

SERFF Tracking Number: CNAC-125623918 State: Arkansas  
Filing Company: Continental Casualty Company State Tracking Number: #231765 \$50  
Company Tracking Number: 08-F2218  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability  
Product Name: IHG Condo D&O/Crime  
Project Name/Number: IHG Form/2008F2118

## Filing at a Glance

Company: Continental Casualty Company

Product Name: IHG Condo D&O/Crime

TOI: 17.0 Other Liability - Claims  
Made/Occurrence

Sub-TOI: 17.0006 Directors & Officers Liability Co Tr Num: 08-F2218

Filing Type: Form

Effective Date Requested (New): 06/01/2008

Effective Date Requested (Renewal): 06/01/2008

State Filing Description:

SERFF Tr Num: CNAC-125623918 State: Arkansas

SERFF Status: Closed

Author: John Lockhart

Date Submitted: 04/30/2008

State Tr Num: #231765 \$50

State Status: Fees verified and  
received

Reviewer(s): Betty Montesi, Edith  
Roberts, Brittany Yielding

Disposition Date: 05/23/2008

Disposition Status: Approved

Effective Date (New):

Effective Date (Renewal):

## General Information

Project Name: IHG Form

Project Number: 2008F2118

Reference Organization:

Reference Title:

Filing Status Changed: 05/23/2008

State Status Changed: 05/23/2008

Corresponding Filing Tracking Number:

Filing Description:

Continental Casualty Company, a member company of the CNA group of insurance companies, submits for your review and approval the attached revised declaration pages for use with their Association Liability Policy Program currently on file with your department under Filing No. 07-2017F and Arkansas File No.AR-PC-07-024723.

Please refer to the Forms Explanatory Memorandum as well as a copy of the form

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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## Company and Contact

### Filing Contact Information

John Lockhart, Regulatory Filings Technician john.lockhart@cna.com  
 40 Wall Street (877) 269-3277 [Phone]  
 New York, NY 10005 (212) 440-2877[FAX]

### Filing Company Information

Continental Casualty Company CoCode: 20443 State of Domicile: Illinois  
 40 Wall Street Group Code: 218 Company Type:  
 9th Floor  
 New York, NY 10005 Group Name: State ID Number:  
 (212) 440-3478 ext. [Phone] FEIN Number: 36-2114545  
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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 #
Continental Casualty Company	\$0.00	04/30/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000231765	\$50.00	04/29/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	05/23/2008	05/23/2008

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## Disposition

Disposition Date: 05/23/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNAC-125623918 State: Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Forms Filing Memo	Approved	Yes
<b>Form</b>	Declaration Pages	Approved	Yes

SERFF Tracking Number: CNAC-125623918 State: Arkansas  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Declaration Pages	G-145174-06/2003 Ac		Declaration Replaced s/Schedule	Replaced Form #: G-145174-Ac Previous Filing #: 03-2017 F		g-145174-ac 6-03.pdf

**NOTICE:**

**WITH RESPECT TO ASSOCIATION LIABILITY COVERAGE PART, THIS IS A CLAIMS MADE POLICY AND, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE NAMED ENTITY INSURED DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES.**

**THE CRIME COVERAGE PART APPLIES TO A COVERED LOSS SUSTAINED RESULTING FROM ACTS OR EVENTS OCCURRING DURING THE POLICY PERIOD UNLESS CERTAIN CONDITIONS CONCERNING PRIOR INSURANCE ARE MET.**

**DEFENSE COSTS INCURRED UNDER COVERAGE PARTS A REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.**

NAMED ENTITY AND MAILING ADDRESS		NAMED ENTITY NUMBER AND PHYSICAL ADDRESS	
Item 1. <b>ABC Corp.</b>			
Attn.:			
POLICY NUMBER	INSURER		

Item 2. **Policy Period:** \_\_\_\_\_ to \_\_\_\_\_  
12:01 a.m. local time at the address stated in Item 1.

Item 3. **Policy Premium:** \$ \_\_\_\_\_

Item 4. Notices to Insurer:

**Claims:** Claim Manager  
CNA Global Specialty Lines  
40 Wall Street, 8<sup>th</sup> Floor  
New York, New York 10005

All other notices:  
Ian H. Graham Insurance, a division of  
Affinity Insurance Services, Inc.  
Managing General Underwriter  
5161 Lankershim Blvd.  
North Hollywood, CA **91601**

Item 5. Coverage:

This Policy is issued with the Limits of Liability and Retentions set forth, subject to the Prior or Pending Date, if applicable all as set forth in the schedule below.

**Defense Costs** are included within the applicable limit of liability for **Association Liability Coverage Part**. Defense costs are neither covered nor included within the applicable limits(s) of liability for the **Crime Coverage Part**.

This Policy includes *only* those coverages designated with a "Yes" as "Included" in column ① of the Coverage Schedule set forth below. *If neither "Yes" or "No" is designated for a Coverage Part or a specific Crime Coverage Part Insuring Agreement, such Coverage Part or specific Crime Coverage Part Insuring Agreement is not included.*

COVERAGE PART	① INCLUDED (YES OR NO)	② SCHEDULED LIMITS OF LIABILITY	③ SCHEDULED RETENTIONS	④ PRIOR OR PENDING DATE
Association Liability		\$ Aggregate Limit of Liability for all <b>Loss</b> paid on behalf of all <b>Named Entity Insureds</b> for all <b>Claims</b> first made during each <b>Policy Period</b> .	\$	
Crime:		\$ per loss		<i>Not Applicable</i>
Insuring Agreement 1: <b>Employee Theft</b>				
Insuring Agreement 2: <b>Forgery or Alteration</b>				
Insuring Agreement 3: <b>Theft</b> , Disappearance and Destruction				
Insuring Agreement 4: <b>Computer Fraud</b> and <b>Wire Transfer Communication Fraud</b>				

Item 6. **Property Manager:**

**Property Manager** Prior or Pending Date:

Contact for correspondence and notice to the Property Manager:

Name:

Address:

Item 7. Endorsements forming a part of this Policy at issuance:

These Declarations, along with the completed and signed **Application**, the Policy, and any written endorsements attached shall constitute the contract between the **Named Entity Insureds** and the Insurer.

Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

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## **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 05/23/2008

**Comments:**

**Attachment:**

naic p&c transmittal.pdf

**Satisfied -Name:** Forms Filing Memo **Review Status:** Approved 05/23/2008

**Comments:**

**Attachment:**

dec ffm 2008.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: <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					

<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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<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			<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

CNA Insurance Companies  
08-F2218  
Forms Filing Memorandum  
Association Liability Policy Program

The following is a general description of the form to be used with the General Terms and Conditions, the Association Liability or the Commercial Crime Coverage Parts of the Community Association Policy program.

G-145174-Ac  
(6-03)

Community Association Policy Declarations -  
Revision

The Dec page is amended under item Crime Insuring Agreement 1 from Employee Dishonesty to Employee Theft.