

SERFF Tracking Number: TRVA-125287398 State: Arkansas
First Filing Company: The Travelers Home and Marine Insurance Company, ... State Tracking Number: AR-PC-07-026044
Company Tracking Number: 2007-09-0023
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Quantum Auto
Project Name/Number: Quantum Auto/2007-09-0023

Filing at a Glance

Companies: The Travelers Home and Marine Insurance Company, Travelers Commercial Insurance Company

Product Name: Quantum Auto SERFF Tr Num: TRVA-125287398 State: Arkansas
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: AR-PC-07-026044
Sub-TOI: 19.0001 Private Passenger Auto (PPA) Co Tr Num: 2007-09-0023 State Status:
Filing Type: Rule Co Status: Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
Author: Ann Lavorgna Disposition Date: 09/13/2007
Date Submitted: 09/11/2007 Disposition Status: Filed
Effective Date Requested (New): 12/16/2007 Effective Date (New): 12/16/2007
Effective Date Requested (Renewal): Effective Date (Renewal):

General Information

Project Name: Quantum Auto Status of Filing in Domicile:
Project Number: 2007-09-0023 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/13/2007
State Status Changed: 09/11/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Introduction of Supplemental Rule

Company and Contact

Filing Contact Information

Ann Lavorgna, Regulatory Analyst AJLAVORG@travelers.com
One Tower Square (860) 277-5466 [Phone]
Hartford, CT 06183 (860) 277-5204[FAX]

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Filing Company Information

The Travelers Home and Marine Insurance Company	CoCode: 27998	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type: Property/Casualty
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-7395 ext. [Phone]	FEIN Number: 35-1838079	

Travelers Commercial Insurance Company	CoCode: 36137	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type: Property/Casualty
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-7395 ext. [Phone]	FEIN Number: 06-1286268	

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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: A Rule Filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Travelers Home and Marine Insurance Company	\$25.00	09/11/2007	15543761
Travelers Commercial Insurance Company	\$0.00	09/11/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	09/13/2007	09/13/2007

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Disposition

Disposition Date: 09/13/2007
Effective Date (New): 12/16/2007
Effective Date (Renewal):
Status: Filed
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	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Rate	Capping Rule	Filed	Yes

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Capping Rule	TSR-EX-3	New	AR Capping Rule - Final 8-2.pdf

Private Passenger Automobile – Supplemental Rules

CAPPING RULE - Premium Increases

Renewal premium increases will be capped at +15% by application of a coverage level factor. This cap will be calculated as follows:

1. The expiring full term premium is compared to the uncapped renewal full term premium. For purposes of this comparison, the calculation of the uncapped renewal full term premium does not include any new pointed convictions or accidents that will be used in the renewal term period, nor does it include any renewal endorsements or policy changes.
2. If the increase (as a % of expiring term premium) exceeds the cap set forth above, then a coverage level factor shall be determined and applied to the renewal term premium.
3. The factor is applied to all vehicle and policy level coverages on the policy as of the time of the policy renewal.
4. The capping factor does not apply to any vehicles added at or subsequent to the policy renewal, including where existing coverage is being extended to that added vehicle.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:**
Filed 09/13/2007

Comments:

Attachments:

~PC TD-1.pdf
~PC RRFS-1.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for OTHER than Workers' Comp **Review Status:**
Filed 09/13/2007

Bypass Reason: n/a

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:**
Filed 09/13/2007

Bypass Reason: n/a

Comments:

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: <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 60%; text-align: center;">New Business</td> <td style="width: 40%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Travelers	3548

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Travelers Home and Marine Ins. Co.	CT	3548-27998	35-1838079	
Travelers Commercial Ins. Co.	CT	3548-36137	06-1286268	

5. Company Tracking Number	2007-09-0023
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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
Ann Lavorgna One Tower Square Hartford, CT 06183	Regulatory Analyst	(860) 277-5466	(860) 277-5204	AJLAVORG@travelers.com
One Tower Square Hartford, CT 06183		(860) 277-	(860) 277-	

7. Signature of authorized filer	<i>Ann Lavorgna</i>
8. Please print name of authorized filer	Ann Lavorgna

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

9. Type of Insurance (TOI)	Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	Private Passenger Auto
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Quantum Auto
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: December 16, 2007 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	September 11, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2007-09-0023
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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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Quantum Auto
Effective December 16, 2007
The Travelers Home and Marine Insurance Company
Travelers Commercial Insurance Company

We are introducing a new supplemental rule to be used with Travelers Quantum Auto Program. The new rule will provide a method to minimize disruption to our policyholders at time of renewal by capping the premium increase in the term premium.

A copy of the Capping Rule is attached.

We plan to begin using this rule effective December 16, 2007.

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 #:
Amount:

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

(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 #	2007-09-0023
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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4a.	Rate Change by Company (As Proposed)
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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)
The Travelers Home and Marine Ins. Co.	n/a	n/a					
Travelers Commercial Ins. Co.	n/a	n/a					

4b.	Rate Change by Company (As Accepted) For State Use Only
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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	Minimum % Change

	5. Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	n/a	
5b	Overall percentage rate impact for this filing	n/a	
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	See Next Page
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Capping Rule - TSR-EX-3	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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	
11		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
12		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
13		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
14		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
15		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	