

SERFF Tracking Number: HART-125532653 State: Arkansas
Filing Company: Twin City Fire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: FN.13HS.713.2007.01 B
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: PRIVATE CHOICE ENCORE!! PROGRAM
Project Name/Number: PRIVATE CHOICE ENCORE!! PROGRAM/FN.13HS.713.2007.01 B

Filing at a Glance

Company: Twin City Fire Insurance Company

Product Name: PRIVATE CHOICE ENCORE!! PROGRAM SERFF Tr Num: HART-125532653 State: Arkansas

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

Made/Occurrence

Sub-TOI: 17.0022 Other

Co Tr Num: FN.13HS.713.2007.01 B State Status: Fees verified and received

Filing Type: Form

Co Status: Initial Filing

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

Author: Elsie Rodriguez

Disposition Date: 03/14/2008

Date Submitted: 03/11/2008

Disposition Status: Approved

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

Effective Date (New):

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

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: PRIVATE CHOICE ENCORE!! PROGRAM

Project Number: FN.13HS.713.2007.01 B

Status of Filing in Domicile: Pending

Domicile Status Comments: Recently submitted to domicile state.

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 03/14/2008

State Status Changed: 03/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

PRIVATE CHOICE ENCORE!! PROGRAM

MISCELLANEOUS FORMS FILING

SERFF Tracking Number: HART-125532653 State: Arkansas
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Company and Contact

Filing Contact Information

Elsie Rodriguez, Comm Lines Specialty ecrodriquez@thehartford.com
 Account Analyst
 Hartford Plaza T-18-87 (860) 547-2485 [Phone]
 Hartford, CT 06115 (806) 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 fee
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Twin City Fire Insurance Company	\$50.00	03/11/2008	18499725

SERFF Tracking Number: HART-125532653 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/14/2008	03/14/2008

SERFF Tracking Number: HART-125532653 State: Arkansas
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Product Name: PRIVATE CHOICE ENCORE!! PROGRAM
Project Name/Number: PRIVATE CHOICE ENCORE!! PROGRAM/FN.13HS.713.2007.01 B

Disposition

Disposition Date: 03/14/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HART-125532653 State: Arkansas
 Filing Company: Twin City Fire Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: FN.13HS.713.2007.01 B
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Explanatory	Approved	Yes
Supporting Document	Forms List	Approved	Yes
Supporting Document	Tracked Changes	Approved	Yes
Form	Named Co-Defendant(s) Extension Endorsement	Approved	Yes
Form	Amend Named Co-Defendant(s) Extension Endorsement	Approved	Yes
Form	Amend Co-Defendant(s) Extension Endorsement Private Equity or Venture Capital Funds	Approved	Yes
Form	Co-Defendant(s) Extension Endorsement Private Equity or Venture Capital Funds	Approved	Yes

SERFF Tracking Number: HART-125532653 State: Arkansas
 Filing Company: Twin City Fire Insurance Company State Tracking Number: EFT \$50
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Named Co-Defendant(s) Extension Endorsement	PE 00 H281 02 0308		Endorsement/Amendment/Conditions	Replaced Form #:0.00 PE 00 H281 01 0507 Previous Filing #: FN.13HS.713.2007.01		PE00H2810 2.pdf
Approved	Amend Named Co-Defendant(s) Extension Endorsement	PE 00 H411 01 0308		Endorsement/Amendment/Conditions	Replaced Form #:0.00 PE 00 H411 00 0507 Previous Filing #: FN.13HS.713.2007.01		PE00H4110 1.pdf
Approved	Amend Co-Defendant(s) Extension Endorsement Private Equity or Venture Capital Funds	PE 00 H419 01 0308		Endorsement/Amendment/Conditions	Replaced Form #:0.00 PE 00 H419 00 0507 Previous Filing #: FN.13HS.713.2007.01		PE00H4190 1.pdf
Approved	Co-Defendant(s) Extension Endorsement Private Equity or Venture Capital Funds	PE 00 H421 01 0308		Endorsement/Amendment/Conditions	Replaced Form #:0.00 PE 00 H421 00 0507 Previous Filing #: FN.13HS.713.2007.01		PE00H4210 1.pdf

ENDORSEMENT NO:

This endorsement, effective 12:01 am,

forms part

of policy number:

issued to:

by:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED CO-DEFENDANT(S) EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

PRIVATE CHOICE ENCORE[®]!! POLICY

COMMON TERMS AND CONDITIONS are amended in the following manner:

I. Section **II. COMMON DEFINITIONS**, is amended by the addition of the following:

- “**Named Co-Defendant(s)**” means the following entity and its directors, officers and employees in their capacity as such: _____

II. Section **III. COVERAGE EXTENSIONS**, is amended by the addition of the following:

- **Named Co-Defendant Extension**

Coverage shall apply to the **Named Co-Defendant(s)** for a **Claim** made against such **Named Co-Defendant(s)**, provided that, as conditions precedent, such **Claim** is for an actual or alleged **Wrongful Act** committed by an **Insured** and is first made and maintained against such **Insured**, and also that:

- (1) the **Named Co-Defendant(s)** become co-defendants in such **Claim** by reason of such **Named Co-Defendant(s)**' management control; and
- (2) the same counsel represents both the **Insured** and the **Named Co-Defendant** in such **Claim**.

In the event the co-defendant **Insureds** are dismissed from the litigation of such **Claim**, or otherwise found not to be liable by judgment or court order, coverage for the **Named Co-Defendant(s)** under this Policy shall terminate, effective on the date such dismissal, judgment or order becomes final.

Coverage of the **Named Co-Defendant(s)** shall be on the same terms and conditions, including any applicable Retention, as apply to coverage of the co-defendant **Insured** for such **Claim**. No coverage shall apply to any **Claim** for a **Wrongful Act** of any **Named Co-Defendant**.

All other terms and conditions remain unchanged.

Authorized Representative

ENDORSEMENT NO:

This endorsement, effective 12:01 am,

forms part

of policy number:

issued to:

by:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND NAMED CO-DEFENDANT(S) EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

PRIVATE CHOICE ENCORE[®]!! POLICY

COMMON TERMS AND CONDITIONS are amended in the following manner:

I. Section **II. COMMON DEFINITIONS**, is amended by the addition of the following:

- **“Named Co-Defendant(s)”** means the following entity and its directors, officers and employees in their capacity as such: _____

II. Section **III. COVERAGE EXTENSIONS**, is amended by the addition of the following:

- **Named Co-Defendant Extension**

Coverage shall apply to the **Named Co-Defendant(s)** for a **Claim** made against such **Named Co-Defendant(s)**, provided that, as conditions precedent, such **Claim** is for an actual or alleged **Wrongful Act** committed by an **Insured**, is first made and maintained against such **Insured**, and also that the **Named Co-Defendant(s)** become co-defendants in such **Claim** by reason of such **Named Co-Defendant(s)** management control.

In the event the co-defendant **Insureds** are dismissed from the litigation of such **Claim**, or otherwise found not to be liable by judgment or court order, coverage for the **Named Co-Defendant(s)** under this Policy shall terminate, effective on the date such dismissal, judgment or order becomes final.

Coverage of the **Named Co-Defendant(s)** shall be on the same terms and conditions, including any applicable Retention, as apply to coverage of the co-defendant **Insured** for such **Claim**. No coverage shall apply to any **Claim** for a **Wrongful Act** of any **Named Co-Defendant**.

All other terms and conditions remain unchanged.

Authorized Representative

ENDORSEMENT NO:

This endorsement, effective 12:01 am,

forms a part

of policy number:

issued to:

by:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMEND CO-DEFENDANT(S) EXTENSION ENDORSEMENT
PRIVATE EQUITY OR VENTURE CAPITAL FUNDS**

This endorsement modifies insurance provided under the following:

PRIVATE CHOICE ENCORE[®]!! POLICY

COMMON TERMS AND CONDITIONS are amended in the following manner:

I. Section **II. COMMON DEFINITIONS**, is amended by the addition of the following:

- **“Named Co-Defendant”** means _____.
- **“Affiliated Entities”** means:
 - (1) a pooled investment vehicle formed and controlled by the **Named Co-Defendant** for purposes of making a direct or indirect investment in the **Named Entity**;
 - (2) an entity which is a general partner, administrative general partner, managing general partner, managing member, administrative member, sole member, manager, managing shareholder or other sponsor of a pooled investment vehicle described in paragraph 1 above;
 - (3) an entity (including, but not limited to, any holding company, special purpose vehicle or other acquisition vehicle) formed for the sole purpose of holding a direct or indirect interest in the **Named Entity**, but only if such entity is majority-owned and controlled by a pooled investment vehicle described in paragraph 1 above and/or directly by the **Named Co-Defendant**.
- **“Co-Defendant(s)”** means the **Named Co-Defendant** and its **Affiliated Entities**, and such entities’ directors, officers, and employees in their capacity as such.

II. Section **III. COVERAGE EXTENSIONS**, is amended by the addition of the following:

- **Co-Defendant Extension**

Coverage shall apply to the **Co-Defendant(s)** for a **Claim** made against such **Co-Defendant(s)**, provided that such **Claim** (i) is for an actual or alleged **Wrongful Act** committed by an **Insured**, (ii) is first made and maintained against such **Insured**, and (iii) the

Co-Defendant(s) become co-defendants in such **Claim** by reason of such **Co-Defendant(s)**' ownership in or management control of the **Named Entity**.

In the event the co-defendant **Insureds** are dismissed from the litigation of such **Claim**, or otherwise found not to be liable by judgment or court order, coverage for the **Co-Defendant(s)** under this Policy shall terminate, effective on the date such dismissal, judgment or order becomes final.

Coverage of the **Co-Defendant(s)** shall be on the same terms and conditions, including any applicable Retention, as apply to coverage of the co-defendant **Insured** for such **Claim**. No coverage shall apply to any **Claim** for a **Wrongful Act** of any **Co-Defendant**.

All other terms and conditions remain unchanged.

Authorized Representative

ENDORSEMENT NO:

This endorsement, effective 12:01 am,

forms a part

of policy number:

issued to:

by:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CO-DEFENDANT(S) EXTENSION ENDORSEMENT
PRIVATE EQUITY OR VENTURE CAPITAL FUNDS**

This endorsement modifies insurance provided under the following:

PRIVATE CHOICE ENCORE[®]!! POLICY

COMMON TERMS AND CONDITIONS are amended in the following manner:

I. Section **II. COMMON DEFINITIONS**, is amended by the addition of the following:

- **“Named Co-Defendant”** means _____.
- **“Affiliated Entities”** means:
 - (1) a pooled investment vehicle formed and controlled by the **Named Co-Defendant** for purposes of making a direct or indirect investment in the **Named Entity**;
 - (2) an entity which is a general partner, administrative general partner, managing general partner, managing member, administrative member, sole member, manager, managing shareholder or other sponsor of a pooled investment vehicle described in paragraph 1 above;
 - (3) an entity (including, but not limited to, any holding company, special purpose vehicle or other acquisition vehicle) formed for the sole purpose of holding a direct or indirect interest in the **Named Entity**, but only if such entity is majority-owned and controlled by a pooled investment vehicle described in paragraph 1 above and/or directly by the **Named Co-Defendant**.
- **“Co-Defendant(s)”** means the **Named Co-Defendant** and its **Affiliated Entities**, and such entities’ directors, officers, and employees in their capacity as such.

II. Section **III. COVERAGE EXTENSIONS**, is amended by the addition of the following:

- **Co-Defendant Extension**

Coverage shall apply to the **Co-Defendant(s)** for a **Claim** made against such **Co-Defendant(s)**, provided that such **Claim** (i) is for an actual or alleged **Wrongful Act** committed by an **Insured**, (ii) is first made and maintained against such **Insured**, (iii) the **Co-Defendant(s)** become co-defendants in such **Claim** by reason of such **Co-Defendant(s)**

ownership in or management control of the **Named Entity** and (iv) the **Co-Defendants** and **Insureds** are represented by the same counsel in such **Claim**.

In the event the co-defendant **Insureds** are dismissed from the litigation of such **Claim**, or otherwise found not to be liable by judgment or court order, coverage for the **Co-Defendant(s)** under this Policy shall terminate, effective on the date such dismissal, judgment or order becomes final.

Coverage of the **Co-Defendant(s)** shall be on the same terms and conditions, including any applicable Retention, as apply to coverage of the co-defendant **Insured** for such **Claim**. No coverage shall apply to any **Claim** for a **Wrongful Act** of any **Co-Defendant**.

All other terms and conditions remain unchanged.

Authorized Representative

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Product Name: PRIVATE CHOICE ENCORE!! PROGRAM
Project Name/Number: PRIVATE CHOICE ENCORE!! PROGRAM/FN.13HS.713.2007.01 B

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HART-125532653 State: Arkansas
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Product Name: PRIVATE CHOICE ENCORE!! PROGRAM
Project Name/Number: PRIVATE CHOICE ENCORE!! PROGRAM/FN.13HS.713.2007.01 B

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 03/14/2008

Comments:

Attachments:

AR PC-TD-1 FORMS.pdf
AR PC-FFS-1.pdf

Satisfied -Name: Form Explanatory **Review Status:** Approved 03/14/2008

Comments:

Attachment:

Forms Explanatory (Approved) Co-Defendant Correction.pdf

Satisfied -Name: Forms List **Review Status:** Approved 03/14/2008

Comments:

Attachment:

FORMS LIST.pdf

Satisfied -Name: Tracked Changes **Review Status:** Approved 03/14/2008

Comments:

Attachments:

PE00H28102 w-tracked change.pdf
PE00H41101 w-tracked change.pdf
PE00H41901 w-tracked change.pdf
PE00H42101 w-tracked change.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.713.2007.01 B
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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
Elsie Rodriguez	Filing Analyst	860-547-2485	866-947-1747	elsie.rodriguez
Hartford Plaza, Hartford, CT 06115		860-547-	860-547-	@TheHartford.com
7. Signature of authorized filer		<i>Elsie Rodriguez</i>		
8. Please print name of authorized filer		Elsie Rodriguez		

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

9. Type of Insurance (TOI)	17
10. Sub-Type of Insurance (Sub-TOI)	17.1
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	PRIVATE CHOICE ENCORE!! 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: 04/01/2008 Renewal: 04/01/2008
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	3/12/08
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.713.2007.01 B
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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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PRIVATE CHOICE ENCORE!! PROGRAM
MISCELLANEOUS FORMS FILING

Attached for your review and approval are four (4) revised forms to be used with the above program.

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

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.713.2007.01 B			
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	Named Co-Defendant(s) Extension Endorsement	PE 00 H281 02 0308	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PE 00 H281 01 0507	
02	Amend Named Co-Defendant(s) Extension Endorsement	PE 00 H411 01 0308	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PE 00 H411 00 0507	
03	Amend Co-Defendant(s) Extension Endorsement Private Equity or Venture Capital Funds	PE 00 H419 01 0308	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PE 00 H419 00 0507	
04	Co-Defendant(s) Extension Endorsement Private Equity or Venture Capital Funds	PE 00 H421 01 0308	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PE 00 H421 00 0507	
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		

PRIVATE CHOICE ENCORE®!! PROGRAM

FORMS EXPLANATORY MEMORANDUM

Arkansas, Delaware, Idaho, Iowa, Kentucky, Maine, Mississippi, Missouri, Montana, New Mexico, North Carolina, North Dakota, Ohio, South Dakota, Tennessee, Utah, West Virginia, Washington, Wisconsin

Recently, we placed on file with your Department a new Private Choice Encore®!! Program, filed under filing no. FN.13HS.713.2007.01. The purpose of this filing is to add a paragraph to the bottom of the following forms as follows:

Form No.	Title
PE 00 H281	Named Co-Defendant(s) Extension Endorsement
PE 00 H411	Amend Named Co-Defendant(s) Extension Endorsement

Coverage of the **Named Co-Defendant(s)** shall be on the same terms and conditions, including any applicable Retention, as apply to coverage of the co-defendant **Insured** for such **Claim**. No coverage shall apply to any **Claim** for a **Wrongful Act** of any **Named Co-Defendant**.

Form No.	Title
PE 00 H419	Amend Co-Defendant(s) Extension Endorsement Private Equity or Venture Capital Funds
PE 00 H421	Co-Defendant(s) Extension Endorsement Private Equity or Venture Capital Funds

Coverage of the **Co-Defendant(s)** shall be on the same terms and conditions, including any applicable Retention, as apply to coverage of the co-defendant **Insured** for such **Claim**. No coverage shall apply to any **Claim** for a **Wrongful Act** of any **Co-Defendant**.

Coverage intent has not changed. No other revisions/corrections have been made. Attached for your convenience are tracked changes.

Since the program has not been and will not be used until at least April 1, 2008, we request either the same effective date as that which the program was approved, or the earliest date possible.

PRIVATE CHOICE ENCORE®!! PROGRAM

MISCELLANEOUS FORMS FILING

Arkansas, Delaware, Idaho, Iowa, Kentucky, Maine, Mississippi, Missouri, Montana, New Mexico, North Carolina, North Dakota, Ohio, South Dakota, Tennessee, Utah, West Virginia, Washington, Wisconsin

New Form No.	Old Form No.	Title	Description	Mandatory or Optional	Restricts, Broadens or Clarifies
PE 00 H281 02 0308	PE 00 H281 01 0507	Named Co-Defendant(s) Extension Endorsement	Provides coverage for listed entity on a codefendant basis only.	O	B
PE 00 H411 01 0308	PE 00 H411 00 0507	Amend Named Co-Defendant(s) Extension Endorsement	Provides coverage for listed entity on a codefendant basis only. Same counsel not required.	O	B
PE 00 H419 01 0308	PE 00 H419 00 0507	Amend Co-Defendant(s) Extension Endorsement Private Equity or Venture Capital Funds	Provides coverage for listed private equity or venture capital fund and its affiliates on a codefendant basis only. Same counsel not required.	O	B
PE 00 H421 01 0308	PE 00 H421 00 0507	Co-Defendant(s) Extension Endorsement Private Equity or Venture Capital Funds	Provides coverage for listed private equity or venture capital fund and its affiliates on a codefendant basis only.	O	B

ENDORSEMENT NO:

This endorsement, effective 12:01 am,

forms part

of policy number:

issued to:

by:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED CO-DEFENDANT(S) EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

PRIVATE CHOICE ENCORE[®]!! POLICY

COMMON TERMS AND CONDITIONS are amended in the following manner:

I. Section II. **COMMON DEFINITIONS**, is amended by the addition of the following:

- “**Named Co-Defendant(s)**” means the following entity and its directors, officers and employees in their capacity as such: _____

II. Section III. **COVERAGE EXTENSIONS**, is amended by the addition of the following:

- **Named Co-Defendant Extension**

Coverage shall apply to the **Named Co-Defendant(s)** for a **Claim** made against such **Named Co-Defendant(s)**, provided that, as conditions precedent, such **Claim** is for an actual or alleged **Wrongful Act** committed by an **Insured** and is first made and maintained against such **Insured**, and also that:

- (1) the **Named Co-Defendant(s)** become co-defendants in such **Claim** by reason of such **Named Co-Defendant(s)**’ management control; and
- (2) the same counsel represents both the **Insured** and the **Named Co-Defendant** in such **Claim**.

In the event the co-defendant **Insureds** are dismissed from the litigation of such **Claim**, or otherwise found not to be liable by judgment or court order, coverage for the **Named Co-Defendant(s)** under this Policy shall terminate, effective on the date such dismissal, judgment or order becomes final.

Coverage of the **Named Co-Defendant(s)** shall be on the same terms and conditions, including any applicable Retention, as apply to coverage of the co-defendant **Insured** for such **Claim**. No coverage shall apply to any **Claim** for a **Wrongful Act** of any **Named Co-Defendant**.

All other terms and conditions remain unchanged.

Authorized Representative

ENDORSEMENT NO:

This endorsement, effective 12:01 am,

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by:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND NAMED CO-DEFENDANT(S) EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

PRIVATE CHOICE ENCORE[®]!! POLICY

COMMON TERMS AND CONDITIONS are amended in the following manner:

I. Section **II. COMMON DEFINITIONS**, is amended by the addition of the following:

- **“Named Co-Defendant(s)”** means the following entity and its directors, officers and employees in their capacity as such: _____

II. Section **III. COVERAGE EXTENSIONS**, is amended by the addition of the following:

- **Named Co-Defendant Extension**

Coverage shall apply to the **Named Co-Defendant(s)** for a **Claim** made against such **Named Co-Defendant(s)**, provided that, as conditions precedent, such **Claim** is for an actual or alleged **Wrongful Act** committed by an **Insured**, is first made and maintained against such **Insured**, and also that the **Named Co-Defendant(s)** become co-defendants in such **Claim** by reason of such **Named Co-Defendant(s)** management control.

In the event the co-defendant **Insureds** are dismissed from the litigation of such **Claim**, or otherwise found not to be liable by judgment or court order, coverage for the **Named Co-Defendant(s)** under this Policy shall terminate, effective on the date such dismissal, judgment or order becomes final.

Coverage of the **Named Co-Defendant(s)** shall be on the same terms and conditions, including any applicable Retention, as apply to coverage of the co-defendant **Insured** for such **Claim**. No coverage shall apply to any **Claim** for a **Wrongful Act** of any **Named Co-Defendant**.

All other terms and conditions remain unchanged.

Authorized Representative

ENDORSEMENT NO:

This endorsement, effective 12:01 am,

forms a part

of policy number:

issued to:

by:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMEND CO-DEFENDANT(S) EXTENSION ENDORSEMENT
PRIVATE EQUITY OR VENTURE CAPITAL FUNDS**

This endorsement modifies insurance provided under the following:

PRIVATE CHOICE ENCORE[®]!! POLICY

COMMON TERMS AND CONDITIONS are amended in the following manner:

I. Section **II. COMMON DEFINITIONS**, is amended by the addition of the following:

- **“Named Co-Defendant”** means _____.
- **“Affiliated Entities”** means:
 - (1) a pooled investment vehicle formed and controlled by the **Named Co-Defendant** for purposes of making a direct or indirect investment in the **Named Entity**;
 - (2) an entity which is a general partner, administrative general partner, managing general partner, managing member, administrative member, sole member, manager, managing shareholder or other sponsor of a pooled investment vehicle described in paragraph 1 above;
 - (3) an entity (including, but not limited to, any holding company, special purpose vehicle or other acquisition vehicle) formed for the sole purpose of holding a direct or indirect interest in the **Named Entity**, but only if such entity is majority-owned and controlled by a pooled investment vehicle described in paragraph 1 above and/or directly by the **Named Co-Defendant**.
- **“Co-Defendant(s)”** means the **Named Co-Defendant** and its **Affiliated Entities**, and such entities’ directors, officers, and employees in their capacity as such.

II. Section **III. COVERAGE EXTENSIONS**, is amended by the addition of the following:

- **Co-Defendant Extension**

Coverage shall apply to the **Co-Defendant(s)** for a **Claim** made against such **Co-Defendant(s)**, provided that such **Claim** (i) is for an actual or alleged **Wrongful Act** committed by an **Insured**, (ii) is first made and maintained against such **Insured**, and (iii) the

Co-Defendant(s) become co-defendants in such **Claim** by reason of such **Co-Defendant(s)**' ownership in or management control of the **Named Entity**.

In the event the co-defendant **Insureds** are dismissed from the litigation of such **Claim**, or otherwise found not to be liable by judgment or court order, coverage for the **Co-Defendant(s)** under this Policy shall terminate, effective on the date such dismissal, judgment or order becomes final.

Coverage of the **Co-Defendant(s)** shall be on the same terms and conditions, including any applicable Retention, as apply to coverage of the co-defendant **Insured** for such **Claim**. No coverage shall apply to any **Claim** for a **Wrongful Act** of any **Co-Defendant**.

All other terms and conditions remain unchanged.

Authorized Representative

ENDORSEMENT NO:

This endorsement, effective 12:01 am,

forms a part

of policy number:

issued to:

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CO-DEFENDANT(S) EXTENSION ENDORSEMENT
PRIVATE EQUITY OR VENTURE CAPITAL FUNDS**

This endorsement modifies insurance provided under the following:

PRIVATE CHOICE ENCORE[®]!! POLICY

COMMON TERMS AND CONDITIONS are amended in the following manner:

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- **“Named Co-Defendant”** means _____.
- **“Affiliated Entities”** means:
 - (1) a pooled investment vehicle formed and controlled by the **Named Co-Defendant** for purposes of making a direct or indirect investment in the **Named Entity**;
 - (2) an entity which is a general partner, administrative general partner, managing general partner, managing member, administrative member, sole member, manager, managing shareholder or other sponsor of a pooled investment vehicle described in paragraph 1 above;
 - (3) an entity (including, but not limited to, any holding company, special purpose vehicle or other acquisition vehicle) formed for the sole purpose of holding a direct or indirect interest in the **Named Entity**, but only if such entity is majority-owned and controlled by a pooled investment vehicle described in paragraph 1 above and/or directly by the **Named Co-Defendant**.
- **“Co-Defendant(s)”** means the **Named Co-Defendant** and its **Affiliated Entities**, and such entities’ directors, officers, and employees in their capacity as such.

II. Section **III. COVERAGE EXTENSIONS**, is amended by the addition of the following:

- **Co-Defendant Extension**

Coverage shall apply to the **Co-Defendant(s)** for a **Claim** made against such **Co-Defendant(s)**, provided that such **Claim** (i) is for an actual or alleged **Wrongful Act** committed by an **Insured**, (ii) is first made and maintained against such **Insured**, (iii) the **Co-Defendant(s)** become co-defendants in such **Claim** by reason of such **Co-Defendant(s)**

ownership in or management control of the **Named Entity** and (iv) the **Co-Defendants** and **Insureds** are represented by the same counsel in such **Claim**.

In the event the co-defendant **Insureds** are dismissed from the litigation of such **Claim**, or otherwise found not to be liable by judgment or court order, coverage for the **Co-Defendant(s)** under this Policy shall terminate, effective on the date such dismissal, judgment or order becomes final.

Coverage of the **Co-Defendant(s)** shall be on the same terms and conditions, including any applicable Retention, as apply to coverage of the co-defendant **Insured** for such **Claim**. No coverage shall apply to any **Claim** for a **Wrongful Act** of any **Co-Defendant**.

All other terms and conditions remain unchanged.

Authorized Representative