

SERFF Tracking Number: HART-125412483 State: Arkansas
 First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: #? \$?
 Company Tracking Number: FF.13.001.2007.02
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: Exclusion - Patient Care
 Project Name/Number: Other Liability/FF.13.001.2007.02

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 Accident and Indemnity Company, Hartford Fire Insurance Company

Product Name: Exclusion - Patient Care SERFF Tr Num: HART-125412483 State: Arkansas
 TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #? \$?
 Made/Occurrence
 Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: FF.13.001.2007.02 State Status: Withdrawn-Closed
 Filing Type: Form Co Status: Initial Filing Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
 Authors: Jane Croucher, Joyce Driscoll, Claire Dubord, Marilu Gonzalez, Mary Welch Disposition Date: 01/31/2008
 Date Submitted: 01/09/2008 Disposition Status: Withdrawn
 Effective Date Requested (New): 04/05/2008 Effective Date (New):
 Effective Date Requested (Renewal): 04/05/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Other Liability Status of Filing in Domicile:
 Project Number: FF.13.001.2007.02 Domicile Status Comments:
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 01/31/2008
 State Status Changed: 01/31/2008 Deemer Date:
 Corresponding Filing Tracking Number:
 Filing Description:
 We are withdrawing Form HC 21 04 06 00 Exclusion - Patient Care as described in the Explanatory Memorandum prepared by Doreen Scott.

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Company and Contact

Filing Contact Information

Joyce Driscoll, Filing Analyst joyce.driscoll@thehartford.com
 690 Asylum Avenue (860) 547-3468 [Phone]
 Hartford, CT 06055 (860) 547-5941[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	CoCode: 37478	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: 06-1008026	

Hartford Underwriters Insurance Company	CoCode: 30104	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	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	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	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	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0732738	

Hartford Accident and Indemnity Company	CoCode: 22357	State of Domicile: Connecticut
690 Asylum Ave	Group Code: 91	Company Type: Property

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Hartford, CT 06115 Group Name: State ID Number:
(860) 547-5000 ext. [Phone] FEIN Number: 06-0383030

Hartford Fire Insurance Company CoCode: 19682 State of Domicile: Connecticut
Hartford Plaza Group Code: 91 Company Type:

690 Asylum Avenue
Hartford, CT 06115 Group Name: State ID Number:
(860) 547-5000 ext. [Phone] FEIN Number: 06-0383750

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Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Casualty Insurance Company	\$0.00	01/09/2008	
Hartford Insurance Company of the Midwest	\$0.00	01/09/2008	
Hartford Underwriters Insurance Company	\$0.00	01/09/2008	
Property and Casualty Insurance Company of Hartford	\$0.00	01/09/2008	
Twin City Fire Insurance Company	\$0.00	01/09/2008	
Hartford Accident and Indemnity Company	\$0.00	01/09/2008	
Hartford Fire Insurance Company	\$0.00	01/09/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Edith Roberts	01/31/2008	01/31/2008

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Disposition

Disposition Date: 01/31/2008

Effective Date (New):

Effective Date (Renewal):

Status: Withdrawn

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	Withdrawn	Yes
Supporting Document	Explanatory Memorandum	Withdrawn	Yes
Form	Exclusion - Patient Care	Withdrawn	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Withdrawn	Exclusion - Patient Care	HC 21 04 06 00		Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:		HC 21 04 06 00 WD.pdf



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - PATIENT CARE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This insurance does not apply to "bodily injury", "personal and advertising injury" or "property damage" to the person or property of any "patient", "resident" or any other person if the injury to such person arises directly or indirectly, out of the rendering of or failure to render professional services or medical services or out of the ownership, use, or operation of medical equipment.

This exclusion does not apply if the "occurrence" arises out of fire, lightning, windstorm, hail, explosion, riot, civil commotion, smoke, vandalism, malicious mischief or collapse of buildings.

As used in this endorsement:

"Patient" means a natural person who seeks or receives any form of medical care provided from any "insured" either on an inpatient, outpatient, emergency or any other basis.

"Resident" means any natural person living at an insured location on a regular or full-time basis.

Professional Services includes any administrative or ministerial or supervised activity directly or indirectly related to the rendering of or the failure to render the professional service.

WITHDRAWN

SERFF Tracking Number: *HART-125412483* *State:* *Arkansas*
First Filing Company: *Hartford Casualty Insurance Company, ...* *State Tracking Number:* *#? \$?*
Company Tracking Number: *FF.13.001.2007.02*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Exclusion - Patient Care*
Project Name/Number: *Other Liability/FF.13.001.2007.02*

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Withdrawn 01/31/2008

Comments:

Attached are the Uniform Transmittal Document and the Form Filing Schedule.

Attachments:

AR PC-TD-1.pdf
AR PC-FFS-1.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Withdrawn 01/31/2008

Comments:

Attached is the Explanatory Memorandum.

Attachment:

Health Care 07-08 EM.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 #
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.13.001.2007.02
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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
	Mary M. Welch				
	Hartford Plaza, Hartford, CT 06115		860-547-4155	860-547-	@TheHartford.com

7. Signature of authorized filer	<i>Mary M. Welch</i>
8. Please print name of authorized filer	Mary M. Welch

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

9. Type of Insurance (TOI)	17.0000
10. Sub-Type of Insurance (Sub-TOI)	17.0001
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input checked="" type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 4/5/08 Renewal: 4/5/08
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	January 9, 2008
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—

ARKANSAS

20. This filing transmittal is part of Company Tracking #	FF.13.001.2007.02
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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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Withdrawal of form HC 21 04 06 00

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 #: n/a
Amount: n/a

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 #	FF.13.001.2007.02			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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 - Patient Care	HC 21 04 06 00	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	n/a	
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		

EXPLANATORY MEMORANDUM

FF.13.001.2007.02, Form Withdrawal

HC 21 04 06 00, Patient Care Exclusion

The purpose of this filing is to obsolete the Patient Care Exclusion, form HC 21 04 06 00. This form was filed to be used in conjunction with the ISO professional exclusion, CG 22 44, Exclusion - Services Furnished by Health Care Providers to eliminate certain gray areas of professional liability. We have decided to obsolete this form, and rely upon the ISO professional exclusion to eliminate the exposure.

Doreen Scott
AR&PD - Commercial Lines
December 20, 2007