Filing at a Glance

Company: Continental Casualty Company

Product Name: Real Estate Professional Errors & Omissions Program	SERFF Tr Num: CNAC-125876971	State: Arkansas
TOI: 17.0 Other Liability-Occ/Claims Made	SERFF Status: Closed	State Tr Num: EFT $100
Sub-TOI: 17.0019 Professional Errors & Omissions Liability	Co Tr Num: 08-R2249	State Status: Fees verified and received
Filing Type: Rate/Rule	Co Status:	Reviewer(s): Edith Roberts, Brittany Yielding
	Author: John Lockhart	Disposition Date: 12/03/2008
	Date Submitted: 11/13/2008	Disposition Status: Filed
Effective Date Requested (New): 12/01/2008		Effective Date (New):
Effective Date Requested (Renewal): 12/01/2008		Effective Date (Renewal):

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number: 2008R2249	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/03/2008	
State Status Changed: 11/21/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Rates/Rules associated with Discrimination and Employment Practice Liability Claims Limits of Liability Endorsement for use with the Real Estate Professionals Errors & Omissions Program

Company and Contact

Filing Contact Information

John Lockhart, Regulatory Filings Technician
40 Wall Street
New York, NY 10005
john.lockhart@cna.com
(877) 269-3277 [Phone]
(212) 440-2877[FAX]

Filing Company Information

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
40 Wall Street	Group Code: 218	Company Type:
9th Floor		
New York, NY 10005	Group Name:	State ID Number:
(212) 440-3478 ext. [Phone]	FEIN Number: 36-2114545	

Filing Fees

Fee Required?	Yes
Fee Amount:	$100.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Casualty Company	$100.00	11/13/2008	23900997

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	$0.00	

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	12/03/2008	12/03/2008

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	11/21/2008	11/21/2008	John Lockhart	11/25/2008	11/25/2008

Disposition

Disposition Date: 12/03/2008
Effective Date (New):
Effective Date (Renewal):
Status: Filed
Comment:

Company Name:	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Premium:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**	**Overall % Indicated Change:**
Continental Casualty Company	0.000%	$0	0	$483,554	0.000%	0.000%	0.000%

SERFF Tracking Number:	*CNAC-125876971*	*State:*	*Arkansas*
Filing Company:	*Continental Casualty Company*	*State Tracking Number:*	*EFT $100*
Company Tracking Number:	*08-R2249*		
TOI:	*17.0 Other Liability-Occ/Claims Made*	*Sub-TOI:*	*17.0019 Professional Errors & Omissions Liability*
Product Name:	*Real Estate Professional Errors & Omissions Program*		
Project Name/Number:	*/2008R2249*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Rate	Real Estate Professionals E&O Product Manual	Filed	Yes
Rate *(revised)*	Arkansas State Pages	Filed	Yes
Rate	Arkansas State Pages	Filed	Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/21/2008
Submitted Date	11/21/2008
Respond By Date	

Dear John Lockhart,

This will acknowledge receipt of the captioned filing.

Please refer to Page REA-9 which states "D. Claims Expense Inside the Limits of Liability For Limits of Liability equal to $2M or less, this endorsement may be attached. This will amend coverage to provide that claims expenses are included within the limits of liability. A 7.5% credit will be applied for attachment of this endorsement for limits of $2M or less."

And, also please refer to AR Exceptions, page REA-AR-1, A. Mandatory Endorsements: G-129872-B03 Claim Expenses Outside the Limits with separate claim expenses limit -
Arkansas (to be attached only when the limits of liability are $3,000,000 or more.

This must be amended to comply with AR AID Order 2007-046. No policy with limits of less than $1ml may contain defense within the limits of liability. The above mentioned provision and also state exception does not correct this and does not amend to comply with the Order 2007-046.

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

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/25/2008
Submitted Date	11/25/2008

Dear Edith Roberts,

Comments:

Response 1

Comments: We acknowledge your Objection Letter dated November 21, 2008. Please note our following response to the issue you raised.

Our policy is written on a claim expenses outside the limits basis. Claim expenses are in addition to the limits of liability for limits up to and including the $2,000,000 limit of liability. At the $3,000,000 limit of liability and over claim expenses continue to be in addition to the limit of liability stated on the Declaration but they are subject to a separate claim expenses limit equal to 100% of the “per claim” and “aggregate” limits of liability for damages stated on the Declarations. To accomplish this we will attach Form G-129872-B03 to any policy with limits of liability of $3,000,000 or more.

In addition, to avoid any confusion we have removed the rule entitled "Claim Expense Inside the Limits of Liability" on page REA-9. Please see Rule B.2. on the Arkansas State Pages (11/08), which replace any earlier editions, for details.

Thank you for your continued review.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	**Rule # or Page #**	**Rate Action**	**Previous State Filing #**
Arkansas State Pages	REA-AR-1 to 2	Replacement	AR-PC-06-020469
Previous Version			
Arkansas State Pages	*REA-AR-1 to 2*	*Replacement*	*AR-PC-06-020469*

Sincerely,
John Lockhart

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	-8.300%
Effective Date of Last Rate Revision:	07/25/2006
Filing Method of Last Filing:	Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Continental Casualty Company	0.000%	0.000%	$0	0	$483,554	0.000%	0.000%

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Filed	Real Estate Professionals E&O Product Manual	REA-1 to 10	Replacement	AR-PC-06-020469	2008 RE Countrywide filing manual 7-08.pdf
Filed	Arkansas State Pages	REA-AR-1 to 2	Replacement	AR-PC-06-020469	AR-statepage 11-08.pdf

CONTINENTAL CASUALTY COMPANY
CNA PLAZA
CHICAGO, ILLINOIS 60685

REAL ESTATE PROFESSIONALS E&O PRODUCT MANUAL

I. Application of Manual

This manual provides rules, rates, premiums and classifications for the Real Estate Professionals E&O program. This claims made policy provides coverage arising from negligent acts and omissions of insureds related to their real estate activities.

II. Premium Computation

A. Compute the premium at policy inception using the rules, rates and rating plans in effect at that time. At each renewal, compute the premium using the rules, rates and rating plans then in effect.

B. Prorate the premium when a policy is issued for other than a whole year.

III. Policy Term

All premiums and rates contained in this manual are annual, unless otherwise specifically identified. Each renewal or anniversary premium shall be computed according to the then current rules, rates and forms.

IV. Whole Dollar Rule

In the event the application of any rating procedure applicable in accordance with this manual where the result is not a whole dollar, each rate and premium shall be adjusted as follows:

A. any amount involving $.50 or over shall be rounded to the next highest whole dollar amount;

B. any amount involving $.49 or less shall be rounded down to the next lowest whole dollar amount.

V. Additional Premium Charges

A. Prorate all changes requiring additional premium.

B. Apply the rates and rules that were in effect at the inception of this policy period. After computing the additional premium, charge the amount applicable from the effective date of the change, even if the policy inception premium was less than the policy writing minimum premium.

VI. Return Premium

A. Deletion of any coverage, other than optional coverages, is not permitted unless the entire policy is canceled.

B. Compute return premium at the rates used to calculate the policy premium at the inception of this policy period.

C. Compute return premium pro rata and round in accordance with the Whole Dollar Rule when any coverage or exposure is deleted or an amount of insurance is reduced.

VII. Policy Cancellations

A. Compute return premium pro rata in accordance with the Whole Dollar Rule using the rules, rates and rating plans in effect at the inception of this policy period when:

1. the policy is canceled at the Company's request;
2. the insured no longer has a financial or an insurable interest in the property or operation that is the subject of insurance;
3. a policy is canceled and rewritten in the same Company or Company group.

B. If cancellation is for any other reason than stated in A.1. above, compute the return premium at .90 of the pro rata unearned premium for the one year period and round in accordance with the Whole Dollar Rule.

VIII. Restrictions of Coverage or Increased Rate

Subject to individual State Regulations, policies may be issued with special restrictions or at increased premium if:

A. the insured agrees in writing; and

B. the policy would not be written otherwise.

IX. Premium Payment Plan

The Company may, at its discretion, offer to the named insured various premium payment options.

X. Limits of Liability

A. Basic Limits: $250,000 each claim
$250,000 aggregate

B. Increased Limits: Refer to the state pages for available increased limits and factors

XI. Deductibles

All policies written are subject to a minimum deductible. Minimum requirement and optional deductibles are included in the state pages.

XII. Policywriting Minimum Premium

The minimum modified basic limits premium shall be $500 per annual or lesser period.

XIII. Extended Reporting Period

A. Automatic Extended Reporting Period
There is no additional premium charge for this coverage

B. Optional Extended Reporting Period

1. The additional premium for the optional extended reporting period shall be based on the rates for such coverage in effect on the date the Policy was issued or last renewed.

   Available Extended Reporting options are as follows:

3 Year	200% of premium
2 Year	175% of premium
Unlimited	250% of premium

XIV. Calculation of Premium

A. The rating base for Real Estate Errors and Omissions Liability Coverage is gross commission and fee income for professional services. The minimum gross income per real estate licensee, for rating purposes will be $25,000.

B. The premium shall be computed in the following manner:

1. Determine gross commission and fee income.

2. Separate gross commission/fee income into allocation within each ratable commission category below.*

3. Determine adjusted gross commission/fee income by multiplying each allocation by the applicable ratable percentage as shown below.*

4. Determine base premium by multiplying rates per $1,000 as shown on the state pages, by the amount of adjusted gross commission/fee income (in thousands) from the ratable gross income levels also shown on the respective state pages.

5. Determine modified base premium by multiplying the base premium by any applicable premium factors from Section XV. Compare this premium to the minimum premium shown in Section XII. If the premium is less than the minimum premium, use the minimum premium. This is the modified base premium.

6. Add applicable Increased Limits and Deductible factors together and multiply this combined factor by the modified base premium.

7. Determine Final Premium by adding the premium for any selected optional coverages from Section XVIII. to the premium resulting from step 6. above. This is the final premium.

*COMMISSION/FEE INCOME FROM:	RATABLE AMOUNT:
1. Residential Real Estate Sales	100%
2. Farm and/or Ranch Sales	200%
3. Commercial/Industrial and/or Income Property Sales	150%
4. Real Estate Leasing (Property NOT Managed)	150%
5. Real Estate Counseling/Consulting	200%
6. (a) Real Estate Appraising-Residential	175%
(b) Real Estate Appraising-Commercial	225%
7. Property Management Services	250%
8. Business Opportunities Sales	225%

If the information necessary to compute the premium on this basis is not readily available, premium may be computed by use of data with respect to size of applicant's staff, number of sales, or dollar volume of sales by converting the rates to such alternate basis. All available information that relates to the correlation of these rating bases shall be used.

XV. Premium Modification

The exposures inherent in individual real estate risks vary over a wide range. To recognize these and other factors peculiar to a particular real estate practice, it shall be permissible to apply a debit or credit to the rate and premium otherwise developed, dependent upon the underwriter's overall evaluation of the risk.

A. Loss Experience Modification

The total loss experience modification shall be determined by adding the resulting credits or debits from Parts 1 and 2 below:

Part 1: EXPERIENCE RATING

NOTE: The experience period shall be limited to a maximum of six years. Debits and credits shown are stated as maximum.

EXPERIENCE PERIOD LOSS RATIO	*DEBIT	CREDIT
30% or less	0%	15%
31-40%	0%	10%
41-60%	0%	0%
61-70%	20%	0%
71-80%	30%	0%
81-90%	40%	0%
91-100%	50%	0%
101 and over	Refer to Company	0%

*Debits for loss ratios will only apply to accounts which would otherwise generate at least $2,500 in firm's basic annual limits premium before the application of any modifications.

Part 2: LONGEVITY CREDIT

(i) A 5% credit will be available for firms which have been continuously insured in the program for three (3) years with incurred to date total limit loss and ALAE ratios of 60% or less

-OR-

(ii) A 10% credit will be available for firms which have been continuously insured in the program for five (5) years and with incurred to date total limit loss and ALAE ratios of 60% or less or;

B. Risk Modification

MODIFICATION	DEBIT	CREDIT
1. Quality of Management, Financial Condition, Years of	0-15%	0-15%

Experience		
2. Quality, Selection, and Training of Employees	0-15%	0-15%
3. Loss Control, Data Control, Internal Loss Prevention Program	0-15%	0-25%
4. Continuing Professional Education	0-15%	0-15%
5. Use of Standard Contracts	0%	0-25%
6. Use of Home Warranty or Home Protection Plan	0%	0-25%

C. Risk Management Credit

A 10% rate credit will be available for firms which place special emphasis on continuing education and risk management activities and with incurred loss ratios of 60% or less. A single claim of $15,000 or less will not disqualify risk for credit. All available years of experience, subject to a maximum of six years, should be used to calculate the loss ratio.

Two of the following three terms must be applicable to the risk:

1. The firm must use standard contract forms approved by a local board or state professional association.

2. The firm must have in place an in-house policy/procedures manual.

3. A minimum of 75% of the firm's professionals must complete at least one the following:

   a. an approved state-level formal continuing real estate related education program designed to reduce professional liability or;

   b. an approved risk reduction seminar held at the NAR Annual Convention; or

   c. a RE/MAX risk management seminar.

D. Prior Acts Limitation Credit

Optional prior acts periods are available and provided for a credit to be applied to the premium calculation as follows:

Unlimited Prior Acts	0% credit
One year Prior Acts	10% credit
No Prior Acts	20% credit

XVI. RE/Max Risk Purchasing Group Endorsement

The policy will be modified for firms who are members of the Re/Max risk purchasing group by attachment of this endorsement. The charge for this endorsement including discrimination claims coverage limit of $250,000 shall be 3.0% of premium.

Attach endorsement G-144144-B

XVII. Optional Coverages

A. First Dollar Defense Endorsement

The policy may be modified by the attachment of this endorsement. This endorsement provides for a deductible that applies only to the payment of damages.
Premium computation for this coverage is as stated on the respective State Rate Pages.

Attach endorsement G-128414-B

B. Each Claim and in the Aggregate Deductible

The policy may be modified by the attachment of this endorsement. This endorsement amends the policy from an each claim deductible to an each claim and in the aggregate deductible. Premium computation for this coverage shall be referred to Company.

Attach endorsement G-128416-B

C. Discrimination Coverage

The policy may be modified by the election of increased limits of liability for indemnity and defense costs for claims based on or arising out of discrimination, humiliation, harassment or misconduct that includes but shall not be limited to claims based on or arising out of an individuals race, creed, color, gender, national origin, religion, disability, marital status or sexual preference. The charge for this coverage shall be the percentage of the base limits premium as listed below.

Discrimination Limits	
$100K	Included
$250K	3%,
$500K	5%,
$1M	7%,
$2M	10%

Premium charge for this endorsement is subject to a $100 minimum for limits $250k and above.

Attach endorsement G-129583-B

D. Discrimination and Employment Practice Liability Coverage

The policy may be modified by the election of increased coverage for employment practice liability coverage in addition to the coverage afforded by **G-129583-B.** The selection of this coverage endorsement will replace **G-129583-B** with endorsement **GSL2770XX.**

A. The rating base for Discrimination and Employment Practice Liability Coverage is the number of employees and independent contractors.

B. The premium shall be computed in the following manner:

1. Determine EPL ratable count: EPL ratable = number of full time agents + (number of part-time agents * .5) + number of other employees
2. Determine base premium from state pages
3. Determine the final endorsement premium by multiplying the base premium by applicable limit and deductible factors below:

Discrimination and Employment Practice Liability

Limit of Liability	Factor
$100k	0.540
$250k	0.751
$500k	0.892
$1M	1.0
$2M	1.3

Policy Deductible -	Loss and Expense Factor
$0	1.41
$1,000	1.26
$2,500	1.00
$5,000	0.95

Policy Deductible -	Loss and Expense Factor
$10,000	0.85
$15,000	0.80
$20,000	0.70
$25,000	0.60
Over $25,000	Refer to Company

Policy Deductible -	Loss only Factor

$0		1.41
$1,000		1.33
$2,500		1.10
$5,000		1.00
$10,000	0.95	
Over $10,000		Refer to Company

Premium charge for this endorsement is subject to a $100 minimum.

Attach endorsement GSL2770XX

D. Claims Expense Inside the Limits of Liability

For Limits of Liability equal to $2M or less, this endorsement may be attached. This will amend coverage to provide that claims expenses are included within the limits of liability. A 7.5% credit will be applied for attachment of this endorsement for limits of $2M or less.

Attach endorsement G-128418-B

E Residential Ownership Endorsement

The policy may be modified by the attachment of this endorsement. This endorsement amends the policy to extend coverage to claims arising out of the sale of residential property wholly or partially owned by an insured or an insured's spouse. Premium charge for this coverage is 10% of the base premium and is subject to a $100 minimum.

Attach endorsement G- 129574-B

F. Construction Development Endorsement

The policy may be modified by attachment of this endorsement. This endorsement amends the policy by amending Exclusion J. Premium charge for this coverage shall be 10% of base premium for $250K LOL with the following ILF's to apply for alternate limits:

.77 for $100K
1.0 for $250K
1.16 for $500K

Premium charge for this endorsement is subject to a $100 minimum.

Attach endorsement G-129570-B

G. Zero Deductible

The policy may be modified by attachment of this endorsement. This endorsement deletes the deductible from the policy. Premium computation for this coverage is as stated in the respective state pages.

***Attach endorsement G-128434-B**

XVIII. Per Transaction Payment Plan

Premium calculated may be converted to a per transaction rate at the insured's option subject to the following:

A. Annual premium must be $1,000 or greater.

B. A deposit premium will be charged at inception, subject to a $150 minimum.

C. The per transaction cost shall be calculated as follows:

1. The annual premium will be divided by the number of insured's transactions for the year (subject to a minimum of 12 transactions) to determine the per transaction premium.

2. A service fee of $5.00 per transaction will be added to the per transaction premium to obtain the total charge per transaction.

D. The premium shall be paid monthly on a per transaction basis as reported by the insured. In months where there are no transactions, a minimum of one transaction must be reported.

CONTINENTAL CASUALTY COMPANY
CNA PLAZA
CHICAGO, ILLINOIS 60685

REAL ESTATE PROFESSIONALS E& O POLICY
STATE PAGES

ARKANSAS

A. Mandatory Endorsements:

G-128441-B03	Amendment of Termination Provisions - Arkansas
G-129561-B	Punitive Damages Endorsement
G-129872-B03	Claim Expenses Outside the Limits with separate claim expenses limit - Arkansas (to be attached only when the limits of liability are $3,000,000 or more)
G-128446-B03	Amendatory Endorsement - Extended Reporting Periods - Arkansas
G-129583-B	Discrimination Coverage
G-128421-B	Environmental Hazards Endorsement
G-129584-B	Deductible Waiver Endorsement

B. State Exceptions to General Rules:

1. Each risk on a "Refer to Company" basis shall be submitted to the State Insurance Supervisory Authority.

2. Rule XVII. Optional Coverages, subsection entitled Claim Expense Inside the Limits of Liability, is deleted in its entirety.

C. Claims-Made Rates

Ratable Gross Income	Rates per $1,000
First $150,000	$6.06
Next $350,000	$3.94
Over $500,000	$3.21
Over $5,000,000	Refer to Company

D. Limits of Liability

Limit of Liability	Increased Limits Factor
* $250,000 / $250,000	1.00
* $250,000 / $500,000	1.12
* $500,000 / $500,000	1.16
* $500,000 / $1,000,000	1.29
* $1,000,000 / $1,000,000	1.36
* $1,000,000 / $2,000,000	1.58
* $1,000,000 / $3,000,000	1.68
* $2,000,000 / $2,000,000	1.76
** $3,000,000 / $3,000,000	1.95
** $4,000,000 / $4,000,000	2.11
** $5,000,000 / $5,000,000	2.27
Over $5,000,000	Refer to Company

*** claims expenses are not included inside the limits of liability.**
**** claims expenses are outside the limits of liability with a separate claim expense limit.**

E. Policy Deductibles

Deductible Amount	Loss & Expense Modification Factor	Loss only Modification Factor
$0	.30 Debit	.30 Debit
$1,000	.16 Debit	.22 Debit
$2,500	.08 Credit	.01 Debit
$5,000	.22 Credit	.03 Credit
$10,000	.40 Credit	.09 Credit
$15,000	.48 Credit	Refer to Company
$20,000	.55 Credit	Refer to Company
$25,000	.60 Credit	Refer to Company
Over $25,000	Refer to Company	Refer to Company

F. Discrimination and Employment Liability Rates

Rating Band	**Rate Per Employee**	**Minimum Base**
0-25	$115	$0
26-50	$ 69	$2,875
51-100	$ 59	$4,600
101-200	$ 50	$7,550
Over 200	Refer to Company	$10,000

The base premium is determined by multiplying the number of employees in the appropriate rating band times the Rate Per Employee, plus the Minimum Base. (Example: if the employee count is 55, multiply 5 times $59 plus $4,600 equals $4,895)

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status: Filed 12/03/2008

Comments:

Attachment:

ar rate PCtransDoc_intelligent.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp

Review Status: Filed 12/03/2008

Bypass Reason: not applicable

Comments:

Bypassed -Name: NAIC loss cost data entry document

Review Status: Filed 12/03/2008

Bypass Reason: not applicable

Comments:

Property & Casualty Transmittal Document

Reset Form

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 #: CNAC-125876971	
	h. Subject Codes	

3.	Group Name	Group NAIC #
	CNA Insurance	218

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Continental Casualty Company	IL	20443	36-2114545	

5.	Company Tracking Number	08-R2249

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	John Lockhart40 Wall Street – 9th Floor New York, New York 10005	Regulatory Filings Technician	877-269-3277 ext. 3270	212-440-2877	john.lockhart@cna.com

7.	Signature of authorized filer	John C. Lockhart — Digitally signed by John C. Lockhart DN: cn=John C. Lockhart, c=US, o=CNA Insurance Location: CNA, 40Wall Street, 9th Floor, New York NY 10005-1401 Date: 2008.10.30 10:14:02 -04'00'
8.	Please print name of authorized filer	John Lockhart

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

9.	**Type of Insurance (TOI)**	17.0 Other Liability-Occ/Claims Made
10.	**Sub-Type of Insurance (Sub-TOI)**	17.0019 Professional Errors and Omissions Liability
11.	**State Specific Product code(s)(if applicable)[See State Specific Requirements]**	
12.	**Company Program Title** (Marketing title)	Real Estate Professional Errors & Omissions Program
13.	**Filing Type**	☐ Rate/Loss Cost ☐ Rules ☑ Rates/Rules ☐ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)
14.	**Effective Date(s) Requested**	New: 12/15/2008 Renewal: 12/15/2008
15.	**Reference Filing?**	☐ Yes ☑ No
16.	**Reference Organization** (if applicable)	
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	11/13/2008
19.	**Status of filing in domicile**	☐ Not Filed ☑ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20.	**This filing transmittal is part of Company Tracking #**	08-R2249

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

We are adding the following optional endorsement. The rate change for this addition is 0%.

GSL2770XX (5-08) Discrimination and Employment Practice Liability Claims Limits of Liability Endorsement

This new, optional endorsement provides coverage for damages and claim expenses with respect to wrongful employment practice and wrongful discrimination claims, subject to the Discrimination Limits of Liability as set forth in the Declarations. The coverage, if selected by the insured, replaces the coverage of the Discrimination Limits of Liability Endorsement. While the Discrimination Limits of Liability Endorsement provides coverage for Discrimination Claims, the Discrimination and Employment Practice Liability Claims Limits of Liability Endorsement adds coverage for claims of Employment Practice Liability in addition to Discrimination claims.

Since this coverage offering is an optional expansion of coverage to include employment practices liability, there is no rate change. Premium will change only if an insured selects to purchase the expanded coverage option

View Complete Filing Description

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 #: eft
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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Effective March 1, 2007

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	**This filing transmittal is part of Company Tracking #**	**08-R2249**
2.	**This filing corresponds to form filing number** (Company tracking number of form filing, if applicable)	**08-F2249**

☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3.	**Filing Method (Prior Approval, File & Use, Flex Band, etc.)**	**Prior Approval**

4a. Rate Change by Company (As Proposed)

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Continental Casualty Company	**NA**	0%	**0**	**N/A**	**483,554**	**0%**	**0%**

4b. Rate Change by Company (As Accepted) For State Use Only

Company Name	Overall % Indicated Change (when applicable	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	**Overall percentage rate indication (when applicable)**		
5b.	**Overall percentage rate impact for this filing**		
5c.	**Effect of Rate Filing – Written premium change for this program**		
5d.	**Effect of Rate Filing – Number of policyholders affected**		

6.	**Overall percentage of last rate revision**	
7.	**Effective Date of last rate revision**	
8.	**Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)**	**Prior Approval**

9.	**Rule # or Page # Submitted for Review**	**Replacement or Withdrawn?**	**Previous state filing number, if required by state**
01	REA 1 – REA 10	☐ New ☒ Replacement ☐ Withdrawn	
02	REA-AR-1,REA-AR-2	☐ New ☒ Replacement ☐ Withdrawn	
03		☐ New ☐ Replacement	

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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Rate and Rule	Arkansas State Pages	11/13/2008	AR-statepage 7-08.pdf

CONTINENTAL CASUALTY COMPANY
CNA PLAZA
CHICAGO, ILLINOIS 60685

REAL ESTATE PROFESSIONALS E& O POLICY
STATE PAGES

ARKANSAS

A. Mandatory Endorsements:

G-128441-B03	Amendment of Termination Provisions - Arkansas
G-129561-B	Punitive Damages Endorsement
G-129872-B03	Claim Expenses Outside the Limits with separate claim expenses limit - Arkansas (to be attached only when the limits of liability are $3,000,000 or more)
G-128446-B03	Amendatory Endorsement - Extended Reporting Periods - Arkansas
G-129583-B	Discrimination Coverage
G-128421-B	Environmental Hazards Endorsement
G-129584-B	Deductible Waiver Endorsement

B. State Exceptions to General Rules:

1. Each risk on a "Refer to Company" basis shall be submitted to the State Insurance Supervisory Authority.

2. Rule XVII. Optional Coverages, subsection D. Claim Expenses Inside the Limits of Liability, is deleted in its entirety.

C. Claims-Made Rates

Ratable Gross Income	Rates per $1,000
First $150,000	$6.06
Next $350,000	$3.94
Over $500,000	$3.21
Over $5,000,000	Refer to Company

D. Limits of Liability

Limit of Liability	Increased Limits Factor
* $250,000 / $250,000	1.00
* $250,000 / $500,000	1.12
* $500,000 / $500,000	1.16
* $500,000 / $1,000,000	1.29
* $1,000,000 / $1,000,000	1.36
* $1,000,000 / $2,000,000	1.58
* $1,000,000 / $3,000,000	1.68
* $2,000,000 / $2,000,000	1.76
** $3,000,000 / $3,000,000	1.95
** $4,000,000 / $4,000,000	2.11
** $5,000,000 / $5,000,000	2.27
Over $5,000,000	Refer to Company

*** claims expenses are not included inside the limits of liability.**
**** claims expenses are outside the limits of liability with a separate claim expense limit.**

E. Policy Deductibles

Deductible Amount	Loss & Expense Modification Factor	Loss only Modification Factor
$0	.30 Debit	.30 Debit
$1,000	.16 Debit	.22 Debit
$2,500	.08 Credit	.01 Debit
$5,000	.22 Credit	.03 Credit
$10,000	.40 Credit	.09 Credit
$15,000	.48 Credit	Refer to Company
$20,000	.55 Credit	Refer to Company
$25,000	.60 Credit	Refer to Company
Over $25,000	Refer to Company	Refer to Company

F. Discrimination and Employment Liability Rates

Rating Band	**Rate Per Employee**	**Minimum Base**
0-25	$115	$0
26-50	$ 69	$2,875
51-100	$ 59	$4,600
101-200	$ 50	$7,550
Over 200	Refer to Company	$10,000

The base premium is determined by multiplying the number of employees in the appropriate rating band times the Rate Per Employee, plus the Minimum Base. (Example: if the employee count is 55, multiply 5 times $59 plus $4,600 equals $4,895)