

SERFF Tracking Number: UTCX-125987012 State: Arkansas
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: GLAR10337CGF01
TOI: 17.1 Other Liability-Occ Only Sub-TOI: 17.1001 Commercial General Liability
Product Name: General Liability
Project Name/Number: General Liability/GLAR10337CGF01

Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company
Product Name: General Liability SERFF Tr Num: UTCX-125987012 State: Arkansas
TOI: 17.1 Other Liability-Occ Only SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.1001 Commercial General Liability Co Tr Num: GL AR10337CGF01 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Author: SPI UticaNational Disposition Date: 01/14/2009
Date Submitted: 01/13/2009 Disposition Status: Approved
Effective Date Requested (New): 05/01/2009 Effective Date (New):
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: General Liability Status of Filing in Domicile:
Project Number: GL AR10337CGF01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 01/14/2009
State Status Changed: 01/14/2009 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

With this filing we would like to implement our Important Notice Regarding Your Liability Coverage. This form clarifies changes our intent regarding the Exclusion - Recording and Distribution of Material or Information in Violation of Law.

Company and Contact

Filing Contact Information

Julie Garrabrant, Senior State Filings julie.garrabrant@uticanational.com

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Coordinator

180 Genesee Street (315) 734-2000 [Phone]
New Hartford, NY 13413 (315) 734-2252[FAX]

Filing Company Information

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

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

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Utica Mutual Insurance Company	\$50.00	01/13/2009	24997536
Graphic Arts Mutual Insurance Company	\$0.00	01/13/2009	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/14/2009	01/14/2009

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Disposition

Disposition Date: 01/14/2009

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	No
Form	Important Notice Regarding Your Liability Coverage	Approved	No

SERFF Tracking Number: UTCX-125987012 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Important Notice Regarding Your Liability Coverage	8-L-2231	Ed. 5-2009	Disclosure/ New Notice		0.00	8-L-2231.PDF

IMPORTANT NOTICE REGARDING YOUR LIABILITY COVERAGE (INCLUDING COMMERCIAL UMBRELLA POLICY WHERE APPLICABLE)

THIS POLICYHOLDERS NOTICE PROVIDES A SUMMARY OF A RECENT COVERAGE CHANGE FOUND IN A NEW ENDORSEMENT(S) BEING ATTACHED TO YOUR RENEWAL POLICY(IES). THIS NOTICE PROVIDES NO COVERAGE NOR CAN IT BE CONSTRUED TO REPLACE ANY PROVISION OF YOUR POLICY(IES). FOR COMPLETE INFORMATION ON YOUR COVERAGES, READ YOUR POLICY(IES) AND REVIEW YOUR DELCARATIONS PAGE(S).

IF THERE IS ANY CONFLICT BETWEEN THE POLICY(IES) AND THIS SUMMARY, THE PROVISIONS OF THE POLICY(IES) SHALL PREVAIL.

REDUCTION IN COVERAGE

A. COMPREHENSIVE GENERAL LIABILITY COVERAGE PART

In response to new Federal and State laws relating to privacy in commercial transactions, and the punitive measures imposed to deter the prohibited conduct that is the subject of these laws, we are attaching a **Recording And Distribution Of Material Or Information In Violation Of Law Exclusion** endorsement to your policy, which does one of the following: (1) replaces the current Distribution Of Material In Violation Of Statutes Exclusion in the Commercial General Liability (CGL) Coverage Part; (2) replaces an endorsement attached to your CGL that deals with this exposure (e.g. the **Exclusion - Violation Of Statutes That Govern E-Mails, Fax, Phone Calls Or Other Methods Of Sending Material Or Information**); or (3) adds a new exclusion dealing with this issue.

This new mandatory endorsement revises (or adds) exclusionary wording to address the major federal laws dealing with unwanted communications (e.g. faxes, computer spam, etc.) and violations of privacy, especially that dealing with your credit information.

In addition to the laws specifically addressed, the endorsement excludes claims arising directly or indirectly out of any action or omission involving any federal, state or local statute, ordinance or regulation that addresses, prohibits, or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information.

While this change is meant to be just a reinforcement of coverage intent, it could result in a decrease in coverage in: (1) situations where courts might find the new wording more restrictive than the wording being revised; or (2) where this type of exclusion might be added for the first time. For that reason, out of caution, we are listing it as a reduction in coverage.

B. WRONGFUL ACT BASED COVERAGE(S) (WHERE APPLICABLE)

If your policy includes one or more wrongful acts based coverage (including, but not limited to, any Claims-Made coverage), we are attaching a new **Recording And Distribution Of Material Or Information In Violation Of Law Exclusion** to the form(s) providing such coverage(s).

The endorsement excludes claims arising directly or indirectly out of the violation of specific laws listed in it, and any action or omission violating any statute, ordinance or regulation that addresses, prohibits, or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information, all as outlined in **A.** above.

This is a new exclusion for this coverage, but is being added at this time to more closely correlate coverage with similar Commercial General Liability and Commercial Umbrella exclusions.

C. COMMERCIAL UMBRELLA POLICY (WHERE APPLICABLE)

If we write a commercial umbrella for you, we are adding an endorsement to your umbrella policy entitled **Recording And Distribution Of Material Or Information In Violation Of Law Exclusion.**

The endorsement excludes claims arising directly or indirectly out of violation of the specific laws listed in it, and any action or omission violating any statute, ordinance or regulation that addresses prohibits, or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information, all as outlined in **A.** above.



Insurance that starts with you

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

<i>SERFF Tracking Number:</i>	<i>UTCX-125987012</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GL AR10337CGF01</i>		
<i>TOI:</i>	<i>17.1 Other Liability-Occ Only</i>	<i>Sub-TOI:</i>	<i>17.1001 Commercial General Liability</i>
<i>Product Name:</i>	<i>General Liability</i>		
<i>Project Name/Number:</i>	<i>General Liability/GL AR10337CGF01</i>		

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

01/14/2009

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

AR - NAIC FORM FILING SCHEDULE.PDF

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

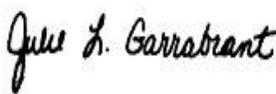
3. Group Name	Group NAIC #
Utica National Insurance Group	0201

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

5. Company Tracking Number	GL AR10337CGF01
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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
	Julie L. Garrabrant 180 Genesee Street New Hartford NY 13413	Senior State Filings Coordinator	800-274-1914 Ext. 2324	315-734-2252	julie.garrabrant@uticanational.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Julie L. Garrabrant

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

9.	Type of Insurance (TOI)	17.1 Other Liability-Occ Only
10.	Sub-Type of Insurance (Sub-TOI)	17.1001 Commercial General Liability
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Important Notice Regarding Your Liability Coverage
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 05/01/2009 Renewal: 05/01/2009
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	01/13/2009
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 #	GL AR10337CGF01
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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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[View Complete Filing Description](#)

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]
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Check #:

Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to 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 #	GL AR10337CGF01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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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	Important Notice Regarding Your Liability Coverage	8-L-2231 Ed. 5-2009	<input checked="" 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		