

SERFF Tracking Number: CAPC-125815573 State: Arkansas  
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50  
Company Tracking Number: 08-LIAB-FO-CW-099  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Inflatable Amusement Device  
Project Name/Number: Inflatable Amusement Device/08-LIAB-FO-CW-099

## Filing at a Glance

Company: Capitol Indemnity Corporation

Product Name: Inflatable Amusement Device SERFF Tr Num: CAPC-125815573 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: 08-LIAB-FO-CW-099 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts

Author: Christine Kidd Disposition Date: 09/25/2008

Date Submitted: 09/17/2008 Disposition Status: Approved

Effective Date Requested (New): 11/01/2008

Effective Date Requested (Renewal): 01/01/2009

Effective Date (New):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Inflatable Amusement Device

Project Number: 08-LIAB-FO-CW-099

Reference Organization:

Reference Title:

Filing Status Changed: 09/25/2008

State Status Changed: 09/25/2008

Corresponding Filing Tracking Number:

Filing Description:

Re: Exclusion - Inflatable Amusement Device – CGL 367 (07-08)

File Number: 08-LIAB—FO-CW-099

Effective Date: 11-01-2008 New, 01-01-2009 Renewal

Company: NAIC Number: 10472

FEIN: 39-0971527

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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We submit for your review and approval the final printed copy of our endorsement EXCLUSION - INFLATABLE AMUSEMENT DEVICE CGL 367 (07-08).

This new endorsement will be used optionally on any Commercial General Liability policy – including Special Events classifications where there is an exposure or potential exposure for injury from Inflatable Amusement Devices.

Thank you for your time and consideration.

## Company and Contact

### Filing Contact Information

Chris Kidd, Product Analyst ckidd@capitol.net  
 PO Box 5900 (608) 829-4200 [Phone]  
 Madison, WI 53705-0900

### Filing Company Information

Capitol Indemnity Corporation CoCode: 10472 State of Domicile: Wisconsin  
 PO Box 5900 Group Code: 501 Company Type:  
 Madison, WI 53705 Group Name: State ID Number:  
 (608) 829-4200 ext. [Phone] FEIN Number: 39-0971527  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 form @ \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Capitol Indemnity Corporation	\$50.00	09/17/2008	22557328

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/25/2008	09/25/2008

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## **Disposition**

Disposition Date: 09/25/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CAPC-125815573 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Exclusion - Inflatable Amusement Device	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion - Inflatable Amusement Device	CGL 367 (07-08)	07-08	Endorsement/Amendment/Conditions	New	0.00	CGL367 (0708) Exclusion - Inflatable Amusement Device1.pdf

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

## **EXCLUSION – INFLATABLE AMUSEMENT DEVICE**

This endorsement modifies insurance under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

The following is added to **SECTION I – COVERAGES; COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY; 2. Exclusions:**

This insurance does not apply to any “bodily injury” or “property damage” arising out of the ownership, operation, maintenance, use or entrustment of any “inflatable amusement device”.

#### **Definitions:**

The following is added to **SECTION V – DEFINITIONS:**

“Inflatable amusement device” are flexible structures that rely on air pressure to maintain their shape and are kept inflated by continuous air flow, which are designed for uses that may include but are not limited to bouncing, sliding, climbing or interactive play. Examples of which include, but are not limited to inflatable:

- (a) Sports games,
- (b) Bouncy castles;
- (c) Games;
- (d) Land slides;
- (e) Water slides;
- (f) Pool games;
- (g) Tunnels or mazes;
- (h) Jumping apparatus;
- (i) Moonwalks; or
- (j) Advertising devices

**This endorsement does not modify any other provision of the policy.**

*SERFF Tracking Number:*      *CAPC-125815573*                      *State:*                      *Arkansas*  
*Filing Company:*              *Capitol Indemnity Corporation*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *08-LIAB-FO-CW-099*  
*TOI:*                      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*                      *17.0001 Commercial General Liability*  
*Product Name:*                      *Inflatable Amusement Device*  
*Project Name/Number:*              *Inflatable Amusement Device/08-LIAB-FO-CW-099*

## **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 09/25/2008

**Comments:**

**Attachment:**

AR PCTD CGL 367 09-08.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>

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

<b>5. Company Tracking Number</b>	
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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—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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<b>22.</b>	<b>Filing Fees</b> (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]
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**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.)**

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## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (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.)**

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

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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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

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

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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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	