

DEPARTMENT OF INSURANCE

RATE REGULATION BRANCH

45 FREMONT STREET

SAN FRANCISCO, CA 94105

www.insurance.ca.gov



May 17, 2007

St. Paul Travelers
Attn.: Kathy Pohlman
385 Washington Street
St. Paul, Minnesota 55102

RE: APPROVAL OF APPLICATION

St. Paul Travelers, on behalf of its member companies named below, has submitted the following application for approval regarding the following line of business or program:

<u>CDI App. No(s):</u>	The Travelers Indemnity Company of Connecticut 07-1993 Travelers Property and Casualty Company of America 07-1994
<u>Insurer File No(s):</u>	2006-11-0043-CMP
<u>Line(s) of Insurance:</u>	Commercial Multi-Peril
<u>Program:</u>	None

Only the change(s) specifically indicated in the application set forth above, as it may have been amended, is (are) approved. Nothing in this letter shall constitute approval of any other application, whether incorporated by reference, or filed prior or subsequent to the application set forth above. The Company shall begin issuing policies pursuant to this approval within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. The Company may implement this approval earlier if it is able to do so. Regardless of the implementation date, the Company shall implement this approval with the same effective date for both new and renewal business and shall offer this product to all eligible applicants as of the implementation date. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced lines or programs may be approved or ordered by the Insurance Commissioner.

If any portion of the application or related documentation conflicts with California law, that portion is specifically not approved. This approval does not constitute an approval of underwriting guidelines nor the specific language, coverages, terms, covenants and conditions contained in any forms, or of the forms themselves. Policy forms and underwriting guidelines included in this filing were reviewed only insofar as they relate to rates contained in this filing or currently on file with the California Department of Insurance. Any subsequent changes to underwriting guidelines or coverages, terms, covenants and conditions contained in any forms must be submitted with supporting documentation when those changes result in any rating impact. The Commissioner may at any time take any action allowed by law if he determines that any underwriting guidelines, forms or procedures for application of rates, or any other portions of the application conflict with any applicable laws or regulations.

Sincerely,

Larry LaStofka
Bureau Chief
Rate Regulation - SF-2
45 Fremont Steet, 23rd Floor
San Francisco, Ca. 94105



Kathy Pohlman, CPCU, AIS
Sr. Regulatory Analyst
Regulatory Affairs, Business Insu
385 Washington Street, 9275-NB
St. Paul, MN 55102
Direct: (651) 310-5573; Fax: (65
Toll Free: (800) 328-2189 Ext. 0
Email: kpohlman@travelers.com

May 30, 2007

Jerry Cheung
California Department of Insurance
Rate Regulation Division
Rate Filing Bureau
45 Fremont Street, 23rd Floor
San Francisco, CA 94105

SENT VIA E-Mail: cheungj@insurance.ca.gov

THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT
TRAVELERS PROPERTY AND CASUALTY COMPANY OF AMERICA
Commercial Multi-Peril
Form and Rule Submission
Filing Number: 2006-11-0043-CMP
CDI Number: 07-1993, 07-1994

SFV

Dear Mr. Cheung,

Thank you for your recent approval of the above referenced filing.

To allow sufficient time to coordinate these changes we wish to amend our proposed effective date to November 1, 2007.

Please make note of this change and feel free to contact me with any questions. Your acknowledgment of this request will be appreciated.

Sincerely,

Kathy Pohlman

Kathy Pohlman, CPCU, AIS
Sr. Regulatory Analyst

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE (CDI)

APPLICATION FOR APPROVAL
OF INSURANCE RATES

Your File #: 2006-11-0043-CMP

Original Copy 1 Copy 2

Does this file contain group data? Yes No

Is this a specialty filing? Yes No

Note: A separate CA-RA1 page must be submitted
for each company within a group filing.

Latest applicable CDI File No. in this Line,
Subline, and/or Program:
07-1272 & 1273 (Filing 2006-11-0043)

26

Department Use Only			
FILING NO.:	07-1993		
DATE FILED:	MAR 09 2007		
COMPLIANCE DATE:	MAR 16 2007		
DATE PUBLIC NOTIFIED:	MAR 23 2007		
DEEMER DATE:	MAY 22 2007		
INTAKE ANALYST:	ZAMUDIOM		
BUREAU CODE & SR.:	SF2-Salgzw		
For Group Filing :	<input checked="" type="radio"/> Yes <input type="radio"/> No		
X-Reference #:			
Rate	New Program	<input checked="" type="radio"/> Rule	Form
	Both Rate & Form		Class Plan
PERCENT CHANGE %		<input checked="" type="checkbox"/>	

SFV

Company Name The Travelers Indemnity Company of Connecticut Group Name St. Paul Travelers

NAIC Company Code 25682 NAIC Group Code 3548

Organized Under the Laws of the State of _____

Line of Insurance Commercial Multi-Peril Subline NA
(as it appears in CA-RA3) (as it appears in CA-RA3)

Program NA

Home Office _____

Main Administrative Office in California Northern California Service Center
2201 Walnut Avenue, Suite 300, Fremont, California 94537-5112

Name and Title of Contact Person Kathy Pohlman, Sr. Regulatory Analyst

Toll-Free Phone No.: (800) 328-2189 ext-05573 Fax No.: (651) 310-4361
If not available, collect calls will be made.

Internet Address (if available): kpohlman@travelers.com

Mailing Address 385 Washington Street, St. Paul, Minnesota 55102

I declare under penalty of perjury, under the laws of the State of California, that the information filed is true, complete, and correct.

RATE FILING BUREAU-SF
MAR 09 2007
STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE

Kathy Pohlman

March 8, 2007

(651) 310-5573

Authorized Signature Date of Filing Telephone Number

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE (CDI)

APPLICATION FOR APPROVAL
OF INSURANCE RATES

Your File #: 2006-11-0043-CMP

Original Copy 1 Copy 2

Does this file contain group data? Yes No

Is this a specialty filing? Yes No

Note: A separate CA-RA1 page must be submitted
for each company within a group filing.

Latest applicable CDI File No. in this Line,
Subline, and/or Program:
07-1272 & 1273 (Filing 2006-11-0043)

26

SFV

Department Use Only		
FILING NO.:	07-1994	
DATE FILED:	MAR 09 2007	
COMPLIANCE DATE:	MAR 16 2007	
DATE PUBLIC NOTIFIED:	MAR 23 2007	
DEEMER DATE:	MAY 22 2007	
INTAKE ANALYST:	ZAMUDIOM	
BUREAU CODE & SR.:	SF2-Sala701	
For Group Filing :	<input checked="" type="radio"/> Yes	<input type="radio"/> No
X-Reference #:	07-1993	
Rate	New Program	<input checked="" type="radio"/> Rule
	Both Rate & Form	Form
		Class Plan
PERCENT CHANGE %	Ø	

Company Name Travelers Property and Casualty Company of America Group Name St. Paul Travelers

NAIC Company Code 25674 NAIC Group Code 3548

Organized Under the Laws of the State of _____

Line of Insurance Commercial Multi-Peril Subline NA
(as it appears in CA-RA3) (as it appears in CA-RA3)

Program NA

Home Office _____

Main Administrative Office in California Northern California Service Center
2201 Walnut Avenue, Suite 300, Fremont, California 94537-5112

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Kathy Pohlman

March 8, 2007

(651) 310-5573

Authorized Signature

Date of Filing

Telephone Number

RATE FILING BUREAU-SF
MAR 09 2007
STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE



Travelers
385 Washington Street
St. Paul, MN 55102-1396
651.310.7911 TEL
www.travelers.com

SENT VIA OVERNIGHT MAIL

March 8, 2007

California Department of Insurance
Rate Regulation Division
Rate Filing Bureau
45 Fremont Street, 23rd Floor
San Francisco, CA 94105

THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT
TRAVELERS PROPERTY AND CASUALTY COMPANY OF AMERICA
Commercial Multi-Peril
Form and Rule Submission
Filing Number: 2006-11-0043-CMP

RATE FILING BUREAU—SF
MAR 09 2007
STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE

Dear Sir or Madam:

In compliance with the insurance laws and regulations in your state, we respectfully submit this filing.

This filing introduces a new endorsement, Exclusion of Loss Due to Virus or Bacteria - Form IL T3 82 08 06. This mandatory endorsement amends the policy by excluding loss or damage caused by or resulting from any virus, bacterium or other microorganism that induces or is capable of inducing physical distress, illness or disease.

In conjunction with the new form, we are also filing a new rule page to incorporate Form IL T3 82 08 06 into the manual. There are no claims paid or reserved by the excluded perils, no dollar impact to continue coverage of these perils, no rate adjustment being made, or coverage buy-back options.

Enclosures and Implementation:

Enclosed you will find the following:

- Exclusion of Loss Due To Virus Or Bacteria, Form IL T3 82 08 06
- Travelers Supplement – ISO Commercial Lines Manual General Rules TSR-GR-4a Ed. 04-07

We propose to implement this filing for policies effective on and after **May 14, 2007**. Your approval of this filing will be appreciated.

Sincerely,

Kathy Pohlman, CPCU, AIS
Sr. Regulatory Analyst
Travelers Regulatory Affairs
Commercial and Specialty Lines
Direct: (651) 310-5573
Toll Free: (800) 328-2189 ext. 05573
Fax: (651) 310-4361
Email: kpohlman@travelers.com
KP/kac
Enclosure

PROPERTY & LIABILITY FILING SUBMISSION DATA SHEET

*This application must be accurately completed and accompany each filing or modification. If this application is not properly completed, the filing will be **REJECTED**.*

The purpose of this filing is as follows: (More than one item may be marked.)

Pages & Documents Required

<input type="checkbox"/>	Rates	
	Increase Rates	CA-RA1 through 8 plus Exhibits
<input type="checkbox"/>	Decrease Rates	CA-RA1 through 8 plus Exhibits
<input type="checkbox"/>	Zero Overall Rate Impact	CA-RA1 through 8 plus Exhibits
	Forms with Rate Impact	
<input type="checkbox"/>	With Corresponding Rule Change	CA-RA1 through 8 plus Exhibits and CA-FA1 through 2
<input checked="" type="checkbox"/>	Without Rule Impact	CA-RA1, 2, 3, 4 and CA-FA1 & 2
<input checked="" type="checkbox"/>	Manual Rules	CA-RA1, 2, 3, 4
<input type="checkbox"/>	Rating rules	CA-RA1 through 8 plus Exhibits
<input type="checkbox"/>	New Program	CA-RA1, 2, 3, 4, 5, 8 plus Exhibit 23

All Private Passenger Automobile class plans must be filed separately from the Prior Approval rate application.

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE

Insurer's Name: The Travelers Indemnity Company of Connecticut and
Travelers Property and Casualty Company of America
Line of Business: Commercial Multi-Peril

PROPERTY & LIABILITY FILING SUBMISSION DATA SHEET (CONT.)

Proposed Earned Premium per Exposure: \$NA

Proposed Overall Rate Change: 0

<u>Coverage</u>	<u>Indicated Change (%)</u>	<u>Proposed Change (%)</u>	<u>Current Level Earned Premium (\$)</u>	<u>Project Earned Premium (\$)</u>
1. Commercial Multi- Peril	NA	NA	NA	NA
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
TOTAL				

Item ID: 3675991 STATE OF CALIFORNIA

DEPARTMENT OF INSURANCE

Insurer's Name: The Travelers Indemnity Company of Connecticut and
Travelers Property and Casualty Company of America
Line of Business: Commercial Multi-Peril

FILING CHECKLIST

Use this checklist to assemble all documents to constitute a proper filing.

- X Application for Approval (CA-RA1)
- X Filing Memorandum (include in all filings.)
- X Self-addressed, stamped envelope
- X Submission Data Sheet (CA-RA2)
- X Line of Business (CA-RA3)
- X Filing Checklist (CA-RA4)
- NA Ratemaking Data (CA-RA5)
- NA Reconciliation Report (CA-RA6)
- NA Additional Data Required by Statute (CA-RA7)
- NA Miscellaneous Data (CA-RA8)

SUPPORTING DATA EXHIBITS

- NA Exhibit 1: Filing History
- NA Exhibit 2: Rate Level History
- NA Exhibit 3: Premium Adjustment Factor
- NA Exhibit 4: Premium Trend Factor
- NA Exhibit 5: Allocated Loss Adjustment Expense
- NA Exhibit 6: Loss Development Factors
- NA Exhibit 7: ALAE Development Factors
- NA Exhibit 8: Loss Trend, ALAE Trend, and Expense Trend
- NA Exhibit 9: Catastrophe Adjustment
- NA Exhibit 10: Policy Term Distribution

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE

Insurer Name:
Line of Business:

The Travelers Indemnity Company of Connecticut and
Travelers Property and Casualty Company of America
Commercial Multi-Peril

APPLICATION FOR FORMS FILING

Insurers who wish to use a new or replacement form in connection with a program already filed with the commissioner must furnish the following information and documentation for our review. Revisions must be highlighted and the corresponding manual pages must be provided.

FORM NO.	TITLE	TYPE	SOURCE	SOURCE FORM NO.	CATEGORY	Restricts Coverage (Yes/No)	Broadens Coverage (Yes/No)	Rate Impact (Yes/No)	% Change	Flat Rate
1) New: Old:	IL T3 82 08 06 Exclusion of Loss Due to Virus or Bacteria	2	3	3	2	Yes	No	No	NA	NA
2) New: Old:										
3) New: Old:										
4) New: Old:										

SELECTED RESPONSES FOR THE ITEMS ABOVE

TYPE	SOURCE:	CATEGORY:
1) Application	1) ISO *	1) New, mandatory
2) Endorsement	2) Other Advisory Org. (OAO)*	2) New, optional
3) Policy	3) Company	3) Replacement, mandatory
4) Other (Please define)	4) Other (State the name/s)	4) Replacement, optional
		5) Withdrawn, mandatory
		6) Withdrawn, optional

(*) - Provide California Dept. of Insurance number (CDI #) under the column identified as Source Form No.

CA-FAI

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE

Insurer Name: The Travelers Indemnity Company of Connecticut and
Travelers Property and Casualty Company of America
Line of Business: Commercial Multi-Peril

Documents to be filed

X Describe the purpose of the form or form change.

X For **NEW FORMS**, furnish a copy of the form to be filed, unless identical to an advisory organization form. If the form is a new endorsement to the policy, describe any changes in coverage under the policy. Describe what adjustments, if any, will be made to the premium due to the introduction of the forms.

NA For **REVISED FORMS**, describe any changes in coverage between the proposed form and the current form. Reference pertinent sections of each form affected. Brackets [] should be used to identify any deletions on the current form and underline all changes in the revised form. Describe what adjustments, if any, will be made to the premium due to the revisions.

CA-FA2

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART
DELUXE PROPERTY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
FARM COVERAGE PART

- A.** The exclusion set forth in Paragraph **B.** applies to all coverage under all forms and endorsements that comprise this Coverage Part including but not limited to forms or endorsements that cover property damage to buildings or personal property and forms or endorsements that cover business income, extra expense, rental value or action of civil authority.
- B.** We will not pay for loss or damage caused by or resulting from any virus, bacterium or other micro-organism that induces or is capable of inducing physical distress, illness or disease.
- C.** With respect to any loss or damage subject to the exclusion in Paragraph **B.**, such exclusion supersedes any exclusion relating to "pollutants".
- D.** The terms of the exclusion in Paragraph **B.**, or the inapplicability of this exclusion to a particular loss, do not serve to create coverage for any loss that would otherwise be excluded under this Coverage Part or Policy.

TRAVELERS SUPPLEMENT – ISO COMMERCIAL LINES MANUAL
GENERAL RULES

I. EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA

1. Description of Endorsement

This mandatory exclusion excludes loss or damage caused by or resulting from any virus, bacterium or other microorganism that induces or is capable of inducing physical distress, illness or disease.

This exclusion is used with the following Coverage Parts: Commercial Inland Marine, Commercial Property, Deluxe Property and Farm.

2. Form

Use Company Endorsement IL T3 82.

3. Rate Modification

There is no rate modification for the use of Endorsement IL T3 82.