

SERFF Tracking Number: REGU-125475076 State: Arkansas  
Filing Company: SPARTA Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: SPARTA-GL-08  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: SPARTA General Liability Filing  
Project Name/Number: /

## Filing at a Glance

Company: SPARTA Insurance Company

Product Name: SPARTA General Liability Filing SERFF Tr Num: REGU-125475076 State: Arkansas

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50  
Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: SPARTA-GL-08 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Jeremy Battles Disposition Date: 02/20/2008

Date Submitted: 02/06/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New):

Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments: Filing is pending in Massachusetts

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 02/20/2008

State Status Changed: 02/20/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

SPARTA Insurance Company (SPARTA), a member of Insurance Services Office (ISO), is filing independent forms for its General Liability Program. The corresponding rates and rules are not required to be submitted, as per your state's requirements.

SPARTA is a new company with no existing policyholders in your state. There is no rate impact resulting from this filing.

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Attached for your review are the following:

- Explanatory Memo
- Independent Forms

An EFT in the amount \$50.00 has been initiated to cover your state's filing fees.

We ask that this filing become effective for all policies effective upon approval.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)  
 Jeremy Battles, Senior Analyst jeremybattles@ircllc.com  
 50 Broad Street (212) 571-3989 [Phone]  
 New York, NY 10004

### Filing Company Information

SPARTA Insurance Company	CoCode: 20613	State of Domicile: Massachusetts
CityPlace II	Group Code:	Company Type: Stock Company
185 Asylum Street		
Hartford, CT 06103	Group Name: N/A	State ID Number:
(860) 275-6523 ext. [Phone]	FEIN Number: 04-1027270	

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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SPARTA Insurance Company \$50.00 02/06/2008 17843164



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/20/2008	02/20/2008

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## Disposition

Disposition Date: 02/20/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Filing Authorization and Explanatory Memo	Approved	Yes
<b>Form</b>	Cancellation Notice - Extension	Approved	Yes
<b>Form</b>	Asbestos Exclusion	Approved	Yes
<b>Form</b>	Lead Exclusion	Approved	Yes
<b>Form</b>	Subsidence Exclusion	Approved	Yes
<b>Form</b>	Canine Exclusion	Approved	Yes
<b>Form</b>	Prior and/or Pending Litigation Exclusion	Approved	Yes
<b>Form</b>	Amended Additional Insured	Approved	Yes
<b>Form</b>	Broadened Who Is An Insured	Approved	Yes
<b>Form</b>	Unintentional Failure To Disclose Hazards	Approved	Yes
<b>Form</b>	Notice of An Occurrence	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Cancellation Notice - Extension	CO 21 01 02 08	02 08	Endorsement/Amendment/Conditions	New	0.00	CO 21 01 02 08 Cancellation Notice.pdf
Approved	Asbestos Exclusion	GL 45 01 02 08	02 08	Endorsement/Amendment/Conditions	New	0.00	GL 45 01 02 08 Asbestos Exclusion.pdf
Approved	Lead Exclusion	GL 45 02 02 08	02 08	Endorsement/Amendment/Conditions	New	0.00	GL 45 02 02 08 Lead Exclusion.pdf
Approved	Subsidence Exclusion	GL 45 03 02 08	02 08	Endorsement/Amendment/Conditions	New	0.00	GL 45 03 02 08 Subsidence Exclusion.pdf
Approved	Canine Exclusion	GL 45 04 02 08	02 08	Endorsement/Amendment/Conditions	New	0.00	GL 45 04 02 08 Canine Exclusion.pdf
Approved	Prior and/or Pending Litigation Exclusion	GL 45 05 02 08	02 08	Endorsement/Amendment/Conditions	New	0.00	GL 45 05 02 08 Prior and or Pending Litigation Exclusion.pdf
Approved	Amended Additional Insured	GL 55 01 02 08	02 08	Endorsement/Amendment/Conditions	New	0.00	GL 55 01 02 08 Amended Additional Insured.pdf
Approved	Broadened Who Is An Insured	GL 55 02 02 08	02 08	Endorsement/Amendment	New	0.00	GL 55 02 02 08

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Approval	Description	Code	Effective Date	Document Name	Amount	Attachment
Approved	Unintentional Failure To Disclose Hazards	GL 60 01 02 08	02 08	Endorsement/Conditions New	0.00	Broadened Who Is An Insured.pdf
Approved	Notice of An Occurrence	GL 60 02 02 08	02 08	Endorsement/Conditions New	0.00	GL 60 01 02 08 Unintentional Failure to Disclose Hazards.pdf
						GL 60 02 02 08 Notice of An Occurrence.pdf



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CANCELLATION NOTICE – EXTENSION**

This endorsement modifies insurance provided under the following:

COMMON POLICY CONDITIONS

**A.** Paragraph **2.b.** of the **Cancellation Common Policy Conditions** is replaced by the following:

**b.** 60 days before the effective date of cancellation if we cancel for any other reason.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ASBESTOS EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

- A.** The following exclusion is added to Paragraph 2., **Exclusions** of both **Section I – Coverage A – Bodily Injury And Property Damage Liability** and **Coverage B – Personal And Advertising Injury Liability**:
- 2. Exclusions**
- This insurance does not apply to:
- Asbestos**
1. "Bodily injury", "property damage" or "personal and advertising injury" related to the actual, alleged, or threatened presence of, or exposure to "asbestos" in any form, or to harmful substances emanating from "asbestos". This includes ingestion, inhalation, absorption, contact with, existence or presence of, or exposure to "asbestos". Such injury from or exposure to "asbestos" also includes, but is not limited to:
    - a. The existence, installation, storage, handling or transportation of "asbestos";
    - b. The removal, abatement or containment of "asbestos" from any structures, materials, goods, products, or manufacturing process;
    - c. The disposal of "asbestos";
    - d. Any structures, manufacturing processes, or products containing "asbestos";
    - e. Any obligation to share damages with or repay someone else who must pay damages because of such injury or damage; or
    - f. Any supervision, instructions, recommendations, warnings or advice given or which should have been given in connection with the above.
  2. Any loss, cost or expense, including, but not limited to payment for investigation or defense, fines, penalties and other costs or expenses, arising out of any:
    - a. Claim, "suit", demand, judgment, obligation, order, request, settlement, or statutory or regulatory requirement that any insured or any other person or entity test for, monitor, clean up, remove, contain, mitigate, treat, neutralize, remediate, or dispose of, or in any way respond to, or assess the actual or alleged effects of "asbestos"; or
    - b. Claim, "suit", demand, judgment, obligation, request, or settlement due to any actual, alleged, or threatened injury or damage from "asbestos" or testing for, monitoring, cleaning up, removing, containing, mitigating, treating, neutralizing, remediating, or disposing of, or in any way responding to or assessing the actual or alleged effects of, "asbestos" by any insured or by any other person or entity; or
    - c. Claim, "suit", demand, judgment, obligation, or request to investigate which would not have occurred, in whole or in part, but for the actual or alleged presence of or exposure to "asbestos".

This exclusion applies regardless of who manufactured, produced, installed, used, owned, sold, distributed, handled, stored or controlled the "asbestos".

- B.** The following definition is added to the **Section V - Definitions**:

"Asbestos" means any type or form of asbestos, asbestos fibers, asbestos dust, asbestos products, or asbestos materials, including any products, goods, or materials containing asbestos or asbestos fibers, products or materials and any gases, vapors, scents or by-products produced or released by asbestos, or buildings, structures, or other real or personal property.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **LEAD EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

- A.** The following exclusion is added to Paragraph 2., **Exclusions** of both **Section I – Coverage A – Bodily Injury And Property Damage Liability** and **Coverage B – Personal And Advertising Injury Liability**:
- 2. Exclusions**
- This insurance does not apply to:
- Lead**
- 1.** "Bodily injury", "property damage" or "personal and advertising injury" or related to the actual, alleged, or threatened presence of, or exposure to lead in any form. This includes ingestion, inhalation, absorption, contact with, existence or presence of, or exposure to lead, paint containing lead, or any other material or substance containing lead; also includes, but is not limited to:
    - a.** The existence, installation, storage, handling or transportation of lead;
    - b.** The removal, abatement or containment of lead from any structures, materials, goods, products, or manufacturing process;
    - c.** The disposal of lead;
    - d.** Any structures, manufacturing processes, or products containing lead;
    - e.** Any obligation to share damages with or repay someone else who must pay damages because of such injury or damage; or
    - f.** Any supervision, instructions, recommendations, warnings or advice given or which should have been given in connection with the above.
  - 2.** Any loss, cost or expense, including, but not limited to payment for investigation or defense, fines, penalties and other costs or expenses, arising out of any:
    - a.** Claim, "suit", demand, judgment, obligation, order, request, settlement, or statutory or regulatory requirement that any insured or any other person or entity test for, monitor, clean up, remove, contain, mitigate, treat, neutralize, remediate, or dispose of, or in any way respond to, or assess the actual or alleged effects of lead paint containing lead, or any other material or substance containing lead; or
    - b.** Claim, "suit", demand, judgment, obligation, request, or settlement due to any actual, alleged, or threatened injury or damage from lead, paint containing lead, or any other material or substance containing lead; or testing for, monitoring, cleaning up, removing, containing, mitigating, treating, neutralizing, remediating, or disposing of, or in any way responding to or assessing the actual or alleged effects of, lead, paint containing lead, or any other material or substance containing lead; by any insured or by any other person or entity; or
    - c.** Claim, "suit", demand, judgment, obligation, or request to investigate which would not have occurred, in whole or in part, but for the actual or alleged presence of or exposure to lead, paint containing lead, or any other material or substance containing lead.

This exclusion applies regardless of who manufactured, produced, installed, used, owned, sold, distributed, handled, stored or controlled the lead, paint containing lead, or any other material or substance containing lead.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SUBSIDENCE EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

- A.** The following exclusion is added to Paragraph 2., **Exclusions** of both **Section I – Coverage A – Bodily Injury And Property Damage Liability** and **Coverage B – Personal And Advertising Injury Liability**:

**2. Exclusions**

This insurance does not apply to:

**Subsidence**

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the "subsidence" of land and arising out of or attributed to any operation of the insured or performed on the insured's behalf.
2. Any loss, cost or expense, including, but not limited to payment for investigation or defense, fines, penalties and other costs or expenses, arising out of any:
  - a. Claim, "suit", demand, judgment, obligation, order, request, settlement, or statutory or regulatory requirement that any insured or any other person or entity test for, monitor, clean up, remove, contain, mitigate, treat, neutralize, remediate, or dispose of, or in any way respond to, or assess the actual or alleged effects of "subsidence"; or
  - b. Claim, "suit", demand, judgment, obligation, request, or settlement due to any actual, alleged, or threatened injury or damage from "subsidence" or testing for, monitoring, cleaning up, removing, containing, mitigating, treating, neutralizing, remediating, or disposing of, or in any way responding to or assessing the actual or alleged effects of, "subsidence" by any insured or by any other person or entity; or
  - c. Claim, "suit", demand, judgment, obligation, or request to investigate which would not have occurred, in whole or in part, but for the actual or alleged "subsidence".

This exclusion applies whether the "subsidence" arises solely from "subsidence" or from "subsidence" in combination with other causes, whether natural or man made.

- B.** The following definition is added to the **Section V - Definitions**:

1. "Subsidence" means earth movement, including but not limited to landslide, mudflow, sinking, rising, collapse or movement of fill, improper compaction, settling, earth sloughing, sliding or slipping, falling away, caving in, eroding, tilting, earthquake, shrinking, expanding, shifting, vertical displacement or any other movement of land, earth or mud.

"Subsidence" also means inadequate grading and drainage, defects in design, workmanship or materials and improper land preparation or soil analysis which results in any type of earth movement, including but not limited to landslide, mudflow, sinking, rising, collapse or movement of fill, improper compaction, settling, earth sloughing, sliding or slipping, falling away, caving in, eroding, tilting, earthquake, shrinking, expanding, shifting, vertical displacement or any other movement of land, earth or mud.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CANINE EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

**A.** The following exclusion is added to Paragraph 2., **Exclusions** of both **Section I – Coverage A – Bodily Injury And Property Damage Liability** and **Coverage B – Personal And Advertising Injury Liability**:

**2. Exclusions**

This insurance does not apply to:

**Dogs**

"Bodily injury", "property damage" or "personal and advertising injury" arising out of dogs, which includes but is not limited to:

- (1) ownership, use, custody, rental, "loading or unloading", handling, demonstration, maintenance or use of dogs; or
- (2) in connection with a business engaged in by an insured; or
- (3) a failure to train or properly supervise; or
- (4) at the instruction of or under the control of others.

This exclusion applies whether the dog activities are on your behalf, on behalf of an additional insured, "employee", subcontractor, or any person you have allowed tenancy on property owned by you.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PRIOR AND/OR PENDING LITIGATION EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

- A. The following exclusion is added to Paragraph 2., **Exclusions** of both **Section I – Coverage A – Bodily Injury And Property Damage Liability** and **Coverage B – Personal And Advertising Injury Liability**:

### **2. Exclusions**

This insurance does not apply to:

#### **Prior and/or Pending Litigation**

"Bodily injury", "property damage" or "personal and advertising injury" arising from all pending and/or prior litigation; as well as all future claims, costs or expense arising out of said pending and/or prior litigation.

For the purposes of this endorsement, prior and/or pending litigation includes an administrative or regulatory proceeding or investigation that is begun before the policy period that may lead to a claim or litigation.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **AMENDED ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**A. SECTION II – WHO IS AN INSURED** is amended to include as an insured:

Any person or organization for whom you and such person or organization have agreed, in writing, in a contract or agreement that such person or organization be added as an additional insured on your policy.

The insurance provided to the additional insured is limited as follows:

1. That person or organization is only an additional insured with respect to liability arising out of:
  - a. Premises you own, rent, lease or occupy or
  - b. Your operations performed for that insured.

2. The Limits of Insurance applicable to the additional insured are those specified in the written contract or agreement or in the Declarations for this policy, whichever is less. These Limits of Insurance are inclusive and not in addition to the Limits of Insurance shown in the Declarations.

Any coverage provided hereunder shall be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis; unless a written contract or agreement specifically requires that this insurance be primary. Other insurance available to the additional insured shall be considered excess and non-contributing, but only when it is required in advance by written contract.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **BROADENED WHO IS AN INSURED**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

**A. SECTION II – WHO IS AN INSURED** is amended to include as an insured:

Any business entity incorporated or organized under the laws of the United States of America (including any state thereof), its territories or possessions in which the Named Insured, shown on the Declarations owns, during the policy period, an interest of more than 50 percent. If other valid and collectible insurance is available to any such business entity, this insurance is excess over the other insurance, whether primary, excess, contingent or on any other basis.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

- A.** The following is added to Paragraph **6. Representations** of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS:**
- Unintentional Error or Omission**
1. Any unintentional error or unintentional omission in the description of, or failure to completely describe, any premises or operations intended to be covered by this Commercial General Liability Coverage Form will not invalidate or affect coverage for those premises or operations.
  2. You must report such error or omission to us as soon as practicable after its discovery.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NOTICE OF AN OCCURRENCE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

- A.** The following subparagraphs are added to Paragraph 2. **Duties in The Event Of Occurrence, Offense, Claim or Suit** of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:
- e.** Knowledge of an “occurrence” or offense by an “employee” of yours shall not constitute knowledge by you, until you, an executive officer, partner or other persons employed by you in a supervisory capacity shall have received actual notice of the “occurrence” or offense.
  - f.** If you report an “occurrence” or offense to an insurer providing other than General Liability Insurance, which later develops into a General Liability claim covered under this Coverage Part, failure to report such “occurrence” or offense shall not be deemed in violation of these conditions. However, you shall give notification to us, as soon as is reasonably possible when it is determined that the “occurrence” or offense may be a General Liability claim.

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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 02/20/2008

**Comments:**

**Attachment:**

AR F NAIC Transmittal.pdf

**Satisfied -Name:** Filing Authorization and  
Explanatory Memo **Review Status:** Approved 02/20/2008

**Comments:**

**Attachments:**

- 1 - SPARTA Filing Authorization Letter.pdf
- 2 - Explanatory Memorandum.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
N/A	000

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
SPARTA Insurance Company	MA	20613	04-1027270	

<b>5. Company Tracking Number</b>	SPARTA-GL-08
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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
Jeremy W. Battles - IRC, LLC 50 Broad Street, Suite 501 New York, NY 10004	Manager	212-571-3884	212-571-2502	<a href="mailto:jeremybattles@irccl.com">jeremybattles@irccl.com</a>

<b>7. Signature of authorized filer</b>	
<b>8. Please print name of authorized filer</b>	Jeremy W. Battles

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

<b>9. Type of Insurance (TOI)</b>	17.0 - Other Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0001 - Commercial General Liability
<b>11. State Specific Product code(s) (if applicable)[See State Specific]</b>	N/A
<b>12. Company Program Title (Marketing title)</b>	General Liability Program
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New:    Upon Approval                      Renewal:    Upon Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	2/6/2008
<b>19. Status of filing in domicile</b>	<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 #** SPARTA-GL-08

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

SPARTA Insurance Company (SPARTA), a member of Insurance Services Office (ISO), is filing independent forms for its General Liability Program. The corresponding rates and rules are not required to be submitted, as per your state's requirements.

SPARTA is a new company with no existing policyholders in your state. There is no rate impact resulting from this filing.

**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  
**Amount:** \$50.00

**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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	SPARTA-GL-08			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	SPARTA-GL-08			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Cancellation Notice - Extension	CO 21 01 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Asbestos Exclusion	GL 45 01 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Lead Exclusion	GL 45 02 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Subsidence Exclusion	GL 45 03 02 08	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Canine Exclusion	GL 45 04 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Prior and/or Pending Litigation Exclusion	GL 45 05 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Amended Additional Insured	GL 55 01 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Broadened Who Is An Insured	GL 55 02 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Unintentional Failure To Disclose Hazards	GL 60 01 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Notice of An Occurrence	GL 60 02 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



**LETTER OF FILING AUTHORIZATION**

This letter will certify that Insurance Regulatory Consultants, LLC (IRC) has given full authorization to submit filings on behalf of **SPARTA Insurance Company**. This authorization extends to all correspondence regarding the filings.

Brian P. Mulroy  
Name

January 31, 2008  
Date

EVP & CUO  
Title

**SPARTA Insurance Company**  
Company Name

A handwritten signature in black ink, appearing to read "Brian P. Mulroy", is written over a horizontal line.

Signature

(860) 275-6523  
Telephone Number

**SPARTA Insurance Company; NAIC #: 000-20613; FEIN#: 04-1027270  
General Liability Forms, Rates & Rules Filing  
Company Filing Designation Number: SPARTA-GL-08**

**SPARTA INSURANCE COMPANY  
GENERAL LIABILITY – FORMS, RATES & RULES**

**EXPLANATORY MEMORANDUM**

SPARTA Insurance Company (SPARTA), a member of Insurance Services Office (ISO), is filing independent forms, rates and rules for its General Liability Program. SPARTA is a new company with no existing policyholders in your state. There is no rate impact resulting from this filing.

Below is a brief explanation of each form's intent:

1. CO 21 01 (02/08) - Cancellation Notice - Extension

Used to extend the policy cancellation term when the account is being cancelled for underwriting reasons.

2. GL 45 01 (02/08) - Asbestos Exclusion

Used to clarify the true intent of the CGL policy – that Asbestos is not a covered exposure.

3. GL 45 02 (02/08) - Lead Exclusion

Used to clarify the true intent of the CGL policy – that Lead is not a covered exposure.

4. GL 45 03 (02/08) - Subsidence Exclusion

Used to clarify the true intent of the CGL policy – that Subsidence is not a covered exposure.

5. GL 45 04 (02/08) - Canine Exclusion

Used to clarify the true intent of the CGL policy – that Canine or the 'Junkyard dog' is not a covered exposure.

6. GL 45 05 (02/08) - Prior and/or Pending Litigation Exclusion

Used to clarify the true intent of the CGL policy. This form excludes from coverage any damage or injury arising out of prior litigation or pending litigation.

7. GL 55 01 (02/08) - Amended Additional Insured

This endorsement allows the named insured to add additional insureds as required by written contract.

8. GL 55 02 (02/08) - Broadened Who Is An Insured

This endorsement allows the named insured to include other business entities of which they have an interest of more than 50% as an additional insureds.

9. GL 60 01 (02/08) - Unintentional Failure To Disclose Hazards

This endorsement gives the named insured latitude if they inadvertently fail to disclose all hazards associated with their business.

10. GL 60 02 (02/08) - Notice of An Occurrence

This endorsement clarifies how and when the named insured has knowledge of an occurrence.