

SERFF Tracking Number: TRVD-125639343 State: Arkansas
First Filing Company: St. Paul Fire and Marine Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-04-0096
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: Public Sector Services
Project Name/Number: Indian Nations Supplemental Application/2008-04-0096

Filing at a Glance

Companies: St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company

Product Name: Public Sector Services SERFF Tr Num: TRVD-125639343 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: 2008-04-0096 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Disposition Date: 05/13/2008
Authors: Carrie Acuna, Carol Letendre
Date Submitted: 05/08/2008 Disposition Status: Approved
Effective Date Requested (New): 06/09/2008 Effective Date (New): 06/09/2008
Effective Date Requested (Renewal): 06/06/2008 Effective Date (Renewal): 06/09/2008

State Filing Description:

General Information

Project Name: Indian Nations Supplemental Application Status of Filing in Domicile: Authorized
Project Number: 2008-04-0096 Domicile Status Comments:
Reference Organization: NA Reference Number: NA
Reference Title: NA Advisory Org. Circular: NA
Filing Status Changed: 05/13/2008
State Status Changed: 05/13/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

In compliance with the insurance laws and regulations of your state, we respectfully submit a new application to be used in conjunction with our Public Sector Services portfolio of products.

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This filing consists of our new Public Sector Services Indian Nations Supplemental Application, Form 34329 Rev. 4-08. We developed this application to capture information in a more detailed and flexible manner. The Supplemental Application does contain warranty wording and becomes a part of the policy.

Tribal applicants may also submit ACORD applications, as well as other existing Public Sector applications that do not require tailored wording for their unique needs.

We plan to implement this new application with respect to policies effective on or after June 9, 2008. Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

Company and Contact

Filing Contact Information

Carol Letendre, Senior Regulatory Analyst CLETENDR@travelers.com
 385 Washington Street (651) 310-7110 [Phone]
 St. Paul, MN 55102 (651) 310-4361[FAX]

Filing Company Information

St. Paul Fire and Marine Insurance Company	CoCode: 24767	State of Domicile: Minnesota
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 41-0406690	

St. Paul Guardian Insurance Company	CoCode: 24775	State of Domicile: Minnesota
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 41-0963301	

St. Paul Mercury Insurance Company	CoCode: 24791	State of Domicile: Minnesota
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 41-0881659	

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
St. Paul Fire and Marine Insurance Company	\$50.00	05/08/2008	20165479
St. Paul Guardian Insurance Company	\$0.00	05/08/2008	
St. Paul Mercury Insurance Company	\$0.00	05/08/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/13/2008	05/13/2008

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Disposition

Disposition Date: 05/13/2008
Effective Date (New): 06/09/2008
Effective Date (Renewal): 06/09/2008
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	Indian Nations Supplemental Application	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Indian Nations Supplemental Application	34329	Rev. 4-08	Application/ New Binder/Enrollment		0.00	Indian Nations Supp App 34329 Rev 4-08.pdf

GENERAL INFORMATION

Name of Applicant: _____

Address: _____

Name of Indian Tribe affiliated with applicant (if applicant is not an Indian Tribe): _____

Website Address(es) (www.yoursite.com): _____

1. Is the applicant, or the Indian Tribe affiliated with the applicant, a Federally recognized tribe?..... Yes No
2. Population of tribe living on tribal land: _____
3. Name of tribal chairperson: _____ Years in position: _____
4. Complete the following schedule for each tribally owned corporation, partnership, joint venture, limited liability company, or other organization organized or operated by the applicant for the financial benefit of an Indian Tribe or its members. Specify for each such entity whether coverage is requested.
If there is an attachment, please check here.

Legal name of entity	Description of entity	Date acquired or formed (mm/dd/yy)	Separate legal status? (check if yes)	% of tribal ownership	Total assets (\$) from current financial statement	Coverage requested? (check if yes)
			<input type="checkbox"/>	%	\$	<input type="checkbox"/>
			<input type="checkbox"/>	%	\$	<input type="checkbox"/>
			<input type="checkbox"/>	%	\$	<input type="checkbox"/>
			<input type="checkbox"/>	%	\$	<input type="checkbox"/>
			<input type="checkbox"/>	%	\$	<input type="checkbox"/>
			<input type="checkbox"/>	%	\$	<input type="checkbox"/>
			<input type="checkbox"/>	%	\$	<input type="checkbox"/>
			<input type="checkbox"/>	%	\$	<input type="checkbox"/>

5. For each entity for which coverage is requested, please provide the following information. Such items are deemed attached to and made a part of this application by reference.
 - copy of most recent Annual Report
 - copy of audited financial statements for the past 2 years
 - copy of the Tribal Constitution or By-laws of the Indian Tribe affiliated with the entity
 - copy of the Articles of Incorporation or Charter
6. Provide a complete list and description of all potential new ventures and business expansions that may take place within the requested policy term. Specify for each such entity whether coverage is requested.

Name of new venture or business expansion	Description	Coverage requested? (check if yes)
		<input type="checkbox"/>

7. Does the applicant want any requested insurance to exclude coverage for tort claims and suits eligible for coverage by the Federal government under the Federal Tort Claim Act? Yes No
If yes, please provide a complete list of all Self Determination related contracts.

Name of Tribal Claim Administrator for Federal Tort Claims: _____

Email address and phone number: _____

8. Who is responsible for safety and safety training? _____

9. Please describe all safety training programs and procedures in place: _____

CLAIM HISTORY

Please attach currently valued insurance company loss runs containing date of loss, paid loss and loss expense , reserved loss and loss expense, and description of loss by line for the past 5 years.

EXPOSURES

Complete the following exposure checklist. *For exposures not listed, please place additional comments at the end of the checklist.*

EXPOSURE CHECKLIST						
Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
		Tribe	Separate Legal Entity	Subcontracted		
A separate supplemental application may be required for certain exposures identified below						
Airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Airports	
Amusement Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Apartment Buildings (independent from Housing Auth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Floors No. Units	
Arenas / Convention Centers / Amphitheater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Buildings Total Sq. Ft. Area	sq. ft.
Athletic Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Events per Year	
Auto Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description Gross Sales	\$
Bakery / Confectionary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Barber / Beautician Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Bars / Taverns (other than casino locations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Liquor Liability Supplement 5644	
Blasting Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Blasts per Year Annual Payroll	\$
Bleachers / Stadiums / Grandstands >5,000 seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Grandstands / Stadiums	
Blood Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Buildings Total Sq. Ft. Area	sq. ft.
Bottling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description Annual Payroll	\$
Boarding Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Animals Annual Payroll	\$
Buildings – Lessors Risk Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupancy Total Sq. Ft. Area	sq. ft.
Bowling Alley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Bus Stations / Terminals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Stations / Terminals	
Casino & Bingo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Sq. Ft. Gaming Area	sq. ft.
Casino & Hotel Parking Lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Lots	
Campgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Car Wash – Self Serve (Independent from Convenience or Gas Station)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Cemetaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Acres	
Chemical Spraying (weeds or insects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Acres	
Construction Operations (other than maintainance of tribal gov't bldgs), including: General, Electrical, Plumbing, Carpentry, Heating, Excavation, Concrete / Asphalt work or Street, Road, Bridge Construction or Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description(s) Annual Payroll Each Op	\$ \$
Convenience Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales (less gas sales) No. Gallons Gas Sold	\$
Dams / Reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Dams/Levee/Dike Supplement 55104	
Dance Troupe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description Annual Payroll	\$
Daycare Centers / Day Camps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avg. No. Children per Day	
					Complete Daycare Center/Day Camps Supplement 55105 & Sexual and Physical Abuse Supplement 58630	
EMTs / Paramedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete EMT/Fire Department/Paramedic Supplement 55106	

EXPOSURE CHECKLIST

Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
		Tribe	Separate Legal Entity	Subcontracted		
Employee Leasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Employees Annual Payroll	\$
Farming / Ranching, including: Cattle, Fish Hatcheries, Deer, Bison, Wild Rice Production, Cranberry Production, Grains, Hay or Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description No. Acres Annual Sales	\$
Film Production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll	\$
Fine Art Gallery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Fire Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete EMT/Fire Department/Paramedic Supplement 55106	
Fire Works Displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Displays per Year	
Game Wardens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Law Enforcement Liability Application 33641	
Gas Stations (separate from convenience store gas sales)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Gallons Gas Sold	
Gift Shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Golf Courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Guide Services, including: Fishing, Hunting, Cave Exploration, Snowmobiling, Wilderness Guide Services or Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description Annual Payroll Each Service Gross Sales Each Service	\$ \$
Health Fitness Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Health / Mental Health Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description	
Health Care – Alcohol & Drug Rehab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Clinics Total Sq. Ft. Area	sq. ft.
Health Care - Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Clinics Total Sq. Ft. Area	sq. ft.
Health Care – Convalescent Center / Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Centers Gross Sales	\$
Health Care - Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Hospitals Total Sq. Ft. Area	sq. ft.
Hotel / Motel / Hospitality Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete the Hotel/Motel/Hospitality Services Supplement section of this application	
Housing Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Buildings No. Units Total Sq. Ft. Area	sq. ft.
Insurance Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Offices Total Sq. Ft. Area	sq. ft.
Irrigation Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll	\$
Jails / Detention Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Law Endorsement Liability Application 33641	
Lakes / Reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Lakes / Reservoirs	
Landfills / Dumps / Refuse Sites / Incinerators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Open / Closed No. Acres	
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll	\$
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Law Enforcement Liability Application 33641	
Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Sq. Ft. Area	sq. ft.
Liquor Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Liquor Liability Supplement 5644	
Logging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll	\$
Manufacturing or Processing of products, including: Clothing, Candles, Cabinets, Food Products, Technology Instruments, Tire Retred, Clay Products or Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description Annual Payroll Each Op Gross Sales Each Op	\$ \$

EXPOSURE CHECKLIST

Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
		Tribe	Separate Legal Entity	Subcontracted		
Mechanical or Electronically Operated Amusement Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Devices Gross Sales	\$
Museums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Sq. Ft. Area	sq. ft.
Newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Piers, Docks, Marinas & Wharves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Sq. Ft. Area Gross Sales	sq. ft. \$
Port Authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Net Expenditures	\$
Race Tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Race Track Gross Sales	\$
Radio Stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll	\$
Real Estate Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll	\$
Real Estate Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description No. Acres	
Real Estate Property Mgmt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete the Restaurant Supplement section of this application	
Residential – Dwellings 1 Family (separate from Housing Authority)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Dwellings	
Residential – Dwellings 2 Family (separate from Housing Authority)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Dwellings	
Residential – Dwellings 3 Family (separate from Housing Authority)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Dwellings	
Residential – Dwellings 4 Family (separate from Housing Authority)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Dwellings	
Retail Stores – with Food / Drink, including: Coffee Shops, Ice Cream or Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Stores Gross Sales	\$
Retail Stores – without Food / Drink, including: Clothing, Gift, Hardware, Tobacco or Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Stores Gross Sales	\$
Rifle / Shooting Ranges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Ranges	
Rodeos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Saddle Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Animals Use of Animals No. Animals	
Sanitation, Garbage Collection, or Recycle Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll	\$
Schools – Elementary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Students Total Sq. Ft. Area	sq. ft.
Schools – Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Students Total Sq. Ft. Area	sq. ft.
Schools – College / Universities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Students Total Sq. Ft. Area	sq. ft.
Schools – Faculty Liability Corporal Punishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Faculty Members	
Schools – Dormitories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Dormitories No. Floors Total Sq. Ft. Area	sq. ft.
Schools – Trade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Students Total Sq. Ft. Area	sq. ft.
Shelters / Youth or Group Homes (separate from all other residential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Units Total Sq. Ft. Area	sq. ft.
Skateboard Parks / Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Parks / Facilities	
Ski Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales – Downhill Gross Sales – X-country	\$ \$
Special Events, including: Pow Wows,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Events	

EXPOSURE CHECKLIST

Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
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Entertainers, Fairs and Other					No. Events Per Year Gross Sales – All Events \$	
					Complete Special Event Supplement 55113	
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Social Services	
Streets / Roads / Bridges (existence of)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Streets/Roads/Bridges Supplement 55114	
Swimming Pool (separate from hotel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Swimming Pools	
Theaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Theaters No. Admissions per Year?	
Telecommunications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description Annual Payroll	\$
Television Stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Stations Annual Payroll	\$
Transportation Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Transit Annual Payroll	\$
Utilities – Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Utilities: Electric Supplement 55120	
Utilities – Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Utilities: Gas Supplement 55118	
Utilities – Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Utilities: Water Supplement 55119	
Utilities – Sewer or Sewage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Utilities: Sewer Supplement 55121	
Vacant Buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Sq. Ft. Area	sq. ft.
Vacant Land – Not For Profit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Acres	
Watercraft / Boats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Watercraft / Boats Type of Watercraft / Boats	
Watercraft / Boat – Storage & Rental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Warehouses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Buildings Occupancy Total Sq. Ft. Area	sq. ft.
Zoos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Zoos	

Other Exposures Not Listed Above	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
	Tribe	Separate Legal Entity	Subcontracted		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

MANAGEMENT LIABILITY COVERAGES

Please indicate the management liability coverage(s) requested and complete the corresponding supplement(s):

- Tribal Government – complete the [Tribal Government Management Liability Supplement](#)
- Business Enterprises – complete the [Business Management Directors and Officers Liability Supplement](#)
- Educational Administration – complete the [Educational Administration Liability Supplement](#)

TRIBAL GOVERNMENT MANAGEMENT LIABILITY SUPPLEMENT

Name of Applicant: _____

1. Tribal government management liability coverage terms requested:
 Each wrongful act limit / total limit: \$1M / \$1M \$2M / \$2M \$5M / \$5M Other \$ _____ / \$ _____
 Deductible: \$2,500 \$5,000 \$10,000 Other \$ _____
 Retroactive Date: _____
 Has there been continuous claims made coverage back to the requested Retroactive Date? Yes No
2. Is the applicant responsible for planning and zoning changes? Yes No
If yes, is there a separate planning and zoning board? Yes No
3. Does the applicant have a comprehensive Land Use Plan? Yes No
4. Do all zoning changes require a public hearing? Yes No
If yes, describe the process: _____
5. Does the applicant have a written policy regarding the zoning appeal process? Yes No
6. Are newly elected/appointed officials required to attend a formal training program? Yes No
7. Is there a procedure for handling citizen complaints? Yes No
If yes, does it include documentation of notice and action taken? Yes No
8. Is there a procedure for handling citizen complaints? Yes No
9. Please provide information on the following operations/services:

Operation/Service	Check the box that describes who controls or provides the service		Separate board or commission? (check if yes)	Separately insured? (check if yes)
	Tribe	Other (identify)		
Airport	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
Electric Utility	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
Gas Utility	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Facilities	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
Housing Authority	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
Port Authority	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
School Board	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
Transit Authority	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>

**Note: There is no coverage under the proposed insurance for loss that results from from the conduct of duties by or for such separate board or commission.*

If this is a Travelers renewal policy, skip questions 10 and 11.

10. In the past 5 years has there been, or is there now pending, any claim or suit against the applicant, or against any person for whom Tribal government management liability coverage applies or is intended (whether or not reported to an insurer)? Yes No
If yes, attach full details for each claim or suit, including date, description, damages sought or settlement paid, defense expenses paid, and current status if pending.
11. Does the applicant, or any person for whom this coverage applies or is intended, have any knowledge of any act, error or omission that might give rise to a claim or suit that would fall within the scope of the proposed Tribal government management liability insurance? Yes No
If yes, attach full details.

BUSINESS MANAGEMENT DIRECTORS AND OFFICERS LIABILITY SUPPLEMENT

Name of Applicant: _____

IMPORTANT NOTE: This is an application for a Claims Made coverage that includes defense expenses within the limits of coverage. Therefore, 100% of the limits of coverage, and any deductible that applies to defense expenses, may be used up with the payment of judgments, settlements or defense expenses.

1. Directors and officers liability coverage terms requested:
Each wrongful act limit / total limit: \$1M / \$1M \$2M / \$2M \$5M / \$5M Other \$_____ / \$_____
Deductible: \$2,500 \$5,000 \$10,000 Other \$_____
Retroactive Date: _____
Has there been continuous claims made coverage back to the requested Retroactive Date? Yes No

2. Does the applicant currently carry directors and officers liability coverage? Yes No
If yes:
a. was prior coverage cancelled or non-renewed? Yes No
b. provide the following with respect to the current or most recent directors and officers liability coverage:

Insurer: _____
Each wrongful act limit/total (aggregate) limit: \$ _____ / \$ _____
Retroactive Date: _____ Deductible/Retention: \$ _____
Policy Period: _____ Premium: \$ _____

3. In the past 3 years, have any of the directors or officers of the applicant's business organizations:
a. left prior to the end of their scheduled term as director or officer? Yes No
b. been fired, dismissed or resigned from their position as director or officer? Yes No
c. been indicted or convicted of a felony? Yes No
If yes to any, attach full details.

4. Do any of the applicant's business organizations issue or sell shares of stocks or bonds? Yes No
If yes, attach full details.

5. In the past 3 years has there been, or is there now pending or anticipated within the next 12 months, any merger, acquisition or restructuring of the applicant's business organizations? Yes No
If yes, attach full details.

6. If requesting coverage for any business organization that is a partnership or joint venture, identify the respective partners or joint venturers: _____

If this is a Travelers renewal policy, skip questions 7 and 8.

7. In the past 5 years has there been, or is there now pending, any claim or suit against the applicant, or against any person for whom directors and officers liability coverage applies or is intended (whether or not reported to an insurer)? Yes No
If yes, attach full details for each claim or suit, including date, description, damages sought or settlement paid, defense expenses paid, and current status if pending.

8. Does the applicant, or any person for whom this coverage applies or is intended, have any knowledge of any act, error or omission that might give rise to a claim or suit that would fall within the scope of the proposed directors and officers liability insurance? Yes No
If yes, attach full details.

EDUCATIONAL ADMINISTRATION LIABILITY SUPPLEMENT

Name of Applicant: _____

IMPORTANT NOTE: This is an application for a Claims Made coverage that includes defense expenses within the limits of coverage. Therefore, 100% of the limits of coverage, and any deductible that applies to defense expenses, may be used up with the payment of judgments, settlements or defense expenses.

- 1. How many members comprise the applicant's Board of Education, Commissioners, Governors, Trustees, Regents, or other equivalent board? _____
Members are: elected appointed other – explain: _____
If appointed, by whom? _____
Length of term members are in office: _____
- 2. Is the applicant affiliated with any other entity? Yes No
If yes, attach full details.
- 3. Does the applicant have written conflict of interest guidelines relating to business dealings between the applicant or its board members with entities in which members have significant financial interest? Yes No
- 4. Does the applicant conduct any publishing or broadcasting activities? Yes No
If yes, attach full details.
- 5. Has the applicant had in the past 3 years, or anticipate having in the next twelve months, any:
 - a. school openings, mergers or closings? Yes No
 - b. expansion or reduction of study or extracurricular programs (including athletic, music or arts)? Yes No*If yes to either, attach full details.*
- 6. Has there been within the past 3 years any denial of accreditation, any academic disciplinary or probationary action, or any court or governmental supervision, of the applicant, or any program of the applicant? Yes No
If yes, attach full details.
- 7. In the past 3 years has the applicant been involved in any disputes involving:
 - a. integration, segregation, busing or equal rights? Yes No
 - b. anti-trust, copyright or patent infringement? Yes No*If yes to either, attach full details.*
- 8. Does the applicant:
 - a. have a written policy for student admissions? Yes No
 - b. have a written policy for handling student grievances, including harassment? Yes No
 - c. have a written policy on discrimination? Yes No
 - d. have a written policy on fraternization between students and faculty/employees/volunteers/interns? Yes No
 - e. have a written student handbook that has been reviewed by legal counsel? Yes No
 - f. have a written policy for student disciplinary action? Yes No
 - g. have a written policy on corporal punishment? Yes No
 - h. have a written policy for administration hearings or appeals for admission or disciplinary matters? Yes No
 - i. have a written policy on extracurricular activities? Yes No
 - j. circulate all policies and procedures to all faculty, employees, volunteers and interns? Yes No
 - k. circulate all policies and procedures to all students? Yes No*If no to any, attach full details.*
- 9. Are faculty, employees, volunteers and interns of the applicant regularly trained on policies and procedures, including harassment, discrimination and fraternization with students? Yes No
If yes, how frequently is training conducted? _____

10. Does the applicant have special education programs, vocational training, or facilities for gifted students or for physically, mentally or emotionally handicapped students? Yes No
If yes:
- a. How often are students evaluated for:
- placement: _____
 - adjustment to an Individualized Education Plan (IEP) based on their progress: _____
 - mainstreaming: _____
- b. How frequently does the applicant conduct due process hearings? _____
- c. Have any due process hearing decisions been appealed in the past twelve months? Yes No
If yes, how many: _____
- d. Are other schools permitted to access the applicant's special education programs, training or facilities? Yes No
If yes, attach full details.

If this is a Travelers renewal policy, skip questions 11 and 12.

11. In the past 5 years, has there been, or is there now pending, any claim or suit against the applicant, or against any person for whom educational administration liability coverage applies or is intended (whether or not reported to an insurer)? Yes No
If yes, attach full details for each claim or suit, including date, description, damages sought or settlement paid, defense expenses paid, and current status if pending.
12. Does the applicant, or any person for whom this coverage applies or is intended, have any knowledge of any act, error or omission that might give rise to a claim or suit that would fall within the scope of the proposed educational administrative liability insurance? Yes No
If yes, attach full details.

RESTAURANT SUPPLEMENT
(complete a separate supplement for each location)

Name of Applicant: _____

Name of Restaurant	Location	Type / Features (check all that apply)	% of Alcohol to Gross Sales	Gross Sales - Food & Alcohol
		<input type="checkbox"/> Restaurant <input type="checkbox"/> Banquet Facilities <input type="checkbox"/> Happy Hour / 2 for 1 <input type="checkbox"/> Ladies' Night <input type="checkbox"/> Catering <input type="checkbox"/> Other – describe: _____	%	\$
		<input type="checkbox"/> Bar <input type="checkbox"/> Night Club / Dancing <input type="checkbox"/> Contests <input type="checkbox"/> Athletic Event Specials <input type="checkbox"/> Food Delivery		

1. Is the facility operated by the applicant?..... Yes No
If no, who operates it? _____
2. What are the hours of operation? _____
3. Does the lessee provide certificates of insurance naming the applicant as an additional insured?..... Yes No
4. In the past 3 years, have any citations been issued by a regulatory agency?..... Yes No
If yes, please attached full details.
5. What type of training do employees receive for safe food handling practices? _____

 - a. How often are they required to attend training? _____
 - b. What employees positions are required to attend? _____

6. If food is delivered off premises, are employee vehicles or business vehicles used?..... Employee Business N/A
7. If catering services are offered, are they offered on premises or off premises?..... On Premises Off Premises N/A
8. Is there a deep fat fryer?..... Yes No
If yes:
 - a. What types of cooking oils are used? Animal Vegetable Other: _____
 - b. Is there a 16-inch separator between fryers and adjacent cooking appliances and other equipment?..... Yes No
9. Are all hoods, ducts, grease filters and surface cooking equipment (including deep fat fryers) protected by a UL listed automatic fire suppression system?..... Yes No
 - a. Is there a service/maintenance agreement in place for the protective systems?..... Yes No
 - b. Name of firm: _____
 - c. Is the fire suppression system professional inspected and serviced at least every 6 months?..... Yes No
 - d. Date last serviced: _____
 - e. How often are exhaust systems, hoods and ducts cleaned? Quarterly Semi-annually Annually
 - f. How often are filters cleaned?..... Weekly Bi-Monthly Monthly
 - g. Does the system automatically shut off all sources of fuel and heat to equipment protected by the suppression system (including electrically heated deep fat fryers)?..... Yes No
 - h. Does the system have a manual pull fuel shut-off valve readily accessible?..... Yes No
10. Are portable extinguishers available in the kitchen?..... Yes No
11. Is the building a converted structure?..... Yes No
12. Is the building designed for the business occupancy?..... Yes No

HOTEL / MOTEL / HOSPITALITY SERVICES SUPPLEMENT

(complete a separate supplement for each location)

Name of Applicant: _____

Name of Hotel	Location	Type of Facility	No. Floors	Gross Sales
		<input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Resort <input type="checkbox"/> Suite Hotel		\$

Features / Services (check all that apply)	Description
<input type="checkbox"/> Swimming Pool / Beach / Jacuzzi / Sauna	
<input type="checkbox"/> Health Club Facilities / Weight Room	
<input type="checkbox"/> Child Care Facilities / Playground	Complete Daycare Center/Day Camps Supp 55105 & Sexual and Physical Abuse Supp 58630
<input type="checkbox"/> Gift Shop / Other Retail	
<input type="checkbox"/> Barber / Beautician / Spa Services	
<input type="checkbox"/> Convention / Conference Facilities	
<input type="checkbox"/> Shuttle Service	
<input type="checkbox"/> Other (describe)	

- Is the facility: Owner managed Management Company – Name: _____
 Years in hotel management?..... <1yr 1-5 yrs 6-10 yrs >10 yrs
- Do individual guest rooms have balconies? Yes No
 If yes, describe: _____
 a. Are balcony platforms and railings regularly inspected for structural integrity and strength? Yes No
 If yes, how often? _____
- Please indicate the types of security measures in place (check all that apply):
 Closed Circuit TV Alarms Guards
 Security Patrols Police Patrols Cardkey Access to Guest Rooms
 Locked Exterior Entrances Other: _____
 Describe any areas not monitored: _____
- Are elevators and escalators inspected regularly? Yes No
 If yes, how frequently? _____
- Are periodic guest safety inspections of the property conducted?..... Yes No
 If yes, how frequently? _____
- Are guests allowed to store valuables in hotel safe?..... Yes No
- Is there an emergency evacuation plan in place? Yes No
 - Are there at least 2 emergency exits in each building? Yes No
 - Are there at least 2 enclosed stairwells in each building? Yes No
 - Is there emergency lighting in each building? Yes No
 - Have all National Fire Protection Association (NFPA) Life Safety Codes been met? Yes No
- Are all rooms equipped with smoke detectors and sprinklers? Yes No
 - Are there special smoke or fire alarm devices for hearing impaired guests? Yes No
 - Are fire safety messages posted in all rooms? Yes No
 - Percentage of the building sprinklered 90-100% 50-89% Less than 50%
 - What part(s), if any, are not sprinklered? _____
- Are employees trained in First Aid?..... Yes No
- If barbers, beauticians or spa services are offered, are employees licensed as required by law?..... Yes No N/A

SIGNATURE PAGE

By signing this application below, you agree that:

- the statements and representations made in this application, and in all materials submitted to us in connection with it, are accurate and complete;
- we rely on these statements and representations and they are material to our acceptance of risks assumed under the coverage for which you have applied;
- we're authorized to make any investigation in connection with this application;
- this application, and all materials submitted to us in connection with it, are deemed to be attached to and incorporated into any policy issued based on this application for purposes of applying the Fraud And Misrepresentation section, or any similar section, in the General Rules form, or any similar form, that is part of such policy; and
- if, between the date of your signature below and the effective date of any coverage issued based on this application, any of the information supplied in connection with this application becomes inaccurate or incomplete, or you learn that any of the information supplied in connection with this application is inaccurate or incomplete, you'll immediately notify us and provide us with the accurate and complete information, and we may withdraw or modify any outstanding quotation for such coverage or any agreement to issue such coverage.

Signing this application does not obligate us to issue the coverage for which you have applied, nor does it require you to accept such coverage.

Name of Applicant:	
Signature of Authorized Representative:	
Date Signed: <small>(prior to the requested inception date)</small>	Title:

FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. If your state and/or line of business are not listed, please read the statement applicable to All Other States. Then sign, date and return with your application.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
ARKANSAS: 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.
CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
COLORADO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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: WARNING: 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: 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: 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: 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: 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: 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.
MASSACHUSETTS: NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW JERSEY FOR AUTO: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **FOR WC:** I UNDERSTAND THAT ANY INTENTIONAL FALSE OR MISLEADING INFORMATION CONCERNING ANY FACT IN THIS APPLICATION MAY SUBJECT ME TO PENALTIES AS ARE PROVIDED BY LAW.

NEW MEXICO: 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 FOR AUTO: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION. **FOR ALL OTHER:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: 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: 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: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

RHODE ISLAND: *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.* DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?
 YES NO

TENNESSEE FOR WC: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

FOR ALL OTHER: 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.

UTAH FOR WC: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

VIRGINIA: 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.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

Applicant's Signature	Date
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Agent/Broker Name	Agent/Broker License No.
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SERFF Tracking Number: TRVD-125639343 *State:* Arkansas
First Filing Company: St. Paul Fire and Marine Insurance Company, ... *State Tracking Number:* EFT \$50
Company Tracking Number: 2008-04-0096
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: Public Sector Services
Project Name/Number: Indian Nations Supplemental Application/2008-04-0096

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVD-125639343 State: Arkansas
First Filing Company: St. Paul Fire and Marine Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-04-0096
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: Public Sector Services
Project Name/Number: Indian Nations Supplemental Application/2008-04-0096

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 05/13/2008

Comments:

Attachment:

AR NAIC Transmittal.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2008-04-0096
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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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2008-04-0096

In compliance with the insurance laws and regulations of your state, we respectfully submit a new application to be used in conjunction with our Public Sector Services portfolio of products.

This filing consists of our new Public Sector Services Indian Nations Supplemental Application, Form 34329 Rev. 4-08. We developed this application to capture information in a more detailed and flexible manner. The Supplemental Application does contain warranty wording and becomes a part of the policy.

Tribal applicants may also submit ACORD applications, as well as other existing Public Sector applications that do not require tailored wording for their unique needs.

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 - EFT
Amount: \$50.00

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.)**