

SERFF Tracking Number: MNLM-125872652 State: Arkansas  
Filing Company: Carolina Casualty Insurance Company State Tracking Number: EFT \$100  
Company Tracking Number: EPL-090108-R  
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability  
Product Name: Employment Practices Liability  
Project Name/Number: EPL 24300 (01-06)/09-08 Revision

## Filing at a Glance

Company: Carolina Casualty Insurance Company

Product Name: Employment Practices Liability SERFF Tr Num: MNLM-125872652 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: EFT \$100

Sub-TOI: 17.1010 Employment Practices Co Tr Num: EPL-090108-R State Status: Fees verified and received

Liability

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Beth Richards

Disposition Date: 12/03/2008

Date Submitted: 10/30/2008

Disposition Status: Accepted For Informational Purposes

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: EPL 24300 (01-06)

Status of Filing in Domicile: Pending

Project Number: 09-08 Revision

Domicile Status Comments: Filed on 10/27/08 in Iowa; pending.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/03/2008

Deemer Date:

State Status Changed: 12/03/2008

Corresponding Filing Tracking Number:

Filing Description:

Monitor Liability Managers, Inc. is submitting the captioned filing in accordance with its attached agreement with Carolina Casualty Insurance Company (CCIC).

Carolina Casualty Insurance Company (CCIC) currently has on file with your Department its Employment Practices Liability Insurance Program, submitted and approved as follows:

SERFF Tracking Number: MNLM-125872652 State: Arkansas  
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Initial Program Filing: EPL-01010-R; approved 12/28/06

At this time, we are submitting a revision to this program, which consists of both new and revised endorsements, as well as the associated rating rules.

## Company and Contact

### Filing Contact Information

Beth Richards, Senior Compliance Analyst brichards@monitorliability.com  
 2850 W. Golf Road (847) 806-6590 [Phone]  
 Rolling Meadows, IL 60008 (847) 806-6592[FAX]

### Filing Company Information

Carolina Casualty Insurance Company CoCode: 10510 State of Domicile: Iowa  
 c/o Monitor Liability Managers Group Code: 98 Company Type:  
 2850 West Golf Road  
 Rolling Meadows, IL 60008 Group Name: W. R. Berkley Group State ID Number:  
 (847) 806-6590 ext. 570[Phone] FEIN Number: 59-0733942  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: Rate/Rule Filing - \$100  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Carolina Casualty Insurance Company	\$100.00	10/30/2008	23596116

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		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	11/04/2008	11/04/2008	Beth Richards	11/04/2008	11/04/2008

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## Disposition

Disposition Date: 12/03/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment: Beth...

Thank you for your response.

This is permissible but would require an individual risk filing. Since these are also, exempt, it would require that you keep a desk drawer copy of any individually rated risk.

Assuming you will agree to that, I am processing your filing as "Accepted for Informational Purposes", since the rates are exempt but must comply.

Have a great day.

Edith

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Authorization Letter	Accepted for Informational Purposes	Yes
Supporting Document	Filing Memo	Accepted for Informational Purposes	Yes
Supporting Document	Rate/Rule Schedule	Accepted for Informational Purposes	Yes
Supporting Document	Transmittal	Accepted for Informational Purposes	Yes
Rate	Employment Practices Liability - EPL 24300 (01-06)	Accepted for Informational Purposes	Yes
Rate	Employment Practices Liability - EPL 24300 (01-06)	Accepted for Informational Purposes	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/04/2008

Submitted Date 11/04/2008

Respond By Date

Dear Beth Richards,

This will acknowledge receipt of the captioned filing.

The rates for this coverage are exempt from review, but must comply with all applicable code.

The rate range percentage charges for the Special Endorsements is not permissible. Please set amount for charge for each coverage endorsement. (Page 9)

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 11/04/2008

Submitted Date 11/04/2008

Dear Edith Roberts,

### Comments:

### Response 1

Comments: Dear Ms. Roberts:

The past EPL Product revision, ranges for Special Endorsements were approved as we provided the following:

The "Special Endorsements and/or Coverage" section is essentially separate from the base rating plan and contains a menu of optional coverage endorsements that allows the policyholder to customize their policy by modifying, adding or deleting coverage to suit their widely diverse needs, but is not intended to harm the integrity of the underlying exposure pricing. Instead, the credits/debits in the "Special Endorsements" section are directly related to adjusting the premium to

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account for the policyholder coverage modifications only. Because of the extreme variation and diversity in risk types that may elect to modify their coverage, it is virtually impossible to develop a finite rate for each endorsement or coverage modification, which necessitates the rate bands for these Special Endorsements/Coverages. For example, consider two very different risk types requesting the same coverage modification such as Addition of Subsidiary(ies). If one risk has a smaller base premium of say \$5,000 and the other \$40,000, a flat debit of say +50% would not likely be appropriate in both cases. First of all, the endorsement for the first risk would be priced at \$2,500 compared to \$20,000 for the second. This does not even take into account the numerous other considerations such as number of subsidiaries, dispersion of subsidiaries, structure, management, etc.... It is a real possibility that the price of the endorsement for the first risk could be in fact more than that of the second, if it is determined that the exposure is actually higher on the smaller risk for the requested coverage. Having a flat debit in place would actually prevent an appropriate rate for risk in an alarming number of cases. As such, it is critical that the appropriateness of the adjustment be evaluated on a risk by risk basis to preserve that pricing is adequate, but not excessive nor unfairly discriminatory for the coverage options listed in the Special Endorsements and/or Coverage section.

Thank you for your consideration.

Beth Richards

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Beth Richards

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## **Rate Information**

Rate data does NOT apply to filing.

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	Employment Practices Liability - EPL 24300 (01-06)	page 9 (rev. 09-08)	Replacement	02.00-EPL-Carolina 24300 Rates-rev0908-pg09.pdf
Accepted for Informational Purposes	Employment Practices Liability - EPL 24300 (01-06)	page 12 (09-08)	New	02.00-EPL-Carolina 24300 Rates-rev0908-pg12.pdf

## Special Endorsements and/or Coverage Modifier

The individual risk has the option to purchase several special endorsements and/or coverages. The following table outlines the possible debit / credit modification to be used based on the particular special endorsement and/or coverage purchased. This adjustment is applied on an aggregate basis.

Special Endorsements and/or Coverage	Endorsement #	Debit / Credit
Addition of Additional Insured(s) / Entity(ies)	CT 243031; CT 243033; CT 243034; CT 243035; EPL 243072	0 % to + 100 %
Addition of Subsidiary(ies)	CT 243091; CT 243093; CT 243094; CT 243095	0 % to + 100 %
Backdate Prior and Pending Litigation Date	N/A	0 % to + 25 %
Choice of Legal Counsel	CT 246011; CT 246012; CT 246013; CT 246014	0 % to + 50 %
Co-Defendant Coverage	EPL 243080	0 % to + 25 %
Coinsurance (Partial Policy only)	CT 245012	0 % to - 30 %
Continuity	N/A	0 % to - 10 %
Cooperation Clause	CT 246052; CT 246054; CT 246055	0 % to ± 25 %
Costs of Defense in Addition to the Limit	CT 245041; CT 245042; CT 245044	0 % to + 100 %
Downsizing Coverage (absence of exclusion)	N/A	0 % to + 25 %
Known Wrongful Act Exclusion	CT 244318; EPL 244318	0 % to - 25 %
Merger / Acquisition Coverage	N/A	0 % to + 25 %
Non-Rescindable Coverage	CT 248035	0 % or + 50 %
Partnership Coverage	EPL 243013; EPL 243014	0 % to + 50 %
Past Acts Coverage	N/A	0 % to + 25 %
Past Acts Exclusion	CT 244310; EPL 244310	0 % to - 25 %
Privacy Violation Coverage	EPL 243110	0 % to + 25 %
Punitive Damages Limitation / Exclusion	EPL 243041; EPL 243042	0 % to - 25 %
Separate Limit of Liability	EPL 245020, EPL 245023	0 % to + 50 %
Severability	CT 248031	0 % to - 25 %
Third Party Liability Coverage	EPL 243112; EPL 243113; EPL 243114; EPL 243115	0 % to + 100 %
Waiver of Deductible if No Liability	CT 245014	0 % to + 25 %

## Coinsurance Modifier

Coinsurance for all risks is generally 0 percent. An option to purchase coinsurance may be offered subject to the applicable modifiers disclosed below. If the individual risk requests a coinsurance percentage that is not disclosed below, then the underwriter will proportionately weigh the coinsurance modifier to apply to the requested coinsurance percentage.

Coinsurance	Coinsurance Modifier
0%	1.000 to 1.000
5%	0.925 to 1.000
10%	0.875 to 1.000
15%	0.850 to 1.000
20%	0.825 to 1.000
25%	0.800 to 1.000
30%	0.775 to 1.000
Greater than 30%	0.750 to 1.000

This Monitor Liability Managers, Inc. document contains information that is privileged, confidential and is intended for internal purposes only.

## Additional Coverage

A fixed rate per supplemental coverage of 0.5 percent (but no less than \$15.00) of the amount of coverage provided will be added to the Gross Premium at the end of the rating calculation.

### Optional Supplemental Coverage

<b>Supplemental Coverage Provided</b>	<b>Endorsement #</b>	<b>Premium by Amount of Coverage</b>
Business Travel Accidental Death Benefit	EPL 241122	0.5 percent
Crisis Management Expense	EPL 241161	0.5 percent
Emergency Real Estate Consulting Fee	EPL 241151	0.5 percent
Employment Event Expense	EPL 241140	0.5 percent
Identity Theft Expense	EPL 241120	0.5 percent
Key Executive Replacement Expense	EPL 241121	0.5 percent
Kidnap Expense	EPL 241130	0.5 percent
Privacy Violation Coverage	EPL 243111	0.5 percent
Temporary Meeting Space	EPL 241162	0.5 percent
Terrorism Travel Expense	EPL 241150	0.5 percent
Workplace Violence Counseling	EPL 241160	0.5 percent

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Company Tracking Number: EPL-090108-R

TOI: 17.1 Other Liability - Claims Made Only

Sub-TOI: 17.1010 Employment Practices Liability

Product Name: Employment Practices Liability

Project Name/Number: EPL 24300 (01-06)/09-08 Revision

## Supporting Document Schedules

**Satisfied -Name:** Authorization Letter

**Review Status:**

Accepted for Informational Purposes 12/03/2008

**Comments:**

**Attachment:**

Authorization Letter.pdf

**Satisfied -Name:** Filing Memo

**Review Status:**

Accepted for Informational Purposes 12/03/2008

**Comments:**

**Attachment:**

Filing Memo Rates.pdf

**Satisfied -Name:** Rate/Rule Schedule

**Review Status:**

Accepted for Informational Purposes 12/03/2008

**Comments:**

**Attachment:**

RateRule Filing Schedule PC RRFS-1 2007.pdf

**Satisfied -Name:** Transmittal

**Review Status:**

Accepted for Informational Purposes 12/03/2008

**Comments:**

**Attachment:**

Transmittal PC TD-1 2007 Rates.pdf



## ***Filing Authorization Letter***

October 1, 2008

**RE: Carolina Casualty Insurance Company, NAIC 10510, FEIN 59-0733942**  
**Filing Authorization: Monitor Liability Managers, Inc.**

Dear Commissioner:

The purpose of this letter is to authorize Monitor Liability Managers, Inc. (“Monitor”) to submit filings for Professional Liability Insurance on behalf of Carolina Casualty Insurance Company.

By way of explanation, we would like to provide background as to the relationship between these two companies. Both Monitor Liability Managers, Inc. and Carolina Casualty Insurance Company are subsidiaries of the W.R. Berkley Corporation, an insurance holding company with insurance company subsidiaries operating throughout the United States. Monitor acts as an underwriting manager on behalf of certain insurance companies within the W.R. Berkley organization, including Carolina Casualty Insurance Company. Monitor has full underwriting and claims settlement authority and is responsible for Professional Liability Insurance product development.

An integral part of Monitor’s strategic marketing plan is to make all of its products available in the admitted market through Carolina Casualty Insurance Company. Carolina Casualty already has filings in place, in most states, for the Directors’ and Officers’ Program, the Lawyers’ Professional Liability Program, Excess Professional Liability, Management Liability, Employment Liability Practices and Non-Profit Organization Liability.

To facilitate and streamline current and future filing activities, Carolina Casualty Insurance Company is hereby extending authority to Monitor Liability Managers, Inc. to make Professional Liability filings on its behalf.

Any and all questions regarding Professional Liability submissions should be directed to:

Ms. Penelope Kilberry, CPCU, CPIW, AIS  
Assistant Vice President  
Regulatory Compliance  
Monitor Liability Managers, Inc.  
2850 West Golf Road, Suite 800  
Rolling Meadows, IL 60008  
847.806.6590, ext. 570

In addition to Penny Kilberry, Sandra L. Baggio, Senior Compliance Analyst, and Beth Richards, Senior Compliance Analyst, are authorized to submit filings on our behalf. Douglas J. Powers, CPCU, Assistant Secretary of Carolina Casualty Insurance Company will execute all documents requiring an officer's signature.

If you have questions regarding this authorization, please call Penny Kilberry at 1.800.446.2100, ext. 570, send an e-mail to [pkilberry@monitorliability.com](mailto:pkilberry@monitorliability.com) or write to Ms. Kilberry at 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008.

Sincerely,



Douglas J. Powers, CPCU  
Assistant Secretary  
Carolina Casualty Insurance Company  
1.800.446.2100, ext. 508

**CAROLINA CASUALTY INSURANCE COMPANY  
EMPLOYMENT PRACTICES LIABILITY  
INSURANCE PROGRAM  
  
FILING MEMORANDUM**

Carolina Casualty Insurance Company currently has on file with your Department its program for Employment Practices Liability Insurance. At this time, we wish to amend our filing as approved by your Department, with the following changes:

**RATES/RULES:**

The Rates and Rules have been revised as follows:

- Revised page 9, Special Endorsements and/or Coverage Modifiers, to add new endorsements: CT 248035 and EPL 243110. In addition, we have corrected the endorsement numbers as the leading "2" was inadvertently excluded in our original filing.
- Added Page 12, Additional Coverage Section, to the rating plan to add rating rules for new optional supplemental coverage endorsements for which we have identified a need in our market segment.

**FORMS:**

Please note the related forms are being submitted simultaneously under separate cover.

## 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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>EPL-090108-R</b>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<b>EPL-090108-F</b>
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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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)
CCIC	0%	0%	0	4	16,844	0%	0%

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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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	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>	N/A	
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>	0%	
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	0	
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>	0	

<b>6.</b>	<b>Overall percentage of last rate revision</b>	-1.9%
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<b>7.</b>	<b>Effective Date of last rate revision</b>	12/28/06
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Employment Practices Liability Insurance Rates – EPL 24300 (01-06) page 9 (rev. 09-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	Employment Practices Liability Insurance Rates – EPL 24300 (01-06) page 12 (09-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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
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<b>3. Group Name</b>	<b>Group NAIC #</b>
W.R. Berkley Corporation	098

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Carolina Casualty Insurance Company	Iowa	10510	59-0733942	

<b>5. Company Tracking Number</b>	EPL-090108-R
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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
	Beth Richards Monitor Liability Managers, Inc. 2850 W. Golf Road, Ste. 800 Rolling Meadows, IL 60008	Senior Compliance Analyst	800-446-2100, x 568	847-806-6590	brichards@monitorliability.com

7. Signature of authorized filer	<i>Beth Richards</i>
8. Please print name of authorized filer	Beth Richards

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

9. Type of Insurance (TOI)	17.1000 – Other Liability – Claims Made
10. Sub-Type of Insurance (Sub-TOI)	17.1010 – Other Liability – Claims Made, Employment Practices Professional Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Employment Practices Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" 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:    Upon approval    Renewal:    Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A

17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	10/30/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

PC TD-1 pg 1 of 2

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	EPL-090108-F
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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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Carolina Casualty Insurance Company currently has on file with your Department its program for Employment Practices Liability Insurance. At this time, we wish to amend our filing as approved by your Department, with the following changes:

### RATES/RULES:

The Rates and Rules have been revised as follows:

- Revised page 9, Special Endorsements and/or Coverage Modifiers, to add new endorsements: CT 248035 and EPL 243110. In addition, we have corrected the endorsement numbers as the leading "2" was inadvertently excluded in our original filing.
- Added Page 12, Additional Coverage Section, to the rating plan to add rating rules for new optional supplemental coverage endorsements for which we have identified a need in our market segment.

### FORMS:

Please note the related forms are being submitted simultaneously under separate cover.

**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 #: \$100**  
**Amount: EFT**

**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.)**

PC TD-1 pg 2 of 2