

SERFF Tracking Number: CNAB-125615780 State: Arkansas
 First Filing Company: Continental Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 08-F3122
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
 Liability
 Product Name: Commercial Multi Peril
 Project Name/Number: Tailored Commercial Program Plus (TCPP)/08-F3122

Filing at a Glance

Companies: Continental Insurance Company, American Casualty Company of Reading PA, National Fire Insurance Company of Hartford, Transportation Insurance Company, Valley Forge Insurance Company, Continental Casualty Company

Product Name: Commercial Multi Peril	SERFF Tr Num: CNAB-125615780	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 05.0003 Commercial Package	Co Tr Num: 08-F3122	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Roberta Cooper, Ruby McGhee	Disposition Date: 04/24/2008
	Date Submitted: 04/21/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008		Effective Date (Renewal): 07/01/2008

State Filing Description:

General Information

Project Name: Tailored Commercial Program Plus (TCPP)
 Project Number: 08-F3122

Status of Filing in Domicile: Pending
 Domicile Status Comments: We are filing in Domicile simultaneously with all other state and the District of Columbia.
 Reference Number: N/A
 Advisory Org. Circular: N/A

Reference Organization: N/A
 Reference Title: N/A
 Filing Status Changed: 04/24/2008
 State Status Changed: 04/24/2008
 Corresponding Filing Tracking Number:

Deemer Date:

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Filing Description:

We are submitting the enclosed optional endorsements (G-118996-D & G-300576-A) for use with our Tailored Commercial Program Plus (TCPP) coverage. This filing is explained in detail in the attached Forms Filing Memorandum.

We request a July 1, 2008 written date for this filing.

Company and Contact

Filing Contact Information

Ruby G. McGhee, State Filing Analyst ruby.mcghee@cna.com
 333 S. Wabash (312) 822-4344 [Phone]
 Chicago, IL 60685 (312) 755-2394[FAX]

Filing Company Information

Continental Insurance Company	CoCode: 35289	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance	State ID Number:
Chicago, IL 60604	Companies	
(312) 822-4292 ext. [Phone]	FEIN Number: 13-5010440	

American Casualty Company of Reading PA	CoCode: 20427	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance	State ID Number:
Chicago, IL 60604	Companies	
(312) 822-4292 ext. [Phone]	FEIN Number: 23-0342560	

National Fire Insurance Company of Hartford	CoCode: 20478	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/24/2008	04/24/2008

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Disposition

Disposition Date: 04/24/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal): 07/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Medical Technology Property Extensions Endorsement	Approved	Yes
Form	Distributors' Property Extension Endorsement	Approved	Yes

SERFF Tracking Number: CNAB-125615780 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Medical Technology Property Extensions Endorsement	G-118996-04/08 D		Endorsement/Amendment/Conditions	Replaced Form #:0.00 G-118996-C Previous Filing #: Approved on 06/26/2006		08-F3122 (G-118996-D) Medical Technology Property Extension Endorsement.pdf
Approved	Distributors' Property Extension Endorsement	G-300576-03/08 A		Endorsement/Amendment/Conditions		0.00	08-F3122 (G-300576-A) Distributors Property Extension Endorsement.pdf

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
MEDICAL TECHNOLOGY PROPERTY EXTENSIONS ENDORSEMENT**

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM
BUSINESS INCOME (WITHOUT EXTRA EXPENSE) COVERAGE FORM
EXTRA EXPENSE COVERAGE FORM
CAUSES OF LOSS - SPECIAL FORM

SCHEDULE

Research and Development Property Restoration – Limit of Insurance \$ _____

Research and Development Business Income – Limit of Insurance \$ _____

Description of Off Premises Research and Development Project Locations:

Bio-Contamination - Limit of Insurance
\$25,000 unless another amount is shown: \$ _____

Refrigerant Contamination and Temperature or Humidity Change - Limit of Insurance
\$10,000 unless another amount is shown: \$ _____

Radioactive Contamination - Limit of Insurance
\$25,000 unless another amount is shown: \$ _____

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

A. CHANGES TO THE BUILDING AND PERSONAL PROPERTY COVERAGE FORM

1. Additional Covered Property

Laboratory Animals

The insurance that applies to Your Business Personal Property is extended to laboratory animals used in your research and development operations, subject to the following:

- a. The insurance provided for loss of or damage to laboratory animals applies only if the animals are killed or their destruction is made necessary; and
- b. In the event of loss or damage to laboratory animals, the value of the animals will be the cost of replacing the animals, at the time of loss, with other animals of like kind and in a condition of the lost or damaged animals prior to any testing, experimenting or other work performed on the animals by you, or on your behalf, in your research and development operations.

Laboratory animals also include animals boarded by you but not owned by you or, if owned by you, only as "stock" while at your described premises.

The exclusion of animals under **Section A.2.b., Property Not Covered**, does not apply to laboratory animals described in the above paragraphs.

2. Additional Coverage Extension

When a Limit of Insurance is shown in the Schedule for Research and Development Restoration Expense, the following coverage is added to the Coverage Extensions:

Research and Development Property Restoration

- a. The insurance provided by this Coverage Form is extended to apply to the actual and necessary Research and Development Property Restoration you incur due to loss of or damage to your research and development projects in process at the described premises. The loss or damage to your research and development projects must be caused by direct physical loss or damage by a Covered Cause of Loss to any property that is an integral part of the research and development projects, while the property is:

- (1) At or within 1,000 feet of the described premises;
- (2) At a location you do not own, lease or operate; or
- (3) In transit.

Insurance under this Extension includes the reasonable extra expense you incur to minimize such a loss, but only to the extent that the amount of Research and Development Property Restoration loss otherwise payable under this Extension is reduced.

- b. "Research and Development Property Restoration", as used in this Coverage Extension, means:

The costs you incur to repair, recreate, restore or replace any property that is an integral part of the lost or damaged research and development projects, including:

- (1) Undamaged property that needs to be recreated, restored or replaced due to loss by a Covered Cause of Loss to other parts of the lost or damaged research and development projects. This includes:

- (a) The costs of replacing undamaged laboratory animals used in the lost or damaged research and development projects, and recreating the testing, experimenting or other work performed on the animals by you, or on your behalf, as of the date of loss or damage to such projects; and
- (b) The costs of researching and replacing information on valuable papers and records documenting the lost or damaged research and development projects as of the date of loss or damage to the projects, including such information which has been converted to a form usable in data processing operations.

- (2) The excess of the amount otherwise payable under this Coverage Form for:

- (a) Direct physical loss or damage by a Covered Cause of Loss to Covered Property that is an integral part of the lost or damaged research and development projects; or
- (b) Costs to research, replace or restore lost information on lost or damaged valuable papers and records documenting all or part of the lost or damaged research and development projects, including such information which has been converted to a form usable in data processing operations, caused by or resulting from a Covered Cause of Loss;

and

- (3) Materials and supplies expended in the recreation or restoration of the research and development projects.

- c. Insurance under this Extension applies only to the Research and Development Property Restoration you incur during the period of time that:

- (1) Begins on the date of the direct physical loss or damage by a Covered Cause of Loss to research and development project property:

- (a) At or within 1,000 feet of the described premises;
- (b) At a location you do not own, lease or operate; or
- (c) In transit;

resulting in the loss of or damage to your research and development projects in process at the described premises; and

- (2) Ends on the earlier of:

- (a) The date the lost or damaged research and development projects could be recreated or restored with reasonable speed and similar quality; or

(b) 365 days immediately following the date determined in (1) above.

This period of time will not be cut short by the expiration of this policy.

d. The most we will pay for loss in any one occurrence under this Coverage Extension is the Research and Development Property Restoration Coverage Limit of Insurance shown in the Schedule. But with respect to loss under this Coverage Extension due to loss or damage to research and development project property:

(1) At a location you do not own, lease or operate that is not described in the Description of Off-Premises Research and Development Project Locations section of the Schedule; or

(2) In transit;

we will not pay more in any one occurrence than:

(a) 20% of the Research and Development Property Restoration Coverage Limit of Insurance shown in the Schedule; or

(b) \$50,000;

whichever is less.

e. The amount recoverable under this Extension is additional insurance and shall apply as excess over any other applicable coverage in your policy, including the insurance provided under this Coverage Form for:

(1) Direct physical loss or damage by a Covered Cause of Loss to Covered Property; and

(2) Costs to research, replace or restore lost information on lost or damaged valuable papers and records, including such information which has been converted to a form usable in data processing operations.

f. The Additional Condition **Coinsurance**, does apply to this Extension.

3. Subparagraph (a) of Section **A. COVERAGE**, Part **5. Coverage Extensions**, Paragraph **e. Property Off Premises**, Subparagraph (1) **Property at Temporary Locations** is deleted in its entirety and replaced by the following:

(a) At any location you do not own, lease or operate, including Covered Property:

(i) In the care, custody or control of a salesperson; or

(ii) At any fair or exhibition.

B. CHANGES TO THE CAUSES OF LOSS - SPECIAL FORM

1. Loss to Laboratory Animals – Amended Covered Causes of Loss

With respect to laboratory animals used in your research and development operations, the following changes apply:

a. Under Section **C. LIMITATIONS**, Limitation **2.a.** which excludes loss or damage to animals unless caused by the "Specified Causes of Loss", building glass breakage or a covered Equipment Breakdown, does not apply.

b. The following exclusion is added:

We will not pay for loss or damage caused by or resulting from:

(1) Sickness or disease;

(2) Death or any medical condition due to natural causes;

(3) Testing, experimenting or other work performed on or with the animals in the course of your research and development operations;

(4) Your failure to properly care for the animals; or

(5) Intentional destruction, unless the destruction is made necessary as the direct result of a Covered Cause of Loss to the animals.

2. Covered Causes of Loss Extensions

The following Extensions are added. The amount recoverable under each of these Additional Coverage Extensions shall apply as excess over any other applicable coverage in your policy. The Additional Condition, **Coinsurance**, does not apply to these Covered Causes of Loss Extensions.

a. Bio-Contamination

Covered Causes of Loss is extended to include loss or damage caused by the sudden and accidental discharge, dispersal, seepage, migration, release or escape of bio-contaminants at the described premises. Bio-contaminants are hazardous biological agents or materials used in or resulting from your research and development operations involving living organisms.

The exclusion of loss or damage caused by or resulting from "pollutants" in the **Causes of Loss - Special Form** does not apply to the extent that coverage is provided under this Extension. But all of the other exclusions and limitations in the **Causes of Loss - Special Form** continue to apply.

The most we will pay in any one occurrence under this Extension is \$25,000, unless a different limit is shown in the Schedule.

b. Refrigerant Contamination and Temperature Or Humidity Change Coverage

Covered Causes of Loss are extended to include loss or damage caused by or resulting from the following causes of loss to personal property:

- (1) Contamination by a refrigerant;
- (2) Dampness or dryness of atmosphere; or
- (3) Changes in or extremes in temperature.

The exclusions of loss or damage caused by or resulting from "pollutants", dampness or dryness of atmosphere, and changes in or extremes in temperature in the **Causes of Loss - Special Form** do not apply to the extent that coverage is provided under this Extension. But all of the other exclusions and limitations in the **Causes of Loss - Special Form** continue to apply.

The most we will pay in any one occurrence under this Extension is \$10,000, unless a different limit is shown in the Schedule.

c. Radioactive Contamination

Covered Causes of Loss is extended to include loss or damage caused by:

- (1) Sudden and accidental radioactive contamination; or
- (2) Resultant radiation damage to property.

The exclusion of this cause of loss in the **Causes of Loss - Special Form** does not apply to the extent that coverage is provided under this Coverage Extension. But all of the other exclusions and limitations in the **Causes of Loss - Special Form** continue to apply. In addition, we will not pay for loss or damage under this Coverage Extension if:

- (a) The described premises contain:
 - (i) A nuclear reactor capable of sustaining nuclear fission in a self-supporting chain reaction; or
 - (ii) Any new or used nuclear fuel intended for or used in such a nuclear reactor.
- (b) The contamination arises from radioactive material not located at the described premises.

The most we will pay in any one occurrence under this Coverage Extension is \$25,000, unless a different limit is shown in the Schedule.

C. CHANGES TO THE BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM, THE BUSINESS INCOME (WITHOUT EXTRA EXPENSE) COVERAGE FORM AND THE EXTRA EXPENSE COVERAGE FORM

Business Income - Amended Definition

If your Research and Development "operations" are "suspended" due to physical loss or damage to your Research and Development property as described in Paragraph **A.2.** of this endorsement, the definition of Business Income under Section **A. COVERAGE** is replaced by the following:

Research and Development Business Income means the:

1. Net Income (Net Profit or Loss before income taxes) that would have been earned or incurred, including contract revenues, licensing fees, consulting fees, funding grants or progress payments that would have been earned by or awarded to your research and development operations to which this insurance applies; and / or
2. Continuing normal operating expenses incurred, including payroll; and / or
 - a. Expenses that would have been paid from grants or other monies:
 - 1) In your possession prior to the loss or damage; and
 - 2) Specifically assigned to, and set aside for, the performance and completion of any research and development project in process at the described premises;and / or
 - b. Expenses, including additional overhead and payroll, which you incur to recreate or restore your lost or damaged research and development projects;

had no loss or damage resulting in an interruption in the research and development project occurred. But we will not pay for any such expenses that do not necessarily continue during the interruption in the research and development project, or that are otherwise payable under the direct damage coverage under this endorsement. Also, for Continuing Normal Operating expenses described above only, the "period of restoration" is subject to a maximum period of 365 days from the date of loss or damage resulting in the interruption in the research and development project.

We will pay up to the limit shown for "Research and Development Business Income – Limit of Insurance" in the Schedule of this endorsement for this coverage. However, this limit is included under, not in addition to, the applicable Business Income limit shown in the Declarations.

If no Research and Development Business Income – Limit of Insurance is scheduled, we will pay up to the Business Income limit shown in the Declarations for the applicable location or locations where the loss occurred.

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

DISTRIBUTORS' PROPERTY EXTENSION ENDORSEMENT

This endorsement amends coverage under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM

A. The following coverages are added to Section A. COVERAGES, Part 4. Additional Coverages:

Distributors Consequential Loss – Pairs & Sets

We will pay the reduction in value of the remaining parts of "Stock", including any part of a pair or set, that are undamaged but are unmarketable as a complete product because of direct physical loss or damage from a Covered Cause of Loss to other parts of covered "Stock" at the described premises.

In case of loss to a pair or set, we may repair or replace such part to restore the pair to its value before the loss or pay the difference between the values of the pair or set before and after the loss. In no event shall such loss or damage be construed to mean total loss of the pair or set.

In the application of the Coinsurance Additional Condition, the value of "Stock" at any of the described premises includes the additional value that it represents at other locations.

This Additional Coverage is included within the Limit of Insurance applicable to Your Business Personal Property or "Stock" at the location of loss, and does not increase that Limit of Insurance.

B. The following coverages are added to Section A. COVERAGES, Part 5. Coverage Extensions:

1. Contractual Penalties

We will pay contractual penalties you incur for your failure to timely deliver your products or services to your customers in accordance with the written terms of the contract. However, we will pay these penalties only when such failure of timely delivery results solely from covered direct physical loss or damage to Covered Property.

The most we will pay in any one occurrence of direct physical loss or damage to Covered Property under this Coverage Extension is \$25,000, no matter the number of contracts impacted.

2. Emergency Vacating Expenses

(1) The insurance provided by this Coverage Form is extended to apply to the reasonable and necessary expenses you incur in the emergency vacating of the premises described in the Declarations.

(2) By emergency we mean imminent danger arising from an external event or a condition in the facility which would cause loss of life or harm to your customers.

(3) We will not pay for any expenses under this Extension arising out of:

(a) A strike, bomb threat or false fire alarm, unless vacating is ordered by a civil authority;

(b) A planned vacating drill; or

(c) The vacating of one or more customers that is due and confined to their individual medical condition;

(d) Any of the following to the extent these causes of loss are already excluded under this policy.

(i) Governmental Action;

(ii) Nuclear Hazard; and

(iii) War and Military Action.

No other exclusions in your policy apply to this Extension.

(4) The most we will pay for Emergency Vacating Expenses in any one occurrence under this Extension is \$25,000.

(5) We will not pay for Emergency Vacating Expenses in any one occurrence until the amount of Emergency Vacating Expenses exceeds \$250. We will then pay the amount of Emergency Vacating Expenses in excess of \$250 up to the Limit of Insurance for this Extension. No other Deductible applies to this Extension.

C. Under Section A. **COVERAGE**, Part 5. **Coverage Extensions**, the Deferred Payments Coverage Extension is deleted in its entirety and replaced by the following:

Deferred Payments

We will reimburse you for payments you are unable to collect due to direct physical loss or damage resulting from a Covered Cause of Loss to covered property sold by you on an installment or other deferred payment basis after it has been delivered to your customer or while still at one of your covered premises. The most we will pay under this additional coverage is the lesser of your financial interest in such property or \$25,000 in any one occurrence.

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Liability
Product Name: Commercial Multi Peril
Project Name/Number: Tailored Commercial Program Plus (TCPP)/08-F3122

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 04/24/2008

Comments:

Attachments:

08-F3122 (AR) Tranmittal.pdf

08-F3122 (AR) Form Filing Schedule.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width: 50%;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td>Renewal Business</td> <td></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 #
CNA Insurance	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	
National Fire Insurance Company of Hartford	IL	20478	06-0464510	
American Casualty Company of Reading, PA	PA	20427	23-0342560	
Transportation Insurance Company	IL	20494	36-1877247	
Valley Forge Insurance Company	PA	20508	23-1620527	
The Continental Insurance Company	PA	35289	13-5010440	

5. Company Tracking Number	08-F3122
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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
	Ruby G. McGhee	State Filing Analyst	(312) 822-4344	(312) 755-2394	ruby.mcgee@cna.com
	CNA Plaza – 37S Chicago, IL 60685				
7.	Signature of authorized filer		<i>Ruby G. McGhee</i>		
8.	Please print name of authorized filer		Ruby G. McGhee		

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

9. Type of Insurance (TOI)	05.0 - Commercial Multi Peril
10. Sub-Type of Insurance (Sub-TOI)	05.0003 - Multi Peril (Commercial Package)
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Tailored Commercial Program Plus (TCPP)
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 07/01/08 written date Renewal: 07/01/08 written date
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	04/18/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	08-F3122
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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]

We are filing the enclosed endorsements for use with our Tailored Commercial Program Plus (TCPP) coverage. A more detailed description of this filing is set forth in the enclosed Forms Filing Memorandum.

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 #: N/A (EFT)
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	08-F3122			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Medical Technology Property Extensions Endorsement	G-118996-D (Ed. 04/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	G-118996-C	Approved on 06/20/2006
02	Distributors' Property Extension Endorsement	G-300576-A (Ed. 03/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		