

SERFF Tracking Number: HART-125620297 State: Arkansas
Filing Company: Twin City Fire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: FN.13HS.802.2008.01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: OTHER LIABILITY HARTFORD PROFESSIONAL CHOICE LIABILITY / PRIVATE CHOICE ENCORE! SUPPLEMENTAL APPLICATIONS
Project Name/Number: OTHER LIABILITY HARTFORD PROFESSIONAL CHOICE LIABILITY / PRIVATE CHOICE ENCORE! SUPPLEMENTAL APPLICATIONS /FN.13HS.802.2008.01

Filing at a Glance

Company: Twin City Fire Insurance Company
Product Name: OTHER LIABILITY – HARTFORD PROFESSIONAL CHOICE LIABILITY / PRIVATE CHOICE ENCORE! SUPPLEMENTAL APPLICATIONS
TOI: 17.0 Other Liability - Claims Made/Occurrence
Sub-TOI: 17.0022 Other
Filing Type: Form
Effective Date Requested (New): On Approval
Effective Date Requested (Renewal): On Approval
State Filing Description:

SERFF Tr Num: HART-125620297 State: Arkansas
SERFF Status: Closed State Tr Num: EFT \$50
Co Tr Num: FN.13HS.802.2008.01 State Status: Fees verified and received
Co Status: Initial Filing Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Regina McLendon Disposition Date: 04/29/2008
Date Submitted: 04/28/2008 Disposition Status: Approved
Effective Date (New):
Effective Date (Renewal):

General Information

Project Name: OTHER LIABILITY – HARTFORD PROFESSIONAL CHOICE LIABILITY / PRIVATE CHOICE ENCORE! SUPPLEMENTAL APPLICATIONS
Project Number: FN.13HS.802.2008.01
Reference Organization: N/A
Reference Title: N/A
Filing Status Changed: 04/29/2008
State Status Changed: 04/29/2008
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending
Domicile Status Comments: FILING JUST BEING SUBMITTED IN DOMICILE STATE
Reference Number: N/A
Advisory Org. Circular: N/A
Deemer Date:

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Filing Description:

OTHER LIABILITY – HARTFORD PROFESSIONAL CHOICE LIABILITY / PRIVATE CHOICE ENCORE!
 SUPPLEMENTAL APPLICATIONS
 MISCELLANEOUS FORMS FILING

We are submitting 3 supplemental applications for use with the following Hartford Financial Products: Private Choice Encore! Policy and The Hartford Professional Choice Liability Policy

Company and Contact

Filing Contact Information

Regina McLendon, Account Analyst regina.mclendon@thehartford.com
 690 Asylum Avenue (860) 547-2594 [Phone]
 Hartford, CT 06115 (860) 547-3838[FAX]

Filing Company Information

Twin City Fire Insurance Company CoCode: 29459 State of Domicile: Indiana
 Hartford Plaza Group Code: 91 Company Type: Property
 Hartford, CT 06115 Group Name: State ID Number:
 (860) 547-5000 ext. [Phone] FEIN Number: 06-0732738

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per 1 filing = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Twin City Fire Insurance Company	\$50.00	04/28/2008	19933885

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	04/29/2008	04/29/2008

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Disposition

Disposition Date: 04/29/2008

Effective Date (New):

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Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	No
Supporting Document	Explanatory Memorandum	Approved	No
Form	Consulting Supplemental Application	Approved	No
Form	Placement Agency Supplemental Application	Approved	No
Form	Media Services Supplemental Application	Approved	No

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Consulting Supplemental Application	HR 00 H028 00 1107	11/07	Application/ New Binder/Enro llment		0.00	HR 00 H028 00 1107.pdf
Approved	Placement Agency Supplemental Application	HR 00 H029 00 0208	02/08	Application/ New Binder/Enro llment		0.00	HR 00 H029 00 0208.pdf
Approved	Media Services Supplemental Application	HR 00 H030 00 0208	02/08	Application/ New Binder/Enro llment		0.00	HR 00 H030 00 0208.pdf

CONSULTING SUPPLEMENTAL APPLICATION

**This is a supplement to an application for a CLAIMS-MADE and Reported Policy
It is to be used solely in conjunction with either The Hartford Professional Choice Liability Policy or
the Miscellaneous Professional Liability Coverage Part of the Private Choice Encore! Policy**

If a policy is issued this application will attach to and become part of the policy, therefore, it is important all questions are answered accurately.

1. Name of Applicant: _____
2. Within the last 5 years has the Applicant:
 - a. consulted on mergers, acquisitions, capitalizations, divestitures, liquidations, or valuations?
 Yes No
 - b. consulted on means or methods of financing or obtaining funds? Yes No
 - c. consulted on any lotteries, sweepstakes, promotional marketing or games of chance? Yes No
 - d. sold, distributed, designed, manufactured, recommended or test any products? Yes No
 - e. been involved in the management, purchase, sale or development of any real estate? Yes No
 - f. been involved with any environmental consulting? Yes No
 - g. been involved with any executive compensation consulting? Yes No

If Yes, please describe on an attachment.

3. Please indicate the percentage of your annual revenues from the last fiscal period involving:

Service	% of Revenues	Service	% of Revenues
Administrative/Office Services	%	Technology:	
Business Communication	%	Application Services/Rentals/Leasing	%
Economic Research	%	Custom Software Development	%
Education/Training	%	Ecommerce Services	%
Human Resource	%	Installation/Integration	%
Marketing/Media Consulting	%	Prepackaged Software Development	%
Operational Consulting	%	Reseller	%
Organizational Structure	%	Website Design/Hosting	%
Product Development/Market Research	%		
Public Relations	%	Accounting, Finance & Tax Consulting	%
Strategic & Long-Range Planning	%	Benefit Consulting	%
Other (attach description)	%	Turnaround	%
Other (attach description)	%	Valuation	%

4. Does the Applicant implement any of its services above? Yes No
If Yes, please describe on an attachment.

5. How does the Applicant ascertain client satisfaction during and after the completion of the project?
Please describe:

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

Not applicable in Florida, Georgia, Kansas, Kentucky, New Hampshire, North Carolina, Oregon, and West Virginia.

WARRANTY: The Applicant warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated therein if the Company accepts this application by issuance of a policy. It is hereby agreed and understood that this warranty constitutes a continuing obligation to report to the Company, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of firm, areas of business engaged in by the firm and information contained on each supplemental application submitted by the Applicant.

The Applicant hereby authorizes the release of all claims information from any prior insurer to the Company. The Applicant agrees that the organization releasing the information, its agents, servants or employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information.

NOTE: In applying for coverage, the Applicant agrees that in the event of covered losses, he/she will be required to be defended by an attorney appointed by the Company.

The Applicant hereby acknowledges that he/she is aware that the limit of liability shall be reduced, and may be completely exhausted, by defense costs and in such event, the Company shall not be liable for defense costs or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she is aware that defense costs that are incurred shall be applied against the deductible amount.

The Applicant understands and accepts that the policy applied for provides coverage on a "claims-made and first reported" basis for only those claims that are made against the Insured while the policy is in force and that coverage ceases with the termination of the policy.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

Applicable in Florida, Georgia, Kansas, Kentucky, New Hampshire, North Carolina, Oregon, and West Virginia.

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FRAUD WARNING STATEMENTS

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

WEST VIRGINIA: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Applicable to applicants in Florida and Iowa (required information)

NAME OF PRODUCER: _____ LICENSE NUMBER: _____

ADDRESS: _____

President or Chief Executive Officer of Applicant's Signature

Print Name

Date

PLACEMENT AGENCY SUPPLEMENTAL APPLICATION

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1. Name of Applicant: _____

2. What percentage of the Applicant's revenues are derived from:

Career Counseling	___%	Outplacement	___%
Executive Search/Placement	___%	Professional Employer Organization	___%
Executive Compensation Consulting	___%	Recruitment and Placement	___%
Human Resource Consulting	___%	Temporary Help	___%

3. Does the Applicant provide any of the screening services?

Administer Job Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Perform Background Checks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verify Professional or Academic Credentials	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Testing (via 3 rd Party)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____			

4. What steps are taken to protect a job candidate's confidential information from being released to an unauthorized party? _____

5. Please indicate the percentage placements of the types of positions placed in the last twelve (12) months:

Position	% Temporary	% Permanent
Industrial		
Office/Clerical/Administrative		
Information Technology		
Managerial – Non-Executive		
Executive Officer/Director		
Healthcare e.g.: Doctors, Nurses, Dentists, Childcare		
Professional e.g.: Accountants, Attorneys		
Technical e.g.: Architects, Engineers, Scientists, Writers		
Other: Please Specify _____		
Other: Please Specify _____		
Total		

6. For professionals and technicals that are placed, does the Applicant require that they maintain individual professional liability insurance? Yes No

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The Applicant hereby authorizes the release of all claims information from any prior insurer to the Company. The Applicant agrees that the organization releasing the information, its agents, servants or employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information.

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HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

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NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

WEST VIRGINIA: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Applicable to applicants in Florida and Iowa (required information)

NAME OF PRODUCER: _____ LICENSE NUMBER: _____

ADDRESS: _____

President or Chief Executive Officer of Applicant's Signature

Print Name

Date

MEDIA SERVICES SUPPLEMENTAL APPLICATION

**This is a supplement to an application for a CLAIMS-MADE and Reported Policy
It is to be used solely in conjunction with either The Hartford Professional Choice Liability Policy or
the Miscellaneous Professional Liability Coverage Part of the Private Choice Encore! Policy**

If a policy is issued this application will attach to and become part of the policy; therefore, it is important all questions are answered accurately.

1. Name of Applicant: _____

2. Please indicate the percentage of your annual revenues from the last fiscal period involving:

Service	% of Revenues	Service	% of Revenues
Advertising Services:		Other Media Services:	
Advertising Placement	%	Printing	%
Graphic Design	%	Focus Groups or Studies	%
Copyright & Trademark Design	%	Public Relations	%
Product Design	%	Crisis Management	%
Product Testing	%	Market Research	%
Photography	%	Non-Advertising Graphic Design	%
Media Buying	%	Website Design/Hosting	%
Product Display or Placement	%		
Marketing Consulting	%	Book, Newspaper or Magazine Publishing	%
Merchandising	%	TV or Radio Production	%
Other (attach description)	%	Film or Music Production	%
Other (attach description)	%	Contest Management	%

Loss Controls:

3. Does the Applicant require client sign off for all work product before it is disseminated? Yes No

4. How does the Applicant ascertain client satisfaction during and after the completion of the project?
Please describe:

6. Does the Applicant's standard contract indemnify the Applicant with regard to all intellectual property provided by the client? Yes No

7. Is the Applicant involved in creating or running sweepstakes, contests, or lotteries? Yes No

8. Does the Applicant have outside counsel to review all Intellectual Property matters? Yes No

Name of Counsel _____

9. Does the Applicant have a formal written intellectual property clearance procedure, including Copyright and Trademark searches? Yes No
10. Does the Applicant have a training program for all employees regarding intellectual property rights, defamation, and privacy rights? Yes No
11. Does the Applicant use independent contractors to provide any of the services detailed in question 2? Yes No
- If Yes:
- a. Are the independent contractors required to carry E&O coverage? Yes No
- b. Are the independent contractors required to hold harmless or indemnify the Applicant? Yes No

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

Not applicable in Florida, Georgia, Kansas, Kentucky, New Hampshire, North Carolina, Oregon, and West Virginia.

WARRANTY: The Applicant warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated therein if the Company accepts this application by issuance of a policy. It is hereby agreed and understood that this warranty constitutes a continuing obligation to report to the Company, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of firm, areas of business engaged in by the firm and information contained on each supplemental application submitted by the Applicant.

The Applicant hereby authorizes the release of all claims information from any prior insurer to the Company. The Applicant agrees that the organization releasing the information, its agents, servants or employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information.

NOTE: In applying for coverage, the Applicant agrees that in the event of covered losses, he/she will be required to be defended by an attorney appointed by the Company.

The Applicant hereby acknowledges that he/she is aware that the limit of liability shall be reduced, and may be completely exhausted, by defense costs and in such event, the Company shall not be liable for defense costs or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she is aware that defense costs that are incurred shall be applied against the deductible amount.

The Applicant understands and accepts that the policy applied for provides coverage on a "claims-made and first reported" basis for only those claims that are made against the Insured while the policy is in force and that coverage ceases with the termination of the policy.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

Applicable in Florida, Georgia, Kansas, Kentucky, New Hampshire, North Carolina, Oregon, and West Virginia.

The Applicant represents that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated therein if the Company accepts this application by issuance of a policy. It is hereby agreed and understood that this representation constitutes a continuing obligation to report to the Company, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of firm, areas of business engaged in by the firm and information contained on each supplemental application submitted by the Applicant.

The Applicant hereby authorizes the release of all claims information from any prior insurer to the Company. The Applicant agrees that the organization releasing the information, its agents, servants or employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information.

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The Applicant understands and accepts that the policy applied for provides coverage on a "claims-made and first reported" basis for only those claims that are made against the Insured while the policy is in force and that coverage ceases with the termination of the policy.

FRAUD WARNING STATEMENTS

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

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Applicable to applicants in Florida and Iowa (required information)

NAME OF PRODUCER: _____ LICENSE NUMBER: _____

ADDRESS: _____

President or Chief Executive Officer of Applicant's Signature

Print Name

Date

SERFF Tracking Number: HART-125620297 State: Arkansas
Filing Company: Twin City Fire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: FN.13HS.802.2008.01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: OTHER LIABILITY HARTFORD PROFESSIONAL CHOICE LIABILITY / PRIVATE CHOICE ENCORE! SUPPLEMENTAL APPLICATIONS
Project Name/Number: OTHER LIABILITY HARTFORD PROFESSIONAL CHOICE LIABILITY / PRIVATE CHOICE ENCORE! SUPPLEMENTAL APPLICATIONS /FN.13HS.802.2008.01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HART-125620297 State: Arkansas
Filing Company: Twin City Fire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: FN.13HS.802.2008.01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: OTHER LIABILITY HARTFORD PROFESSIONAL CHOICE LIABILITY / PRIVATE CHOICE ENCORE! SUPPLEMENTAL APPLICATIONS
Project Name/Number: OTHER LIABILITY HARTFORD PROFESSIONAL CHOICE LIABILITY / PRIVATE CHOICE ENCORE! SUPPLEMENTAL APPLICATIONS /FN.13HS.802.2008.01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 04/29/2008

Comments:

Attachments:

AR PC-TD-1_2007.pdf
Form Filing Schedule 2007.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 04/29/2008

Comments:

Attachment:

Exp Memo Supp Apps.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:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

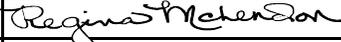
3. Group Name	Group NAIC #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	

5. Company Tracking Number	FN.13HS.802.2008.01
-----------------------------------	---------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Regina McLendon	Filing Analyst			regina.mclendon@th
Hartford Plaza, Hartford, CT 06115		860-547-2594	866-497-7565	ehartford.com

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

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

9. Type of Insurance (TOI)	17.0 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0022 Other
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Hartford Financial Products
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: upon approval Renewal:
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	4/23/08
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 #** FN.13HS.802.2008.01

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

Re: **OTHER LIABILITY – HARTFORD PROFESSIONAL CHOICE LIABILITY / PRIVATE CHOICE
ENCORE! SUPPLEMENTAL APPLICATIONS**

Our Filing Number: FN.13HS.802.2008.01
Twin City Fire Insurance Company 091-29459

Enclosed are the following:

- Filing Fee is being submitted via EFT.
- P&C Transmittal Document and Form Filing Schedule.
- Explanatory Memorandum
- Three Supplemental Applications:
 - Consulting Supplemental Application – HR 00 H028 00 1107
 - Placement Agency Supplemental Application – HR 00 H029 00 0208
 - Media Services Supplemental Application – HR 00 H030 00 0208

For the above listed company, to be effective upon approval, we hereby file the enclosed forms in final print.

Regina McLendon

Regina McLendon, Filing Analyst
Product Support and Compliance
Telephone: (860) 547-2594
FAX No.: (866) 497-7565
[E-Mail Address: regina.mclendon@thehartford.com](mailto:regina.mclendon@thehartford.com)

**The Hartford
HO-GL-19
Hartford, CT 06155**

22. **Filing Fees** (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT
Amount: \$50 - Filing fee being submitted via EFT.

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 #	FN.13HS.802.2008.01			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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	Consulting Supplemental Application	HR 00 H028 00 1107	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Placement Agency Supplemental Application	HR 00 H029 00 0208	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Media Services Supplemental Application	HR 00 H030 00 0208	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

FORM EXPLANATORY

Supplemental Applications

We are submitting, 3 supplemental applications for use with the following Hartford Financial Products:

Private Choice Encore Policy- Miscellaneous Professional Liability Coverage Part
The Hartford Professional Choice Liability Policy

<u>Form #</u>	<u>Form Title</u>
HR 00 H028 00 1107	- Consulting Supplemental Application
HR 00 H029 00 0208	- Placement Agency Supplemental Application
HR 00 H030 00 0208	- Media Services Supplemental Application

These supplemental applications are self explanatory.