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User Usage Agreement Attachments

Usage Agreement	Usage Agreement.pdf

Rate-Rule Attachments (ex. Document Name Attachment Name)

Rate / Rule Manual	COQTMHO2.0-DOI.pdf
Rate / Rule Manual	*COQTMHO2.0 DOI.pdf*

Supporting Document Attachments (ex. Supporting Document Name Attachment Name)

Filing Memorandum for Property and Casualty Rates	CO Explanatory Memorandum QH2 Intro.pdf
Colorado Rate/Rule Form A	CO QH2 Form A - Personal Insurance Company.pdf
Colorado Rate/Rule Form A	*CO QH2 Form A - Personal Insurance Company (1).pdf*
Bill Plan	CO Bill Plan.pdf
Confidentiality Index	Confidentiality Index.pdf
Confidentiality Index	Confidentiality Index 2.pdf
Confidentiality Index	Confidentiality Index 3.pdf
Confidentiality Index	*Confidentiality Index.pdf*
Confidentiality Index	*Confidentiality Index 2.pdf*
Confidentiality Index	*Confidentiality Index.pdf*
11-29-2018 Objection Confidentiality Index	Confidentiality Index 11-29 Objection Response.pdf
1-2-2019 Objection Response Confidenitality Index	Confidentiality Index 1-2-2019 Objection Response.pdf

Filing at a Glance

Company:	Travelers Personal Insurance Company
Product Name:	Quantum Homeowners 2.0
State:	Colorado
TOI:	04.0 Homeowners
Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Filing Type:	Rate/Rule
Date Submitted:	08/21/2017
SERFF Tr Num:	TRVA-131121119
SERFF Status:	Closed-Filed
State Tr Num:	314020
State Status:	Filed
Co Tr Num:	2017-08-0119
Effective Date Requested (New):	11/19/2017
Effective Date Requested (Renewal):	
Author(s):	Frank Roback, Paul Jackson, Steven Gelsomino
Reviewer(s):	Donna Archuleta (primary), David Larson, Sydney Sloan
Disposition Date:	01/25/2019
Disposition Status:	Filed
Effective Date (New):	
Effective Date (Renewal):	

General Information

Project Name: 755163
Project Number:
Reference Organization:
Reference Title:
Filing Status Changed: 01/25/2019
State Status Changed: 01/25/2019
Created By: Frank Roback
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:

Deemer Date:
Submitted By: Paul Jackson

Filing Description:

With this filing we are submitting rules and rates for our homeowners product as described in the accompanying documentation.

Company and Contact

Filing Contact Information

Frank Roback, Regulatory and Filing Analyst Manager
One Tower Square 5PB
Hartford, CT 06183

FROBACK@Travelers.com

860-277-9778 [Phone]
860-277-5204 [FAX]

Filing Company Information

Travelers Personal Insurance Company
One Tower Square
Hartford, CT 06183
(860) 277-7395 ext. [Phone]

CoCode: 38130
Group Code: 3548
Group Name: Travelers
FEIN Number: 36-3703200

State of Domicile: Connecticut
Company Type: Property/Casualty
State ID Number:

Filing Fees

State Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page. Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: N/A

All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Section 10-4-401 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: Yes

Have you completed the Forms Schedule Tab? The Form Schedule Tab must be completed for all Form filings. The Summary Disclosure Form is the only form required to be submitted. : N/A

Please answer YES or NO to the following: Are you using a General Linear Model (GLM) in your rating for this program? If so, please submit the "Colorado GLM Request for Details 10-2016" document and information found in SERFF under Required Documents. : Yes

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Donna Archuleta	01/25/2019	01/25/2019

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Additional Living Expense (ALE) coverage	Note To Filer	Donna Archuleta	11/02/2018	11/02/2018
Conference Call	Note To Reviewer	Paul Jackson	06/06/2018	06/06/2018
Extension	Note To Filer	Donna Archuleta	05/15/2018	05/15/2018
4/24 Objection Extension Request	Note To Reviewer	Paul Jackson	05/10/2018	05/10/2018

Disposition

Disposition Date: 01/25/2019
Effective Date (New):
Effective Date (Renewal):
Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Travelers Personal Insurance Company	0.000%	0.000%	$0	0	$0	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate (revised)	Rate / Rule Manual		Yes
Rate	Rate / Rule Manual		Yes
Supporting Document	Filing Memorandum for Property and Casualty Rates		Yes
Supporting Document (revised)	Colorado Rate/Rule Form A		Yes
Supporting Document	Colorado Rate/Rule Form A		Yes
Supporting Document	Bill Plan		Yes
Supporting Document (revised)	Confidentiality Index		Yes
Supporting Document	Confidentiality Index		Yes
Supporting Document	Confidentiality Index		Yes
Supporting Document	11-29-2018 Objection Confidentiality Index		Yes
Supporting Document	1-2-2019 Objection Response Confidenitality Index		Yes

Note To Filer

Created By:

Donna Archuleta on 11/02/2018 11:36 AM

Last Edited By:

Donna Archuleta

Submitted On:

01/25/2019 04:27 PM

Subject:

Additional Living Expense (ALE) coverage

Comments:

It appears that the company was not including Additional Living Expense (ALE) coverage for a period of at least twelve (12) months pursuant to § 10-4-110.8(6)(b). Please explain if this is correct. If this is correct, the Division requests that the company review claims back to January 1, 2014, wherein ALE coverage was a part of the claims, to determine if the ALE coverage was exhausted prior to twelve (12) months. Also, the Division requests that the company report the findings of the review to the Division.

Note To Reviewer

Created By:

Paul Jackson on 06/06/2018 10:39 AM

Last Edited By:

Donna Archuleta

Submitted On:

01/25/2019 04:27 PM

Subject:

Conference Call

Comments:

Good Morning,

As we noted in our objection response, we would like to schedule a conference call to discuss the objections and responses. If it is possible we would like to meet next Tuesday 6/12. Whatever time works best for the department our teams will be able to accommodate that time. If next Tuesday is not possible please provide an alternate date and time.

Thank you and we appreciate all your assistance with this filing,

Thank you,
Paul Jackson

Note To Filer

Created By:

Donna Archuleta on 05/15/2018 03:45 PM

Last Edited By:

Donna Archuleta

Submitted On:

01/25/2019 04:27 PM

Subject:

Extension

Comments:

Travelers Personal Insurance Company has been granted an extension to 5/29/18, as requested.

Note To Reviewer

Created By:

Paul Jackson on 05/10/2018 02:31 PM

Last Edited By:

Donna Archuleta

Submitted On:

01/25/2019 04:27 PM

Subject:

4/24 Objection Extension Request

Comments:

Good Afternoon,

We are respectfully requesting a two week extension on our objection response until 5/29. The additional time is needed to do the necessary analysis.

Thank you,

Paul Jackson

Rate Information

Rate data applies to filing.

Filing Method:	File & Use
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	
SERFF Tracking Number of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Travelers Personal Insurance Company	0.000%	0.000%	$0	0	$0	0.000%	0.000%

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Rate / Rule Manual	100.1 - PLUS RP-2	New		COQTMHO2.0-DOI.pdf

Supporting Document Schedules

Satisfied - Item:	Filing Memorandum for Property and Casualty Rates
Comments:	
Attachment(s):	CO Explanatory Memorandum QH2 Intro.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Colorado Rate/Rule Form A
Comments:	
Attachment(s):	CO QH2 Form A - Personal Insurance Company.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Bill Plan
Comments:	
Attachment(s):	CO Bill Plan.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Confidentiality Index
Comments:	
Attachment(s):	Confidentiality Index.pdf Confidentiality Index 2.pdf Confidentiality Index 3.pdf
Item Status:	
Status Date:	

Satisfied - Item:	11-29-2018 Objection Confidentiality Index
Comments:	
Attachment(s):	Confidentiality Index 11-29 Objection Response.pdf
Item Status:	
Status Date:	

Satisfied - Item:	1-2-2019 Objection Response Confidenitality Index
Comments:	
Attachment(s):	Confidentiality Index 1-2-2019 Objection Response.pdf

Item Status:	
Status Date:	

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/01/2017		Supporting Document	Confidentiality Index	04/12/2018	Confidentiality Index.pdf Confidentiality Index 2.pdf
08/21/2017		Supporting Document	Confidentiality Index	12/01/2017	Confidentiality Index.pdf
08/21/2017		Rate	Rate / Rule Manual	11/14/2017	COQTMHO2.0 DOI.pdf (Superceded)
07/17/2017		Supporting Document	Colorado Rate/Rule Form A	04/12/2018	CO QH2 Form A - Personal Insurance Company.pdf (Superceded)