

SERFF Tracking Number: TRVD-125314686 State: Arkansas
First Filing Company: The Charter Oak Fire Insurance Company, ... State Tracking Number: AR-PC-07-026355
Company Tracking Number: 2007-10-0011
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Commercial Multi Peril - Master Pac
Project Name/Number: Master Pac - Common Policy Conditions / Dec Page/2007-10-0011

Filing at a Glance

Companies: The Charter Oak Fire Insurance Company, The Phoenix Insurance Company, The Travelers Indemnity Company, The Travelers Indemnity Company of America, The Travelers Indemnity Company Of Connecticut, Travelers Casualty Insurance Company of America, Travelers Property Casualty Company of America

Product Name: Commercial Multi Peril - Master SERFF Tr Num: TRVD-125314686 State: Arkansas
Pac

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: AR-PC-07-026355
Sub-TOI: 05.0002 Businessowners	Co Tr Num: 2007-10-0011	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Margaret Salsbury, Tia Slivinsky	Disposition Date: 10/09/2007
	Date Submitted: 10/05/2007	Disposition Status: Approved
Effective Date Requested (New): 05/01/2008		Effective Date (New): 05/01/2008
Effective Date Requested (Renewal): 05/01/2008		Effective Date (Renewal): 05/01/2008

General Information

Project Name: Master Pac - Common Policy Conditions / Dec Page	Status of Filing in Domicile: Authorized
Project Number: 2007-10-0011	Domicile Status Comments: N/A
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 10/09/2007	
State Status Changed: 10/08/2007	Deemer Date:
Corresponding Filing Tracking Number: N/A	

Filing Description:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit our revised Common Policy Conditions form- IL T3 15 0907, along with our revised Common Policy Declarations – IL T0 19 02 05 to be used with our Master Pac program.

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For a detailed explanation of our revisions please refer to the enclosed forms transmittal supplement.

Company and Contact

Filing Contact Information

Margaret Salisbury, Senior Regulatory Analyst MSALSBUR@travelers.com
 One Tower Square (860) 277-6470 [Phone]
 Hartford, CT 06183 (860) 954-0580[FAX]

Filing Company Information

The Charter Oak Fire Insurance Company	CoCode: 25615	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0291290	

The Phoenix Insurance Company	CoCode: 25623	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0303275	

The Travelers Indemnity Company	CoCode: 25658	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0566050	

The Travelers Indemnity Company of America	CoCode: 25666	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 01683	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 58-6020487	

The Travelers Indemnity Company Of Connecticut	CoCode: 25682	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0336212	

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Travelers Casualty Insurance Company of
America
One Tower Square
Hartford, CT 06183
(860) 277-6470 ext. [Phone]

CoCode: 19046
Group Code: 3548
Group Name:
FEIN Number: 06-0876835

State of Domicile: Connecticut
Company Type:
State ID Number:

Travelers Property Casualty Company of
America
One Tower Square
Hartford, CT 06183
(860) 277-6470 ext. [Phone]

CoCode: 25674
Group Code: 3548
Group Name:
FEIN Number: 36-2719165

State of Domicile: Connecticut
Company Type:
State ID Number:

SERFF Tracking Number: TRVD-125314686 State: Arkansas
 First Filing Company: The Charter Oak Fire Insurance Company, ... State Tracking Number: AR-PC-07-026355
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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Travelers Casualty Insurance Company of America	\$50.00	10/05/2007	15976774
The Charter Oak Fire Insurance Company	\$0.00	10/05/2007	
The Phoenix Insurance Company	\$0.00	10/05/2007	
The Travelers Indemnity Company	\$0.00	10/05/2007	
The Travelers Indemnity Company of America	\$0.00	10/05/2007	
Travelers Property Casualty Company of America	\$0.00	10/05/2007	
The Travelers Indemnity Company Of Connecticut	\$0.00	10/05/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/09/2007	10/09/2007

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Disposition

Disposition Date: 10/09/2007
Effective Date (New): 05/01/2008
Effective Date (Renewal): 05/01/2008
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	Cover Letter	Approved	Yes
Form	Common Policy Conditions	Approved	Yes
Form	Common Policy Declarations	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Common Policy Conditions	IL T3 15 09 07	09-2007	Endorsement/Amendment/Conditions	Replaced Form #:0.00 IL T3 15 01 88 Previous Filing #: 1800-00-2229		TRANSMITTAL - IL T3 15 09 07.pdf FORM - IL T3 15 09 07.pdf
Approved	Common Policy Declarations	IL T0 19 02 05	02-2005	Endorsement/Amendment/Conditions	Replaced Form #:0.00 IL T0 19 01 89 Previous Filing #: 1800-00-2229		TRANSMITTAL - IL T0 19 02 05 - DEC PAGE.pdf FORM - IL T0 19 02 05.pdf

DEPARTMENT OF INSURANCE
PROPERTY-CASUALTY FORMS TRANSMITTAL SUPPLEMENT
SHEET FOR MULTIPLE FORM FILING

<u>FORM TITLE</u>	<u>NEW FORM</u>	<u>REPLACED FORM</u>	<u>TYPE OF FORM</u>	<u>DESCRIPTION OF FORM</u>
COMMON POLICY CONDITIONS	IL T3 15 09 07	IL T3 15 01 88	P-MP-M	<p>C- This form is being revised to reflect an expansion of the Inspections and Surveys condition by addition of an explicit statement that certain of its provisions do not apply to certification of boilers, pressure vessels or elevators mandated by municipal statutes, ordinances or regulations. The provisions specified that are inapplicable are those stipulating that: Inspections, surveys, reports and recommendations do not warrant that conditions are safe, healthful or in compliance with laws, regulations codes or standards; and The insurer is not obligated to make inspections, surveys, reports or recommendations.</p> <p>Reference to Businessowners Property Coverage Form Standard version is deleted in the BUSINESSOWNERS COVERAGE PART REFERENCE TO FORMS AND ENDORSEMENTS section G., item h., second paragraph, only the Special form is available.</p>

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions:

A. CANCELLATION

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy or any Coverage Part by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. If the policy is cancelled, that date will become the end of the policy period. If a Coverage Part is cancelled, that date will become the end of the policy period as respects that Coverage Part only.
5. If this policy or any Coverage Part is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. CHANGES

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us as part of this policy.

C. EXAMINATION OF YOUR BOOKS AND RECORDS

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. INSPECTIONS AND SURVEYS

1. We have the right to:
 - a. Make inspections and surveys at any time;
 - b. Give you reports on the conditions we find; and
 - c. Recommend changes.
2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.
3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.
4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. PREMIUMS

1. The first Named Insured shown in the Declarations:
 - a. Is responsible for the payment of all premiums; and
 - b. Will be the payee for any return premiums we pay.

2. We compute all premiums for this policy in accordance with our rules, rates, rating plans, premiums and minimum premiums. The premium shown in the Declarations was computed based on rates and rules in effect at the time the policy was issued. On each renewal, continuation or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.

F. TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

G. BUSINESSOWNERS COVERAGE PART – REFERENCES TO FORMS AND ENDORSEMENTS

In some instances, the Common Policy Declarations may list endorsements included in the Businessowners Coverage Part that reference:

1. The Commercial Property Coverage Part;
2. The Commercial General Liability or Liquor Liability Coverage Part; or

This policy consists of the Common Policy Declarations and the Coverage Parts and endorsements listed in that declarations form.

In return for payment of the premium, we agree with the Named Insured to provide the insurance afforded by a Coverage Part forming part of this policy. That insurance will be provided by the company indicated as insuring company in the Common Policy Declarations by the abbreviation of its name opposite that Coverage Part.

3. Standard Property forms including, but not limited to, the following:

- a. Building and Personal Property Coverage Form;
- b. Business Income Coverage Form;
- c. Commercial Property Conditions;
- d. Condominium Association Coverage Form;
- e. Condominium Commercial Unit-Owners Coverage Form;
- f. Causes of Loss Basic Form;
- g. Causes of Loss Special Form; and
- h. Causes of Loss Earthquake Form.

Endorsements referencing the Commercial Property Coverage Part or the Standard Property Forms referenced above apply to the Businessowners Property Coverage Special Form in the same manner as they apply to the forms they reference.

Endorsements referencing the Commercial General Liability Coverage Part apply to the Commercial General Liability Coverage Form (included in the Businessowners Coverage Part) in the same manner as they apply to the form they reference.

H. INSURANCE UNDER TWO OR MORE COVERAGE PARTS

If two or more of this policy's Coverage Parts apply to the same loss or damage, we will not pay more than the actual amount of the loss or damage.

DEPARTMENT OF INSURANCE
PROPERTY-CASUALTY FORMS TRANSMITTAL SUPPLEMENT
SHEET FOR MULTIPLE FORM FILING

<u>FORM TITLE</u>	<u>NEW FORM</u>	<u>REPLACED FORM</u>	<u>TYPE OF FORM</u>	<u>DESCRIPTION OF FORM</u>
COMMON POLICY DECLARATIONS	IL T0 19 02 05	IL T0 19 01 89	D-MP-M	C – A fill-in field to display entire name of Insuring Company has been added.



COMMON POLICY DECLARATIONS

POLICY NO.:
ISSUE DATE: - -

BUSINESS:

INSURING COMPANY:

1. NAMED INSURED AND MAILING ADDRESS:

2. POLICY PERIOD: From - - to - - 12:01 A.M. Standard Time at your mailing address.

3. DESCRIPTION OF PREMISES:

PREM. LOC. NO.	BLDG. NO.	OCCUPANCY	ADDRESS
			(same as Mailing Address unless specified otherwise)

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

COVERAGE PARTS and SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

POLICY	POLICY NUMBER	INSURING COMPANY
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7. PREMIUM SUMMARY:

Provisional Premium	\$
Due at Inception	\$
Due at Each	\$

NAME AND ADDRESS OF AGENT OR BROKER

COUNTERSIGNED BY:

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 10/09/2007

Comments:

Attachments:

NAIC Transmittal.pdf
NAIC FORMS FILING SCHEDULE.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 10/09/2007

Comments:

Attachment:

AR - 2007-10-0011.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:			
		New Business			
		Renewal Business			
		f. State Filing #:			
		g. SERFF Filing #:			
		h. Subject Codes			
3. Group Name					Group NAIC #
The Travelers Companies, Inc.					3548
4. Company Name(s)					
	Domicile	NAIC #	FEIN #	State #	
The Travelers Indemnity Company	CT	25658	06-0566050		
The Charter Oak Fire Insurance Company	CT	25615	06-0291290		
The Travelers Indemnity Company of Connecticut	CT	25682	06-0336212		
The Travelers Indemnity Company of America	CT	25666	58-6020487		
The Phoenix Insurance Company	CT	25623	06-0303275		
Travelers Property Casualty Company of America	CT	25674	36-2719165		
Travelers Casualty Insurance Company of America	CT	19046	06-0876835		
5. Company Tracking Number		2007-10-0011			
Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]					
6. Name and address	Title	Telephone #s	FAX #	e-mail	
Margaret M. Salsbury Travelers One Tower Square Hartford, CT 06183	Senior Regulatory Analyst	(860) 277-6470	(860) 954-0580	MSALSBUR@Travelers.com	
7. Signature of authorized filer		<i>Margaret M. Salsbury</i>			
8. Please print name of authorized filer		Margaret M. Salsbury			
Filing information (see General Instructions for descriptions of these fields)					
9. Type of Insurance (TOI)		05.0			
10. Sub-Type of Insurance (Sub-TOI)		05.0002			
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]		N/A			
12. Company Program Title (Marketing title)		N/A			
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: 05/01/2008		Renewal: 05/01/2008	
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		10/05/2008			
19. Status of filing in domicile		<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2007-10-0011
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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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In compliance with the insurance laws and regulations in your state, our companies respectfully submit our revised Common Policy Conditions form- IL T3 15 0907, along with our revised Common Policy Declarations – IL T0 19 02 05 to be used with our Master Pac program.

For a detailed explanation of our revisions please refer to the enclosed forms transmittal supplement.

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 #	2007-10-0011			
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	Common Policy Conditions	ILT3150907	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	ILT3150188	
02	Common Policy Declarations	ILT0190205	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	ILT0190189	
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		



Margaret M. Salsbury
Senior Regulatory Analyst
Regulatory Affairs, Business Insurance
Direct: (860) 277-6470; Fax: (860) 954-0580
One Tower Square , 0000-MN08A
Hartford, CT 06183
MSALSBUR@travelers.com

October 5, 2007

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

Commercial Multi Peril
Master Pac – Form Filing
Company Filing Number: 2007-10-0011

The Travelers Indemnity Company	3548-25658
The Charter Oak Fire Insurance Company	3548-25615
The Travelers Indemnity Company of Connecticut	3548-25682
The Travelers Indemnity Company of America	3548-25666
The Phoenix Insurance Company	3548-25623
Travelers Property Casualty Company of America	3548-25674
Travelers Casualty Insurance Company of America	3548-19046

Dear Commissioner Bowman:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit our revised Common Policy Conditions form- IL T3 15 0907, along with our revised Common Policy Declarations – IL T0 19 02 05 to be used with our Master Pac program.

For a detailed explanation of our revisions please refer to the enclosed forms transmittal supplement.

We plan to implement these changes with respects to policies effective on or after May 1, 2008.

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.

Sincerely,

Margaret M. Salsbury
Senior Regulatory Analyst
MS/ts
Enclosures