

SERFF Tracking Number: HART-125698444 State: Arkansas
Filing Company: Twin City Fire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: FN.13HS.760.2008.01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY
Project Name/Number: LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY/FN.13HS.760.2008.01

Filing at a Glance

Company: Twin City Fire Insurance Company
Product Name: LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY SERFF Tr Num: HART-125698444 State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.0019 Professional Errors & Omissions Liability Co Tr Num: FN.13HS.760.2008.01 State Status: Fees verified and received
Filing Type: Form Co Status: Initial Filing Reviewer(s): Betty Montesi, Edith Roberts
Author: Elsie Rodriguez Disposition Date: 06/24/2008
Date Submitted: 06/20/2008 Disposition Status: Approved
Effective Date Requested (New): 07/30/2008 Effective Date (New):
Effective Date Requested (Renewal): 07/30/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY Status of Filing in Domicile: Pending
Project Number: FN.13HS.760.2008.01 Domicile Status Comments: In the process of being file in our domicile state.
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 06/24/2008
State Status Changed: 06/24/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
OTHER LIABILITY - LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY
MISCELLANEOUS FORM FILING

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Company and Contact

Filing Contact Information

Elsie Rodriguez, Comm Lines Specialty ecrodriquez@thehartford.com
 Account Analyst
 Hartford Plaza T-18-87 (860) 547-2485 [Phone]
 Hartford, CT 06115 (806) 547-3838[FAX]

Filing Company Information

Twin City Fire Insurance Company CoCode: 29459 State of Domicile: Indiana
 Hartford Plaza Group Code: 91 Company Type: Property
 Hartford, CT 06115 Group Name: State ID Number:
 (860) 547-5000 ext. [Phone] FEIN Number: 06-0732738

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 flat fee
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Twin City Fire Insurance Company	\$50.00	06/20/2008	21010403

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	06/24/2008	06/24/2008

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Disposition

Disposition Date: 06/24/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	FORM EXPLANATORY	Approved	Yes
Form	Disciplinary Coverage Amendment	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Disciplinary Coverage Amendment	LP 00 H190 00 0308		Endorsement/Amendment/Conditions	New	0.00	LP00H190.pdf

ENDORSEMENT NO:

This endorsement, effective 12:01 am,
of policy number:

forms a part

issued to:

by:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DISCIPLINARY COVERAGE AMENDMENT

This endorsement modifies insurance provided under the following:

LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY

SECTION I. B. 3. **Claims expense** is deleted and replaced by the following:

3. **Claims expense** means all reasonable and necessary fees charged by (an) attorney(s) designated or approved in writing by us and all other fees, costs and expenses resulting from the investigation, adjustment, defense and appeal of a **claim**, suit or proceeding arising in connection therewith, if incurred by us or by an **insured** with our written consent. **Claims expense** includes but is not limited to;
 - a. Costs taxed against an **insured** in **claims** or suits; and
 - b. Interest on the entire amount of any judgment which accrues after the entry of judgment and before we have paid or tendered or deposited into court that part of the judgment which does not exceed the applicable **limit of liability** shown in the Declarations; and
 - c. Premiums on appeal bonds in any suit and premium on bonds to release attachments in any suit for an amount not in excess of the applicable **limit of liability** shown in the Declarations. We shall not be obligated to apply for or furnish any bonds; and
 - d. Reasonable and necessary expenses incurred by an **insured** at our request to assist us in the investigation of a **claim**, including actual loss of earnings up to \$500 a day for each **insured** because of time off from work, subject to a limit of \$5,000 for each individual **insured** and subject to a maximum limit of \$10,000 per **policy period**. The deductible does not apply to these expenses.
 - e. Reasonable legal expenses, incurred by an **insured** resulting from the defense of a proceeding by a regulatory or disciplinary official or agency to investigate charges of professional misconduct in the rendering of or failure to render **professional legal services** subject to a limit of \$50,000 for each individual **insured** and subject to a maximum limit of \$100,000 per **policy period**.

All other terms and conditions remain unchanged.



Neal S. Wolin, President & COO

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 06/24/2008

Comments:

Attachments:

AR PC-TD-1.pdf
PC-FFS-1.pdf

Satisfied -Name: FORM EXPLANATORY **Review Status:** Approved 06/24/2008

Comments:

Attachment:

EM CW.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	

3. Group Name	Group NAIC #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	

5. Company Tracking Number	FN.13HS.760.2008.01
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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
Elsie Rodriguez	Filing Analyst	860-547-2485	866-947-1747	elsie.rodriguez
Hartford Plaza, Hartford, CT 06115		860-547-	860-547-	@TheHartford.com
7. Signature of authorized filer		<i>Elsie Rodriguez</i>		
8. Please print name of authorized filer		Elsie Rodriguez		

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

9. Type of Insurance (TOI)	17. Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0019
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 07/30/2008 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	06/20/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	FN.13HS.760.2008.01
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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]
OTHER LIABILITY - LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY MISCELLANEOUS FORM FILING
<p>Attached is a new form for use with our product Lawyers Professional Liability Insurance Policy.</p> <p>The optional form endorsement broadens coverage by increasing the disciplinary reimbursement amount to \$50,000 each insured subject to a maximum limit of \$100,000.</p>

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]
<p>Check #: EFT Amount: 50</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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 #	FN.13HS.760.2008.01			
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	DISCIPLINARY COVERAGE AMENDMENT	LP 00 H190 00 0308	<input checked="" 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		

LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY

FORM EXPLANATORY

Attached is a new form for use with our product Lawyers Professional Liability Insurance Policy which was approved by your Department under our Company filing number FN.13HS.760.2005.01.

LP 00 H190 00 0308 Disciplinary Coverage Amendment

The optional endorsement broadens coverage by increasing the disciplinary reimbursement amount to \$50,000 each insured subject to a maximum limit of \$100,000.