

<i>SERFF Tracking Number:</i>	<i>HSTB-125857467</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Hartford Steam Boiler Inspection and Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>HSB-CANCEL-BM-2008</i>		
<i>TOI:</i>	<i>27.0 Boiler &amp; Machinery</i>	<i>Sub-TOI:</i>	<i>27.0000 Boiler &amp; Machinery</i>
<i>Product Name:</i>	<i>Boiler and Machinery</i>		
<i>Project Name/Number:</i>	<i>Cancellation Provisions/</i>		

## Filing at a Glance

Company: The Hartford Steam Boiler Inspection and Insurance Company

Product Name: Boiler and Machinery	SERFF Tr Num: HSTB-125857467	State: Arkansas
TOI: 27.0 Boiler & Machinery	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 27.0000 Boiler & Machinery	Co Tr Num: HSB-CANCEL-BM-2008	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Authors: Faye Neilan, Cathy Uhlman	Disposition Date: 10/15/2008
	Date Submitted: 10/15/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 10/15/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 10/15/2008

State Filing Description:

## General Information

Project Name: Cancellation Provisions  
Project Number:

Status of Filing in Domicile: Pending  
Domicile Status Comments: Submitted on a file and use basis.

Reference Organization:  
Reference Title:  
Filing Status Changed: 10/15/2008  
State Status Changed: 10/15/2008  
Corresponding Filing Tracking Number:  
Filing Description:

Reference Number:  
Advisory Org. Circular:  
  
Deemer Date:

<i>SERFF Tracking Number:</i>	<i>HSTB-125857467</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Hartford Steam Boiler Inspection and Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>HSB-CANCEL-BM-2008</i>		
<i>TOI:</i>	<i>27.0 Boiler &amp; Machinery</i>	<i>Sub-TOI:</i>	<i>27.0000 Boiler &amp; Machinery</i>
<i>Product Name:</i>	<i>Boiler and Machinery</i>		
<i>Project Name/Number:</i>	<i>Cancellation Provisions/</i>		

At the request of our producers and policyholders, we are being asked to modify our policy cancellation provisions to waive the short rate penalty when a policy is cancelled by a policyholder within 30 days if our financial strength rating by A.M. Best Company should fall below A- or below BBB by Standard & Poor's Ratings Services. For this reason, we are submitting a new endorsement that can be used with our HSB Freestyle / Equipment Breakdown Coverage Form, form numbers 6670 10/2002 and 6671 10/2002 and our Standard Boiler and Machinery Policy, form number 131F Revised 2/1/91.

The new endorsement provides for cancellation on a pro rata basis in the event a policy is cancelled by our insureds within 30 days if our financial strength rating by A.M. Best Company should fall below A- or below BBB by Standard & Poor's Ratings Services.

There is no rate or premium associated with this filing.

## Company and Contact

### Filing Contact Information

Faye Neilan,	faye_neilan@hsb.com
One State Street	(860) 722-5321 [Phone]
Hartford, CT 06102-5024	

### Filing Company Information

The Hartford Steam Boiler Inspection and Insurance Company	CoCode: 11452	State of Domicile: Connecticut
One State Street	Group Code:	Company Type:
P.O. Box 5024		
Hartford, CT 06102-5024	Group Name:	State ID Number: 82
(860) 722-5321 ext. [Phone]	FEIN Number: 06-0384680	
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## Filing Fees

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

*SERFF Tracking Number:* HSTB-125857467      *State:* Arkansas  
*Filing Company:* The Hartford Steam Boiler Inspection and      *State Tracking Number:* EFT \$50  
Insurance Company  
*Company Tracking Number:* HSB-CANCEL-BM-2008  
*TOI:* 27.0 Boiler & Machinery      *Sub-TOI:* 27.0000 Boiler & Machinery  
*Product Name:* Boiler and Machinery  
*Project Name/Number:* Cancellation Provisions/  
*Fee Explanation:* \$50.00 per form filing.  
  
*Per Company:* No

SERFF Tracking Number: HSTB-125857467 State: Arkansas  
Filing Company: The Hartford Steam Boiler Inspection and Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: HSB-CANCEL-BM-2008  
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
Product Name: Boiler and Machinery  
Project Name/Number: Cancellation Provisions/

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Hartford Steam Boiler Inspection and Insurance Company	\$50.00	10/15/2008	23191326

SERFF Tracking Number: HSTB-125857467 State: Arkansas  
Filing Company: The Hartford Steam Boiler Inspection and Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: HSB-CANCEL-BM-2008  
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
Product Name: Boiler and Machinery  
Project Name/Number: Cancellation Provisions/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/15/2008	10/15/2008

SERFF Tracking Number: HSTB-125857467 State: Arkansas  
Filing Company: The Hartford Steam Boiler Inspection and Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: HSB-CANCEL-BM-2008  
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
Product Name: Boiler and Machinery  
Project Name/Number: Cancellation Provisions/

## Disposition

Disposition Date: 10/15/2008

Effective Date (New): 10/15/2008

Effective Date (Renewal): 10/15/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HSTB-125857467 State: Arkansas  
 Filing Company: The Hartford Steam Boiler Inspection and Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: HSB-CANCEL-BM-2008  
 TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
 Product Name: Boiler and Machinery  
 Project Name/Number: Cancellation Provisions/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Filing Memorandum	Approved	Yes
Form	Cancellation Condition Endorsement (Credit Rating Trigger)	Approved	Yes

SERFF Tracking Number: HSTB-125857467 State: Arkansas  
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 TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
 Product Name: Boiler and Machinery  
 Project Name/Number: Cancellation Provisions/

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Cancellation Condition Endorsement (Credit Rating Trigger)	END CXLPRTA	10/2008	Endorsement/New Amendment/Conditions		0.00	END CXLPRTA.pdf

# Cancellation Condition Endorsement (Credit Rating Trigger)

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Named Insured:

Policy Number .....

Effective Date .....

Issue Date.....

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This endorsement changes the policy. Please read it carefully.

The following is added to the **CANCELLATION COMMON POLICY CONDITION** and supersedes any provision, including any state Changes endorsement, to the contrary:

In the event that a financial strength rating is issued for us (1) below A- by A.M. Best Co., or (2) below BBB by Standard & Poor's Ratings Services (hereinafter "Credit Rating Downgrade"), the first Named Insured may cancel this policy by mailing or delivering to us advance written notice. We will send the first Named Insured any premium refund due. If the first Named Insured cancels this policy within 30 days after such Credit Rating Downgrade, the refund will be pro rata.



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TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
Product Name: Boiler and Machinery  
Project Name/Number: Cancellation Provisions/

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/15/2008

**Comments:**  
Attached is the completed NAIC Transmittal Document form.

**Attachment:**  
NAICtransmittal.pdf

**Satisfied -Name:** Form Filing Memorandum **Review Status:** Approved 10/15/2008

**Comments:**  
Attached is the Form Filing Memorandum.

**Attachment:**  
B&M cancel endt form filing memo.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<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
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<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
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—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</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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<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 #:**  
**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.)**

PC TD-1 pg 2 of 2

## 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>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input 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		

PC FFS-1

## 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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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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

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

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	

**FORM FILING MEMORANDUM**

**CANCELLATION ENDORSEMENT**

**THE HARTFORD STEAM BOILER INSPECTION AND INSURANCE  
COMPANY  
BOILER AND MACHINERY INSURANCE  
HSB FREESTYLE / EQUIPMENT BREAKDOWN COVERAGE FORM  
BOILER AND MACHINERY COVERAGE FORM**

At the request of our producers and policyholders, we are being asked to modify our policy cancellation provisions to waive the short rate penalty when a policy is cancelled by a policyholder within 30 days if our financial strength rating by A.M. Best Company should fall below A- or below BBB by Standard & Poor's Ratings Services.

For this reason, we are introducing a new endorsement:

**Cancellation Condition Endorsement (Credit Rating Trigger)  
Form END CXLPRTA 10/2008**

This optional endorsement revises the Cancellation Common Policy Condition to allow the return premium to be calculated on a pro rata basis if the Insured cancels the policy within 30 days after the Company's financial strength rating issued by A.M. Best Company falls below A- or its financial strength rating issued by Standard & Poor's Ratings Services falls below BBB.

There is no rate or premium associated with this endorsement.

A companion rule filing is being submitted.