

INSURANCE TRANSMITTAL SHEET

DATE: _____

TO: _____ BOARD OF SUPERVISORS _____

CONTRACT: _____

- The attached insurance documents have been reviewed and meet all of the contract insurance requirements.

for 
 Nick Poole, Risk Manager

The attached contract and insurance documents have been reviewed and are being returned to the originating department because:

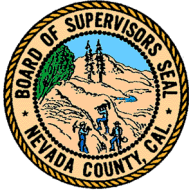
- General Liability Insurance**
 - Insurance certificate not provided
 - Coverage does not meet contract requirements
 - Additional insured endorsement required
 - Other: _____

- Auto Insurance**
 - Insurance certificate not provided
 - Additional insured endorsement required
 - Insurance is not business rated
 - Other: _____

- Workers' Compensation Insurance**
 - Insurance certificate not provided

- Errors & Omissions/Professional Liability Insurance**
 - Insurance certificate not provided
 - Other: _____

Please call me at 265-7013 if you have questions regarding insurance requirements.



COUNTY OF NEVADA

Board Transmittal Sheet

File Number: SR 21-0201

950 Maidu Avenue
Nevada City, CA
95959-8617
(530) 265-1480
Fax: (530) 265-9836
bdofsupervisors@co.nevad
a.ca.us

Agenda Date: 3/23/2021

Version: 1

Status: Passed

In Control: Information and General Services

File Type: Resolution

Agenda Number: 19.

Resolution awarding and approving a Standard Public Works Contract between the County of Nevada and Elevator Industries, Inc. for the Nevada County Administrative Building Elevator Modernization Project located at 950 Maidu Avenue, Nevada City (Res. 21-009), in the amount of \$131,279 plus a contingency of \$13,128 for a total contract amount of \$144,407, authorizing the Chair of the Board of Supervisors to execute the contract, and directing the Auditor-Controller to amend the Fiscal Year 2020/21 Capital Facilities budget. (4/5 affirmative vote required) (Facilities)

NOTEPAD:

HOLDER CODE **NEVADA8**
INSURED'S NAME **Elevator Industries, Inc.**

ELEVA-9
OP ID: DC

PAGE 2
Date **03/24/2021**

non-payment of premium applies. (E,P,W)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Schedule

Name of Additional Insured Person(s) or Organization(s)	Location(s) of Covered Operations
<p>Any person or organization that you are required and agreed to name as an additional insured on your policy under:</p> <p>1. A written contract or agreement that is in effect during the term of this policy and such contract is entered into prior to the "occurrence" of any "bodily injury", "property damage", "personal injury", or "advertising injury";</p> <p style="text-align: center;">or,</p> <p>2. An oral contract or oral agreement with a person or organization when a certificate of insurance showing that person or organization as an Additional Insured has been issued; and such oral contract or oral agreement is in effect during the term of this policy and is entered into prior to the "occurrence" of any "bodily injury", "property damage", "personal injury", or "advertising injury".</p>	<p>Any location within the "coverage territory"</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

A. SECTION II - WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. your acts or omissions; or
2. the acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the Additional Insured(s) at the location(s) designated above.

However;

1. the insurance afforded to such additional insured only applies to the extent permitted by law; and
2. if coverage provided to the Additional Insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these Additional Insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. all work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the Additional Insured(s) at the location of the covered operations has been completed; or

2. that portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these Additional Insureds, the following is added to **SECTION III - LIMITS OF INSURANCE**:

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance:

1. required by the contract or agreement; or
2. available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

Schedule

Name of Additional Insured Person(s) or Organization(s)

Any person or organization that you are required and agreed to name as an additional insured on your policy under:

Location and Description of Completed Operations

Any location within the "coverage territory", and for all completed operations

1. A written contract or agreement that is in effect during the term of this policy and such contract is entered into prior to the "occurrence" of any "bodily injury", "property damage", "personal injury", or "advertising injury";

Or,

2. An oral contract or an oral agreement with a person or organization where a certificate of insurance showing that person or organization as an Additional Insured has been issued; and such oral contract or oral agreement is in effect during the term of this policy and such contract is entered into prior to the "occurrence" of any "bodily injury", "property damage", "personal injury", or "advertising injury";

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. SECTION II - WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that Additional Insured and included in the "products-completed operations hazard."

However:

- 1. the insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. if coverage provided to the Additional Insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these Additional Insureds, the following is added to SECTION III - LIMITS OF INSURANCE:

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance:

- 1. required by the contract or agreement; or

2. available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ELEVATOR CONTRACTOR PLUS ENDORSEMENT

Primary and Non-Contributory Additional Insured Extension

This endorsement modifies insurance provided under the following:

COMMON POLICY CONDITIONS
COMMERCIAL GENERAL LIABILITY COVERAGE PART

Section Extracted from Endorsement CG 90 53 (Ed. 04/16)

K. Primary and Non-Contributory Additional Insured Extension

This provision applies to any person or organization who qualifies as an Additional Insured under any form or endorsement under this Policy.

Condition 4. **Other Insurance** of **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended as follows:

a. The following is added to Paragraph **a. Primary Insurance**:

This insurance is primary to and will not seek contribution from any other insurance available to an Additional Insured under your policy provided that:

(1) the Additional Insured is a Named Insured under such other insurance; and

(2) you have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the Additional Insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ELEVATOR CONTRACTOR PLUS ENDORSEMENT

Blanket Waiver of Subrogation

This endorsement modifies insurance provided under the following:

COMMON POLICY CONDITIONS
COMMERCIAL GENERAL LIABILITY COVERAGE PART

Section Extracted from Endorsement CG 90 53 (Ed. 04/16)

T. In **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**, the following is added at the end of Condition **8. Transfer of Rights of Recovery Against Others to Us**:

We waive any right of recovery we may have against a person or organization because of payments we make for injury or damage arising out of:

- a. your ongoing operations; or
- b. "your work" pursuant to a written contract between you and that person or organization and included in the "products-completed operations hazard";

but only if:

- c. you and that person or organization have agreed, in a written contract or agreement, that you waive such rights against that person or organization; and
- d. the injury or damage occurs only after you and that person or organization have signed the written contract or agreement described in **c.**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS AUTO EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

GENERAL DESCRIPTION OF COVERAGE – This endorsement broadens coverage. However, coverage for any injury, damage or medical expenses described in any of the provisions of this endorsement may be excluded or limited by another endorsement to the Coverage Part, and these coverage broadening provisions do not apply to the extent that coverage is excluded or limited by such an endorsement. The following listing is a general coverage description only. Limitations and exclusions may apply to these coverages. Read all the provisions of this endorsement and the rest of your policy carefully to determine rights, duties, and what is and is not covered.

- | | |
|---|---|
| <ul style="list-style-type: none"> A. BROAD FORM NAMED INSURED B. BLANKET ADDITIONAL INSURED C. EMPLOYEE HIRED AUTO D. EMPLOYEES AS INSURED E. SUPPLEMENTARY PAYMENTS – INCREASED LIMITS F. HIRED AUTO – LIMITED WORLDWIDE COVERAGE – INDEMNITY BASIS G. WAIVER OF DEDUCTIBLE – GLASS | <ul style="list-style-type: none"> H. HIRED AUTO PHYSICAL DAMAGE – LOSS OF USE – INCREASED LIMIT I. PHYSICAL DAMAGE – TRANSPORTATION EXPENSES – INCREASED LIMIT J. PERSONAL PROPERTY K. AIRBAGS L. NOTICE AND KNOWLEDGE OF ACCIDENT OR LOSS M. BLANKET WAIVER OF SUBROGATION N. UNINTENTIONAL ERRORS OR OMISSIONS |
|---|---|

PROVISIONS

A. BROAD FORM NAMED INSURED

The following is added to Paragraph **A.1., Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

Any organization you newly acquire or form during the policy period over which you maintain 50% or more ownership interest and that is not separately insured for Business Auto Coverage. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier.

B. BLANKET ADDITIONAL INSURED

The following is added to Paragraph **c.** in **A.1., Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

Any person or organization who is required under a written contract or agreement between you and that person or organization, that is signed and executed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to be named as an additional insured is an "insured" for Covered Autos Liability Coverage, but only for damages to which

this insurance applies and only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Section II.

C. EMPLOYEE HIRED AUTO

1. The following is added to Paragraph **A.1., Who Is An Insured, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:**

An "employee" of yours is an "insured" while operating an "auto" hired or rented under a contract or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.

2. The following replaces Paragraph **b. in **B.5., Other Insurance**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:**

b. For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:

- (1)** Any covered "auto" you lease, hire, rent or borrow; and
- (2)** Any covered "auto" hired or rented by your "employee" under a contract in an "employee's" name, with your

COMMERCIAL AUTO

permission, while performing duties related to the conduct of your business.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

D. EMPLOYEES AS INSURED

The following is added to Paragraph **A.1.**, **Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

E. SUPPLEMENTARY PAYMENTS – INCREASED LIMITS

1. The following replaces Paragraph **A.2.a.(2)**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

(2) Up to \$3,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

2. The following replaces Paragraph **A.2.a.(4)**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

(4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

F. HIRED AUTO – LIMITED WORLDWIDE COVERAGE – INDEMNITY BASIS

The following replaces Subparagraph (5) in Paragraph **B.7.**, **Policy Period, Coverage Territory**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

(5) Anywhere in the world, except any country or jurisdiction while any trade sanction, embargo, or similar regulation imposed by the United States of America applies to and prohibits the transaction of business with or within such country or jurisdiction, for Covered Autos Liability Coverage for any covered "auto" that you lease, hire, rent or borrow without a driver for a period of 30 days or less and that is not an "auto" you lease, hire, rent or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.

(a) With respect to any claim made or "suit" brought outside the United States of America, the territories and possessions of the United States of America, Puerto Rico and Canada:

(i) You must arrange to defend the "insured" against, and investigate or settle any such claim or "suit" and keep us advised of all proceedings and actions.

(ii) Neither you nor any other involved "insured" will make any settlement without our consent.

(iii) We may, at our discretion, participate in defending the "insured" against, or in the settlement of, any claim or "suit".

(iv) We will reimburse the "insured" for sums that the "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, that the "insured" pays with our consent, but only up to the limit described in Paragraph **C.**, **Limits Of Insurance**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**.

(v) We will reimburse the "insured" for the reasonable expenses incurred with our consent for your investigation of such claims and your defense of the "insured" against any such "suit", but only up to and included within the limit described in Paragraph **C.**, **Limits Of Insurance**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**, and not in addition to such limit. Our duty to make such payments ends when we have used up the applicable limit of insurance in payments for damages, settlements or defense expenses.

(b) This insurance is excess over any valid and collectible other insurance available to the "insured" whether primary, excess, contingent or on any other basis.

(c) This insurance is not a substitute for required or compulsory insurance in any country outside the United States, its territories and possessions, Puerto Rico and Canada.

such contract. The waiver applies only to the person or organization designated in such contract.

N. UNINTENTIONAL ERRORS OR OMISSIONS

The following is added to Paragraph **B.2., Concealment, Misrepresentation, Or Fraud,** of **SECTION IV – BUSINESS AUTO CONDITIONS:**

The unintentional omission of, or unintentional error in, any information given by you shall not prejudice your rights under this insurance. However this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

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Great American Insurance Company

AMB #: 002213 NAIC #: 16691 FEIN #: 310501234

Domiciliary Address

301 E. Fourth Street
Cincinnati, Ohio 45202
United States

Web:

www.greatamericaninsurancegroup.com

Phone: 513-369-5000

Fax: 513-369-3873

AM Best Rating Unit: AMB #: 005990 - Great American Insurance Companies

Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.



View additional news, reports and products for this company.

Based on AM Best's analysis, 058317 - American Financial Group, Inc. is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of operating insurance entities in this structure.

Best's Credit Ratings

Financial Strength Rating [View Definition](#)

Rating: A+ (Superior)
Financial Size Category: XV (\$2 Billion or greater)
Outlook: Stable
Action: Affirmed
Effective Date: October 28, 2020
Initial Rating Date: September 30, 1908

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.
Associate Director : Erik Miller
Director: Jennifer Marshall, CPCU, ARM
Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term: aa- (Superior)
Outlook: Stable
Action: Affirmed
Effective Date: October 28, 2020
Initial Rating Date: June 17, 2005

Disclosure Information

Disclosure Information Form
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Press Release
AM Best Affirms Credit Ratings of American Financial Group, Inc.; Upgrades Ratings of Key Life and Workers' Comp Entities
October 28, 2020

u Denotes Under Review Best's Rating

Rating History

AM Best has provided ratings & analysis on this company since 1908.

Financial Strength Rating

Effective Date	Rating
10/28/2020	A+
9/11/2019	A+
8/17/2018	A+
8/11/2017	A+
5/12/2016	A+

Long-Term Issuer Credit Rating

Effective Date	Rating
10/28/2020	aa-
9/11/2019	aa-
8/17/2018	aa-
8/11/2017	aa-
5/12/2016	aa-

Related Financial and Analytical Data

The following links provide access to related data records that AM Best utilizes to provide financial and analytical data on a consolidated or branch basis.

AMB #	Company Name	Company Description
005990	Great American Insurance Companies (SG) Rating Unit	Represents the AM Best Consolidated financials for the Property/Casualty business of this legal entity.
087045	Great American Insurance Company CAB	Represents the Property/Casualty financials for the Canada Branch of this legal entity.
094364	Great American Insurance Company (SGB)	Represents the Property/Casualty financials for the Singapore Branch of this legal entity.

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The Travelers Indemnity Company of Connecticut

AMB #: 002517 NAIC #: 25682 FEIN #: 060336212

Domiciliary Address

One Tower Square
Hartford, Connecticut 06183
United States

Web: www.travelers.com

Phone: 860-277-0111

Fax: 860-277-7002

AM Best Rating Unit: AMB #: 018674 - Travelers Group

Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.



View additional news, reports and products for this company.

Based on AM Best's analysis, 058470 - The Travelers Companies, Inc. is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of operating insurance entities in this structure.

Best's Credit Ratings

Financial Strength Rating [View Definition](#)

Rating: A++ (Superior)
Affiliation Code: g (Group)
Financial Size Category: XV (\$2 Billion or greater)
Outlook: Stable
Action: Affirmed
Effective Date: November 05, 2020
Initial Rating Date: December 31, 1907

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.
Senior Financial Analyst: Elizabeth Blamble
Senior Director: Michael J. Lagomarsino, CFA, FRM
Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.

Disclosure Information

Disclosure Information Form
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Press Release
AM Best Affirms Credit Ratings of The Travelers Companies, Inc. and Its Main Subsidiaries
November 05, 2020

[View AM Best's Rating Review Form](#)

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term: aa+ (Superior)
Outlook: Stable
Action: Affirmed
Effective Date: November 05, 2020
Initial Rating Date: April 18, 2005

u Denotes Under Review Best's Rating

Rating History

AM Best has provided ratings & analysis on this company since 1907.

Financial Strength Rating

Effective Date	Rating
11/5/2020	A++
11/5/2019	A++
10/31/2018	A++
10/5/2017	A++
7/22/2016	A++

Long-Term Issuer Credit Rating

Effective Date	Rating
11/5/2020	aa+
11/5/2019	aa+
10/31/2018	aa+
10/5/2017	aa+
7/22/2016	aa+

Best's Credit & Financial Reports

Best's Credit Report - financial data included in Best's Credit Report reflects the data used in determining the current credit rating(s) for AM Best Rating Unit: AMB #: 018674 - Travelers Group.

Best's Credit Report - Archive - reports which were released prior to the current Best's Credit Report.

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Travelers Property Casualty Company of America

AMB #: 004461 NAIC #: 25674 FEIN #: 362719165

Domiciliary Address

One Tower Square
Hartford, Connecticut 06183
United States

Web: www.travelers.com

Phone: 860-277-0111

Fax: 844-816-9447

AM Best Rating Unit: AMB #: 018674 - Travelers Group

Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.



View additional news, reports and products for this company.

Based on AM Best's analysis, 058470 - The Travelers Companies, Inc. is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of operating insurance entities in this structure.

Best's Credit Ratings

Financial Strength Rating [View Definition](#)

Rating: A++ (Superior)
Affiliation Code: g (Group)
Financial Size Category: XV (\$2 Billion or greater)
Outlook: Stable
Action: Affirmed
Effective Date: November 05, 2020
Initial Rating Date: June 30, 1972

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.
Senior Financial Analyst: Elizabeth Blamble
Senior Director: Michael J. Lagomarsino, CFA, FRM
Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.

Disclosure Information

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Press Release
AM Best Affirms Credit Ratings of The Travelers Companies, Inc. and Its Main Subsidiaries
November 05, 2020

[View AM Best's Rating Review Form](#)

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term: aa+ (Superior)
Outlook: Stable
Action: Affirmed
Effective Date: November 05, 2020
Initial Rating Date: April 18, 2005

u Denotes Under Review Best's Rating

Rating History

AM Best has provided ratings & analysis on this company since 1972.

Financial Strength Rating

Effective Date	Rating
11/5/2020	A++
11/5/2019	A++
10/31/2018	A++
10/5/2017	A++
7/22/2016	A++

Long-Term Issuer Credit Rating

Effective Date	Rating
11/5/2020	aa+
11/5/2019	aa+
10/31/2018	aa+
10/5/2017	aa+
7/22/2016	aa+

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Best's Credit Report - financial data included in Best's Credit Report reflects the data used in determining the current credit rating(s) for AM Best Rating Unit: AMB #: 018674 - Travelers Group.

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National Union Fire Insurance Company of Pittsburgh, Pa.

AMB #: 002351 NAIC #: 19445 FEIN #: 250687550

Administrative Office

175 Water Street 18th Floor
New York, New York 10038
United States

[View Additional Address Information](#)

Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.



Web: www.aig.com

Phone: 212-770-7000

AM Best Rating Unit: AMB #: 005953 - AIG Property Casualty Insurance Group

[View additional news, reports and products for this company.](#)

Based on AM Best's analysis, 058702 - American International Group, Inc. is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. [View a list of operating insurance entities in this structure.](#)

Best's Credit Ratings

Financial Strength Rating [View Definition](#)

Rating: A (Excellent)
Affiliation Code: p (Pooled)
Financial Size Category: XV (\$2 Billion or greater)
Outlook: Stable
Action: Affirmed
Effective Date: August 19, 2020
Initial Rating Date: December 31, 1907

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.
Associate Director : Erik Miller
Senior Director: Michael J. Lagomarsino, CFA, FRM
Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.

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Press Release
AM Best Affirms Credit Ratings of American International Group, Inc. and Most Subsidiaries; Downgrades ICRs of L/H Subsidiaries
August 19, 2020
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Long-Term Issuer Credit Rating [View Definition](#)

Long-Term: a (Excellent)
Outlook: Stable
Action: Affirmed
Effective Date: August 19, 2020
Initial Rating Date: April 06, 2005

u Denotes Under Review Best's Rating

Rating History

AM Best has provided ratings & analysis on this company since 1907.

Financial Strength Rating

Effective Date	Rating
8/19/2020	A
7/12/2019	A
6/20/2018	A
5/23/2017	A
1/26/2017	A u
6/2/2016	A
1/27/2016	A u

Long-Term Issuer Credit Rating

Effective Date	Rating
8/19/2020	a
7/12/2019	a
6/20/2018	a
5/23/2017	a
1/26/2017	a u
6/2/2016	a
1/27/2016	a u

Best's Credit & Financial Reports

- [Best's Credit Report - financial data included in Best's Credit Report reflects the data used in determining the current credit rating\(s\) for AM Best Rating Unit: AMB #: 005953 - AIG Property Casualty Insurance Group.](#)
- [Best's Credit Report - Archive - reports which were released prior to the current Best's Credit Report.](#)
- [Best's Financial Report - financial data included in Best's Financial Report reflects the most current data available to AM Best, including updated financial exhibits and additional company information, and is available to subscribers of Best's Insurance Reports.](#)

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Travelers Property Casualty Company of America

AMB #: 004461 NAIC #: 25674 FEIN #: 362719165

Domiciliary Address

One Tower Square
Hartford, Connecticut 06183
United States

Web: www.travelers.com

Phone: 860-277-0111

Fax: 844-816-9447

AM Best Rating Unit: AMB #: 018674 - Travelers Group

Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.



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Based on AM Best's analysis, 058470 - The Travelers Companies, Inc. is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of operating insurance entities in this structure.

Best's Credit Ratings

Financial Strength Rating [View Definition](#)

Rating: A++ (Superior)
Affiliation Code: g (Group)
Financial Size Category: XV (\$2 Billion or greater)
Outlook: Stable
Action: Affirmed
Effective Date: November 05, 2020
Initial Rating Date: June 30, 1972

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.
Senior Financial Analyst: Elizabeth Blamble
Senior Director: Michael J. Lagomarsino, CFA, FRM
Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.

Disclosure Information

Disclosure Information Form
[View AM Best's Rating Disclosure Form](#)

Press Release
AM Best Affirms Credit Ratings of The Travelers Companies, Inc. and Its Main Subsidiaries
November 05, 2020

[View AM Best's Rating Review Form](#)

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term: aa+ (Superior)
Outlook: Stable
Action: Affirmed
Effective Date: November 05, 2020
Initial Rating Date: April 18, 2005

u Denotes Under Review Best's Rating

Rating History

AM Best has provided ratings & analysis on this company since 1972.

Financial Strength Rating

Effective Date	Rating
11/5/2020	A++
11/5/2019	A++
10/31/2018	A++
10/5/2017	A++
7/22/2016	A++

Long-Term Issuer Credit Rating

Effective Date	Rating
11/5/2020	aa+
11/5/2019	aa+
10/31/2018	aa+
10/5/2017	aa+
7/22/2016	aa+

Best's Credit & Financial Reports

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Best's Credit Report - Archive - reports which were released prior to the current Best's Credit Report.

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