

SERFF Tracking Number: TRVE-125524911 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50
Company Tracking Number: 2008-02-0017
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: Wrap+ Tranche 4 Crime Enhancement Form Filing 2008-02-0017
Project Name/Number: Wrap+ Tranche 4 Crime Enhancement Form Filing 2008-02-0017/2008-02-0017

Filing at a Glance

Company: Travelers Casualty and Surety Company of America

Product Name: Wrap+ Tranche 4 Crime Enhancement Form Filing 2008-02-0017 SERFF Tr Num: TRVE-125524911 State: Arkansas

TOI: 26.0 Burglary & Theft

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: 2008-02-0017

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Authors: Socorro Armstrong,
Theresa Lavenburg, Michelle Smith
Cotto, Celina Caez

Disposition Date: 03/14/2008

Date Submitted: 03/06/2008

Disposition Status: Approved

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

Effective Date (New): 04/04/2008

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

Effective Date (Renewal):
04/04/2008

State Filing Description:

General Information

Project Name: Wrap+ Tranche 4 Crime Enhancement Form Filing 2008-Status of Filing in Domicile:
02-0017

Project Number: 2008-02-0017

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/14/2008

State Status Changed: 03/11/2008

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 WRAP+ Policy, which was approved by your department on March 27, 2006 under company filing number 2005-07-0132. This filing

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consists of new optional endorsements that are available to all eligible policyholders. These new optional endorsements do not have any 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

Travelers Casualty and Surety Company of America CoCode: 31194 State of Domicile: Connecticut
 One Tower Square Group Code: 3548 Company Type:
 2S2B
 Hartford, CT 06183 Group Name: State ID Number:
 (860) 277-0179 ext. [Phone] FEIN Number: 06-0907370

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Travelers Casualty and Surety Company of America	\$50.00	03/06/2008	18365660

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/14/2008	03/14/2008

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Disposition

Disposition Date: 03/14/2008

Effective Date (New): 04/04/2008

Effective Date (Renewal): 04/04/2008

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	COVER LETTER	Approved	Yes
Form	AFFILIATE/MANAGEMENT CONTROL ENDORSEMENT	Approved	Yes
Form	AFFILIATE ENDORSEMENT	Approved	Yes
Form	OBLIGEE ENDORSEMENT	Approved	Yes
Form	SCHEDULE CONTRACT SPECIFIC CLIENT & SERVICE BROKER AGR	Approved	Yes
Form	BLANKET CLIENT AND SERVICE BROKER AGREEMENT/AMEND CLIENT P	Approved	Yes
Form	DELETE OFFICER SHAREHOLDER EXCLUSION	Approved	Yes
Form	INCLUDE SHEDULED PARTNERS AS EMPLOYEES FOR MORTGAGE CLOSING	Approved	Yes
Form	INCLUDE SCHEDULE SOLE PROPRIETOR AS AN EMPLOYEE FOR MORTGAGE	Approved	Yes
Form	AMEND DEFINITION OF EMPLOYEE TO INCLUDE INDEPENDENT CONTRACT	Approved	Yes
Form	FAMILY MEMBERS ENDORSEMENT	Approved	Yes
Form	PRODUCT RECALL AND DESTRUCTION EXPENSES ENDORSEMENT	Approved	Yes
Form	MID-TERM CHANGE ENDORSEMENT TO DELETE COVERAGE	Approved	Yes
Form	MID-TERM CHANGE ENDORSEMENT TO DELETE COVERAGE	Approved	Yes
Form	AMENDED DUTIES IN THE EVENT OF LOSS KNOWLEDGE BY CORPORATION	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	AFFILIATE/MANAGEMENT CONTROL ENDORSEMENT	CRI-7092	ED. 02-07	Endorsement/Amendment/Conditions		0.00	CRI-7092.pdf
Approved	AFFILIATE ENDORSEMENT	CRI-7093	ED. 02-07	Endorsement/Amendment/Conditions		0.00	CRI-7093.pdf
Approved	OBLIGEE ENDORSEMENT	CRI-7095	ED. 04-07	Endorsement/Amendment/Conditions		0.00	CRI-7095.pdf
Approved	SCHEDULE CONTRACT SPECIFIC CLIENT & SERVICE BROKER AGR	CRI-7096	ED. 05-07	Endorsement/Amendment/Conditions		0.00	CRI-7096.pdf
Approved	BLANKET CLIENT AND SERVICE BROKER AGREEMENT/AMEND CLIENT P	CRI-7097	ED. 05-07	Endorsement/Amendment/Conditions		0.00	CRI-7097.pdf
Approved	DELETE OFFICER SHAREHOLDER EXCLUSION	CRI-7098	ED. 05-07	Endorsement/Amendment/Conditions		0.00	CRI-7098.pdf
Approved	INCLUDE SCHEDULED PARTNERS AS EMPLOYEES	CRI-7099	ED. 06-07	Endorsement/Amendment/Conditions		0.00	CRI-7099.pdf

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FOR
 MORTGAGE
 CLOSING

Approved	INCLUDE SCHEDULE SOLE PROPRIETOR AS AN EMPLOYEE FOR MORTGAGE	CRI-7100 ED. 06-07	Endorsement/Amendment/Conditions New	0.00	CRI-7100.pdf
Approved	AMEND DEFINITION OF EMPLOYEE TO INCLUDE INDEPENDENT CONTRACT	CRI-7101 ED. 06-07	Endorsement/Amendment/Conditions New	0.00	CRI-7101.pdf
Approved	FAMILY MEMBERS ENDORSEMENT	IDF-7013 ED. 04-07	Endorsement/Amendment/Conditions New	0.00	IDF-7013.pdf
Approved	PRODUCT RECALL AND DESTRUCTION EXPENSES ENDORSEMENT	KER-7025 ED. 07-07	Endorsement/Amendment/Conditions New	0.00	KER-7025.pdf
Approved	MID-TERM CHANGE ENDORSEMENT TO DELETE COVERAGE	LIA-7118 (10-06)	Endorsement/Amendment/Conditions New	0.00	LIA-7118.pdf
Approved	MID-TERM CHANGE ENDORSEMENT TO DELETE COVERAGE	NLE-7003 (10-06)	Endorsement/Amendment/Conditions New	0.00	NLE-7003.pdf
Approved	AMENDED DUTIES IN THE	CRI-7094 03-07	Endorsement/Amendment New	0.00	CRI-7094.pdf

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EVENT OF LOSS ent/Condi
KNOWLEDGE ons
BY
CORPORATION

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AFFILIATE / MANAGEMENT CONTROL ENDORSEMENT

This endorsement modifies the following coverage:

Crime

It is agreed that solely with respect to the coverage shown above:

1. Section III. DEFINITIONS CC. “**Insured**” 2. additionally means any joint venture in which the **Named Insured** has an equity interest.
2. Section III. DEFINITIONS is amended by adding the following:

“**Affiliate**” means any corporation or any limited liability company, organized under the laws of any state, in which you own, directly or through one or more Subsidiaries, fifty percent (50%) or less of the outstanding securities or voting rights representing the right to vote for the election of, or to appoint such organization’s board of directors, board of trustees, board of managers or a functional equivalent thereof.

3. Section V. CONDITIONS B.1. is amended to include the following:

Proportional Limit for Affiliates

Subject to Section V. CONDITIONS B.1.b., we will pay you for:

a. any covered loss sustained by an **Affiliate** if the **Named Insured** maintains management control over the **Affiliate**, or;

b. a *pro rata* proportion of any covered loss sustained by an **Affiliate**, equal to the proportion of the **Named Insured’s** equity interest in the **Affiliate** relative to the total interest of all owners on the day the loss was **Discovered**, if the **Named Insured** does not maintain management control over the **Affiliate**.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by: _____
On behalf of the entity named in
ITEM 1 of the Declarations.

Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AFFILIATE ENDORSEMENT

This endorsement modifies the following coverage:

Crime

It is agreed that solely with respect to the coverage shown above:

1. Section III. DEFINITIONS CC. “**Insured**” 2. additionally means any **Affiliate** in which the **Named Insured** has an equity interest.
2. Section III. DEFINITIONS is amended by adding the following:

“**Affiliate**” means any corporation or any limited liability company, organized under the laws of any state, in which you own, directly or through one or more Subsidiaries, fifty percent (50%) or less of the outstanding securities or voting rights representing the right to vote for the election of, or to appoint such organization’s board of directors, board of trustees, board of managers or a functional equivalent thereof

3. Section V. CONDITIONS B.1. is amended to include the following:

Proportional Limit for Joint Ventures

Subject to Section V. CONDITIONS B.1.b., we will pay you for a *pro rata* proportion of any covered loss sustained by an **Affiliate**, equal to the proportion of the **Named Insured**’s equity interest in the **Affiliate** relative to the total interest of all owners on the day the loss was **Discovered**.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

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On behalf of the entity named in
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Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OBLIGEE ENDORSEMENT

This endorsement modifies the following coverage:

Crime

It is agreed that solely with respect to the coverage shown above:

1. We agree to indemnify, <Name>, the Obligee for loss covered by any Insuring Agreement of this **Crime Policy**.

2. Section V. CONDITIONS D. is amended by adding the following paragraph:

This **Crime Policy** may be cancelled by the Obligee as set forth in Section V.D.1. If we cancel this **Crime Policy**, we agree to mail or deliver our notices to both the **Named Insured** and the Obligee as set forth in Section V.D.2.

3. Section V. CONDITIONS D.4. is deleted in its entirety and replaced with the following:

4. This **Crime Policy** terminates as to any Employee:

a. as soon as the Obligee, your partner, any of your **Management Staff Members** or any **Employee** with managerial or supervisory responsibility not in collusion with the **Employee** becomes aware of any dishonest or fraudulent employment related act involving an amount in excess of one thousand dollars (\$1,000); or

b. thirty (30) days after the Obligee, your partner, any of **Management Staff Members** or any **Employee** with managerial or supervisory responsibility not in collusion with the **Employee** becomes aware of any dishonest or fraudulent non-employment related act; either of which acts were committed by such **Employee** in your service, during the term of employment by you or prior to employment by you, provided such dishonest or fraudulent non-employment related act involved **Money, Securities** or **Other Property** in an amount in excess of one thousand dollars (\$ 1,000).

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

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On behalf of the entity named in
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Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**SCHEDULE CONTRACT SPECIFIC CLIENT AND SERVICE BROKER AGREEMENTS /
AMEND CLIENT PROPERTY LOCATION**

This endorsement modifies the following coverage:

Crime

It is agreed that solely with respect to the coverage shown above:

1. Section III. DEFINITIONS is amended by adding the following:

“**Service Broker**” means an entity, person or association shown in the SCHEDULE below with which you have a written agreement shown in the SCHEDULE below for you to perform services for **Clients** that are specified in the written agreement, but only while the written agreement is in effect.

2. Section III. DEFINITIONS D. “**Client**” is deleted and replaced with the following:

D. “**Client**” means an entity, person or association shown in the SCHEDULE below for which you perform services as specified in a written agreement shown in the SCHEDULE below between you and a **Service Broker**, but only while the written agreement is in effect.

3. Section III. DEFINITIONS E. “**Client Premises**” is deleted.

4. Section V. CONDITIONS A.5.b. is deleted and replaced with the following:

b. If ITEM 5 of the Declarations indicates that coverage under Insuring Agreement A.3. Employee Theft of Client Property has been purchased, then the property covered under Insuring Agreement A.3. is limited to property:

- i. that your **Client** owns or leases;
- ii. that your **Client** holds for others; or
- iii. for which your **Client** is legally liable.

Notwithstanding the above, this **Crime Policy** is for your benefit only and provides no rights or benefits to any other person or organization, including your **Service Broker** or **Client**. Any claim for loss by your **Client** that is covered under this **Crime Policy** must be presented by you.

SCHEDULE

<u>Client(s)</u>	<u>Service Broker(s)</u>	<u>Written Agreement Identification</u>
<u><NAME OF CLIENT></u>	<u><NAME OF SERVICE BROKER></u>	<u><WRITTEN AGREEMENT NAME/NUMBER></u>
<u><NAME OF CLIENT></u>	<u><NAME OF SERVICE BROKER></u>	<u><WRITTEN AGREEMENT NAME/NUMBER></u>
<u><NAME OF CLIENT></u>	<u><NAME OF SERVICE BROKER></u>	<u><WRITTEN AGREEMENT NAME/NUMBER></u>
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<u><NAME OF CLIENT></u>	<u><NAME OF SERVICE BROKER></u>	<u><WRITTEN AGREEMENT NAME/NUMBER></u>
<u><NAME OF CLIENT></u>	<u><NAME OF SERVICE BROKER></u>	<u><WRITTEN AGREEMENT NAME/NUMBER></u>

<NAME OF CLIENT> <NAME OF SERVICE BROKER> <WRITTEN AGREEMENT NAME/NUMBER>
<NAME OF CLIENT> <NAME OF SERVICE BROKER> <WRITTEN AGREEMENT NAME/NUMBER>
<NAME OF CLIENT> <NAME OF SERVICE BROKER> <WRITTEN AGREEMENT NAME/NUMBER>
<NAME OF CLIENT> <NAME OF SERVICE BROKER> <WRITTEN AGREEMENT NAME/NUMBER>

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by: _____
On behalf of the entity named in
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Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET CLIENT AND SERVICE BROKER AGREEMENT/ AMEND CLIENT PROPERTY LOCATION

This endorsement modifies the following coverage:

Crime

It is agreed that solely with respect to the coverage shown above:

1. Section III. DEFINITIONS is amended by adding the following:

“**Service Broker**” means an entity, person or association with which you have a written agreement for you to perform services for **Clients** that are specified in the written agreement, but only while the written agreement is in effect.

2. Section III. DEFINITIONS D. “**Client**” is deleted and replaced with the following:

D. “**Client**” means an entity, person or association for which you perform services as specified in a written agreement between you and a **Service Broker**, but only while the written agreement is in effect.

3. Section III. DEFINITIONS E. “**Client Premises**” is deleted.

4. Section V. CONDITIONS A.5.b. is deleted and replaced with the following:

b. If ITEM 5 of the Declarations indicates that coverage under Insuring Agreement A.3. Employee Theft of Client Property has been purchased, then the property covered under Insuring Agreement A.3. is limited to property:

- i. that your **Client** owns or leases;
- ii. that your **Client** holds for others; or
- iii. for which your **Client** is legally liable.

Notwithstanding the above, this **Crime Policy** is for your benefit only and provides no rights or benefits to any other person or organization, including your **Service Broker** or **Client**. Any claim for loss by your **Client** that is covered under this **Crime Policy** must be presented by you.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

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ISSUED TO:

POLICY NO:

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DELETE OFFICER-SHAREHOLDER EXCLUSION

This endorsement modifies the following coverage:

Crime

It is agreed that solely with respect to the coverage shown above, Section IV. EXCLUSIONS C. is deleted and replaced by the following:

C. loss resulting directly or indirectly from any fraudulent, dishonest or criminal act committed by you, your natural person partners or any **LLC Member**, whether acting alone or in collusion with others; provided, this Exclusion C. shall not apply to loss covered under Insuring Agreement A.2.;

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

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Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCLUDE SCHEDULED PARTNERS AS EMPLOYEES FOR MORTGAGE CLOSINGS ONLY

This endorsement modifies the following coverage:

Crime

It is agreed that solely with respect to the coverage shown above:

1. Section III. DEFINITIONS U. “**Employee**” is amended to include any of your natural person partners scheduled below:

Scheduled Partners

<Name>
<Name>
<Name>
<Name>
<Name>
<Name>
<Name>
<Name>

2. Section IV. EXCLUSIONS C. is deleted in its entirety and replaced with the following:
 - C. loss resulting directly or indirectly from any fraudulent, dishonest or criminal act committed by you, your natural person partners (except those scheduled in paragraph 1), any **LLC Member** or **Officer-Shareholder**, whether acting alone or in collusion with others; provided, this Exclusion C. shall not apply to loss covered under Insuring Agreement A.2. and provided further, partners scheduled in paragraph 1 are covered only for acts which directly involve mortgage loan closing transactions.
3. We will not pay for any **Single Loss** caused by any of your natural person partners scheduled in paragraph 1, unless the amount of such **Single Loss** exceeds the sum of the following:
 - a. any amounts you owe such partner;
 - b. the value of such partner’s interest in your partnership as determined by the closing of such partnership’s books on the date such **Single Loss** was **Discovered** by the partnership or any of its partners not in collusion with the partner causing the **Single Loss**; and
 - c. any applicable Single Loss Retention.

Subject to all the terms, exclusions, conditions and limitations of this **Crime Policy**, we will pay you the amount of any **Single Loss** in excess of the above sum, up to the Single Loss Limit of Insurance for the applicable Insuring Agreement.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

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Accepted by: _____
On behalf of the entity named in
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Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCLUDE SCHEDULED SOLE PROPRIETOR AS AN EMPLOYEE FOR MORTGAGE CLOSINGS ONLY

This endorsement modifies the following coverage:

Crime

It is agreed that solely with respect to the coverage shown above:

1. Section III. DEFINITIONS U. “**Employee**” is amended to include the law firm proprietor or sole **Officer-Shareholder** scheduled below:

Scheduled Proprietor / Officer-Shareholder

<Name>

2. Section IV. EXCLUSIONS C. is deleted in its entirety and replaced with the following:
 - C. loss resulting directly or indirectly from any fraudulent, dishonest or criminal act committed by you or your **Officer-Shareholder**, whether acting alone or in collusion with others; provided, this Exclusion C. shall not apply to loss covered under Insuring Agreement A.2. and provided further, the proprietor or **Officer-Shareholder** scheduled in paragraph 1 is covered only for acts which directly involve mortgage loan closing transactions.
3. We will not pay for any **Single Loss** caused by the proprietor or **Officer-Shareholder** scheduled in paragraph 1, unless the amount of such **Single Loss** exceeds the sum of the following:
 - a. any amounts you owe such proprietor or **Officer-Shareholder**;
 - b. the value of such proprietor or Officer-Shareholder’s interest in you as determined by the closing of your books on the date such **Single Loss** was **Discovered** by you; and
 - c. any applicable Single Loss Retention.

Subject to all the terms, exclusions, conditions and limitations of this **Crime Policy**, we will pay you the amount of any **Single Loss** in excess of the above sum, up to the Single Loss Limit of Insurance for the applicable Insuring Agreement.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by:

On behalf of the entity named in
ITEM 1 of the Declarations.

Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND DEFINITION OF EMPLOYEE TO INCLUDE INDEPENDENT CONTRACTOR

This endorsement modifies the following coverage:

Crime

It is agreed that solely with respect to the coverage shown above:

1. Section III. DEFINITIONS is amended by adding the following:

“Independent Contractor” means any natural person independent contractor or any independent contractor corporation owned by an individual who/which performs labor or service for the **Insured** pursuant to a written contract or agreement, where such labor or service is under the exclusive direction and control of the **Insured**.

2. Solely with respect to INSURING AGREEMENTS A. FIDELITY 1. Employee Theft, Section III. DEFINITIONS U. **“Employee”** is amended by deleting the last paragraph and replacing it with the following:

“Employee” does not mean any agent, broker, factor, commission merchant, consignee, representative or other person of the same general character not specified in paragraphs 1. through 5. above.

3. Solely with respect to INSURING AGREEMENTS A. FIDELITY 1. Employee Theft, Section III. DEFINITIONS U. **“Employee”** shall also mean any **Independent Contractor**.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by: _____

On behalf of the entity named in
ITEM 1 of the Declarations.

Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FAMILY MEMBERS ENDORSEMENT

This endorsement modifies the following coverage:

Identity Fraud Expense Reimbursement

It is agreed that solely with respect to the coverage shown above, Section II. DEFINITIONS F. “**Insured Person**”, subsection 5 is deleted in its entirety and replaced with the following:

5. who is a child of any person that meets the criteria set forth in paragraphs 1., 2., 3., or 4. of this Definition F. and is:
- a. under the age of twenty-five (25) years of age; and
 - b. a resident of the same household of such **Insured Person**; or

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on <date>, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by: _____
On behalf of the entity named in
ITEM 1 of the Declarations.

Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRODUCT RECALL AND DESTRUCTION EXPENSES ENDORSEMENT

This endorsement modifies the following coverage:

Kidnap and Extortion for Ransom

It is agreed that solely with respect to the coverage shown above:

1. Section III. DEFINITIONS D. “**Covered Expenses**” additionally means **Product Recall and Destruction Expenses**.

2. Section III. DEFINITIONS is amended to include the following definition:

“**Product Recall and Destruction Expenses**” means the actual expenses incurred by the **Insured** either as direct result of a **Products Extortion** or directly attributed to the **Insured’s** efforts to counter or mitigate the effect of such a threat, and shall include:

- (a) reasonable costs incurred by the **Insured** to transport and secure the **Insured’s** withdrawn product; and
- (b) reasonable costs incurred by the **Insured** to physically inspect and destroy the **Insured’s** withdrawn product.

3. Solely with respect to the coverage afforded under this endorsement, Section IV. EXCLUSIONS is amended by adding the following exclusions:

- (a) costs incurred in the transportation, examination and destruction of the **Insured’s** withdrawn product for any reason other than a **Products Extortion** including the withdrawn product’s failure to meet original specifications, is not of merchantable quality, or is not suited for the purpose for which the product is intended;
- (b) costs, fees, or other real or presumed losses attributable to business interruption incurred by the **Insured**; and
- (c) costs, fees, revenues, earnings, or claim of any kind for loss of market share as a result of the **Insured’s** withdrawal of a product.

4. The maximum amount payable by the Company for **Product Recall and Destruction Expenses** for any one **Products Extortion** shall not exceed the Sublimit for the applicable expense as set forth in the SCHEDULE below. The Sublimit is part of and not in addition to the Limit of Insurance set forth in ITEM 5 of the Declarations.

5. The Company shall have no obligation to pay any **Product Recall and Destruction Expenses** unless the expenses exceed the Retention set forth in the SCHEDULE below. The Company will then pay the amount of expenses in excess of the Retention up to the Sublimit for the applicable expense.

SCHEDULE

<u>Expense</u>	<u>Sublimit</u>	<u>Retention</u>
Recall expenses (as set forth in paragraph 2(a))	\$1,000,000.00	\$50,000.00
Destruction expenses (as forth in paragraph 2(b))	\$1,000,000.00	\$50,000.00

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by: _____
On behalf of the entity named in
ITEM 1 of the Declarations.

Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MID-TERM CHANGE ENDORSEMENT TO DELETE COVERAGE

This endorsement modifies the Declarations

It is agreed that the Declarations are modified as follows:

1. ITEM 4 is amended by deleting the following coverage or coverages from the Declarations:

<Coverage Part Name>

2. Solely with respect to the coverage or coverages shown in paragraph 1. above, Item 5 of the Declarations is deleted.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by: _____

On behalf of the entity named in
ITEM 1 of the Declarations.

Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MID-TERM CHANGE ENDORSEMENT TO DELETE COVERAGE

This endorsement modifies the Declarations

It is agreed that the Declarations are modified as follows:

1. ITEM 4 is amended by deleting the following coverage or coverages from the Declarations:

<Coverage Part Name>

2. Solely with respect to the coverage or coverages shown in paragraph 1. above, Item 5 of the Declarations is deleted.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by: _____

On behalf of the entity named in
ITEM 1 of the Declarations.

Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDED DUTIES IN THE EVENT OF LOSS – KNOWLEDGE BY CORPORATE OFFICIALS

This endorsement modifies the following coverage:

Crime

It is agreed that solely with respect to the coverage shown above:

1. Section III. DEFINITIONS Q. “**Discover**”, “**Discovered**”, or “**Discovery**” is deleted in its entirety and replaced by the following:

Q. “**Discover**”, “**Discovered**”, or “**Discovery**” means the moment when any Corporate Official designated in the SCHEDULE below:

1. first become(s) aware of facts which would cause a reasonable person to assume that a loss of a type covered by this **Crime Policy** has been or will be incurred, regardless of when the act or acts causing or contributing to such loss occurred, even though the exact details of loss may not then be known; or
2. first receive(s) notice of an actual or potential claim against you alleging facts which if true would constitute a loss under this **Crime Policy**.

Notwithstanding the use of the phrases, “**Discovered** by you,” and, “you **Discover**,” throughout this **Crime Policy**, **Discovery** is limited to any Corporate Official designated in the SCHEDULE below and any such phrases shall be read consistent with this limitation.

2. Section II. GENERAL AGREEMENTS A.2. is deleted in its entirety and replaced by the following:

2. If any Corporate Official designated in the SCHEDULE below has knowledge of any information relevant to this **Crime Policy**, that knowledge is considered knowledge of every **Insured**.

SCHEDULE

Corporate Official

<NAME or TITLE>

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by: _____
On behalf of the entity named in
ITEM 1 of the Declarations.

Authorized Company Representative

SERFF Tracking Number: TRVE-125524911 *State:* Arkansas
Filing Company: Travelers Casualty and Surety Company of *State Tracking Number:* EFT \$50
America
Company Tracking Number: 2008-02-0017
TOI: 26.0 Burglary & Theft *Sub-TOI:* 26.0001 Commercial Burglary & Theft
Product Name: Wrap+ Tranche 4 Crime Enhancement Form Filing 2008-02-0017
Project Name/Number: Wrap+ Tranche 4 Crime Enhancement Form Filing 2008-02-0017/2008-02-0017

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVE-125524911 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of State Tracking Number: EFT \$50
America
Company Tracking Number: 2008-02-0017
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: Wrap+ Tranche 4 Crime Enhancement Form Filing 2008-02-0017
Project Name/Number: Wrap+ Tranche 4 Crime Enhancement Form Filing 2008-02-0017/2008-02-0017

Supporting Document Schedules

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

Comments:

Attachments:

2007 PC NAIC Transmittal (generic) (2).pdf
WRAP+ T-4 B&T Forms List.pdf

Satisfied -Name: COVER LETTER **Review Status:** Approved 03/14/2008

Comments:

Attachment:

AR-2008-02-0017 Wrap+ CRI-B&T.ltrs 4.pdf

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	2008-02-0017
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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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2008-02-0017**WRAP+ Enhancement Filing - Forms
Crime**

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA 3548-31194 06-0907370

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our WRAP+ Policy, which was approved by your department on March 27, 2006 under company filing number 2005-07-0132. This filing consists of new optional endorsements that are available to all eligible policyholders. These new optional endorsements do not have any rating impact.

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:** 50.00 (per submission)

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 #	2008-02-0017			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	NA			
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	AFFILIATE/MANAGEMENT CONTROL ENDORSEMENT	CRI-7092 ED. 02-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	AFILIATE ENDORSEMENT	CRI-7093 ED. 02-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	AMENDED DUTIES IN THE EVENT OF LOSS KNOWLEDGE BY CORPORATION	CRI-7094 03-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	OBLIGEE ENDORSEMENT	CRI-7095 ED. 04-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	SCHEDULE CONTRACT SPECIFIC CLIENT & SERVICE BROKER AGR	CRI-7096 ED. 05-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	BLANKET CLIENT AND SERVICE BROKER AGREEMENT/AMEND CLIENT P	CRI-7097 ED. 05-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	DELETE OFFICER SHAREHOLDER EXCLUSION	CRI-7098 ED. 05-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	INCLUDE SHEDULED PARTNERS AS EMPLOYEES FOR MORTGAGE CLOSING	CRI-7099 ED. 06-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	INCLUDE SCHEDULE SOLE PROPRIETOR AS AN EMPLOYEE FOR MORTGAGE	CRI-7100 ED. 06-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	AMEND DEFINITION OF EMPLOYEE TO INCLUDE INDEPENDENT CONTRACT	CRI-7101 ED. 06-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11	FAMILY MEMBERS ENDORSEMENT	IDF-7013 ED. 04-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12	PRODUCT RECALL AND DESTRUCTION EXPENSES ENDORSEMENT	KER-7025 ED. 07-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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
13	MID-TERM CHANGE TO ENDORSEMENT DELETED COVERAGE	LIA-7118 (10-06)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14	MID-TERM CHANGE TO ENDORSEMENT DELETED COVERAGE	NLE-7003 (10-06)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



One Tower Square, S202B
Hartford, CT 06183

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

March 5, 2008

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

2008-02-0017

**WRAP+ Enhancement Filing - Forms
Crime**

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

3548-31194

06-0907370

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our WRAP+ Policy, which was approved by your department on March 27, 2006 under company filing number 2005-07-0132. This filing consists of new optional endorsements that are available to all eligible policyholders. These new optional endorsements do not have any rating impact.

WRAP+ Endorsements

In 2005, we introduced the WRAP+, a new modular approach wherein an insured can choose anything from a monoline coverage part to a WRAP+ multi-coverage part policy. This filing consists of (14) fourteen endorsements, which have been designed for use with the WRAP+ product.

Enclosures and Implementation

The following are enclosed to facilitate your review:

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

We propose to implement this filing with respect to all new and renewal businesses effective as soon as possible. Should you have any questions, please feel free to call me at (860) 277-2345.

Sincerely,