

SERFF Tracking Number: TRVE-125444125 State: Arkansas  
First Filing Company: St. Paul Fire and Marine Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: 2007-12-0077  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations  
Product Name: Travelers 1st Choice Lawyers Prof Liability From Filing 2007-12-0077  
Project Name/Number: Travelers 1st Choice Lawyers Prof Liability From Filing 2007-12-0077/2007-12-0077

## Filing at a Glance

Companies: St. Paul Fire and Marine Insurance Company, St. Paul Mercury Insurance, St. Paul Guardian Insurance Company

Product Name: Travelers 1st Choice Lawyers Prof Liability From Filing 2007-12-0077 SERFF Tr Num: TRVE-125444125 State: Arkansas

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

Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations Co Tr Num: 2007-12-0077 State Status: Fees verified and received

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

Authors: Socorro Armstrong, Disposition Date: 02/11/2008

Theresa Lavenburg, Michelle Smith Cotto, Celina Caez

Date Submitted: 01/25/2008 Disposition Status: Approved

Effective Date Requested (New): 02/24/2008 Effective Date (New):

Effective Date Requested (Renewal): 02/24/2008 Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Travelers 1st Choice Lawyers Prof Liability From Filing 2007-12-0077 Status of Filing in Domicile:

Project Number: 2007-12-0077 Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 02/11/2008

State Status Changed: 02/11/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our Lawyers Professional Liability Coverage Form (LA003 Ed. 6-04), which was approved by your department.

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## Purpose and Scope of the Filing

This filing consists of one (1) optional form, Independent Contractor Endorsement (LA120 Ed. 12-07). This form broadens coverage by amending the definition of Insured to include "independent contractor." The endorsement also adds a definition of "independent contractor."

This filing has no rating impact.

## Company and Contact

### Filing Contact Information

Michelle Smith Cotto, Regulatory Analyst MSMITHCO@travelers.com  
 One Tower Square (860) 277-2345 [Phone]  
 Hartford, CT 06183 (860) 235-4951[FAX]

### Filing Company Information

St. Paul Fire and Marine Insurance Company	CoCode: 24767	State of Domicile: Minnesota
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-4045 ext. [Phone]	FEIN Number: 41-0406690	
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St. Paul Mercury Insurance	CoCode: 24791	State of Domicile: Minnesota
One Tower Square, 2S2B	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-4045 ext. [Phone]	FEIN Number: 41-0881659	
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St. Paul Guardian Insurance Company	CoCode: 24775	State of Domicile: Minnesota
One Tower Square, 2S2B	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-4045 ext. [Phone]	FEIN Number: 41-0963301	
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## Filing Fees

SERFF Tracking Number: TRVE-125444125 State: Arkansas  
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Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
St. Paul Fire and Marine Insurance Company	\$50.00	01/25/2008	17664284
St. Paul Mercury Insurance	\$0.00	01/25/2008	
St. Paul Guardian Insurance Company	\$0.00	01/25/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/11/2008	02/11/2008

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## Disposition

Disposition Date: 02/11/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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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>	Cover Letter	Approved	Yes
<b>Form</b>	Independent Contractor Endorsement	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Independent Contractor Endorsement	LA120	Ed. 12-07	Endorsement/Amendment/Conditions		0.00	LA120F_1207.pdf

**LAWYERS PROFESSIONAL LIABILITY**

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

**INDEPENDENT CONTRACTOR ENDORSEMENT**

It is understood and agreed that the Policy is changed as follows:

1. The following replaces paragraph C. of **SECTION II – INSURED:**

- C. An "independent contractor" or lawyer retained as Of Counsel by you, but only with respect to "professional legal services" performed for you or on your behalf or on behalf of a "predecessor in business"; and

2. The following is added to **SECTION VII – DEFINITIONS:**

"Independent Contractor" means any natural person who performs "professional legal services" under contract with, and at the direction and control of, the Named Insured, provided that such "professional legal services" inure to the benefit of the Named Insured.

**Other Terms**

All other terms of your policy remain the same.

*Draft*

**ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.**



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 02/11/2008

**Comments:**

**Attachments:**

2007 PC NAIC Transmittal (generic) (2).pdf  
2007 NAIC Form List.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 02/11/2008

**Comments:**

**Attachment:**

AR Lawyers Prof Liability Ltrs.pdf



<b>20. This filing transmittal is part of Company Tracking #</b>	2007-12-0077
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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2007-12-0077

**Enhancement Filing – Forms****Professional Liability – Travelers 1<sup>st</sup> Choice for Lawyers**

<b>St. Paul Fire and Marine Insurance Company</b>	<b>3548-24767</b>	<b>41-0406690</b>
<b>St. Paul Mercury Insurance Company</b>	<b>3548-24791</b>	<b>41-0881659</b>

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our Lawyers Professional Liability Coverage Form (LA003 Ed. 6-04), which was approved by your department effective July 22, 2004, under our file number 2004-06-0014.

**Purpose and Scope of the Filing**

This filing consists of one (1) optional form, Independent Contractor Endorsement (LA120 Ed. 12-07). This form broadens coverage by amending the definition of Insured to include “independent contractor.” The endorsement also adds a definition of “independent contractor.”

This filing has no rating impact.

<b>22. Filing Fees</b> (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]
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**Check #:** NA  
**Amount:**

**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>	<b>2007-12-0077</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>NA</b>			
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	Independent Contractor Endorsement	LA120 Ed. 12-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		



Michelle Smith Cotto  
Travelers Bond and Financial Products  
Phone: (860) 277-2345  
FAX: (866) 235-4951  
Email: msmithco@travelers.com

One Tower Sq. 2SHS  
Hartford, CT 06183

January 25, 2008

Honorable Mike Pickens  
Commissioner of Insurance  
Arkansas Insurance Dept  
1200 West Third Street  
Little Rock, AR 72201-1904

**2007-12-0077**

**Enhancement Filing – Forms  
Professional Liability – Travelers 1<sup>st</sup> Choice for Lawyers**

<b>St. Paul Fire and Marine Insurance Company</b>	<b>3548-24767</b>	<b>41-0406690</b>
<b>St. Paul Guardian Insurance Company</b>	<b>3548-24775</b>	<b>41-0963301</b>
<b>St. Paul Mercury Insurance Company</b>	<b>3548-24791</b>	<b>41-0881659</b>

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our Lawyers Professional Liability Coverage Form (LA003 Ed. 6-04), which was approved by your department effective August 26, 2004, under our file number 2004-06-0014.

**Purpose and Scope of the Filing**

This filing consists of one (1) optional form, Independent Contractor Endorsement (LA120 Ed. 12-07). This form broadens coverage by amending the definition of Insured to include “independent contractor.” The endorsement also adds a definition of “independent contractor.”

This filing has no rating impact.

**Enclosures and Implementation**

The following are enclosed to facilitate your review:

- Form listing and final prints of each form, and
- Any applicable state filing forms and fees.

We plan to implement this filing with respect to all new and renewal business effective February 24, 2008. Should you have any questions, please feel free to call me at (860) 277-2345.

Sincerely,  
*Michelle Smith Cotto*