

SERFF Tracking Number: TRVE-125427393 State: Arkansas  
 Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50  
 Company Tracking Number: 2007-10-0070-LIA  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations  
 Product Name: Wrap+ LIA Cancellation /NonRenewal Form filing 2007-10-0070  
 Project Name/Number: Wrap+ LIA Cancellation /NonRenewal Form filing 2007-10-0070/2007-10-0070

## Filing at a Glance

Company: Travelers Casualty and Surety Company of America

Product Name: Wrap+ LIA Cancellation /NonRenewal Form filing 2007-10-0070 SERFF Tr Num: TRVE-125427393 State: Arkansas

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0000 Other Liability Sub-TOI

Co Tr Num: 2007-10-0070-LIA

State Status: Fees verified and received

Combinations

Filing Type: Form

Co Status:

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

Authors: Socorro Armstrong, Theresa Lavenburg, Michelle Smith

Disposition Date: 01/23/2008

Cotto, Celina Caez

Date Submitted: 01/11/2008

Disposition Status: Approved

Effective Date Requested (New): 02/10/2008

Effective Date (New):

Effective Date Requested (Renewal): 02/10/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Wrap+ LIA Cancellation /NonRenewal Form filing 2007-10-0070 Status of Filing in Domicile:

Project Number: 2007-10-0070

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/23/2008

State Status Changed: 01/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our WRAP+ Policy, which was approved by your department under our file number 2005-07-0133.

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**Purpose and Scope of the Filing**

This filing consists of one (1) form, a combined notice of cancellation and has been designed for use with the WRAP+ product. This filing consists of an endorsement form Wrap+ Cancellation and Nonrenewal for the Liability coverages. The variable text fields in the endorsements will always comply with state notice requirements. We have the variable text option in order to extend the notice requirement longer than required by the state. This notice of cancellation will include the relevant cancellation and nonrenewal reason(s) that is (are) allowed under applicable state law.

This filing has no rating impact.

**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  
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**Filing Fees**

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



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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Travelers Casualty and Surety Company of America	\$50.00	01/11/2008	17449333

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/23/2008	01/23/2008

*SERFF Tracking Number:* TRVE-125427393 *State:* Arkansas  
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## **Disposition**

Disposition Date: 01/23/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVE-125427393 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	CANCELLATION AND NONRENEWAL ENDORSEMENT	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	CANCELLATION AND NONRENEWAL ENDORSEMENT	LIA-5003 Rev. 11-07		Endorseme Replaced nt/Amendm ent/Conditio ns	Replaced Form #:0.00 Previous Filing #: 2005-07-0133		Arkansas Combined Cancellation Nonrenewal draft.pdf

ISSUED BY:  
ISSUED TO:

POLICY NO:

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

**ARKANSAS CANCELLATION AND NONRENEWAL**

This endorsement modifies insurance provided under the following if applicable:

**Liability Policy**

**Kidnap and Ransom Policy**

**Identity Fraud Expense Reimbursement Policy**

It is agreed that:

1. The CANCELLATION section of this policy is replaced by the following:

**CANCELLATION**

The Company may cancel this policy for failure to pay a premium when due, in which case (number of days) (#) days (number of days must equal or exceed twenty (20) days) written notice, including the reason(s) for cancellation, shall be given to the **Named Insured or Insurance Representative** and to any lienholder or loss payee named in the policy, unless payment in full is received within twenty (20) days of the **Named Insured or Insurance Representative's** receipt of such notice of cancellation. The Company shall have the right to the premium amount for the portion of the **Policy Period** during which this policy was in effect.

Subject to the provisions set forth in Liability Coverage Terms and Conditions Section III. CONDITIONS K. CHANGE OF CONTROL, if applicable, the **Named Insured or Insurance Representative** may cancel any coverage by mailing the Company written notice stating when, thereafter, not later than the Expiration Date set forth in ITEM 2 of the Declarations, such cancellation will be effective. In the event the **Named Insured or Insurance Representative** cancels, the earned premium will be computed in accordance with the customary short rate table and procedure. Premium adjustment may be made either at the time cancellation is effective or as soon as practicable after cancellation becomes effective, but payment or tender of unearned premium is not a condition of cancellation.

The Company will not be required to renew this policy upon its expiration. If the Company elects not to renew, it will provide to the **Named Insured or Insurance Representative** written notice to that effect (number of days) (#) days (number of days must equal or exceed thirty (30) days) before the Expiration Date set forth in ITEM 2 of the Declarations if we are nonrenewing for nonpayment of premium, or (number of days) (#) days (number of days must equal or exceed sixty (60) days) before such date if we are nonrenewing for any other reason.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above mentioned policy, except as expressly stated herein. This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations and this endorsement is part of such policy and incorporated therein.

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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 01/23/2008

**Comments:**

**Attachments:**

2007 PC NAIC Transmittal (generic) (2).pdf  
AR Form List.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 01/23/2008

**Comments:**

**Attachment:**

AR Liability Cancellation Letter Filing Ltrs 3.pdf



**Property & Casualty Transmittal Document—**

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>2007-10-0070-LIA</b>
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<b>21.</b>	<b>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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2007-10-0070-LIA

Enhancement Filing – Forms

WRAP+ - Other Liability

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

3548-31194

Tax ID 06-0907370

**Purpose and Scope of the Filing**

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**This filing has no rating impact.**

<b>22.</b>	<b>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]
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**Check #:** 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>2007-10-0070</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
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	Arkansas Cancellation and Nonrenewal	LIA-5003 Rev. 11-07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	LIA-5003 (07-05)	N/A
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		



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

One Tower Sq. 2SHS  
Hartford, CT 06183

January 11, 2008

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

**2007-10-0070**  
**Enhancement Filing – Forms**  
**WRAP+ - Other Liability**

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

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our WRAP+ Policy, which was approved by your department effective March 27, 2006, under our file number 2005-07-0133.

**Purpose and Scope of the Filing**

This filing consists of one (1) form, a combined notice of cancellation and has been designed for use with the WRAP+ product. This filing consists of an endorsement form Wrap+ Cancellation and Nonrenewal for the Liability coverages. The variable text fields in the endorsements will always comply with state notice requirements. We have the variable text option in order to extend the notice requirement longer than required by the state. This notice of cancellation will include the relevant cancellation and nonrenewal reason(s) that is (are) allowed under applicable state law.

This filing has no rating impact.

**Enclosures and Implementation**

The following are enclosed to facilitate your review:

- Form listing and final prints of each form, and
- Any applicable state filing forms and fees.

We plan to implement this filing with respect to all new business and renewals effective February 10, 2008. Should you have any questions, please feel free to call me at (860) 277-2345.

Regards,

*Michelle Smith Cotto*