

SERFF Tracking Number: TRVD-125941654 State: Arkansas
First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$50
Ltd.,(U.S.Branch), ...
Company Tracking Number: 2008-11-0082-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: OMNI Commercial Auto
Project Name/Number: Commercial Auto Form and Rule Filing/2008-11-0082-F

Filing at a Glance

Companies: NIPPONKOA Insurance Company Ltd.,(U.S.Branch), 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, Travelers Property Casualty Company of America

Product Name: OMNI Commercial Auto SERFF Tr Num: TRVD-125941654 State: Arkansas
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto Co Tr Num: 2008-11-0082-F State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Authors: Margaret Salsbury, Tia Slivinsky Disposition Date: 12/19/2008
Date Submitted: 12/19/2008 Disposition Status: Approved

Effective Date Requested (New): 04/01/2009 Effective Date (New): 04/01/2009
Effective Date Requested (Renewal): 04/01/2009 Effective Date (Renewal): 04/01/2009

State Filing Description:

General Information

Project Name: Commercial Auto Form and Rule Filing
Project Number: 2008-11-0082-F

Status of Filing in Domicile: Authorized
Domicile Status Comments: Authorized in CT,
Pending in NY

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 12/19/2008

State Status Changed: 12/19/2008

Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit the attached Commercial Auto form filing for your review and consideration.

<i>SERFF Tracking Number:</i>	<i>TRVD-125941654</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company Ltd.,(U.S.Branch), ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-11-0082-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>OMNI Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>Commercial Auto Form and Rule Filing/2008-11-0082-F</i>		

With this filing, we are enhancing our Business Auto coverage by introducing two new optional endorsements to simplify and improve the coverage offerings available to our insureds. The new endorsements being introduced are Additional Insured – Primary And Non-Contributory With Other Insurance and Loss Payable Clause. For a detailed description of each endorsement, please refer to the attached form transmittal supplement.

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.

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) 277-9730[FAX]

Filing Company Information

NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	CoCode: 27073	State of Domicile: New York
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One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	Group Code: 2558 Group Name: FEIN Number: 98-0032627 -----	Company Type: State ID Number:
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The Charter Oak Fire Insurance Company One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25615 Group Code: 3548 Group Name: FEIN Number: 06-0291290 -----	State of Domicile: Connecticut Company Type: State ID Number:
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The Phoenix Insurance Company One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25623 Group Code: 3548 Group Name: FEIN Number: 06-0303275 -----	State of Domicile: Connecticut Company Type: State ID Number:
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The Travelers Indemnity Company	CoCode: 25658	State of Domicile: Connecticut
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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	\$0.00	12/19/2008	
The Charter Oak Fire Insurance Company	\$0.00	12/19/2008	
The Phoenix Insurance Company	\$0.00	12/19/2008	
The Travelers Indemnity Company	\$50.00	12/19/2008	24638573
The Travelers Indemnity Company of America	\$0.00	12/19/2008	
The Travelers Indemnity Company Of Connecticut	\$0.00	12/19/2008	
Travelers Property Casualty Company of America	\$0.00	12/19/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/19/2008	12/19/2008

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Disposition

Disposition Date: 12/19/2008
Effective Date (New): 04/01/2009
Effective Date (Renewal): 04/01/2009
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	Additional Insured – Primary And Non-Contributory With Other Insurance	CA T4 42 04 09	04-2009	Endorsement/Amendment/Conditions		0.00	CA T4 42 04 09 .pdf
Approved	Loss Payable Clause	CA T4 45 04 09	04-2009	Endorsement/Amendment/Conditions		0.00	CA T4 45 04 09.pdf

COMMERCIAL AUTO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONAL INSURED – PRIMARY AND NON-CONTRIBUTORY WITH OTHER INSURANCE

This endorsement modifies insurance provided by the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

SCHEDULED PERSONS OR ORGANIZATIONS

PROVISIONS

- A.** The following is added to Paragraph **c.** in **A. 1., Who Is An Insured**, of **SECTION II-LIABILITY COVERAGE**:

Any person or organization shown above who is required under a written contract or agreement between you and that person or organization, that is signed and executed by you before the “bodily injury” or “property damage” occurs and that is in effect during the policy period, to be named as an additional insured is an “insured” for Liability Coverage, but only for damages to which this insurance applies and only to the extent that person or organization qualifies as an “insured” under the Who Is An Insured provision contained in Section II.

- B.** The following is added to Paragraph **5., Other Insurance**, in **B. General Conditions** of **SECTION IV – BUSINESS AUTO CONDITIONS**:

Regardless of the provisions of paragraph **a.** and paragraph **d.** of this part **5. Other Insurance**, if the scheduled person or organization shown above has other insurance under which it is the first named insured and that insurance also applies, then this insurance is primary to and non-contributory with that other insurance when the written contract or agreement between you and that scheduled person or organization, that is signed and executed by you before the “bodily injury” or “property damage” occurs and that is in effect during the policy period, requires this insurance to be primary and non-contributory.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE CLAUSE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

The following replaces the **LOSS PAYABLE CLAUSE** in the **BUSINESS AUTO COVERAGE PART DECLARATIONS: LOSS PAYABLE CLAUSE**

- A.** We will pay you and the loss payee on file with us for "loss" to a covered "auto", as interest may appear.
- B.** The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.
- C.** We may cancel the policy as allowed by the CANCELLATION Common Policy Condition.
Cancellation ends this agreement as to the loss payee's interest. If we cancel the policy we will mail you and the loss payee the same advance notice.
- D.** If we make any payment to the loss payee, we will obtain their rights against any other party.

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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: OMNI Commercial Auto
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 12/19/2008

Comments:

Attachment:

AR NAIC Transmittal .pdf

Satisfied -Name: Form Transmittal Supplement **Review Status:** Approved 12/19/2008

Comments:

Attachment:

Form Transmittal Supplement.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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></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 #
The Travelers Companies Inc.	3548
NIPPONKOA Insurance Company, Ltd (U.S. Branch)	2558

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	
NIPPONKOA Insurance Company, Ltd (U.S. Branch)	NY	27073	98-0032627	

5. Company Tracking Number	2008-11-0082-F
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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
	Margaret Salsbury One Tower Sq. 8 MN Hartford, CT 06183	Senior Regulatory Analyst	(860) 277-6470	(860)277-9730	msalsbur@travelers.com
7.	Signature of authorized filer		<i>Margaret M. Salsbury</i>		
8.	Please print name of authorized filer		Margaret Salsbury		

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

9. Type of Insurance (TOI)	20.0
10. Sub-Type of Insurance (Sub-TOI)	20.0001
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: 04/01/2009 Renewal: 04/01/2009
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	12/19/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" 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 #	2008-11-0082-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 the attached Commercial Auto form filing for your review and consideration.

With this filing, we are enhancing our Business Auto coverage by introducing two new optional endorsements to simplify and improve the coverage offerings available to our insureds. The new endorsements being introduced are Additional Insured – Primary And Non-Contributory With Other Insurance and Loss Payable Clause. For a detailed description of each endorsement, please refer to the attached form transmittal supplement.

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.

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]
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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 #	2008-11-0082-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	Additional Insured – Primary And Non-Contributory With Other Insurance	CA T4 42 04 09	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Loss Payable Clause	CA T4 45 04 09	<input checked="" 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		

FORM TRANSMITTAL SUPPLEMENT
2008-11-0082

Form Title	New Form	Replaced Form	Type of Form* / Line of Business / Mandatory (M) or Optional (O)	Broaden (B) Restrict (R) Clarify (C)	Description Of Form
Additional Insured – Primary And Non-Contributory With Other Insurance	CA T4 42 04 09	N/A	END/CA/O	B	<p>This endorsement will be used with the Business Auto Coverage Form. If selected, this endorsement will:</p> <ol style="list-style-type: none"> 1. Add any person or organization listed on the schedule as Additional Insured for liability coverage, but only for damages to which the insurance applies and only to the extent that person or organization qualifies as an “insured” under the Who Is An Insured provision contained in Section II. 2. Make this insurance primary and non-contributory with that of other insurance when a written contract that is signed and executed before the damage occurs, and that is in effect during the policy period, requires this insurance to be primary and non-contributory.

Form Title	New Form	Replaced Form	Type of Form* / Line of Business / Mandatory (M) or Optional (O)	Broaden (B) Restrict (R) Clarify (C)	Description Of Form
Loss Payable Clause	CA T4 45 04 09	N/A	END/CA/O	B	<p>This endorsement will be used with the Business Auto Coverage Form. We have an existing Loss Payee Clause which is included on page 2 of CA T0 01 "Business Auto Coverage Part Declarations" and MM 0006 (1-89) "Loss Payable Clause". For the Loss Payable Clause's to apply, the loss payee must be named on the policy. The only key difference between the Loss Payable Clause on CA T4 45 04 09 and CA T0 01/MM 0006 is the loss payee is 'on file with us' not 'named on the policy'.</p> <p>The purpose of this Loss Payable Clause will be for insured's where it is more efficient to keep track of the loss payee's other than listing them on the policy.</p>

*Type of Form Legend:

- ADV** = Advertising
- ABE** = Application/Binder/Enrollment
- BND** = Bond
- CNR** = Canc/NonRen Notice
- CER** = Certificate
- DEC** = Declarations/Schedule
- DSC** = Disclosure/Notice
- ERS** = Election/Rejection/Supplemental Applications
- END** = Endorsement/Amendment/Conditions
- OTH** = Other
- PCF** = Policy/Coverage Form