

SERFF Tracking Number: TRVD-125819105 State: Arkansas  
First Filing Company: St. Paul Fire and Marine Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: 2008-07-0139  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Multiple products  
Project Name/Number: Interline Forms/2008-07-0139

## Filing at a Glance

Companies: St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, St. Paul Protective Insurance Company

Product Name: Multiple products SERFF Tr Num: TRVD-125819105 State: Arkansas  
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: 2008-07-0139 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins  
Disposition Date: 09/22/2008  
Authors: Carrie Acuna, Diana Grodotzke, Carol Letendre  
Date Submitted: 09/22/2008 Disposition Status: Approved  
Effective Date Requested (New): 10/22/2008 Effective Date (New): 10/22/2008  
Effective Date Requested (Renewal): 10/22/2008 Effective Date (Renewal): 10/22/2008

State Filing Description:

## General Information

Project Name: Interline Forms Status of Filing in Domicile: Authorized  
Project Number: 2008-07-0139 Domicile Status Comments:  
Reference Organization: N/A Reference Number: N/A  
Reference Title: N/A Advisory Org. Circular: N/A  
Filing Status Changed: 09/22/2008  
State Status Changed: 09/22/2008 Deemer Date:  
Corresponding Filing Tracking Number: N/A  
Filing Description:

In compliance with the insurance laws and regulations of your state, we respectfully submit the enclosed forms for your review.

This filing introduces a new Extended Named Insured endorsement and three additional forms which limit the additional coverage. There is no special rating associated with the use of these forms. Please refer to the enclosed Form Index

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and Filing Memorandum for additional information.

Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

## Company and Contact

### Filing Contact Information

Carol Letendre, Regulatory Manager CLETENDR@travelers.com  
385 Washington Street (651) 310-7110 [Phone]  
St. Paul, MN 55102 (651) 310-4361[FAX]

### Filing Company Information

St. Paul Fire and Marine Insurance Company CoCode: 24767 State of Domicile: Minnesota  
385 Washington Street Group Code: 3548 Company Type:  
St. Paul, MN 55102 Group Name: State ID Number:  
(651) 310-7782 ext. [Phone] FEIN Number: 41-0406690  
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St. Paul Guardian Insurance Company CoCode: 24775 State of Domicile: Minnesota  
385 Washington Street Group Code: 3548 Company Type:  
St. Paul, MN 55102 Group Name: State ID Number:  
(651) 310-7782 ext. [Phone] FEIN Number: 41-0963301  
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St. Paul Mercury Insurance Company CoCode: 24791 State of Domicile: Minnesota  
385 Washington Street Group Code: 3548 Company Type:  
St. Paul, MN 55102 Group Name: State ID Number:  
(651) 310-7782 ext. [Phone] FEIN Number: 41-0881659  
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St. Paul Protective Insurance Company CoCode: 19224 State of Domicile: Illinois  
385 Washington Street Group Code: 3548 Company Type:  
St. Paul, MN 55102 Group Name: State ID Number:  
(651) 310-7782 ext. [Phone] FEIN Number: 36-2542404  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
St. Paul Fire and Marine Insurance Company	\$50.00	09/22/2008	22636032
St. Paul Guardian Insurance Company	\$0.00	09/22/2008	
St. Paul Mercury Insurance Company	\$0.00	09/22/2008	
St. Paul Protective Insurance Company	\$0.00	09/22/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/22/2008	09/22/2008

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## Disposition

Disposition Date: 09/22/2008  
Effective Date (New): 10/22/2008  
Effective Date (Renewal): 10/22/2008  
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
Supporting Document	Form Index	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Extended Name Insured Endorsement	Approved	Yes
Form	Portfolio Company Exclusion Endorsement	Approved	Yes
Form	Described Person or Organization Exclusion Endorsement	Approved	Yes
Form	Described Person or Organization Limitation Endorsement	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Extended Name Insured Endorsement	D0149	6-08	Endorsement/New/Amendment/Conditions		0.00	D0149 6-08.pdf
Approved	Portfolio Company Exclusion Endorsement	D0150	6-08	Endorsement/New/Amendment/Conditions		0.00	D0150 6-08.pdf
Approved	Described Person or Organization Exclusion Endorsement	D0151	6-08	Endorsement/New/Amendment/Conditions		0.00	D0151 6-08.pdf
Approved	Described Person or Organization Limitation Endorsement	D0152	6-08	Endorsement/New/Amendment/Conditions		0.00	D0152 6-08.pdf

## EXTENDED NAMED INSURED ENDORSEMENT

This endorsement changes your Introduction.

*Do not attach this form to a policy. It is for informational use only.*

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### How Coverage Is Changed

The following is added to the Introduction. This change broadens coverage.

The words you, your or yours means the named insured shown on the Introduction page and any affiliated corporation, partnership, joint venture, limited liability company, or other organization existing on the effective date of this policy over which you have both an insurable interest and 50% or more ownership and for which similar insurance is not otherwise more specifically provided.

### Other Terms

All other terms of your policy remain the same.

## PORTFOLIO COMPANY EXCLUSION ENDORSEMENT

This endorsement changes any and all property or other first-party protection and any and all liability protection provided by your policy.

*Do not attach this form to a policy. It is for informational use only.*

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### How Coverage Is Changed

1. The following is added to the:

- Who Is Protected Under This Agreement;
- Who Is Protected; and
- Who Is Protected Under Your Cyber+ For Financial Institutions Insuring Agreements;

sections of your policy, whichever apply. This change limits coverage.

**Portfolio company.** No portfolio company shall be considered to be a protected person under your policy.

*Portfolio company* means any organization in which you have provided or agreed to provide seed capital or mezzanine financing in return for warrants, shares or other forms of securities indicative of current or future equity ownership.

*Seed capital* means initial capital you have provided or agreed to provide to a start-up organization.

*Mezzanine financing* means capital you have provided or agreed to provide to an organization in connection with:

- that phase in such organization's development of a product or service where such product or service is being tested for its marketability or to otherwise gauge its profit potential; or
- the announcement by the organization of its intention to make an initial public offering.

2. The following is added to the:

- Exclusions - Losses We Won't Cover;
- Exclusions - Losses Not Covered; and
- Exclusions - What This Agreement Won't Cover;

sections of your policy, whichever apply. This change excludes coverage.

**Portfolio company.** We won't cover loss that results from the operation, ownership, or control of any portfolio company.

### Other Terms

All other terms of your policy remain the same.

**DESCRIBED PERSON OR ORGANIZATION EXCLUSION ENDORSEMENT**

This endorsement changes any and all property or other first-party protection and any and all liability protection provided by your policy.

*Do not attach this form to a policy. It is for informational use only.*

**How Coverage Is Changed**

1. The following is added to the:
  - Who Is Protected Under This Agreement;
  - Who Is Protected; and
  - Who Is Protected Under Your Cyber+ For Financial Institutions Insuring Agreements;
 sections of your policy, whichever apply. This change limits coverage.

**Described person or organization.** No person or organization described below shall be considered to be a protected person under your policy.

2. The following is added to the:
  - Exclusions - Losses We Won't Cover;
  - Exclusions - Losses Not Covered; and
  - Exclusions - What This Agreement Won't Cover;
 sections of your policy, whichever apply. This change excludes coverage.

**Described person or organization.** We won't cover loss that results from the operation, ownership or control of any Scheduled person or organization.

**Other Terms**

All other terms of your policy remain the same.

**Name of Insured**

**Policy Number**

**Effective Date**

**Processing Date**

**DESCRIBED PERSON OR ORGANIZATION LIMITATION ENDORSEMENT**

This endorsement changes any and all property or other first-party protection and any and all liability protection provided by your policy.

*Do not attach this form to a policy. It is for informational use only.*

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**How Coverage Is Changed**

The following is added to the:

- Who Is Protected Under This Agreement;
  - Who Is Protected; and
  - Who Is Protected Under Your Cyber+ For Financial Institutions Insuring Agreement;
- sections of your policy, whichever apply. This change limits coverage.

**Other Terms**

All other terms of your policy remain the same.

**Described person or organization.** No person or organization described below shall be considered to be a protected person under your policy.

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**Name of Insured**

**Policy Number**

**Effective Date**

**Processing Date**

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Approved 09/22/2008

**Comments:**

**Attachment:**

AR NAIC Transmittal Forms.pdf

**Satisfied -Name:** Form Index  
**Review Status:** Approved 09/22/2008

**Comments:**

**Attachment:**

Index of Forms CW.pdf

**Satisfied -Name:** Filing Memorandum  
**Review Status:** Approved 09/22/2008

**Comments:**

**Attachment:**

2008-07-0139 Filing Memo.pdf



## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	2008-07-0139
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<b>21. 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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In compliance with the insurance laws and regulations of your state, we respectfully submit the enclosed forms for your review.

This filing introduces a new Extended Named Insured endorsement and three additional forms which limit the additional coverage. There is no special rating associated with the use of these forms. Please refer to the enclosed Form Index and Filing Memorandum for additional information.

<b>22. 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 #:** N/A - EFT  
**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.)**

**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>	<b>2008-07-0139</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>NA</b>			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Extended Named Insured Endorsement	D0149 Ed. 6-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
02	Portfolio Company Exclusion Endorsement	D0150 Ed. 6-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
03	Described Person or Organization Exclusion Endorsement	D0151 Ed. 6-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
04	Described Person or Organization Limitation Endorsement	D0152 Ed. 6-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
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		

**Form Index**  
**Filing 2008-07-0139**

Form #	Ed.	Title
D0149	6-08	Extended Named Insured Endorsement
D0150	6-08	Portfolio Company Exclusion Endorsement
D0151	6-08	Described Person or Organization Exclusion Endorsement
D0152	6-08	Described Person or Organization Limitation Endorsement

**Filing Memorandum**  
**Filing #2008-07-0139**

In this filing we are introducing an optional Extended Named Insured endorsement including some limitations to be used in conjunction with it. There is no rating associated with the use of these endorsements. Please see below for a description of these new forms.

**D0149 Extended Named Insured Endorsement** broadens coverage under the policy. When adding this endorsement, the exposure will be fully underwritten and priced according to the rate plans already on file for the various lines of business. This endorsement broadens the named insured coverage so that all subsidiaries of the named insured are automatically covered under the policy. Underwriters are instructed that to use this endorsement, they must underwrite and rate for each of those subsidiary's exposures as they would if they were specifically named to the policy.

**D0150 Portfolio Company Exclusion Endorsement** would be used on those policies where the financial institution is providing investment advisor services (e.g. mutual funds, investment advisors, etc.). It clarifies our policy intent that coverage is provided for our insured but not for a "portfolio company" in which they are investing their customers' funds.

**D0151 Described Person Or Organization Exclusion Endorsement** restricts coverage by allowing the underwriter to specifically list a person or organization that they are excluding from coverage under the insured's policy. It can be used in conjunction with the Extended Named Insured endorsement or by itself. There is no specific rating associated with its use. It is a means to allow us to be able to provide coverage for an insured whom we would not otherwise be willing to write because of that associated entity, or to be able to accommodate the insured's request to provide Extended Named Insured coverage for all entities except those that would be named on this endorsement.

**D0152 Described Person Or Organization Limitation Endorsement** also restricts coverage and is handled in much the same way as stated above with respect to form D0151. What is different from form D0151 is that this endorsement provides coverage for the named insured for the acts of the (e.g.) subsidiary, but there is no coverage for the subsidiary themselves. (Form D0151 excludes coverage for both the subsidiary and the named insured for acts of the subsidiary.) This endorsement would generally be used when the subsidiary has separate coverage but that coverage does not extend to our named insured. It allows us to provide such coverage for our named insured, but not for the subsidiary that is covered elsewhere.