

SERFF Tracking Number: ARGN-125436818 State: Arkansas
Filing Company: Colony Specialty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CSIC-EPL-AR-F-08-01
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability
Product Name: Employment Practices Liability Program 01/2008
Project Name/Number: Employment Practices Liability Program 01/2008/

Filing at a Glance

Company: Colony Specialty Insurance Company

Product Name: Employment Practices Liability SERFF Tr Num: ARGN-125436818 State: Arkansas

Program 01/2008

TOI: 17.1 Other Liability - Claims Made Only

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.1010 Employment Practices Liability

Co Tr Num: CSIC-EPL-AR-F-08-01 State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Maggie Welk, Donna Pyle, Disposition Date: 02/12/2008

Ellen Canestrano, Annette Ardler

Date Submitted: 02/04/2008

Disposition Status: Approved

Effective Date Requested (New): 03/15/2008

Effective Date (New):

Effective Date Requested (Renewal): 03/15/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Employment Practices Liability Program 01/2008

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization: No

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 02/12/2008

State Status Changed: 02/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Colony Specialty Insurance Company is filing an addition to our existing Employment Practices Liability Program. The filing consists of four new forms.

FORMS

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The forms submitted by this filing will be used in addition to the forms already filed and approved by your state. Indicated below are the forms submitted by this filing.

- Exclusion - Sexual Molestation EPL020 0907
- Exclusion - Owner, Partner or Principal EPL021 0907
- Exclusion - Joint Employer EPL022 0907
- Exclusion - Minors EPL023 0907

Company and Contact

Filing Contact Information

Donna Pyle, Manager of Regulatory Compliance
 Dpyle@colonyins.com
 8720 Stony Point Parkway (804) 560-3517 [Phone]
 Richmond, VA 23235 (804) 327-3173[FAX]

Filing Company Information

Colony Specialty Insurance Company CoCode: 36927 State of Domicile: Ohio
 P.O. Box 85122 Group Code: 36927 Company Type: Insurance
 Richmond, VA 23235 Group Name: Argonaut Group Compnay
 (804) 560-2000 ext. [Phone] FEIN Number: 34-1266871 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 flat fee per forms filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Colony Specialty Insurance Company	\$50.00	02/04/2008	17806736

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/12/2008	02/12/2008

SERFF Tracking Number: *ARGN-125436818* *State:* *Arkansas*
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TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1010 Employment Practices Liability*
Product Name: *Employment Practices Liability Program 01/2008*
Project Name/Number: *Employment Practices Liability Program 01/2008/*

Disposition

Disposition Date: 02/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARGN-125436818 State: Arkansas
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 Product Name: Employment Practices Liability Program 01/2008
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Exclusion - Sexual Molestation	Approved	Yes
Form	Exclusion - Owner, Partner or Principal	Approved	Yes
Form	Exclusion - Joint Employer	Approved	Yes
Form	Exclusion - Minors	Approved	Yes

SERFF Tracking Number: ARGN-125436818 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion - Sexual Molestation	EPL020-0907	0907	Endorsement/Amendment/Conditions	New	0.00	EPL020-0907-Sexual Molestation Excl.pdf
Approved	Exclusion - Owner, Partner or Principal	EPL021-0907	0907	Endorsement/Amendment/Conditions	New	0.00	EPL021-0907-Partner Principal Excl.pdf
Approved	Exclusion - Joint Employer	EPL022-0907	0907	Endorsement/Amendment/Conditions	New	0.00	EPL022-0907-Joint Employer Excl.pdf
Approved	Exclusion - Minors	EPL023-0907	0907	Endorsement/Amendment/Conditions	New	0.00	EPL023-0907-Minors Excl.pdf

EXCLUSION – SEXUAL MOLESTATION

Policy Number:

Effective Date:

Named Insured:

Endorsement Number:

The following is added to Section **III. EXCLUSIONS**:

The INSURER shall not be liable to make payment for **Loss** or **Defense Costs** in connection with any **Claim** arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any actual or alleged sexual molestation of a minor or minors.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Date: _____ By: _____
Authorized Representative

EXCLUSION – OWNER, PARTNER OR PRINCIPAL

Policy Number:

Effective Date:

Named Insured:

Endorsement Number:

The following is added to Section **III. EXCLUSIONS**:

The INSURER shall not be liable to make any payment for **Loss** or **Defense Costs** in connection with, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any **Claim** brought by or on behalf of any current or former owner, partner or principal of _____, regardless of whether such person is or was also an **employee** or applicant for employment.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Date: _____ By: _____
Authorized Representative

EXCLUSION – JOINT EMPLOYER

Policy Number:

Effective Date:

Named Insured:

Endorsement Number:

The following is added to Section **III. EXCLUSIONS**:

The INSURER shall not be liable to make payment for **Loss** or **Defense Costs** in connection with any **Claim** arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any joint employer allegations.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Date: _____ By: _____
Authorized Representative

EXCLUSION – MINORS

Policy Number:

Effective Date:

Named Insured:

Endorsement Number:

The following is added to Section **III. EXCLUSIONS**:

The INSURER shall not be liable to make payment for **Loss** or **Defense Costs** in connection with arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any **Claim** brought by or on behalf of a minor or minors.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Date: _____ By: _____
Authorized Representative

SERFF Tracking Number: *ARGN-125436818* *State:* *Arkansas*
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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 02/12/2008

Comments:

uniform transmittal doc attached

Attachment:

NAIC Transmittal - AR - CSIC.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 #
Argonaut Group	0457

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Colony Specialty Insurance Company	Ohio	36927	34-1266871	

5. Company Tracking Number	CSIC-EPL-AR-F-08-01
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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
	Donna Pyle 8720 Stony Point Parkway Richmond, VA 23235	Manager, Regulatory Compliance	804-560-3517	804-327-3173	dpyle@colonyins.com

7. Signature of authorized filer	<i>Donna Pyle</i>
8. Please print name of authorized filer	Donna Pyle

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

9. Type of Insurance (TOI)	17.1 Other Liability – Claims Made Only
10. Sub-Type of Insurance (Sub-TOI)	17.1000
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Employment Practices Liability Program
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: March 15, 2008 Renewal: March 15, 2008
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	February 4, 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 #	CSIC-EPL-AR-F-08-01
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21.	Filing Description: 4 new forms for use with our EPL program
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Colony Specialty Insurance Company is filing an addition to our existing Employment Practices Liability Program. The filing consists of four new forms.

FORMS

The forms submitted by this filing will be used in addition to the forms already filed and approved by your state.

Indicated below are the forms submitted by this filing and a description of each.

New Form #	Replaces Form #	Title	Description of Change
EPL020-0907	NA	Exclusion – Sexual Molestation	This optional form excludes coverage for sexual molestation of a minor or minors.
EPL021-0907	NA	Exclusion – Owner, Partner or Principal	This optional form excludes coverage for any claim brought by or on behalf of any current or former owner, partner or principal of a named firm. The exclusion applies regardless if such person is or was an employee or applicant for employment.
EPL022-0907	NA	Exclusion – Joint Employer	This optional form excludes coverage for any joint employer allegations.
EPL023-0907	NA	Exclusion – Minors	This optional form excludes coverage for any claim brought by or on behalf of a minor or minors.

22.	Filing Fees
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Check #: submit via EFT - SERFF
Amount: \$200

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

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 #	CSIC-EPL-AR-F-08-01
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	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	Exclusion – Sexual Molestation	EPL020 09/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Exclusion – Owner, Partner or Principal	EPL021 09/07	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Exclusion – Joint Employer	EPL022 09/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Exclusion – Minors	EPL023 09/07	<input checked="" 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

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 #	n/a – forms only
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	n/a – forms only
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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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)

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

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		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	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	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	