

SERFF Tracking Number: TRVD-125472049 State: Arkansas
 First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$50
 Ltd.,(U.S.Branch), ...
 Company Tracking Number: 2008-01-0092
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: Adoption of ISO Form
 Project Name/Number: Adoption of ISO Form/2008-01-0092

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: Adoption of ISO Form SERFF Tr Num: TRVD-125472049 State: Arkansas
 TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50
 Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 2008-01-0092 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
 Authors: Brenda Dinnald, Diana Grodotzke Disposition Date: 02/22/2008
 Date Submitted: 02/05/2008 Disposition Status: Approved

Effective Date Requested (New): 08/01/2008 Effective Date (New):
 Effective Date Requested (Renewal): 08/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Adoption of ISO Form Status of Filing in Domicile: Authorized
 Project Number: 2008-01-0092 Domicile Status Comments: Authorized in CT;
 Pending in NY
 Reference Organization: ISO Reference Number: GL-2006-OCTFR
 Reference Title: Commercial General Liability ISO Form Adoption Advisory Org. Circular:
 Filing Status Changed: 02/22/2008
 State Status Changed: 02/20/2008 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 for your review and consideration this ISO Adoption.

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We will be utilizing ISO Snow Plow Operations Coverage – Form CG 22 92 12 07 included under ISO Reference # GL-2006-OCTFR.

We propose to implement these changes with respect to policies effective on or after August 1, 2008.

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

Brenda Dinnald, Regulatory Analyst BDINNALD@travelers.com
 One Tower Square (860) 277-4444 [Phone]
 Hartford, CT 06183 (860) 954-0580[FAX]

Filing Company Information

NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	CoCode: 27073	State of Domicile: New York
One Tower Square	Group Code: 2558	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 98-0032627	

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
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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 #
The Phoenix Insurance Company	\$0.00	02/05/2008	
The Travelers Indemnity Company	\$50.00	02/05/2008	17832395
The Travelers Indemnity Company of America	\$0.00	02/05/2008	
The Travelers Indemnity Company Of Connecticut	\$0.00	02/05/2008	
Travelers Property Casualty Company of America	\$0.00	02/05/2008	
NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	\$0.00	02/05/2008	
The Charter Oak Fire Insurance Company	\$0.00	02/05/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/22/2008	02/22/2008

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Disposition

Disposition Date: 02/22/2008

Effective Date (New):

Effective Date (Renewal):

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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 02/22/2008

Comments:

Attachment:

AR 2008-01-0092 NAIC Transmittal Doc.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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="width: 50%; border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></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, Limited	NY	27073	98-0032627	

5. Company Tracking Number	2008-01-0092
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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
	Brenda Dinnald Travelers One Tower Square – 8MN Hartford, CT 06183	Regulatory Analyst	(860) 277-4444	(860) 954-0580	bdinnald@travelers.com
7.	Signature of authorized filer		<i>Brenda Dinnald</i>		
8.	Please print name of authorized filer		Brenda Dinnald		

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

9. Type of Insurance (TOI)	17.0
10. Sub-Type of Insurance (Sub-TOI)	17.0001
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial General Liability ISO Form Adoption
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: 08/01/2008 Renewal: 08/01/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	GL-2006-OCTFR
18. Company's Date of Filing	02/05/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2008-01-0092
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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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Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel 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]

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.)**