

SERFF Tracking Number: MNLM-125722005 State: Arkansas
Filing Company: Carolina Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: EPL-070108-F
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability
Product Name: Employment Practices Liability - Small Business
Project Name/Number: EPL 24360 (10-05)/07-08 Form Revision

Filing at a Glance

Company: Carolina Casualty Insurance Company

Product Name: Employment Practices Liability - SERFF Tr Num: MNLM-125722005 State: Arkansas

Small Business

TOI: 17.1 Other Liability - Claims Made Only

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.1010 Employment Practices Liability

Co Tr Num: EPL-070108-F

State Status: Fees verified and received

Liability

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Beth Richards

Disposition Date: 07/09/2008

Date Submitted: 07/08/2008

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: EPL 24360 (10-05)

Status of Filing in Domicile: Authorized

Project Number: 07-08 Form Revision

Domicile Status Comments: Submitted filing on 7/2/08; approved 7/3/08.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07/09/2008

Deemer Date:

State Status Changed: 07/09/2008

Corresponding Filing Tracking Number:

Filing Description:

Monitor Liability Managers, Inc. is submitting the captioned filing in accordance with its attached agreement with Carolina Casualty Insurance Company (CCIC).

Carolina Casualty Insurance Company (CCIC) currently has on file with your Department its Employment Practices Liability Small Business Program, submitted and approved as follows:

SERFF Tracking Number: MNLM-125722005 State: Arkansas
 Filing Company: Carolina Casualty Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: EPL-070108-F
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability
 Product Name: Employment Practices Liability - Small Business
 Project Name/Number: EPL 24360 (10-05)/07-08 Form Revision

Initial Program Filing: EPL-100105; approved 5/2/06
 Revised Program Filing: EPL-090106; approved 12/8/06

At this time, we are submitting a revision to this program for your review and acknowledgement. This submission consists of one new endorsement: Addition to Section III. A. Illegal Alien Investigative Proceeding Coverage with Sub-Limit - EPL 243026 (09-06). This endorsement adds to Section III. A. to provide coverage for a criminal investigation of the Insured alleging hiring or harboring illegal immigrants.

Company and Contact

Filing Contact Information

Beth Richards, Senior Compliance Analyst brichards@monitorliability.com
 2850 W. Golf Road (847) 806-6590 [Phone]
 Rolling Meadows, IL 60008 (847) 806-6592[FAX]

Filing Company Information

Carolina Casualty Insurance Company CoCode: 10510 State of Domicile: Iowa
 c/o Monitor Liability Managers Group Code: 98 Company Type:
 2850 West Golf Road
 Rolling Meadows, IL 60008 Group Name: W. R. Berkley Group State ID Number:
 (847) 806-6590 ext. 570[Phone] FEIN Number: 59-0733942

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Carolina Casualty Insurance Company	\$50.00	07/08/2008	21288566

SERFF Tracking Number: MNLM-125722005 State: Arkansas
Filing Company: Carolina Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: EPL-070108-F
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability
Product Name: Employment Practices Liability - Small Business
Project Name/Number: EPL 24360 (10-05)/07-08 Form Revision

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	07/09/2008	07/09/2008

SERFF Tracking Number: MNLM-125722005 *State:* Arkansas
Filing Company: Carolina Casualty Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: EPL-070108-F
TOI: 17.1 Other Liability - Claims Made Only *Sub-TOI:* 17.1010 Employment Practices Liability
Product Name: Employment Practices Liability - Small Business
Project Name/Number: EPL 24360 (10-05)/07-08 Form Revision

Disposition

Disposition Date: 07/09/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNLM-125722005 State: Arkansas
 Filing Company: Carolina Casualty Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: EPL-070108-F
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability
 Product Name: Employment Practices Liability - Small Business
 Project Name/Number: EPL 24360 (10-05)/07-08 Form Revision

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Authorization Letter	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Supporting Document	Forms Schedule	Approved	Yes
Form	Addition to Section III. A. Illegal Alien Investigative Proceeding Coverage with Sub-Limit	Approved	Yes

SERFF Tracking Number: MNLM-125722005 State: Arkansas
 Filing Company: Carolina Casualty Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: EPL-070108-F
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability
 Product Name: Employment Practices Liability - Small Business
 Project Name/Number: EPL 24360 (10-05)/07-08 Form Revision

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Addition to Section III. A. Illegal Alien Investigative Proceeding Coverage with Sub-Limit	EPL 243026	09-06	Endorsement/Amendment/Conditions		0.00	EPL 243026-0906.pdf

**Addition to Section III. A.
Illegal Alien Investigative Proceeding Coverage with Sub-Limit**

In consideration of the premium paid for this **Policy**, it is understood and agreed that:

1. Section III. Additional Definitions A. "**Claim(s)**" of the Employment Practices Liability Insurance Coverage Section of this **Policy** is amended by the addition of the following:
 III. A.: **Claim(s)** also means a criminal investigation of the **Insured Entity** by any governmental agency for allegedly hiring or harboring illegal aliens.
2. Section V. Limits of Liability and Deductibles A. of the Common Policy Terms and Conditions Section of this **Policy** is amended by the addition of the following:
 V. A.: The amount of \$<<in no event more than \$25,000>> shall be the maximum aggregate Limit of Liability of the **Insurer** for all **Loss**, solely with respect to the coverage provided by this endorsement, which amount shall be part of and not in addition to the Limits of Liability stated in Item 4. of the Declarations.

Whenever printed in this Endorsement, the boldface type terms shall have the same meanings as indicated in the Policy Form. All other provisions of the Policy remain unchanged.

Insured	Policy Number
Effective Date of This Endorsement Policy Inception	Authorized Representative

SERFF Tracking Number: MNLM-125722005 State: Arkansas
Filing Company: Carolina Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: EPL-070108-F
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability
Product Name: Employment Practices Liability - Small Business
Project Name/Number: EPL 24360 (10-05)/07-08 Form Revision

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MNLM-125722005 State: Arkansas
Filing Company: Carolina Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: EPL-070108-F
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability
Product Name: Employment Practices Liability - Small Business
Project Name/Number: EPL 24360 (10-05)/07-08 Form Revision

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 07/09/2008

Comments:

Attachment:

Transmittal PC TD-1 2007 BR.pdf

Satisfied -Name: Authorization Letter **Review Status:** Approved 07/09/2008

Comments:

Attachment:

Authorization Letter.pdf

Satisfied -Name: Filing Memo **Review Status:** Approved 07/09/2008

Comments:

Attachment:

Filing Memo Forms.pdf

Satisfied -Name: Forms Schedule **Review Status:** Approved 07/09/2008

Comments:

Attachment:

Form Filing Schedule PC FFS-1 2007.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
W.R. Berkley Corporation	098

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Carolina Casualty Insurance Company	Florida	10510	59-0733942	

5. Company Tracking Number	EPL-070108-F
-----------------------------------	--------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Beth Richards Monitor Liability Managers, Inc. 2850 W. Golf Road, Ste. 800 Rolling Meadows, IL 60008	Senior Compliance Analyst	800-446-2100, x 568	847-806-6590	brichards@monitorliability.com

7. Signature of authorized filer	<i>Beth Richards</i>
8. Please print name of authorized filer	Beth Richards

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

9. Type of Insurance (TOI)	17.1000 - Other Liability - Claims Made Only
10. Sub-Type of Insurance (Sub-TOI)	17.1010 - Other Liability - Claims Made, Employment Practices Professional Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Employment Practices Liability Small Business Program
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: Upon approval Renewal: Upon Approval
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	July 8, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	EPL-070108-F
------------	--	--------------

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

Monitor Liability Managers, Inc. is submitting the captioned filing in accordance with its attached agreement with Carolina Casualty Insurance Company (CCIC). At this time, we wish to amend our filing, as approved by your Department, with the following changes:

FORMS:

- 1 new endorsement has been added to this program. Please see below:

Number	Title	Description
EPL 243026 (12-06)	Addition to Section III. A. Illegal Alien Investigative Proceeding Coverage with Sub-Limit	Adds to Section III. A. to provide coverage for a criminal investigation of the Insured alleging hiring or harboring illegal immigrants.

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 #: EFT
Amount: \$50

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



Filing Authorization Letter

July 1, 2008

RE: Carolina Casualty Insurance Company, NAIC 10510, FEIN 59-0733942
Filing Authorization: Monitor Liability Managers, Inc.

Dear Commissioner:

The purpose of this letter is to authorize Monitor Liability Managers, Inc. (“Monitor”) to submit filings for Professional Liability Insurance on behalf of Carolina Casualty Insurance Company.

By way of explanation, we would like to provide background as to the relationship between these two companies. Both Monitor Liability Managers, Inc. and Carolina Casualty Insurance Company are subsidiaries of the W.R. Berkley Corporation, an insurance holding company with insurance company subsidiaries operating throughout the United States. Monitor acts as an underwriting manager on behalf of certain insurance companies within the W.R. Berkley organization, including Carolina Casualty Insurance Company. Monitor has full underwriting and claims settlement authority and is responsible for Professional Liability Insurance product development.

An integral part of Monitor’s strategic marketing plan is to make all of its products available in the admitted market through Carolina Casualty Insurance Company. Carolina Casualty already has filings in place, in most states, for the Directors’ and Officers’ Program, the Lawyers’ Professional Liability Program, Excess Professional Liability, Management Liability, Employment Liability Practices and Non-Profit Organization Liability.

To facilitate and streamline current and future filing activities, Carolina Casualty Insurance Company is hereby extending authority to Monitor Liability Managers, Inc. to make Professional Liability filings on its behalf.

Any and all questions regarding Professional Liability submissions should be directed to:

Ms. Penelope Kilberry, CPCU, CPIW, AIS
Assistant Vice President
Regulatory Compliance
Monitor Liability Managers, Inc.
2850 West Golf Road, Suite 800
Rolling Meadows, IL 60008
847.806.6590, ext. 570

In addition to Penny Kilberry, Sandra L. Baggio, Senior Compliance Analyst, and Beth Richards, Senior Compliance Analyst, are authorized to submit filings on our behalf. Douglas J. Powers, CPCU, Assistant Secretary of Carolina Casualty Insurance Company will execute all documents requiring an officer's signature.

If you have questions regarding this authorization, please call Penny Kilberry at 1.800.446.2100, ext. 570, send an e-mail to pkilberry@monitorliability.com or write to Ms. Kilberry at 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008.

Sincerely,



Douglas J. Powers, CPCU
Assistant Secretary
Carolina Casualty Insurance Company
1.800.446.2100, ext. 508

**CAROLINA CASUALTY INSURANCE COMPANY
EMPLOYMENT PRACTICES LIABILITY
SMALL BUSINESS PROGRAM
(07-08) Revision**

FILING MEMORANDUM

Carolina Casualty Insurance Company currently has on file with your Department its Employment Practices Liability Small Business Program. At this time, we wish to amend our filing, as approved by your Department, with the following changes:

FORMS:

- 1 new endorsement has been added to this program. Please see below:

Number	Title	Description
EPL 243026 (12-06)	Addition to Section III. A. Illegal Alien Investigative Proceeding Coverage with Sub-Limit	Adds to Section III. A. to provide coverage for a criminal investigation of the Insured alleging hiring or harboring illegal immigrants.

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 #	EPL-070108-F
-----------	--	--------------

2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	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	Addition to Section III. A. Illegal Alien Investigative Proceeding Coverage with Sub-Limit	EPL 243026 (09-06)	<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		

PC FFS-1