

SERFF Tracking Number: TRVD-125549049 State: Arkansas  
 First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$50  
 Ltd.,(U.S.Branch), ...  
 Company Tracking Number: 2008-03-0008-F  
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
 Product Name: Commercial Property Form Filing  
 Project Name/Number: Commercial Property Form Filing/2008-03-0008-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: Commercial Property Form Filing SERFF Tr Num: TRVD-125549049 State: Arkansas

TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: 2008-03-0008-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Margaret Salsbury, Tia Slivinsky	Disposition Date: 03/24/2008
	Date Submitted: 03/19/2008	Disposition Status: Approved
Effective Date Requested (New): 11/01/2008		Effective Date (New): 11/01/2008
Effective Date Requested (Renewal): 11/01/2008		Effective Date (Renewal): 11/01/2008

State Filing Description:

## General Information

Project Name: Commercial Property Form Filing  
 Project Number: 2008-03-0008-F

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 03/24/2008

State Status Changed: 03/24/2008

Corresponding Filing Tracking Number: N/A

Status of Filing in Domicile: Authorized

Domicile Status Comments: Authorized in CT, Pending in NY

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

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**Filing Description:**

In compliance with the insurance laws and regulations in your state, our companies respectfully submit one new optional form – Green Building Coverage Enhancements – CP T3 98 02 08 to be used with our Commercial Property program.

For a detailed explanation of our form, please refer to the enclosed forms transmittal supplement.

As this is a new optional coverage for Green Buildings, there is no rate impact associated with this filing.

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) 954-0580[FAX]

**Filing Company Information**

NIPPONKOA Insurance Company Ltd.,(U.S.Branch) One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 27073  Group Code: 2558 Group Name: FEIN Number: 98-0032627 -----	State of Domicile: New York  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	CoCode: 25623  Group Code: 3548	State of Domicile: Connecticut  Company Type:
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Hartford, CT 06183 (860) 277-6470 ext. [Phone]	Group Name: FEIN Number: 06-0303275 -----	State ID Number:
The Travelers Indemnity Company One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25658 Group Code: 3548 Group Name: FEIN Number: 06-0566050 -----	State of Domicile: Connecticut Company Type: State ID Number:
The Travelers Indemnity Company of America One Tower Square Hartford, CT 01683 (860) 277-6470 ext. [Phone]	CoCode: 25666 Group Code: 3548 Group Name: FEIN Number: 58-6020487 -----	State of Domicile: Connecticut Company Type: State ID Number:
The Travelers Indemnity Company Of Connecticut One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25682 Group Code: 3548 Group Name: FEIN Number: 06-0336212 -----	State of Domicile: Connecticut Company Type: State ID Number:
Travelers Property Casualty Company of America One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25674 Group Code: 3548 Group Name: FEIN Number: 36-2719165 -----	State of Domicile: Connecticut Company Type: State ID Number:

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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 #
The Charter Oak Fire Insurance Company	\$0.00	03/19/2008	
NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	\$0.00	03/19/2008	
The Phoenix Insurance Company	\$0.00	03/19/2008	
The Travelers Indemnity Company	\$50.00	03/19/2008	18794618
The Travelers Indemnity Company of America	\$0.00	03/19/2008	
The Travelers Indemnity Company Of Connecticut	\$0.00	03/19/2008	
Travelers Property Casualty Company of America	\$0.00	03/19/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/24/2008	03/24/2008

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## Disposition

Disposition Date: 03/24/2008  
Effective Date (New): 11/01/2008  
Effective Date (Renewal): 11/01/2008  
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
Form	Green Building Coverage Enhancements	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Green Building Coverage Enhancements	CP T3 98 02 08	02-2008	Endorseme New nt/Amendm ent/Conditio ns		0.00	FORM TRANSMITT AL - CP T3 98 02 08.pdf FORM - CP T3 98 02 08.pdf

DEPARTMENT OF INSURANCE  
PROPERTY - CASUALTY  
FORMS TRANSMITTAL SUPPLEMENT

FORM TITLE	NEW FORM #	OLD FORM #	TYPE OF FORM	DESCRIPTION OF FORM REVISION
Green Building Coverage Enhancements	CP T3 98 02 08	NEW	E-PR-O	<p>This is a new optional endorsement for use on our OMNI Commercial Property Coverage Part. This endorsement contains coverage for additional costs incurred to repair or replace damaged buildings using green products. The endorsement also covers specified additional expenses incurred to re-attain a pre-loss level of green building certification. Coverage is provided for loss by a Covered Cause of Loss to vegetative roofs on buildings. With regard to vegetative roofs, the endorsement clarifies that the cost to repair or replace does not include increased costs to re-attain a pre-loss level of green building certification.</p> <p>The endorsement also amends the Business Income Coverage Forms and Extra Expense Coverage Form by providing Increased Period of Restoration coverage up to a maximum of 30 additional days to reflect an increased period required to repair or replace damaged buildings using green products. The endorsement also clarifies that the period of restoration does not include an increased period required to re-attain a pre-loss level of green building certification.</p>

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

## **GREEN BUILDING COVERAGE ENHANCEMENTS**

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM  
 BUSINESS INCOME COVERAGE FORM (AND EXTRA EXPENSE)  
 BUSINESS INCOME COVERAGE FORM (WITHOUT EXTRA EXPENSE)  
 CONDOMINIUM ASSOCIATION COVERAGE FORM  
 EXTRA EXPENSE COVERAGE FORM

### **A. DEFINITIONS**

As used in this endorsement:

1. **“Green”** means products, materials, methods and processes that conserve natural resources, reduce energy or water consumption, avoid toxic or other polluting emissions or otherwise minimize the environmental impact.
2. **“Green Authority”** means a recognized authority on green building or green products, materials or processes.

### **B. CHANGES TO THE BUILDING AND PERSONAL PROPERTY COVERAGE FORM AND THE CONDOMINIUM ASSOCIATION COVERAGE FORM**

1. The following coverages are added to the **Additional Coverages** in Section A.:

#### **a. Green Building Alternatives – Increased Cost**

- (1) If direct physical loss or damage by a Covered Cause of Loss occurs to a Covered Building indicated in the SCHEDULE below we will pay for:

- (a) The reasonable additional cost you incur to repair or replace the lost or damaged portions of the building using products or materials that:

- (i) Are “green” alternatives to the products or materials of the lost or damaged property, in accordance with the documented standards of a “Green Authority”; and

- (ii) Are otherwise of comparable quality and function to the damaged property;

and

- (b) The reasonable additional cost you incur to employ “green” methods or processes of construction, disposal or recycling in the course of the repair and replacement of the lost or damaged building, in accordance with the documented standards of a “Green Authority”.

- (2) The insurance provided under this Additional Coverage applies only if replacement cost valuation applies to the lost or damaged building and then only if the building is actually repaired or replaced as soon as reasonably possible after the loss or damage.

- (3) The insurance provided under this Additional Coverage does not apply to any building that has been vacant for more than 60 consecutive days before the loss or damage occurs.

Under this Additional Coverage, a building is considered vacant when less than 31% of its square footage is:

- (a) Rented to a lessee or sub-lessee and used by the lessee or sub-lessee to conduct its customary operations; or

- (b) Used by the building owner to conduct customary operations.
- (4) The most we will pay for the additional cost incurred with respect to each building in any one occurrence under this Additional Coverage is determined by multiplying:
  - (a) The Green Building Alternatives - Increased Cost Percentage shown for the building in the SCHEDULE below; times
  - (b) The lesser of:
    - (i) The amount we would otherwise pay for the direct physical loss of or damage to the building, prior to application of any applicable deductible; or
    - (ii) The value you reported to us for the building, as stated on the latest Statement of Values or other documentation on file with us prior to the loss or damage.

This is additional insurance.

**b. Green Building Reengineering and Recertification Expense**

- (1) If, as a result of direct physical loss or damage by a Covered Cause of Loss to a Covered Building to which the Green Building Alternatives - Increased Cost Additional Coverage in this endorsement applies (as indicated in the SCHEDULE below), the pre-loss level of "green" building certification by a "Green Authority" on the building is lost, we will pay for the following reasonable additional expenses you incur to re-attain the pre-loss level of "green" building certification from that "Green Authority":
  - (a) The reasonable additional expense you incur to hire a qualified engineer or other

professional required by the "Green Authority" to be involved in:

- (i) Designing, overseeing or documenting the repair or replacement of the lost or damaged building; or
  - (ii) Testing and recalibrating the systems and mechanicals of the lost or damaged building to verify that the systems and mechanicals are performing in accordance with the design of such systems and mechanicals or the specifications of the manufacturer;
- and
- (b) The reasonable registration and recertification fees charged by the "Green Authority".

- (2) This Additional Coverage applies to the additional expenses described above that you incur to achieve the pre-loss level of "green" building certification in accordance with the standards of the "Green Authority" that exist at the time of repair or replacement, even if the standards have changed since the original certification was achieved.
- (3) The most we will pay in any one occurrence under this Additional Coverage for:
  - (a) All expenses incurred with respect to each building is 5% of the sum of:
    - (i) The amount we pay for the direct physical loss of or damage to the building, including any amount paid under the Green Building Alternatives - Increased Cost Additional Coverage; and

(ii) The deductible amount applied to the loss payment for direct physical loss or damage to the building;

(b) All expenses incurred, regardless of the number of buildings involved, is \$25,000.

This is additional insurance.

2. The following coverage is added to the **Coverage Extensions** in Section **A.**:

**Vegetative Roofs**

a. You may extend the insurance that applies to Covered Buildings to which the Green Building Alternatives – Increased Cost Additional Coverage in this endorsement applies (as indicated in the SCHEDULE below) to apply to direct physical loss of or damage to vegetative roofs on the Covered Buildings caused by or resulting from a Covered Cause of Loss.

b. Under the BUILDING AND PERSONAL PROPERTY COVERAGE FORM and the CONDOMINIUM ASSOCIATION COVERAGE FORM, the:

(1) Exclusion of trees, shrubs plants and lawns under the list of property not covered in Section **A.2.**; and

(2) The insurance provided for trees, shrubs plants and lawns under the Outdoor Property Coverage Extension in Section **A.5.**;

do not apply to vegetative roofs.

c. All of the exclusions that apply to loss or damage to Buildings apply to loss or damage to vegetative roofs on such buildings. In addition, we will not pay for loss or damage to vegetative roofs caused by or resulting from:

(1) Dampness or dryness of atmosphere;

(2) Changes in or extremes of temperature; or

(3) Rain, snow, sand, dust, ice or sleet.

d. The insurance provided under this Extension is included in, and does not increase, the Limit of Insurance that applies to the building that the vegetative roof is on.

3. The following provision is added to the Loss Payment Loss Condition in Section **E.4.** :

Except as specifically provided under the:

a. Green Building Alternatives – Increased Costs Additional Coverage; and

b. Green Building Reengineering and Recertification Expense Additional Coverage;

the cost to repair, rebuild or replace does not include any increased cost incurred to re-attain a pre-loss level of “green” building certification from a “Green Authority”.

**C. CHANGES TO THE BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM, THE BUSINESS INCOME (WITHOUT EXTRA EXPENSE) COVERAGE FORM, AND THE EXTRA EXPENSE COVERAGE FORM**

1. The following coverage is added to the **Additional Coverages** in Section **A.**:

**Green Building Alternatives – Increased Period of Restoration**

If direct physical loss or damage by a Covered Cause of Loss occurs to a building to which the Green Building Alternatives – Increased Cost Additional Coverage in this endorsement applies (as indicated in the SCHEDULE below), coverage is extended to include the amount of actual and necessary loss you sustain during the reasonable and necessary increase in the “period of restoration” that is incurred to:

a. Repair or replace the lost or damaged portions of the building using products or materials that:

(1) Are “green” alternatives to the products or materials of the lost or damaged property, in

accordance with the documented standards of a "Green Authority"; and

(2) Are otherwise of comparable quality and function to the damaged property;

and

b. Employ "green" methods or processes of construction, disposal or recycling in the course of the repair and replacement of the lost or damaged building, in accordance with the documented standards of a "Green Authority";

subject to a maximum of 30 additional days from the date the "period of restoration" would otherwise have ended.

This Additional Coverage is included in, and does not increase, the applicable Limit of Insurance.

2. Under the **DEFINITIONS** in:

a. Section **G.** of the **BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM**, and the **BUSINESS INCOME (WITHOUT EXTRA EXPENSE) COVERAGE FORM**; and

b. Section **E.** of the **EXTRA EXPENSE COVERAGE FORM**;

the following is added to the definition of "period of restoration":

"Period of restoration" does not include any increased period required to re-attain a pre-loss level of "green" building certification from a "Green Authority". But this does not apply to any increase in the "period of restoration" otherwise insured under the Green Building Alternatives – Increased Period of Restoration Additional Coverage.

**D. SCHEDULE**

<b>Premises Loc.No.</b>	<b>Bldg. No.</b>	<b>Green Building Alternatives - Increased Cost Percentage</b>
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 03/24/2008

**Comments:**

**Attachment:**  
NAIC Transmittal.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					
<b>3. Group Name</b>				<b>Group NAIC #</b>	
The Travelers Companies, Inc.				3548	
NIPPONKOA Insurance Company, Ltd.				2558	
<b>4. Company Name(s)</b>		<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
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.		NY	27073	98-0032627	
<b>5. Company Tracking Number</b>		<b>2008-03-0008-F</b>			
<b>Contact Info of Filer(s) or Corporate Officer(s)</b> [include toll-free number]					
<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>	
Margaret M. Salsbury Travelers One Tower Square Hartford, CT 06183	Senior Regulatory Analyst	(860) 277-6470	(860) 954-0580	MSALSBUR@Travelers.com	
<b>7. Signature of authorized filer</b>		<i>Margaret M. Salsbury</i>			
<b>8. Please print name of authorized filer</b>		Margaret M. Salsbury			
<b>Filing information</b> (see General Instructions for descriptions of these fields)					
<b>9. Type of Insurance (TOI)</b>		01.0			
<b>10. Sub-Type of Insurance (Sub-TOI)</b>		01.0001			
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]		N/A			
<b>12. Company Program Title</b> (Marketing title)		N/A			
<b>13. Filing Type</b>		<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)			
<b>14. Effective Date(s) Requested</b>		New: 11/01/2008		Renewal: 11/01/2008	
<b>15. Reference Filing?</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>16. Reference Organization</b> (if applicable)		N/A			
<b>17. Reference Organization # &amp; Title</b>		N/A			
<b>18. Company's Date of Filing</b>		03/19/2008			
<b>19. Status of filing in domicile</b>		<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	2008-03-0008-F
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<b>21. 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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In compliance with the insurance laws and regulations in your state, our companies respectfully submit one form – Green Building Coverage Enhancements – CP T3 98 02 08 to be used with our Commercial Property

For a detailed explanation of our form, please refer to the enclosed forms transmittal supplement.

As this is a new optional coverage for Green Buildings, there is no rate impact associated with this filing.

Your approval of this filing will be appreciated. Should you have any questions regarding this submission, feel free to contact me at your convenience.

<b>22. 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 #:** 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>2008-03-0008-F</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>			
<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	Green Building Coverage Enhancements	CP T3 98 02 08	<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		