

SERFF Tracking Number: TRVD-125331686 State: Arkansas
 First Filing Company: NIPPONKOA Insurance Company State Tracking Number: AR-PC-07-026504
 Ltd.,(U.S.Branch), ...
 Company Tracking Number: 2007-09-0059-F
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: Commercial Property Form Filing
 Project Name/Number: Commercial Property Form Filing/2007-09-0059-F

Filing at a Glance

Companies: NIPPONKOA Insurance Company Ltd.,(U.S.Branch), 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 Property Casualty Company of America

Product Name: Commercial Property Form Filing SERFF Tr Num: TRVD-125331686 State: Arkansas

TOI: 01.0 Property SERFF Status: Closed State Tr Num: AR-PC-07-026504

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: 2007-09-0059-F State Status:

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Margaret Salsbury, Tia Slivinsky Disposition Date: 10/25/2007

Date Submitted: 10/23/2007 Disposition Status: Approved

Effective Date Requested (New): 02/01/2008 Effective Date (New): 02/01/2008

Effective Date Requested (Renewal): 02/01/2008 Effective Date (Renewal): 02/01/2008

General Information

Project Name: Commercial Property Form Filing

Project Number: 2007-09-0059-F

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 10/25/2007

State Status Changed: 10/23/2007

Corresponding Filing Tracking Number: N/A

Filing Description:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit the attached OMNI II Commercial Property form filing for your review and consideration.

Status of Filing in Domicile: Authorized

Domicile Status Comments: Authorized in CT; Pending in NY

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

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In an effort to extend coverage to a more diverse group of customers, we are expanding our proprietary product. We are including one new mandatory endorsement, CP T3 97 10 07 (Business Income Changes-Personal Property In The Open Or In A Vehicle), along with one revised optional endorsement, CP T3 50 08 07 (Food Contamination Costs). We feel these additional endorsements enable us to remain competitive while meeting the ever changing needs of existing and potential customers in the marketplace.

For a detailed explanation of each endorsement, refer to the attached form transmittal supplements.

Company and Contact

Filing Contact Information

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

Filing Company Information

NIPPONKOA Insurance Company Ltd.,(U.S.Branch) One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 27073 Group Code: 2558 Group Name: FEIN Number: 98-0032627 -----	State of Domicile: New York Company Type: State ID Number:
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The Charter Oak Fire Insurance Company One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25615 Group Code: 3548 Group Name: FEIN Number: 06-0291290 -----	State of Domicile: Connecticut Company Type: State ID Number:
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The Phoenix Insurance Company One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25623 Group Code: 3548 Group Name: FEIN Number: 06-0303275 -----	State of Domicile: Connecticut Company Type: State ID Number:
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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 CoCode: 25682 State of Domicile: Connecticut
 Connecticut Group Code: 3548 Company Type:
 One Tower Square Group Name: State ID Number:
 Hartford, CT 06183 FEIN Number: 06-0336212
 (860) 277-6470 ext. [Phone] -----

Travelers Property Casualty Company of CoCode: 25674 State of Domicile: Connecticut
 America Group Code: 3548 Company Type:
 One Tower Square Group Name: State ID Number:
 Hartford, CT 06183 FEIN Number: 36-2719165
 (860) 277-6470 ext. [Phone] -----

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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 #
The Charter Oak Fire Insurance Company	\$0.00	10/23/2007	
The Phoenix Insurance Company	\$0.00	10/23/2007	
The Travelers Indemnity Company	\$50.00	10/23/2007	16252693
The Travelers Indemnity Company of America	\$0.00	10/23/2007	
Travelers Property Casualty Company of America	\$0.00	10/23/2007	
The Travelers Indemnity Company Of Connecticut	\$0.00	10/23/2007	
NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	\$0.00	10/23/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/25/2007	10/25/2007

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Disposition

Disposition Date: 10/25/2007
Effective Date (New): 02/01/2008
Effective Date (Renewal): 02/01/2008
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	FOOD CONTAMINATION COSTS	Approved	Yes
Form	BUSINESS INCOME CHANGES – PERSONAL PROPERTY IN THE OPEN OR IN A VEHICLE	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	FOOD CONTAMINATION COSTS	CP T3 50 08 07	08-2007	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CP T3 50 01 03 Previous Filing #: 2003-03-PR-857		Form Transmittal CP T3 50 08 07 (Revised).pdf Form CP T3 50 08 07.pdf
Approved	BUSINESS INCOME CHANGES – PERSONAL PROPERTY IN THE OPEN OR IN A VEHICLE	CP T3 97 10 07	10-2007	Endorsement/Amendment/Conditions New		0.00	Form Transmittal CP T3 97 10 07.pdf Form CP T3 97 10 07.pdf

EXHIBIT 1
DEPARTMENT OF INSURANCE
PROPERTY - CASUALTY
FORMS TRANSMITTAL SUPPLEMENT

FORM TITLE	NEW FORM #	OLD FORM #	TYPE OF FORM	DESCRIPTION OF FORM REVISION
Food Contamination Costs	CP T3 50 08 07	CP T3 50 01 03	E-PR-O	This is a revised optional endorsement for use on our Omni Program Business Income Coverage forms. This endorsement broadens the coverage grant to include coverage for income loss due to viral or bacterial contamination of food products.

The following explains the Coding Items used in this Forms Transmittal Supplement:

Type of Form	D-PR-M or O	D	=	Declarations (or Schedule)
		PR	=	Property Line of Business
		M or O	=	Mandatory or Optional
	C -PR-M or O	C	=	Coverage Form
		PR	=	Property Line of Business
		M or O	=	Mandatory or Optional
	E -PR- O	E	=	Endorsement
		PR	=	Property Line of Business
		M or O	=	Mandatory or Optional
[C]	Clarification			
[B]	Broadening			
[R]	Restriction			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FOOD CONTAMINATION COSTS

This endorsement modifies insurance provided under the following:

BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM
CAUSES OF LOSS – SPECIAL FORM

- A.** The following Additional Coverage is added to the BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM:

Food Contamination Costs

- 1.** If a “Public Health Authority” requires that your “operations” be suspended due to discovery of, suspicion of, or exposure to “food contamination” at your described premises for which a Business Income Limit of Insurance is shown in the Declarations, we will pay for the following:

- a.** The actual loss of Business Income you sustain until the “suspension” is lifted by the “Public Health Authority”;
- b.** Your costs to clean and sanitize your machinery and equipment as directed by the “Public Health Authority”;
- c.** Your costs to replace your food declared contaminated by the “Public Health Authority”; and
- d.** Your extra costs of advertising including, but not limited to, the expense of telephone, radio, television, newspaper and other media announcements.

The Additional Condition, Coinsurance, does not apply to this Additional Coverage.

- 2.** When the Causes of Loss – Special Form applies, the following exclusions in the Causes of Loss – Special Form do not apply to this Additional Coverage if such excluded causes of loss result in any “food contamination” to which this Additional Coverage applies:

- a.** Exclusion **B.2.d.(7)(d)**, changes in flavor, color, texture or finish;

- b.** Exclusion **B.2.d.(8)**, contamination by other than “pollutants”; and
- c.** Exclusion **B.2.i.**, which excludes discharge, dispersal, seepage, migration, release or escape of “pollutants” unless the discharge, dispersal, seepage, migration, release or escape is itself caused by a “specified cause of loss”.

In addition, any Exclusion of Loss Due to Virus or Bacteria endorsement which is applicable to the Commercial Property Coverage Part does not apply to “food contamination” that results from a “communicable disease” to which this Additional Coverage applies.

- 3.** The most we will pay under this Additional Coverage for the sum of all covered losses occurring during each separate 12 month period of this policy beginning with the effective date of this policy, is \$50,000. The amount payable under this Additional Coverage is additional insurance.
- 4.** Unless a different time period is indicated in the Declarations as the Period of Restoration – Time Period that applies to Business Income Coverage, this Additional Coverage will not apply to any loss or costs incurred prior to 72 hours after the time that your “operations” are suspended by the “Public Health Authority”. When a different time period is indicated in the Declarations as the Period of Restoration – Time Period that applies to Business Income Coverage, that time period will apply instead of the 72 hours.
- 5.** As used in this Additional Coverage:
 - a.** “Communicable Disease” means a viral or bacterial micro-organism that induces or is capable of inducing physical illness or disease.

- b.** "Food Contamination" means a condition in your food which has caused, or is suspected of causing, food poisoning of one or more of your patrons. Such "food contamination" must result from:

 - (1)** Tainted food you have purchased from others, other than food tainted by a "communicable disease"; or
 - (2)** A "communicable disease" transmitted through human contact by one or more of your employees with your food at your described premises where this Additional Coverage applies.
- c.** "Public Health Authority" means a governmental authority having jurisdiction over your "operations" relating to health and hygiene standards necessary to protect the general public.
- d.** "Suspension" means the period of time that begins with the notification from a "Public Health Authority" that your "operations" are to be temporarily closed and ends with the notification from a "Public Health Authority" that your "operations" can be resumed.

EXHIBIT 1
DEPARTMENT OF INSURANCE
PROPERTY - CASUALTY
FORMS TRANSMITTAL SUPPLEMENT

FORM TITLE	NEW FORM #	OLD FORM #	TYPE OF FORM	DESCRIPTION OF FORM REVISION
Business Income Changes – Personal Property in the Open or in a Vehicle	CP T3 97 10 07	N/A	E-PR-M	This is a new mandatory endorsement for use on our Omni Program Business Income Coverage forms. This endorsement broadens the coverage grant to include property within 1,000 feet of the described premises instead of 1,000 feet from the covered building.

The following explains the Coding Items used in this Forms Transmittal Supplement:

Type of Form	D-PR-M or O	D = Declarations (or Schedule) PR = Property Line of Business M or O = Mandatory or Optional
	C -PR-M or O	C = Coverage Form PR = Property Line of Business M or O = Mandatory or Optional
	E -PR- O	E = Endorsement PR = Property Line of Business M or O = Mandatory or Optional
[C]	Clarification	
[B]	Broadening	
[R]	Restriction	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS INCOME CHANGES – PERSONAL PROPERTY IN THE OPEN OR IN A VEHICLE

This endorsement modifies insurance provided under the following:

BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM
BUSINESS INCOME (WITHOUT EXTRA EXPENSE) COVERAGE FORM
EXTRA EXPENSE COVERAGE FORM

The following changes apply to the respective Coverage Forms, if attached to this policy:

1. Paragraph **A.1.c.** of the Business Income (and Extra Expense) Coverage Form and the Business Income (Without Extra Expense) Coverage Form is deleted and replaced by the following:

(c) We will pay for the actual loss of Business Income you sustain due to the necessary "suspension" of your "operations" during the "period of restoration". The "suspension" must be caused by direct physical loss of or damage to property at premises which are described in the Declarations and for which a Business Income Limit of Insurance is shown in the Declarations. The loss or damage must be caused by or result from a Covered Cause of Loss. With respect to loss

of or damage to property in the open or property in a vehicle, the described premises includes the area within 1,000 feet of the described premises.

2. The first paragraph of Section **A. COVERAGE** of the Extra Expense Coverage Form is deleted and replaced with the following:

We will pay the actual reasonable and necessary Extra Expense you sustain due to direct physical loss of or damage to property at premises which are described in the Declarations and for which an Extra Expense Limit of Insurance is shown in the Declarations. The loss or damage must be caused by or result from a Covered Cause of Loss. With respect to loss of or damage to property in the open or property in a vehicle, the described premises includes the area within 1,000 feet of the described premises.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/25/2007

Comments:

Attachment:

2007-09-0059 General Transmittal.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 10/25/2007

Comments:

Attachment:

AR - 2007-09-0059 - F.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

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
NIPPONKOA Insurance Company, Ltd.	2558

4. Company Name(s)	Domicile	NAIC #	FEIN #
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
NIPPONKOA Insurance Company, Ltd.	NY	27073	98-0032627

5. Company Tracking Number	2007-09-0059-F
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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
Margaret M. Salsbury Travelers One Tower Square-8MN Hartford, CT 06183	Senior Regulatory Analyst	(860) 277-6470	(860) 954-0580	MSALSBUR@Travelers.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Margaret M. Salsbury
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	01.0
10. Sub-Type of Insurance (Sub-TOI)	01.0001
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	OMNI Commercial Property
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
14. Effective Date(s) Requested	New: 02/01/2008 Renewal: 02/01/2008
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	10/23/2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" 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 #	2007-09-0059-F
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

In compliance with the insurance laws and regulations in your state, our companies respectfully submit the attached OMNI II Commercial Property form filing for your review and consideration.

In an effort to extend coverage to a more diverse group of customers, we are expanding our proprietary product. We are including one new mandatory endorsement, CP T3 97 10 07 (Business Income Changes-Personal Property In The Open Or In A Vehicle), along with one revised optional endorsement, CP T3 50 08 07 (Food Contamination Costs). We feel these additional endorsements enable us to remain competitive while meeting the ever changing needs of existing and potential customers in the marketplace.

For a detailed explanation of each endorsement, refer to the attached form transmittal supplements.

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

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 #	2007-09-0059-F			
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	Business Income Changes - Personal Property In The Open Or In A Vehicle	CP T3 97 10 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Food Contamination Costs	CP T3 50 08 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CP T3 50 01 03	
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 23, 2007

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

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
NIPPONKOA Insurance Company, Ltd. (U.S. Branch)	2558-27073

Commercial Property
OMNI II Program – Form Filing
Company Filing Number: 2007-09-0059-F

Dear Commissioner Bowman:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit the attached OMNI II Commercial Property form filing for your review and consideration.

In an effort to extend coverage to a more diverse group of customers, we are expanding our proprietary product. We are including one new mandatory endorsement, CP T3 97 10 07 (Business Income Changes-Personal Property In The Open Or In A Vehicle), along with one revised optional endorsement, CP T3 50 08 07 (Food Contamination Costs). We feel these additional endorsements enable us to remain competitive while meeting the ever changing needs of existing and potential customers in the marketplace.

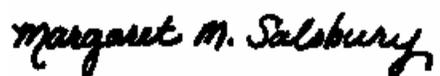
For a detailed explanation of each endorsement, refer to the attached form transmittal supplements.

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

Page _

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,

A handwritten signature in black ink that reads "Margaret M. Salsbury". The signature is written in a cursive, slightly slanted style.

Margaret M. Salsbury
Senior Regulatory Analyst
MS/ep
Enclosures