

SERFF Tracking Number: UTCX-125612597 State: Arkansas
Filing Company: Utica Mutual Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: E&OAR0959701R01
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
Product Name: Errors & Omissions
Project Name/Number: Errors & Omissions/E&OAR0959701R01

Filing at a Glance

Company: Utica Mutual Insurance Company
Product Name: Errors & Omissions SERFF Tr Num: UTCX-125612597 State: Arkansas
TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: EFT \$25
Sub-TOI: 17.1019 Professional Errors & Omissions Liability Co Tr Num: E&OAR0959701R01 State Status: Fees verified and received
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: SPI UticaNational Disposition Date: 04/17/2008
Date Submitted: 04/16/2008 Disposition Status: Filed
Effective Date Requested (New): 07/01/2008 Effective Date (New):
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Errors & Omissions Status of Filing in Domicile: Pending
Project Number: E&OAR0959701R01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 04/17/2008
State Status Changed: 04/17/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Our company would like to implement a new optional Small Business Employment Related Practices Liability (ERPLI) program, which provides limited coverage for certain wrongful employment practices committed by the insured. Our new supplemental declarations page, which is specific to this program, will be used with our currently filed ERPLI coverage form and endorsements. Please note that this is a claims-made coverage.

This optional coverage is applicable to our Insurance Agents and Brokers Errors and Omission, Protector Insurance

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Agents and Brokers Errors and Omissions and Life Agents Errors and Omissions Programs.

We have developed a new manual page for this program which outlines the applicable eligibility, forms and rules for this program.

Company and Contact

Filing Contact Information

Julie Garrabrant, Senior State Filings Coordinator
 180 Genesee Street
 New Hartford, NY 13413
 julie.garrabrant@uticanational.com
 (315) 734-2000 [Phone]
 (315) 734-2252[FAX]

Filing Company Information

Utica Mutual Insurance Company
 180 Genesee Street
 New Hartford, NY 13413
 (315) 734-2000 ext. [Phone]

CoCode: 25976
 Group Code: 201
 Group Name: Utica National Insurance Group
 FEIN Number: 15-0476880

State of Domicile: New York
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Utica Mutual Insurance Company	\$25.00	04/16/2008	19623610

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Liability

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	04/17/2008	04/17/2008

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Disposition

Disposition Date: 04/17/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Rate	Small Business Employment Practices Program	Filed	Yes

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Small Business Employment Practices Program	8-MP-2191	New	8-MP-2191.PDF

INSURANCE AGENTS' & BROKERS' ERRORS & OMISSIONS INSURANCE MANUAL

E&O PROGRAM / E&O PROTECTOR / LIFE AGENTS

EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE

SMALL BUSINESS EMPLOYMENT PRACTICES PROGRAM

Coverage

Utica National's Small Biz ERPLI Program provides limited coverage for certain wrongful employment practices committed by the insured. Such wrongful employment practice must have occurred on or after the Retroactive Date, if any, and before the end of the policy period. Coverage applies on a claims-made basis and the claim must be first made against an insured during the policy period or any Extended Reporting Period.

Eligibility

Eligible agents or brokers must have 25 or less employees (combined total of full and part time) and their errors and omissions coverage written by the Utica National Insurance Group in our Standard, Protector or Life programs.

Forms

To provide this coverage, attach **14-E-0131 "Employment-Related Practices Liability Coverage"** along with **14-S-1091 "Small Business Employment Practices Supplemental Schedule of Declarations"**.

A separate Employment Practices application is not required for this Program.

Any required state-specific amendatory endorsement or other state-specific amendatory endorsement that changes cancellation and nonrenewal provisions to comply with state regulations must be attached for policies covering exposures in such state.

Limit Of Insurance And Retention

The only Limit of Insurance available for this program is \$100,000 Each Claim subject to a \$100,000 Policy Aggregate Limit and a \$5,000 Retention Amount. The Limits of Insurance and Retention Amount apply to damages and defense costs. The company's obligation to pay either damages or defense costs only applies to amounts in excess of the Retention Amount.

Coinsurance

The Coinsurance option is not applicable to this program.

INSURANCE AGENTS' & BROKERS' ERRORS & OMISSIONS INSURANCE MANUAL

E&O PROGRAM / E&O PROTECTOR / LIFE AGENTS

EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE

Premium

The rate per employee is \$59 and the premium is calculated by multiplying this amount by the number of employees, the applicable State Relativity Factor from **Table 1** below, and a .80 SIC Relativity Factor for Insurance Agents and Brokers (\$59 x number of employees x State Factor x .80). There is no minimum premium applicable to this program.

Table 1

STATE RELATIVITY FACTORS

Group I	Group II	Group III	Group IV	Group V	Group VI	Group VII	Group VIII
0.83	0.86	0.89	0.92	0.95	1.00	1.20	1.60
AR	FL	AL	GA	CO	CT	DC	CA
IA	LA	AZ	HI	DE	MI	TX	
ID	NC	IN	IL	MA	AK		
KY	NE	KS	ME	NJ			
MS	OH	MD	OK	NY			
ND	OR	MN	PR				
SC	UT	MT	WA				
SD	VT	NH	MO				
WV	WI	NV					
	WY	NM					
		PA					
		RI					
		TN					
		VA					

Retroactive Date / Prior Acts Coverage

Normally the retroactive date will be the first date on which continuous uninterrupted coverage of this type has been provided.

Where acceptable, unlimited prior acts coverage can be provided if the existence of continuous prior employment practices coverage at limits of at least \$100,000 can be documented. Premium is determined by multiplying the final premium calculated above by a factor of 1.175. Enter "NONE" in the Retroactive Date section to provide unlimited prior acts coverage.

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E&O PROGRAM / E&O PROTECTOR / LIFE AGENTS

EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE

Extended Reporting Period Option

This insurance provides an automatic 60 day Extended Reporting Period as well as an automatic five year Extended Reporting Period. The automatic five year Extended Reporting Period applies to claims from employment-related practices reported according to policy terms no later than 60 days after the end of the policy period.

If the Employment-Related Practices Liability Coverage is subject to any termination of coverage which requires the offer of an Extended Reporting Period, an Optional Extended Reporting Period of twelve (12) months is available for the insured to purchase. If the Extended Reporting Period is purchased, use Extended Reporting Period Endorsement **8-E-2758**. The Optional Extended Reporting Period will provide a single aggregate limit of insurance that applies to claims first received and recorded during the Optional Extended Reporting Period. This limit equals the amount of coverage remaining in the Policy Aggregate Limit entered in the Declarations in effect at the end of the policy period.

The Company must send written notice to the named insured on form **8-T-2636**, or the applicable state-specific version thereof, within the time prescribed in the Coverage Form or any applicable amendatory endorsement which describes the provisions of and also telling of availability of, premium for, and importance of the Extended Reporting Periods. The Optional Extended Reporting Period must be requested in writing with premium payment within the time set forth in form **8-T-2636** or the applicable state-specific version thereof.

Premium For Optional E.R.P.

The Optional Extended Reporting Period premium must be shown in the Declarations for this insurance and updated if exposures and premium change. Premiums for Optional Extended Reporting Periods will be based on rates in effect on the date of issue or last renewal of the policy. Apply the appropriate factor from the table below to the total premium for this coverage.

Optional E.R.P. Multipliers

No. of Years in Program	Twelve (12) Months
1	.54
2	.88
3 or more	1.09

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Supporting Document Schedules

Bypassed -Name:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status: Filed	04/17/2008
Bypass Reason:	Not applicable to this filing.		
Comments:			

Bypassed -Name:	NAIC loss cost data entry document	Review Status: Filed	04/17/2008
Bypass Reason:	Not applicable to this filing.		
Comments:			

Bypassed -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Filed	04/17/2008
Bypass Reason:	Information generates through new version of SERFF.		
Comments:			