

SERFF Tracking Number: NAVG-125529733 State: Arkansas
Filing Company: Navigators Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: SLPL-F-0308-AR
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
Product Name: Small Lawyers Professional Liability
Project Name/Number: Small Lawyers Professional Liability Program/SLPL-F-0308-AR

Filing at a Glance

Company: Navigators Insurance Company
Product Name: Small Lawyers Professional Liability SERFF Tr Num: NAVG-125529733 State: Arkansas
TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.1019 Professional Errors & Omissions Liability Co Tr Num: SLPL-F-0308-AR State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Sean Hayes Disposition Date: 03/19/2008
Date Submitted: 03/19/2008 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: Small Lawyers Professional Liability Program Status of Filing in Domicile: Pending
Project Number: SLPL-F-0308-AR Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/19/2008 Deemer Date:
State Status Changed: 03/19/2008
Corresponding Filing Tracking Number:
Filing Description:
This is a form filing for our Small lawyer's Professional Liability program being submitted for your review and approval.

Company and Contact

Filing Contact Information

SERFF Tracking Number: NAVG-125529733 State: Arkansas
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TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
Product Name: Small Lawyers Professional Liability
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Sean Hayes, Compliance Analyst shayes@navg.com
1375 E. Woodfield Rd. (847) 285-9042 [Phone]
Schaumburg, IL 60173 (847) 230-1934[FAX]

Filing Company Information

Navigators Insurance Company CoCode: 42307 State of Domicile: New York
1375 E. Woodfield Rd. Group Code: 510 Company Type: P&C
Schaumburg, IL 60173 Group Name: Navigators Group, State ID Number:
Inc.
(847) 285-9006 ext. [Phone] FEIN Number: 13-3138390

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Navigators Insurance Company	\$50.00	03/19/2008	18778889

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/19/2008	03/19/2008

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Liability
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Disposition

Disposition Date: 03/19/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NAVG-125529733 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Med Mal Cap Endoesement	Approved	Yes
Form	OFAC Endorsement	Approved	Yes
Form	Supplemntal App #6	Approved	Yes

SERFF Tracking Number: NAVG-125529733 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Med Mal Cap Endorsement	LPL-NAV-035	07/03	Endorsement/Amendment/Conditions	New	0.00	LPL NAV 035_0703_Med Mal Cap Endo..pdf
Approved	OFAC Endorsement	LPL-NAV-045	07/05	Endorsement/Amendment/Conditions	New	0.00	LPL NAV 045_0705_OFAC Endorsement.pdf
Approved	Supplemental App #6	LPL-NAV-056	06/03	Endorsement/Amendment/Conditions	New	0.00	LPL NAV 056_0603_Supplemental App #6_PI Plaintiff_.pdf

NAVIGATORS INSURANCE COMPANY

Amendatory Endorsement

This endorsement modifies insurance provided under the following:

LAWYERS PROFESSIONAL LIABILITY INSURANCE

Named Insured:	Policy Number:	Endorsement Number:	Effective Date:
			12:01am

In consideration of the premium paid, it is hereby understood and agreed that this policy is amended per the following:

The Company's maximum aggregate liability during the POLICY PERIOD for all claims for DAMAGES based upon, arising out of, relating to, directly or indirectly resulting from or in consequence of, or in any way involving PROFESSIONAL SERVICES rendered by the INSURED which relate to a MEDICAL MALPRACTICE MATTER, shall be \$250,000. This sublimit is part of the Insured Annual Aggregate Limit of Liability.

For the purposes of this endorsement, MEDICAL MALPRACTICE MATTER shall mean any case relating to medical malpractice, healthcare malpractice, hospital malpractice, or any matter in which the underlying case is related to the rendering of medical care.

All other terms and conditions of this policy remain unchanged.

NAVIGATORS INSURANCE COMPANY

This endorsement modifies insurance provided under the following:

LAWYERS PROFESSIONAL LIABILITY INSURANCE

Named Insured:	Policy Number:	Endorsement Number:	Effective Date:
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OFAC ENDORSEMENT

It is agreed that:

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that any insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

Applicant:

SUPPLEMENT 6

BI/PI PLAINTIFF SUPPLEMENT

APPLICANTS THAT INDICATE ANY PERCENTAGE OF BI/PI PLAINTIFFS WORK MUST COMPLETE THIS SUPPLEMENT. PLEASE ANSWER ALL QUESTIONS IN RELATION TO YOUR BI/PI PLAINTIFF PRACTICE ONLY.

1. Provide the percent of BI/PI Plaintiff cases and total number of Bi/PI Plaintiff cases:

BI/PI Plaintiff Category (Attach any website pages in which the following are referenced)	% Of BI/PI Plaintiff Cases (This % must match the % of BI/PI Plaintiff work listed in your application)	Number of BI/PI Plaintiff Cases
Class Action/Mass Tort	%	
Automobile	%	
Product Liability	%	
Medical Malpractice (answer questions 3-6)	%	
Slip and Fall	%	
Aviation	%	
Legal Malpractice	%	
Other (describe)	%	
Total (Must match % in application)	%	

2. Average dollar value of cases:

BI/PI Plaintiff Category	Average Dollar Value of Case
Class Action/Mass Tort	\$
Automobile	\$
Product Liability	\$
Medical Malpractice (answer questions 3-6)	\$
Slip and Fall	\$
Aviation	\$
Legal Malpractice	\$
Other (describe)	\$

Answer the following if Medical Malpractice indicated in Questions 1 and 2:

3. Describe the nature of the firm's Medical Malpractice Plaintiff work:

4. Does the firm only take cases where the damages are already established? Yes No

5. Percentage of cases (must equal 100%): settled before trial: _____% tried to conclusion: _____%

6. Describe the firm's procedure for tracking the Statute of Limitation on each Medical Malpractice Plaintiff case:

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known.

Signature of Owner, Officer or Partner of the Firm

Title

Date

SERFF Tracking Number: *NAVG-125529733* *State:* *Arkansas*
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TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1019 Professional Errors & Omissions Liability*

Product Name: *Small Lawyers Professional Liability*
Project Name/Number: *Small Lawyers Professional Liability Program/SLPL-F-0308-AR*

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

03/19/2008

Comments:

Attachment:

AR Cert Form Forms.pdf

Property & Casualty Transmittal Document

<p>1. Reserved for Insurance Dept. Use Only</p>	<p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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

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 #:
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.)

PC TD-1 pg 2 of 2

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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input 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		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	