

SERFF Tracking Number: AIXG-125809394 State: Arkansas
Filing Company: Nova Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: NCC-GL-AR-2008-163F
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Commercial General Liability
Project Name/Number: /

Filing at a Glance

Company: Nova Casualty Company

Product Name: Commercial General Liability SERFF Tr Num: AIXG-125809394 State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: NCC-GL-AR-2008-163F State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Author: Janice Glass Disposition Date: 09/23/2008
Date Submitted: 09/09/2008 Disposition Status: Approved
Effective Date Requested (New): 10/09/2008 Effective Date (New):
Effective Date Requested (Renewal): 10/09/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/23/2008
State Status Changed: 09/23/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Nova Casualty Company (NCC) is submitting additional company proprietary forms to provide general liability coverage to residential and commercial contractors. Coverage is designed for a construction project for both residential and commercial general contractors and subcontractors.

These forms are designed specifically for contracting risk. All forms are optional and form AGL01280408 - Professional Services - Landscape And Arborist Workmanship Error - Property Damage when added will be added for an additional charge based on limit selected.

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Company and Contact

Filing Contact Information

Janice Glass, Sr. Compliance Specialist jglass@aixgroup.com
 2 Waterside Crossing (860) 683-5030 [Phone]
 Windsor, CT 06095 (860) 683-5000[FAX]

Filing Company Information

Nova Casualty Company CoCode: 42552 State of Domicile: New York
 2 Waterside Crossing Group Code: Company Type: Property &
 Casualty
 Suite 400
 Windsor, CT 06095 Group Name: State ID Number:
 (860) 683-5029 ext. [Phone] FEIN Number: 16-1140177

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nova Casualty Company	\$50.00	09/09/2008	22385571

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/23/2008	09/23/2008

SERFF Tracking Number: *AIXG-125809394* *State:* *Arkansas*
Filing Company: *Nova Casualty Company* *State Tracking Number:* *EFT \$50*
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TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2001 Commercial General Liability*
Product Name: *Commercial General Liability*
Project Name/Number: /

Disposition

Disposition Date: 09/23/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AIXG-125809394 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Pending Suit Endorsement	Approved	Yes
Form	Prior Incident(s), Prior Defect, And Additional, Continuous And progressive Damage And Personal And Advertising Injury Offense Exclusion	Approved	Yes
Form	Known Injury or Damage Exclusion Endorsement	Approved	Yes
Form	Prior Completed Operations Exclusion	Approved	Yes
Form	Joint Defense	Approved	Yes
Form	Damage To your Work - Amendment	Approved	Yes
Form	Contractors Limitation	Approved	Yes
Form	Limitation-Representations Condition - Applications	Approved	Yes
Form	Professional Services - Landscape and Arborist Workmanship Error - Property Damage	Approved	Yes
Form	Commercial general liability Declarations Page	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Pending Suit Endorsement	AGL0031	0707	Endorsement/Amendment/Conditions			AGL0031_07-07.pdf
Approved	Prior Incident(s), Prior Defect, And Additional, Continuous And progressive Damage And Personal And Advertising Injury Offense Exclusion	AGL0032	1007	Endorsement/Amendment/Conditions			AGL0032_10-07.pdf
Approved	Known Injury or Damage Exclusion Endorsement	AGL0033	1007	Endorsement/Amendment/Conditions			AGL0033_10-07.pdf
Approved	Prior Completed Operations Exclusion	AGL0034	0707	Endorsement/Amendment/Conditions			AGL0034_07-07.pdf
Approved	Joint Defense	AGL0036	1007	Endorsement/Amendment/Conditions			AGL0036_10-07.pdf
Approved	Damage To your Work - Amendment	AGL0044	0707	Endorsement/Amendment/Conditions			AGL0044_07-07.pdf
Approved	Contractors Limitation	AGL0046	1107	Endorsement/Amendment/Conditions			AGL0046_11-07.pdf

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Approved	Limitation- Representations Condition - Applications	AGL0060 0907	Endorseme New nt/Amendm ent/Condi ons	AGL006009 07Limitation Representati onsCondition (4).pdf
Approved	Professional Services - Landscape and Arborist Workmanship Error - Property Damage	AGL0128 0428	Endorseme New nt/Amendm ent/Condi ons	AGL0128_0 4-08.pdf
Approved	Commercial general liability Declarations Page	CG DS 01 10 01	Declaration New s/Schedule	Commercial General Liability Declarations. pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PENDING SUIT ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

It is agreed that the following exclusion is added to **SECTION I – COVERAGES** paragraph **2. Exclusions:**

This policy does not apply to, and “we” shall have no obligation to defend, any “suit” file, commenced or brought against any person or entity prior to the effective date of this policy. This exclusion applies regardless of whether such “suit” seeks damages that otherwise might have been covered by the policy in the absence of this exclusion, and regardless of whether such “suit” is amended, brought as a companion suit, cross-claim or counter-claim filed, commenced or brought after the effective date of this policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIOR INCIDENT(S), PRIOR DEFECT DAMAGE, AND ADDITIONAL, CONTINUOUS AND PROGRESSIVE DAMAGE AND PERSONAL AND ADVERTISING INJURY OFFENSE EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

1. It is agreed that the following exclusion is added to **SECTION I – COVERAGES**, paragraph **2. Exclusions**.

This policy does not apply to:

- a. damages because of “bodily injury”, “property damage” or “personal and advertising injury” that first took place, first occurred, or first began or commenced, before the effective date of this policy; or
- b. damages because of “bodily injury”, “property damage” or “personal and advertising injury” that take place during the policy term of this policy, which result from, or is caused in whole or in part by, any event, occurrence or cause that took place, first occurred, or began or commenced, before the effective date of this policy.

This exclusion applies, but is not limited to damages because of “bodily injury”, “property damage” and “personal and advertising injury” that:

- a. took place, or
- b. continues, or
- c. becomes progressively worse

during the policy period, if such damages were contributed to, directly or indirectly, by any event, occurrence or cause that took place, first occurred, or began or commenced, before the effective date of this policy.

Further, for the purposes of this policy, any damages because of “bodily injury”, “property damage”, or “personal and advertising injury” suffered as a result of any event, occurrence or cause that took place, first occurred, or began or commenced, before the effective date of this policy shall be deemed to have taken place entirely before the effective date of this policy.

“We” shall have no duty to defend “you” against any “suit” arising from or alleging any “bodily injury”, “property damage”, “personal and advertising injury” suffered as a result of any event, occurrence or cause that took place, first occurred, or began or commenced, before the effective date of this policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

KNOWN INJURY OR DAMAGE EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

It is agreed that the following exclusion is added to **SECTION I – COVERAGES A and B** paragraph **2. Exclusions:**

This policy does not apply to damages because of “bodily injury”, “property damage” or “personal and advertising injury” of which any insured, or any of their directors, officers, owners, partners, principals, managers, insurance managers, warranty staff, and/or risk managers, was aware, or should have been aware, or with respect to which any of the foregoing have actual or constructive notice, prior to the effective date of this policy.

This exclusion applies regardless of whether such damages because of “bodily injury”, “property damage” or “personal and advertising injury” takes place, continues or becomes progressively worse during the policy period, and “we” shall have no obligation to defend any “suit” arising from such damages because of “bodily injury”, “property damage” or “personal and advertising injury”.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIOR COMPLETED OPERATIONS EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

This insurance does not apply to "property damage" arising out of "your work" performed by you or on your behalf if "your work", other than service, maintenance, correction, repair or replacement of any part of any structure, was completed prior to the policy period.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

JOINT DEFENSE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

It is agreed that the following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS:**

Joint Defense

This insurance is intended to apply to multiple parties involved in a construction project. It is understood that since these multiple parties are each involved in connection with the construction project, and wish to be insured jointly, by participating in this policy as a person insured, each person insured agrees and consents to a joint defense approach with respect to any claim or "suit" arising out of the work performed in connection with the construction project.

In the event that any claim or "suit" is brought against more than one person insured under this policy or any other insured under any other policy issued by us, it is agreed that all such claim(s) or "suit(s)" shall be addressed, investigated, managed, defended, settled, or otherwise handled in accordance with a joint defense (subject to any required ethical considerations or the need for independent legal counsel as may be required by applicable state law). Under the joint defense, we shall have the right to select one counsel to represent all persons insured with respect to such claim or "suit". Under the joint defense, each person insured who is a party in any such claim(s) or "suit(s)" shall have the obligation, as a condition of coverage, to cooperate with us in connection with the investigation, defense, and/or resolution of any such claim(s) or "suit(s)". Any failure to so cooperate or otherwise comply with this joint defense approach shall be deemed a material breach of the person insured's obligations to cooperate under the policy and shall void any coverage available to said person insured under this policy. No claims or "suits", counter-claims, cross-claims, third-party claims, or cross complaints for negligence, contribution, indemnification, partial indemnity, allocation of liability, apportionment of comparative fault, claims of subrogation or equitable contribution or otherwise, arising out of any claim(s) or "suit(s)" for which coverage is sought under this policy, may be asserted by any person insured against any other person insured under this policy.

As a condition of the issuance of this policy, each person insured under this policy agrees to waive, release and relinquish any claim(s) or "suit(s)", counter-claim(s), cross-claim(s), third-party claim(s), or cross-complaint(s) for negligence, contribution, indemnification, partial indemnity, allocation of liability, apportionment of comparative fault, claims of subrogation or equitable contribution or otherwise, arising out of any claim(s) or "suit(s)" for which coverage is sought under this policy against any other person insured under this policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DAMAGE TO YOUR WORK – AMENDMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

It is agreed that paragraph I. **Damage To Your Work** under **SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions** is hereby deleted.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONTRACTORS LIMITATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

It is agreed that the following exclusion is added to paragraph **2.**, **Exclusions of SECTION I - COVERAGES:**

This insurance does not apply to “bodily injury” or “property damage” arising out of work or operations performed on your behalf by independent contractors including, but not limited to products they sold, handled, and/or distributed as well as any completed operations performed by independent contractors on your behalf.

This exclusion does not apply if:

- (1) You have obtained a written fully executed agreement holding you harmless for all liabilities incurred by the independent contractor as the result of the work performed for you by others provided the “bodily injury” or “property damage” occurs subsequent to the execution of the agreement. This agreement must be in the form of a subcontract agreement approved by the carrier. You or your independent contractor shall not make any changes to any items in the Indemnity Section, Insurance Section, and the Mediation of Disputes & Arbitration of Disputes Section without prior written approval from us; and
- (2) You have obtained a certificate of insurance indicating that the independent contractor maintains Commercial General Liability with coverage not less than:
 - \$ 1,000,000 each occurrence
 - \$ 2,000,000 general aggregate
 - \$ 2,000,000 products and completed operations aggregate

And the independent contractor has furnished you with a certificate of insurance and a copy of the endorsement which names you an additional insured on the independent contractor’s Commercial General Liability, from an Insurance Carrier with an AM Best rating of A- VII or better.

It is agreed that the following paragraph is added after paragraph **b. (2)** of **4. Other Insurance** under **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**

Any other valid and collectible insurance available to you covering your liability for damages arising out of work or operations performed by you, or on your behalf by independent contractors.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIMITATION – REPRESENTATIONS CONDITION –
APPLICATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

It is agreed that condition 6. Representations in SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS is deleted and replaced by the following:

6. Representations
By accepting this policy, you agree:
 - a. The statements in the Declarations are accurate and complete;
 - b. Those statements are based upon representations you made to us;
 - c. Your statements in the application for this insurance and any supplements to the application are accurate and complete; and
 - d. We have issued this policy in reliance upon your representations and statements.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PROFESSIONAL SERVICES - LANDSCAPE AND ARBORIST
WORKMANSHIP ERROR - PROPERTY DAMAGE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Schedule

Limit Each Occurrence	Premium
\$	\$

1. It is agreed that the following definitions are added to **SECTION V – DEFINITIONS**:
 - a. "Arborist property damage" consists of "property damage" to trees, shrubs, plants or lawns caused by reason of any negligent act, error or omission in the professional services rendered, or which should have been rendered. The coverage provided by this endorsement for "arborist property damage", however, is limited to your cost of:
 - (1) repair; or
 - (2) replacementof the damaged property; whichever of 1. or 2. above is the lesser.
"Arborist property damage" shall be deemed to be the result of an accident, and deemed to be neither expected nor intended if:
 - (1) The specific physical injury is neither expected nor intended by the insured; and
 - (2) The insured is under the mistaken, but good faith belief that the insured had permission from the owner of the injured property to perform the work in the manner or at the location which caused the physical injury.
 - b. "Professional services" means those services you are legally qualified to perform for others in your capacity and practice as an arborist, landscape architect, landscape designer, planner, irrigation designer, consulting arborist, or other related professions. Those services include but are not limited to designs, plans, plant specifications, valuations, offering opinions, making recommendations, specifications, planning, studies, environmental and economic impact opinions, reports, evaluations, impact analysis, audits, diagnosis and expert testimony.
2. It is agreed that **SECTION I – COVERAGES**, paragraph **2. Exclusions j. Damage To Property (4), (5) and (6)** do not apply to "arborist property damage".
3. The limit of coverage provided by this endorsement is shown in the Schedule above.
4. The Property Damage deductible applicable to this insurance is \$1,000 per occurrence.



NOVA CASUALTY COMPANY
 A STOCK INSURANCE COMPANY
 726 EXCHANGE STREET, SUITE 1020 BUFFALO, NY 14210
COMMERCIAL GENERAL LIABILITY
 DECLARATIONS PAGE

POLICY NO.

NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS

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POLICY PERIOD: From to AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

LIMITS OF INSURANCE		
GENERAL AGGREGATE	\$	
PRODUCTS-COMPLETED OPERATIONS AGGREGATE	\$	
PERSONAL INJURY & ADVERTISING INJURY	\$	
EACH OCCURRENCE	\$	
DAMAGE TO PREMISES RENTED TO YOU	\$	ANY ONE PREMISES
MEDICAL EXPENSE	\$	ANY ONE PERSON

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:
--

LOC CLASSIFICATION	CODE	PREMIUM BASIS	PMS RATE	PDTS RATE

TOTAL PREMIUM



NOVA CASUALTY COMPANY
 A STOCK INSURANCE COMPANY
 726 EXCHANGE STREET, SUITE 1020 BUFFALO, NY 14210
COMMERCIAL GENERAL LIABILITY
 DECLARATIONS PAGE

POLICY NO.

NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS

[Empty box for Named Insured and Mailing Address]

[Empty box for Agency and Mailing Address]

POLICY PERIOD: From . . . to . . . AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

FORMS AND ENDORSEMENTS
 APPLYING TO COMMERCIAL GENERAL LIABILITY COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

COUNTERSIGNED AT: _____ DATE: _____ BY: _____
AUTHORIZED REPRESENTATIVE

SERFF Tracking Number: *AIXG-125809394* *State:* *Arkansas*
Filing Company: *Nova Casualty Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *NCC-GL-AR-2008-163F*
TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2001 Commercial General Liability*
Product Name: *Commercial General Liability*
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AIXG-125809394 State: Arkansas
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TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 09/23/2008

Comments:

Attachment:

Forms Transmittal.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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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

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 #:
Amount:

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

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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input 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

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	