

SERFF Tracking Number: TRVD-125309112 State: Arkansas
First Filing Company: Athena Assurance Company, ... State Tracking Number: AR-PC-07-026278
Company Tracking Number: 2007-08-0099-GL
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Commercial Liability
Project Name/Number: Various Liability Endorsements Submission/2007-08-0099-GL

Filing at a Glance

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

Product Name: Commercial Liability SERFF Tr Num: TRVD-125309112 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: AR-PC-07-026278
Made/Occurrence
Sub-TOI: 17.0000 Other Liability Sub-TOI Co Tr Num: 2007-08-0099-GL State Status:
Combinations
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Authors: Carrie Acuna, Carol Letendre Disposition Date: 10/10/2007
Date Submitted: 10/02/2007 Disposition Status: Approved
Effective Date Requested (New): 11/01/2007 Effective Date (New):
Effective Date Requested (Renewal): 11/01/2007 Effective Date (Renewal):

General Information

Project Name: Various Liability Endorsements Submission Status of Filing in Domicile: Authorized
Project Number: 2007-08-0099-GL Domicile Status Comments:
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 10/10/2007
State Status Changed: 10/02/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Various new, optional endorsements submission, to be used with our currently filed Commercial Liability programs.

Company and Contact

Filing Contact Information

Carol Letendre, Senior Regulatory Analyst CLETENDR@travelers.com
385 Washington Street (651) 310-7110 [Phone]

SERFF Tracking Number: TRVD-125309112 State: Arkansas
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St. Paul, MN 55102 (651) 310-4361[FAX]

Filing Company Information

Athena Assurance Company CoCode: 41769 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: 41-1435765

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

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

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

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

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
St. Paul Protective Insurance Company	\$50.00	10/02/2007	15907816
St. Paul Fire and Marine Insurance Company	\$0.00	10/02/2007	
St. Paul Guardian Insurance Company	\$0.00	10/02/2007	
St. Paul Mercury Insurance Company	\$0.00	10/02/2007	
Athena Assurance Company	\$0.00	10/02/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/10/2007	10/10/2007

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Disposition

Disposition Date: 10/10/2007

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	Yes
Supporting Document	GL AR Filing Letter	Approved	Yes
Supporting Document	GL Index of Forms	Approved	Yes
Form	Noncumulation Of Each Event Limit Endorsement - Commercial General Liability	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Noncumulation Of Each Event Limit Endorsement - Commercial General Liability	G0797	7-07	Endorsement/Amendment/Conditions New		0.00	G0797_____ 2007-07-011_.PDF

NONCUMULATION OF EACH EVENT LIMIT ENDORSEMENT - COMMERCIAL GENERAL LIABILITY

This endorsement changes your Commercial General Liability Protection.

How Coverage Is Changed

There are two changes that are explained below. These changes limit coverage for bodily injury or property damage caused by any one event if any of it is considered to be covered by a prior or future policy issued to you by us or any of our affiliated insurance companies because of a continuous, multiple, or other coverage trigger required under the law that applies.

1. The following is added to the Each event limit section.

Noncumulation of each event limit. If any one event causes:

- bodily injury or property damage covered by this agreement; and
- bodily injury or property damage covered by general liability coverage included in one or more prior or future policies issued to you by us or any of our affiliated insurance companies;

this agreement's each event limit also will be reduced by the amount of each payment of damages made by us or any of our affiliated insurance companies for bodily injury or property damage covered by general liability coverage under each such other policy.

2. The following replaces the definition of other insurance in the Other Insurance section, but only for this endorsement.

Other insurance means insurance, or the funding of losses, that's provided by or through:

- another insurance company;
- us or any of our affiliated insurance companies, except when the Noncumulation of each event limit section applies;
- any risk retention group;
- any self-insurance method or program, other than any funded by you and over which this agreement applies; or
- any similar risk transfer or risk management method.

However, we won't consider umbrella insurance, or excess insurance, that you bought specifically to apply in excess of the limits of coverage that apply under this agreement to be other insurance.

Other Terms

All other terms of our policy remain the same.

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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 10/10/2007

Comments:

Attachments:

NAIC Transmittal Doc.pdf
NAIC Form Filing Schedule _GL_.pdf

Satisfied -Name: GL AR Filing Letter **Review Status:** Approved 10/10/2007

Comments:

Attachment:

2007-08-0099-GL AR Filing Letter CW.pdf

Satisfied -Name: GL Index of Forms **Review Status:** Approved 10/10/2007

Comments:

Attachment:

2007-08-0099 GL Forms Index.pdf

MNProperty & 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 border="1"> <tr> <td>New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table>		New Business		Renewal Business	
	New Business					
	Renewal Business					
f. State Filing #:						
g. SERFF Filing #:						
h. Subject Codes						

3. Group Name	Group NAIC #
Travelers	3548

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
St. Paul Fire and Marine Insurance Company	MN	24767	41-0406690	
St. Paul Mercury Insurance Company	MN	24791	41-0881659	
St. Paul Guardian Insurance Company	MN	24775	41-0963301	
Athena Assurance Company	MN	41769	41-1435765	
St. Paul Protective Insurance Company	IL	19224	36-2542404	

5. Company Tracking Number	2007-08-0099-GL
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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
Carol Letendre	Senior Regulatory Analyst	651-310-5556 800-328-2189, Ext 07110	651-310-4361	cletendr@travelers.com
7. Signature of authorized filer		<i>Carol Letendre</i>		
8. Please print name of authorized filer		Carol Letendre		

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

9. Type of Insurance (TOI)	17.0 Commercial Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0000 Other Liability Sub-TOI Combinations
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Liability
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: 11-01-2007 Renewal: 11-01-2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	October 2, 2007
19. Status of filing in domicile	<input checked="" 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 #	2007-08-0099
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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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Various new, optional endorsements submission, to be used with our currently filed Commercial Liability programs.

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 #: 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.)

1.	This filing transmittal is part of Company Tracking #	2007-08-0099-GL			
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	Noncumulation Of Each Event Limit Endorsement - Commercial General Liability	G0797, 7-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
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		



Carol Letendre
Senior Regulatory Analyst
Regulatory Affairs, Business Insurance
Toll Free: (800) 328-2189 Ext. 07110
Direct: (651) 310-7110; Fax: (651) 310-4361
385 Washington Street, 9275-NB14L
St. Paul, MN 55102
cletendr@travelers.com

October 2, 2007

Commissioner Julie Benafield Bowman
Commissioner of Insurance
State of Arkansas
1200 West Third Street
3rd and Cross
Little Rock, AR 72201-1904

ST. PAUL FIRE AND MARINE INSURANCE COMPANY 3548-24767
ST. PAUL MERCURY INSURANCE COMPANY 3548-24791
ST. PAUL GUARDIAN INSURANCE COMPANY 3548-24775
ATHENA ASSURANCE COMPANY 3548-41769
ST. PAUL PROTECTIVE INSURANCE COMPANY 3548-19224
Commercial General Liability Insurance
Commercial Liability Programs
Various Endorsements Form Submission
Our Company Filing Number: 2007-08-0099-GL

Dear Commissioner:

In compliance with the insurance laws and regulations of your state, we respectfully submit our new optional commercial liability endorsements.

This filing consists of a optional new endorsement that will be used with our currently filed forms for our Commercial Liability programs:

- G0797 Ed. 7-07 Noncumulation Of Each Event Limit Endorsement – Commercial General Liability

We believe this endorsement to be relatively short and comprehensible, not requiring further explanation in memo-type form, but we encourage you to contact us with any questions that may arise. There is no rate impact as a result of this filing.

We plan to implement these changes with respect to policies effective on or after November 1, 2007. 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.

Yours truly,

Carol Letendre
Senior Regulatory Analyst
CL/jrk
Encl.

General Liability Index of Forms

Form No.	Edition Date	Title	Form Type	Mandatory / Optional	Replaces Form Number
G0797	7-07	Noncumulation Of Each Event Limit Endorsement - Commercial General Liability	Endorsement	Optional	New