

SERFF Tracking Number: CNNA-125469014 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CPRO-08-6006-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: CPRO-08-6006-AR
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CPRO-08-6006-AR

TOI: 17.0 Other Liability - Claims

Made/Occurrence

Sub-TOI: 17.0000 Other Liability Sub-TOI

Combinations

Filing Type: Rule

SERFF Tr Num: CNNA-125469014 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num: CPRO-08-6006-AR

Co Status:

Author: Sharon Grubbs

Date Submitted: 01/31/2008

State Status: Fees verified and received

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

Disposition Date: 02/07/2008

Disposition Status: Filed

Effective Date (New):

Effective Date (Renewal):

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal):

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 02/07/2008

State Status Changed: 02/07/2008

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file rule(s) per the attached memorandum.

Final copies are attached for your review.

Your approval is respectfully requested for use on policies effective on or after your date of approval.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: CNNA-125469014 State: Arkansas
 Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CPRO-08-6006-AR
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
 Product Name: CPRO-08-6006-AR
 Project Name/Number: /

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst sharon_grubbs@cinfin.com
 6200 S. Gilmore Road (513) 870-2091 [Phone]
 Fairfield, OH 45014

Filing Company Information

The Cincinnati Insurance Company CoCode: 10677 State of Domicile: Ohio
 6200 S. Gilmore Road Group Code: 244 Company Type:
 Fairfield, OH 45014 Group Name: State ID Number:
 (513) 870-2000 ext. [Phone] FEIN Number: 31-0542366

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	01/31/2008	17764169

SERFF Tracking Number: CNNA-125469014 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CPRO-08-6006-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: CPRO-08-6006-AR
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	02/07/2008	02/07/2008

SERFF Tracking Number: CNNA-125469014 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CPRO-08-6006-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: CPRO-08-6006-AR
Project Name/Number: /

Disposition

Disposition Date: 02/07/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNNA-125469014 State: Arkansas
 Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CPRO-08-6006-AR
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
 Product Name: CPRO-08-6006-AR
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	PROPERTY AND CASUALTY TRANSMITTAL	Filed	Yes
Supporting Document	RULE FILING SCHEDULE	Filed	Yes
Supporting Document	MEMORANDUM	Filed	Yes
Rate	PROFESSIONAL LIABILITY TERRORISM COVERAGE	Filed	Yes

SERFF Tracking Number: CNNA-125469014 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CPRO-08-6006-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: CPRO-08-6006-AR
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CNNA-125469014 State: Arkansas
 Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CPRO-08-6006-AR
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
 Product Name: CPRO-08-6006-AR
 Project Name/Number: /

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	PROFESSIONAL LIABILITY TERRORISM COVERAGE	RULE 1. TERRORISM COVERAGE	Replacement	N/A AR PRO 02-08 D.pdf

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE

The Terrorism Risk Insurance Act (TRIA) states that the Department of the Treasury will certify an act of terrorism for coverage to be subject to TRIA. Thus, acts of terrorism which are not certified may be considered other acts of terrorism.

A. Description of Coverage

1. **Certified Acts of Terrorism** - In accordance with the Terrorism Risk Insurance Act (TRIA), all companies writing commercial property and casualty insurance must make available to policyholders coverage for certified acts of terrorism. The Secretary of Treasury will declare when an act of terrorism is a certified act of terrorism.
2. **Other Acts of Terrorism** - An Other Act of Terrorism is any act of terrorism which meets the definition of terrorism but is not certified by the Secretary of Treasury.
3. For insureds of The Cincinnati Insurance Companies, Certified Acts of Terrorism Coverage and Other Acts of Terrorism Coverage are linked together, either provided or excluded together, barring unusual exposures or circumstances, and subject to the forms, limitations, exclusions and rates in the rules below.

B. Offer, Disclosure and Forms - Disclosures / Limitations / Exclusions:

1. TRIA requires that companies notify policyholders of the availability of coverage for certified terrorism losses and the premium charge applicable to such coverage. Companies must also inform insureds that a \$100 billion cap applies to certified acts of terrorism. Attach **Policyholder Notice Terrorism Insurance Coverage, Form IA 4236**.
2. Attach **Cap on Losses from Certified Acts of Terrorism, Form IA 4238** to the policy if the insured elects terrorism coverage.
3. If terrorism coverage is NOT desired, we must receive and have on file a written rejection from the insured. Attach **Exclusion of Certified Acts and Other Acts of Terrorism, Form IA 319** to the policy.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE (Cont'd)

C. Premium Determination:

1. Certified Acts of Terrorism and Other Acts of Terrorism

- a. Apply the factor / rate shown below in accordance with the geographic tier and hazard class of the policy to all eligible policy premium to determine the additional premium for acts of terrorism.
- b. Factors / Rates apply per policy to all eligible coverage premiums and cannot be divided.
- c. Factors / Rates for **terrorism coverage**.

(1) Eligible Policy Premium - Includes all premium for all coverages and policies rated from any of the following except as noted:

- (a) Division One - Auto
- (b) Division Two - Machinery and Equipment
- (c) Division Three - Crime
- (d) Division Four - Farm
- (e) Division Five - Fire and Allied Lines
- (f) Division Six - General Liability
- (g) Division Seven - Professional Liability, excluding any Medical Professional
- (h) Division Eight - Inland Marine
- (i) Division Nine - Multiple Line
- (j) Commercial Umbrella Program, excluding any Medical Professional and any attached Personal Umbrella
- (k) **Businessowners Package Program, excluding any Medical Professional**
- (l) **Dentist's Package Program, excluding any Medical Professional**
- (m) **Package for Artisan Contractors**
- (n) **Religious Institutions Package Policy**
- (o) **Garage Operators Policy**
- (p) **Financial Institutions Package Program**
- (q) **Printers Package Program**
- (r) **Metalworkers Package Policy**
- (s) **Commercial Output Policy**
- (t) **Non-Profit Organization Package Program (Iowa)**

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE (Cont'd)

(2) Geographic Tiers:

TIER	TERRITORY DEFINITION	TERRITORY CODES (Fire)	TERRITORY CODES (GL)
1	San Francisco, CA	CA - 380, 410	CA - 001
	Washington, D.C.	DC - All Codes	DC - 001
	Chicago, IL	IL - 082	IL - 001
	New York City, NY (Manhattan only)	NY - 310	NY - 001
2	Los Angeles County, CA	CA - 600-630	CA - 003
	Cook County, IL (Outside Tier 1)	IL - 080-089, excl - 082	IL - 007
	Suffolk County, MA (Boston Area)	MA - 130, 131	MA - 014
	Montgomery & Prince George's Counties, MD (DC Area)	MD - 160-179	MD - 002
	New York City, NY except Manhattan	NY - 030, 240, 300-309, 410, 430, 520	NY - 010
	Philadelphia, PA	PA - 510	PA - 001
	Harris County, TX (Houston Area)	TX - 718	TX - 004
	Arlington, Alexandria, VA (DC Area)	VA - 040, 150, 495, 545, 565	VA - 001
King County, WA (Seattle Area)	WA - 170, 171	WA - 001	
3	Remainder of Country	All Other per State	All Other

SERFF Tracking Number: CNNA-125469014 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CPRO-08-6006-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: CPRO-08-6006-AR
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: PROPERTY AND CASUALTY
TRANSMITTAL **Review Status:** Filed 02/07/2008

Comments:
PROPERTY AND CASUALTY TRANSMITTAL

Attachment:
F777AR_307[1].pdf

Satisfied -Name: RULE FILING SCHEDULE **Review Status:** Filed 02/07/2008

Comments:
RULE FILING SCHEDULE

Attachment:
F779AR1.pdf

Satisfied -Name: MEMORANDUM **Review Status:** Filed 02/07/2008

Comments:
MEMORANDUM

Attachment:
MEMOF.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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

5. Company Tracking Number	CPRO-08-6006-AR
-----------------------------------	------------------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Sharon Grubbs 6200 South Gilmore Road Fairfield, Ohio 45014	Senior Filing Analyst	513-870-2091	513-870-2097	sharon_grubbs@cinfin.com
7.	Signature of authorized filer		<i>Sharon Grubbs</i>		
8.	Please print name of authorized filer		Sharon Grubbs		

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

9. Type of Insurance (TOI)	Division Seven - Professional Liability
10. Sub-Type of Insurance (Sub-TOI)	Division Seven - Professional Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" 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: Upon Approval Renewal:
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	01/31/08
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 #	CPRO-08-6006AR
--	----------------

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

See Memorandum

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 FILING
Amount: \$50

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.)**

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.)

1.	This filing transmittal is part of Company Tracking #	CPRO-08-6006-AR
-----------	--	------------------------

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	n/a
-----------	---	-----

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Overall percentage rate impact for this filing	0%
-----------	---	-----------

4.	Effect of Rate Filing – Written premium change for this program	\$ 0
-----------	--	-------------

5.	Effect of Rate Filing – Number of policyholders	0
-----------	--	----------

6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
-----------	--	-----------------------

Rate Change by Company			
Company Name	Percentage Change For this program	# of policyholders for this program	Written premium for this program
The Cincinnati Insurance Company	0%	0	0

8.	Overall percentage of last rate revision	0
-----------	---	----------

9.	Effective Date of last rate revision	n/a
-----------	---	------------

10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use
------------	---	-----------------------

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	TERRORISM COVERAGE	RULE 1.	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	n/a
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**ARKANSAS
DIVISION SEVEN - PROFESSIONAL LIABILITY
RULES AND RATES MEMORANDUM**

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
PL-TRIA-1 (2/08)	PL-TRIA-1 (3/06)	Rule 1. Terrorism Coverage Revised introductory paragraph to make reference to "TRIA". Rules 1.A.1. and 1.A.2. Replaced the definitions of certified acts and other acts of terrorism with a reference to certification by the Secretary of Treasury. Rules 1.B.1., 1.B.2., and 1.B.3. Clarified the use of terrorism related forms. Rule 1.B. previously appeared on page PL-TRIA-2.
PL-TRIA-2 (2/08)	PL-TRIA-2 (3/06)	Rule 1.C.1.c. Clarified that rates are for "terrorism coverage". A portion of rule 1.C.1.c.(1) was relocated to this page from page PL-TRIA-3.
PL-TRIA-3 (2/08)	PL-TRIA-3 (9/03)	Rule 1.C.1.c.(2) Deleted asterisks and footnote regarding possible ISO territory revisions.