

SERFF Tracking Number: HART-125706990 State: Arkansas  
Filing Company: Property and Casualty Insurance Company of Hartford State Tracking Number: EFT \$50  
Company Tracking Number: FF.20.004.2008.01  
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
Product Name: MP 01 03 12 08 - AR Special Provisions Endorsement (Inland Marine)  
Project Name/Number: Inland Marine/FF.20.004.2008.01

## Filing at a Glance

Company: Property and Casualty Insurance Company of Hartford

Product Name: MP 01 03 12 08 - AR Special Provisions Endorsement (Inland Marine) SERFF Tr Num: HART-125706990 State: Arkansas

TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations Co Tr Num: FF.20.004.2008.01 State Status: Fees verified and received  
Filing Type: Form Co Status: Initial Filing Reviewer(s): Becky Harrington, Betty Montesi

Authors: Joyce Driscoll, Marilu

Gonzalez, David Logan, Sima

Nizami, Angela Isaac

Date Submitted: 06/23/2008

Disposition Date: 06/25/2008

Effective Date Requested (New): 12/12/2008

Disposition Status: Approved

Effective Date Requested (Renewal):

Effective Date (New): 12/12/2008

Effective Date (Renewal): 12/12/2008

State Filing Description:

## General Information

Project Name: Inland Marine

Project Number: FF.20.004.2008.01

Reference Organization:

Reference Title:

Filing Status Changed: 06/25/2008

State Status Changed: 06/25/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

For the above mentioned company we are filing form MP 01 03 12 08 Arkansas Special Provisions which replaces MP 01 03 12 05 Arkansas Special Provisions.

SERFF Tracking Number: HART-125706990 State: Arkansas  
 Filing Company: Property and Casualty Insurance Company of Hartford State Tracking Number: EFT \$50  
 Company Tracking Number: FF.20.004.2008.01  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
 Product Name: MP 01 03 12 08 - AR Special Provisions Endorsement (Inland Marine)  
 Project Name/Number: Inland Marine/FF.20.004.2008.01

## Company and Contact

### Filing Contact Information

Sima Nizami, Comm Lines Administrative Assistant  
 snizami@thehartford.com  
 Hartford Plaza HO-2-19 (860) 547-7117 [Phone]  
 Hartford, CT 06115 (860) 547-4849[FAX]

### Filing Company Information

Property and Casualty Insurance Company of Hartford  
 Hartford Plaza  
 Hartford, CT 06115  
 (860) 547-5000 ext. [Phone]

CoCode: 34690 State of Domicile: Indiana  
 Group Code: 91 Company Type: Property  
 Group Name: State ID Number:  
 FEIN Number: 06-1276326  
 -----

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Property and Casualty Insurance Company of Hartford	\$50.00	06/23/2008	21042538

SERFF Tracking Number: HART-125706990 State: Arkansas  
 Filing Company: Property and Casualty Insurance Company of Hartford State Tracking Number: EFT \$50  
 Company Tracking Number: FF.20.004.2008.01  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
 Product Name: MP 01 03 12 08 - AR Special Provisions Endorsement (Inland Marine)  
 Project Name/Number: Inland Marine/FF.20.004.2008.01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	06/25/2008	06/25/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Uniform Transmittal Document-Property & Casualty	Supporting Document	Joyce Driscoll	06/24/2008	06/24/2008

SERFF Tracking Number: HART-125706990 State: Arkansas  
Filing Company: Property and Casualty Insurance Company of Hartford State Tracking Number: EFT \$50  
Company Tracking Number: FF.20.004.2008.01  
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
Product Name: MP 01 03 12 08 - AR Special Provisions Endorsement (Inland Marine)  
Project Name/Number: Inland Marine/FF.20.004.2008.01

## Disposition

Disposition Date: 06/25/2008

Effective Date (New): 12/12/2008

Effective Date (Renewal): 12/12/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HART-125706990 State: Arkansas  
 Filing Company: Property and Casualty Insurance Company of Hartford State Tracking Number: EFT \$50  
 Company Tracking Number: FF.20.004.2008.01  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
 Product Name: MP 01 03 12 08 - AR Special Provisions Endorsement (Inland Marine)  
 Project Name/Number: Inland Marine/FF.20.004.2008.01

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Supporting Document	Expl. Memo	Approved	Yes
Form	Special Provisions Endorsement	Approved	Yes

SERFF Tracking Number: HART-125706990 State: Arkansas  
Filing Company: Property and Casualty Insurance Company of Hartford State Tracking Number: EFT \$50  
Company Tracking Number: FF.20.004.2008.01  
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
Product Name: MP 01 03 12 08 - AR Special Provisions Endorsement (Inland Marine)  
Project Name/Number: Inland Marine/FF.20.004.2008.01

**Amendment Letter**

Amendment Date:

Submitted Date: 06/24/2008

**Comments:**

I have replaced the Property & Casualty Transmittal Document and have attached the Form Filing Schedule as required by the state.

Thank you.

Joyce

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**Satisfied -Name: Uniform Transmittal Document-Property & Casualty**

Comment: Attached is the Uniform Transmittal Document-Property & Casualty and the Form Filing Schedule.

PC-TD-1 2007.pdf

PC-FFS-1 2007.pdf

SERFF Tracking Number: HART-125706990 State: Arkansas  
 Filing Company: Property and Casualty Insurance Company of Hartford State Tracking Number: EFT \$50  
 Company Tracking Number: FF.20.004.2008.01  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
 Product Name: MP 01 03 12 08 - AR Special Provisions Endorsement (Inland Marine)  
 Project Name/Number: Inland Marine/FF.20.004.2008.01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Special Provisions Endorsement	MP 01 03 12 08		Endorsement/Amendment/Conditions Replaced	Replaced Form #: MP 01 03 12 05 Previous Filing #:		MP 01 03 12 08 Arkansas Special Provisions.pdf



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SPECIAL PROVISIONS – ARKANSAS**

In Common Policy Provisions Form **MP 00 01 08 05**:

**General Provisions**, Item **3. Claim Against Others** is deleted and replaced by the following:

### **General Provisions**

#### **3. Claim Against Others**

“We” will consider any payment “we” make to “you” a loan if “we” believe a loss is collectible from others.

“You” will repay that loan to “us” out of any recovery “you” or “we” receive from others.

“You” will assist “us” in every way possible to recover from others and “we” shall, at “our” expense, take over “your” rights against others to the extent of “our” payment.

However, “we” shall be entitled to a recovery only after an “insured” has been fully compensated for the loss sustained.

**General Provisions**, Item **4. Appraisal** is deleted and replaced by the following:

### **General Provisions**

#### **4. Appraisal**

If “you” and “we” fail to agree on the amount of loss, an appraisal of the loss may take place. However, an appraisal will take place only if both “you” and “we” agree, voluntarily, to have the loss appraised. If so agreed, each party will choose a competent and impartial appraiser within 20 days after both parties agree. The two appraisers will choose an umpire. If they cannot agree upon an umpire within 15 days, “you” or “we” may request that the choice be made by a judge of a court of record in the state where “your” residence is located. The appraisers will separately state the amount of loss. If the appraisers submit a written report of an agreement to “us”, the amount agreed upon will be the amount of loss. If they fail to agree, they will submit their differences to the umpire. An appraisal decision will not be binding on either party.

Each party will:

1. Pay its own appraiser; and
2. Bear the other expenses of the appraisal and umpire equally.

**General Provisions**, Item **6. Suit Against Us** is deleted and replaced by the following:

### **Suit Against Us**

#### **6. Suit Against Us**

No action can be brought against “us” unless there has been full compliance with all of the terms of this policy and the action is started within five years after the date of loss. In addition, under Part A, no legal action may be brought against “us” until:

- a. “We” agree in writing that the “insured” has an obligation to pay; or
- b. The amount of that obligation has been finally determined by judgment after trial.

No person or organization has any right under this policy to bring “us” into any action to determine the liability of an “insured”.

**General Provisions, Item 10. Termination A.1, A.2 and A.3 Cancellation** are replaced by the following:

## **10. Termination**

### **A. Cancellation**

This policy may be cancelled during the policy period as follows:

1. The "named insured" shown in the Declarations may cancel by:
  - a. Returning this policy to "us"; or
  - b. Giving "us" advance notice of the date cancellation is to take effect.
2. "We" may cancel this policy by letting "you" know in writing of the date cancellation takes effect. This cancellation notice may be delivered to "you", or mailed to "you" at "your" mailing address shown in the Declarations.

Proof of mailing will be sufficient proof of notice.

- (1) When "you" have not paid the premium, "we" may cancel at any time by letting "you" know at least 10 days before the date cancellation takes effect.
- (2) When this policy has been in effect for 60 days or more, or at any time if it is a renewal with "us", "we" may cancel:
  - (a) Upon discovery of fraud or material misrepresentation made by or with the knowledge of the "named insured" in obtaining or continuing the policy, or in presenting a claim under this policy;
  - (b) Upon the occurrence of a material change in the risk which substantially increases any hazard insured against after insurance coverage has been issued;
  - (c) If there is a violation of any local fire, health, safety, building or construction regulation or ordinance with respect to any insured property which substantially increases any hazard insured against;
  - (d) For nonpayment of membership dues required by "us" as a condition of the issuance and maintenance of the policy; or
  - (e) In the event of a material violation of a material provision of this policy.

This can be done by letting "you" know at least 20 days before the date cancellation takes effect.

In **Recreational Vehicle Coverage Part Form MP 00 02 08 05**:

**Definitions E.** "Newly acquired recreational vehicle" is replaced by the following:

**E.** "Newly acquired recreational vehicle":

1. "Newly acquired recreational vehicle" means any "recreational vehicle" of the same type(s) shown on the declaration page that you become the owner of during the policy period:
2. Coverage for a "newly acquired recreational vehicle" is provided as described below. If you ask us to insure a "newly acquired recreational vehicle" after a specified time period described below has elapsed, any coverage we provide for a "newly acquired recreational vehicle" will begin at the time you request the coverage.
  - a. For any coverage provided in this coverage part except Coverage For Damage To Your recreational vehicle, a "newly acquired recreational vehicle" will have the broadest coverage we now provide for any recreational vehicle shown in the Declarations. Coverage begins on the date you become the owner. However, for this coverage to apply to a "newly acquired recreational vehicle" which is in addition to any vehicle shown in the Declarations, you must ask us to insure it within 20 days after you become the owner.

If a "newly acquired recreational vehicle" replaces a vehicle shown in the Declarations, coverage is provided for this recreational vehicle without your having to ask us to insure it.

- b. Collision Coverage for a "newly acquired recreational vehicle" begins on the date you become the owner. However, for this coverage to apply, you must ask us to insure it within:
  - (1) 20 days after you become the owner if the Declarations indicate that Collision Coverage applies to at least one "recreational vehicle". In this case, the "newly acquired recreational vehicle" will have the broadest coverage we now provide for any "recreational vehicle" shown in the Declarations.
  - (2) Four days after you become the owner if the Declarations do not indicate that Collision Coverage applies to at least one "recreational vehicle". If you comply with the 4 day requirement and a loss occurred before you asked us to insure the "newly acquired recreational vehicle", a Collision deductible of \$500 will apply.
- c. Other Than Collision Coverage for a "newly acquired recreational vehicle" begins on the date you become the owner. However, for this coverage to apply, you must ask us to insure it within:

- (1) 20 days after you become the owner if the Declarations indicate that Other Than Collision Coverage applies to at least one "recreational vehicle". In this case, the "newly acquired recreational vehicle" will have the broadest coverage we now provide for any "recreational vehicle" shown in the Declarations.
- (2) Four days after you become the owner if the Declarations do not indicate that Other Than Collision Coverage applies to at least one "recreational vehicle". If you comply with the 4 day requirement and a loss occurred before you asked us to insure the "newly acquired recreational vehicle", an Other Than Collision deductible of \$500 will apply.

The following is added to **Definitions**:

F. "Punitive" or "exemplary damages" are damages imposed by a court of competent jurisdiction to punish a wrongdoer and to deter others from similar conduct.

In **Recreational Vehicle Coverage Part Form MP 00 02 08 05**:

**PART A – LIABILITY COVERAGE:**

**Exclusions A. 10** is replaced by the following:

**10.** For "punitive or exemplary damages" awarded against an "insured".

In **Recreational Vehicle Coverage Part Form MP 00 02 08 05**:

**PART E – GENERAL PROVISIONS:**

The following is added to the **Our Right To Recover Payment** Provision:

We shall be entitled to recover under Paragraph **A.** or **B.** only after the person has been fully compensated for damages.

In **Watercraft Coverage Part Form MP 00 03 08 05**:

**Definitions D.** "Newly acquired watercraft" is replaced by the following:

**D.** "Newly acquired watercraft":

1. "Newly acquired watercraft" means any "watercraft" of the types shown on the Declaration page that "you" become the owner of during the policy period.
2. Coverage for a "newly acquired watercraft" is provided as described below. If you ask us to insure a "newly acquired watercraft" after a specified time period described below has elapsed, any coverage we provide for a "newly acquired watercraft" will begin at the time "you" request the coverage.
  - a. For any coverage provided in this coverage part except Hull Coverage, a "newly acquired watercraft" will have the broadest coverage we now provide for any "watercraft" shown in the Declarations. Coverage begins on the date "you" become the owner. However, for this coverage to apply to a "newly acquired watercraft" which is in addition to any "watercraft" shown in the Declarations, "you" must ask us to insure it within 20 days after you become the owner.

If a "newly acquired watercraft" replaces a "watercraft" shown in the Declarations, coverage is provided for this "watercraft" without your having to ask us to insure it.
  - b. Hull Coverage for a "newly acquired watercraft" begins on the date you become the owner. However, for this coverage to apply, you must ask us to insure it within:
    - (1) 20 days after you become the owner if the Declarations indicate that Hull Coverage applies to at least one "watercraft". In this case, the "newly acquired watercraft" will have the broadest coverage we now provide for any "watercraft" shown in the Declarations.
    - (2) Four days after "you" become the owner if the Declarations do not indicate that Hull Coverage applies to at least one "watercraft". If "you" comply with the 4 day requirement and a loss occurs before "you" asked us to insure the "newly acquired watercraft", a Hull deductible of \$500 will apply.

**Definition F** is being deleted.

The following is added to **Definitions**:

J. "Punitive" or "exemplary damages" are damages imposed by a court of competent jurisdictions to punish a wrongdoer and to deter others from similar conduct.

In **Watercraft Coverage Part Form MP 00 03 08 05**:

**PART A – LIABILITY COVERAGE:**

**Exclusions A. 10** is replaced by the following:

**10.** For "punitive or exemplary damages" awarded against an "insured".

**Exclusions A. 13** is being deleted.

In **Watercraft Coverage Part Form MP 00 03 08 05**:

**PART D – HULL COVERAGE – EXCLUSION 3.** is deleted and replaced by the following:

**EXCLUSIONS**

3. Damage caused by or resulting from:

- a. wear and tear;
- b. freezing;
- c. smog, humidity and mildew;
- d. gradual deterioration of any kind, including, but not limited to solar damage, weathering, rust, corrosion, wet or dry rot;
- e. marring or scratching including damage caused by docking of “your covered watercraft”; or
- f. mechanical, electrical or structural breakdown or failure.

This Exclusion (3.) does not apply if the damage results from the total theft of “your covered watercraft”.

In **Watercraft Coverage Part Form MP 00 03 08 05**:

**PART G – GENERAL PROVISIONS:**

The following is added to the **Our Right To Recover Payment** Provision:

We shall be entitled to recover under Paragraph **A.** or **B.** only after the person has been fully compensated for damages.

All other provisions of this policy apply.

SERFF Tracking Number: HART-125706990 State: Arkansas  
Filing Company: Property and Casualty Insurance Company of Hartford State Tracking Number: EFT \$50  
Company Tracking Number: FF.20.004.2008.01  
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
Product Name: MP 01 03 12 08 - AR Special Provisions Endorsement (Inland Marine)  
Project Name/Number: Inland Marine/FF.20.004.2008.01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 06/25/2008

**Comments:**

Attached is the Uniform Transmittal Document-Property & Casualty and the Form Filing Schedule.

**Attachments:**

PC-TD-1 2007.pdf  
PC-FFS-1 2007.pdf

**Satisfied -Name:** Expl. Memo **Review Status:** Approved 06/25/2008

**Comments:**

EXPLANATORY MEMORANDUM

**Attachment:**

AR MP 01 03 12 08 Exp.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>          	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Hartford Financial Services Group	00914

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Property & Casualty Ins. Co. of Hartford	Indiana	0091-34690	06-1276326	

<b>5. Company Tracking Number</b>	FF.20.004.2008.01
-----------------------------------	-------------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Sima Nizami, Technical Services, T-1-54 1 Hartford Plaza, Hartford, CT 06155	Filing Analyst	860-547-7117	860-547-5941	Sima.Nizami@TheHartford.com
	<b>7. Signature of authorized filer</b>		<i>Sima Nizami</i>		
	<b>8. Please print name of authorized filer</b>		Sima Nizami		

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

<b>9. Type of Insurance (TOI)</b>	09 Inland Marine
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Personal Inland Marine
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	PC
<b>12. Company Program Title</b> (Marketing title)	Mature Market
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: 12/2/08    Renewal:
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	June 23, 2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	FF.20.004.2008.01
--	-------------------

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

We herewith submit for approval Form MP 01 03 12 08 Arkansas - Special Provisions as described in the Explanatory Memorandum prepared by Nancy Daly, Product Consultant.

As required, enclosed is the Form Filing Schedule.

<b>22. Filing Fees</b> (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 #:** EFT Processed  
**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.)

## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	FF.20.004.2008.01			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Arkansas - Special Provisions	MP 01 03 12 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	MP 01 03 12 05	AR-PC-05-16877
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		

# **EXPLANATORY MEMORANDUM**

**Inland Marine**

**ARKANSAS**

**Property and Casualty Insurance Company of Hartford**

**RE: MP 01 03 12 08 Arkansas Special Provisions**

For the above mentioned company we are filing form MP 01 03 12 08 Arkansas Special Provisions which replaces MP 01 03 12 05 Arkansas Special Provisions.

This form is being filed to amend the Common Policy Provisions Form MP 00 01 08 05 – General Provisions, Item 10. Termination, Paragraph A. Cancellation, Item 1. b. Written notice is no longer needed to cancel the policy.

A copy of form MP 01 03 12 08 is enclosed.

Prepared by:

*Nancy Daly*

---

Nancy Daly  
Product Consultant, Personal Lines  
The Hartford Financial Services Group

SERFF Tracking Number: HART-125706990 State: Arkansas  
 Filing Company: Property and Casualty Insurance Company of Hartford State Tracking Number: EFT \$50  
 Company Tracking Number: FF.20.004.2008.01  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
 Product Name: MP 01 03 12 08 - AR Special Provisions Endorsement (Inland Marine)  
 Project Name/Number: Inland Marine/FF.20.004.2008.01

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Uniform Transmittal Document-Property & Casualty	06/23/2008	PC-TD-1 .pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>
---

<b>2. Insurance Department Use only</b>	
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	

<b>3. Group Name</b>	<b>Group NAIC #</b>
Hartford Financial Services Group	00914

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Property & Casualty Ins. Co. of Hartford	Indiana	0091-34690	06-1276326	

<b>5. Company Tracking Number</b>	FF.20.004.2008.01
-----------------------------------	-------------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Sima Nizami, Technical Services, T-1-54 1 Hartford Plaza, Hartford, CT 06155	Filing Analyst	860-547-7117	860-547-5941	Joyce.Driscoll@TheHartford.com

<b>7. Signature of authorized filer</b>	<i>Sima Nizami</i>
<b>8. Please print name of authorized filer</b>	Sima Nizami

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

<b>9. Type of Insurance (TOI)</b>	09.0 Inland Marine
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	None
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	09.0000 Inland Marine
<b>12. Company Program Title</b> (Marketing title)	
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New:                      12-2/2008                      Renewal:
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	June 23, 2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

