

SERFF Tracking Number: UTCX-125769381 State: Arkansas
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: GLAR09903CGF01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Printers Program
Project Name/Number: Printers Program/GLAR09903CGF01

Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company
Product Name: Printers Program SERFF Tr Num: UTCX-125769381 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50
Made/Occurrence
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: GL AR09903CGF01 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Author: SPI UticaNational Disposition Date: 08/12/2008
Date Submitted: 08/11/2008 Disposition Status: Approved
Effective Date Requested (New): 11/01/2008 Effective Date (New):
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Printers Program Status of Filing in Domicile:
Project Number: GL AR09903CGF01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/12/2008
State Status Changed: 08/12/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Our company has made a minor revision to our Publishers Liability Coverage Insurance Application, 8-A-267, which is currently approved in your jurisdiction. This application will be used whenever our Publishers Liability coverage is requested, and this application will attach to the policy.

Along with the above-mentioned revision, we are also attaching 8-L-2188 Ed. Ed. 4-2008, which is a notice that is provided to the insured stating that 8-A-267 needs to be completed by all parties before we can authorize coverage.

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Our Fraud Statement Addenda, 8-A-419 Ed. 9-2005, is attached, which is also approved in your jurisdiction. The required fraud warning statements for our applications are contained in this form, which will be attached to our applications.

Company and Contact

Filing Contact Information

Melissa Porten, State Filings Systems Analyst melissa.porten@uticanational.com
 180 Genesee Street (315) 734-2569 [Phone]
 New Hartford, NY 13413 (315) 734-2252[FAX]

Filing Company Information

Utica Mutual Insurance Company	CoCode: 25976	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 15-0476880	

Graphic Arts Mutual Insurance Company	CoCode: 25984	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 13-5274760	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Utica Mutual Insurance Company	\$50.00	08/11/2008	21877635

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Graphic Arts Mutual Insurance Company \$0.00 08/11/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/12/2008	08/12/2008

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Disposition

Disposition Date: 08/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Publishers Liability Coverage Insurance Application	Approved	Yes
Form	Important Notice Regarding Completion of Necessary Application Form	Approved	Yes
Form	Fraud Statement Addenda	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Publishers Liability Coverage Insurance Application	8-A-267	Ed. 5-2008	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 8-A-267 Previous Filing #:		8-A-267.PDF
Approved	Important Notice Regarding Completion of Necessary Application Form	8-L-2188	Ed. 4-2008	Policy/Coverage New Form		0.00	8-L-2188.PDF
Approved	Fraud Statement Addenda	8-A-419	Ed. 9-2005	Application/ New Binder/Enrollment		0.00	8-A-419.PDF



PUBLISHERS LIABILITY COVERAGE INSURANCE APPLICATION

Utica National Insurance Group • New Hartford, New York

Note: Enclose with this application a financial statement, two recent copies (different edition dates) of publication(s) and, unless previously submitted, resume of managing editor.

Coverage can not be bound without company underwriting authorization.

1. Name of Applicant: _____ Individual
 Partnership
 Corporation

2. Address: _____

3. Name of Each Publication	Year Founded	Year Purchased by Present Owner	Frequency of Dist. (Daily-Weekly-Monthly)	Estimated Circulation for Current Year

4. Editorial Staff:	Name	Position	Years with Present Publication	Years of Previous Publication Experience

5. Is circulation in metropolitan areas or small-town and rural communities? _____
Describe in detail the extent of circulation: _____

6. Does the publication cater to any special readership or group? No Yes
If Yes, explain: _____

7. Does the publication engage in hard-hitting, provocative editorials; investigate reporting; crusades; exposes; or comments on controversial subjects? No Yes
If Yes, explain: _____

8. Has the publication made any retractions in the past 3 years? No Yes
If Yes, give details of each retraction: (Attach extra sheet if necessary.) _____

9. Do you have an established system to ascertain the material to be printed does not violate the Laws of Libel, Rights of Privacy or other forms of defamation? No Yes
If Yes, describe fully: _____

10. How many people review copy before publication? _____ What positions do these people hold with the publication? _____
Must each one initial copy? No Yes If No, explain: _____

11. Does the publication publish crime news obtained from police dockets? No Yes
12. Does the publication publish letters to the editor? No Yes
 If Yes, do you reserve the right to edit such material before publication? No Yes
13. Does the publication have a gossip column? No Yes
14. Name and address of applicant's attorney: _____

Are all questionable items referred to legal counsel prior to publication? No Yes

If No, Explain: _____

15. State details of all suits within the past 10 years, whether or not insured, amounts of any judgments or settlements, and brief description of each case. (Attach extra sheet if necessary.)

16. Has any carrier declined, cancelled or refused to renew similar coverage? No Yes

If Yes, explain: _____

17. Limits of Liability desired: \$300,000/\$300,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000

Note: If we are to provide umbrella coverage for this exposure, at least \$1,000,000/\$1,000,000 must be written in the primary policy (BOP or CPP).

18. Deductible Desired (Minimum \$1,000) \$1,000 \$2,500 \$5,000

WARRANTIES

Applicant agrees that he will use due diligence to determine whether any matter or materials to be used by the applicant are protected by law and, where to applicant's knowledge necessary, to obtain, from parties owning rights therein, the right to use said materials or matter.

Applicant represents and warrants that they or their counsel have no actual nor constructive knowledge of any claims or legal proceedings made or commanded against applicant within the last three years for invasion of privacy, infringement of copyright (statutory or common law), defamation, unauthorized use of titles, format, ideas, characters, plots or other material printed in any publication or breach of implied contract arising out of alleged submission of any literary material, except as stated in item 15 above.

APPLICANT HEREBY DECLARES that the above statements and particulars are true to the best of applicant's knowledge, and that applicant has not suppressed or misstated any material facts and applicant agrees that this application shall be the basis of the contract with a company of the Utica National Insurance Group, New Hartford, NY, and deemed a part thereof.

IMPORTANT FRAUD INFORMATION - See attached "Fraud Statement Addenda" for important Fraud Information regarding the completion of this application. By signing this application you certify that you have read such Fraud Information that applies to you. That addendum will be deemed attached to and made part of this application and to any revisions, supplements or other additions to it.

APPLICANT: _____ BY (Signature)* _____

DATE: _____ (Print): _____

TITLE: _____

Agent, Location and Production Code: _____

IF THE POLICY IS ISSUED, A SIGNED COPY OF APPLICATION WILL BE DEEMED ATTACHED TO AND MADE PART OF THE POLICY WHETHER PHYSICALLY ATTACHED OR NOT. SIGNATURE TO THE FORM AND SUBMISSION OF PAYMENT DOES NOT BIND THE COMPANY TO COMPLETE INSURANCE.

* Must be signed by publisher

IMPORTANT: THIS APPLICATION MUST HAVE FRAUD STATEMENT ADDENDA, FORM 8-A-419 ATTACHED TO IT TO BE CONSIDERED COMPLETE (SEE "IMPORTANT FRAUD INFORMATION" SECTION ABOVE.)

IMPORTANT NOTICE REGARDING COMPLETION OF NECESSARY APPLICATION FORM

Dear Potential Policyholder:

Because of the important nature of certain information needed in our underwriting process, the attached "Publishers Liability Coverage Insurance Application", Form Number 8-A-267, needs to be completed, signed by the necessary authorized person and returned to us before we can authorize this particular coverage. Publishers Liability coverage can not be bound prior to receipt of this application and its approval by one of our Company's underwriters.

Please talk to your Utica National agent if you have any questions about this application or any other aspect of your insurance.

Thank you for choosing the Utica National Insurance Group for your insurance needs. We appreciate your business.



Utica National Insurance Group

Insurance that starts with you

Utica Mutual Insurance Company and its affiliated companies, New Hartford, NY 13413

FRAUD STATEMENT ADDENDA

THE FOLLOWING STATEMENT APPLICABLE TO YOUR STATE IS TO BE DEEMED ATTACHED TO AND MADE A PART OF THE POLICY APPLICATION WHETHER PHYSICALLY ATTACHED OR NOT:

APPLICABLE IN ARKANSAS - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN CALIFORNIA - For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

APPLICABLE IN DELAWARE - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN DISTRICT OF COLUMBIA - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN KENTUCKY - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

APPLICABLE IN LOUISIANA - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MAINE - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

APPLICABLE IN NEW JERSEY - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN NEW MEXICO - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

APPLICABLE IN NEW YORK ONLY: SIGNATURE REQUIRED BELOW

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Authorized Applicant Signature

Title

Date

Producer No. _____ Date _____ Producer's Signature _____

APPLICABLE IN OHIO - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN PENNSYLVANIA - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICABLE IN TENNESSEE - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICABLE IN VIRGINIA - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICABLE IN WEST VIRGINIA - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN ALL OTHER STATES

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning and fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.



Utica National Insurance Group

Insurance that starts with you.

Utica Mutual Insurance Company and its affiliated companies, New Hartford, N.Y. 13413

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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

08/12/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.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: 50%; 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					

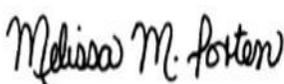
3. Group Name	Group NAIC #
Utica National Insurance Group	0201

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Utica Mutual Insurance Company	NY	25976	15-0476880	
Graphic Arts Mutual Insurance Company	NY	25984	13-5274760	

5. Company Tracking Number	GL AR09903CGF01
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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
	Melissa M. Porten 180 Genesee Street New Hartford NY 13413	State Filings Systems Analyst	800-274-1914 Ext. 2569	315-734-2252	melissa.porten@uticanational.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Melissa M. Porten
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Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	17.0 Other Liability - Claims Made/Occurrence
10.	Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A
12.	Company Program Title (Marketing Title)	Publishers Liability Coverage Insurance Application
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: 11/01/2008 Renewal: 11-1-2008
15.	Reference Filing?	<input checked="" 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	August 11, 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 #	GL AR09903CGF01
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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]
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22.	<p>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> <p>Check #: Amount:</p> <p>Filing Fee sent via EFT.</p> <p style="text-align: center;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>
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***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)