

## Filing at a Glance

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

Product Name: Commercial Umbrella - Wrap-Up-Program SERFF Tr Num: TRVD-125229934 State: Arkansas

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: AR-PC-07-025535  
Made/Occurrence

Sub-TOI: 17.0020 Commercial Umbrella & Excess Co Tr Num: 2007-07-0017 State Status:

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Margaret Salisbury, Tia Slivinsky Disposition Date: 07-24-2007

Date Submitted: 07-23-2007 Disposition Status: Approved

Effective Date Requested (New): Effective Date (New):

Effective Date Requested (Renewal): Effective Date (Renewal):

## General Information

Project Name: Commercial Umbrella - Wrap-Up-Program

Project Number: 2007-07-0017

Reference Organization: n/a

Reference Title: n/a

Filing Status Changed: 07-24-2007

State Status Changed: 07-24-2007

Corresponding Filing Tracking Number:

Filing Description:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit the attached Commercial Umbrella endorsements for your review and consideration.

We are introducing two new optional endorsements, UM 04 55 03 07 and UM 04 56 03 07 for use with our Wrap-Up Insurance program. For a detailed description of these endorsements, please refer to the attached forms transmittal supplement.

## Company and Contact

### Filing Contact Information

Margaret Salisbury, Senior Regulatory Analyst MSALSBUR@travelers.com

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:

One Tower Square (860) 277-6470 [Phone]  
Hartford, CT 06183 (860) 954-0580[FAX]

**Filing Company Information**

NIPPONKOA Insurance Company CoCode: 27073 State of Domicile: New York  
Ltd.,(U.S.Branch)

One Tower Square Group Code: 2558 Company Type:  
Hartford, CT 06183 Group Name: State ID Number:  
(860) 277-6470 ext. [Phone] FEIN Number: 98-0032627

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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

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

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Travelers Indemnity Company	\$50.00	07-23-2007	14707424
Travelers Property Casualty Company of America	\$0.00	07-23-2007	
NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	\$0.00	07-23-2007	

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Edith Roberts	07-24-2007	07-24-2007

## Disposition

Disposition Date: 07-24-2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-24-2007 03:12 PM

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Form</b>	EXCLUSION ALL PROJECTS SUBJECT TO A WRAP-UP INSURANCE PROGRAM	Approved	Yes
<b>Form</b>	EXCLUSION - ALL PROJECTS SUBJECT TO A WRAP-UP INSURANCE PROGRAM WITH LIMITED COVERAGE EXCEPTION	Approved	Yes

**Form Schedule**

<b>Review Status</b>	<b>Form Name</b>	<b>Form #</b>	<b>Edition Date</b>	<b>Form Type Action</b>	<b>Action Specific Data</b>	<b>Readability</b>	<b>Attachment</b>
Approved	EXCLUSION ALL PROJECTS SUBJECT TO A WRAP-UP INSURANCE PROGRAM	UM 04 55 03 07	03-2007	Endorseme New nt/Amendm ent/Condi ons		0.00	TRANSMITT AL - UM 04 55 03 07.pdf FORM - UM 04 55 03 07.pdf
Approved	EXCLUSION - ALL PROJECTS SUBJECT TO A WRAP-UP INSURANCE PROGRAM WITH LIMITED COVERAGE EXCEPTION	UM 04 56 03 07	03-2007	Endorseme New nt/Amendm ent/Condi ons		0.00	TRANSMITT AL - UM 04 56 03 07 - .pdf FORM - UM 04 56 03 07.pdf

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

<b><u>FORM TITLE</u></b>	<b><u>NEW FORM</u></b>	<b><u>REPLACED FORM</u></b>	<b><u>TYPE OF FORM</u></b>	<b><u>DESCRIPTION OF FORM</u></b>
Exclusion – All Projects Subject To A Wrap-Up Insurance Program	UM 04 55 03 07	New	E-UMB-O	(B) This endorsement is an optional endorsement which may be used on risks that have contracting exposures to exclude “bodily injury” and “property damage” arising out of projects that are or were under a “wrap-up insurance program”.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUSION – ALL PROJECTS SUBJECT TO A WRAP-UP INSURANCE PROGRAM**

This endorsement modifies insurance provided under the following:

**COMMERCIAL EXCESS LIABILITY (UMBRELLA) INSURANCE**

1. The following exclusion is added to Paragraph 3., **EXCLUSIONS** of **SECTION I – COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY; and COVERAGE B. PERSONAL INJURY AND ADVERTISING INJURY LIABILITY:**

This insurance does not apply to "bodily injury" or "property damage" arising out any project that is or was subject to a "wrap-up insurance program".

2. The following is added to **Section V - Definitions:**

"Wrap-up insurance program" means any agreement or arrangement, including any contractor-controlled, owner-controlled or similar insurance program, under which some or all of the contractors working on a specific project, or specific projects, are required to participate in a program to obtain insurance that:

- a. Includes the same or similar insurance as that provided by this policy; and
- b. Is issued specifically for injury or damage arising out of such project or projects.

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

<b><u>FORM TITLE</u></b>	<b><u>NEW FORM</u></b>	<b><u>REPLACED FORM</u></b>	<b><u>TYPE OF FORM</u></b>	<b><u>DESCRIPTION OF FORM</u></b>
Exclusion – All Projects Subject To A Wrap-Up Insurance Program With Limited Coverage Exception	UM 04 56 03 07	New	E-UMB-O	(B) This endorsement is an optional endorsement which may be used on risks that have contracting exposures to exclude “bodily injury” and “property damage” arising out of projects that are or were under a “wrap-up insurance program”. It contains an exception so that the exclusion does not apply to “bodily injury” or “property damage” to which any policy of “underlying insurance” listed in the SCHEDULE OF UNDERLYING INSURANCE of the DECLARATIONS of this insurance, or any renewal or replacement thereof, applies or would apply but for the exhaustion of its limits of liability.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****EXCLUSION - ALL PROJECTS SUBJECT TO A WRAP-UP INSURANCE PROGRAM WITH LIMITED COVERAGE EXCEPTION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL EXCESS LIABILITY (UMBRELLA) INSURANCE**

1. The following exclusion is added to Paragraph 3., **EXCLUSIONS** of **SECTION I – COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY; and COVERAGE B. PERSONAL INJURY AND ADVERTISING INJURY LIABILITY:**

This insurance does not apply to "bodily injury" or "property damage" arising out of any project that is or was subject to a "wrap-up insurance program".

This exclusion does not apply to "bodily injury" or "property damage" to which any policy of "underlying insurance" listed in the SCHEDULE OF UNDERLYING INSURANCE of the DECLARATIONS of this insurance, or any renewal or replacement thereof, applies or would apply but for the exhaustion of its limits of liability.

2. Only as respects the Provisions of this endorsement, the following is added to **Section V - Definitions:**

"Wrap-up insurance program" means any agreement or arrangement, including any contractor-controlled, owner-controlled or similar insurance program, under which some or all of the contractors working on a specific project, or specific projects, are required to participate in a program to obtain insurance that:

- a. Includes the same or similar insurance as that provided by this policy; and
- b. Is issued specifically for injury or damage arising out of such project or projects.

## **Rate Information**

Rate data does NOT apply to filing.