



<i>SERFF Tracking Number:</i>	<i>TRVD-125783137</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>2008-08-0044-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>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>Commercial Auto/2008-08-0044-F</i>		

With this filing, we are enhancing our Commercial Automobile coverage by introducing our new Garage Part Supplementary Schedule, CA T0 68 06 08, to improve the coverage offerings available to our insureds. CA T0 68 06 08 shows the limits for UM and UIM coverages and allows for a higher designated UM/UIM bodily injury limit to be scheduled for designated individuals.

The corresponding rules were not required to be filed in your state.

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

## Company and Contact

### Filing Contact Information

Carol Letendre, Senior Regulatory Analyst 385 Washington Street St. Paul, MN 55102	CLETENDR@travelers.com (651) 310-7110 [Phone] (651) 310-4361[FAX]
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### 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 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 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:
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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:
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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:
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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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SERFF Tracking Number: TRVD-125783137 State: Arkansas  
First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$50  
Ltd.,(U.S.Branch), ...  
Company Tracking Number: 2008-08-0044-F  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Auto  
Project Name/Number: Commercial Auto/2008-08-0044-F

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/26/2008	08/26/2008

SERFF Tracking Number: TRVD-125783137 State: Arkansas  
First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$50  
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## Disposition

Disposition Date: 08/26/2008  
Effective Date (New): 10/01/2008  
Effective Date (Renewal): 10/01/2008  
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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 Ltd.,(U.S.Branch), ...  
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 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: Commercial Auto  
 Project Name/Number: Commercial Auto/2008-08-0044-F

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	GARAGE PART SUPPLEMENTARY SCHEDULE	CA T0 68 06 08	6-2008	Declaration New s/Schedule		0.00	CA T0 68 06 08.pdf

**GARAGE PART SUPPLEMENTARY SCHEDULE**

**POLICY NO.:**  
**ISSUE DATE:**

**ITEM TWO**

**COVERAGE AND LIMITS OF INSURANCE**

**UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE**

The LIMIT OF INSURANCE for the coverages shown below is the LIMIT OF INSURANCE shown for the State where a covered "auto" is principally garaged. Except that for any individual identified below in the NAMED INDIVIDUAL - LIMIT OF INSURANCE SCHEDULE, the only limit that applies for "bodily injury" to that named individual is the LIMIT shown for the coverage in the NAMED INDIVIDUAL - LIMIT OF INSURANCE SCHEDULE. Refer to the specific coverage endorsement for description of the coverage provided for each State listed below.

**Coverage**

**UNINSURED MOTORISTS**

**LIMIT OF INSURANCE**

	"Bodily Injury" and "Property Damage"	"Bodily Injury"	"Bodily Injury"	"Property Damage"
State	Combined Single Limit	Each "Accident"	Each Person Each "Accident"	Each "Accident"
	\$	\$	\$	\$

**UNDERINSURED MOTORISTS**

**LIMIT OF INSURANCE**

(When not included in Uninsured Motorists Coverage)

	"Bodily Injury" and "Property Damage"	"Bodily Injury"	"Bodily Injury"	"Property Damage"
State	Combined Single Limit	Each "Accident"	Each Person Each "Accident"	Each "Accident"
	\$	\$	\$	\$

**NAMED INDIVIDUAL - LIMIT OF INSURANCE SCHEDULE**

			Underinsured Motorists Limit
State	Name of Individual	Uninsured Motorist Limit	(When not included in Uninsured Motorists Coverage)
		\$	\$



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State Tracking Number: EFT \$50

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TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number: Commercial Auto/2008-08-0044-F

## Supporting Document Schedules

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

### Review Status:

Approved

08/26/2008

### Comments:

#### Attachments:

AR NAIC Transmittal.pdf

AR NAIC Form Filing Schedule.pdf



## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	2008-08-0044-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 this filing for our Commercial Auto program.

With this filing, we are enhancing our Commercial Automobile coverage by introducing our new Garage Part Supplementary Schedule, CA T0 68 06 08, to improve the coverage offerings available to our insureds. CA T0 68 06 08 shows the limits for UM and UIM coverages and allows for a higher designated UM/UIM bodily injury limit to be scheduled for designated individuals.

<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>2008-08-0044-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	Garage Part Supplementary Schedule	CA T0 68 06 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A – New	N/A - New
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		