

SERFF Tracking Number: CNNA-125481608 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CBD-08-6010-AR
TOI: 23.0/24.0 Fidelity & Surety Sub-TOI: 23.0000/24.0000 Fidelity & Surety
Product Name: CBD-08-6010-AR
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CBD-08-6010-AR

TOI: 23.0/24.0 Fidelity & Surety

Sub-TOI: 23.0000/24.0000 Fidelity & Surety

Filing Type: Form

Effective Date Requested (New): 09/01/2008

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: CNNA-125481608 State: Arkansas

SERFF Status: Closed

Co Tr Num: CBD-08-6010-AR

Co Status:

Author: Sharon Grubbs

Date Submitted: 02/11/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Disposition Date: 02/22/2008

Disposition Status: Approved

Effective Date (New): 09/01/2008

Effective Date (Renewal):

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 02/22/2008

State Status Changed: 02/22/2008

Corresponding Filing Tracking Number:

Filing Description:

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

Final copies are attached for your review.

Filing fees will be sent through the Electronic Filing Fee System as a (EFT) filing.

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/22/2008	02/22/2008

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Disposition

Disposition Date: 02/22/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	FORM FILING SCHEDULE	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	INTERNET AND ELECTRONIC BANKING COVERAGE CHANGES TO GENERAL PROVISIONS	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	INTERNET AND ELECTRONIC BANKING COVERAGE CHANGES TO GENERAL PROVISIONS	BC 4026	11 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 BC 4026 10 07 Previous Filing #: CBD-07-6020-AR		BC4026 11-07.pdf

ENDORSEMENT

No. _____

Attached to and Forming Part of Policy Number

Effective date of Endorsement

Issued to

**INTERNET AND ELECTRONIC BANKING COVERAGE
CHANGES TO GENERAL PROVISIONS**

This endorsement modifies insurance provided under the following:

FINANCIAL INSTITUTIONS BLUE CHIP POLICY (PART V - GENERAL PROVISIONS APPLICABLE TO ALL COVERAGE PARTS FORMING THIS POLICY) is amended as follows:

I. SECTION I - EXCLUSIONS, H. is deleted and replaced by the following:

H. For actual or alleged:

1. Bodily injury, sickness, disease, or death of any person, assault, battery, mental anguish, or emotional distress; or
2. "Property damage," including but not limited to physical injury, loss of or loss of use of currency or any negotiable or non-negotiable instruments or contracts representing money; or
3. Invasion of privacy, wrongful entry, eviction, false arrest, false imprisonment, malicious prosecution, libel, slander or defamation; or
4. Interference with or damage to business reputation;

provided, however, with respect to Coverage Part **II**, this exclusion shall apply only to "claims" for actual or alleged bodily injury, sickness, disease, or death of any person or "property damage";

provided, however, with respect to Coverage Part **VI**, this exclusion shall apply only to "claims" for actual or alleged bodily injury, sickness, disease or death of any person, assault, battery, mental anguish, emotional distress, "property damage", wrongful entry, eviction, false arrest, false imprisonment and malicious prosecution; or

II. SECTION I - EXCLUSIONS is hereby amended to add the following:

We are not liable to pay, indemnify or defend any "claim" based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving a "wrongful act" as defined in Coverage Part **VI**. However, this exclusion shall not apply to any "claim" under Coverage Part **VI**.

All other provisions of the policy remain unchanged except as herein expressly modified.

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Rate Information

Rate data does NOT apply to filing.

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State: Arkansas

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State Tracking Number: EFT \$50

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TOI: 23.0/24.0 Fidelity & Surety

Sub-TOI: 23.0000/24.0000 Fidelity & Surety

Product Name: CBD-08-6010-AR

Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

02/22/2008

Comments:

PROPERTY AND CASUALTY TRANSMITTAL

Attachment:

F777AR_307[1].pdf

Satisfied -Name: FORM FILING SCHEDULE

Review Status:

Approved

02/22/2008

Comments:

FORM FILING SCHEDULE

Attachment:

F778AR_307[1].pdf

Satisfied -Name: MEMORANDUM

Review Status:

Approved

02/22/2008

Comments:

MEMORANDUM

Attachment:

MEMOF.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CBD-08-6010-AR
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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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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.)**

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 #	CBD-08-6008-AR			
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	INTERNET AND ELECTRONIC BANKING COVERAGE CHANGES TO GENERAL PROVISIONS	BC 4026 11 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BC 4026 10 07	CBD-07-6020-AR
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		

**ARKANSAS
DIRECTORS AND OFFICERS LIABILITY
FORMS MEMORANDUM**

NEW FORM	OLD FORM	TITLE/DESCRIPTION OF CHANGE
BC 4026 11 07	BC 4026 10 07	INTERNET AND ELECTRONIC BANKING COVERAGE CHANGES TO GENERAL PROVISIONS Under I.H.3., corrected fake imprisonment to false imprisonment.