

SERFF Tracking Number: QBCL-125614420 State: Arkansas
First Filing Company: General Casualty Company of Wisconsin, ... State Tracking Number: EFT \$50
Company Tracking Number: 020108 10788K
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Marketplace EPLI Correction 2
Project Name/Number: Marketplace EPLI Correction 2/

Filing at a Glance

Companies: General Casualty Company of Wisconsin, Regent Insurance Company

Product Name: Marketplace EPLI Correction 2 SERFF Tr Num: QBCL-125614420 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Non-Liability

Sub-TOI: 05.0002 Businessowners

Co Tr Num: 020108 10788K

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: 04/22/2008

Date Submitted: 04/17/2008

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: Marketplace 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: 04/22/2008

State Status Changed: 04/22/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing to make a correction to our previously approved Declaration page CS 1403 0407. Previous filing number is 020108 10345A. 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

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

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
General Casualty Company of Wisconsin	\$50.00	04/17/2008	19657256
Regent Insurance Company	\$0.00	04/17/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/22/2008	04/22/2008

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Disposition

Disposition Date: 04/22/2008
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 Declaration	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	CS 1403	0407	Declaration Replaced s/Schedule	Replaced Form #: CS 1403 0407 Previous Filing #:		CS 1403 0407 Dec - Final.pdf CS 1403 0407 Dec - Mocked.pdf

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

BUSINESS LIABILITY, MEDICAL EXPENSE AND FIRE DAMAGE – APPLIES TO ALL LOCATIONS

GENERAL AGGREGATE	\$
PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$
PERSONAL AND AVERTISING INJURY LIMIT	\$
EACH OCCURRENCE LIMIT	\$
FIRE DAMAGE LIMIT (ANY ONE FIRE, EXPLOSION OR SMOKE)	\$ 100,000
FOR INCREASED FIRE DAMAGE LIMITS SEE LOCATION OPTIONAL COVERAGES	
MEDICAL EXPENSE LIMIT (ANY ONE PERSON)	\$

LIABILITY OPTIONS APPLYING TO ALL LOCATIONS:

LIMIT OF INSURANCE

EMPLOYMENT PRACTICES LIABILITY PER CLAIM
 PER CLAIM DEDUCTIBLE: AGGREGATE LIMIT
 RETROACTIVE DATE:

EMPLOYMENT-RELATED PRACTICES LIABILITY IS A CLAIMS-MADE COVERAGE. "DEFENSE EXPENSES" REDUCE THE AVAILABLE LIMITS OF INSURANCE FOR THIS CFOVERAGE. PLEASE READ THE ENTIRE ENDORSEMENT CAREFULLY.

(*) COVERAGE INCLUDED IN BUSINESS LIABILITY LIMITS OF INSURANCE

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

BUSINESS LIABILITY, MEDICAL EXPENSE AND FIRE DAMAGE – APPLIES TO ALL LOCATIONS

GENERAL AGGREGATE	\$
PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$
PERSONAL AND AVERTISING INJURY LIMIT	\$
EACH OCCURRENCE LIMIT	\$
FIRE DAMAGE LIMIT (ANY ONE FIRE, EXPLOSION OR SMOKE)	\$ 100,000
FOR INCREASED FIRE DAMAGE LIMITS SEE LOCATION OPTIONAL COVERAGES	
MEDICAL EXPENSE LIMIT (ANY ONE PERSON)	\$

LIABILITY OPTIONS APPLYING TO ALL LOCATIONS:

LIMIT OF INSURANCE

EMPLOYMENT PRACTICES LIABILITY PER CLAIM
 PER CLAIM DEDUCTIBLE: AGGREGATE LIMIT
 RETROACTIVE DATE:

EMPLOYMENT-RELATED PRACTICES LIABILITY IS A CLAIMS-MADE COVERAGE. "DEFENSE EXPENSES COSTS" REDUCE THE AVAILABLE LIMITS OF INSURANCE FOR THIS CVERAGE. PLEASE READ THE ENTIRE ENDORSEMENT CAREFULLY.

(*) COVERAGE INCLUDED IN BUSINESS LIABILITY LIMITS OF INSURANCE

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 04/22/2008

Comments:
Attachment:
P&C Transmittal.pdf

16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	04/17/2008
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 #	020108 10788K
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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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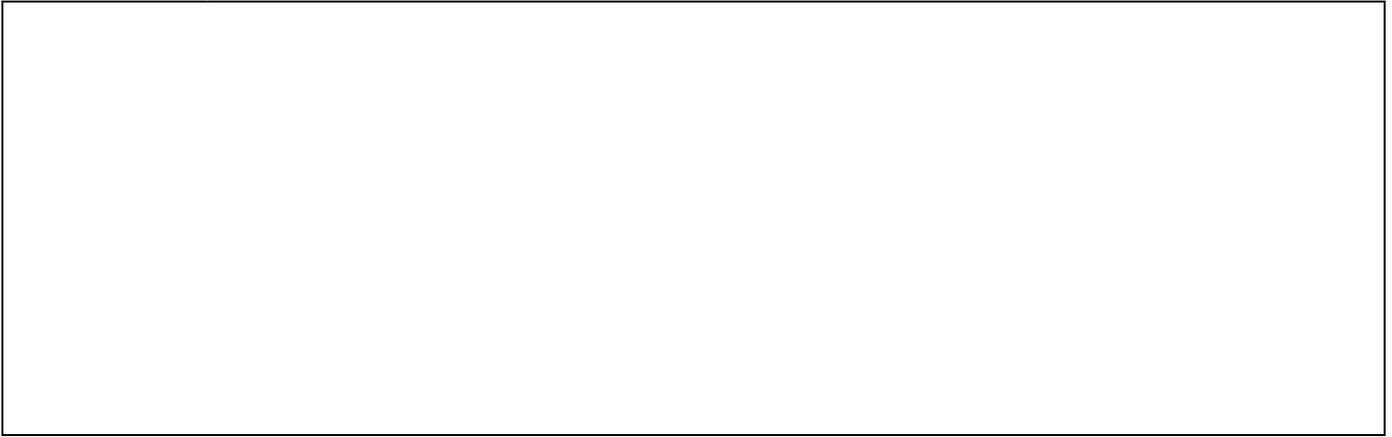
We are filing to make a correction to our previously approved Declaration page CS 1403 0407. Previous filing number is 020108 10345A. We have changed the phrase "Defense Costs" to "Defense Expenses" on the Declaration Page. We have included a mocked version and final version of the form.

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 #: 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.)**