

SERFF Tracking Number: SEPX-125470309 State: Arkansas
Filing Company: Sentry Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: GL AR0794389F01
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Commercial General Liability
Project Name/Number: 2008 General Liability/GL AR0794389F01

Filing at a Glance

Company: Sentry Casualty Company

Product Name: Commercial General Liability SERFF Tr Num: SEPX-125470309 State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: GL AR0794389F01 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: SPI SentryInsurancePC Disposition Date: 02/14/2008
Date Submitted: 02/01/2008 Disposition Status: Approved

Effective Date Requested (New): 04/01/2008

Effective Date Requested (Renewal): 04/01/2008

State Filing Description:

General Information

Project Name: 2008 General Liability

Project Number: GL AR0794389F01

Reference Organization:

Reference Title:

Filing Status Changed: 02/14/2008

State Status Changed: 02/14/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: Revised Printing and Graphic Arts Errors and Omissions Endorsement - Additional Optional Coverage - Correction of Work

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We are filing an updated edition of our company Printing and Graphic Arts Errors and Omissions, endorsement CG 70 39 09 07 edition. The revised endorsement will replace our current 12 04 edition of this endorsement.

We have revised the endorsement to add a new optional coverage, Correction of Work. When this optional coverage is

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selected, the corresponding exclusion for correction of work no longer applies, however, additional exclusions will apply to exclude coverage for expected profit from work performed to correct the errors as well as certain additional expenses designed to retain customer "good will".

We have based the provisions of this extension on information received from competitors offering similar extensions.

Company and Contact

Filing Contact Information

Lance Broecker, Product lance.broecker@sentry.com
 Compliance/Development - Analyst
 1800 North Point Drive (715) 346-8450 [Phone]
 Stevens Point, WI 54481 (715) 346-6044[FAX]

Filing Company Information

Sentry Casualty Company CoCode: 28460 State of Domicile: Wisconsin
 1800 North Point Drive Group Code: 169 Company Type:
 Stevens Point, WI 54481 Group Name: Sentry Insurance State ID Number:
 Group
 (715) 346-6000 ext. [Phone] FEIN Number: 88-0119246

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentry Casualty Company	\$50.00	02/01/2008	17780678

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/14/2008	02/14/2008

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Product Name: *Commercial General Liability*
Project Name/Number: *2008 General Liability/GL AR0794389F01*

Disposition

Disposition Date: 02/14/2008

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	AR - NAIC FORM FILING SCHEDULE	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	Yes
Form	Printing and Graphic Arts Errors and Omissions	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Printing and Graphic Arts Errors and Omissions	CG 70 39	09 07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CG 70 39 Previous Filing #:		CG 70 39.PDF



PRINTING AND GRAPHIC ARTS ERRORS AND OMISSIONS

This endorsement modifies the insurance provided under the Commercial General Liability Coverage Part. With respect to coverage provided by this endorsement, the provisions of the Commercial General Liability Coverage Part apply unless modified by the endorsement.

A. The following is added to SECTION I - COVERAGES

COVERAGE E PRINTING AND GRAPHIC ARTS ERRORS AND OMISSIONS LIABILITY

1. INSURING AGREEMENT.

a. We will pay those sums that the insured becomes legally obligated to pay as damages because of an occurrence to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages to which this insurance does not apply. We may at our discretion investigate any occurrence and settle any claim or "suit" that may result. But:

(1) The amount we will pay for damages is limited as described in paragraph B. of this endorsement; and

(2) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverage E.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments.

b. This insurance applies only to damages caused by an occurrence during the policy period. The occurrence must take place in the "coverage territory".

c. Damages arising from loss of use of tangible property will be deemed to occur at the time of the occurrence that caused the loss of use.

d. With regard to Coverage E:

(1) Occurrence means an act, error or omission in providing or failing to provide "printing and graphic arts services;" and

(2) The definition of "suit" is amended to include a civil proceeding in which damages because of an occurrence to which this insurance applies are alleged.

2. Exclusions.

a. This insurance does not apply to damages arising from:

(1) "Bodily injury" or "personal and advertising injury".

(2) "Property damage" which is insured by Section I - Coverage A or would have been insured by Section I - Coverage A except for:

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PRINTING AND GRAPHIC ARTS ERRORS AND OMISSIONS - CONTINUED

- (a) An endorsement excluding coverage; or
 - (b) Exhaustion of the policy Limits of Insurance by payment of claims.
 - (3) The ownership, maintenance, use or entrustment to others of any aircraft, "auto", "mobile equipment" or watercraft owned or operated by or rented or loaned to any insured. Use includes operation and "loading or unloading".
 - (4) The correction, repair or replacement of:
 - (a) "Your product", arising out of such product or any part of such product; or
 - (b) "Your work", arising out of such work and included in the "products-completed operations hazard".
- This exclusion does not apply to damages claimed for expense incurred for the recall of such product or work because of a known or suspected defect therein.
- (5) Cost guarantees, or estimates of probable costs or cost estimates being exceeded.
 - (6) Plagiarism.
 - (7) Any willful, dishonest, fraudulent, criminal or malicious act, error or omission.
 - (8) Discrimination.
 - (9) The insolvency or bankruptcy of the insured.
 - (10) A delay in or lack of performance by or on behalf of the insured of any contract or agreement.
 - (11) Any contest, lottery, game of chance or similar promotion.
 - (12) A violation or alleged violation of any federal or state securities act, statute or regulation.
- b. This insurance does not apply to damages arising directly or indirectly out of:
- (1) Any actual or alleged failure, malfunction or inadequacy of:
 - (a) Any of the following, whether belonging to any insured or to others:
 - (i) Computer hardware, including microprocessors;
 - (ii) Computer application software;

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PRINTING AND GRAPHIC ARTS ERRORS AND OMISSIONS - CONTINUED

- (iii) Computer operating systems and related software;
- (iv) Computer networks;
- (v) Microprocessors (computer chips) not part of any computer system; or
- (vi) Any other computerized or electronic equipment or components; or
- (b) Any other products, and any services, data or functions that directly use or rely upon, in any manner, any of the items listed in paragraph b.(1)(a) above;

due to the inability to correctly recognize, process, or distinguish, interpret or accept any calendar date or time of day.

- (2) Any advice, consultation, design, evaluation, inspection, installation, maintenance, repair, replacement or supervision provided or done by you or for you to determine, rectify or test for, any potential or actual problems described in paragraph b.(1) above.

In addition, exclusion f. Pollution and j. Damage To Property of SECTION I - COVERAGE A also apply to SECTION I - COVERAGE E.

3. The Supplementary Payments provisions are extended to Coverage E.

B. The following is added to SECTION III - LIMITS OF INSURANCE:

The Printing and Graphic Arts Errors and Omissions Aggregate Limit shown in the Declarations is the most we will pay under Coverage E for the sum of all damages because of all occurrences during the policy period.

C. PER CLAIM DEDUCTIBLE

- 1. Our obligation under Coverage E to pay damages on your behalf applies only to the amount of damages in excess of any Printing and Graphic Arts Errors and Omissions deductible amount shown in the Declarations.
- 2. The deductible amount applies to all damages because of an act, error or omission sustained by one person or organization as a result of any one occurrence.
- 3. The terms of this insurance, including those with respect to:
 - a. Our right and duty to defend the insured against any "suit" seeking those damages; and
 - b. Your duties in the event of an occurrence, claim, or "suit" apply regardless of the application of the deductible amount.

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PRINTING AND GRAPHIC ARTS ERRORS AND OMISSIONS - CONTINUED

4. We may pay any part or all of the deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

D. CORRECTION OF WORK OPTIONAL COVERAGE

The following Optional Coverage will only apply if the CORRECTION OF WORK coverage option shown as applicable in the Declarations.

If the Correction of Work Optional Coverage is indicated, the following applies:

- a. Exclusion 2.a.(4). of this endorsement, pertaining to the correction, repair or replacement of "your product" or "your work" does not apply.
- b. The following exclusions are added:
 - (1) We will not pay for your expected profit for "printing and graphic arts services" performed to correct errors.
 - (2) We will not pay for any cost or expense incurred solely to retain customer faith or approval for "printing and graphic arts services" performed for that customer.

E. ADDITIONAL DEFINITION

"Printing and graphic arts services" means those activities usual or incidental to the art or process of producing:

1. Designs, diagrams, drawings, engravings, illustrations, models, photographs and other images; or
2. Printed material in the printing and graphic arts industries.

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01-09-08
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<i>SERFF Tracking Number:</i>	<i>SEPX-125470309</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sentry Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GL AR0794389F01</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability</i>		
<i>Project Name/Number:</i>	<i>2008 General Liability/GL AR0794389F01</i>		

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 02/14/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: AR - NAIC FORM FILING
SCHEDULE **Review Status:** Approved 02/14/2008

Comments:

Attachment:

AR - NAIC FORM FILING SCHEDULE.PDF

Satisfied -Name: AR - FORM FILING ABSTRACT F-
1 **Review Status:** Approved 02/14/2008

Comments:

Attachment:

AR - FORM FILING ABSTRACT F-1.PDF

Satisfied -Name: AR - CERTIFICATE OF
COMPLIANCE - (AID PC SelfCert
(4/30/03)) **Review Status:** Approved 02/14/2008

Comments:

Attachment:

AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4_30_03)).PDF

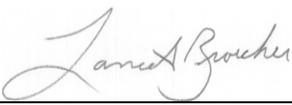
Property & Casualty Transmittal Document

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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; 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					

3.	Group Name	Group NAIC #			
	Sentry Insurance Group	169			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Sentry Casualty Company	WI	28460	88-0119246	

5. Company Tracking Number	GL AR0794389F01
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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
	Lance Broecker 1800 North Point Drive Stevens Point WI 54481	Product Compliance/Development - Analyst	715-346-6000 Ext. 8450	715-346-6044	lance.broecker@sentry.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Lance Broecker		

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

9.	Type of Insurance (TOI)	17.2 Other Liability - Occurrence Only
10.	Sub-Type of Insurance (Sub-TOI)	17.2001 Commercial General Liability
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Commercial General Liability
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: 04-01-08 Renewal: 04-01-08
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	February 1, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

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 #	GL AR0794389F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	NA
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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	Printing and Graphic Arts Errors and Omissions	CG 70 39 09 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CG 70 39	
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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed February 1, 2008

2. Company Name(s) Sentry Casualty Company

Group Name Sentry Insurance Group NAIC No. 28460 Group No. 169

3. (a) Annual Statement Line of Business Number (Page 14) 17.2

(b) Class of Business General Liability

© Coverages Affected Errors and Omissions

4. (a) Name of Advisory Organization, if any ISI

(b) Affiliations with Advisory Organization: Member () Subscriber ()

5. Is this a reference filing? Yes () No () If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company)

(b) Date of Filing _____

© Filing Designation Number or Description _____

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?

Yes

8. Is the form filed in response to or due to legislation? If so, specify legislation.

NO

9. Is the form in response to or due to recent court decisions? If so, give citation.

NO

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Lance Broecker

Title

715-346-8450

Telephone Number

Page 2 of 2

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
CG 70 39 12 04	April 1, 2008	CG 70 39 09 07	Printing and Graphic Arts Errors and Omissions We have revised the endorsement to add a new optional coverage, Correction of Work. When this optional coverage is selected, the corresponding exclusion for correction of work no longer applies.

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



Vice President General
Counsel & Corporate
Secretary

I, William O'Reilly, Secretary of
(Name) (Title of Authorized Officer)

Sentry Casualty Company

(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	Yes
---	-----

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • GL AR0794389F01	
Signature of Authorized Officer •	<i>William O'Reilly</i>
Name of Authorized Officer •	William O'Reilly
Title of Authorized Officer •	Vice President General Counsel & Corporate Secretary
Email address of Authorized Officer •	Bill.oreilly@sentry.com
Telephone # of Authorized Officer •	715-346-6997
Date •	February 1, 2008

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us