

SERFF Tracking Number: CNNA-125491528 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CMISC-08-6005-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: CMISC-08-6005-AR
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CMISC-08-6005-AR

TOI: 17.0 Other Liability - Claims
Made/Occurrence

Sub-TOI: 17.0000 Other Liability Sub-TOI
Combinations

Filing Type: Form

SERFF Tr Num: CNNA-125491528 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num: CMISC-08-6005-AR

State Status: Fees verified and
received

Co Status:

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

Author: Sharon Grubbs

Disposition Date: 02/21/2008

Date Submitted: 02/18/2008

Disposition Status: Approved

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

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/21/2008

State Status Changed: 02/21/2008

Deemer Date:

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.

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Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by June 1, 2008, for the software to be mailed to our agents on July 1, 2008, for the effective date of September 1, 2008.

Your approval is respectfully requested for use on policies effective on or after September 1, 2008.

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	02/18/2008	18021099

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/21/2008	02/21/2008

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Disposition

Disposition Date: 02/21/2008

Effective Date (New):

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	PROFESSIONAL LIABILITY APPLICATION (MISCELLANEOUS PROFESSIONAL)	Approved	Yes
Form	PRINTER'S APPLICATION	Approved	Yes
Form	COSMETOLOGISTS AND BARBERS PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	PROFESSIONAL LIABILITY APPLICATION (MISCELLANEOUS PROFESSIONAL)	CA 1038	08 07	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 CA-1038 (3/03) Previous Filing #: CMISC-03-6022-AR		CA1038 08-07.pdf
Approved	PRINTER'S APPLICATION	IW 001	08 07	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 IW-001 (9/00) Previous Filing #: CMISC-01-6001-AR		IW001 08-07.pdf
Approved	COSMETOLOGISTS AND BARBERS PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION	PA 003	08 07	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 PA-003 (8/06) Previous Filing #: CMISC-06-6016-AR		PA003 08-07.pdf

- THE CINCINNATI INSURANCE COMPANY**
- THE CINCINNATI CASUALTY COMPANY**
- THE CINCINNATI INDEMNITY COMPANY**

**PROFESSIONAL LIABILITY APPLICATION
(MISCELLANEOUS PROFESSIONAL)**

1. Name of Applicant: _____
Office Address: _____
2. Endorsement Period: From _____ To _____
(12:01 A.M., Standard Time, at the address of the applicant as stated herein.)
3. Type Professional Coverage Desired: _____
4. Limits of Insurance Desired: \$ _____ per incident \$ _____ aggregate
5. List all Professional Employees and Type Profession (each Professional Employee must complete separate application, except Social Service Professional):

6. The applicant is engaged in practice as a _____ and is duly registered and licensed to practice their profession under the laws of all jurisdictions in which they practice. These jurisdictions are: _____
7. Do you:

	Yes	No
a. have any connection with any partnership or corporation other than applied for here?	<input type="checkbox"/>	<input type="checkbox"/>
b. own or operate a hospital, sanatorium, or clinic with bed and board facilities?	<input type="checkbox"/>	<input type="checkbox"/>
c. perform major surgery?	<input type="checkbox"/>	<input type="checkbox"/>
d. use x-ray apparatus for therapeutic treatment?	<input type="checkbox"/>	<input type="checkbox"/>
e. have a professional specialty or exposure other than that applied for here?	<input type="checkbox"/>	<input type="checkbox"/>
f. provide professional service for any other person or organization on salary or commission?	<input type="checkbox"/>	<input type="checkbox"/>

Explain all "Yes" responses: _____
8. Have you ever had a claim or suit brought against you as a result of any alleged malpractice, error, or mistake?
 No Yes (please explain) _____
9. During the past three years, has any insurer canceled any similar insurance issued to you or declined to issue such insurance? (This question is not applicable in Missouri.) No Yes (please explain)
10. Graduate of (school or seminary / location): _____ Year: _____ .
Applicant is a member in good standing of the following Medical Associations or Professional Associations:

11. Do you participate in professional continuing education courses? No Yes (please detail) _____
12. Are you currently insured under a claims-made policy? No Yes If "Yes," is prior acts coverage desired?
 No Yes If prior acts coverage requested, please complete prior acts application **PA-008**.

OPTOMETRISTS OR OPTICIANS: (Application required for each optometrist or optician.)

- a. What is percentage of total contact lens prescriptions? _____ %
- b. What is percentage of soft contact lens prescriptions? _____ %
- c. Are soft lenses FDA approved? Yes No
- d. Do you keep records of all tests performed and prescriptions filled in fire-resistant cabinets? Yes No
- e. Are patients referred to an ophthalmologist or other physician whenever there is a possibility that specialized treatment is required? Yes No
- f. Does your equipment meet state regulatory standards? Yes No
- g. Do you have a Topical Ocular Pharmaceutical Agents Certificate? Yes No
- h. Do you have a Therapeutic Pharmaceutical Agents Certificate? Yes No
- i. If you are an employed optometrist / optician do you have primary professional insurance with another carrier or on a separate policy with us? Yes No

VETERINARIANS / ANIMAL GROOMERS-

- a. Do you specialize in care of high valued (over \$1,000) animals? No Yes If "Yes", please describe: _____
- b. Describe the type of animals cared for: _____

CLERGY / COUNSELORS: (Application required for each clergy / counselor.)

- a. List any certification and certifying organization (i.e., certified counselor, ordained minister): _____
- b. List trained lay advisors and what they do: _____
- c. Have you ever or do you currently perform counseling for a fee? Yes No
- d. Total number of clergy, certified counselors or lay advisors on your staff: _____

EMERGENCY MEDICAL TECHNICIANS (EMT's): (Application required for each EMT.)

- a. Are you an EMT EMT - D EMT - Advanced EMT - Paramedic
- b. NAEMT Membership No. _____
- c. EMS for which applicant provides services: _____
- d. Please attach: (1) copies of National or State Certification; (2) CPR Certification; and (3) letter from EMS indicating Medical Director indicating you provide care under medical direction.

SOCIAL SERVICE PROFESSIONAL: (Application required for each professional.)

Attach a copy of brochure or information explaining services provided by the applicant.

- Is agency or individual involved in:
- a. Adoption or child placement? Yes No
 - b. Residential / Housing care? Yes No
 - c. Alcohol or drug rehabilitation? Yes No
 - d. Sex counseling? Yes No
 - e. Abortion or birth counseling? Yes No
 - f. Criminal rehabilitation or probation activities? Yes No

List names and degrees of employees below (degrees such as ACSW, PHD, MSW, etc.):

Name	Degree	Describe Duties

COVERAGE B - BUSINESS ENTITY PROFESSIONAL LIABILITY (Applicable only to Medical Professionals insured under the Medical Arts Practitioner Professional Liability Coverage Form - PA 106)

a. Is applicant engaged in a medical partnership, association, limited liability company or professional corporation with other persons (i.e., a Business Entity)? Yes No

b. If "Yes," give names:

c. Is Business Entity coverage desired? Yes No

d. Name of Business Entity:

e. Limits of Insurance: \$ _____ Each Business Entity Incident \$ _____ Aggregate

Note: One Limit of Insurance is applicable to Coverage B, regardless of the number of partners, members, etc. And the Coverage B Limit of Insurance may not be higher than that provided under Coverage A - Individual Professional Liability.

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Applicant's Signature

Date

Agent's Signature

Date

Agency and Code Number

Agent's Name and License Number (Florida only)

THE CINCINNATI INSURANCE COMPANY
 THE CINCINNATI CASUALTY COMPANY
 THE CINCINNATI INDEMNITY COMPANY

PRINTER'S APPLICATION

(Use for Printers Package Program and Businessowners Package Program)

1. Name of Applicant: _____

Address: _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 2. Does the applicant conduct any of the following types of printing operations? | | |
| A. Newspaper (excluding weekly advertisers), book or magazine printing or publishing? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Printing of stamps - postage or trading? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Ticket printing such as, but not limited to, raffle, lottery, sports or concerts | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Printing of controversial material? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Printing of currency, securities, travelers' checks or money orders? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Printing games of chance, printing broker, telephone directories? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Website design or development? | <input type="checkbox"/> | <input type="checkbox"/> |

3. Indicate with an "X" the operations performed by the applicant and the percentage of sales from each group.

Low Hazard

- | | |
|--|---|
| <input type="checkbox"/> Bronzing | <input type="checkbox"/> Matchbooks |
| <input type="checkbox"/> Bulletins/Newsletters | <input type="checkbox"/> Napkins |
| <input type="checkbox"/> Color separation | <input type="checkbox"/> Non-promotional material |
| <input type="checkbox"/> Envelopes | <input type="checkbox"/> Photoengraving |
| <input type="checkbox"/> Folding Boxes (no mfg.) | <input type="checkbox"/> Presentation folders |
| <input type="checkbox"/> Invitations | <input type="checkbox"/> Stationery |

_____ % of Sales

Average Hazard

- | | | |
|---|---|--|
| <input type="checkbox"/> Bank checks | <input type="checkbox"/> Engraving | <input type="checkbox"/> Packaging (no mfg.) |
| <input type="checkbox"/> Blueprints | <input type="checkbox"/> Equipment list | <input type="checkbox"/> Photo duplicating |
| <input type="checkbox"/> Booklets | <input type="checkbox"/> Film processing | <input type="checkbox"/> Platemaking |
| <input type="checkbox"/> Book printing | <input type="checkbox"/> Finishing services (incl. binding) | <input type="checkbox"/> Press kits |
| <input type="checkbox"/> Brochures | <input type="checkbox"/> Foil stamping | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Business reply cards | <input type="checkbox"/> Greeting cards | <input type="checkbox"/> Publication inserts |
| <input type="checkbox"/> Business forms | <input type="checkbox"/> Lighters - specialty items | <input type="checkbox"/> Reprographics |
| <input type="checkbox"/> Data sheets | <input type="checkbox"/> Menus | <input type="checkbox"/> T-shirts |
| <input type="checkbox"/> Die cutting | <input type="checkbox"/> Mugs - specialty items | <input type="checkbox"/> Wallpaper |
| <input type="checkbox"/> Embossing | <input type="checkbox"/> Newspaper - Pennysave type only | |

_____ % of Sales

High Hazard

The below operations require a minimum \$1,000 E&O deductible:

- | | |
|--|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Graphic design |
| <input type="checkbox"/> Annual reports | <input type="checkbox"/> Labels - stickers, wrapping tags |
| <input type="checkbox"/> Book Binding | <input type="checkbox"/> Mailings |
| <input type="checkbox"/> Catalogs | <input type="checkbox"/> Manuals |
| <input type="checkbox"/> Computer forms | <input type="checkbox"/> Optical character recognition (OCR) |
| <input type="checkbox"/> Coupons | <input type="checkbox"/> Posters |
| <input type="checkbox"/> Design/typography | <input type="checkbox"/> Signs |
| <input type="checkbox"/> Direct mailing | <input type="checkbox"/> Trade show material |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Typesetting |
| <input type="checkbox"/> Forms and documents | <input type="checkbox"/> Universal products code (UPC) |

_____ % of Sales

Describe operations performed that are not listed in 3. above _____

4. Does the applicant use subcontractors? Yes No
 If "Yes," please explain: _____

5. Does the applicant engage in copying or duplicating services? Yes No
 If "Yes," what percentage of receipts are derived from copying or duplicating services? _____ %

6. Receipts - breakdown:
 Printing operation only: \$ _____ All other Operations \$ _____

7. A. What types of solvents are used? _____

B. How are solvents stored? _____

C. How are solvents disposed of? _____

D. Are new employees fully trained on safe use of solvents? Yes No

8. Have you ever had a claim or suit brought against you as a result of any alleged negligent act,
 error or omission? Yes No
 If "Yes," please explain: _____

9. Please describe quality control methods employed to prevent errors or misprints: _____

10. During the past three years, has any insurer canceled any similar insurance issued to the applicant
 or declined to issue such insurance? (Not applicable in Missouri) Yes No
 If "Yes," please explain: _____

OPTIONAL COVERAGES

("X" the box if endorsement is needed.)

11. Printers Coverage Enhancement (**FW 202**, Printers Package Program; **MB-202**, BOP)
 Optional higher limits (above the \$25,000 included in the Printer program; \$25,000 included for BOP)
 Total Limit \$ _____ A.1.a. Your Printers Personal Property
 \$ _____ A.1.b. Printers Personal Property of Others
 \$ _____ A.1.c. In Transit

12. Printers Optional Coverage (**FA-235**, Printers Package Program)
 Printers BOP Optional Coverage (**FB 206**, BOP)

13. Printer Deluxe Option. Equipment Breakdown Coverage will be endorsed. (Not available for BOP)

14. Printers Errors and Omissions Coverage
 E&O limits of insurance: \$ _____ each wrongful act; \$ _____ aggregate
 (If being added to the BOP, the per claim limit must be the same or greater than the each occurrence
 Business Liability limit.)
 Deductible: \$ _____ (\$500 is basic for Low and Average Hazard; \$1,000 for High Hazard). If
 correction of work coverage applies, the E&O and correction of work deductibles must be the same.
15. Correction of work coverage (not available for BOP)
 Deductible: \$ _____ (\$1,000 required for Low and Average Hazard; \$2,500 for High Hazard)

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I HEREBY DECLARE that the answers to the questions on this application are complete and true.

 Applicant's Signature

 Date

 Agent's Signature

 Date

 Agency and Code Number

 Agent's Name and License Number (Florida only)

THE CINCINNATI INSURANCE COMPANY
 THE CINCINNATI CASUALTY COMPANY
 THE CINCINNATI INDEMNITY COMPANY
COSMETOLOGISTS AND BARBERS PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION

- Issue New
 Quote Renewal of Policy Number: _____
 Add to Policy Number: _____

Applicant: _____

1. Total Staff Number _____ Full Time Number _____ Part Time Number _____

Include total staff actually engaged in beauty or barber shop operations at all locations including all individuals, officers, partners, directors, other employees and independent contractors.

Full-time Cosmetologist or Barber is a person who regularly works more than 20 hours in any one week.
Part-time Cosmetologist or Barber is a person who regularly works 20 hours or less in any one week.

2. Are all operators licensed by the state? Yes No
3. If coverage for hair removal via electrolysis is desired, please indicate the number of staff, full or part time, providing this service: Number _____
4. Please indicate () which of the following services are rendered to patrons:

<input type="checkbox"/> Hair Cutting / Styling	<input type="checkbox"/> Hair Coloring	<input type="checkbox"/> Hair Straightening	<input type="checkbox"/> Manicures	<input type="checkbox"/> Pedicures
<input type="checkbox"/> Permanent Waving	<input type="checkbox"/> Hair Removal*	<input type="checkbox"/> Facials	<input type="checkbox"/> Massages †	<input type="checkbox"/> Plastic Surgery or removal of warts, moles or other growths ▪
<input type="checkbox"/> Weight reducing treatments ▪	<input type="checkbox"/> Steam Baths ▪	<input type="checkbox"/> Saunas ▪	<input type="checkbox"/> Body Wrapping ▪	<input type="checkbox"/> Tanning ▪
<input type="checkbox"/> Permanent Cosmetic Makeup ▪	<input type="checkbox"/> Tattooing ▪	<input type="checkbox"/> Skin Peeling ▪	<input type="checkbox"/> Body Piercing (including ear) ▪	<input type="checkbox"/> Implantation or Transplantation of Hair ▪

Please list and describe any other services rendered to patrons: _____

* Use of x-rays, ionizing radiation or photo coagulation techniques are not covered. (Coverage for electrolysis may be purchased).

† Massage, other than facial or scalp, is not covered.

▪ Liability arising from these services is not covered.

5. Describe method used for sanitizing manicuring implements:

6. Limit of Insurance:

CPP Coverage Part

BOP Endorsement (Choose one) **

Each Professional Incident \$ _____ \$500,000 \$1,000,000 \$2,000,000
 Professional Liability Aggregate \$ _____ \$1,000,000 \$2,000,000 \$4,000,000

** The Each Professional Incident Limit (under the BOP) must be equal to or greater than the Business Liability Each Occurrence Limit.

7. Is a "test curl" method (checking condition of hair and scalp in 10- and 20-minute intervals) used? Yes No
8. Do you give skin tests before applying hair dyes and shampoo tints? Yes No
9. Are precautions taken when permanent waving hennaed, bleached or over-processed hair, so as to prevent damage? Yes No
10. Do you keep records (name, address and dates of treatments) on all persons receiving permanent waves and hair dyes? Yes No
11. Have you ever used methyl methacrylate polymers (MMA) in your artificial nails or nail products? Yes No
If "Yes", describe any usage of MMA in your business:

12. During the past three years has any insurer canceled any similar insurance issued to the Applicant referenced above or declined to issue such insurance? Yes No If yes, please explain circumstances:
(This question is not applicable in Missouri.)

13. Has the Applicant referenced above, or anyone currently providing services on their behalf, ever had a claim or suit brought against them alleging a professional error, mistake or malpractice? Yes No
If yes, please explain circumstances:

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Date

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Date

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Agent's Name and License Number (Florida only)

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 02/21/2008

Comments:

PROPERTY AND CASUATLY TRANSMITTAL

Attachment:

F777AR_307.pdf

Satisfied -Name: FORM FILING SCHEDULE **Review Status:** Approved 02/21/2008

Comments:

FORM FILING SCHEDULE

Attachment:

F778AR_307.pdf

Satisfied -Name: MEMORANDUM **Review Status:** Approved 02/21/2008

Comments:

MEMORANDUM

Attachment:

MEMOF.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CMISC-08-6005-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 #		CMISC-08-6005-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	PROFESSIONAL LIABILITY APPLICATION (MISCELLANEOUS PROFESSIONAL)	CA 1038 08 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CA-1038 (3/03)	CMISC-03-6022-AR
02	PRINTERS APPLICATION	IW 001 08 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IW-001 (9/00)	CMISC-01-6001-AR
03	COSMETOLOGISTS AND BARBERS PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION	PA 003 08 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PA-003 (8/06)	CMISC-06-6016-AR
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
MISCELLANEOUS
FORMS MEMORANDUM**

NEW FORM	OLD FORM	TITLE/DESCRIPTION OF CHANGE
CA 1038 08 07	CA-1038 (3/03)	<p>PROFESSIONAL LIABILITY APPLICATION (MISCELLANEOUS PROFESSIONAL)</p> <p>Under question 4., "Professional Limits" amended to "Limits of Insurance" and "per claim" amended to "per incident". Added COVERAGE B - BUSINESS ENTITY PROFESSIONAL LIABILITY Section. Updated the Fraud Warning.</p> <p>The application applies to the following lines of business: Division Seven - Professional Liability Businessowners Package Program</p>
IW 001 08 07	IW-001 (9/00)	<p>PRINTER'S APPLICATION</p> <p>Under question 14., "limits of liability" amended to "limits of insurance" and "per claim" amended to "each wrongful act". Updated the Fraud Warning.</p> <p>The application applies to the following lines of business: Division Seven - Professional Liability Businessowners Package Program</p>
PA 003 08 07	PA-003 (8/06)	<p>COSMETOLOGISTS AND BARBERS PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION</p> <p>Moved footnotes to the end of question 4. Updated the Fraud Warning.</p> <p>The application applies to the following lines of business: Division Seven - Professional Liability Businessowners Package Program</p>