

SERFF Tracking Number: TRVE-125298302 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: AR-PC-07-026160
Company Tracking Number: 2007-08-0077
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: EPL Wrap+ Rates Filing 2007-08-0077
Project Name/Number: EPL Wrap+ Rates Filing 2007-08-0077/2007-08-0077

Filing at a Glance

Company: Travelers Casualty and Surety Company of America

Product Name: EPL Wrap+ Rates Filing 2007-08-0077 SERFF Tr Num: TRVE-125298302 State: Arkansas

TOI: 17.0 Other Liability - Claims Made/Occurrence SERFF Status: Closed State Tr Num: AR-PC-07-026160

Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

Co Tr Num: 2007-08-0077

State Status:

Filing Type: Rate

Co Status:

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

Authors: Socorro Armstrong, Theresa Lavenburg, Michelle Smith Cotto, Celina Caez

Disposition Date: 10/01/2007

Date Submitted: 09/21/2007

Disposition Status: Filed

Effective Date Requested (New): 12/01/2007

Effective Date (New):

Effective Date Requested (Renewal): 12/01/2007

Effective Date (Renewal):

General Information

Project Name: EPL Wrap+ Rates Filing 2007-08-0077

Status of Filing in Domicile:

Project Number: 2007-08-0077

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/01/2007

State Status Changed: 09/21/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Our Company Filing Number: 2007-08-0077

Rate Filing

Other Liability – Employment Practices Liability

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA 3548-31194 06-0907370

SERFF Tracking Number: TRVE-125298302 State: Arkansas
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The enclosed rate plan will replace our current filed and approved rate plan for this coverage. We now have sufficiently credible internal data to revise our rates to allow us to remain competitive while improving our pricing accuracy. The new rate plan was designed using our actuarial data, underwriting knowledge, and marketplace intelligence. The key enhancements include a rate decrease and two (2) new deductible factors.

Company and Contact

Filing Contact Information

Michelle Smith Cotto, Regulatory Analyst MSMITHCO@travelers.com
 One Tower Square (860) 277-2345 [Phone]
 Hartford, CT 06183 (860) 235-4951[FAX]

Filing Company Information

Travelers Casualty and Surety Company of America CoCode: 31194 State of Domicile: Connecticut
 One Tower Square Group Code: 3548 Company Type:
 2S2B
 Hartford, CT 06183 Group Name: State ID Number:
 (860) 277-0179 ext. [Phone] FEIN Number: 06-0907370

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Travelers Casualty and Surety Company of America	\$100.00	09/21/2007	15745735

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	10/01/2007	10/01/2007

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Disposition

Disposition Date: 10/01/2007
 Effective Date (New):
 Effective Date (Renewal):
 Status: Filed
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Travelers Casualty and Surety Company of America	-10.000%	\$-97,469	102	\$974,693	-17.000%	0.000%	-15.960%

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Rate Information

Rate data applies to filing.

Filing Method: File & Use
Rate Change Type: Decrease
Overall Percentage of Last Rate Revision: -14.300%
Effective Date of Last Rate Revision: 08/01/2005
Filing Method of Last Filing: File & Use

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Travelers Casualty and Surety Company of America	-15.960%	-10.000%	\$-97,469	102	\$974,693	-17.000%	0.000%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	EPL Rates Plan	Page 4 of 13; Page 10 of 13	Replacement	REVISED pages from 2001 EPL Rates - Not A With Ranges 200708.pdf

>=50.00%	1.00
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• **Base Premium Calculation:**

Employees	Charge	Premium
First 10	\$1,020 flat charge (\$102 per)	\$1,020 flat charge
Next 15 (running total: 25)	\$62 per (max \$930)	\$ _____ (running total: \$1,950)
Next 25 (running total: 50)	\$40 per (max \$1,000)	\$ _____ (running total \$2,950)
Next 50 (running total: 100)	\$34 per (max \$1,700)	\$ _____ (running total \$4,650)
Next 100 (running total: 200)	\$25 per (max \$2,500)	\$ _____ (running total \$7,150)
Next 300 (running total: 500)	\$16 per (max \$4,800)	\$ _____ (running total \$11,950)
Next 500 (running total: 1,000)	\$10 per (max \$5,000)	\$ _____ (running total \$16,950)
Next 1,000 (running total: 2,000)	\$8.25 per (max \$8,250)	\$ _____ (running total \$25,200)
Next 1,000 (running total: 3,000)	\$7.50 per (max \$7,500)	\$ _____ (running total \$32,700)
Next 2,000 (running total: 5,000)	\$6.50 per (max \$13,000)	\$ _____ (running total \$45,700)
Next 2,500 (running total: 7,500)	\$5.50 per (max \$13,750)	\$ _____ (running total \$59,450)
Next 2,500 (running total: 10,000)	\$4.50 per (max \$11,250)	\$ _____ (running total \$70,700)
Next 5,000 (running total: 15,000)	\$4.25 per (max \$21,250)	\$ _____ (running total \$91,950)
Over 15,000	\$4.00 per	\$ _____
	Base Premium:	\$ _____ (Subtotal 1)

• **Deductible Credit/Debit:**

A. If there are fewer than 100 employees use the following table:

Deductible	
Option	Factor
\$0	1.22
\$2,500	1.15
\$5,000	1.10
\$10,000	1.00
\$12,500	0.96
\$15,000	0.92
\$20,000	0.85
\$25,000	0.78
\$50,000	0.67
\$75,000	0.61
\$100,000	0.58

B. If there are 100 or more employees use the following table:

NOTE: This rate plan credits or debits the applicant’s premium based upon whether the Quoted Deductible is above or below a Guideline Deductible. So first, the Guideline Deductible is calculated as follows.

Calculation of Guideline Deductible:

$$\text{Guideline Deductible} = (\text{Guideline Deductible Percentage}) \times (\text{Quoted Limit of Liability})$$

(Subject to the Minimum Deductible)

# of Employees	Guideline Deductible Percentage	Minimum Deductible
0-75	1.0%	\$5,000
76-250	1.0%	\$10,000
251-750	1.5%	\$25,000
751-2,000	2.5%	\$50,000
2,001-8,000	3.5%	\$100,000
8,001-20,000	4.0%	\$150,000
20,001-50,000	5.5%	\$250,000
50,001 and up	6.0%	\$500,000

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Supporting Document Schedules

Satisfied -Name: Explanatory Memorandum **Review Status:** Filed 10/01/2007
Comments:
Attachments:
AR EPL WRAP+ Rates filing letters.pdf
Actuarial Memorandum.pdf

Satisfied -Name: PC NAIC **Review Status:** Filed 10/01/2007
Comments:
Attachments:
2007 PC NAIC Transmittal (generic) (2).pdf
2007 NAIC Rate Header.pdf



One Tower Square, 2S2
Hartford, CT 06183

Michelle Smith Cotto
Travelers Bond and Financial Products
Phone: (860) 277-2345
FAX: (866) 235-4951
Email: msmithco@travelers.com

September 21, 2007

Honorable Mike Pickens
Commissioner of Insurance
Arkansas Insurance Dept
1200 West Third Street
Little Rock, AR 72201-1904

Our Company Filing Number: 2007-08-0077
Rate Filing
Other Liability – Employment Practices Liability

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA 3548-31194 06-0907370

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our current Employment Practices Liability (EPL-3001 7-05) program which was approved by your department on March 01, 2006 under 2005-07-0133R.

The enclosed plan will replace our current filed and approved rate plan for this coverage. We now have sufficiently credible internal data to revise our rates to allow us to remain competitive while improving our pricing accuracy. The new rate plan was designed using our actuarial data, underwriting knowledge, and marketplace intelligence. The key enhancements include a rate decrease and two (2) new deductible factors.

Enclosures and Implementation

The following are enclosed to facilitate your review:

- Actuarial memorandum and rating information, if required to be filed;
- State exceptions page, if applicable;
- Any applicable state filing forms and fees.

We propose to implement this filing with respect to all new and renewal businesses effective on or after December 01, 2007 or any earlier date allowed by state law. Should you have any questions, please feel free to call me at (860) 277-2345.

Regards,

Michelle Smith Cotto

Employment Practices Liability Rate Filing
Actuarial Memorandum

This filing serves to decrease our base rates and expand our available deductible options for this product.

The rate impact of this filing is a 10.00% overall decrease. The maximum decrease a policyholder could experience under this change is 17.25%. The maximum increase an insured could experience is 0.00%.

Previously, our rate filing only allowed deductibles of \$5,000 or greater. With this expansion, we are providing deductibles under \$5,000 in addition to all deductible levels previously available.

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2007-08-0077
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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]

Our Company Filing Number: 2007-08-0077

Rate Filing

Other Liability – Employment Practices Liability

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA 3548-31194 06-0907370

The enclosed rate plan will replace our current filed and approved rate plan for this coverage.

We now have sufficiently credible internal data to revise our rates to allow us to remain competitive while improving our pricing accuracy. The new rate plan was designed using our actuarial data, underwriting knowledge, and marketplace intelligence. The key enhancements include a rate decrease and two (2) new deductible factors.

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 #: EFT
Amount: \$100.00

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.)**

RATE/RULE FILING SCHEDULE - Arkansas

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		2007-08-0077				
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)		N/A				
	<input type="checkbox"/> Rate Increase		<input checked="" type="checkbox"/> Rate Decrease		<input type="checkbox"/> Rate Neutral (0%)		
3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)		File & Use				
4a.	Rate Change by Company (As Proposed)						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
TCSA	-15.96%	-10.00%	-97,469	102	974,693	-17%	0.00%
4b.	Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Overall Rate Information (Complete for Multiple Company Filings only)							
					COMPANY USE	STATE USE	
5a.	Overall percentage rate indication (when applicable)			N/A			
5b.	Overall percentage rate impact for this filing			-10.00%			
5c.	Effect of Rate Filing – Written premium change for this program			-97,469			
5d.	Effect of Rate Filing – Number of policyholders affected			102			
6.	Overall percentage of last rate revision			-14.30%			
7.	Effective Date of last rate revision			8/1/2005			
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)			File & Use			
9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?				Previous state filing number, if required by state	
01	Page 4 of 13	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn					
02	Page 10 of 13	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn					
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn					