

SERFF Tracking Number: TRVD-125301939 State: Arkansas
 First Filing Company: The Charter Oak Fire Insurance Company, ... State Tracking Number: AR-PC-07-026205
 Company Tracking Number: 2007-09-0012-F
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Commercial Multi Peril - Master Pac
 Project Name/Number: Master Pac - Deli Filing/2007-09-0012-F

Filing at a Glance

Companies: 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, The Travelers Lloyds Insurance Company, Travelers Casualty Insurance Company of America

Product Name: Commercial Multi Peril - Master SERFF Tr Num: TRVD-125301939 State: Arkansas
 Pac

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: AR-PC-07-026205

Sub-TOI: 05.0002 Businessowners

Co Tr Num: 2007-09-0012-F

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Authors: Margaret Salsbury, Tia
Slivinsky

Disposition Date: 09/28/2007

Date Submitted: 09/25/2007

Disposition Status: Approved

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

Effective Date (New): 12/01/2007

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

Effective Date (Renewal):
12/01/2007

General Information

Project Name: Master Pac - Deli Filing

Status of Filing in Domicile: Authorized

Project Number: 2007-09-0012-F

Domicile Status Comments: N/A

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 09/28/2007

State Status Changed: 09/25/2007

Deemer Date:

Corresponding Filing Tracking Number: 2007-09-0012-R

Filing Description:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit one new optional form – Deli Endorsement – MP P0 02 08 07 along with the applicable Rating rule to be used with our Master Pac program.

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For a detailed explanation of our form please refer to the enclosed forms transmittal supplement. As this is a new optional coverage for delicatessens there is no rate impact associated with this filing.

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

The Charter Oak Fire Insurance Company	CoCode: 25615	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: 06-0291290	

The Phoenix Insurance Company	CoCode: 25623	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: 06-0303275	

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 Connecticut	CoCode: 25682	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:

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(860) 277-6470 ext. [Phone]

FEIN Number: 06-0336212

The Travelers Lloyds Insurance Company
One Tower Square
Hartford, CT 06183
(860) 277-6470 ext. [Phone]

CoCode: 41262

State of Domicile: Connecticut

Group Code: 3548

Company Type:

Group Name:

State ID Number:

FEIN Number: 76-0002592

Travelers Casualty Insurance Company of
America
One Tower Square
Hartford, CT 06183
(860) 277-6470 ext. [Phone]

CoCode: 19046

State of Domicile: Connecticut

Group Code: 3548

Company Type:

Group Name:

State ID Number:

FEIN Number: 06-0876835

SERFF Tracking Number: TRVD-125301939 State: Arkansas
 First Filing Company: The Charter Oak Fire Insurance Company, ... State Tracking Number: AR-PC-07-026205
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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Travelers Casualty Insurance Company of America	\$50.00	09/25/2007	15789008
The Charter Oak Fire Insurance Company	\$0.00	09/25/2007	
The Phoenix Insurance Company	\$0.00	09/25/2007	
The Travelers Indemnity Company	\$0.00	09/25/2007	
The Travelers Indemnity Company of America	\$0.00	09/25/2007	
The Travelers Indemnity Company Of Connecticut	\$0.00	09/25/2007	
The Travelers Lloyds Insurance Company	\$0.00	09/25/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/28/2007	09/28/2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Companies	Note To Reviewer	Tia Slivinsky	09/26/2007	09/26/2007

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Disposition

Disposition Date: 09/28/2007
Effective Date (New): 12/01/2007
Effective Date (Renewal): 12/01/2007
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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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Deli Endorsement	MP P0 02 08 07	08-2007	Endorsement/Amendment/Conditions		0.00	FORMS TRANSMITTAL - MP P0 02 08 07.pdf FORM - MP P0 02 08 07.pdf

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

<u>FORM TITLE</u>	<u>NEW FORM</u>	<u>REPLACED FORM</u>	<u>TYPE OF FORM</u>	<u>DESCRIPTION OF FORM</u>
Deli Endorsement	MP P0 02 08 07	New	E-MP-O	<p>This new optional form modifies the Businessowners Property Coverage Special Form MP T1 02. This endorsement has been created to broaden coverage in two areas and restrict coverage in two areas as follows:</p> <ul style="list-style-type: none"> (R) Employee Dishonesty Coverage is reduced from \$25,000 to \$10,000. (R) Money and Securities Coverage is reduced to \$10,000 at each described premises. (B) Spoilage Coverage is added for \$10,000 at each described premises. (B) Limited Building Coverage-Tenant Obligation is added for \$10,000 at each described premises.

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

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM

The BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM is changed as follows:

1. With respect to **Business Personal Property**, Paragraph **A.1.b.(4)** is deleted.

2. The following is added to Paragraph **A.2. Property Not Covered**:

"Money" and "Securities", except as provided in the "Money" and "Securities" Coverage Extension or the Employee Dishonesty Additional Coverage.

3. The limit applicable to **Additional Coverages – Employee Dishonesty** is reduced from \$25,000 to \$10,000.

4. The following **Coverage Extensions** are added:

a. "Money" and "Securities"

(1) When a Limit of Insurance is shown in the Declarations for Business Personal Property at the described premises, you may extend that insurance to apply to direct physical loss of or damage to "money" and "securities" caused by or resulting from a Covered Cause of Loss while:

(a) Located in or on the buildings described in the Declarations or in the open or in a vehicle;

(b) At a bank or savings institution;

(c) Located within your residence or the residence of your partners, officers, or any employee having custody of "money" and "securities"; or

(d) In transit.

(2) The most we will pay under this Coverage Extension in any one occurrence is \$10,000 at each described premises.

(3) Payments made under this Coverage Extension are in addition to the applicable Limits of Insurance.

b. Limited Building Coverage-Tenant

Obligation

(1) If:

(a) You are a tenant;

(b) A Limit of Insurance is shown in the Declarations for Business Personal Property, and

(c) You are contractually obligated to repair or replace that part of a building you occupy as a tenant;

at the described premises, you may extend that insurance to apply to direct physical loss of or damage to that part of a building you occupy as a tenant caused by or resulting from a Covered Cause of Loss other than "theft" or attempted "theft".

(2) If:

(a) You are a tenant;

(b) A Limit of Insurance is shown in the Declarations for Business Personal Property, and

(c) You choose to repair or replace any glass or door of that part of a building you occupy as a tenant;

at the described premises, you may extend that insurance to apply to direct physical loss of or damage to that glass or door caused by or resulting from a Covered Cause of Loss.

(3) This Coverage Extension does not apply to any otherwise covered:

(a) Building glass; or

(b) Tenants improvements and betterments as described in Paragraph **A.1.b.(3)**.

(4) The most we will pay under this Coverage Extension in any one occurrence is \$10,000 at each described premises.

c. Spoilage Coverage

(1) When a Limit of Insurance is shown in the Declarations for Business Personal Property at the described premises, you may extend that insurance to apply to direct

BUSINESSOWNERS

physical loss of or damage to Perishable Stock caused by or resulting from a Covered Cause of Loss described in Paragraph (3) below and not excluded in Paragraph (4) below.

(2) This Coverage Extension does not apply to Perishable Stock while located:

- (a) On buildings;
- (b) In the open; or
- (c) In vehicles.

(3) With respect to this Coverage Extension, Covered Cause of Loss means the following:

(a) **Breakdown or Contamination**, meaning:

(i) Change in temperature or humidity resulting from mechanical breakdown or failure of refrigerating, cooling or humidity control apparatus or equipment, only while such equipment or apparatus is at the described premises; or

(ii) Contamination by a refrigerant, only while the refrigerating apparatus or equipment is at the described premises shown in the schedule; or

(b) **Power Outage**, meaning change in temperature or humidity resulting from complete or partial interruption of electrical power, either on or off the described premises, due to conditions beyond your control.

(4) The following exclusions apply to this Coverage Extension:

(a) We will not pay for loss or damage caused directly or indirectly by any of the following, regardless of any other cause or event that contributes concurrently or in any sequence to the loss:

(i) Manual disconnecting of any refrigeration, cooling, heating or humidity control system from the source of electric power;

(ii) Terminating of electric power due to throwing or turning off any switch or other device usual to

the shutting off of electric power, on the described premises; or

(iii) Intentional decision of an electric utility company or other source of electric power not to provide sufficient power or the inability of such company or source to provide sufficient power, due to lack of fuel, governmental order or lack of generating capacity to meet the demand.

(b) Paragraph **B.1.b.** Earth Movement;

(c) Paragraph **B.1.c.** Governmental Action;

(d) Paragraph **B.1.d.** Nuclear Hazard;

(e) Paragraph **B.1.f.** War and Military Action;

(f) Paragraph **B.1.g.** Water; and

(g) Paragraph **B.1.h.** Neglect.

No other exclusions in Paragraph **B.** Exclusions apply to this Coverage Extension. However, if any exclusions are added by endorsement to this Coverage Form, such exclusions will apply to this Coverage Extension.

(5) Under this Coverage Extension, the following coverages also apply:

(a) **Claim Mitigation Expense**

We will pay the reasonable expenses you incur to prevent or reduce loss or damage to the extent that such loss or damage is reduced, but such payment will not increase the applicable Limit of Insurance.

(b) **Clean-up and Disposal**

We will pay your expenses to clean-up and dispose of spoiled Covered Property. Payment for Clean-up and Disposal is included within the applicable Limit of Insurance.

(6) With respect to this Coverage Extension, Perishable Stock means personal property:

(a) Maintained under controlled conditions for its preservation; and

(b) Susceptible to loss or damage if the controlled temperature or humidity conditions change.

- (7) Subject to Paragraph (8) below, the most we will pay for loss or damage under this Coverage Extension in any one occurrence is \$10,000 at each described premises on the Common Policy Declarations.
- (8) We will not pay for loss or damage under this Coverage Extension in any one occurrence until the amount of loss or dam-

age exceeds the Businessowners Property Coverage Deductible shown on the declarations page. We will then pay the amount of loss or damage in excess of this Deductible, up to the applicable Limit of Insurance.

- (9) Paragraph C.2. does not apply to this Coverage Extension.

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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 09/28/2007

Comments:

Attachments:

NAIC Transmittal-Forms.pdf

NAIC Form Filing Schedule - 2007-09-0012- F.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 09/28/2007

Comments:

Attachment:

AR - 2007-09-0012- F.pdf

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:			
		New Business			
		Renewal Business			
		f. State Filing #:			
		g. SERFF Filing #:			
		h. Subject Codes			
3. Group Name					Group NAIC #
The Travelers Companies, Inc.					3548
4. Company Name(s)					
	Domicile	NAIC #	FEIN #	State #	
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		
Travelers Casualty Insurance Company of America	CT	19046	06-0876835		
5. Company Tracking Number		2007-09-0012-F			
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 Hartford, CT 06183	Senior Regulatory Analyst	(860) 277-6470	(860) 954-0580	MSALSBUR@Travelers.com	
7. Signature of authorized filer		<i>Margaret M. Salsbury</i>			
8. Please print name of authorized filer		Margaret M. Salsbury			
Filing information (see General Instructions for descriptions of these fields)					
9. Type of Insurance (TOI)		05.0			
10. Sub-Type of Insurance (Sub-TOI)		05.0002			
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]		N/A			
12. Company Program Title (Marketing title)		N/A			
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 (give description)			
14. Effective Date(s) Requested		New: 12-01-2007		Renewal: 12-01-2007	
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		09/24/2007			
19. Status of filing in domicile		<input type="checkbox"/> Not Filed <input 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 #	2007-09-0012-F
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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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In compliance with the insurance laws and regulations in your state, our companies respectfully submit one new optional form – Deli Endorsement – MP P0 02 08 07 along with the applicable Rating rule to be used with our Master Pac program.

For a detailed explanation of our form please refer to the enclosed forms transmittal supplement. As this is a new optional coverage for delicatessens there is no rate impact associated with this filing.

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 #	2007-09-0012 - 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	Deli Endorsement	MP P0 02 08 07	<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		



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

September 24, 2007

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

Commercial Multi Peril
Master Pac – Form Filing
Company Filing Number: 2007-09-0012-F

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
Travelers Casualty Insurance Company of America	3548-19046

Dear Commissioner Bowman:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit one new optional form – Deli Endorsement – MP P0 02 08 07 to be used with our Master Pac program.

For a detailed explanation of our form please refer to the enclosed forms transmittal supplement. As this is a new optional coverage for delicatessens there is no rate impact associated with this filing.

We plan to implement these changes with respects to policies effective on or after December 1, 2007.

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,

Margaret M. Salsbury
Senior Regulatory Analyst
MS/ts
Enclosures

