

SERFF Tracking Number: TRVE-125249459 State: Arkansas
 Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: AR-PC-07-025735
 Company Tracking Number: 2007-07-0033
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
 Product Name: Notary Public Errors & Omissions Apps Form filing 2007-07-0033
 Project Name/Number: Notary Public Errors & Omissions Apps Form filing 2007-07-0033/2007-07-0033

Filing at a Glance

Company: Travelers Casualty and Surety Company of America

Product Name: Notary Public Errors & Omissions Apps Form filing 2007-07-0033 SERFF Tr Num: TRVE-125249459 State: Arkansas

TOI: 17.0 Other Liability - Claims Made/Occurrence

SERFF Status: Assigned

State Tr Num: AR-PC-07-025735

Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

Co Tr Num: 2007-07-0033

State Status:

Filing Type: Form

Co Status:

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

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

Disposition Date:

Date Submitted: 08/07/2007

Disposition Status:

Effective Date Requested (New): 09/06/2007

Effective Date (New):

Effective Date Requested (Renewal): 09/06/2007

Effective Date (Renewal):

General Information

Project Name: Notary Public Errors & Omissions Apps Form filing 2007- Status of Filing in Domicile: 07-0033

Project Number: 2007-07-0033

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/07/2007

State Status Changed: 08/07/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

2007-07-0033

Notary Public Errors & Omissions (E&O) Enhancement Filing - Form

Other Liability

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

Notary Public Errors & Omissions Application

In 2004 we introduced the Notary Public Errors & Omissions program. It provides protection in the event that the insured commits a negligent act or makes an error or omission while acting as a notary. If the error or omission causes a loss to a customer and the insured is legally obligated to pay for that loss, the E&O policy coverage responds. This filing consists of an application which has been designed for use with the product.

Company and Contact

Filing Contact Information

Michelle Smith Cotto, Regulatory Analyst MSMITHCO@travelers.com
 One Tower Square (860) 277-2345 [Phone]
 Hartford, CT 06183 (860) 277-3937[FAX]

Filing Company Information

Travelers Casualty and Surety Company of America CoCode: 31194 State of Domicile: Connecticut
 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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Travelers Casualty and Surety Company of	\$50.00	08/07/2007	14990080

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America
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America

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
	Travelers Bond Express Notary Errors & Omissions Application	59163	Ed. 6-07	Application/ New Binder/Enrollment		0.00	59163.pdf

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. 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.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK (Non Auto): 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

PUERTO RICO FRAUD WARNING: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

TENNESSEE (Non WC): 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.

VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

VIRGINIA: 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.

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.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and civil penalties. Not applicable in Nebraska.

YOUR SIGNATURE AND AUTHORIZATION

The undersigned declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements set forth in the attached 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.

Applicant Signature

Date

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Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty 07/31/2007

Comments:

Attachments:

2007 PC NAIC Transmittal (generic) (2).pdf
2007 NAIC Form List.pdf

Review Status:

Satisfied -Name: Cover Letter 08/07/2007

Comments:

Attachment:

AR Notary Public Errors & Omissions Letters(2).pdf

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	2007-07-0033
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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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2007-07-0033

Notary Public Errors & Omissions ("E&O") Enhancement Filing - Form

Other Liability

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

3548-31194 06-0907370

Notary Public Errors & Omissions Application

In 2004 we introduced the Notary Public Errors & Omissions program. It provides protection in the event that the insured commits a negligent act or makes an error or omission while acting as a notary. If the error or omission causes a loss to a customer and the insured is legally obligated to pay for that loss, the E&O policy coverage responds. This filing consists of an application which has been designed for use with the product.

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]
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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 #	2007-07-0033			
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	Travelers Bond Express Notary Errors & Omissions Application	59163 Ed. 6-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		



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

August 7, 2007

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

2007-07-0033

**Notary Public Errors & Omissions (“E&O”) Enhancement Filing - Form
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 Notary Public Errors & Omissions Policy, which was approved by your department on October 1, 2004 under company filing number 2004-3-MC-325. This filing consists of a new application that is available to all eligible policyholders. This new application does not have any rating impact.

Notary Public Errors & Omissions Application

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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 effective on or after September 6, 2007 or any earlier date allowed by state law. Should you have any questions, please feel free to call me at (860) 277-2345.

Sincerely,

Michelle Smith Cotto