

SERFF Tracking Number: PERR-125715387 State: Arkansas
 Filing Company: Stonington Insurance Company State Tracking Number: #103161 \$50
 Company Tracking Number: SIC-CMP-AR-08-04-F
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
 Liability
 Product Name: General Risks and Thomco Forms filing
 Project Name/Number: SIC-CMP-AR-08-04-F/SIC-CMP-AR-08-04-F

Filing at a Glance

Company: Stonington Insurance Company
 Product Name: General Risks and Thomco Forms filing
 TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability
 Sub-TOI: 05.0003 Commercial Package
 Filing Type: Form

SERFF Tr Num: PERR-125715387 State: Arkansas
 SERFF Status: Closed State Tr Num: #103161 \$50
 Co Tr Num: SIC-CMP-AR-08-04-F State Status: Fees verified and received
 Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
 Authors: Faviola Jimenez, Lois Pimentel Disposition Date: 07/10/2008
 Date Submitted: 07/09/2008 Disposition Status: Approved
 Effective Date Requested (New): 09/01/2008 Effective Date (New): 09/01/2008
 Effective Date Requested (Renewal): Effective Date (Renewal):
 State Filing Description:

General Information

Project Name: SIC-CMP-AR-08-04-F Status of Filing in Domicile: Pending
 Project Number: SIC-CMP-AR-08-04-F Domicile Status Comments:
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 07/10/2008
 State Status Changed: 07/10/2008 Deemer Date:
 Corresponding Filing Tracking Number: N/A
 Filing Description:

On behalf of Stonington Insurance Company (the "Company"), we are filing forms that shall be used with the Child Care, Social Services and Schools programs, as well as the General Risks program. Please see the form information below. There is no rate impact associated with these forms.

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CONDITION – DUTIES IN THE EVENT OF A LOSS

S6CONUS0408

This is a new form, applicable to the Company's Childcare, Assisted Living, Social Services and Schools programs. This applies to the General Liability line of business. This is a mandatory form.

CONDITION – DUTIES IN THE EVENT OF A LOSS

SGLCONUS0408

This is a new form applicable to the Company's General Risks program. This applies to the General Liability line of business. This is a mandatory form.

INSURED VS INSURED EXCLUSION

SICGLIIUS0208

This is a new form applicable to the Company's General Risks program. This applies to the General Liability line of business. This is a mandatory form.

We respectfully request this filing to be effective September 1, 2008.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

Please do not hesitate to contact us should you have any questions or concerns.

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Lois Pimentel, State Filings Project Coordinator doi@perrknight.com

Perr&Knight (888) 201-5123 [Phone]

Pacific Palisades, CA 90272 (310) 230-8529[FAX]

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Filing Company Information

Stonington Insurance Company
5080 Spectrum Dr. Suite 900 East
Addison, TX 75001

(888) 201-5123 ext. 109[Phone]

CoCode: 10340
Group Code: 1331
Group Name: Glencoe US
Holdings, Inc
FEIN Number: 57-0338686

State of Domicile: Texas
Company Type: Insurance
State ID Number:

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonington Insurance Company	\$0.00	07/09/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
103161	\$50.00	07/08/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07/10/2008	07/10/2008

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Disposition

Disposition Date: 07/10/2008

Effective Date (New): 09/01/2008

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	Letter of Authorization	Approved	Yes
Form	CONDITION – DUTIES IN THE EVENT OF A LOSS	Approved	Yes
Form	CONDITION – DUTIES IN THE EVENT OF A LOSS	Approved	Yes
Form	INSURED VS INSURED EXCLUSION	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	CONDITION – DUTIES IN THE EVENT OF A LOSS	S6CONU S0408	04 08	Endorsement/Amendment/Conditions	New	0.00	S6CONUS0408 SIC Conditions - Duties - Oath (Thomco) - FINAL.pdf
Approved	CONDITION – DUTIES IN THE EVENT OF A LOSS	SGLCON US0408	04 08	Endorsement/Amendment/Conditions	New	0.00	SGLCONUS0408 SIC Conditions - Duties - Oath _GL_ - FINAL.pdf
Approved	INSURED VS INSURED EXCLUSION	SICGLIIU S0208	02 08	Endorsement/Amendment/Conditions	New	0.00	SICGLIIUS0208 Insured vs Insured - FINAL.pdf

STONINGTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.

CONDITION – DUTIES IN THE EVENT OF A LOSS

This endorsement modifies insurance provided under the following:
ABUSE LIABILITY COVERAGE FORM
ORGANIZATIONS PROVIDING SOCIAL SERVICES PROFESSIONAL LIABILITY
COVERAGE FORM
SOCIAL SERVICES SEXUAL OR PHYSICAL ABUSE OR MOLESTATION VICARIOUS
LIABILITY COVERAGE FORM
DAY CARE PROVIDERS GENERAL LIABILITY POLICY
EDUCATORS LEGAL LIABILITY COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

The following is added:

SECTION IV – ABUSE LIABILITY CONDITIONS, B. Duties in the Event of Abuse Occurrence, Claim Or Suit, 3, e. of the Abuse Liability Coverage Form

SECTION IV – CONDITIONS, 3. Other Duties in the Event of Professional Incident, Claim or Suit, b. (6) of the Organizations Providing Social Services Professional Liability Coverage Form

SECTION IV – SEXUAL OR PHYSICAL ABUSE OR MOLESTATION VICARIOUS LIABILITY CONDITIONS, B. Duties in the Event of Coverage Incident, Claim Or Suit, B., 3., e. of the Social Services Sexual or Physical Abuse or Molestation Vicarious Liability Coverage Form

SECTION V – CONDITIONS PRECEDENT TO COVERAGE, A. INSURED'S DUTIES IN THE EVENT OF AN ACTUAL OR POTENTIAL CLAIM, 9. of the Day Car Providers General Liability Policy

Cooperation includes, but is not limited to, compliance with our right to examine any insured, or any other person(s) seeking proceeds under the policy, under oath, while not in the presence of any other insured and at such times and as often as may be reasonably required, about any matter relating to this insurance or the claim or "suit", including an insured's books and records. In the event of an examination, an insured's answers must be signed.

SECTION VI – CONDITIONS, A. Notice to Us, 2., e. of the Educators Legal Liability Coverage Form
Cooperation includes, but is not limited to, compliance with our right to examine any insured, or any other person(s) seeking proceeds under the policy, under oath, while not in the presence of any other insured and at such times and as often as may be reasonably required, about any matter relating to this insurance or the "claim" or "suit", including an insured's books and records. In the event of an examination, an insured's answers must be signed.

S6CONUS0408

STONINGTON INSURANCE COMPANY

All other terms and conditions of this policy remain unchanged.

S6CONUS0408

STONINGTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.

CONDITION – DUTIES IN THE EVENT OF A LOSS

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
LIQUOR LIABILITY COVERAGE FORM
COMMERCIAL UMBRELLA COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

The following is added to:

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit, c. (3) of the Commercial General Liability Coverage Form

SECTION IV – LIQUOR LIABILITY CONDITIONS, 2. Duties In The Event Of Injury, Claim Or Suit, c. (3) of the Liquor Liability Coverage Form

SECTION IV – CONDITIONS, 3. Duties In The Event Of Occurrence, Offense, Claim Or Suit, c. (3) of the Commercial Umbrella Coverage Form

Cooperation includes, but is not limited to, compliance with our right to examine any insured, or any other person(s) seeking proceeds under the policy, under oath, while not in the presence of any other insured and at such times and as often as may be reasonably required, about any matter relating to this insurance or the claim or "suit", including an insured's books and records. In the event of an examination, an insured's answers must be signed.

All other terms and conditions of this policy remain unchanged.

STONINGTON INSURANCE COMPANY

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

INSURED VS INSURED EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM
LIQUOR LIABILITY COVERAGE FORM
COMMERCIAL UMBRELLA COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

This insurance does not apply to any claim brought by any insured against any other insured.

All other terms and conditions of this policy remain unchanged.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 07/10/2008

Comments:

Attachments:

2007 NAIC FFS.pdf
2007 NAIC PCTD.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 07/10/2008

Comments:

Attachment:

Authorization Letter 20080101 P&K.pdf

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 #	SIC-CMP-AR-08-04-F			
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	CONDITION – DUTIES IN THE EVENT OF A LOSS	S6CONUS0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	CONDITION – DUTIES IN THE EVENT OF A LOSS	SGLCONUS0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	INSURED VS INSURED EXCLUSION	SICGLIUS0208	<input checked="" 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		

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 border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 70%; text-align: center;">New Business</td> <td style="width: 30%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></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 #
Glencoe US Holdings, Inc	1331

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Stonington Insurance Company	TX	10340	57-0338686	

5. Company Tracking Number	SIC-CMP-AR-08-04-F
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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
	Lois Pimentel 881 Alma Real Dr. Ste 205 Pacific Palisades, CA 90272	Filing Analyst III	707.546.6896	310.230.8529	doi@perrknight.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Lois Pimentel

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

9. Type of Insurance (TOI)	05.0 Commercial Multi-Peril - Liability & Non-Liability
10. Sub-Type of Insurance (Sub-TOI)	05.0003 Commercial Package
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing title)	Child Care, Social Services, Schools, General Risks
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: 09/01/2008 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	July 9, 2008
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 # SIC-CMP-AR-08-04-F

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

On behalf of Stonington Insurance Company (the “Company”), we are filing forms that shall be used with the Child Care, Social Services and Schools programs, as well as the General Risks program. Please see the form information below. There is no rate impact associated with these forms.

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Please do not hesitate to contact us should you have any questions or concerns.

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 #: 103161
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.)**

Walter J. Kozuch
Vice President – Technical Services
Stonington Insurance Company
Stonington Lloyds Insurance

January 1, 2008

Stonington Insurance Company
NAIC Company Code 10340

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, form filings on behalf of Stonington Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed in be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

Perr&Knight, Inc.
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Tel: (310) 230-9339
Fax: (310) 230-1061

Please contact me at (972) 664-7105 if you have any questions regarding this authorization.

Sincerely,



Walter J. Kozuch
Vice President – Technical Services