

SERFF Tracking Number: NAVG-125662294 State: Arkansas
Filing Company: Navigators Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: XLPL-F-508-AR
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
Product Name: Excess Lawyers 13 Endorsements - XLPL NAV ENDT 101 (5/08), ET AL
Project Name/Number: Excess Lawyers 13 Endorsements - XLPL NAV ENDT 101 (5/08), ET AL/XLPL-F-508-AR

Filing at a Glance

Company: Navigators Insurance Company

Product Name: Excess Lawyers 13

SERFF Tr Num: NAVG-125662294 State: Arkansas

Endorsements - XLPL NAV ENDT 101 (5/08),
ET AL

TOI: 17.1 Other Liability - Claims Made Only

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.1019 Professional Errors &
Omissions Liability

Co Tr Num: XLPL-F-508-AR

State Status: Fees verified and
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Author: Orlando Moreno

Disposition Date: 05/28/2008

Date Submitted: 05/27/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Excess Lawyers 13 Endorsements - XLPL NAV ENDT
101 (5/08), ET AL

Status of Filing in Domicile: Not Filed

Project Number: XLPL-F-508-AR

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/28/2008

State Status Changed: 05/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Dear Reviewer:

This filing consists of 13 endorsements which are being submitted for your review and approval. These forms will be used with our Excess Lawyers program which was approved by your Department on 10/18/2007 via your State Filing Number AR-PC-07-026374.

SERFF Tracking Number: NAVG-125662294 State: Arkansas
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Sincerely,

Orlando Moreno
 Compliance Analyst
 Navigators Insurance Company
 Tel: (847) 285-9006

Company and Contact

Filing Contact Information

Orlando Moreno, Compliance Analyst
 1375 E. WOODFIELD RD.
 SCHAUMBURG, IL 60173

omoreno@navg.com
 (847) 285-9006 [Phone]
 (847) 230-1934[FAX]

Filing Company Information

Navigators Insurance Company
 1375 E. Woodfield Rd.
 Schaumburg, IL 60173

CoCode: 42307
 Group Code: 510
 Group Name: Navigators Group,
 Inc.

State of Domicile: New York
 Company Type: P&C
 State ID Number:

(847) 285-9006 ext. [Phone]

FEIN Number: 13-3138390

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Navigators Insurance Company	\$50.00	05/27/2008	20512687

SERFF Tracking Number: NAVG-125662294 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	05/28/2008	05/28/2008

SERFF Tracking Number: NAVG-125662294 *State:* Arkansas
Filing Company: Navigators Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: XLPL-F-508-AR
TOI: 17.1 Other Liability - Claims Made Only *Sub-TOI:* 17.1019 Professional Errors & Omissions
Liability
Product Name: Excess Lawyers 13 Endorsements - XLPL NAV ENDT 101 (5/08), ET AL
Project Name/Number: Excess Lawyers 13 Endorsements - XLPL NAV ENDT 101 (5/08), ET AL/XLPL-F-508-AR

Disposition

Disposition Date: 05/28/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NAVG-125662294 State: Arkansas
 Filing Company: Navigators Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: XLPL-F-508-AR
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability

Product Name: Excess Lawyers 13 Endorsements - XLPL NAV ENDT 101 (5/08), ET AL
 Project Name/Number: Excess Lawyers 13 Endorsements - XLPL NAV ENDT 101 (5/08), ET AL/XLPL-F-508-AR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Amend Declarations Page	Approved	Yes
Form	Amend Declarations Page	Approved	Yes
Form	Amend Declarations Page	Approved	Yes
Form	Title Agency Exclusions	Approved	Yes
Form	Vicarious Liability Endorsement	Approved	Yes
Form	SEC Exclusion	Approved	Yes
Form	Amend Declarations Page	Approved	Yes
Form	Additional Limit of Defense Endorsement	Approved	Yes
Form	Bodily Injury and Property Damage Endorsement	Approved	Yes
Form	Personal Injury Carve Back Endorsement	Approved	Yes
Form	Carve Back Endorsement (Personal Injury)	Approved	Yes
Form	Professional Services Endorsement (Publishing/non-profit extension)	Approved	Yes
Form	Amend Disciplinary Proceedings Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amend Declarations Page	XLPL NAV5/08	ENDT 101 (5/08)	Endorsement/Amendment/Conditions	New		Amend Dec Page Endorsement - XLPL NAV ENDT 101.pdf
Approved	Amend Declarations Page	XLPL NAV5/08	ENDT 102 (5/08)	Endorsement/Amendment/Conditions	New		Amend Dec Page Endorsement - XLPL NAV ENDT 102.pdf
Approved	Amend Declarations Page	XLPL NAV5/08	ENDT 103 (5/08)	Endorsement/Amendment/Conditions	New		Amend Dec Page Endorsement - XLPL NAV ENDT 103.pdf
Approved	Title Agency Exclusions	XLPL	5/08	Endorsement/Amendment/Conditions	New		Title Exclusion Agency Endorsement - XLPL NAV ENDT 132.pdf
Approved	Vicarious Liability Endorsement	XLPL NAV5/08	ENDT 134 (5/08)	Endorsement/Amendment/Conditions	New		Vicarious Liability Endorsement - XLPL NAV ENDT 134.pdf
Approved	SEC Exclusion	XLPL NAV5/08		Endorsement	New		SEC

<i>SERFF Tracking Number:</i>	<i>NAVG-125662294</i>	<i>State:</i>	<i>Arkansas</i>	
<i>Filing Company:</i>	<i>Navigators Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>	
<i>Company Tracking Number:</i>	<i>XLPL-F-508-AR</i>			
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors & Omissions Liability</i>	
<i>Product Name:</i>	<i>Excess Lawyers 13 Endorsements - XLPL NAV ENDT 101 (5/08), ET AL</i>			
<i>Project Name/Number:</i>	<i>Excess Lawyers 13 Endorsements - XLPL NAV ENDT 101 (5/08), ET AL/XLPL-F-508-AR</i>			
	ENDT 401 (5/08)	nt/Amendm ent/Condi ons	Exclusion Endorsment - XLPL NAV ENDT 401.pdf	
Approved	Amend Declarations Page	XLPL NAV5/08 ENDT 405 (5/08)	Endorseme New nt/Amendm ent/Condi ons	Amend Dec Page - XLPL NAV ENDT 405.pdf
Approved	Additional Limit of Defense Endorsement	XLPL NAV5/08 ENDT 409 (5/08)	Endorseme New nt/Amendm ent/Condi ons	Addtnl Limit of Defense End - XLPL NAV ENDT 409.pdf
Approved	Bodily Injury and Property Damage Endorsement	XLPL NAV5/08 ENDT 411 (5/08)	Endorseme New nt/Amendm ent/Condi ons	Bodily Injur & Prop Damage End - XLPL NAV ENDT 411.pdf
Approved	Personal Injury Carve Back Endorsement	XLPL NAV5/08 ENDT 412 (5/08)	Endorseme New nt/Amendm ent/Condi ons	Personal Injury Carve Back End - XLPL NAV ENDT 412.pdf
Approved	Carve Back Endorsement (Personal Injury)	XLPL NAV5/08 ENDT 413 (5/08)	Endorseme New nt/Amendm ent/Condi ons	Carve Back End - XLPL NAV ENDT 413.pdf
Approved	Professional Services Endorsement (Publishing/non- profit extension)	XLPL NAV5/08 ENDT 414 (5/08)	Endorseme New nt/Amendm ent/Condi ons	Pro Services Endorsemen t - XLPL NAV ENDT 414.pdf
Approved	Amend Disciplinary	XLPL NAV5/08 ENDT 417	Endorseme New nt/Amendm	Amend Disciplinary

SERFF Tracking Number: NAVG-125662294 State: Arkansas
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TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability

Product Name: Excess Lawyers 13 Endorsements - XLPL NAV ENDT 101 (5/08), ET AL
Project Name/Number: Excess Lawyers 13 Endorsements - XLPL NAV ENDT 101 (5/08), ET AL/XLPL-F-508-AR

Proceedings (5/08) ent/Condi Proceedings
Endorsement ons End - XLPL
NAV ENDT
417.pdf

ENDORSEMENT NO.:

This endorsement, effective 12:01 am,

forms part of policy number:

issued to:

by: Navigators Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND DECLARATIONS PAGE

In consideration of the premium charged it is hereby understood and agreed that Item 2 of the Declarations Page is amended to read as follows:

2. NAMED INSURED:

ADDRESS:

All other terms and conditions of this Policy remain unchanged.

ENDORSEMENT NO.:

This endorsement, effective 12:01 am,

forms part of policy number:

issued to:

by: Navigators Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND DECLARATIONS PAGE

In consideration of the premium paid [additional premium \$x] it is hereby understood and agreed that Items 3 and 4 of the Declarations Page is amended to read as follows:

3. LIMIT OF LIABILITY

(a) \$ Each and every Claim - including Claims Expenses.

(b) \$ Annual Aggregate - including Claims Expenses

4. DEDUCTIBLE

\$ Each Claim deductible-including Claims Expenses

All other terms and conditions of this Policy remain unchanged.

ENDORSEMENT NO.:

This endorsement, effective 12:01 am,

forms part of policy number:

issued to:

by: Navigators Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND DECLARATIONS PAGE

In consideration of the premium charged [additional premium of \$x] it is hereby understood and agreed that Item 10. of the Declarations Page is amended to read as follows:

10. RETROACTIVE DATE:

All other terms and conditions of this Policy remain unchanged.

ENDORSEMENT NO.:

This endorsement, effective 12:01 am,

forms part of policy number:

issued to:

by: Navigators Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Title Agency Exclusions

It is agreed that **Section 5. Exclusions**, is amended by adding the following exclusions:

- a. To any Claim arising from defects in title not disclosed of public record of which the Insured had knowledge at the date of issuance of such title;
- b. To any liability assumed by the Insured under any contract or agreement whereby the Insured has agreed to participate in the payment of a loss including attorneys' fees, court costs and expenses payable under a title insurance policy.
- c. To any Claim based on or arising out of any notarized certification or acknowledgement of a signature without the physical appearance before the Insured of the person who is, or claims to be the person signing the instrument.
- d. To any claim based upon or arising out of any intentional breach of underwriting authority by any Insured in their capacity as title insurance agent.

All other terms and conditions of the Policy remain unchanged.

ENDORSEMENT NO.:

This endorsement, effective 12:01 am,

forms part of policy number:

issued to:

by: Navigators Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VICARIOUS LIABILITY ENDORSEMENT

In consideration of the premium paid [or an additional premium of \$x] it is hereby understood and agreed that the following are included as an Insured but only with respect to any vicarious liability arising from Professional Services performed by the Named Insured shown in item 1 of the Declarations.

1. (insert name of entity)

No coverage is provided for any Claim brought by any of the above named entities.

All other terms and conditions of the Policy remain unchanged.

ENDORSEMENT NO.:

This endorsement, effective 12:01 am,

forms part of policy number:

issued to:

by: Navigators Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SEC EXCLUSION

It is hereby understood and agreed that Section 5, EXCLUSION is amended by adding the following;

any Claim arising out of or related to, directly or indirectly, any act, error or omission involving any security or any activities or transactions subject or claimed to be subject to the Securities Act of 1933, The Securities Exchange Act of 1934, The Public Utility Holding Company Act of 1935, The Trust Indenture Act of 1939, The Investment Company Act of 1940 or the Investment Advisors Act of 1940 or any purchase, sale or offering of any security to or from the public which is subject to any State Blue Sky or Securities Law.

All other terms and conditions of the Policy remain unchanged.

ENDORSEMENT NO.:

This endorsement, effective 12:01 am,

forms part of policy number:

issued to:

by: Navigators Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND DECLARATIONS PAGE

In consideration of the premium paid [additional premium \$x] it is hereby understood and agreed that Items 2 of the Declarations Page is amended to read as follows:

2. PERIOD OF INSURANCE: FROM: TO:
12:01AM STANDARD TIME AT THE ADDRESS SHOWN IN NUMBER 1 ABOVE.

All other terms and conditions of this Policy remain unchanged.

ENDORSEMENT NO.:

This endorsement, effective 12:01 am,

forms part of policy number:

issued to:

by: Navigators Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Additional Limit of Defense Endorsement

It is understood and agreed that the Limit of Liability set forth in Item 4. of the Declarations shall apply only to Loss and that an additional Limit of Liability equal to the Limit of Liability set forth in Item 3. of the Declarations shall be applicable to solely to Defense Costs. Underwriters' total liability for all Defense Costs (one \$5 million limit) and any Loss (an additional \$5 million limit), shall not exceed twice the Limit of Liability as set forth in Item 4. of the Declarations.

All other terms and conditions of the Policy remain unchanged.

ENDORSEMENT NO.:

This endorsement, effective 12:01 am,

forms part of policy number:

issued to:

by: Navigators Insurance Company

BODILY INJURY AND PROPERTY DAMAGE ENDORSEMENT

It is hereby understood and agreed that the following is added to Policy Section 5, Exclusions;

to any Claim arising out of bodily injury to, mental anguish or sickness, disease or death of any person, or to injury to or destruction of any tangible property, including the loss of use thereof, however, this exclusion shall not apply if such bodily injury, sickness, disease, death, or injury to or destruction of any tangible property arises solely from a **Personal Injury**. This exclusion shall not apply to Claims arising out of a Wrongful Act committed by the Insured in the rendering of or failing to render Professional Services as specified in Item 8 of the Declarations.

Personal Injury is Defined as:

- (1) false arrest, detention or imprisonment, wrongful entry or eviction or other invasion of the right of private occupance, or malicious prosecution;
- (2) libel or slander or other defamatory or disparaging material, or a publication or an utterance in violation of an individual's right to privacy.

ENDORSEMENT NO.:

This endorsement, effective 12:01 am,

forms part of policy number:

issued to:

by: Navigators Insurance Company

PERSONAL INJURY CARVE BACK ENDORSEMENT

(Emotional distress, mental anguish and humiliation)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

It is agreed that the following is added to **Section 5, Exclusions:**

to any Claim arising out of bodily injury to, or sickness, disease or death of any person, or to injury to or destruction of any tangible property, including the loss of use thereof; However, notwithstanding the foregoing, the insurance afforded by this policy shall apply to Claims alleging emotional distress, mental anguish or humiliation arising out of any act, error or omission of the Insured in rendering or failing to render Professional Services for others on behalf of the Named Insured.

All other terms and conditions of the Policy remain unchanged.

ENDORSEMENT NO.:

This endorsement, effective 12:01 am,

forms part of policy number:

issued to:

by: Navigators Insurance Company

**CARVE BACK ENDORSEMENT
(Personal injury)**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

It is agreed that the following is added to **Section 5, Exclusions:**

to any Claim arising out of bodily injury, mental anguish or sickness, disease or death of any person, or to injury to or destruction of any tangible property, including the loss of use thereof;

All other terms and conditions of the Policy remain unchanged.

ENDORSEMENT NO.:

This endorsement, effective 12:01 am,

forms part of policy number:

issued to:

by: Navigators Insurance Company

**PROFESSIONAL SERVICES ENDORSEMENT
(Publishing/non-profit extension)**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

It is agreed that the attached definition of professional services replaces the definition of professional services on the underlying policy:

“Professional Services” means:

Professional services provided as a lawyer, notary public, title agent, trustee, arbitrator, mediator, lobbyist, or Fiduciary including legal publishing and legal work provided to non-profit entities.

All other terms and conditions of the Policy remain unchanged.

ENDORSEMENT NO.:

This endorsement, effective 12:01 am,

forms part of policy number:

issued to:

by: Navigators Insurance Company

AMENDED DISCIPLINARY PROCEEDINGS ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

It is agreed that the following is added to the **Insuring Agreement** in the event of the total exhaustion of the underlying limit of liability and the above policy becoming primary

Disciplinary Proceedings

If, during the Period of Insurance a Disciplinary Proceeding is commenced against any Insured, arising out of any act, error or omission of the Insured in rendering or failing to render Professional Services for others, the Company will reimburse the Insured for reasonable attorney fees, costs and expenses incurred in responding to such Disciplinary Proceeding. The maximum amount payable, regardless of the number of Disciplinary Proceedings or the number of Insureds shall be \$10,000. The deductible shall not apply to this provision; however, any payments made by the Company under this provision will be included within the applicable limit of liability and not in addition thereto. The Company shall not be obligated to defend, or pay any fine, penalty or award resulting from any Disciplinary Proceeding.

All other terms and conditions of the Policy remain unchanged.

SERFF Tracking Number: *NAVG-125662294* *State:* *Arkansas*
Filing Company: *Navigators Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *XLPL-F-508-AR*
TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1019 Professional Errors & Omissions*
Liability
Product Name: *Excess Lawyers 13 Endorsements - XLPL NAV ENDT 101 (5/08), ET AL*
Project Name/Number: *Excess Lawyers 13 Endorsements - XLPL NAV ENDT 101 (5/08), ET AL/XLPL-F-508-AR*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NAVG-125662294 State: Arkansas
Filing Company: Navigators Insurance Company State Tracking Number: EFT \$50
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/28/2008

Comments:

Attachment:

NAIC Transmittal - Excess Lawyers Endorsements.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 style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
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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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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 #:
Amount:

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.)**

PC TD-1 pg 2 of 2

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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

PC FFS-1

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 #	XLPL-F-508-AR			
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	Carve Back Endorsement (Personal Injury)	XLPL NAV ENDT 413 (5/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Professional Services Endorsement (Publishing/Non- profit extension)	XLPL NAV ENDT 414 (5/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Amend Disciplinary Proceedings Endorsement	XLPL NAV ENDT 417 (5/08)	<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		

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	