

SERFF Tracking Number: CAMC-125366070 State: Arkansas
Filing Company: CAMICO Mutual Insurance Company State Tracking Number: #35893 \$50
Company Tracking Number: EP-AR-2008-F
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability
Product Name: Employment Practices Liability
Project Name/Number: New Program Filing/2008

Filing at a Glance

Company: CAMICO Mutual Insurance Company

Product Name: Employment Practices Liability SERFF Tr Num: CAMC-125366070 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: #35893 \$50

Sub-TOI: 17.1010 Employment Practices Liability Co Tr Num: EP-AR-2008-F State Status: Fees verified and received

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

Authors: Carmen Clouse, John Takayoshi Disposition Date: 04/10/2008

Date Submitted: 12/20/2007 Disposition Status: Approved

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

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

State Filing Description:

General Information

Project Name: New Program Filing

Project Number: 2008

Reference Organization:

Reference Title:

Filing Status Changed: 04/10/2008

State Status Changed: 02/15/2008

Corresponding Filing Tracking Number:

Filing Description:

CAMICO Mutual Insurance Company (CAMICO) is filing a new program to provide Employment Practices Liability insurance coverage to Certified Public Accountants (CPA's). CAMICO submits its policy forms and endorsements.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

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Product Name: Employment Practices Liability
Project Name/Number: New Program Filing/2008

John Takayoshi, Manager of Regulatory Affairs jtakayoshi@camico.com
1235 Radio Road, 2nd Floor (650) 802-2567 [Phone]
Redwood City, CA 94065 (650) 802-2700[FAX]

Filing Company Information

CAMICO Mutual Insurance Company	CoCode: 36340	State of Domicile: California
1235 Radio Road, 2nd Floor	Group Code: -99	Company Type: Mutual
Redwood City, CA 94065	Group Name:	State ID Number:
(650) 802-2500 ext. 0[Phone]	FEIN Number: 77-0105482	

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Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
035893	\$50.00	12/13/2007

SERFF Tracking Number:	CAMC-125366070	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	04/10/2008	04/10/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Edith Roberts	04/02/2008	04/02/2008	John Takayoshi	04/02/2008	04/02/2008
Pending Industry Response	Edith Roberts	02/15/2008	02/15/2008	John Takayoshi	03/27/2008	03/27/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Special Exclusion	Form	John Takayoshi	03/27/2008	03/27/2008
Uniform Transmittal Document- Property & Casualty	Supporting Document	John Takayoshi	12/20/2007	12/20/2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
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Extension Request Note To Reviewer John Takayoshi 02/25/2008 02/25/2008

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Product Name: Employment Practices Liability
Project Name/Number: New Program Filing/2008

Disposition

Disposition Date: 04/10/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CAMC-125366070 State: Arkansas
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 Product Name: Employment Practices Liability
 Project Name/Number: New Program Filing/2008

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Employment Practices Liability Policy	Approved	Yes
Form	Employment Practices Liability Policy Declarations	Approved	Yes
Form	Independent Contractors Coverage	Approved	Yes
Form	Exclusion - Specific Organization(s)	Approved	Yes
Form (revised)	Supplemental Extended Reporting Period	Approved	Yes
Form	Supplemental Extended Reporting Period	Approved	Yes
Form (revised)	Special Exclusion	Approved	Yes
Form	Special Exclusion	Approved	Yes
Form	Named Insured Change	Approved	Yes
Form	Business Address Change	Approved	Yes
Form	Change in Limit of Liability	Approved	Yes
Form	Change in Deductible	Approved	Yes
Form	Additional Insured	Approved	Yes
Form (revised)	State Endorsement - Arkansas	Approved	Yes
Form	State Endorsement - Arkansas	Approved	Yes
Form	Disclosure Statement	Approved	Yes

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Project Name/Number: New Program Filing/2008

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/02/2008

Submitted Date 04/02/2008

Respond By Date

Dear John Takayoshi,

This will acknowledge receipt of the captioned filing.

With reference to Item 1 of your response, where you state minimum limits of \$500,000 will "be available", these limits are mandatory and not optional in order to comply with the exemption from defense outside the limits requirements. Please clarify as to what is meant by "will be available".

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

Response Letter

Response Letter Status Submitted to State

Response Letter Date 04/02/2008

Submitted Date 04/02/2008

Dear Edith Roberts,

Comments:

Response 1

Comments: Please be advised that the EPLI program will comply with limits of liability of at least \$500,000 or above.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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No Rate/Rule Schedule items changed.

Sincerely,
Carmen Clouse, John Takayoshi

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Project Name/Number: New Program Filing/2008

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/15/2008
Submitted Date 02/15/2008
Respond By Date 02/29/2008

Dear John Takayoshi,

This will acknowledge receipt of the captioned filing.

Please reference Form EP-1000-A (rev. 04/07), third paragraph, which states "this policy includes Claim Expenses and the Named Insured deductible within the Limits of Liability.

First, you must confirm that you will comply with AID Order 96-194, which exempts EPL coverage from the defense outside the limits requirements of AR Code Anno 23-79-307 (5) (A). Order 96-194 requires that the minimum limits be no less than \$500,000 and that a signed consent order be executed by the insured acknowledging that the Limit of Liability may be reduced or exhausted in payment of defense.

Second, you may not reduce the Limit of Liability by a deductible. The deductible is to be borne by the insured for that amount of the loss and the company must pay the remainder up to the applicable limit that has been purchased. That limit may not be reduced by a deductible. This language must be stricken from page 2, C. 1. and C. 4 as well.

Please refer to pages 1, A.1.a., page 9, D., page 10, (b) (1). The references to 30 days must be changed to 60 days pursuant to AR Code Anno 23-79-306 (3).

Please refer to page 8, of this form and also Form EP-1004-A, provision B, which states "does not reinstate or increase the Limits of Liability". Pursuant to AR Code Anno. 23-79-306, the limit must be the greater of the limit remaining or reinstated to 50% of the expiring policy aggregate.

On page 9, D. – it is stated "only if there are not amounts owed by the named insured to the company including sums due for premium or Deductible. AR Code Anno. 23-79-306 does not make an exception for cancellation/termination due to non-payment of premium unless flat cancelled to date of inception. You also may not withhold either ERP for a deductible that is owed. Please remove this language.

With reference to Form EP-1005-A, this form must be withdrawn. We cannot approve a "blank" exclusion.

<i>SERFF Tracking Number:</i>	<i>CAMC-125366070</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CAMICO Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>#35893 \$50</i>
<i>Company Tracking Number:</i>	<i>EP-AR-2008-F</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1010 Employment Practices Liability</i>
<i>Product Name:</i>	<i>Employment Practices Liability</i>		
<i>Project Name/Number:</i>	<i>New Program Filing/2008</i>		

Please feel free to contact me if you have questions.

Sincerely,
Edith Roberts

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/27/2008
Submitted Date	03/27/2008

Dear Edith Roberts,

Comments:

- 1) The minimum limits of \$500,000 or more will be available. A disclosure statement, EP-2054-A (AR), acknowledging the Defense within Limits is attached.
- 2) EP-2040-A - State Endorsement - Arkansas, section B, has been amended.
- 3) EP-2040-A - State Endorsement - Arkansas, section A. C.3. and E. has been amended to 60 days.
- 4) EP-2040-A - State Endorsement - Arkansas, section C.1. and C.2. has been amended as well as EP-1004-A (AR) - Supplemental Extended Reporting endorsement, section B.
- 5) EP-2040-A - State Endorsement - Arkansas, section C.3. has been amended removing language.
- 6) EP-1005-A - Special Exclusion endorsement has been withdrawn.

Response 1

Comments: Amended forms.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form	Edition	Form Type	Action	Action	Readability Attach
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SERFF Tracking Number: CAMC-125366070 State: Arkansas
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	Number	Date			Specific Data	Score	Document
Supplemental Extended Reporting Period	EP-1004-A (AR)	03/08	Endorsement/Amendment/Conditions	New		0	AR_EP-1004-A_Supplemental ERP.pdf
Previous Version							
Supplemental Extended Reporting Period	EP-1004-A	06/07	Endorsement/Amendment/Conditions	New		0	EP-1004-A_Supplemental ERP.pdf
State Endorsement - Arkansas	EP-2040-A	03/08	Canc/NonRen Notice	New		0	AR_EP-2040-A.pdf
Previous Version							
State Endorsement - Arkansas	EP-2040-A	11/07	Canc/NonRen Notice	New		0	AR_EP-2040-A.pdf
Disclosure Statement	EP-2054-A (AR)	03/08	Disclosure/Notice	New			AR_EP-2054-A_Disclosure_DWL 100 percent Claim Expenses.pdf

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Product Name: Employment Practices Liability
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No Rate/Rule Schedule items changed.

Thank you

Sincerely,

Carmen Clouse, John Takayoshi

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 Company Tracking Number: EP-AR-2008-F
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability
 Product Name: Employment Practices Liability
 Project Name/Number: New Program Filing/2008

Amendment Letter

Amendment Date:
 Submitted Date: 03/27/2008

Comments:

Withdrawing EP-1005-A, Special Exclusion endorsement.

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Special Exclusion	EP-1005-A	04/07	Endorsement/Amendment/Conditions	Withdrawn			0	

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Note To Reviewer

Created By:

John Takayoshi on 02/25/2008 11:36 AM

Subject:

Extension Request

Comments:

Ms. Roberts:

Could you grant me an one week extension on the Respond By Date to 3/7/08? Thank you in advance for this consideration.

Kind regards,
John T. Takayoshi

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Amendment Letter

Amendment Date:

Submitted Date: 12/20/2007

Comments:

Authorized signature is included to the Transmittal.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

AR_Transmittal_Form Attachment1.pdf

AR_Transmittal_Form Attachment2.pdf

AR_Transmittal_Forms.pdf

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Employment Practices Liability A Policy	EP-1000-	04/07	Policy/Coverage Form		0.00	EP-1000-A_Base Policy.pdf
Approved	Employment Practices Liability A Policy Declarations	EP-1001-	04/07	Declaration News/Schedule		0.00	EP-1001-A_Declaration_0407.pdf
Approved	Independent Contractors Coverage	EP-1002-A	06/07	Endorsement/Amendment/Conditions		0.00	EP-1002-A_Independent Contractors.pdf
Approved	Exclusion - Specific Organization(s)	EP-1003-A	04/07	Endorsement/Amendment/Conditions		0.00	EP-1003-A_Exclusion-Specific Org.pdf
Approved	Supplemental Extended Reporting Period	EP-1004-A (AR)	03/08	Endorsement/Amendment/Conditions		0.00	AR_EP-1004-A_Supplemental ERP.pdf
Approved	Special Exclusion A	EP-1005-A	04/07	Endorsement/Amendment/Conditions	Replaced Form #: Previous Filing #:	0.00	
Approved	Named Insured Change	EP-1007-A	04/07	Endorsement/Amendment/Conditions		0.00	EP-1007-A_Named Insured Change.pdf
Approved	Business Address Change A	EP-1008-A	04/07	Endorsement/Amendment/Conditions		0.00	EP-1008-A_Business Address Change.pdf
Approved	Change in Limit	EP-1009-	04/07	Endorsement/Amendment/Conditions		0.00	EP-1009-

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	of Liability	A	nt/Amendm ent/Condi ons		A_Change in Limits of Liability.pdf
Approved	Change in Deductible	EP-1010- A	04/07 Endorseme New nt/Amendm ent/Condi ons	0.00	EP-1010- A_Change in Deductible.p df
Approved	Additional Insured	EP-1011- A	04/07 Endorseme New nt/Amendm ent/Condi ons	0.00	EP-1011- A_Additional Insured.pdf
Approved	State Endorsement - Arkansas	EP-2040- A	03/08 Canc/NonR New en Notice	0.00	AR_EP- 2040-A.pdf
Approved	Disclosure Statement	EP-2054- A (AR)	03/08 Disclosure/ New Notice		AR_EP- 2054- A_Disclosur e_DWL 100 percent Claim Expenses.pd f

NOTICE

This insurance policy is a “claims made and reported” policy. This insurance applies only to *Claims* that are first made and reported to the Company during the *Policy Period*, or that are first made and reported to the Company during either the *Basic Extended Reporting Period* or a *Supplemental Extended Reporting Period* (if purchased).

This policy does not cover prior acts unless specifically included. The Company will not indemnify or defend *Claims* arising from *Employment Practices* which occurred prior to the policy’s *Retroactive Date*.

This policy includes *Claim Expenses* and the *Named Insured’s* Deductible within the *Limits of Liability*. The payment of *Claim Expenses* reduces the *Limits of Liability* available to pay *Damages* unless prohibited by applicable state law or this policy is amended by endorsement.

This policy contains additional restrictions on coverage. Please review this policy carefully, including the *Declarations* and all endorsements.

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EMPLOYMENT PRACTICES LIABILITY INSURANCE POLICY

In consideration of the *Named Insured's* payment of premium and Deductible(s), and in reliance upon the *Named Insured's* statements made in the original application and all renewal or supplemental applications, all of which are incorporated into this policy by this reference, CAMICO Mutual Insurance Company ("the Company") agrees with the *Named Insured* as follows:

I. INSURING AGREEMENTS

A. Coverage for *Damages* and Reporting Requirements

1. The Company will pay those sums that an *Insured* becomes legally obligated to pay as *Damages* because of a *Claim* arising out of any *Employment Practices* to which this insurance applies, provided that:

- (a) the *Claim* was first made against any *Insured* during the *Policy Period* or any applicable *Extended Reporting Period*, and reported to the Company either (i) during the *Policy Period* or within thirty (30) days thereafter, or (ii) during the applicable *Extended Reporting Period*; and
- (b) the *Claim* does not arise from facts or circumstances which would cause a reasonable person to believe a *Claim* would be made and which were known to any *Insured* prior to the effective date of the first policy of this type issued by the Company and continuously renewed thereafter; and
- (c) the *Claim* was not reported to any insurer, including the Company, prior to the effective date of the *Policy Period* identified in the policy's Declarations; and
- (d) the *Damages* result from a *Claim* made by *Employees, Leased Workers, Contract Workers, former Employees, applicants for employment by the Named Insured, or Third Party Claimants*; and
- (e) the *Employment Practices* occurred after the *Retroactive Date*, if any, shown in the Declarations and before the end of the *Policy Period*, within in the *Coverage Territory*.

2. A *Claim* will be deemed to have been made when notice of such *Claim* is received and recorded by the *Named Insured* or by the Company, whichever is earlier. All *Claims* for *Damages* by one or more claimants based on or arising out of either one *Employment Practice* or *Interrelated Employment Practices*, by one or more *Insureds*, shall be deemed to be one *Claim* and to have been made at the time the first of those *Claims* is made against any *Insured*.

B. Defense and Settlement of *Claims*

1. The Company has the right and duty to defend *Claims* against the *Insured* seeking *Damages* to which this insurance applies, the right to appoint counsel to defend a *Claim*, and the duty to pay related *Claim Expenses*. However, the Company has no duty: (i) to defend *Claims* against the *Insured* seeking *Damages*, or (ii) to pay for related *Claim Expenses*, when this insurance does not apply. Each payment the Company makes for *Damages* or *Claim Expenses* reduces the Limit of Liability available. The Company may, at its sole discretion:

- (a) Investigate any *Employment Practices* that may result in *Damages*; and
- (b) Settle any *Claim* which may result, provided:
 - (i) The Company has the *Named Insured's* written consent to settle; and
 - (ii) The settlement is within the remaining applicable Limit of Liability.

2. If the *Named Insured* refuses to consent to any settlement recommended by the Company, and such recommended settlement is acceptable to the claimant, then the Company's liability under this Policy for such *Claim* shall not exceed the amount the Company would have paid for *Damages* and *Claim Expenses* if the *Named Insured* had consented to the Company's settlement recommendation. The *Named Insured* shall thereafter be responsible for the negotiation and defense of that *Claim* at its own cost and without the Company's involvement.

3. The Company's right and duty to defend any *Claim(s)* under this Policy ends when the applicable Limit of Liability has been exhausted by payment of *Damages* or *Claim Expenses*. This applies both to *Claims* pending at that time and any that may be made thereafter. The Company will notify the *Named Insured* in writing when the applicable Limit of Liability has been used up by the payment of *Damages* or *Claim Expenses*. The Company also will initiate and cooperate in the transfer of defense of any *Claim* to an appropriate *Insured* for whom the Company's duty to defend has ended by reason of exhaustion of the applicable Limit of Liability.

C. Limits of Liability and Deductible

1. Limit of Liability – Per *Claim*

The maximum amount payable by the Company for *Damages* and *Claim Expenses* for each covered *Claim* arising from *Employment Practices* is the Per *Claim* Limit of Liability stated in the Declarations, less the Per *Claim* Deductible. A single Per *Claim* Limit of Liability applies to all *Claims* arising from *Interrelated Employment Practices* regardless of the number of claimants, lawsuits, proceedings or *Insureds* involved.

2. Limit of Liability – Policy Aggregate

The maximum amount payable by the Company for *Damages* and *Claim Expenses* for all covered *Claims*, arising from *Employment Practices*, to which this Policy applies is the Policy Aggregate Limit of Liability stated in the Declarations. Each payment the Company makes for such *Damages* or *Claim Expenses* reduces the Aggregate Limit of Liability by the amount of the payment. This reduced limit will then be the Limit of Liability available for payment of further *Damages* and *Claim Expenses* under this Policy.

3. The Aggregate Limit of Liability of this Policy apply separately to each consecutive annual period and to any remaining period of less than twelve (12) months, starting with the beginning of the *Policy Period* shown in the Declarations, unless the *Policy Period* is extended after issuance for an additional period of less than twelve (12) months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limit of Liability.

4. Deductible

The *Named Insured* shall pay the Deductible, in the amount stated on the Declarations, for *Claim Expenses* and *Damages* resulting from each *Claim*. The *Named Insured* is responsible for reimbursing the Company for the Deductible. The Deductible applies to all *Damages* for injury arising from *Employment Practices* and any *Claim Expenses*. If there should be no *Damages* paid for a *Claim*, the *Named Insured* is still obligated to pay the applicable Deductible for any *Claim Expenses* incurred by the Company in connection with that *Claim*. The Limit of Liability shown in the Declarations will be reduced by the amount of the Deductible applicable to a *Claim*.

The terms of this insurance apply irrespective of the application of the Deductible, including those with respect to: (a) the Company's right and duty to defend any *Claims* seeking those *Damages*; and the *Named Insured's* and any involved *Insured's* duties in the event of a *Claim*.

The Company may pay any part or all of the Deductible for *Claim Expenses* or *Damages*.

5. Expenses for *Potential Claims*

Any expenses incurred by the Company on behalf of an *Insured* prior to a *Claim* being made are not chargeable against the Deductible or against the applicable Limit of Liability.

6. Reimbursement of the Company

If the Company pays any *Claim Expenses* or *Damages* within the Deductible or in excess of the applicable Limit of Liability, the *Named Insured* shall reimburse these amounts within thirty (30) days of the Company's request. All *Insureds* are jointly and severally liable for reimbursement of these amounts to the Company.

D. Supplementary Policy Benefits

1. Deductible Reduction

The Company will reduce the *Named Insured's* Deductible by fifty percent (50%), up to a maximum of \$50,000, under the following circumstances: (a) when any *Insured* reports *Employment Practices* to the Company pursuant to section VI. POLICY CONDITIONS, A. Duties in the Event of *Potential Claim* or *Claim* prior to the *Claim* being made against the *Insured*; or (b) when the *Named Insured* uses formal mediation to seek a resolution of a *Claim*.

2. Per Diem Reimbursement

The Company will pay \$300 per day to the *Named Insured*, up to a maximum payment of \$6,000 Per *Claim*, to compensate an *Insured* for attendance at mediation, arbitration or trial proceedings at the Company's request.

II. WHO IS AN INSURED

Each of the following *Persons* is an *Insured*, but only for acts within the scope of his/her employment by the *Named Insured* or while performing duties related to the conduct of the *Named Insured's* business, on or after the *Retroactive Date*:

- (a) The *Named Insured* identified in the Declarations or in an endorsement.
- (b) Any *Person* identified in an endorsement as an *Insured*.
- (c) A current or former owner, partner, shareholder or *Employee* of a *Named Insured*.
- (d) Any *Person* who, during the *Policy Period*, becomes an owner, partner, shareholder or *Employee* of a *Named Insured*.
- (e) A *Contract Worker* of a *Named Insured*.
- (f) A *Predecessor Firm*.
- (g) A *Person* acquired by or merged with a *Named Insured* during the *Policy Period*, but only for *Employment Practices* which take place after the acquisition or merger.
- (h) The heirs, executors, administrators, assigns and legal representatives of an *Insured*, but only to the extent of that *Insured's* rights and duties under this policy.

III. EXCLUSIONS

This insurance does not apply to *Claims* based on, arising out of, or in any way involving:

(a) *Employment Practices* which were the subject of any demand made or any suit or other proceeding initiated against any *Insured* prior to the effective date of the earlier of: (i) the first policy of this type that the Company issued to the *Named Insured* of which this policy was an uninterrupted renewal of this type of coverage, or (ii) this policy.

(b) Liability arising under any of the following laws:

1. Any workers compensation, disability benefits or unemployment compensation law, or any similar law. However, this exclusion shall not apply to any *Claim* based upon, arising from or in consequence of any actual or alleged retaliatory treatment of the claimant by an *Insured* on account of the claimant's exercise of rights pursuant to any such law; or

2. Employees' Retirement Income Security Act of 1974, Public Law 93-406, (ERISA) as now or hereafter amended, or any similar state or other governmental law. This includes fiduciary liability, liability arising out of the administration of any employee benefit plan and any other liability under any such laws; or

3. The National Labor Relations Act of 1938, the Worker Adjustment and Retraining Notification Act of 1988 (Public Law 100-379), the Consolidated Omnibus Budget Reconciliation Act of 1985, or the Occupational Safety and Health Act; or

4. The Fair Labor Standards Act, or any state or common law wage or hour law, including, but not limited to laws governing minimum wages, hours worked, overtime compensation, and including any recordkeeping and reporting related thereto. This exclusion includes actions or *Claims* brought by or on behalf of individuals or agencies seeking wages, fines, penalties, taxes, disgorgement, or other affirmative relief or compensation, but does not include *Claims* based on the Equal Pay Act or retaliation related to Equal Pay Act *Claims*.

This exclusion also applies to:

- (i) Any rules or regulations promulgated under any of the foregoing and amendments thereto;
- (ii) Any similar provisions of any federal, state or local law;
- (iii) That part of any *Damages* awarded for the cost or replacement of any insurance benefits due or alleged to be due to any current or former *Employee*; and
- (iv) Any *Claim* based upon, arising from or in consequence of any actual or alleged retaliatory treatment of the claimant by the *Insured* on account of the claimant's exercise of rights pursuant to any such law described in this item (b). This provision does not apply to the specific retaliation exceptions shown in items (b).1. and (b).4. above.

(c) Oral or written publication of material, if such material:

- 1. Was published by or at the direction of the *Insured* with knowledge of the material's falsity; or
- 2. Was first published before the *Retroactive Date*, if any, shown in the Declarations of this policy.

(d) Dishonest, malicious, criminal or fraudulent acts of an *Insured* or the willful failure by an *Insured* or with an *Insured's* consent to comply with any law or any governmental or administrative order or regulation relating to *Employment Practices*. Willful, as used in this exclusion (d), means acting with intentional or reckless disregard for such employment related laws, orders or regulations. The enforcement of this exclusion against any *Insured* shall not be imputed to any other *Insured*.

(e) *Bodily Injury or Property Damage*.

- (f) *Employment Practices* which occur when or after:
1. The *Named Insured* files for or is placed in any bankruptcy, receivership, liquidation or reorganization proceeding; or
 2. Any *Person* acquires an ownership interest in the *Named Insured*, which is greater than fifty percent (50%).
- (g) Costs of complying with physical modifications to the *Named Insured's* premises or any changes to an *Insured's* usual business operations as mandated by the Americans with Disabilities Act of 1990 including any amendment thereto, or any similar federal, state or local law. This exclusion also applies to any *Claim* based upon, arising from or in consequence of any actual or alleged retaliatory treatment of the claimant by the *Insured* on account of the claimant's exercise of rights pursuant to any such law described in this item (g).
- (h) Lockout, strike, picket line, related worker replacements or other similar actions resulting from labor disputes or labor negotiations. This exclusion also applies to any *Claim* based upon, arising from or in consequence of any actual or alleged retaliatory treatment of the claimant by the *Insured* on account of the claimant's exercise of rights pursuant to labor disputes or labor negotiations.
- (i) Allegations of *Employment Practices* made by an owner, partner or shareholder of the *Named Insured* against any other *Insured*.
- (j) Allegations of wrongful failure to grant partnership or ownership status to a qualified *Employee*.
- (k) Allegations made by a *Third Party Claimant* of *Employment Practices* other than acts of discrimination or sexual harassment.

IV. DEFINITIONS

- (a) *Bodily Injury* means physical injury to the body, sickness or disease sustained by a *Person* as the result of direct physical injury to the body, including death resulting from any of these at any time. *Bodily Injury* does not include mental anguish or emotional distress or humiliation that results from any *Employment Practices*.
- (b) *Claim* means oral or written notice presented by:
1. Any *Employee, Leased Worker, Contract Worker, former Employee* or applicant for employment by the *Named Insured* alleging that an *Insured* is responsible for *Damages* as a result of injury arising out of any *Employment Practices*;
 2. A *Third Party Claimant* alleging that an *Insured* is responsible for *Damages* as a result of injury arising out of an *Employment Practices* described in section IV. DEFINITIONS, paragraph (h).6. and (h).7; or
 3. The Federal Equal Employment Opportunity Commission or any other federal, state or local administrative or regulatory agency on behalf of a *Person* described in 1. or 2, above.

Claim includes any civil proceeding in which either *Damages* are alleged or fact finding will take place, when either is the result of any *Employment Practices* to which this insurance applies. This includes:

- (i) An arbitration proceeding in which such *Damages* are claimed and to which the *Insured* submits with the Company's consent;
- (ii) Any alternative dispute resolution proceeding in which such *Damages* are claimed and to which the *Insured* submits with the Company's consent; or

(iii) Any administrative proceedings as established under federal, state or local laws applicable to *Employment Practices* covered under this insurance.

(c) *Claim Expenses* means payments allocated to a specific *Claim* for its investigation, settlement, or defense, including:

1. Attorney fees and all other litigation expenses.
2. The cost of bonds to appeal a judgment or award in any *Claim* covered by this insurance, but only for bond amounts within the remaining applicable Limit of Liability. The Company does not have to furnish these bonds.
3. The cost of bonds to release attachments, but only for bond amounts within the remaining applicable Limit of Liability. The Company does not have to furnish these bonds.
4. Reasonable out-of-pocket expenses incurred by the *Insured* at the Company's request to assist the Company in the investigation or defense of any *Claim*.
5. Costs taxed against the *Insured* in the *Claim*.

Claim Expenses do not include:

- (a) Salaries and expenses of the Company's employees or the *Named Insured's Employees*; or
- (b) *Pre-judgment Interest*; or
- (c) Any fees, costs or expenses incurred by an *Insured* without the Company's consent; or
- (d) *Damages*.

(d) A *Contract Worker* is a natural person who contracts directly with the *Named Insured* to provide *Professional Services* on behalf of the *Named Insured*.

(e) *Coverage Territory* means:

1. The United States of America (including its territories and possessions) and Puerto Rico; or
2. Anywhere in the world with respect to the activities of a *Person* whose place of employment is in the territory described in subparagraph 1. above, while he or she is away for a short time on the *Named Insured's* business, provided that the *Insured's* responsibility to pay *Damages* is determined in a suit on the merits (or any type of civil proceeding described under the definition of *Claim*) in and under the substantive law of the United States of America (including its territories and possessions) or Puerto Rico.

(f) *Damages* are monetary amounts to which this insurance applies and which an *Insured* is legally obligated to pay as judgments or awards, or as settlements to which the Company has agreed in writing. *Damages* include:

(i) *Pre-judgment Interest* awarded against an *Insured* on that part of the judgment which is covered by this insurance, and (ii) attorney fees awarded pursuant to statute. *Damages* do not include:

1. Civil, criminal, administrative or other fines or penalties;
2. Equitable relief, injunctive relief, declarative relief or any other non-monetary relief or recovery other than money;
3. Judgments or awards because of acts deemed uninsurable by law;
4. *Claim Expenses*;
5. Loss of any benefit conferred or loss of any obligation imposed under an express contract of employment;
6. Any obligation to pay *Damages* by reason of the assumption of liability in any contract or agreement, which liability the *Insured* would not have had in the absence of the contract or agreement.
7. The multiplied portion (whether doubled, trebled or otherwise) of any judgment or award, except for multiplied damages under the Age Discrimination in Employment Act of 1967 ("ADEA");

8. Amounts owed under federal, state or local wage and hour laws, except for amounts awarded pursuant to a *Claim* under the federal Equal Pay Act or similar state laws;
9. Commissions, bonuses, profit sharing or benefits which are earned but unpaid;
10. Amounts representing medical or insurance benefit claim payments; or
11. Plaintiff's or claimant's attorneys fees associated with 1 through 10, above.

(g) *Employee* means a *Person* employed by the *Named Insured* for wages or salary. *Employee* does not include any *Contract Worker*, any independent contractor, any employees of an independent contractor, or any *Leased Worker*.

(h) *Employment Practices* means any of the following actual or alleged practices (i) which are directed against any of the *Named Insured's Employees, Leased Workers, Contract Workers*, former *Employees* or any applicant for employment by the *Named Insured*, and (ii) for which remedy is sought under any civil employment law whether federal, state or local and whether arising out of statutory or common law:

1. Wrongful refusal to employ a qualified applicant for employment;
2. Wrongful failure to promote, or wrongful deprivation of career opportunity;
3. Wrongful demotion, evaluation, reassignment or discipline;
4. Wrongful termination of employment, including retaliatory or constructive discharge;
5. Employment related misrepresentation;
6. Harassment, coercion, discrimination or humiliation as a consequence of race, color, creed, national origin, marital status, medical condition, gender, age, physical appearance, physical and/or mental impairments, pregnancy, sexual orientation or sexual preference or any other protected class or characteristic established by any applicable federal, state, or local statute;
7. Sexual harassment, unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual or non-sexual nature that: (i) creates an intimidating, hostile or offensive working environment, or a work environment that interferes with performance; (ii) are made a condition of employment, either implicitly or explicitly; or (iii) is used as a basis for employment decisions; or
8. Oral or written publication of material that slanders, defames or libels, or violates or invades a right of privacy.

Employment Practices also means actual or alleged conduct described in subparagraph (h).6. and (h).7, above, if directed against a *Third Party Claimant* by an *Insured*.

(i) An *Extended Reporting Period* is a period of time after the end of the *Policy Period* for reporting a *Claim* arising out of any *Employment Practices* occurring prior to the end of the *Policy Period* and otherwise covered by this policy. *Extended Reporting Periods* are offered by the Company under the terms and conditions stated in section V. *EXTENDED REPORTING PERIODS* of this policy and the *Extended Reporting Period* endorsement issued by the Company.

(j) An *Insured* means the *Named Insured* and any *Person* who qualifies as an *Insured* under section II. WHO IS AN *INSURED*.

(k) *Interrelated* means having as a common nexus any fact, circumstance, situation, event, transaction, cause or series of related facts, circumstances, situations, events, transactions or causes.

(l) *Leased Worker* means a *Person* leased to the *Named Insured* by a labor leasing firm under an agreement between the *Named Insured* and the labor leasing firm to perform duties related to the conduct of the *Named Insured's* business. *Leased Worker* does not include a *Contract Worker*.

(m) The *Named Insured* is the *Person* identified on the Declarations attached to this policy.

(n) A *Person* means any natural person or legal entity.

(o) The *Policy Period* is the period of time which begins on the effective date stated on the Declarations and ends on the renewal, termination, expiration or cancellation of this policy, and specifically excludes any *Extended Reporting Period*.

(p) A *Potential Claim* is an *Employment Practices* event or circumstances that any *Insured* might reasonably expect would be the basis for a *Claim*.

(q) *Pre-judgment Interest* means interest added to a judgment that accrues after entry of the judgment and before the Company has paid, offered to pay, or deposited in court the amount available for the judgment.

(r) A *Predecessor Firm* is: (i) any firm, some or all of whose partners or shareholders have joined the *Named Insured*, provided such partners or shareholders produced over fifty percent (50%) of the prior firm's annual gross billings and such billings have been assigned to the *Named Insured*, or (ii) any sole proprietor who joined the *Named Insured* and who has assigned over fifty percent (50%) of the billings from the former sole proprietorship to the *Named Insured*.

(s) *Professional Services* are any professional services performed by an *Insured* as long as the fees or commissions, if any, or other benefits from such services inures to the benefit of the *Named Insured*.

(t) *Property Damage* means physical injury to, conversion of, or destruction of tangible property, including the loss of use of tangible property.

(u) The *Retroactive Date*, stated in the Declarations, is the earliest date from which this policy provides coverage for *Employment Practices*.

(v) *Third Party Claimant* means any natural person: (i) who is an employee or a leased worker or a contract worker or a former employee of a client of the *Named Insured*; and (ii) who makes a *Claim* against the *Insured* alleging an *Employment Practices* described in section IV. DEFINITIONS, paragraph (h).6. and (h).7.

V. EXTENDED REPORTING PERIODS

A. The Company will provide *Extended Reporting Periods*, as described below, if:

1. This Policy is cancelled or not renewed; or
2. The Company renews or replaces this Policy with insurance that:
 - (a) has a *Retroactive Date* later than the date shown in the Declarations; or
 - (b) does not apply on a claims-made basis.

B. *Extended Reporting Periods* do not extend the *Policy Period* or change the scope of coverage provided. They apply only to *Claims* arising from *Employment Practices* committed after the *Retroactive Date*, if any, shown in the Declarations and before the end of the *Policy Period*. Once in effect, *Extended Reporting Periods* may not be cancelled. The *Extended Reporting Periods* do not reinstate or increase the Limits of Liability.

C. A Basic *Extended Reporting Period* is automatically provided without additional charge. This period starts with the end of the *Policy Period* and lasts for:

1. Sixty (60) days with respect to any *Claim* arising from *Employment Practices* not previously reported to the Company; and
2. Five (5) years with respect to any *Claim* arising out of *Employment Practices* which were properly reported to the Company before the end of the *Policy Period* in accordance with section VI. POLICY CONDITIONS, A. Duties in the Event of a *Potential Claim* or *Claim*, paragraph A.1.

The Basic *Extended Reporting Period* does not apply to any *Claim* that is covered under any subsequent insurance purchased by the *Named Insured*, or that would be covered but for exhaustion of the amount of insurance applicable to such *Claim*.

D. A Supplemental *Extended Reporting Period* of either twelve (12) or thirty-six (36) months duration is available, but only by endorsement and for an extra charge, and only if there are no amounts owed by the *Named Insured* to the Company, including sums due for premium or Deductibles. This supplemental period starts when the Basic *Extended Reporting Period* ends. The *Named Insured* must give the Company a written request for the Supplemental *Extended Reporting Period* endorsement, and its length, within thirty (30) days after the end of the *Policy Period*. The Supplemental *Extended Reporting Period* will not go into effect unless the *Named Insured* pays the additional premium when due. The Company will determine the additional premium in accordance with its rules and rates, and may take into account the following:

1. The exposures to be insured;
2. Previous types and amounts of insurance;
3. Limits of Liability available under this policy for future payment of *Damages* or *Claim Expenses*;
and
4. Other related factors.

The additional premium for the Supplemental *Extended Reporting Period* coverage will not exceed two hundred percent (200%) of the annual premium for this policy.

The Supplemental *Extended Reporting Period* endorsement the Company issues shall set forth the terms, not inconsistent with this section V. *EXTENDED REPORTING PERIODS*, including a provision to the effect that the insurance afforded for *Claims* first received during such period is excess over any other valid and collectible insurance available under policies in force after the Supplemental *Extended Reporting Period* begins.

VI. POLICY CONDITIONS

A. Duties in the Event of a *Potential Claim* or *Claim*

As a condition precedent for coverage under this Policy, an *Insured* must:

1. Upon acquiring knowledge of a *Potential Claim*, promptly notify the Company or its authorized representative, as soon as practicable, of any specific *Employment Practices* which any *Insured* believes may result in an actual *Claim*. The *Insured's* belief must be reasonably certain as the result of specific allegations made by a potential claimant or such potential claimant's representative, or as the result of specifically identifiable injury sustained by a potential claimant. Notices of *Employment Practices* should include the following detailed information:

- (a) How, when and where such *Employment Practices* took place;
- (b) The names and addresses of any potential claimants and witnesses; and
- (c) The nature of any injury arising out of such *Employment Practices*.

Notice of such *Employment Practices* constitutes notice of a *Potential Claim*, and preserves any *Insured's* rights to future coverage for subsequent *Claims* arising out of such *Employment Practices* as described in the Basic *Extended Reporting Period* of section V. *EXTENDED REPORTING PERIODS*.

2. Upon receipt of a *Claim*:
 - (a) Immediately record the specifics of the *Claim* and the date received;
 - (b) Provide the Company with written notice of the *Claim*, as soon as practicable, but in any event the Company must receive notice either:

- (1) During the *Policy Period* or within thirty (30) days thereafter; or
- (2) With respect to any *Claim* first made during any *Extended Reporting Period* the Company provides under section V. *EXTENDED REPORTING PERIODS*, during such *Extended Reporting Period*.

(c) The *Named Insured* and any other involved *Insured* must:

- (1) Immediately send the Company copies of any demands, notices, summonses or legal papers received in connection with the *Claim*;
- (2) Authorize the Company to obtain records and other information;
- (3) Cooperate with the Company in the investigation, settlement or defense of the *Claim*; and
- (4) Assist the Company, upon its request, in the enforcement of any right against any *Person* or organization, which may be liable to the *Insured* because of injury or damage to which this insurance may also apply.

3. Refuse, except at the *Named Insured's* own cost, to admit any liability, assume responsibility for any *Damages*, voluntarily make any payment, or incur any *Claim Expenses* without the Company's prior written consent.

B. Examination of Books and Records

The Company may examine and audit the *Named Insured's* books and records as they relate to this insurance at any time during the *Policy Period* and up to three years thereafter.

C. Transfer of *Insured's* Rights and Duties Under This Policy

1. No *Insured* may transfer or assign any *Insured's* rights or interest in, or duties under, this policy without the Company's written consent.

2. If the Company makes any payment for *Damages* and/or *Claim Expenses*, it shall be subrogated to all of the *Insureds'* rights of recovery against anyone, and the *Insureds* shall do whatever is necessary to secure such rights. At the Company's request, the *Insureds* will sue those responsible or transfer those rights to the Company and help the Company enforce them. After becoming aware of a *Claim* or a *Potential Claim*, no *Insured* shall do anything to prejudice the Company's subrogation rights.

3. Any monetary recoveries will be distributed between the *Named Insured* and the Company in proportion to the amounts paid by the *Named Insured* within the Deductible and by the Company within the Limits of Liability.

D. Legal Action Against the Company

No *Person* has a right under this policy:

1. To join the Company as a party or otherwise bring the Company into a *Claim* seeking *Damages* from any *Insured*; or
2. To sue the Company on this policy unless all of its terms have been fully complied with.

Any *Person* may sue the Company to recover on an agreed settlement or on a final judgment against an *Insured* obtained after an actual trial, but the Company will not be liable for *Damages* that are not payable under the terms of this policy or that are in excess of the remaining applicable Limit of Liability. An agreed settlement means

a settlement and release of liability signed by the Company, the *Insured(s)* and the claimant or the claimant's legal representative.

E. Other Insurance

If other valid and collectible insurance is available to an *Insured* for *Damages* or *Claim Expenses* the Company covers under this policy, the Company's obligations are limited as follows:

1. As this insurance is primary insurance, the Company's obligations are not affected unless any of the other insurance is also primary. Then, the Company will share with all that other insurance by the methods described in subparagraph 2. below.

2. If all of the other insurance permits contribution by equal shares, the Company will follow this method also. Under this method, each insurer contributes equal amounts until it has paid its applicable Limit of Liability or none of the loss remains, whichever comes first. If any of the other insurance does not permit contribution by equal shares, the Company will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable Limit of Liability to the total applicable Limits of Liability of all insurers.

F. Cancellation or Non-Renewal

1. The Company may cancel or non-renew this Policy for any reason consistent with state law, as described in the State Endorsement issued with this Policy.

2. The *Named Insured* may cancel this Policy by written notice to the Company accompanied by surrender of the Policy to the Company or any of its authorized agents, or by mailing written notice to the Company at the location stated in an endorsement issued with this Policy. The written notice must state the date on which the *Named Insured* requests cancellation to become effective. The mailing of notice by the *Named Insured* shall be sufficient proof of notice. The time of surrender shall become the end of the *Policy Period*. Delivery (where permitted by law) of such written notice by the *Named Insured* shall be equivalent to mailing.

G. Payment of Premiums and Deductibles

1. The Company will compute all premiums for this insurance in accordance with its rules and rates; and

2. The *Named Insured* shown in the Declarations is responsible for the payment of all premiums and Deductibles due and will be the payee for any return premiums the Company pays.

H. Separation of Insureds

Except with respect to the Limits of Liability, and any rights or duties specifically assigned in this Policy to the *Named Insured*, this insurance applies:

1. As if each *Named Insured* were the only *Named Insured*; and

2. Separately to each *Insured* against whom a *Claim* is made.

I. Sole Agent

The *Named Insured* is authorized to act on behalf of all *Insureds* as respects the giving or receiving of notice of cancellation or non-renewal, receiving premium refunds, requesting any Supplemental *Extended Reporting Period* and agreeing to any changes in this Policy.

J. Changes

This Policy contains all agreements between the *Named Insured* and the Company concerning the insurance afforded. The *Named Insured* shown in the Declarations is authorized to make changes in the terms of this Policy with the Company's consent. This Policy's terms can be amended or waived only by endorsement issued by the Company and made a part of this Policy.

K. Bankruptcy

Subject to section III. EXCLUSIONS, paragraph (f).1., the bankruptcy or insolvency of the *Insured* or of the *Insured's* estate will not relieve the Company of its obligations under this Policy.

L. Mutual Policy Provisions: Dividends, Voting, Policy Non-Assessable

1. The *Named Insured* is a member of CAMICO Mutual Insurance Company and shall participate in the distribution of dividends fixed and determined by the Board of Directors.

2. The *Named Insured* is entitled to vote, either in *Person* or by proxy, at all meetings of CAMICO Mutual Insurance Company, pursuant to the Company's Bylaws and Articles of Incorporation.

3. This Policy is not assessable.

M. Entire Contract

By accepting this policy, each *Insured* agrees that the statements in the Declarations and in each application for renewal or supplementary application are his/her agreements and representations, that this Policy is issued in reliance upon the truth of such representations, and that this Policy embodies all agreements existing between each *Insured* and the Company or any of its agents relating to this insurance.

IN WITNESS WHEREOF, the Company has caused this Policy to be signed by its President and a Secretary and countersigned on the Declarations page by a duly authorized representative of the Company.

PRESIDENT

SECRETARY



DECLARATIONS

EMPLOYMENT PRACTICES LIABILITY INSURANCE POLICY

Policy Number:

Effective Date: at 12:01 A.M. Standard time at the address shown below

Expiration Date: at 12:01 A.M. Standard time at the address shown below

Retroactive Date:

Item 1 - *Named Insured:*

Item 2 - Business Address:

Item 3 - Limit of Liability: Per *Claim*
Policy Aggregate

Item 4 - Deductible: Per *Claim* Deductible

Item 5 - Total Premium:

Item 6 - The policy consists of this Declarations page, and the following policy forms and endorsements:

EP-1000-A Employment Practices Liability Insurance Policy

NOTICE OF TERRORISM INSURANCE COVERAGE: Coverage for acts of terrorism as defined under the Terrorism Risk Insurance Act of 2002 ("TRIA") is already included in your current policy. You should know that, effective November 26, 2002, under your existing coverage, any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by CAMICO Mutual Insurance Company. The portion of your annual premium that is attributable to coverage for acts of terrorism is: \$0.

PLEASE READ THESE DECLARATIONS, THE POLICY AND ENDORSEMENTS CAREFULLY.

CAMICO Mutual Insurance Company

Authorized Representative



INDEPENDENT CONTRACTORS COVERAGE ENDORSEMENT

Named Insured:

Effective Date:

Policy Number:

**THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE
CAMICO EMPLOYMENT PRACTICES LIABILITY POLICY. PLEASE READ CAREFULLY.**

A. Under section IV. DEFINITIONS, paragraph (b) 1. of the definition of *Claim* is deleted and replaced by the following:

1. Any *Employees, Leased Workers, Contract Workers, former Employees*, applicants for employment by the *Named Insured, Third Party Claimants*, or independent contractors of the *Named Insured* or employees of an independent contractor of the *Named Insured* while acting within the scope of such employment; or

B. Under section IV. DEFINITIONS, the first clause of paragraph (h) of the definition of *Employment Practices* is deleted and replaced by the following:

(h) *Employment Practices* means any of the following actual or alleged practices (i) which are directed against any of the *Named Insured's Employees, Leased Workers, Contract Workers, former Employees*, applicants for employment by the *Named Insured, Third Party Claimants*, or independent contractors of the *Named Insured* or employees of an independent contractor of the *Named Insured* while acting within the scope of such employment and (ii) for which remedy is sought under any civil employment law, whether such law is common law or a federal, state or local statute:

C. Under section I. INSURING AGREEMENTS, A. Coverage for *Damages* and Reporting Requirements, paragraph 1. (d) is deleted and replaced by the following:

(d) the *Damages* result from *Claims* made by *Employees, Leased Workers, Contract Workers, former Employees*, applicants for employment by the *Named Insured, Third Party Claimants*, or independent contractors of the *Named Insured* or employees of an independent contractor of the *Named Insured* while acting within the scope of such employment; and

All other terms, conditions and exclusions of the Policy remain unchanged.

Authorized Representative



EXCLUSION – SPECIFIC ORGANIZATION(S) ENDORSEMENT

Named Insured:

Effective Date:

Policy Number:

**THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE
CAMICO EMPLOYMENT PRACTICES LIABILITY POLICY. PLEASE READ CAREFULLY.**

SCHEDULE

Organization(s):

When this endorsement is attached to the Policy at issuance, the above organization(s) will not be an *Insured* under this Policy.

When this endorsement is issued and attached to the Policy during the *Policy Period*, section II. WHO IS AN *INSURED*, paragraph (g) shall not apply to the organization(s) shown in the Schedule above.

All other terms, conditions and exclusions of the Policy remain unchanged.

Authorized Representative



SUPPLEMENTAL EXTENDED REPORTING PERIOD ENDORSEMENT - ARKANSAS

Named Insured:

Effective Date:

Policy Number:

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE CAMICO EMPLOYMENT PRACTICES LIABILITY POLICY. PLEASE READ CAREFULLY.

SCHEDULE

Premium: \$

Term: [term] Months

- A. This endorsement provides a Supplemental *Extended Reporting Period*, as described in section V. *EXTENDED REPORTING PERIOD*.
- B. The Limits of Liability applicable to the Supplemental *Extended Reporting Period* are the limits of liability remaining in the last active policy issued to the *Named Insured*, or a reinstated amount equal to 50% of the expiring policy’s Limit of Liability – Policy Aggregate, whichever is greater.
- C. The Other Insurance condition in paragraph E., section VI. POLICY CONDITIONS, is deleted and replaced by the following:

If other valid and collectible insurance is available to the *Insured* for *Damages* or *Claim Expenses* the Company covers under this Policy, the Company’s obligations are limited as follows:

- 1. As this insurance is primary insurance, other than when 2. below applies, the Company’s obligations are not affected unless any of the other insurance is also primary. Then, the Company will share with all that other insurance by the method described in 3. below.
- 2. Insurance provided under any Supplemental *Extended Reporting Period* endorsement is excess over any of the other insurance, whether primary, excess, contingent or on any other basis, whose policy period begins or continues after the Supplemental *Extended Reporting Period* begins.
- 3. If all of the other insurance permits contribution by equal shares, the Company will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, the Company will contribute by limits. Under this method, each insurer’s share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

- D. This endorsement will not take effect unless the additional premium for it, as provided for in section V.D. and stated above, is paid when due. If that premium is paid when due, this endorsement may not be canceled.

All other terms, conditions and exclusions of the Policy remain unchanged.

Authorized Representative



NAMED INSURED CHANGE

Named Insured:

Effective Date:

Policy Number:

**THIS ENDORSEMENT MODIFIES YOUR CAMICO EMPLOYMENT PRACTICES LIABILITY POLICY.
PLEASE READ CAREFULLY.**

It is agreed that Item 1 of the Declarations is amended to read as follows:

Item 1 – *Named Insured:*

All other terms, conditions and exclusions of the Policy remain unchanged.

Authorized Representative

CAMICO[®]
MUTUAL INSURANCE COMPANY
BUSINESS ADDRESS CHANGE

Named Insured:

Effective Date:

Policy Number:

**THIS ENDORSEMENT MODIFIES YOUR CAMICO
EMPLOYMENT PRACTICES LIABILITY POLICY. PLEASE READ CAREFULLY.**

It is agreed that Item 2 of the Declarations is amended to read as follows:

Item 2 – Business Address:

All other terms, conditions and exclusions of the Policy remain unchanged.

Authorized Representative



CHANGE IN LIMITS OF LIABILITY

Named Insured:

Effective Date:

Policy Number:

THIS ENDORSEMENT MODIFIES COVERAGE UNDER THE CAMICO EMPLOYMENT PRACTICES LIABILITY POLICY. PLEASE READ CAREFULLY.

In consideration of [SELECT from list] premium of \$, it is agreed that the following change(s) are hereby made to the Policy:

It is agreed that Item 3 of the Declarations is amended to read as follows:

Item 3 – Limits of Liability: \$_____ Per Claim
\$_____ Policy Aggregate

This endorsement shall not apply to:

- 1. A Claim or Potential Claim reported to the Company prior to the effective date of this endorsement, or
2. Any Claims or Potential Claims arising from circumstances which, prior to the effective date of this endorsement, any Insured would have had a basis to reasonably anticipate may result in a Claim.

All other terms, conditions and exclusions of the Policy remain unchanged.

Authorized Representative



CHANGE IN DEDUCTIBLE

Named Insured:

Effective Date:

Policy Number:

**THIS ENDORSEMENT MODIFIES COVERAGE UNDER THE CAMICO
EMPLOYMENT PRACTICES LIABILITY POLICY. PLEASE READ CAREFULLY.**

In consideration of [SELECT from list] premium of \$ _____, it is agreed that the following change(s) are hereby made to the Policy:

It is agreed that Item 4 of the Declarations is amended to read as follows:

Item 4 – Deductible: \$ _____ Per *Claim* Deductible

This endorsement shall not apply to:

1. A *Claim* or *Potential Claim* reported to the Company prior to the effective date of this endorsement, or
2. Any *Claims* or *Potential Claims* arising from circumstances which, prior to the effective date of this endorsement, any *Insured* would have had a basis to reasonably anticipate may result in a *Claim*.

All other terms, conditions and exclusions of the Policy remain unchanged.

Authorized Representative



ADDITIONAL INSURED ENDORSEMENT

Named Insured:

Effective Date:

Policy Number:

**THIS ENDORSEMENT MODIFIES YOUR CAMICO EMPLOYMENT PRACTICES LIABILITY POLICY.
PLEASE READ CAREFULLY.**

As of the effective date shown above, section II. WHO IS AN *INSURED* is amended to include the following *Person(s)*:

All other terms, conditions and exclusions of the Policy remain unchanged.

Authorized Representative

CAMICO[®]
MUTUAL INSURANCE COMPANY
STATE ENDORSEMENT – ARKANSAS

Effective Date:

Policy Number:

**THIS ENDORSEMENT MODIFIES THE INSURANCE PROVIDED UNDER THE
CAMICO EMPLOYMENT PRACTICES LIABILITY POLICY. PLEASE READ CAREFULLY.**

A. Section I. INSURING AGREEMENTS, A. Coverage for *Damages* and Reporting Requirements, paragraph 1.(a) is deleted and replaced by the following:

(a) the *Claim* was first made against any *Insured* during the *Policy Period* or any applicable *Extended Reporting Period*, and reported to the Company either (i) during the *Policy Period* or within sixty (60) days thereafter, or (ii) during the applicable *Extended Reporting Period*.

B. Section I. INSURING AGREEMENTS, C. Limits of Liability and Deductible, is amended as follows:

1. The first sentence of paragraph 1. Limits of Liability – Per *Claim* is deleted and replaced by the following:

The maximum amount payable by the Company for *Damages* and *Claim Expenses* for each covered *Claim* arising from *Employment Practices* is the Per *Claim* Limit of Liability stated in the Declarations.

2. The following sentences are deleted from paragraph 4. Deductible:

The Limit of Liability shown in the Declarations will be reduced by the amount of the Deductible applicable to a *Claim*.

C. Section V. *EXTENDED REPORTING PERIODS* is amended as follows:

1. The following sentence is deleted from paragraph B.:

The *Extended Reporting Periods* do not reinstate or increase the Limits of Liability.

2. The following sentence is added to paragraph C.:

The Limit of Liability applicable to all *Claims* reported to the Company during the Basic *Extended Reporting Period* shall be the Limits of Liability remaining in the last active policy issued to the *Named Insured*, or a reinstated amount equal to 50% of the expiring policy's Limit of Liability – Policy Aggregate, whichever is greater.

3. Paragraph D. is deleted and replaced by the following:

D. A Supplemental *Extended Reporting Period* of either twelve (12) or thirty-six months duration is available, but only by endorsement and for an extra charge. This supplemental starts when the Basic *Extended Reporting Period* ends. The *Named Insured* must give the Company a written request for the Supplement *Extended Reporting Period*, and its length, within sixty (60) days after the end of the *Policy Period*. The Supplemental *Extended Reporting Period* will not go into effect unless the *Named Insured* pays the additional premium when due. The Company will determine the additional premium in accordance with its rules and rates, and shall be based upon the rates and rating rules in effect at the inception date of the expiring policy.

The additional premium for the Supplemental *Extended Reporting Period* will not exceed two hundred percent (200%) of the annual premium for this policy.

E. Section VI. POLICY CONDITIONS, A. Duties in the Event of a *Potential Claim* or *Claim*, paragraph 2.(b)(1) is deleted and replaced by the following:

(1) During the *Policy Period* or within sixty (60) days thereafter; or

F. The following is added to VI. POLICY CONDITIONS, F. Cancellation or Non-Renewal:

Cancellation

This Policy may be cancelled for any reason consistent with Arkansas law, as is now in effect or hereafter amended. If the Company cancels the Policy, earned premium shall be computed pro rata. If the *Named Insured* cancels, the refund will be 90% of pro rata.

Cancellation of Policies in Effect for More than 60 Days

If this Policy has been in effect for 60 days or more, or if this Policy is a renewal of a Policy issued by the Company, then the Company may cancel the Policy prior to the expiration date only for one or more of the following reasons:

- (1) Nonpayment of premium;
- (2) Fraud or material misrepresentation made by or with the knowledge of the *Named Insured* in obtaining the Policy, continuing the Policy, or in presenting a claim under the Policy;
- (3) The occurrence of a material change in the risk which substantially increases any hazard insured against after the Policy is issued; or
- (4) A material violation of a material provision of the Policy.

Notice of Cancellation

If the Company cancels this Policy, the Company will deliver or mail the notice of cancellation accompanied by a statement of the reason for cancellation to the *Named Insured* at least:

- (1) 10 days before the effective date of cancellation if the Company's decision is based upon nonpayment of premium;
- (2) 20 days before the effective date of cancellation if the Company's decision is based upon any other reason.

Notice by mail is effective upon deposit in the United States Postal Service.

G. The following is added to VI. POLICY CONDITIONS:

Notice to the Company

Whenever an *Insured* is required to provide written notice to the Company, such written notice shall be given to:

CAMICO Mutual Insurance Company
Claims Department
1235 Radio Road
Redwood City, California 94065

Authorized Representative



NOTICE TO POLICYHOLDER – ARKANSAS

DISCLOSURE NOTICE PURSUANT TO ARKANSAS INSURANCE DEPARTMENT

DEFENSE WITHIN LIMITS - 100% CLAIM EXPENSES OFFSET LIMIT OF LIABILITY

(LIMITS OF LIABILITY OF \$500,000 OR MORE)

This signed statement must be attached to and is made a part of
your Employment Practices Liability Insurance Policy.

Your signature on this statement acknowledges that you are aware, understand and agree that the Limit of Liability – Per *Claim* and the Limit of Liability – Policy Aggregate may be reduced or completely exhausted by the Company's payments of *Claim Expenses*.

Named Insured: _____

By: _____
Signature of a Principal or Partner

Name/Title: _____
Print Name and Title

Date: _____

SERFF Tracking Number: CAMC-125366070 *State:* Arkansas
Filing Company: CAMICO Mutual Insurance Company *State Tracking Number:* #35893 \$50
Company Tracking Number: EP-AR-2008-F
TOI: 17.1 Other Liability - Claims Made Only *Sub-TOI:* 17.1010 Employment Practices Liability
Product Name: Employment Practices Liability
Project Name/Number: New Program Filing/2008

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CAMC-125366070 State: Arkansas
Filing Company: CAMICO Mutual Insurance Company State Tracking Number: #35893 \$50
Company Tracking Number: EP-AR-2008-F
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability
Product Name: Employment Practices Liability
Project Name/Number: New Program Filing/2008

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/10/2008

Comments:

Attachments:

AR_Transmittal_Form Attachment1.pdf
AR_Transmittal_Form Attachment2.pdf
AR_Transmittal_Forms.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 04/10/2008

Comments:

Attachment:

AR_Filing Memorandum_Forms.pdf

PROPERTY & CASUALTY 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 the state.)

	This filing transmittal is part of Company Tracking #				
	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
	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)
1			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
2			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
4			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
5			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
6			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
7			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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9			<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		

PROPERTY & CASUALTY 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 the state.)

This filing transmittal is part of Company Tracking #					
This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)					
	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)
1			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
2			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
4			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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9			<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		

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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	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 style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" 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 #	
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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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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]
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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



**EMPLOYMENT PRACTICES LIABILITY PROGRAM
Filing Memorandum**

CAMICO Mutual Insurance Company (CAMICO) is filing a new program to provide Employment Practices Liability insurance coverage to Certified Public Accountants (CPA's). CAMICO submits its policy forms and endorsements listed below.

Employment Practices Liability Policy	EP-1000-A (mandatory)	Employment practices liability policy terms and conditions.
Employment Practices Liability Policy Declarations	EP-1001-A (mandatory)	Declarations of Named Insured, policy term, limits of liability, and deductible.
Independent Contractors Coverage Endorsement	EP-1002-A (optional)	Includes coverage for injury to independent contractors
Exclusion – Specific Organization(s) Endorsement	EP-1003-A (optional)	Specific listing of organization(s) whose claims are excluded
Supplemental Extended Reporting Period Endorsement	EP-1004-A (optional)	Extends the claims reporting period.
Special Exclusion Endorsement	EP-1005-A (optional)	Specific listing of items whose claims are excluded
Named Insured Change Endorsement	EP-1007-A (optional)	Changes the name of the Named Insured on the declarations page.
Business Address Change Endorsement	EP-1008-A (optional)	Changes business address of the Named Insured on the declarations page.
Change in Limit of Liability Endorsement	EP-1009-A (optional)	Changes the per claim and/or aggregate limits of liability on the declarations page.
Change in Deductible Endorsement	EP-1010-A (optional)	Changes the per claim deductible on the declarations page.
Additional Insured Endorsement	EP-1011-A (optional)	Adds another person or entity as an additional Insured.
State Endorsement - Arkansas	EP-2040-A (mandatory)	Cancellation and non-renewal terms and conditions.

SERFF Tracking Number: CAMC-125366070 *State:* Arkansas
Filing Company: CAMICO Mutual Insurance Company *State Tracking Number:* #35893 \$50
Company Tracking Number: EP-AR-2008-F
TOI: 17.1 Other Liability - Claims Made Only *Sub-TOI:* 17.1010 Employment Practices Liability
Product Name: Employment Practices Liability
Project Name/Number: New Program Filing/2008

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Supplemental Extended Reporting Period	12/18/2007	EP-1004-A_Supplemental ERP.pdf
No original date	Form	Special Exclusion	12/18/2007	EP-1005-A_Special Exclusion.pdf
No original date	Form	State Endorsement - Arkansas	12/18/2007	AR_EP-2040-A.pdf
No original date	Supporting Document	Uniform Transmittal Document-Property & Casualty	11/20/2007	AR_Transmittal_Forms.pdf AR_Transmittal_Form Attachment1.pdf AR_Transmittal_Form Attachment2.pdf



SUPPLEMENTAL EXTENDED REPORTING PERIOD ENDORSEMENT

Named Insured:

Effective Date:

Policy Number:

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE CAMICO EMPLOYMENT PRACTICES LIABILITY POLICY. PLEASE READ CAREFULLY.

SCHEDULE

Premium: \$

Term: [term] Months

- A. This endorsement provides a Supplemental *Extended Reporting Period*, as described in section V. *EXTENDED REPORTING PERIOD*.
- B. The remaining Limits of Liability, as described in section I. INSURING AGREEMENTS, C. Limits of Liability and Deductible of this Policy, apply to the Supplemental *Extended Reporting Period*. These remaining Limits of Liability are not reinstated or increased for the Supplemental *Extended Reporting Period*.
- C. The Other Insurance condition in paragraph E., section VI. POLICY CONDITIONS, is deleted and replaced by the following:

If other valid and collectible insurance is available to the *Insured* for *Damages* or *Claim Expenses* the Company covers under this Policy, the Company's obligations are limited as follows:

- 1. As this insurance is primary insurance, other than when 2. below applies, the Company's obligations are not affected unless any of the other insurance is also primary. Then, the Company will share with all that other insurance by the method described in 3. below.
- 2. Insurance provided under any Supplemental *Extended Reporting Period* endorsement is excess over any of the other insurance, whether primary, excess, contingent or on any other basis, whose policy period begins or continues after the Supplemental *Extended Reporting Period* begins.
- 3. If all of the other insurance permits contribution by equal shares, the Company will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, the Company will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

- D. This endorsement will not take effect unless the additional premium for it, as provided for in section V.D. and stated above, is paid when due. If that premium is paid when due, this endorsement may not be canceled.

All other terms, conditions and exclusions of the Policy remain unchanged.

Authorized Representative



SPECIAL EXCLUSION ENDORSEMENT

Named Insured:

Effective Date:

Policy Number:

**THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE
CAMICO EMPLOYMENT PRACTICES LIABILITY POLICY. PLEASE READ CAREFULLY.**

This Policy does not apply to any *Claims* in connection with, arising out of or relating to:

All other terms, conditions and exclusions of the Policy remain unchanged.

Authorized Representative

CAMICO[®]
MUTUAL INSURANCE COMPANY
STATE ENDORSEMENT – ARKANSAS

Effective Date:

Policy Number:

**THIS ENDORSEMENT MODIFIES THE INSURANCE PROVIDED UNDER THE
CAMICO EMPLOYMENT PRACTICES LIABILITY POLICY. PLEASE READ CAREFULLY.**

A. The following is added to VI. POLICY CONDITIONS, F. Cancellation or Non-Renewal:

Cancellation

This Policy may be cancelled for any reason consistent with Arkansas law, as is now in effect or hereafter amended. If the Company cancels the Policy, earned premium shall be computed pro rata. If the *Named Insured* cancels, the refund will be 90% of pro rata.

Cancellation of Policies in Effect for More than 60 Days

If this Policy has been in effect for 60 days or more, or if this Policy is a renewal of a Policy issued by the Company, then the Company may cancel the Policy prior to the expiration date only for one or more of the following reasons:

- (1) Nonpayment of premium;
- (2) Fraud or material misrepresentation made by or with the knowledge of the *Named Insured* in obtaining the Policy, continuing the Policy, or in presenting a claim under the Policy;
- (3) The occurrence of a material change in the risk which substantially increases any hazard insured against after the Policy is issued; or
- (4) A material violation of a material provision of the Policy.

Notice of Cancellation

If the Company cancels this Policy, the Company will deliver or mail the notice of cancellation accompanied by a statement of the reason for cancellation to the *Named Insured* at least:

- (1) 10 days before the effective date of cancellation if the Company's decision is based upon nonpayment of premium;
- (2) 20 days before the effective date of cancellation if the Company's decision is based upon any other reason.

Notice by mail is effective upon deposit in the United States Postal Service.

B. The following is added to VI. POLICY CONDITIONS:

Notice to the Company

Whenever an *Insured* is required to provide written notice to the Company, such written notice shall be given to:

CAMICO Mutual Insurance Company
Claims Department
1235 Radio Road
Redwood City, California 94065

Authorized Representative

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
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3. Group Name	Group NAIC #

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

5. Company Tracking Number	
-----------------------------------	--

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 #	
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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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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

PROPERTY & CASUALTY FORM FILING SCHEDULE

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(Do **not** refer to the body of the filing for the forms listing, unless allowed by the state.)

	This filing transmittal is part of Company Tracking #				
	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
	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)
1			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
2			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
4			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
5			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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9			<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		

PROPERTY & CASUALTY FORM FILING SCHEDULE

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(Do **not** refer to the body of the filing for the forms listing, unless allowed by the state.)

	This filing transmittal is part of Company Tracking #				
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	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)
1			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
2			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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5			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
6			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
7			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
8			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
9			<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		