

SERFF Tracking Number: QBEC-125728005 State: Arkansas
Filing Company: Praetorian Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08-150-003-ML-AR
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Staffing Industry
Project Name/Number: Commercial Package Form Filing/08-150-003-ML-AR

Filing at a Glance

Company: Praetorian Insurance Company
Product Name: Staffing Industry SERFF Tr Num: QBEC-125728005 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 05.0003 Commercial Package Co Tr Num: 08-150-003-ML-AR State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: Janet Kiger Disposition Date: 07/11/2008
Date Submitted: 07/10/2008 Disposition Status: Approved
Effective Date Requested (New): Effective Date (New): 07/11/2008
Effective Date Requested (Renewal): Effective Date (Renewal): 07/11/2008

State Filing Description:

General Information

Project Name: Commercial Package Form Filing Status of Filing in Domicile: Authorized
Project Number: 08-150-003-ML-AR Domicile Status Comments: Illinois approved the form filing effective July 15, 2008.
Reference Organization: N/A - Independent Form Filing Reference Number: N/A - Independent Form Filing
Reference Title: N/A - Independent Form Filing Advisory Org. Circular: N/A - Independent Form Filing
Filing Status Changed: 07/11/2008 Deemer Date:
State Status Changed: 07/11/2008
Corresponding Filing Tracking Number:
Filing Description:
RE: Praetorian Insurance Company - NAIC: 0796-37257 FEIN: 36-3030511
Staffing Industry Program

SERFF Tracking Number: QBEC-125728005 State: Arkansas
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Commercial Package
Form Filing

Praetorian Insurance Company wishes to submit for your review and approval our Staffing Industry – Commercial Package Form Filing.

Enclosed are the following:

THP 1000 06 08 - Building and Personal Property Coverage Form – Property Changes

Description of Coverage: Used to increase coverage/extensions applicable the Building and Personal Property Coverage Form.

Rate Impact: There in no charge for this enhancement endorsement.

CM 88 02 1299 – Electrical Breakdown Coverage

Description of Coverage: Applies to Inland Marine and extends Electrical Breakdown coverage to include coverage within 1 mile vs 100 ft

Rate Impact:

There in no charge for this enhancement endorsement.

CG 99 99 A 0608 – Amendment of Exclusion – Employer’s Liability

Description of Coverage: Amends Employers Liability Exclusion under the General Liability Coverage Form to include "additional Insureds" and liability assumed by the insured under an insured contract to reduce action over claims

Rate Impact: There in no charge for this enhancement endorsement.

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Our proposed effective date is the Date of Approval.

Company and Contact

Filing Contact Information

Janet Kiger, Assistant Vice President janet.kiger@qbeamericas.com
 1200 Landmark Center (402) 345-1818 [Phone]
 Omaha, NE 68102 (402) 345-4401[FAX]

Filing Company Information

Praetorian Insurance Company CoCode: 37257 State of Domicile: Illinois
 88 Pine Street - 16th Floor Group Code: 796 Company Type:
 New York , NY 10005 Group Name: QBE Insurance State ID Number:
 Group
 (212) 422-9888 ext. [Phone] FEIN Number: 36-3030511

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Praetorian Insurance Company	\$50.00	07/10/2008	21351691

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07/11/2008	07/11/2008

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Disposition

Disposition Date: 07/11/2008

Effective Date (New): 07/11/2008

Effective Date (Renewal): 07/11/2008

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	Certificate of Compliance	Approved	Yes
Form	Building and Personal Property Coverage Form - Property Changes	Approved	Yes
Form	Electrical Breakdown Coverage	Approved	Yes
Form	Amendment of Exclusion - Employer's Liability	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Building and Personal Property Coverage Form - Property Changes	THP 1000	06 08	Endorsement/Amendment/Conditions	New	53.00	THP 1000 06 08.pdf
Approved	Electrical Breakdown Coverage	CM 88 02	1299	Endorsement/Amendment/Conditions	New	52.70	CM 88 02 1299.pdf
Approved	Amendment of Exclusion - Employer's Liability	CG 99 99	0608	Endorsement/Amendment/Conditions	New	52.70	CG 99 99 A 0608.pdf

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ CAREFULLY

THIS ENDORSEMENT MODIFIES COVERAGE PROVIDED UNDER:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM

PROPERTY CHANGES

The following items under 4, Additional Coverages of A – Coverage are amended:

The sum of \$25,000 is substituted for \$10,000 under a. Debris Removal.

The sum of \$10,000 is substituted for \$1,000 under c. Fire Department Service Charge.

The sum of \$25,000 is substituted for \$10,000 under paragraph (3) of d. Pollutant Clean Up and Removal.

The following sub-paragraph (g) (h) and (i) are added to sub-section 4 of Section A – Coverage:

- (g) Arson Reward
We will pay up to \$10,000 for information which leads to an arson conviction in connection with a fire loss covered under this coverage form. Regardless of the number of persons involved in providing information, our liability under this Additional Coverage will not be increased.
- (h) Fire Extinguisher Recharge
We will pay up to \$2,500 for the cost of recharging your Underwriters Laboratories listed or Factory Mutual approved type ABC fire extinguisher after being used in fighting a covered fire on your premises or on an adjoining premises.
- (i) Back Up of Sewer or Drain Water
We will pay for loss or damage to covered property caused by water that backs up from a sewer or drain. However, this extension does not provide coverage for loss or damage due to water emanating from a sump pump well or similar device designed to prevent overflow, seepage or leakage of subsurface water. The most we will pay for direct physical loss at any scheduled location is \$25,000.

The following items under 5. Coverage Extensions of A – Coverage are amended:

- a. Newly Acquired or Constructed Property (3) period of coverage; (b) is deleted.
- b. Personal Effects and Property of Others
The sum of \$10,000 is substituted for \$2,500.
- d. Property Off- premises.
Sub paragraphs (1) and (2) are deleted. The sum of \$50,000 is substituted for \$10,000.
- e. Outdoor Property
The sum of \$10,000 is substituted for \$1,000 and the sum of \$500 is substituted for \$250.
- g. Claim Documentation Expense is added
We will pay the expense you incur in preparing claim data when we require it. This includes the cost of taking inventories, making appraisals and preparing other documentation to show extent of loss. The most we will pay for preparation of Claim data under this coverage extension is \$20,000. We will not pay for expenses of insurance adjusters public adjusters.

This endorsement changes the Inland Marine Coverage.
If a coverage is shown on the line below,
this endorsement applies only to that coverage.

PLEASE READ THIS CAREFULLY

ELECTRICAL BREAKDOWN COVERAGE

Coverage is extended as follows:

Perils Covered

We will cover short-circuit, blow-out or magnetic injury or disturbance or other electrical damage to covered equipment, including wiring, covered data and media. This includes any accidental erasure of data caused by electrical or magnetic injury, or operator programmer error, but to be covered, the cause of the electrical damage must occur within your building or within one mile of it.

If coverage is provided, we also cover:

1. loss to covered media caused by this peril.
2. extra expense that results from loss to covered equipment or media caused by this peril.
3. loss of earnings that results from loss to covered equipment or media caused by this peril.

AMENDMENT OF EXCLUSION – EMPLOYER’S LIABILITY

This endorsement modifies insurance provided under the following:

Exclusion E. of Section I– Coverage A – Bodily Injury And Property Damage Liability is replaced by the following:

2. Exclusions

This insurance does not apply to:

E. Employer’s Liability

“Bodily injury” to:

- (1) An “employee” of the insured arising out of and in the course of:
 - (a) Employment by the insured; or
 - (b) Performing duties related to the conduct of the insured’s business; or
- (2) The spouse, child, parent, brother or sister of that “employee” as a consequence of Paragraph (1) above.

This exclusion applies to any insured including additional insureds whether the insured or additional insured may be liable as an employer or in any other capacity and to any obligation to share damages with or repay someone else who must pay damages because of the injury. This exclusion also applies to liability assumed by the insured under an “insured contract”.

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 07/11/2008

Comments:

Attachments:

ARFFS-1.pdf
ARPCTD-1.pdf

Satisfied -Name: Certificate of Compliance **Review Status:** Approved 07/11/2008

Comments:

Attachment:

ARCOC.pdf

AREffective March 1, 2007

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 #	08-150-003-ML-AR			
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	Building and Personal Property Coverage Form – Property Changes	THP 1000 06 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
02	Electrical Breakdown Coverage	CM 88 02 1299	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
03	Amendment of Exclusion – Employer’s Liability	CG 99 99 A 0608	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
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 Effective March 1, 2007

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: 50%;">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					

3. Group Name QBE	Group NAIC # 0796
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4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Praetorian Insurance Company	IL	37257	36-3030511	

5. Company Tracking Number	08-150-003-ML-AR
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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
	Janet Kiger 1299 Farnam, Suite 950 Omaha NE 68102	Asst VP	800-324-0269 ext 110	402-345-4401	janet.kiger@qbeameric as.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Janet Kiger		

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)	Staffing Industry
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: Date of Approval Renewal: Date of 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	07/10/08
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 #	08-150-003-ML-AR
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

RE: Praetorian Insurance Company - NAIC: 0796-37257 FEIN: 36-3030511
 Staffing Industry Program
 Commercial Package
 Form Filing

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Our proposed effective date is the Date of Approval.

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 #: Electronic Fund Transfer via SERFF</p> <p>Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)

FORM SELF CERT



I, Stephen T. Fitzpatrick, Vice President of
(Name) *(Title of Authorized Officer)*
Praetorian Insurance Company
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:
 - a. Arkansas Code Annotated;
 - b. Arkansas Rules and Regulations;
 - c. Arkansas Insurance Bulletins, Directives and Orders;
 - d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
 - e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against

the company.

3. Pursuant to Ark. Code Ann. §23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? *(Yes or No)* ► Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number 08-150-003-ML-AR

Signature of Authorized Officer ►

Stephen T. Fitzpatrick

Name of Authorized Officer ► Stephen T. Fitzpatrick

Title of Authorized Officer ► Vice President

Email address of Authorized Officer ► sfitzpatrick@praetorianfinancial.com

Telephone # of Authorized Officer ► 800-324-0269

Date ► 07/10/08

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us AID PC SelfCert (4/30/03)