

SERFF Tracking Number: CAPC-125928291 State: Arkansas
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50
Company Tracking Number: 08-LIAB-FO-CW-138
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Limited Coverage - Pesticide or Herbicide Applicator - Form
Project Name/Number: Limited Coverage - Pesticide or Herbicide Applicator - Form/08-LIAB-FO-CW-138

Filing at a Glance

Company: Capitol Indemnity Corporation

Product Name: Limited Coverage - Pesticide or Herbicide Applicator - Form SERFF Tr Num: CAPC-125928291 State: Arkansas

Herbicide Applicator - Form

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: 08-LIAB-FO-CW-138 State Status: Fees verified and received

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

Author: Amanda Mullen Disposition Date: 12/23/2008

Date Submitted: 12/08/2008 Disposition Status: Approved

Effective Date Requested (New): 04/01/2009

Effective Date Requested (Renewal): 06/01/2009

State Filing Description:

General Information

Project Name: Limited Coverage - Pesticide or Herbicide Applicator - Form Status of Filing in Domicile: Authorized

Project Number: 08-LIAB-FO-CW-138

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/23/2008

State Status Changed: 12/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: Limited Coverage – Pesticide or Herbicide Applicator CGL 335 (12-08)

File Number: 08-LIAB-FO-CW-138

Effective Date: 04/01/2009 new, 06/01/2009 renewal

Company NAIC Number: 10472

FEIN: 39-0971527

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We are submitting for your review and approval the endorsement Limited Coverage – Pesticide or Herbicide Applicator CGL 335 (12-08).

In an effort to offer limited Pesticide or Herbicide Applicator coverage to our policyholder when the ISO classification and rate does not include the coverage, Capitol Indemnity Corporation is proposing to introduce a Sublimit of Insurance Limited Coverage – Pesticide or Herbicide Applicator coverage endorsement with a deductible of \$500. Premium for this Limited Coverage – Pesticide or Herbicide Applicator – including a deductible – will be a flat charge per policy.

Thank you for your time and consideration in the approval of this filing.

Company and Contact

Filing Contact Information

Amanda Mullen, akmullen@capitolindemnity.com
 PO Box 5900 (608) 829-4839 [Phone]
 Madison, WI 53705 (608) 829-7402[FAX]

Filing Company Information

Capitol Indemnity Corporation CoCode: 10472 State of Domicile: Wisconsin
 PO Box 5900 Group Code: 501 Company Type:
 Madison, WI 53705 Group Name: State ID Number:
 (608) 829-4200 ext. [Phone] FEIN Number: 39-0971527

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Forms filing - \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Capitol Indemnity Corporation	\$50.00	12/08/2008	24381020

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/23/2008	12/23/2008

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Disposition

Disposition Date: 12/23/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CAPC-125928291 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Limited Coverage - Pesticide or Herbicide Applicator	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Limited Coverage - Pesticide or Herbicide Applicator	CGL 335	(12-08)	Endorsement/Amendment/Conditions	New	0.00	CGL335 (12-08) Limited Coverage Pesticide or Herbicide.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIMITED COVERAGE - PESTICIDE OR HERBICIDE APPLICATOR

This endorsement modifies insurance under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

SUBLIMITS OF INSURANCE

Applicator Per Occurrence Sublimit:	<u>\$ 100,000</u>
Applicator Aggregate Sublimit:	<u>\$ 200,000</u>
Applicator Deductible Per Occurrence	<u>\$ 500</u>

<p>Description Of Operations:</p> <p>Spraying or applying herbicides or pesticides in caring for lawns, shrubs, trees or plants under your care.</p>
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(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. The following Limited Coverage – Pesticide or Herbicide Applicator, is added to Section I – Coverages:

in the payment of judgments or settlements under **Limited Coverage - Pesticide or Herbicide Applicator.**

1. Insuring Agreement

We will pay those sums the Named Insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" arising out of the operations described in the Schedule. We will have the right and duty to defend the Named Insured against any "suit" seeking those damages. However, we will have no duty to defend the Named Insured against any "suit" seeking damages to which this **Limited Coverage - Pesticide or Herbicide Applicator** does not apply.

We may, at our discretion, investigate any "occurrence" and settle any claim or "suit" that may result. But:

- (1) The amount we will pay for damages is limited as described in **Sublimits Of Insurance** on this endorsement; and
- (2) Our right and duty to defend end when we have used up the applicable **Sublimits of Insurance**

No other obligation or liability to pay sums or perform acts or services is covered.

b. This insurance applies to "bodily injury" or "property damage" arising out of the operations described in the Schedule only if:

- (1) The "occurrence" takes place in the "coverage territory";
- (2) The "occurrence" first occurs during the policy period; and
- (3) Prior to the policy period, no person knew that the "bodily injury" or "property damage" had occurred, in whole or in part. If any person knew, prior to the policy period, that the "bodily injury" or "property damage" occurred, then any continuation, change or resumption of such "bodily injury" or "property damage" during or after the policy period will be deemed to have been known prior to the policy period.

c. "Bodily injury" or "property damage" which occurs during the policy period and was not, prior to the policy period, known to

have occurred by any person, includes any continuation, change or resumption of that "bodily injury" or "property damage" after the end of the policy period.

- d. "Bodily injury" or "property damage" will be deemed to have been known to have occurred at the earliest time when any person:
 - (1) Reports all, or any part, of the "bodily injury" or "property damage" to us or any other insurer;
 - (2) Gives or receives a written or verbal demand or claim for damages because of the "bodily injury" or "property damage"; or
 - (3) Becomes aware by any other means that "bodily injury" or "property damage" has occurred or has begun to occur.
- e. Damages because of "bodily injury" include damages claimed by any person or organization for care, loss of services or death resulting at any time.

This **Limited Coverage - Pesticide or Herbicide Applicator** is subject to all endorsements to the Commercial General Liability Coverage Part.

B. The following are added to Section I – Coverages, Coverage A, Bodily Injury and Property Damage Liability, 2. Exclusions:

This insurance does not apply to:

1. Pre-existing Damages

"Bodily injury" or "property damage" arising out of the operations described in the schedule that first took place prior to the current policy period, even if the damages took place during more than one policy period.

2. Other Operations

"Bodily injury" or "property damage" arising out of operations other than those described in the schedule.

3. Violation of Law or Regulation

"Bodily injury" or "property damage" arising out of any actual or alleged violations of any federal, state, or local statute, ordinance, regulation, or licensing requirement with regard to the operations described in the schedule.

C. The following Sublimit provision is added to Section III – Limits of Insurance:

1. Sublimits of Insurance

- a. The Sublimits of Insurance shown in the Schedule and the rules below fix the most we will pay for the operations described in the schedule regardless of the number of:
 - (1) Insureds;
 - (2) Claims made or "suits" brought; or
 - (3) Persons or organizations making claims or bringing "suits."

The most we will pay for damages for a single occurrence arising out of the operations described in the schedule is the Applicator Per Occurrence Sublimit shown in the Schedule on **Limited Coverage - Pesticide or Herbicide Applicator**.

- b. The Applicator Aggregate Sublimit shown in the Schedule on **Limited Coverage - Pesticide or Herbicide Applicator** is the most we will pay for the sum of all damages because of all claims arising out of the operations described in the schedule. If a claim or "suit" arises out of the operations described in the schedule, and more than one "policy period" issued by us may apply, then the limits of coverage for any such claim or "suit" shall not exceed the highest applicable sublimit of insurance under **Limited Coverage - Pesticide or Herbicide Applicator** for any single "policy period".
- c. The insured is obligated to pay the Applicator Deductible Per Occurrence amount as shown in the Schedule on **Limited Coverage - Pesticide or Herbicide Applicator**.
- d. We will not pay any claims for damages arising out of the operations described in the schedule after the applicable Sublimit under **Limited Coverage - Pesticide or Herbicide Applicator** has been exhausted by payment of judgments or settlements.

D. Section III – Limits of Insurance, Paragraph 2. is deleted in its entirety and replaced by the following:

2. The General Aggregate Limit is the most we will pay for the sum of:
 - a. Medical expenses under Coverage C;
 - b. Damages under Coverage A, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard";

Damages under Coverage B; and

- c. Damages under Limited Coverage - Pesticide or Herbicide Applicator.

E. The following is added to Section V – Definitions:

- a. "Policy period" means the period from the effective date of the policy to its expiration, cancellation or termination. If the policy issued under the original policy period is renewed, then the date of the renewal shall begin the new policy period.

This endorsement does not modify any other provision of the policy.

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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 12/23/2008

Comments:

Attachment:

AR Pest Trans Doc.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: 60%; 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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
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 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: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input 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		

PC FFS-1