

SERFF Tracking Number: CHUB-125903470 State: Arkansas
Filing Company: Federal Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: DO AR0046510F01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability
Product Name: ForeFront Portfolio For Not-For-Profit Organizations
Project Name/Number: FFP NFP/465

Filing at a Glance

Company: Federal Insurance Company

Product Name: ForeFront Portfolio For Not-For- SERFF Tr Num: CHUB-125903470 State: Arkansas

Profit Organizations

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0006 Directors & Officers Liability Co Tr Num: DO AR0046510F01 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts

Authors: Donna Daigle, Desirae Disposition Date: 11/24/2008

Bartlett, Debra West, Christina

Cresenzi

Date Submitted: 11/24/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: FFP NFP

Status of Filing in Domicile: Pending

Project Number: 465

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 11/24/2008

State Status Changed: 11/24/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In accordance with the laws of the State of Arkansas, we are filing the enclosed application applicable to the above product. This product was approved by the Department effective June 20, 2005 under our filing designation number DO AR0024210F01.

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Company and Contact

Filing Contact Information

Desirae Bartlett, dbartlett@chubb.com
 82 Hopmeadow Street (860) 408-2172 [Phone]
 Simsbury, CT 06070-7683 (860) 408-2047[FAX]

Filing Company Information

Federal Insurance Company CoCode: 20281 State of Domicile: Indiana
 202 Hall's Mill Road Group Code: 38 Company Type:
 P.O. Box 1650
 Whitehouse Station, NJ 08889-1650 Group Name: State ID Number:
 (908) 572-4422 ext. [Phone] FEIN Number: 13-1963496

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federal Insurance Company	\$50.00	11/24/2008	24112906

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/24/2008	11/24/2008

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Disposition

Disposition Date: 11/24/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CHUB-125903470 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Filing Schedule	Approved	Yes
Form	ForeFront PortfolioSM For Not-for-Profit Organizations Application for ProLiteracy America Program	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	ForeFront PortfolioSM For Not-for-Profit Organizations Application for ProLiteracy America Program	14-03-0998	11/2008	Application/New Binder/Enrollment		0.00	14-03-0998.pdf



PROLITERACY
Worldwide



BY COMPLETING THIS APPLICATION THE APPLICANT IS APPLYING
FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")

NOTICE: THE LIABILITY COVERAGE SECTIONS OF FOREFRONT PORTFOLIOSM FOR NOT-FOR-PROFIT ORGANIZATIONS, PROLITERACY AMERICAN PROGRAM, PROVIDE CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD", OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS", AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS:

- Whenever used in this Application, the term "**Applicant**" means the Organization applying for this insurance and all of its subsidiaries, unless otherwise stated.
- Include all requested underwriting information and attachments.

I. REQUESTED COVERAGE:

Coverage Sections Requested	Limit of Liability Requested
<input type="checkbox"/> Directors & Officers Liability and Entity Liability and Employment Practices Liability	<input type="checkbox"/> \$1,000,000 or <input type="checkbox"/> \$2,000,000

II. GENERAL INFORMATION:

- Name of **Applicant**: _____
- Applicant's** Principal Address: _____
City: _____ State: _____ Zip Code: _____
- State of incorporation: _____ Date established: _____ Web site address: _____
- Executive officer authorized to receive notices and information regarding the proposed policy:
Name: _____ Title: _____
Contact's e-mail address: _____ Phone: _____ Fax: _____
- Nature of the **Applicant's** business: _____
- Does the **Applicant** now have recognized tax-exempt status under the U.S. Internal Revenue Code? Yes No
 - Is the **Applicant** sponsored by or located at another organization (i.e. library, college, medical center, etc...)? Yes No
If Yes, what is the name of this organization: _____
- Does the **Applicant** have any subsidiaries or control any other entity or organization for which coverage is requested? Yes No



If Yes, please attach a description of the operations, ownership, and the tax status of each such entity.

- (b) Does the **Applicant** or any subsidiary render any professional services, including but not limited to conducting any standard setting, accrediting, credentialing or licensing activities, for others? Yes No
- (c) Does the **Applicant** sponsor any insurance programs for members? Yes No
- (d) Does the **Applicant** or any subsidiary provide any of the following services – fundraising for other organizations, publishing (other than newsletters), lobbying, or tutoring (other than Literacy and Literacy Training)? Yes No

If Yes to (b) or (c) or (d) of Question 7, please describe: _____

- 8. (a) **Applicant's** most recent year end:
 Revenue: _____ Assets: _____ Liabilities: _____ Net Income: _____
- (b) Number of Compensated Employees: _____ Number of Volunteers: _____

- 9. Does the **Applicant** have written procedures in place regarding:
 - (i) Equal Opportunity Employment: Yes No
 - (ii) Anti - Discrimination: Yes No
 - (iii) Anti - Sexual Harassment: Yes No

If No to any of the above, please attach a full explanation.

- 10. In the next 12 months (or during the past 18 months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing):
 - (a) Any reorganization or arrangement with creditors under federal or state law? Yes No
 - (b) Any branch, location, facility, or office closings, consolidations or layoffs? Yes No

If Yes to any part of Question 10, please attach an explanation to this Application.

- 11. Has the **Applicant** or any person proposed for coverage been the subject of, or involved in, any of the following in the past five years:
 - (a) Anti-trust, copyright or patent litigation? Yes No
 - (b) Any criminal actions? Yes No
 - (c) EEOC, NLRB or other similar administrative proceeding? Yes No
 - (d) Employment-related civil suit? Yes No
 - (e) Any action or civil suit brought against it by a customer, client, vendor, supplier or third party alleging sexual harassment, discrimination or civil rights violations? Yes No

If Yes to any of the above, attach a full description of the details.

- 12. Other than those identified in your response to Question 11, has any claim been brought at any time during the last 5 years against: (i) any **Applicant** or (ii) any proposed insured individual in his or her capacity as a director, officer or trustee of any entity? Yes No

If Yes, please attach a full description of the details.

III. PRIOR INSURANCE:

- 1. Please complete the chart below:
 - Indicate those coverages currently purchased; and
 - Attach a copy of all applications submitted to the current insurer or any prior insurers:

<u>Liability Coverage</u>	<u>Yes</u>	<u>No</u>	<u>Insurer</u>	<u>Limit</u>	<u>Retention</u>	<u>Policy Period</u>
a. Directors & Officers And Entity Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	_____
b. Employment Practices Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	_____

- 2. **IMPORTANT:** The Company will be relying upon the declarations and statements contained in such prior application(s) and the **Applicant** understands and agrees those declarations and statements shall be considered to be incorporated in, and form part of any policy issued by the Company.



IV. PRIOR KNOWLEDGE:

The **Applicant** must complete the Prior Knowledge Statement below:

- If the **Applicant** answered "No" to any Liability Coverage listed above; or
- If the **Applicant** is requesting larger limits in Section I, REQUESTED COVERAGE, than are currently purchased as indicated in Item III (1) of this Application.

The **Applicant** understands and agrees the Prior Knowledge Statement below applies to those liability coverage types for which no coverage is currently maintained; and to those liability coverages for which the **Applicant** is requesting limits of liability greater than currently maintained.

PRIOR KNOWLEDGE STATEMENT: No person or entity proposed for coverage is aware of any fact, circumstance or situation which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed liability coverages for which the **Applicant** does not currently maintain insurance, or within any of the larger limits of liability sought by the **Applicant**, except: None or _____

Without prejudice to any other rights and remedies of the Company, the **Applicant** understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above, any claim or action arising from any such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Company.

V. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

VI. DECLARATIONS, FRAUD WARNINGS AND SIGNATURE:

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

The undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his or her knowledge and belief, after reasonable inquiry, the statements made in this Application and in any attachments or other documents submitted with this Application are true and complete. The undersigned agrees that this Application and such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

Notice to Colorado Applicants: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Notice to District of Columbia Applicants: 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.



Notice to Florida Applicants: 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.

Notice to Kentucky Applicants: Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

Notice to Maine, Tennessee, Virginia and Washington Applicants: 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.

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

Notice to Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to Pennsylvania Applicants: 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.

Notice to Puerto Rico Applicants: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Notice to New York Applicants: 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.

Date	Signature*	Title
_____	_____	<u>Chief Executive Officer/Executive Director</u>

*This Application must be signed by the Chief Executive Officer or Executive Director of the Organization acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Please attach a copy of the following for every **Applicant** seeking coverage:
 Most recent CPA prepared financial statements or 990 Tax Form

Produced By:

Agent (Print & Sign): Ellen R Kulesa

Agency: Brown & Brown & Brown Empire State

Agency Taxpayer ID or SS No.: 58-1510477 Agent License No.: PC-943612

Address: 500 Plum St., Suite 200

City: Syracuse State: NY Zip: 13204

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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:** Approved 11/24/2008

Comments:

Attachment:

AR P&C trans.pdf

Satisfied -Name: Form Filing Schedule **Review Status:** Approved 11/24/2008

Comments:

Attachment:

AR 465 ffs.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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Chubb Group of Insurance Companies	0038

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Federal Insurance Company	IN	20281	13-1963496	

5. Company Tracking Number	DO AR0046510F01
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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
	Desirae Bartlett 82 Hopmeadow St., P.O. Box 2002 Simsbury CT 06070-7683	Support Specialist	800-464-7965 x 2172	860-408-2047	dbartlett@chubb.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Desirae Bartlett		

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

9.	Type of Insurance (TOI)	17.0
10.	Sub-Type of Insurance (Sub-TOI)	17.0006
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	Commercial
12.	Company Program Title (Marketing Title)	ForeFront Portfolio for Not-For-Profit Organizations
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: 12/29/2008 Renewal: 12/29/2008
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	November 24, 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

20.	This filing transmittal is part of Company Tracking #	DO AR0046510F01
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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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We are filing this additional application to be used in conjunction with our ForeFront Portfolio for Not-For-Profit Organizations 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]
	Check #: Funds submitted via EFT Amount: \$50.00
	Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to 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 #	DO AR0046510F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	n/a
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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	ForeFront Portfolio SM For Not-for-Profit Organizations Application for ProLiteracy America Program	14-03-0998 (11/2008)	<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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		