

SERFF Tracking Number: TRVE-125968994 State: Arkansas
 Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50
 Company Tracking Number: 2008-12-0007
 TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: Bankruptcy Trustees Applications Filing 2008-12-0007
 Project Name/Number: Bankruptcy Trustees Applications Filing 2008-12-0007/2008-12-0007

Filing at a Glance

Company: Travelers Casualty and Surety Company of America

Product Name: Bankruptcy Trustees Applications Filing 2008-12-0007 SERFF Tr Num: TRVE-125968994 State: Arkansas

TOI: 17.0 Other Liability-Occ/Claims Made

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Co Tr Num: 2008-12-0007

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Authors: Socorro Armstrong, Theresa Lavenburg, Michelle Smith Cotto, Sonia Worrell, Timothy Bengston, Celina Caez

Disposition Date: 01/09/2009

Date Submitted: 01/02/2009

Disposition Status: Approved

Effective Date Requested (New): 01/30/2009

Effective Date (New):

Effective Date Requested (Renewal): 01/30/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Bankruptcy Trustees Applications Filing 2008-12-0007

Status of Filing in Domicile:

Project Number: 2008-12-0007

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/09/2009

State Status Changed: 01/09/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This filing consists of two applications for use specifically with Chapter 12 and/or Chapter 13 Bankruptcy Trustees. The first application, BTA-1002 (12-08), is for New Business Coverage and the second application, BTA-1003 Ed. 12-08, is

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 for Renewal Coverage.

There is no rating impact as a result of this filing.

Company and Contact

Filing Contact Information

Michelle Smith Cotto, Regulatory Analyst MSMITHCO@travelers.com
 One Tower Square (860) 277-2345 [Phone]
 Hartford, CT 06183 (860) 235-4951[FAX]

Filing Company Information

Travelers Casualty and Surety Company of America CoCode: 31194 State of Domicile: Connecticut
 One Tower Square Group Code: 3548 Company Type:
 2S2B
 Hartford, CT 06183 Group Name: State ID Number:
 (860) 277-0179 ext. [Phone] FEIN Number: 06-0907370

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Travelers Casualty and Surety Company of America	\$50.00	01/02/2009	24798754

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/09/2009	01/09/2009

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Disposition

Disposition Date: 01/09/2009

Effective Date (New):

Effective Date (Renewal):

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	Explanatory Memorandum	Approved	Yes
Form	Chapter 12 and/or Chapter 13 Bankruptcy Trustees New Business Application	Approved	Yes
Form	Chapter 12 and/or Chapter 13 Bankruptcy Trustees Renewal Application	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Chapter 12 and/or Chapter 13 Bankruptcy Trustees New Business Application	BTA-1002	Ed. 12-08	Application/ New Binder/Enrollment		0.00	BTA 1002.pdf
Approved	Chapter 12 and/or Chapter 13 Bankruptcy Trustees Renewal Application	BTA-1003	Ed. 12-08	Application/ New Binder/Enrollment		0.00	BTA 1003.pdf

NOTICE: ALL LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE AGAINST "INSUREDS" DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES", AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COMPANY HAS NO DUTY TO DEFEND ANY "CLAIM" UNLESS DUTY-TO-DEFEND COVERAGE HAS BEEN SPECIFICALLY PROVIDED HEREIN.

GENERAL INFORMATION

The term "Applicant" means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

Agency	Code	Agent Name/License Number	Policy Number

Name of Applicant: Office of _____, Chapter _____ Trustee

Address: _____ Email Address: _____

Website Address: _____ Telephone #: _____ Fax #: _____ Yrs. In Business: _____

- Total current number of employees (include part-time, seasonal and temporary workers) _____
Estimate of number of employees at this time next year _____
- In the next twelve (12) months (or during the past twelve (12) months), is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) any actual or proposed mergers or divestitures or any branch, location, facility, office, or subsidiary closings, consolidations or layoffs? If "Yes" to any of the below, please provide details. Yes No

POLICY OPTIONS

- What limit options would the **Applicant** like? (please select all that apply) Individual Limits
Liability Coverage Shared Limit of Liability
- What is the **Applicant's** preference for defense coverage? Duty to Defend Reimbursement

CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS - LIABILITY COVERAGES

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Desired Liability Coverage	Coverage Requested	Requested Limit/Retention	Requested Effective Date	Coverage Currently Purchased	Expiring Limit/Retention	Current Insurer/Premium	Date Coverage First Purchased
Employment Practices (EPL)	Yes <input type="checkbox"/>	\$		Yes <input type="checkbox"/>	\$		
	No <input type="checkbox"/>	\$		No <input type="checkbox"/>	\$		
Miscellaneous Professional Liability	Yes <input type="checkbox"/>	\$		Yes <input type="checkbox"/>	\$		
	No <input type="checkbox"/>	\$		No <input type="checkbox"/>	\$		
Fiduciary Liability	Yes <input type="checkbox"/>	\$		Yes <input type="checkbox"/>	\$		
	No <input type="checkbox"/>	\$		No <input type="checkbox"/>	\$		

- With respect to the Liability Coverages currently purchased as indicated in column (d) above, and for which the Applicant is applying with this application, please answer the following question:
As of the Date the **Applicant** first purchased this Liability Coverage, were there any facts, circumstances, or situations which might have resulted in a claim being made against any insured? If "Yes", please attach an explanation Yes No
(Not applicable if coverage first purchased and continuously maintained more than 3 years prior to this application date)
- With respect to the Coverages being applied for above, Liability for Coverages answered "No" in column (d) above:
Are there any facts, circumstances, or situations which could give rise to a claim under the Liability Coverage(s) for which the **Applicant** is applying? If "Yes", please attach an explanation Yes No

3. With respect to the Liability Coverages being applied for above, if Requested Limit of Liability in Column (b) exceeds the Expiring Limit of Liability in Column (e):

With respect to the higher limits requested, are there any facts, circumstances, or situations which could give rise to a claim under the Liability Coverage(s) for which the **Applicant** is applying? Yes No

Without prejudice to any other rights and remedies of the Company, any claim arising from any facts or circumstances required to be disclosed is excluded from the proposed insurance.

LOSS INFORMATION

Related to the requested Liability Coverage(s), has any person or entity proposed for this insurance been a party to any employment-related claims, ERISA claims, professional liability claims, securities claims, criminal actions, administrative or regulatory proceedings, charges, hearings, demands or lawsuits during the past three years including but not limited to, shareholder, creditor, antitrust, fair trade law, copyright or patent litigation, whether or not insured? **If "Yes", please complete the table below** Yes No

To the extent that any lawsuit or claim required to be disclosed in response to the question above constitutes a "Claim" as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from coverage.

Details	Amount Paid for Defense	Amount Paid for Damages	Covered by Insurance?	Corrective Procedures Implemented
	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	

A. EMPLOYMENT PRACTICES LIABILITY COVERAGE PART

Please provide the following turnover figures for each of the last twelve (12) months:

Voluntary Terminations:	Involuntary Terminations:	Layoffs:
-------------------------	---------------------------	----------

- 1. Do you have an Employee Manual or Handbook? Yes No
- If yes, has legal counsel reviewed your Employee Manual or Handbook? Yes No
- If yes, does the Employee Manual or Handbook contain an employment-at-will statement? Yes No
- If yes, has a copy been provided to every employee? Yes No
- If yes, does each employee sign an acknowledgment of receipt and understanding? Yes No
- When was the most recent update to the employee handbook? _____ (Date)

If you do not have an Employee Manual or Handbook, do you agree to formulate the same within the next 90 days, providing a copy to every employee with each employee acknowledging receipt and understanding? Yes No

- 2. Are there formal, written policies and procedures concerning the following and have they been posted or included in your Employee Handbook so as to be available to all employees?
 - a. Sexual harassment? Yes No (If yes: Posted Handbook Delivered)
 - b. Discrimination? Yes No (If yes: Posted Handbook Delivered)
 - c. Equal opportunity? Yes No (If yes: Posted Handbook Delivered)
- 3. Are employee performance evaluations prepared annually and in writing? Yes No
- If no, do you agree to implement a standardized practice within the next 60 days? Yes No
- 4. Is a written employment application form used for all employee applicants? Yes No
- If yes, does your employment application contain:
 - an employment-at-will statement? Yes No
 - an Equal Opportunity Employer statement? Yes No

B. MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE PART

- 1. Is **Applicant** engaged in any other business or profession other than Chapter 12 or 13 Trustee? Yes No
- If yes, please explain. _____

Professional Services Offered By Applicant	Coverage Desired	% of Total Revenue	% of Revenue Subcontracted
Trustee Services	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	0%

To enter more information, please attach a separate page to the application.

2. Does the **Applicant** sub-contract work to others? If yes, please list subcontractors and services provided. Yes No

3. Please insert the following figures:

# of new confirmed cases confirmed each fiscal year:	Chapter 13	Chapter 12
Last Year		
Current Year		
Number Projected For Upcoming Year		

4. Please insert the following figures from the Expense Fund Summary Per Books section of your latest available annual audit report:

	As of: ____/____/____
Total Expense Fund Receipts During The Year	\$
Expense Funds Per Books, End of The Year	\$

REQUIRED ATTACHMENTS

- Biographical sketches/resumes of all Principals, Partners, and key employees if in business less than three years.
- Most recent annual financial statement, if Expense Fund Receipts exceed \$7,000,000 or limit requested is greater than \$3,000,000.

C. FIDUCIARY LIABILITY COVERAGE PART

Premium to be Paid By: Employer or Union Trust or Plan Total Number of Plan Fiduciaries: _____

PLAN DATA – (Complete Chart for all plans)

Full Plan Name <u>List additional plans on a separate attachment</u>	*Plan Type	Current Asset Value	Latest FYE Annual Contributions	Current No. of Participants	**Plan Status

*Plan Types: Defined Benefit (DB) Defined Contributions (DC) ESOP (E) Self-Funded Welfare Benefit Plan (W) Other (O) – Attach Explanation
 **Plan Status: (A)=Active (F)=Frozen (S)=Sold (T)=Terminated (if any plan has been terminated, indicate date of transaction)

PLAN UNDERWRITING QUESTIONS

- Does any plan (a) not conform to the standards of eligibility, participation, vesting, blackout notification requirements and other provisions of ERISA or similar foreign law; or (b) hold employer securities or employer real property in violation of ERISA or in excess of ERISA limits? If “Yes”, please attach an explanation Yes No
- Has any plan (a) been the subject of an investigation by the DOL, IRS, or any similar foreign agency; (b) had its tax exempt status withdrawn or threatened to be withdrawn by the IRS; (c) experienced an event reportable to the PBGC; (d) filed for an exemption from a prohibited transaction; (e) received an adverse opinion as to its financial condition by an independent public accountant; or (f) not been certified by an actuary to be adequately funded in accordance with ERISA’s minimum funding standard? If “Yes”, please attach an explanation Yes No
- Does the **Applicant** anticipate the conversion of any pension plan to a Cash Balance Plan? If “Yes”, please attach an explanation Yes No
- Has any plan (a) been amended within the last twelve (12) months in a way that will result in the reduction of benefits or are any such amendments anticipated within the next twelve (12) months; or (b) been merged with another plan, terminated or sold within the last twelve (12) months or anticipated in the next twelve (12) months? If “Yes”, please attach an explanation detailing whether a blackout period will result and any associated plans for implementation and disclosure to participants Yes No
- Are there any outstanding or delinquent plan contributions or plan loans, leases or debt obligations that are in default or classified as uncollectible? If “Yes”, please attach an explanation Yes No

REQUIRED ATTACHMENTS FOR FIDUCIARY LIABILITY INSURANCE

- If limit requested is greater than \$1,000,000, Plan financial statements for defined benefit plans and self insured welfare plans.
- If limit requested is greater than \$5,000,000, Sponsor financial statements and plan financials for each defined contribution plan.
- If Applicant maintains a defined benefit plan or a self-funded welfare plan, Sponsor financial statement.
- For each self funded welfare plan or union/Taft-Hartley plan, most recent Form 5500

D. SIGNATURE - ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF

THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE: (1) IN VA AND UT, PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED; AND (2) IN ALL STATES OTHER THAN VA AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

FRAUD WARNINGS

<p>Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH 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 may also be subject to a civil penalty. (In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.) (In Colorado, 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.)</p>
<p>Attention: Insureds in FL 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.</p>
<p>Attention: Insureds in ME, TN, VA, and WA 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.</p>
<p>Attention: Insureds in MD Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p>
<p>Attention: Insureds in PA 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.</p>
<p>Attention: Insureds in PR Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.</p>

Signature of **Applicant's** Authorized Representative
(Standing Trustee as President or CEO)

Date
Name (printed): _____

Important Notice Regarding Compensation Disclosure: For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183

NOTICE: ALL LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE AGAINST "INSUREDS" DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES", AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COMPANY HAS NO DUTY TO DEFEND ANY "CLAIM" UNLESS DUTY-TO-DEFEND COVERAGE HAS BEEN SPECIFICALLY PROVIDED HEREIN.

GENERAL INFORMATION

The term "Applicant" means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

Name of Applicant: Office of _____, Chapter _____ Trustee
 Address: _____ Email Address: _____
 Website Address: _____ Telephone #: _____ Fax #: _____ Yrs. In Business: _____

- Total current number of employees (include part-time, seasonal and temporary workers) _____
 Estimate of number of employees at this time next year _____
- Has Applicant acquired, merged, purchased, sold, closed, consolidated, or spun-off any corporation, partnership, entity, plant, office, subsidiary, or division within the past year? **(If yes, please provide details in an attachment and include how many employees were affected and in what manner.)**
- Does the Applicant anticipate any of the following in the next 12 months:
 - Selling, closing, consolidating, or spinning-off any plants, offices, subsidiaries, or divisions? Yes No
 - Downsizing, rightsizing, layoffs, or any other reduction in number of employees? Yes No
 - Acquire or merge with any other business entity? Yes No
 - Create any new business, subsidiary, division, or location? Yes No
 - Increase the number of employees, other than through consolidation, merger, or acquisition, by more than 30%? Yes No

If "Yes" to any of the above, please provide details on a separate attachment .

REQUESTED INSURANCE TERMS

Does the Applicant desire any changes to the expiring Policy limit(s) of liability/insurance or retention? Yes No

If "Yes", please indicate the desired changes in the tables below

	(a)	(b)	(c)	(d)
Liability Coverage	Expiring Limit	Requested Limit	Expiring Retention	Requested Retention
Employment Practices Liability (EPL)	\$	\$	\$	\$
Miscellaneous Professional Liability	\$	\$	\$	\$
Fiduciary Liability	\$	\$	\$	\$

Do not answer the next question, unless the Requested Limit in Column (b) exceeds the Expiring Limit in Column (a).
 Solely with respect to that portion of any renewal Limit of Liability that exceeds the expiring Limit of Liability for any Liability Coverage(s), are there any facts, circumstances, or situations which could give rise to coverage under the portion of the renewal Limit of Liability that exceeds the expiring Limit of Liability? **If "Yes", please attach an explanation** Yes No

Without prejudice to any other rights and remedies of the Company, any claim arising from any facts, circumstances, or situations required to be disclosed is excluded from the portion of any renewal Limit of Liability that exceeds the expiring Limit of Liability in the proposed insurance.

A. EMPLOYMENT PRACTICES LIABILITY COVERAGE PART

- Please provide the following turnover figures for each of the last twelve (12) months:

Voluntary Terminations:	Involuntary Terminations:	Layoffs:
-------------------------	---------------------------	----------
- During the last twelve (12) months, has the Applicant made amendments to any Human Resources policies or procedures or Employee Handbook? **If "Yes", please provide copies** Yes No
 - If the answer to Question 1. above is "Yes," were the changes reviewed by legal counsel? Yes No N/A

B. MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE PART

1. Is **Applicant** engaged in any other business or profession other than as Chapter 12 or 13 Trustee? Yes No

If yes, please explain. _____

Professional Services Offered By Applicant	Coverage Desired	% of Total Revenue	% of Revenue Subcontracted
Trustee Services	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
To enter more information, please attach a separate page to the application.			

2. Does the **Applicant** sub-contract work to others? [If yes, please list subcontractors and services provided.](#) Yes No

3. Please provide the following figures:

# of new cases confirmed each fiscal year:	Chapter 13	Chapter 12
Last Year		
Current Year		
Number Projected For Upcoming Year		

4. Please provide the following figures from the Expense Fund Summary Per Books section of your latest available annual audit report:

	As of: ____ / ____ / ____
Expense Funds Per Books, End of The Year	\$
Total Expense Fund Receipts During The Year	\$

C. FIDUCIARY LIABILITY COVERAGE PART

Premium to be Paid By: Employer or Union Trust or Plan Total Number of Plan Fiduciaries: _____

PLAN DATA – (Complete Chart for all plans)

Full Plan Name List additional plans on a separate attachment	*Plan Type	Current Asset Value	Latest FYE Annual Contributions	Current No. of Participants	**Plan Status

*Plan Types: Defined Benefit (DB) Defined Contributions (DC) ESOP (E) Self-Funded Welfare Benefit Plan (W) Other (O) – Attach Explanation
 **Plan Status: (A)=Active (F)=Frozen (S)=Sold (T)=Terminated (if any plan has been terminated, indicate date of transaction)

PLAN UNDERWRITING QUESTIONS

- Does any plan (a) not conform to the standards of eligibility, participation, vesting, blackout notification requirements and other provisions of ERISA or similar foreign law; or (b) hold employer securities or employer real property in violation of ERISA or in excess of ERISA limits? [If “Yes”, please attach an explanation](#) Yes No
- Has any plan (a) been the subject of an investigation by the DOL, IRS, or any similar foreign agency; (b) had its tax exempt status withdrawn or threatened to be withdrawn by the IRS; (c) experienced an event reportable to the PBGC; (d) filed for an exemption from a prohibited transaction; (e) received an adverse opinion as to its financial condition by an independent public accountant; or (f) not been certified by an actuary to be adequately funded in accordance with ERISA’s minimum funding standard? [If “Yes”, please attach an explanation](#) Yes No
- Does the **Applicant** anticipate the conversion of any pension plan to a Cash Balance Plan? [If “Yes”, please attach an explanation](#) Yes No
- Has any plan (a) been amended within the last twelve (12) months in a way that will result in the reduction of benefits or are any such amendments anticipated within the next twelve (12) months; or (b) been merged with another plan, terminated or sold within the last twelve (12) months or anticipated in the next twelve (12) months? [If “Yes”, please attach an explanation detailing whether a blackout period will result and any associated plans for implementation and disclosure to participants](#) Yes No
- Are there any outstanding or delinquent plan contributions or plan loans, leases or debt obligations that are in default or classified as uncollectible? [If “Yes”, please attach an explanation](#) Yes No

REQUIRED ATTACHMENTS FOR FIDUCIARY LIABILITY INSURANCE

- If limit requested is *greater than* \$1,000,000, Plan financial statements for defined benefit plans and self insured welfare plans.
- If limit requested is *greater than* \$5,000,000, Sponsor financial statements and financials for each defined contribution plan.
- If **Applicant** maintains a *defined benefit plan or a self-funded welfare plan*, Sponsor financial statement.
- For each *self funded welfare plan or union/Taft-Hartley plan*, most recent Form 5500

D. SIGNATURE - ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE: (1) IN VA AND UT, PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED; AND (2) IN ALL STATES OTHER THAN VA AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

FRAUD WARNINGS

<p>Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH 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 may also be subject to a civil penalty. (In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.) (In Colorado, 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.)</p>
<p>Attention: Insureds in FL 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.</p>
<p>Attention: Insureds in ME, TN, VA, and WA 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.</p>
<p>Attention: Insureds in MD Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p>
<p>Attention: Insureds in PA 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.</p>
<p>Attention: Insureds in PR Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.</p>

Signature of **Applicant's** Authorized Representative
(Standing Trustee as President or CEO)

Date
Name (printed): _____

Important Notice Regarding Compensation Disclosure: For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183

SERFF Tracking Number: TRVE-125968994 *State:* Arkansas
Filing Company: Travelers Casualty and Surety Company of *State Tracking Number:* EFT \$50
America
Company Tracking Number: 2008-12-0007
TOI: 17.0 Other Liability-Occ/Claims Made *Sub-TOI:* 17.0019 Professional Errors & Omissions
Liability
Product Name: Bankruptcy Trustees Applications Filing 2008-12-0007
Project Name/Number: Bankruptcy Trustees Applications Filing 2008-12-0007/2008-12-0007

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVE-125968994 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of State Tracking Number: EFT \$50
America
Company Tracking Number: 2008-12-0007
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0019 Professional Errors & Omissions
Liability
Product Name: Bankruptcy Trustees Applications Filing 2008-12-0007
Project Name/Number: Bankruptcy Trustees Applications Filing 2008-12-0007/2008-12-0007

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/09/2009

Comments:

Attachments:

2007 PC NAIC Transmittal 1-30-09.pdf
2007 NAIC Form List.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 01/09/2009

Comments:

Attachment:

Arkansas.pdf

17. Reference Organization # & Title	N/A
18. Company's Date of Filing	12/31/08
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 #	2008-12-0007
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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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This filing consists of two applications for use specifically with Chapter 12 and/or Chapter 13 Bankruptcy Trustees. The first application, BTA-1002 (12-08), is for New Business Coverage and the second application, BTA-1003 Ed. 12-08, is for Renewal Coverage.

There is no rating impact as a result of this filing.

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.

Effective March 1, 2007

*****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.)

1.	This filing transmittal is part of Company Tracking #	2008-12-0007			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	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	Chapter 12 and/or Chapter 13 Bankruptcy Trustees New Business Application	BTA-1002 Ed. 12-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Chapter 12 and/or Chapter 13 Bankruptcy Trustees Renewal Application	BTA-1003 Ed. 12-08	<input checked="" 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		



One Tower Square, S202B
Hartford, CT 06183

Michelle Smith Cotto
Travelers Bond and Financial
Products
Phone: (860) 277-2345
FAX: (866) 235-4951
Email:
msmithco@travelers.com

December 31, 2008

Honorable Mike Pickens
Commissioner of Insurance
Arkansas Insurance Dept
1200 West Third Street
Little Rock, AR 72201-1904

2008-12-0007

**Wrap+® Enhancement Filing –Form Filing
Other Liability**

Travelers Casualty and Surety Company of America

3548-31194 06-0907370

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our **Wrap+®** modular program which was approved by your department on March 27, 2006, under our company filing number 2005-07-0133.

This filing consists of two applications for use specifically with Chapter 12 and/or Chapter 13 Bankruptcy Trustees. The first application, BTA-1002 (12-08), is for New Business Coverage and the second application, BTA-1003 Ed. 12-08, is for Renewal Coverage.

There is no rating impact as a result of this filing.

Enclosures and Implementation:

The following are enclosed to facilitate your review:

- Final prints of each form;
- Any applicable state filing forms and fees.

We propose to implement this filing with respect to all new and renewal business effective on or after January 30, 2009 or any earlier date allowed by state law. Should you have any questions, please feel free to call me at (860) 277-2345.

Sincerely,

Michelle Smith Cotto