

SERFF Tracking Number: BEAZ-125690567 State: Arkansas
Filing Company: Beazley Insurance Company, Inc. State Tracking Number: EFT \$20
Company Tracking Number: BICI0061-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: AFB Architects & Engineers Media Tech Liability Insurance Program
Project Name/Number: /BICI0061-AR

Filing at a Glance

Company: Beazley Insurance Company, Inc.
Product Name: AFB Architects & Engineers Media Tech Liability Insurance Program
TOI: 17.0 Other Liability - Claims Made/Occurrence
Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Filing Type: Form

SERFF Tr Num: BEAZ-125690567 State: Arkansas
SERFF Status: Closed State Tr Num: EFT \$20
Co Tr Num: BICI0061-AR State Status: Fees verified and received
Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Authors: Nancy Wilson, Renata Wright, Laura Maragnano, Evelyn Perran, Monique Herold, Camily Arjona
Disposition Date: 06/12/2008
Date Submitted: 06/12/2008 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: Status of Filing in Domicile: Pending
Project Number: BICI0061-AR Domicile Status Comments: filing is currently being reviewed
Reference Organization: n/a Reference Number: n/a
Reference Title: n/a Advisory Org. Circular: n/a
Filing Status Changed: 06/12/2008
State Status Changed: 06/12/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

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 Product Name: AFB Architects & Engineers Media Tech Liability Insurance Program
 Project Name/Number: /BICI0061-AR

See cover letter for filing information.

Company and Contact

Filing Contact Information

Renata Wright, Sr. Compliance Analyst renata.wright@beazley.com
 30 Batterson Park Road (860) 677-3737 [Phone]
 Farmington, CT 06032 (860) 679-0247[FAX]

Filing Company Information

Beazley Insurance Company, Inc. CoCode: 37540 State of Domicile: Connecticut
 30 Batterson Park Road Group Code: Company Type: Property and
 Farmington, CT 06032 Group Name: N/A Casualty
 (860) 677-3700 ext. [Phone] FEIN Number: 04-2656602
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Beazley Insurance Company, Inc.	\$20.00	06/12/2008	20817967

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	06/12/2008	06/12/2008

SERFF Tracking Number: *BEAZ-125690567* *State:* *Arkansas*
Filing Company: *Beazley Insurance Company, Inc.* *State Tracking Number:* *EFT \$20*
Company Tracking Number: *BICI0061-AR*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0019 Professional Errors & Omissions*
Liability

Product Name: *AFB Architects & Engineers Media Tech Liability Insurance Program*
Project Name/Number: */BICI0061-AR*

Disposition

Disposition Date: 06/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *BEAZ-125690567* State: *Arkansas*
 Filing Company: *Beazley Insurance Company, Inc.* State Tracking Number: *EFT \$20*
 Company Tracking Number: *BICI0061-AR*
 TOI: *17.0 Other Liability - Claims Made/Occurrence* Sub-TOI: *17.0019 Professional Errors & Omissions Liability*
 Product Name: *AFB Architects & Engineers Media Tech Liability Insurance Program*
 Project Name/Number: */BICI0061-AR*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	cover letter	Approved	Yes
Form	AFB A&E Media Tech Declarations	Approved	Yes
Form	AFB A&E Media Tech Renewal Certificate	Approved	Yes

SERFF Tracking Number: BEAZ-125690567 State: Arkansas
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 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: AFB Architects & Engineers Media Tech Liability Insurance Program
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	AFB A&E Media Tech Declarations	F00064	062008 ed.	Declaration Replaced s/Schedule	Replaced Form #:0.00 BICAE00011106 Previous Filing #: BICI-AE-AR-02 (F)		F00064 062008 ed..pdf
Approved	AFB A&E Media Tech Renewal Certificate	F00067	062008 ed.	Declaration Replaced s/Schedule	Replaced Form #:0.00 BICAE00020108 Previous Filing #: BICI0044-AR		F00067 062008 ed..pdf

<BEAZLEY NAME LOGO>

DECLARATIONS

AFB A&E MEDIA TECH®

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY, ARCHITECTS, ENGINEERS AND CONTRACTORS POLLUTION LIABILITY, TECHNOLOGY BASED SERVICES, TECHNOLOGY PRODUCTS, COMPUTER NETWORK SECURITY, AND MULTIMEDIA AND ADVERTISING LIABILITY INSURANCE

THIS IS A CLAIMS MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR OPTIONAL EXTENSION PERIOD, IF APPLICABLE, AND REPORTED IN WRITING TO THE INSURER EITHER DURING THE POLICY PERIOD, WITHIN SIXTY (60) DAYS AFTER THE EXPIRATION OF THE POLICY PERIOD OR DURING THE OPTIONAL EXTENSION PERIOD, IF APPLICABLE. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. THE INSURER SHALL NOT BE LIABLE FOR ANY DEFENSE COSTS OR FOR ANY JUDGMENT OR SETTLEMENT AFTER THE LIMIT OF LIABILITY HAS BEEN EXHAUSTED. PLEASE READ THIS POLICY CAREFULLY.

These Declarations along with the completed and signed **Application** and the Policy with endorsements shall constitute the contract between the **Insureds** and the Insurer.

Insurer: **Beazley Insurance Company, Inc.**

Policy Number: {Response}

Item 1. **Named Insured:** {Response}

Address: {Response}

Item 2. **Policy Period:**

From: {Response}

To: {Response}

Both dates at 12:01 a.m. Local Time at the Address stated in Item 1.

Item 3. **Limit of Liability:**

(a) $\{\text{Response}\}$ Each **Claim** – includes **Claims Expenses**

(b) $\{\text{Response}\}$ Aggregate for the **Policy Period** – includes **Claims Expenses**

Item 4. Deductible: $\{\text{Response}\}$ **Each Claim Deductible** – includes Claims Expenses

Item 5. Premium: $\{\text{Response}\}$

Item 6. Retroactive Date: $\{\text{Response}\}$

Item 7. **Technology Based Services, Technology Products**, Computer Network Security, and Multimedia and Advertising Liability Insurance Coverage Option:

Purchased If this box is checked then Insuring Agreements C., D., E. and F. of this Policy shall apply.

Not Purchased If this box is checked then Insuring Agreements C., D., E. and F. of this Policy shall not apply.

If no box is checked, then Insuring Agreements C., D., E. and F. of this Policy shall not apply.

Item 8. **Optional Extension Period:**

(a) Premium for **Optional Extension Period:** $\{\text{Response}\}$ % of the total premium as for the Policy

(b) Length of **Optional Extension Period:** $\{\text{Response}\}$

Item 9. Notification under this Policy:

(a) Notification pursuant to Clause XII. shall be given to:

{Recipient's current name and address}

Tel: {Recipient's current telephone #}

Fax: {Recipient's current Fax#}

(b) All other notices under this Policy shall be given to:

Beazley Insurance Company, Inc.

{Insurer's current address}

Tel: {Insurer's current telephone #}

Fax: {Insurer's current Fax#}

Item 10. Endorsements Effective At Inception:

{Response}

The Insurer has caused this Policy to be signed and attested by its authorized officers, but it shall not be valid unless also signed by another duly authorized representative of the Insurer.

Authorized Representative

Date

Secretary

President

<BEAZLEY NAME LOGO>

RENEWAL CERTIFICATE

AFB A&E MEDIA TECH®

THIS IS A CLAIMS MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR OPTIONAL EXTENSION PERIOD, IF APPLICABLE, AND REPORTED IN WRITING TO THE INSURER EITHER DURING THE POLICY PERIOD, WITHIN SIXTY (60) DAYS AFTER THE EXPIRATION OF THE POLICY PERIOD OR DURING THE OPTIONAL EXTENSION PERIOD, IF APPLICABLE. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. THE INSURER SHALL NOT BE LIABLE FOR ANY DEFENSE COSTS OR FOR ANY JUDGMENT OR SETTLEMENT AFTER THE LIMIT OF LIABILITY HAS BEEN EXHAUSTED. PLEASE READ THIS POLICY CAREFULLY.

This Renewal Certificate along with the completed and signed **Application** and the expiring Policy with endorsements shall constitute the contract between the **Insureds** and the Insurer. This Policy shall renew on the same terms, conditions and limitations as the expiring policy except as set forth below.

Insurer: **Beazley Insurance Company, Inc.**

Expiring Policy Number: {Response}

Renewal Policy Number: {Response}

Item 1. **Named Insured:** {Response}

Address: {Response}

Item 2. **Policy Period:** {Response}

From: {Response}

To: {Response}

Both dates at 12:01 a.m. Local Time at the Address stated in Item 1.

Item 3. **Limit of Liability:**

(a) \${Response} Each **Claim** – includes **Claims Expenses**

(b) \${Response} Aggregate for the **Policy Period** – includes **Claims Expenses**

The Insurer has caused this Renewal Certificate to be signed and attested by its authorized officers, but it shall not be valid unless also signed by another duly authorized representative of the Insurer.

[Signature]

Authorized Representative

Date

[Signature]

Secretary

[Signature]

President

SERFF Tracking Number: BEAZ-125690567 State: Arkansas
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 06/12/2008

Comments:

Attachment:

AR Transmittal Document.pdf

Satisfied -Name: cover letter **Review Status:** Approved 06/12/2008

Comments:

Attachment:

AR Letter.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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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 #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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 #:
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

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	
-----------	---	--

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	

June 13, 2008

Honorable Julie Benafield Bowman, Commissioner
Arkansas Insurance Department
1200 W 3rd Street
Little Rock, AR 72201-1904

RE: Beazley Insurance Company, Inc.
NAIC: Group Code: 0000
Company Code: 37540
FEIN: 04-2656602
AFB Architects & Engineers Media Tech Liability Insurance Program
Our Filing No.: BICI0061-AR
Type of Filing: Form

Dear Commissioner Bowman:

In accordance with the laws of your state, Beazley Insurance Company, Inc. is submitting this Form filing to amend our currently approved Declarations and Renewal Certificate applicable to our AFB Architects & Engineers Media Tech Liability Insurance Program. For your information, our original filing of this product was approved by your Department effective July 12, 2006 under our Company Filing Designation Number BICI-AE-AR-01 (F).

Our currently approved Declarations (form number BICAE00011106) and Renewal Certificate (form number BICAE00020108) have both been modified. Below is a summary of the changes that have been made:

- On both forms removed the Beazley logo and inserted a bookmark where the current logo will appear;
- Under Item 9. (a) of the Declarations and 8. (a) of the Renewal Certificate inserted a bookmark where the current Recipient's name, address, contact name, telephone number and fax number info will appear to enable future changes without the need to refile;
- Updated the form number of the Declarations to read F00064 062008 ed. and the Renewal Certificate to F00067 062008 ed..

The following items are attached to this filing:

- Required State Forms (if applicable);
- Sample copies of F00064 062008 ed. and F00067 062008 ed.

We propose to implement this filing for all policies upon your earliest review and approval. Kindly contact me with any comments/questions or with documentation of the Department's approval of this filing.

Sincerely,

Renata A. Wright
Senior Compliance Analyst
Tel: 866-623-2953 or 860-677-3737
Fax: 860-679-0247
E-Mail: renata.wright@beazley.com
Enclosure

Beazley Insurance
Company, Inc.

30 Batterson Park Road
Farmington, CT 06032
USA

Phone (860) 677 3700
Fax (860) 679 0247

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beazley