

SERFF Tracking Number: TRVD-125533132 State: Arkansas  
First Filing Company: St. Paul Fire and Marine Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: 2008-02-0084  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations  
Product Name: Technology Policy Program  
Project Name/Number: Forms Submission/2008-02-0084

## Filing at a Glance

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

Product Name: Technology Policy Program	SERFF Tr Num: TRVD-125533132	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: 2008-02-0084	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Authors: Carrie Acuna, Carol Letendre	Disposition Date: 03/14/2008
	Date Submitted: 03/14/2008	Disposition Status: Approved
Effective Date Requested (New): 04/14/2008		Effective Date (New):
Effective Date Requested (Renewal): 04/14/2008		Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Forms Submission	Status of Filing in Domicile: Authorized
Project Number: 2008-02-0084	Domicile Status Comments: N/A
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:	

The purpose of this filing is to place on file three new endorsements for use with our Technology Policy Program. Two of the endorsements amend the Technology Commercial General Liability Protection insuring agreements and one amends our General Rules for 40701.

The enclosed Notice of Cancellation To Described Person Or Organization Endorsement, D0147 Ed. 3/08, amends our

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General Rules form by giving the insured extra days notice of cancellation than is required or at a minimum the earliest date notice required on the policy. It is not our intent to give any less notice than your state requires. The intent is to extend the notice not reduce it.

This filing consists of the following endorsements:

G0801 3/08 Additional Protected Persons Endorsement – Described Persons Or Organizations For Your Work Or Your Completed Work – Technology Commercial General Liability

G0802 3/08 Additional Protected Persons Endorsement – Described Persons Or Organizations For Your Work As Required By Written Contract – Technology Commercial General Liability

D0147 3/08 Notice of Cancellation To Described Person Or Organization Endorsement

The enclosed forms broaden coverage and there is no rate impact for the use of these forms.

## Company and Contact

### Filing Contact Information

Carol Letendre, Senior Regulatory Analyst CLETENDR@travelers.com  
385 Washington Street (651) 310-7110 [Phone]  
St. Paul, MN 55102 (651) 310-4361[FAX]

### Filing Company Information

St. Paul Fire and Marine Insurance Company	CoCode: 24767	State of Domicile: Minnesota
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 41-0406690	

St. Paul Guardian Insurance Company	CoCode: 24775	State of Domicile: Minnesota
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 41-0963301	

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St. Paul Mercury Insurance Company  
385 Washington Street  
St. Paul, MN 55102  
(651) 310-7782 ext. [Phone]

CoCode: 24791  
Group Code: 3548  
Group Name:  
FEIN Number: 41-0881659

State of Domicile: Minnesota  
Company Type:  
State ID Number:

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: FLAT FEE FOR FORM FILINGS.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
St. Paul Fire and Marine Insurance Company	\$50.00	03/14/2008	18666282
St. Paul Guardian Insurance Company	\$0.00	03/14/2008	
St. Paul Mercury Insurance Company	\$0.00	03/14/2008	

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## Correspondence Summary

### Dispositions

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

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## Disposition

Disposition Date: 03/14/2008

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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Additional Protected Persons Endorsement - Described Persons Or Organizations for Your Work - Technology Commercial General Liability	Approved	Yes
Form	Additional Protected Persons Endorsement - Described Persons Or Organizations For Your Work As Required by Written Contract - Technology Commercial General Liability	Approved	Yes
Form	Notice of Cancellation To Described Person Or Organization 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	Additional Protected Persons Endorsement - Described Persons Or Organizations for Your Work - Technology Commercial General Liability	G0801	03-2008	Endorsement/Amendment/Conditions New		0.00	G0801V_0308.pdf
Approved	Additional Protected Persons Endorsement - Described Persons Or Organizations For Your Work As Required by Written Contract - Technology Commercial General Liability	G0802	03-2008	Endorsement/Amendment/Conditions New		0.00	G0802V_0308.pdf
Approved	Notice of Cancellation To Described Person Or Organization Endorsement	D0147	03-2008	Endorsement/Amendment/Conditions New		0.00	D0147V_0308.pdf

**ADDITIONAL PROTECTED PERSONS ENDORSEMENT –  
DESCRIBED PERSONS OR ORGANIZATIONS FOR YOUR WORK OR  
YOUR COMPLETED WORK –  
TECHNOLOGY COMMERCIAL GENERAL LIABILITY**

This endorsement changes your Technology Commercial General Liability Protection.

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**How Coverage Is Changed**

The following is added to the Who Is Protected Under This Agreement section. This adds certain protected persons and limits their protection.

**Described persons or organizations for your work or your completed work as required by written contract.** Any person or organization shown below that:

- is not otherwise a protected person under this agreement; and
- you specifically agree in a written contract to add as an additional protected person under this agreement;

is a protected person for covered bodily injury or property damage. But only to the extent such bodily injury or property damage results from your work or your completed work.

The written contract may refer to an additional protected person as an additional insured.

However, no such person or organization is a protected person for bodily injury or property damage that results from any of its independent acts or omissions.

Also, such person or organization is a protected person only for the lesser of:

- the limits of coverage required by the written contract; or
- the limits of coverage available under this agreement.

We explain the terms your work and your completed work in the Products and completed work total limit section.

**Other Terms**

All other terms of your policy remain the same.

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**Described persons or organizations:**

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**Name of Insured**

**Policy Number**

**Effective Date**

**Processing Date**

**ADDITIONAL PROTECTED PERSONS ENDORSEMENT –  
DESCRIBED PERSONS OR ORGANIZATIONS FOR YOUR WORK AS  
REQUIRED BY WRITTEN CONTRACT –  
TECHNOLOGY COMMERCIAL GENERAL LIABILITY**

This endorsement changes your Technology Commercial General Liability Protection.

---

**How Coverage Is Changed**

The following is added to the Who Is Protected Under This Agreement section. This change adds certain protected persons and limits their protection.

**Described persons or organizations for your work as required by written contract.** Any person or organization shown below that:

- is not otherwise a protected person under this agreement; and
- you specifically agree in a written contract to add as an additional protected person under this agreement;

is a protected person for covered bodily injury or property damage. But only to the extent such bodily injury or property damage results from your work.

The written contract may refer to an additional protected person as an additional insured.

However, no such person or organization is a protected person for bodily injury or property damage that results from any of its independent acts or omissions.

Also, such person or organization is a protected person only for the lesser of:

- the limits of coverage required by the written contract; or
- the limits of coverage available under this agreement.

We explain the term your work in the Products and completed work total limit section.

**Other Terms**

All other terms of your policy remain the same.

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**Described persons or organizations:**

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**Name of Insured**

**Policy Number**

**Effective Date**

**Processing Date**

**NOTICE OF CANCELLATION TO DESCRIBED PERSON OR ORGANIZATION ENDORSEMENT**

This endorsement changes your General Rules.

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**How Coverage Is Changed**

The following is added to the Cancellation section.

**Notice of cancellation to described person or organization.** If we cancel your policy for any reason other than non-payment of premium, we'll mail or deliver written notice of such cancellation to the described person or organization at its address shown below at least        days before the date the cancellation will be effective.

If we cancel your policy for non-payment of premium, we'll mail or deliver such written notice to the described person or organization at such address at least days before the date the cancellation will be effective.

**Other Terms**

All other terms of your policy remain the same.

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**Described person or organization:**

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**Name of Insured**

**Policy Number**

**Effective Date  
Processing Date**



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 03/14/2008

**Comments:**

**Attachments:**

AR NAIC Transmittal.pdf

1 NAIC Form Filing Schedule (GL).pdf

**MNProperty & 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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
Travelers	3548

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
St. Paul Fire and Marine Insurance Company	MN	24767	41-0406690	
St. Paul Mercury Insurance Company	MN	24791	41-0881659	
St. Paul Guardian Insurance Company	MN	24775	41-0963301	

<b>5. Company Tracking Number</b>	<b>2008-02-0084</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
Carol Letendre 385 Washington St. St. Paul, MN 55102	Senior Regulatory Analyst	651-310-7110 800-328-2189 Ext. 07110	651-310-4361	<a href="mailto:Cletendr@travelers.com">Cletendr@travelers.com</a>
7. Signature of authorized filer	<i>Carol Letendre</i>			
8. Please print name of authorized filer	Carol Letendre			

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

9. Type of Insurance (TOI)	17.0000 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0000 Other Liability Sub-TOI Combinations
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Technology Policy 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: April 14, 2008      Renewal: April 14, 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	March 14, 2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document—**

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	2008-02-0084
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<b>21.</b>	<b>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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The purpose of this filing is to place on file three new endorsements for use with our Technology Policy Program. Two of the endorsements amend the Technology Commercial General Liability Protection insuring agreements and one amends our General Rules form 40701.

The enclosed Notice of Cancellation To Described Person Or Organization Endorsement, D0147 Ed. 3/08 amends our General Rules form by giving the insured extra days notice of cancellation than is required or at a minimum the earliest date notice required on the policy. It is not our intent to give any less notice than your state requires. The intent is to extend the notice not reduce it.

This filing consists of the following endorsements:

G0801	3/08	Additional Protected Persons Endorsement – Described Persons Or Organizations For Your Work Or Your Completed Work – Technology Commercial General Liability
G0802	3/08	Additional Protected Persons Endorsement – Described Persons Or Organizations For Your Work As Required By Written Contract – Technology Commercial General Liability
D0147	3/08	Notice of Cancellation To Described Person Or Organization Endorsement

The enclosed forms broaden coverage and there is no rate impact for the use of these forms.

<b>22.</b>	<b>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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ARKANSAS

**Check #:** N/A-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>	<b>2008-02-0084</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
<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	Additional Protected Persons Endorsement – Described Persons Or Organizations for Your Work Or Your Completed Work – Technology Commercial General Liability	G0801 3/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
02	Additional Protected Persons Endorsement – Described Persons Or Organizations For Your Work As Required by Written Contract – Technology Commercial General Liability	G0802 3/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Notice of Cancellation To Described Person Or Organization Endorsement	D0147 3/08	<input checked="" 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		