or situations which could give rise to coverage under the portion of the renewal Limit of Liability that exceeds the expiring Limit of Liability? Yes No

If “Yes”, please attach an explanation

Without prejudice to any other rights and remedies of the Company, any claim arising from any facts, circumstances, or situations required to be disclosed is excluded from the portion of any renewal Limit of Liability that exceeds the expiring Limit of Liability in the proposed insurance.

REQUIRED ATTACHMENTS

As part of this Application, submit the following documents with respect to the **Applicant**:

- Most recent EEO-1 report, if **Applicant** has 1,000 or more employees
- Most recent annual financial statement, if policy limit requested is \$3,000,000 or greater

SIGNATURE

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY THE COMPANY. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE: (1) IN VA AND UT, PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED; AND (2) IN ALL STATES OTHER THAN VA AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Attention: Insureds in AR, CO, DC, FL, KY, LA, ME, NJ, NM, NY, OH, and OK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.)

(In Pennsylvania, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.)

(In Tennessee, Virginia and Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.)

Signature of **Applicant's** Authorized Representative (Principal, Partner or Officer) _____ Title: _____

Name (Printed): _____ Date: _____



Travelers Casualty and Surety Company of America
Hartford, Connecticut 06183

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GENERAL INFORMATION

The term "Applicant" means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

Agency	Code	Agent Name/License Number	Policy Number

Name of Applicant: _____

Street Address: _____

City, State, ZIP: _____

- Does the **Applicant** currently file, or do they anticipate in the next twelve (12) months filing, any documents with the Securities and Exchange Commission, or similar foreign authority regarding any equity or debt securities? Yes No
- Total number of employees of **Applicant** including all subsidiaries and fifty percent (50%) owned joint ventures under management control: _____
- Maximum number of employees at any one point during the previous twelve (12) months for the following classifications (regardless of whether they are full or part time):

Labor Unions	Independent Contractors	Temporary	Leased	Seasonal

- In the next twelve (12) months (or during the past twelve (12) months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) the following:
 - Any actual or proposed merger, acquisition, or divestiture? Yes No
 - Any creation of a new business, subsidiary or division? Yes No
 - Any registration for a public offering or a private placement of securities? Yes No
 - Any reorganization or arrangement with creditors under federal or state law? Yes No
 - Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs? Yes No

If any of the above questions were answered "Yes", please attach an explanation, including the timing, the essential terms of the event, arrangement, and the surrounding circumstances

CONTACT INFORMATION FOR RISK MANAGEMENT SERVICES

If the key contacts for the Risk Management PLUS+ OnlineSM loss prevention program have changed in the last 12 months, please update their information below.

HR Contact: _____ HR Contact Email: _____
 HR Contact Phone: _____
 Chief Financial Officer: _____ CFO Contact Email: _____

FINANCIAL INFORMATION

Note: Omit this section if the Applicant is required to submit a separate financial statement as an attachment to this application.

Please indicate the following as it relates to the Applicant's fiscal year end (FYE): <i>[indicate negative figures with "(")]</i>	Most Recent FYE (Month/Year) /	
1. Current Assets		
2. Total Assets		
3. Current Liabilities		
4. Long Term Debt		
5. Retained Earnings/Fund Balance (Accumulated Deficit/Fund Deficit)		
6. Net Equity/Net Assets (Deficit Equity)		
7. Revenues		
8. Net Income (Net Loss)		
9. Is the Applicant currently, or has it been in the past twelve (12) months, in violation of or has it amended any debt covenant? <u>If "Yes", please attach an explanation</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>

AUDITOR INFORMATION

1. Has the **Applicant** changed outside auditors in the last twelve (12) months? [If "Yes", please attach an explanation](#) Yes No N/A
2. Has any auditor issued a "going concern" opinion in any financial statements of the **Applicant** any of its subsidiaries during the past twelve (12) months? [If "Yes", please attach an explanation](#) Yes No N/A

FIDUCIARY LIABILITY COVERAGE

Premium to be Paid By: Employer or Union <input type="checkbox"/> Trust or Plan <input type="checkbox"/>
Total Number of Plan Fiduciaries: _____

PLAN DATA – (COMPLETE CHART FOR ALL PLANS)

Full Plan Name	*Plan Type	Current Asset Value	Latest FYE Annual Contributions	Current No. of Participants	**Plan Status
*Plan Types: Defined Benefit (DB) Defined Contributions (DC) ESOP (E) Self-Funded Welfare Benefit Plan (W) Other (O) – Attach Explanation					
**Plan Status: (A)=Active (F)=Frozen (S)=Sold (T)=Terminated (if any plan has been terminated, indicate date of transaction)					
<u>List additional plans on a separate attachment</u>					

PLAN UNDERWRITING QUESTIONS

1. Does any plan (a) not conform to the standards of eligibility, participation, vesting, blackout notification requirements and other provisions of ERISA or similar foreign law; (b) hold employer securities or employer real property in violation of ERISA or in excess of ERISA limits; or (c) invest in or provide an option to invest in employer securities? [If "Yes", please attach an explanation](#) Yes No
2. Has any plan (a) been the subject of an investigation by the DOL, IRS, or any similar foreign agency; (b) had its tax exempt status withdrawn or threatened to be withdrawn by the IRS; (c) experienced an event reportable to the PBGC; (d) filed for an exemption from a prohibited transaction; (e) received an adverse opinion as to its financial condition by an independent public accountant; or (f) not been certified by an actuary to be adequately funded in accordance with ERISA's minimum funding standard? [If "Yes", please attach an explanation](#) Yes No
3. Does the **Applicant** anticipate the conversion of any pension plan to a Cash Balance Plan? [If "Yes",](#) Yes No

please attach an explanation

4. Has any plan (a) been amended within the last twelve (12) months in a way that will result in the reduction of benefits or are any such amendments anticipated within the next twelve (12) months; or (b) been merged with another plan, terminated or sold within the last twelve (12) months or anticipated in the next twelve (12) months? Yes No

If “Yes”, please attach an explanation detailing whether a blackout period will result and any associated plans for implementation and disclosure to participants

5. Are there any outstanding or delinquent plan contributions or plan loans, leases or debt obligations that are in default or classified as uncollectible? If “Yes”, please attach an explanation Yes No

REQUESTED INSURANCE TERMS

Does the **Applicant** desire any changes to the expiring Policy limit of liability or retention? Yes No

If “Yes”, please indicate the desired changes in the tables below

	(a)	(b)	(c)	(d)
Liability Coverage	Expiring Limit	Requested Limit	Expiring Retention	Requested Retention
Fiduciary Liability	\$	\$	\$	\$

Do not answer the next question, unless the Requested Limit in Column (b) exceeds the Expiring Limit in Column (a).

Solely with respect to that portion of any renewal Limit of Liability that exceeds the expiring Limit of Liability for any Liability Coverage(s), are there any facts, circumstances, or situations which could give rise to coverage under the portion of the renewal Limit of Liability that exceeds the expiring Limit of Liability? Yes No

If “Yes”, please attach an explanation

Without prejudice to any other rights and remedies of the Company, any claim arising from any facts, circumstances, or situations required to be disclosed is excluded from the portion of any renewal Limit of Liability that exceeds the expiring Limit of Liability in the proposed insurance.

REQUIRED ATTACHMENTS

As part of this Application, the **Applicant** must submit the following documents:

- Sponsor financial statement if the **Applicant** maintains a defined benefit, self-funded welfare plan, or Employee Stock Ownership Plan (ESOP)
- Sponsor and plan financial statement for each defined contribution plan, if limit requested is greater than \$5,000,000
- Plan financial statements for defined benefit plans and self insured welfare plans, if limit requested is greater than \$1,000,000
- ESOP Questionnaire, if any plan is an ESOP or if any plan has 10% or more of plan assets invested in employer securities
- Most recent Form 5500 for each Self Insured Welfare plan

SIGNATURE

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY THE COMPANY. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE: (1) IN VA AND UT, PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED; AND (2) IN ALL STATES OTHER THAN VA AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Attention: Insureds in AR, CO, DC, FL, KY, LA, ME, NJ, NM, NY, OH, and OK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.)

(In Pennsylvania, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.)

(In Tennessee, Virginia and Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.)

Signature of **Applicant's** Authorized Representative (Trustee/Fiduciary)

_____ Title: _____

Name (Printed):

_____ Date: _____



Miscellaneous Professional Liability
Renewal Coverage Application

Travelers Casualty and Surety Company of America
Hartford, Connecticut 06183

NOTICE: ALL LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE AGAINST "INSUREDS" DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES", AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COMPANY HAS NO DUTY TO DEFEND ANY "CLAIM" UNLESS DUTY-TO-DEFEND COVERAGE HAS BEEN SPECIFICALLY PROVIDED HEREIN.

GENERAL INFORMATION

The term "Applicant" means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

Table with 4 columns: Agency, Code, Agent Name/License Number, Policy Number

Name of Applicant:
Street Address:
City, State, ZIP:

1. Does the Applicant currently file, or do they anticipate in the next twelve (12) months filing, any documents with the Securities and Exchange Commission, or similar foreign authority regarding any equity or debt securities? Yes No

2. Locations of Applicant, including all subsidiaries and 50% owned joint venture under management control, and number of employees for each:

Table with 6 columns: State or Foreign Country, # of Locations, Professional Employees (As of Date of Application, 12 Months Ago), All Other Employees (As of Date of Application, 12 Months Ago)

If any Principals/Partners, Officers, or Professional Employees have been added in the last twelve (12) months, please provide biographical sketches/resumes for such additions

3. In the next twelve (12) months (or during the past twelve (12) months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing) the following:
a. Any actual or proposed merger, acquisition, or divestiture?
b. Any creation of a new business, subsidiary or division?
c. Any registration for a public offering or a private placement of securities?
d. Any reorganization or arrangement with creditors under federal or state law?
e. Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs?

If any of the above questions were answered "Yes", please attach an explanation, including the timing, the essential terms of the event, arrangement, and the surrounding circumstances

FINANCIAL INFORMATION

Note: Omit this section if the Applicant is required to submit a separate financial statement as an attachment to this application.

Table with 3 columns: Please indicate the following as it relates to the Applicant's fiscal year end (FYE), Most Recent FYE (Month/Year)

	/	
1. Current Assets		
2. Total Assets		
3. Current Liabilities		
4. Long Term Debt		
5. Retained Earnings/Fund Balance (Accumulated Deficit/Fund Deficit)		
6. Net Equity/Net Assets (Deficit Equity)		
7. Revenues		
8. Net Income (Net Loss)		
9. Is the Applicant currently, or has it been in the past twelve (12) months, in violation of or has it amended any debt covenant? <u>If "Yes", please attach an explanation</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>

PROFESSIONAL SERVICES

1. Describe, in detail, all professional services offered by the **Applicant**:

Professional Services	Total Revenue	% of Revenue Sub-Contracted
	%	%
	%	%
	%	%

To enter more information, please attach a separate page to the application

2. If subcontractors are used, does the **Applicant** require evidence of professional liability insurance? Yes No N/A
3. Are any of the Professional Services described in your response to Question 1. above contract specific? Yes No
- a. If the answer to Question 3. above was "Yes," please list all contract specific Professional Services:
-
4. If the service is non-contract specific, is a written contract or agreement required for each client? Yes No
If "No", please attach an explanation detailing how responsibilities are defined between the Applicant and their Client
5. Does the **Applicant** provide any services over the Internet? **If "Yes", please attach an explanation** Yes No
6. Has the **Applicant** created or amended any standard contracts or engagement/proposal letters used with clients? **If "Yes", please provide copies of such contracts or letters** Yes No
7. Describe the **Applicant's** five largest projects or jobs during the past twelve (12) months:

Client Name	Services Rendered	Annual Revenue Derived from the Project or Job



REQUESTED INSURANCE TERMS

Does the **Applicant** desire any changes to the expiring Policy limit of liability/insurance or retention? Yes No

If "Yes", please indicate the desired changes in the tables below

	(a)	(b)	(c)	(d)
Liability Coverage	Expiring Limit	Requested Limit	Expiring Retention	Requested Retention
Miscellaneous Professional Liability	\$	\$	\$	\$

Do not answer the next question, unless the Requested Limit in Column (b) exceeds the Expiring Limit in Column (a).

Solely with respect to that portion of any renewal Limit of Liability that exceeds the expiring Limit of Liability for any Liability Coverage(s), are there any facts, circumstances, or situations which could give rise to coverage under the portion of the renewal Limit of Liability that exceeds the expiring Limit of Liability? Yes No

If "Yes", please attach an explanation

Without prejudice to any other rights and remedies of the Company, any claim arising from any facts, circumstances, or situations required to be disclosed is excluded from the portion of any renewal Limit of Liability that exceeds the expiring Limit of Liability in the proposed insurance.

REQUIRED ATTACHMENTS

As part of this Application, submit the following documents with respect to the **Applicant**:

- Most recent annual financial statement

SIGNATURE

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY THE COMPANY. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

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ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Attention: Insureds in AR, CO, DC, FL, KY, LA, ME, NJ, NM, NY, OH, and OK

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(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.)

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(In Tennessee, Virginia and Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.)

Signature of Applicant's Authorized Representative (Principal, Partner or Officer)		Title:	
Name (Printed):		Date:	

SERFF Tracking Number: TRVE-125152899 *State:* Arkansas
Filing Company: Travelers Casualty and Surety Company of *State Tracking Number:* AR-PC-07-024519
America
Company Tracking Number: 2007-04-0051
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0022 Other
Product Name: WRAP+ LIA Renewal Application form filing 2007-04-0051
Project Name/Number: WRAP+ LIA Renewal Application form filing 2007-04-0051/2007-04-0051

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVE-125152899 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: AR-PC-07-024519
Company Tracking Number: 2007-04-0051
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: WRAP+ LIA Renewal Application form filing 2007-04-0051
Project Name/Number: WRAP+ LIA Renewal Application form filing 2007-04-0051/2007-04-0051

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/17/2007

Comments:

Attachments:

2007 PC NAIC Transmittal 6-3-07.pdf
NAIC Form List - Liability.pdf

Satisfied -Name: Explanatory **Review Status:** Approved 08/17/2007

Comments:

Attachment:

AR - Liability.pdf

Satisfied -Name: Response Letter **Review Status:** Approved 08/17/2007

Comments:

Attachment:

AR Liability Response .pdf

Satisfied -Name: Forms **Review Status:** Approved 08/17/2007

Comments:

Forms attached for your review.

Attachments:

Arkansas Acknowledgment.pdf
E-AR-1.pdf

Satisfied -Name: Response Letter **Review Status:** Approved 08/17/2007

Comments:

SERFF Tracking Number: TRVE-125152899 *State:* Arkansas
Filing Company: Travelers Casualty and Surety Company of *State Tracking Number:* AR-PC-07-024519
America
Company Tracking Number: 2007-04-0051
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0022 Other
Product Name: WRAP+ LIA Renewal Application form filing 2007-04-0051
Project Name/Number: WRAP+ LIA Renewal Application form filing 2007-04-0051/2007-04-0051

Attachment:

AR Liability Response2 .pdf

17. Reference Organization # & Title	N/A
18. Company's Date of Filing	May 4, 2007
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 #	2007-04-0051
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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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WRAP+ Applications
 In 2005 we introduced the WRAP+, a new modular approach wherein an insured can choose anything from a monoline coverage part to a WRAP+ multi-coverage part policy.

This filing consists of three new renewal applications that are available to all eligible policyholders. The new renewal applications replace the previously approved versions as shown on the enclosed form listing. These new applications do not have any rating impact.

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.

Effective March 1, 2007

*****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 #	2007-04-0051			
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	WRAP+ Employment Practices Liability Renewal Coverage Application	EPL-1004 Rev. 3-07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	EPL-1004 (12-05)	N/A
02	WRAP+ Fiduciary Liability Renewal Coverage Application	FRI-1003 Rev. 3-07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	FRI-1003 (12-05)	N/A
03	WRAP+ Miscellaneous Professional Liability Renewal Coverage Application	MPL-1002 Rev. 3-07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	MPL-1002 (12-05)	N/A
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		



One Tower Square, 2SHS
Hartford, CT 06183

Michelle Smith Cotto
Travelers Bond & Financial Products
One Tower Sq. 2SHS
Hartford, CT 06183
860-277-2345(phone)
866-235-4951 (fax)
msmithco@travelers.com

May 4, 2007

Honorable Mike Pickens
Commissioner of Insurance
Arkansas Insurance Dept
1200 West Third Street
Little Rock, AR 72201-1904

2007-04-0051
WRAP+ Enhancement Filing - Forms
Other Liability

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA **3548-31194** **06-0907370**

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our WRAP+ Policy, which was approved by your department on March 27, 2006 under company filing number 2005-07-0133. This filing consists of three new renewal applications that are available to all eligible policyholders. The new renewal applications replace the previously approved versions as shown on the enclosed form listing. These new applications do not have any rating impact.

WRAP+ Applications

In 2005 we introduced the WRAP+, a new modular approach wherein an insured can choose anything from a monoline coverage part to a WRAP+ multi-coverage part policy. This filing consists of renewal applications which has been designed for use with the WRAP+ product.

Enclosures and Implementation

The following are enclosed to facilitate your review:

- Form listing and final prints of each form.
- Any applicable state filing forms and fees.

We propose to implement this filing with respect to all new and renewal businesses written on or after June 3, 2007 or any earlier date allowed by state law. Should you have any questions, please feel free to call me at (860) 277-2345.

Regards,

A handwritten signature in black ink that reads "Michelle Smith Cotto". The signature is written in a cursive, slightly slanted style.

Michelle Smith Cotto



One Tower Square, 2SHS
Hartford, CT 06183

Michelle Smith Cotto

Analyst, State Filing

Phone: (860) 277-2345

Fax: (866) 235-4951

Email: msmithco@travelers.com

May 24, 2007

Edith Roberts
Senior Analyst
Arkansas Insurance Department
Property and Casualty Division
1200 West Third Street
Little Rock, AR 72201-1904

2007-04-0051

WRAP+ LIA Renewal Application Filing – Forms

Other Liability

SERFF Number: TRVE-125152899

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA 3548-31194 06-0907370

Please refer to the enclosed Arkansas exception page to the Rating Plan, which includes a rule for the minimum limit of liability for defense-within the limits.

This rule also calls for a signed acknowledgment, LIA-4034 (copy enclosed). This should address the concerns detailed in your May 9, 2007 objection letter.

Thank you for your help with this filing. Please contact me with any questions or comments. I can be reached at (860) 277-2345.

Regards,

A handwritten signature in black ink that reads "Michelle Smith Cotto".

Michelle Smith Cotto

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARKANSAS ACKNOWLEDGMENT

This endorsement modifies insurance provided under the following:

Liability Coverages

The **Named Insured** acknowledges that the applicable limit of liability shall be reduced, and may be completely exhausted, by **Defense Expenses**. In no event shall the Company be obligated to make any payment with regard to a **Claim** or to defend or continue to defend, or to pay **Defense Expenses**, after the applicable Limit of Liability has been exhausted by payment or tender of payment with regard to **Defense Expenses** or **Losses**.

Accepted By:

Signature on behalf of the **Named Insured**

Printed Name

Date

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above mentioned Policy, except as expressly stated herein. This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations and this endorsement is part of such Policy and incorporated therein.

Arkansas

1. Defense within the limit of liability requires minimum \$500,000 limit of liability and signed acknowledgment form LIA-4034 (07-05).



One Tower Square, 2SHS
Hartford, CT 06183

Michelle Smith Cotto
Travelers Bond and Financial Products
Phone: (860) 277-2345
Fax: (866) 235-4951
Email: msmithco@travelers.com

June 28, 2007

Edith Roberts
Senior Analyst
Arkansas Insurance Department
Property and Casualty Division
1200 West Third Street
Little Rock, AR 72201-1904

2007-04-0051
WRAP+ LIA Renewal Application Filing – Forms
Other Liability
SERFF Number: TRVE-125152899

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA 3548-31194 06-0907370

Pursuant to our telephone conversation, this letter is in response to your SERFF correspondence numbered TRVE-125152899:

The Miscellaneous Professional Liability policy (“MPL”) is an Other Liability policy that covers generic professional liability for a variety of professional services providers. Some examples of the targeted classes of businesses are: real estate agents and brokers, graphic designers, travel agents, employment agencies and printers and publishers. The MPL product will not be offered for such specialized professions as Lawyers, Accountants, Architects and Medical Professionals.

Thank you for your help with this filing. Please contact me with any questions or comments. I can be reached at (860) 277-2345.

Regards,

Michelle Smith Cotto