

SERFF Tracking Number: QBCL-125610478 State: Arkansas  
First Filing Company: General Casualty Company of Wisconsin, ... State Tracking Number: EFT \$50  
Company Tracking Number: 020108 10776K  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
Liability  
Product Name: Contractors EPLI correction 2  
Project Name/Number: Contractors EPLI correction 2/

## Filing at a Glance

Companies: General Casualty Company of Wisconsin, Regent Insurance Company

Product Name: Contractors EPLI correction 2 SERFF Tr Num: QBCL-125610478 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: 020108 10776K State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Authors: Katie Fischer, Jennifer Kleeman Disposition Date: 04/21/2008

Date Submitted: 04/15/2008 Disposition Status: Approved

Effective Date Requested (New): 02/01/2008 Effective Date (New): 02/01/2008

Effective Date Requested (Renewal): 02/01/2008 Effective Date (Renewal): 02/01/2008

State Filing Description:

## General Information

Project Name: Contractors EPLI correction 2

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/21/2008

State Status Changed: 04/21/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing to make a correction to our previously approved Declaration page CX 0005 0407. Previous filing number is 020108 10363F. We have changed the phrase "Defense Costs" to "Defense Expenses" on the Declaration Page. We have included a mocked version and final version of the form.

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## Company and Contact

### Filing Contact Information

Jennifer Kleeman, Operations System jennifer.kleeman@generalcasualty.com  
 Technician  
 One General Drive (608) 825-5870 [Phone]  
 Sun Prairie, WI 53596 (608) 825-5100[FAX]

### Filing Company Information

General Casualty Company of Wisconsin CoCode: 24414 State of Domicile: Wisconsin  
 One General Drive Group Code: 796 Company Type: Property and  
 Casualty  
 Sun Prairie , WI 53596 Group Name: State ID Number:  
 (608) 837-4440 ext. [Phone] FEIN Number: 39-0301590  
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Regent Insurance Company CoCode: 24449 State of Domicile: Wisconsin  
 One General Drive Group Code: 796 Company Type: Property and  
 Casualty  
 Sun Prairie , WI 53596 Group Name: State ID Number:  
 (608) 837-4440 ext. [Phone] FEIN Number: 39-6062860  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
General Casualty Company of Wisconsin	\$50.00	04/15/2008	19574292
Regent Insurance Company	\$0.00	04/15/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/21/2008	04/21/2008

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## Disposition

Disposition Date: 04/21/2008  
Effective Date (New): 02/01/2008  
Effective Date (Renewal): 02/01/2008  
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	Declaration	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Declaration	CX 0005	0407	Declaration Replaced s/Schedule	Replaced Form #: CX 0005 0407 Previous Filing #: 020108 10363F		CX 0005 0407 Final.pdf CX 0005 0407 Mocked.pdf

POLICY NUMBER	POLICY PERIOD	COVERAGE IS PROVIDED IN THE	AGENCY
NAMED INSURED AND ADDRESS		AGENT	

COVERAGE OPTIONS

THESE COVERAGE OPTIONS APPLY ONLY WHEN AND AS INDICATED BY AN ( X ) BELOW:

COVERAGE	LIMIT OF INSURANCE
( ) BLANKET PROPERTY	( ** )
( ) CONTRACTORS EQUIPMENT PER DAY PER ITEM RENTAL REIMBURSEMENT OPTION AGGREGATE	\$500 \$15,000
( ) EMPLOYEE BENEFIT LIABILITY COVERAGE PER CLAIM PER CLAIM DEDUCTIBLE IS \$500 AGGREGATE	\$ \$
( ) EMPLOYEE DISHONESTY	\$
( ) EMPLOYERS LIABILITY COVERAGE ( ) LIMITED COVERAGE ( ) ENHANCED COVERAGE  EMPLOYERS' LIABILITY AGGREGATE LIMIT BODILY INJURY BY ACCIDENT — EACH ACCIDENT BODILY INJURY BY DISEASE — POLICY LIMIT BODILY INJURY BY DISEASE — EACH EMPLOYEE	\$ \$ \$ \$
*** THIS IS A CLAIMS MADE COVERAGE ***	
( ) CONTRACTORS ERRORS AND OMISSIONS PER CLAIM AGGREGATE	\$ \$
( ) HIRED CONTRACTORS EQUIPMENT	\$
( ) EMPLOYMENT-RELATED PRACTICES LIABILITY PER CLAIM PER CLAIM DEDUCTIBLE: AGGREGATE RETROACTIVE DATE:  EMPLOYMENT-RELATED PRACTICES LIABILITY IS A CLAIMS-MADE COVERAGE. "DEFENSE EXPENSES" REDUCE THE AVAILABILITY OF INSURANCE FOR THIS COVERAGE. PLEASE READ THE ENTIRE ENDORSEMENT CAREFULLY.	

( \*\* ) INCLUDED IN THE BUILDING OR BUSINESS PERSONAL PROPERTY LIMIT OF INSURANCE

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## Supporting Document Schedules

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

**Review Status:** Approved 04/21/2008

**Comments:**  
**Attachment:**  
P&C Transmittal.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

<b>3. Group Name</b>	<b>Group NAIC #</b>
QBE	796

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
General Casualty of Wisconsin	WI	24414	39-0301590	
Regent Insurance	WI	24449	39-6062860	

<b>5. Company Tracking Number</b>	<b>020108 10776K</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jennifer Kleeman One General Drive Sun Prairie, WI 53596	C/L System Support Specialist	608-825-5870	608-825-5100	jennifer.kleeman@ generalcasualty.co m
	7. Signature of authorized filer				
	8. Please print name of authorized filer		Jennifer Kleeman		

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

<b>9. Type of Insurance (TOI)</b>	Commercial Package
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Contractors
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title</b> (Marketing title)	Contractors
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: 02/01/2008                      Renewal: 02/01/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	04/15/2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document—**

<b>20. This filing transmittal is part of Company Tracking #</b>	020108 10776K
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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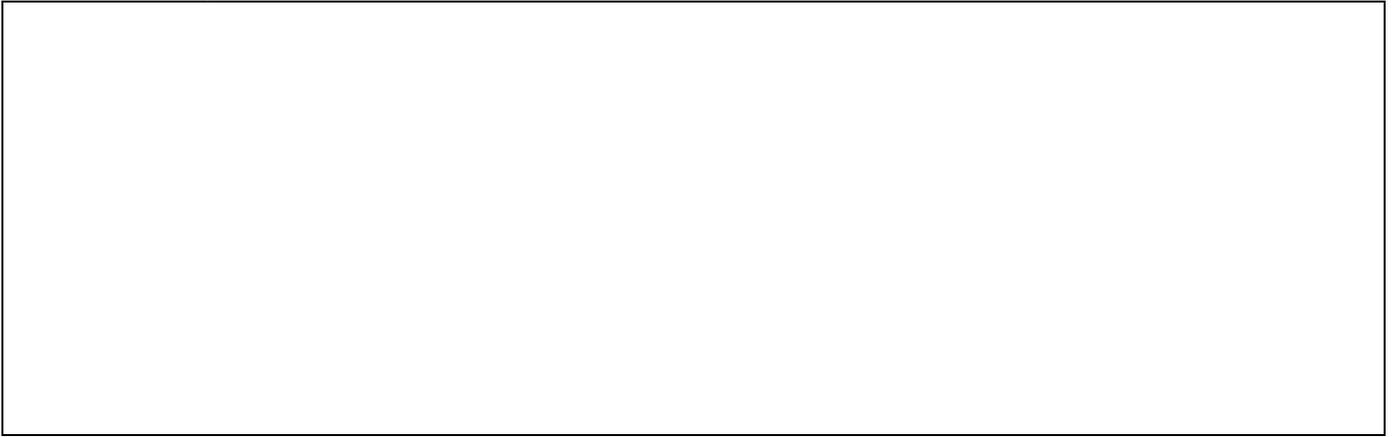
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<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:** NA  
**Amount:**

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.)**