

SERFF Tracking Number: HART-125490819 State: Arkansas
 Filing Company: Twin City Fire Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: FN.13HS.802.2007.02(1)
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: The Hartford Professional Choice Liability Policy Program - Form Filing
 Project Name/Number: The Hartford Professional Choice Liability Policy Program - Form Filing/FN.13HS.802.2007.02(1)

Filing at a Glance

Company: Twin City Fire Insurance Company
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 TOI: 17.0 Other Liability - Claims Made/Occurrence
 Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Filing Type: Form

SERFF Tr Num: HART-125490819 State: Arkansas
 SERFF Status: Closed State Tr Num: EFT \$50
 Co Tr Num: FN.13HS.802.2007.02(1)
 Co Status: Initial Filing
 Author: Regina McLendon
 Date Submitted: 02/15/2008

State Status: Fees verified and received
 Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
 Disposition Date: 02/21/2008
 Disposition Status: Approved
 Effective Date (New):
 Effective Date (Renewal):

Effective Date Requested (New): On Approval
 Effective Date Requested (Renewal): On Approval
 State Filing Description:

General Information

Project Name: The Hartford Professional Choice Liability Policy Program - Form Filing
 Project Number: FN.13HS.802.2007.02(1)
 Reference Organization: N/A
 Reference Title: N/A
 Filing Status Changed: 02/21/2008
 State Status Changed: 02/21/2008
 Corresponding Filing Tracking Number:
 Filing Description:
 The Hartford Professional Choice Liability Policy Program - Form Filing

Status of Filing in Domicile: Authorized
 Domicile Status Comments: Approved in domicile state.
 Reference Number: N/A
 Advisory Org. Circular: N/A
 Deemer Date:

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Company and Contact

Filing Contact Information

Regina McLendon, Account Analyst regina.mclendon@thehartford.com
 690 Asylum Avenue (860) 547-2594 [Phone]
 Hartford, CT 06115 (860) 547-3838[FAX]

Filing Company Information

Twin City Fire Insurance Company CoCode: 29459 State of Domicile: Indiana
 Hartford Plaza Group Code: 91 Company Type: Property
 Hartford, CT 06115 Group Name: State ID Number:
 (860) 547-5000 ext. [Phone] FEIN Number: 06-0732738

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 x's 1 filing = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Twin City Fire Insurance Company	\$50.00	02/15/2008	18009017

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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	Explanatory Memo	Approved	Yes
Supporting Document	Form List	Approved	Yes
Form	THE HARTFORD PROFESSIONAL CHOICE LIABILITY POLICY DECLARATIONS - ARKANSAS	Approved	Yes
Form	ARKANSAS AMENDATORY ENDORSEMENT (DEFENSE COSTS OUTSIDE LIMIT OF LIABILITY AND RETENTION) (AMENDMENT OF EXTENDED REPORTING PERIOD)	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	THE HARTFORD PROFESSIONAL CHOICE LIABILITY POLICY DECLARATIONS - ARKANSAS	MP 03 H002 00 0208	02-08	Declaration New s/Schedule		0.00	MP03H002.pdf
Approved	ARKANSAS AMENDATORY ENDORSEMENT (DEFENSE COSTS OUTSIDE LIMIT OF LIABILITY AND RETENTION) (AMENDMENT OF EXTENDED REPORTING PERIOD)	MP 03 H002 00 0208	MP 03 H002 00 0208	Endorsement/Amendment/Conditions		0.00	MP03H079.pdf

Prior Policy Number:

Policy Number: _____,
a stock insurance company, herein called the Insurer



THE HARTFORD PROFESSIONAL CHOICE LIABILITY POLICYSM

THIS IS A CLAIMS-MADE AND REPORTED POLICY – PLEASE READ IT CAREFULLY.

NOTICE: THIS IS A CLAIMS MADE AND REPORTED POLICY. EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR WRONGFUL ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE INSURER DURING THE POLICY PERIOD. THE COVERAGE OF THIS POLICY DOES NOT APPLY TO CLAIMS FIRST MADE AGAINST THE INSURED AFTER THE TERMINATION OF THE POLICY UNLESS, AND IN SUCH EVENT ONLY TO THE EXTENT, AN EXTENDED REPORTING PERIOD APPLIES.

DECLARATIONS

ARKANSAS

ITEM 1. NAMED INSURED:
ADDRESS:

ITEM 2. PRODUCER:

ITEM 3. POLICY PERIOD EFFECTIVE FROM: _____ TO: _____
(AT 12:01 A.M. STANDARD TIME AT ADDRESS OF THE NAMED INSURED AS STATED HEREIN.)

ITEM 4. LIMITS OF LIABILITY:

(A) \$ _____ each **Claim**, but in no event exceeding,

(B) \$ _____ in the aggregate for all **Claims**.

ITEM 5. RETENTION: \$ _____ per **Claim**.

ITEM 6. PREMIUM: \$ _____

ITEM 7.

EXTENDED REPORTING PERIOD: _____ months

EXTENDED REPORTING PERIOD PREMIUM: _____ %

ITEM 8. RETROACTIVE DATE:

ITEM 9. PROFESSIONAL SERVICES:

ITEM 10. NOTICES: Notices required to be given to the Insurer under the Policy shall be addressed to:

ITEM 11. ENDORSEMENTS ATTACHED AT EFFECTIVE DATE:

AUTHORIZED REPRESENTATIVE: _____
DATE: _____

This endorsement, effective 12:01 am,
of policy number

forms part

issued to:

by:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ARKANSAS AMENDATORY ENDORSEMENT
(Defense Costs Outside Limit of Liability and Retention)
(Amendment of Extended Reporting Period))**

This endorsement modifies insurance provided under the following:

THE HARTFORD PROFESSIONAL CHOICE LIABILITY POLICYSM

I. LIMIT OF LIABILITY

Section **VIII. CONDITIONS**, paragraph **(C)**, **LIMIT OF LIABILITY**, is deleted and replaced with the following:

The Insurer's maximum liability for all **Loss** resulting from each **Claim** shall be the Limit of Liability for each **Claim** set forth in Item 4(A) of the Declarations. The Insurer's maximum aggregate liability for all **Loss** resulting from all **Claims** covered by this Policy shall be the aggregate Limit of Liability for all **Claims** set forth in Item 4(B) of the Declarations.

The Limit of Liability of the Insurer for the **Extended Reporting Period**, if applicable, shall be part of, and not in addition to, the Limit of Liability of the Insurer for the **Policy Period**.

Any payment of **Loss** by the Insurer shall reduce the Limit of Liability.

Claims made against more than one **Insured** under this Policy shall not operate to increase the Limit of Liability.

II. RETENTION

Section **VIII. CONDITIONS**, paragraph **(E)**, **RETENTION**, is deleted and replaced with the following:

The Insurer shall only be liable for those amounts payable hereunder for **Loss** that are in excess of the Retention stated in Item 5 of the Declarations. This Retention shall apply separately to each **Claim** and shall be borne by the **Insured** and remain uninsured. For purposes of the Retention, **Claims** arising out of the same **Wrongful Act** shall be considered one **Claim**, and only one Retention amount shall apply thereto. The Retention shall not reduce or increase the Limit of Liability.

The **Insured** shall promptly make direct payments within the Retention to appropriate parties as designated by the Insurer. The Insurer shall have no obligation to make payments within the Retention and to then seek reimbursement from the **Insured**.

III. EXTENDED REPORTING PERIOD

Section **VIII. CONDITIONS**, paragraph **(F), EXTENDED REPORTING PERIOD**, is deleted and replaced with the following:

If the **Named Insured** shall cancel or fail to renew this Policy, or if the Insurer shall cancel or refuse to renew this Policy, the **Named Insured** shall have the right upon payment of an additional premium, to an extension of coverage under this Policy subject to all other terms, conditions, limitations of and any endorsements to this Policy for a period and additional premium indicated in Item 7 of the Declarations plus the annualized amount of any additional premiums charged during the **Policy Period**, following the effective date of such cancellation or refusal to renew but only with respect to any **Wrongful Act** committed before the date of such cancellation or non-renewal.

The offer of renewal terms, conditions, Limit of Liability and/or premiums different from those of this Policy shall not constitute a cancellation or refusal to renew.

The **Extended Reporting Period** shall terminate on the effective date and hour of any other insurance issued to the **Named Insured** or successor to the **Named Insured** which replaces in whole or in part the coverage afforded by the **Extended Reporting Period**.

The **Named Insured's** right to purchase the **Extended Reporting Period** must be exercised by notice in writing not later than sixty (60) days following the non-renewal or cancellation date of this Policy, and must include payment of premium for the applicable **Extended Reporting Period**. If such notice is not so given to the Insurer, the **Named Insured** shall not, at a later date, be able to exercise such right.

At the commencement of any **Extended Reporting Period**, the entire premium thereafter shall be deemed earned and in the event the **Named Insured** terminates the **Extended Reporting Period** before its expiration date, the Insurer shall not be liable to return to the **Named Insured** any portion of the premium for the **Extended Reporting Period**.

The Limit of Liability available for the **Extended Reporting Period** is part of, and not in addition to, the Limit of Liability as shown in the Declarations. The Limit of Liability available for the **Extended Reporting Period**, shall be no less than the greater of the amount of the remaining or fifty percent (50%) of the Limit of Liability as shown in the Declarations.

All other terms and conditions remain unchanged.

Authorized Representative

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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 02/21/2008

Comments:

Attachment:

PC-TD-1 & Form Filing Schedule.pdf

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

Comments:

Attachment:

Form Explanatory.pdf

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

Comments:

Attachment:

AR_Form List.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	

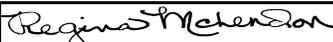
3. Group Name	Group NAIC #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	

5. Company Tracking Number	FN.13HS.802.2007.02(1)
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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
Regina McLendon	Filing Analyst			regina.mclendon@thhartford.com
Hartford Plaza, Hartford, CT 06115		860-547-2594	866-497-7565	ehartford.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Regina McLendon

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

9. Type of Insurance (TOI)	17.0 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0019 Errors & Omissions Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	The Hartford Professional Choice 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: 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	2/15/08
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 # FN.13HS.802.2007.02(1)

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

Re: **OTHER LIABILITY - THE HARTFORD PROFESSIONAL CHOICE LIABILITY
POLICY PROGRAM - FORMS FILING**

Our Filing Number: FN.13HS.802.2007.02(1)
Twin City Fire Insurance Company 091-29459

Dear Sir:

Enclosed are the following:

- Filing Fee is being submitted via EFT.
- P&C Transmittal Document and Form Filing Schedule.
- Forms Explanatory
- Forms listed on the enclosed Forms Listing.

For the above listed company, to be effective upon your disposition date, we hereby submit for approval the enclosed forms in final print.

Regina McLendon

Regina McLendon, Filing Analyst

Legal/Compliance

Telephone: (860) 547-2594

FAX No.: (866) 497-7565

E-Mail Address: regina.mclendon@thehartford.com

**One Hartford Plaza
H0-GL-19
Hartford, CT 06105**

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 #: N/A

Amount: Filing fee being submitted via EFT.

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 #	FN.13HS.802.2007.02(1)			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	FN.13HS.802.2007.02(1)			
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	The Hartford Professional Choice Liability Policy Declarations - Arkansas	MP 03 H002 00 0208	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Arkansas Amendatory Endorsement (Defense Costs Outside Limits of Liability and Retention) Amendment of Extended Reporting Period)	MP 03 H079 00 0208	<input checked="" 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		

THE HARTFORD PROFESSIONAL CHOICE LIABILITY POLICY

FORM EXPLANATORY

Additional forms have been developed, per the attached Forms List, for use with our Product The Hartford Professional Choice Liability Policy. The Form List provides an explanation of each form.

These endorsements will be used when Tax Preparers coverage is provided.

THE HARTFORD PROFESSIONAL CHOICE LIABILITY POLICY - Arkansas

	Form No.	Title	Explanation / Description	Mandatory or Optional	Restricts, Broadens or Clarifies
1	MP 03 H002 00 0208	The Hartford Professional Choice Liability Policy Declarations - Arkansas	Declarations page will be used in Arkansas in place of MP 00 H002 00 0206 only when either MP 00 H066 00 0507 Tax Preparers Endorsement or MP 00 H067 00 0507 Tax Preparers and Bookkeepers Endorsement is selected. The Declaration Page makes the policy defense expenses outside the limit of liability and retention.	O	n/a
2	MP 03 H079 00 0208	Arkansas Amendatory endorsement (Defense Costs Outside Limit of Liability and Retention) (Amendment of Extended Reporting Period)	State Amendatory will be used in Arkansas only when either MP 00 H066 00 0507 Tax Preparers Endorsement or MP 00 H067 00 0507 Tax Preparers and Bookkeepers Endorsement is selected. The Amendatory makes the policy defense expenses outside the limit of liability and retention.	O	n/a