

SERFF Tracking Number: TRVD-125785348 State: Arkansas
 First Filing Company: The Charter Oak Fire Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-07-0071-F
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Commercial Multi Peril - Master Pac
 Project Name/Number: Dry Cleaners and Laundries - Customers' Goods Form Filing /2008-07-0071-F

Filing at a Glance

Companies: 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 Casualty Insurance Company of America, Travelers Property Casualty Company of America

Product Name: Commercial Multi Peril - Master SERFF Tr Num: TRVD-125785348 State: Arkansas
 Pac

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 05.0002 Businessowners Co Tr Num: 2008-07-0071-F State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Margaret Salisbury, Tia Slivinsky Disposition Date: 08/22/2008

Date Submitted: 08/21/2008 Disposition Status: Approved

Effective Date Requested (New): 10/01/2008 Effective Date (New): 10/01/2008

Effective Date Requested (Renewal): 10/01/2008 Effective Date (Renewal): 10/01/2008

State Filing Description:

General Information

Project Name: Dry Cleaners and Laundries - Customers' Goods Form Filing Status of Filing in Domicile: Authorized

Project Number: 2008-07-0071-F Domicile Status Comments: Authorized in CT

Reference Organization: N/A Reference Number: N/A

Reference Title: N/A Advisory Org. Circular: N/A

Filing Status Changed: 08/22/2008

State Status Changed: 08/22/2008

Deemer Date:

Corresponding Filing Tracking Number: N/A

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Filing Description:

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

In an effort to extend coverage to a more diverse group of customers, Travelers is expanding our proprietary product. We are including one new optional endorsement for use with our Master Pac program. We feel this additional optional endorsement will enable us to remain competitive while meeting the ever changing needs of existing and potential customers in the marketplace.

For a detailed description of endorsement MP T3 58 07 08, 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 Salisbury, Senior Regulatory Analyst MSALSBUR@travelers.com
 One Tower Square (860) 277-6470 [Phone]
 Hartford, CT 06183 (860) 954-0580[FAX]

Filing Company Information

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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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/22/2008	08/22/2008

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Disposition

Disposition Date: 08/22/2008
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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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Dry Cleaners and Laundries - Customers' Goods	MP T3 58 07 08	07-2008	Endorsement/Amendment/Conditions	New	0.00	Form MP T3 58 07 08 transmittal.pdf Form MP T3 58 07 08.pdf

DEPARTMENT OF INSURANCE
PROPERTY-CASUALTY FORMS TRANSMITTAL SUPPLEMENT
SHEET FOR MULTIPLE FORM FILING

<u>FORM TITLE</u>	<u>NEW FORM</u>	<u>REPLACED FORMS</u>	<u>TYPE OF FORM</u>	<u>DESCRIPTION OF FORM</u>
Dry Cleaners and Laundries – Customers’ Goods	MP T3 58 07 08		E/MP/O	<p>[B] This new form is designed to expand coverage provided by the Businessowners Property Coverage Special Form MP T1 02 02 05.</p> <p>Paragraph A.a.(1) extends Business Personal Property to include direct physical loss or damage to Customers’ Goods caused by or resulting from a Covered Cause of Loss while at a described premises; at a premises of an agent, subcontractor or branch store or in transit.</p> <p>Paragraphs A.a.(2) adds usual and customary charges that have been earned with respect to Customers’ Goods.</p> <p>Paragraph A.a.(3) provides a definition of Customers’ Goods.</p> <p>Paragraph A.a.(4). adds coverage for Confusion of Property, Missing Property and Work in Progress.</p> <p>Paragraph A.a.(5) lists exclusions that do not apply to the Customers’ Goods Coverage Extension.</p> <p>Paragraph A.a.(6) adds a \$500 deductible for the Customers’ Goods Coverage Extension.</p> <p>Paragraph A.a.(7) adds loss payment provisions for determining the value of Customers’ Goods.</p> <p>Paragraph A.a.(8) provides a limit of \$30,000 while Customer’s Goods are in transit.</p> <p>Paragraph A.a.(9) adds a dollar limitation to Customers’ Goods that are furs, fur garments or garments trimmed in fur.</p>

DEPARTMENT OF INSURANCE
PROPERTY-CASUALTY FORMS TRANSMITTAL SUPPLEMENT
SHEET FOR MULTIPLE FORM FILING

<u>FORM TITLE</u>	<u>NEW FORM</u>	<u>REPLACED FORMS</u>	<u>TYPE OF FORM</u>	<u>DESCRIPTION OF FORM</u>
Dry Cleaners and Laundries – Customers’ Goods	MP T3 58 07 08		E/MP/O	<p>Paragraph A.a.(10) provides a limit of \$50,000 for Work in Process.</p> <p>Paragraph A.a.(11) provides actual loss sustained, not to exceed replacement cost to Customers’ Goods.</p> <p>Paragraph A.a.(12) adds a provision that the Customers’ Goods extension is primary,</p> <p>Paragraph A.a.(13) adds a limitation to the Business Personal Property Off Premises Coverage Extension.</p> <p>Paragraph A.a.(14) states that limits for Customers’ Goods are in addition to the applicable Limits of Insurance.</p> <p>Paragraph A.a.(15) adds a definition of “Storage”.</p>

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DRY CLEANERS AND LAUNDRIES – CUSTOMERS' GOODS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM

A. The following is added to Paragraph A.7. Coverage Extensions:

a. Customers' Goods

(1) When a Limit of insurance is shown in the Declarations for Business Personal Property at any described premises, we will pay for direct physical loss of or damage to Customers' Goods caused by or resulting from a Covered Cause of Loss while such property is:

- (a)** Located at a described premises;
- (b)** Located at a premises of your agents or subcontractors or branch stores; or
- (c)** In transit to or from
 - (i)** Your customers; or
 - (ii)** A location as described in Paragraphs **(a)** or **(b)** above.

(2) In the event of direct physical loss of or damage to Customers' Goods, we will also pay for your usual and customary charges that you earned with respect to such Customers' Goods.

(3) Customers' Goods means property which you accept for cleaning, dry cleaning, laundering, pressing, dyeing, altering, renovating, repairing, sewing or other processing or "storage".

(4) Under this Coverage Extension, the following coverages also apply:

a. Confusion of Property

We will cover loss resulting from confusion of the Customers' Goods caused by a Covered Cause of Loss.

b. Missing Property

(1) We will cover the loss of Customers' Goods caused by or resulting from a Covered Cause of Loss when there is no physical evidence showing what happened to that property.

(2) You must show proof of existence of property at its location at the time of loss or damage for this missing property coverage to apply.

c. Work in Progress

We will cover loss or damage caused by or resulting from processing or any work upon Customers' Goods.

(5) The following exclusions apply to this Coverage Extension for Customers' Goods:

(a) We will not cover Customers' Goods accepted for "storage" without processing;

(b) We will not pay for loss to Customers' Goods caused by or resulting from any of the following:

(1) Theft of property left on any delivery vehicle overnight unless locked in your private garage or another building which you own.

(2) Dishonest or criminal acts by:

(i) You, your "employees" or authorized representatives;

(ii) Anyone else with an interest in property, or their employees or authorized representatives; or

(iii) Anyone else to whom the property is entrusted.

This exclusion applies whether or not such persons are acting alone or in collusion with other persons or such acts occur during the hours of employment.

This exclusion does not apply to property in the custody of a carrier for hire;

(c) Paragraph **B.1.b.** Earth Movement;

BUSINESSOWNERS

- (d) Paragraph **B.1.c.** Governmental Action;
- (e) Paragraph **B.1.d.** Nuclear Hazard;
- (f) Paragraph **B.1.f.** War and Military Action;
- (g) Paragraph **B.1.g.** Water;
- (h) Paragraph **B.1.h.** Neglect;
- (i) Paragraph **B.2.b.**;
- (j) Paragraphs **B.2.d.(1)** through **B.2.d.(8)**;
- (k) Paragraph **B.2.i.**;
- (l) Paragraph **B.2.m.** relating to a shortage disclosed on taking inventory; and
- (m) Paragraph **B.3.**, except Paragraph **B.3.c.(2)** does not apply to coverage provided under Paragraph **a.(4)c.** Work in Progress.

No other exclusions in Paragraph **B.** Exclusions apply to this Coverage Extension. However, if any exclusions are added by endorsement to this Coverage Form, such exclusions will apply to this Coverage Extension.

- (6) With respect to Paragraph **D. Deductible**, the most we will deduct from any loss or damage under this Coverage Extension in any one occurrence is \$500.
- (7) With respect to Customers' Goods under this Coverage Extension, the following is added to Paragraph **E.4.e.** Loss Payment:
 - a. The value of Customers' Goods will be the least of the following amounts:
 - (1) The actual cash value of the Customers' Goods, plus your earned charges;
 - (2) The cost of reasonably restoring that Customers' Goods to their condition immediately before loss or damage, plus your earned charges; or
 - (3) The cost of replacing the Customers' Goods with substantially identical property, plus your earned charges;

not to exceed the replacement cost.

- b. The value of property will be determined as of the time of loss or damage.
- (8) The most we will pay under this Coverage Extension for loss of or damage to Customers' Goods in any one occurrence while in transit is \$30,000.
- (9) The most we will pay under this Coverage Extension for loss of or damage to Customers' Goods that are furs, fur garments or garments trimmed with fur is \$5,000 in any one occurrence, not to exceed \$2,500 for any one item. This limit applies regardless of the number of premises involved.
- (10) The most we will pay under Paragraph **a.(4)c.** Work In Progress in any one occurrence is \$50,000.
- (11) The most we will pay for loss to Customers' Goods in any one occurrence is the actual loss sustained, not to exceed the replacement cost.
- (12) With respect to Customers' Goods, the owner may have other insurance covering the same property as this insurance. This insurance is intended to be primary, and not contribute with such other insurance.
- (13) This Coverage Extension does not apply to property otherwise covered under Business Personal Property Off Premises Coverage Extension.
- (14) Payments made under this Coverage Extension are in addition to the applicable Limits of Insurance.
- (15) The following is added to Paragraph **G. Property Definitions**:
 - a. "Storage" means property accepted for which a storage receipt is issued. Such receipt shall specify the name and address of the customer, the description of property stored and the value of such stored property. Property while on your premises for processing and during transportation are not considered "storage".

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 08/22/2008

Comments:

Attachment:

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 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>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3. Group Name	Group NAIC #
The Travelers Companies, Inc.	3548

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	
Travelers Casualty Insurance Company of America	CT	19046	06-0876835	

5. Company Tracking Number	2008-07-0071-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 M. Salsbury Travelers One Tower Square Hartford, CT 06183	Senior Regulatory	(860) 277-6470	(860) 954-0580	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)	5.0
10. Sub-Type of Insurance (Sub-TOI)	5.0002
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: 10/01/2008 Renewal: 10/01/2008
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	08/21/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input 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 #	2008-07-0071-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]

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

In an effort to extend coverage to a more diverse group of customers, Travelers is expanding our proprietary product. We are including one new optional endorsement for use with our Master Pac program. We feel this additional optional endorsement will enable us to remain competitive while meeting the ever changing needs of existing and potential customers in the marketplace.

For a detailed description of endorsement MP T3 58 07 08, please refer to the attached form transmittal supplement.

We plan to implement these changes for policies effective on or after October 1, 2008.

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 #	2008-07-0071-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	Dry Cleaners And Laundries – Customers' Goods	MP T3 58 07 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		