

SERFF Tracking Number: TRVE-125951870 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50
Company Tracking Number: 2008-11-0108
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0006 Directors & Officers Liability
Product Name: HOA Condo Form Filing 2008-11-0108
Project Name/Number: HOA Condo Form Filing 2008-11-0108/2008-11-0108

Filing at a Glance

Company: Travelers Casualty and Surety Company of America

Product Name: HOA Condo Form Filing 2008-11-0108 SERFF Tr Num: TRVE-125951870 State: Arkansas

TOI: 17.0 Other Liability-Occ/Claims Made SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.0006 Directors & Officers Liability Co Tr Num: 2008-11-0108 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Authors: Socorro Armstrong, Theresa Lavenburg, Michelle Smith Disposition Date: 12/19/2008
Cotto, Sonia Worrell, Timothy Bengston, Celina Caez
Date Submitted: 12/18/2008 Disposition Status: Approved
Effective Date Requested (New): 02/01/2009 Effective Date (New):
Effective Date Requested (Renewal): 04/01/2009 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: HOA Condo Form Filing 2008-11-0108
Project Number: 2008-11-0108
Reference Organization:
Reference Title:
Filing Status Changed: 12/19/2008
State Status Changed: 12/19/2008
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:
Deemer Date:

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our current Directors and Officers Non-Profit program, which was approved by your department under our company filing number 1998-1-MC-120.

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This filing consists of one (1) new endorsement for general use with our Directors and Officers Non-Profit program, specifically the HOA Condo program.

Company and Contact

Filing Contact Information

Michelle Smith Cotto, Regulatory Analyst MSMITHCO@travelers.com
 One Tower Square (860) 277-2345 [Phone]
 Hartford, CT 06183 (860) 235-4951[FAX]

Filing Company Information

Travelers Casualty and Surety Company of America CoCode: 31194 State of Domicile: Connecticut
 One Tower Square Group Code: 3548 Company Type:
 2S2B
 Hartford, CT 06183 Group Name: State ID Number:
 (860) 277-0179 ext. [Phone] FEIN Number: 06-0907370

Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| Travelers Casualty and Surety Company of America | \$50.00 | 12/18/2008 | 24609423 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Edith Roberts | 12/19/2008 | 12/19/2008 |

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Disposition

Disposition Date: 12/19/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|---|------------------------|--------------|--------------------------------------|----------------------|-------------|----------------|
| Approved | Non Profit Management and Organization Change Endorsement | CIRI-73094 Ed. 11-2008 | | Endorsement/New Amendment/Conditions | | 0.00 | CIRI-73094.pdf |

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NON-PROFIT MANAGEMENT AND ORGANIZATION CHANGE ENDORSEMENT

It is agreed that:

1. Section I. **INSURING AGREEMENTS A. Liability Coverage** is deleted in its entirety and replaced by the following:
 - A. The Insurer will pay on behalf of the **Insureds Loss** up to the available maximum aggregate Limit of Liability set forth in Item 3 of the Declarations which is incurred by the **Insureds** as the result of any **Claim** first made against the **Insureds** during the **Policy Period** or the **Discovery Period**, if purchased, for a **Wrongful Act**.
2. Section II. **DEFINITIONS B. "Claim"** sub-paragraph 1) is deleted in its entirety and replaced by the following:
 - 1) a written demand for monetary or non-monetary relief;
3. Section II. **DEFINITIONS J. "Loss"** is deleted in its entirety and replaced by the following:
 - J. **Loss** means the total amount excess of the applicable Retention which any **Insured** becomes legally obligated to pay as the result of all **Claims** first made against any **Insured** during the **Policy Period** for **Wrongful Acts** including, but not limited to, damages (including punitive or exemplary damages where insurable under applicable law), judgments, settlements and **Defense Costs**. **Loss** does not include (1) the multiple portion of any multiple damage award, (2) criminal or civil fines or penalties imposed by law, (3) taxes, (4) any amount not indemnified by the **Insured Organization** for which the **Insured** is absolved from payment by reason of any covenant, agreement or court order, and (5) matters uninsurable under the law pursuant to which this Policy is construed.
4. Section IV. **EXCLUSIONS 9)** is deleted in its entirety and replaced by the following:
 - 9) for liability under or breach of any oral, written or implied contract or agreement, or for liability of others assumed by the **Insured** under any such contract or agreement; provided however, this exclusion shall not apply to (a) the Insurer's duty to defend and to pay **Defense Costs** regarding such **Claim**; (b) the extent the **Insured** would have been liable in the absence of such contract or agreement; or (c) the extent the **Claim** is a **Claim for Wrongful Employment Practices**;
5. The Insurer shall not be liable to make any payment for **Loss**, other than **Defense Costs**, in connection with any **Claim** made against any of the **Insureds** which constitute costs and expenses incurred or to be incurred to comply with an order, judgment or award of injunctive or other equitable relief of any kind, or that portion of a settlement encompassing injunctive or other equitable relief, including but not limited to actual or anticipated costs and expenses associated with or arising from an **Insured's** obligation to provide reasonable accommodations under, or otherwise comply with, the Americans with Disabilities Act or the Rehabilitation Act of 1973, including amendments thereto and regulations thereunder, or any related or similar law or regulation.
6. Section V. **GENERAL CONDITIONS AND LIMITATIONS, B. NOTICE**, sub-paragraph 1) is deleted in its entirety and replaced by the following:
 - 1) If during the **Policy Period** or **Discovery Period**, if purchased, any **Claim** is first made against any **Insured**, the **Insureds** as a condition precedent to their right to be reimbursed under this Policy, shall give to the Insurer written notice of any such **Claim** as soon as practicable. The **Insured** shall give the Insurer such information and cooperation as it may reasonably require.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by: _____
On behalf of the entity named in
ITEM 1 of the Declarations.

Authorized Company Representative

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 12/19/2008

Comments:

Attachments:

2007 PC NAIC Transmittal.pdf
2007 NAIC Form List.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 12/19/2008

Comments:

Attachment:

Arkansas.pdf

| | |
|---|---|
| 17. Reference Organization # & Title | N/A |
| 18. Company's Date of Filing | 12/18/08 |
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

Property & Casualty Transmittal Document—

| | |
|--|--------------|
| 20. This filing transmittal is part of Company Tracking # | 2008-11-0108 |
|--|--------------|

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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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This filing consists of one (1) endorsement for general use with our Non Profit Management and Organization Liability program policy, CIRI-7200 Ed. 06/98. The form broadens coverage and will be offered and issued at the insured's option.

| |
|---|
| 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.

Effective March 1, 2007

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

FORM FILING SCHEDULE

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

| 1. | This filing transmittal is part of Company Tracking # | 2008-11-0108 | | | |
|-----------|---|-----------------------------------|---|---|--|
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | N/A | | | |
| 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 | Non Profit Management and Organization Change Endorsement | CIRI-73094 Ed. 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 | | |



One Tower Square, S202B
Hartford, CT 06183

Michelle Smith Cotto
Travelers Bond and Financial
Products
Phone: (860) 277-2345
FAX: (866) 235-4951
Email:
msmithco@travelers.com

December 18, 2008

Honorable Mike Pickens
Commissioner of Insurance
Arkansas Insurance Dept
1200 West Third Street
Little Rock, AR 72201-1904

**2008-11-0108
Other Liability
Directors and Officers Non-Profit
Form Filing**

Travelers Casualty and Surety Company of America 3548-31194

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our current Directors and Officers Non-Profit program, which was approved by your department on June 18, 1998, under our company filing number 1998-3-MC-120.

This filing consists of one (1) new endorsement for general use with our Directors and Officers Non-Profit program, specifically the HOA Condo program.

The form is: **NON-PROFIT MANAGEMENT AND ORGANIZATION CHANGE ENDORSEMENT, CIRI-73094.**

There is no rating impact as a result of this filing.

Enclosures and Implementation:

The following are enclosed to facilitate your review:

- Form listing and final prints of the form;
- Applicable state filing forms and fees.

We propose to implement this filing with an effective date of 02/01/2009 for new business and 04/01/2009 for renewals.

Should you have any questions, please feel free to call me at (860) 277-2345.

Regards,

Michelle Smith Cotto