

SERFF Tracking Number: HART-125267914 State: Arkansas  
First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: AR-PC-07-025850  
Company Tracking Number: FN.07.883.2007.16  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
Liability  
Product Name: Xpand Initiative 2007  
Project Name/Number: Spectrum/FN.07.883.2007.16

## Filing at a Glance

Companies: Hartford Casualty Insurance Company, Hartford Insurance Company of the Midwest, Hartford Underwriters Insurance Company, Property and Casualty Insurance Company of Hartford, Twin City Fire Insurance Company, Hartford Fire Insurance Company, Hartford Accident and Indemnity Company

Product Name: Xpand Initiative 2007 SERFF Tr Num: HART-125267914 State: Arkansas  
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: AR-PC-07-025850  
Sub-TOI: 05.0003 Commercial Package Co Tr Num: FN.07.883.2007.16 State Status: PENDING FEES  
Filing Type: Form Co Status: Initial Filing Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
Authors: Joyce Driscoll, Claire Dubord, Marilu Gonzalez, Stephanie Wieczorek, Sima Nizami, Cheryl Slock  
Disposition Date: 08/21/2007  
Date Submitted: 08/21/2007 Disposition Status: Approved  
Effective Date Requested (New): 10/03/2007 Effective Date (New): 10/03/2007  
Effective Date Requested (Renewal): 10/03/2007 Effective Date (Renewal): 10/03/2007

## General Information

Project Name: Spectrum Status of Filing in Domicile:  
Project Number: FN.07.883.2007.16 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 08/21/2007  
State Status Changed: 08/21/2007 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
We herewith submit for approval Form SS 41 41 09 07 Equipment Breakdown Mandatory Deductible as described in the Explanatory Memorandum prepared by Jennifer Wilson, Spectrum Product Specialist.

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## Company and Contact

### Filing Contact Information

Joyce Driscoll, Filing Analyst joyce.driscoll@thehartford.com  
 690 Asylum Avenue (860) 547-3468 [Phone]  
 Hartford, CT 06055 (860) 547-5941[FAX]

### Filing Company Information

Hartford Casualty Insurance Company	CoCode: 29424	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0294398	

Hartford Insurance Company of the Midwest	CoCode: 37478	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1008026	

Hartford Underwriters Insurance Company	CoCode: 30104	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1222527	

Property and Casualty Insurance Company of Hartford	CoCode: 34690	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1276326	

Twin City Fire Insurance Company	CoCode: 29459	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0732738	

Hartford Fire Insurance Company	CoCode: 19682	State of Domicile: Connecticut
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Hartford Plaza  
690 Asylum Avenue  
Hartford, CT 06115  
(860) 547-5000 ext. [Phone]

Group Code: 91  
Group Name:  
FEIN Number: 06-0383750  
-----

Company Type:  
State ID Number:

Hartford Accident and Indemnity Company  
690 Asylum Ave  
Hartford, CT 06115  
(860) 547-5000 ext. [Phone]

CoCode: 22357  
Group Code: 91  
Group Name:  
FEIN Number: 06-0383030  
-----

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

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Project Name/Number: Spectrum/FN.07.883.2007.16

## Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0025522784	\$50.00	08/15/2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/21/2007	08/21/2007

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
REVISED PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT	Note To Reviewer	Joyce Driscoll	08/21/2007	08/21/2007

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## Disposition

Disposition Date: 08/21/2007  
Effective Date (New): 10/03/2007  
Effective Date (Renewal): 10/03/2007  
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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 Product Name: Xpand Initiative 2007  
 Project Name/Number: Spectrum/FN.07.883.2007.16

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Equipment Breakdown Mandatory Deductible	Approved	Yes

*SERFF Tracking Number:* HART-125267914      *State:* Arkansas  
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**Note To Reviewer**

**Created By:**

Joyce Driscoll on 08/21/2007 01:10 PM

**Subject:**

REVISED PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

**Comments:**

Attached is the revised P&C Transmittal Document with the correct effective dates.

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>
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<b>2. Insurance Department Use only</b>	
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	

<b>3. Group Name</b>	<b>Group NAIC #</b>
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Hartford Fire Ins. Co.	Connecticut	00914-19682	06-0383750	
Hartford Accident & Indemnity Co.	Connecticut	00914-22357	06-0383030	
Hartford Casualty Ins.Co.	Indiana	00914-29424	06-0294398	
Hartford Underwriters Ins. Co.	Connecticut	00914-30104	06-1222527	
Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	
Hartford Ins. Co. of the Midwest	Indiana	00914-37478	06-1008026	
Property & Casualty Ins. Co. of Hartford	Indiana	00914-34690	06-1276326	

<b>5. Company Tracking Number</b>	FN.07.883.2007.16
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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
	Cheryl Slock	Product			Cheryl.Slock
	Hartford Plaza, Hartford, CT 06115	Consultant	860-547-3339	860-547-3519	@TheHartford.com

7. Signature of authorized filer	<i>Cheryl Slock</i>
8. Please print name of authorized filer	Cheryl Slock

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

<b>9. Type of Insurance (TOI)</b>	CMP
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Spectrum (BOP)
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	5.1, 5.2
<b>12. Company Program Title</b> (Marketing title)	
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: 10/3/07      Renewal: 10/3/07
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	8/21/07
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	FN.07.883.2007.16
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The purpose of this filing is to introduce one new coverage form to our Spectrum product.

<b>22. Filing Fees</b> (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 #: 0025522784**  
**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.)**

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Equipment Breakdown Mandatory Deductible	SS 41 41 09 07		Endorseme New nt/Amendm ent/Condi ons		0.00	ss41410907 _0039024B. PDF



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

## **EQUIPMENT BREAKDOWN MANDATORY DEDUCTIBLE**

This endorsement modifies insurance provided under the following:

### **SPECIAL PROPERTY COVERAGE FORM**

Solely as respects paragraph **A.5.c.** Equipment Breakdown:

- A.** Paragraph **D.7.a.** is deleted and replaced by the following:
  - a.** The deductible for Equipment Breakdown is the policy deductible, or the Equipment Breakdown Deductible shown in the Declarations, whichever is greater.
- B.** Paragraph **D.6.d.** is deleted and replaced by the following:
  - d.** Extra Expense and Civil Authority.

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Liability  
*Product Name:* Xpand Initiative 2007  
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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 08/21/2007

**Comments:**  
Attached is the Property & Casualty Transmittal Document.

**Attachment:**  
PCTD1.pdf

**Satisfied -Name:** Explanatory Memorandum **Review Status:** Approved 08/21/2007

**Comments:**  
Attached is the Explanatory Memorandum.

**Attachment:**  
Form Explanatory Memorandum.pdf

## Property & Casualty Transmittal Document

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<b>2. Insurance Department Use only</b>	
a. Date the filing is received:	
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c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
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<b>3. Group Name</b>	<b>Group NAIC #</b>
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	Cheryl Slock	Product			Cheryl.Slock
	Hartford Plaza, Hartford, CT 06115	Consultant	860-547-3339	860-547-3519	@TheHartford.com

7. Signature of authorized filer	<i>Cheryl Slock</i>
8. Please print name of authorized filer	Cheryl Slock

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

<b>9. Type of Insurance (TOI)</b>	CMP
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<b>12. Company Program Title</b> (Marketing title)	
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: 9/8/07      Renewal: 9/8/07
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>17. Reference Organization # &amp; Title</b>	
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<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

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The purpose of this filing is to introduce one new coverage form to our Spectrum product.

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**Amount: \$50.00**

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**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

## EXPLANATORY MEMORANDUM – FORMS SPECTRUM POLICY - COUNTRYWIDE

### Copyright Explanation

This material is proprietary to The Hartford and may not be copied without The Hartford's prior express written approval.

### Purpose

The purpose of this filing is to introduce one new coverage form to our Spectrum product.

This is the **COUNTRYWIDE** Form Explanatory Memorandum. A companion Rate and Rule Filing is also enclosed.

### NEW FORMS

1. Equipment Breakdown Mandatory Deductible

Form SS 41 41 09 07

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### **Equipment Breakdown Mandatory Deductible Form SS 41 41 09 07**

This endorsement applies a deductible for equipment breakdown coverage and resulting business income losses. Deductible varies by class and is the greater of the equipment breakdown deductible or the policy deductible.

Impact: This is a reduction of coverage for some policyholders. Refer to the companion Rate and Rule Explanatory.

Policyholders will be notified of any reductions in coverage pursuant to state requirements for Advanced Renewal Notice.

Prepared By:

*Jennifer Wilson*

### **Jennifer Wilson**

Spectrum Product Specialist  
Applied Research and Product Development  
The Hartford Financial Services Group  
(860) 547-5972  
[Jennifer.Wilson@thehartford.com](mailto:Jennifer.Wilson@thehartford.com)

