

SERFF Tracking Number: PNMC-125307479 State: Arkansas  
Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: AR-PC-07-026257  
Company Tracking Number: DLK-07-037  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: GLAR2007FormDelay  
Project Name/Number: DLK-07-037/DLK-07-037

## Filing at a Glance

Company: Pennsylvania National Mutual Casualty Insurance Company  
Product Name: GL AR2007FormDelay SERFF Tr Num: PNMC-125307479 State: Arkansas  
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: AR-PC-07-026257  
Made/Occurrence  
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: DLK-07-037 State Status:  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith  
Roberts, Brittany Yielding  
Author: Denise King Disposition Date: 10/03/2007  
Date Submitted: 09/28/2007 Disposition Status: Approved  
Effective Date Requested (New): 12/01/2007 Effective Date (New):  
Effective Date Requested (Renewal): 12/01/2007 Effective Date (Renewal):

## General Information

Project Name: DLK-07-037 Status of Filing in Domicile: Authorized  
Project Number: DLK-07-037 Domicile Status Comments:  
Reference Organization: ISO Reference Number: GL-2006-OCTFR  
Reference Title: 2007 General Liability Multistate Forms Revision to be Implemented Advisory Org. Circular: GL-2007-111  
Filing Status Changed: 10/03/2007  
State Status Changed: 09/28/2007 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Re: Pennsylvania National Mutual Casualty Insurance Company  
NAIC No. 14990 FEIN 23-096-1349 Group Code 271  
2007 General Liability Multistate Forms Revision to be Implemented  
Filing Designation No(s) : GL-2006-OCTFR  
PNI File No.: DLK-07-037

PURPOSE:

SERFF Tracking Number: PPMC-125307479 State: Arkansas  
 Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: AR-PC-07-026257  
 Company Tracking Number: DLK-07-037  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
 Product Name: GLAR2007FormDelay  
 Project Name/Number: DLK-07-037/DLK-07-037

Our Company is postponing for an indefinite period the adoption of the above referenced revisions filed by the Insurance Services Office to be applicable to all policies effective on and after December 1, 2007.

Our purpose in delaying the implementation of these revisions is to provide us with the opportunity to further assess our position in this matter.

**PROPOSAL:**

As soon as we have completed our market analysis, we will contact your Department and will make whatever filing is necessary to implement our Company's procedure.

Your acknowledgment of this filing will be appreciated.

**Company and Contact**

**Filing Contact Information**

Denise King, Senior Underwriting Technician dlking@pnat.com  
 2 N. Second St. (717) 234-4941 [Phone]  
 Harrisburg, PA 17105-2361 (717) 255-6327[FAX]

**Filing Company Information**

Pennsylvania National Mutual Casualty Insurance Company CoCode: 14990 State of Domicile: Pennsylvania  
 2 N. Second St. Group Code: 271 Company Type: P&C  
 PO Box 2361 Harrisburg, PA 17105-2361 Group Name: Penn National Insurance State ID Number: 03  
 (717) 234-4941 ext. [Phone] FEIN Number: 23-0961349  
 -----

**Filing Fees**

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:

*SERFF Tracking Number:* PNNC-125307479      *State:* Arkansas  
*Filing Company:* Pennsylvania National Mutual Casualty      *State Tracking Number:* AR-PC-07-026257  
*Insurance Company*  
*Company Tracking Number:* DLK-07-037  
*TOI:* 17.0 Other Liability - Claims Made/Occurrence      *Sub-TOI:* 17.0001 Commercial General Liability  
*Product Name:* GLAR2007FormDelay  
*Project Name/Number:* DLK-07-037/DLK-07-037  
  
**Per Company:** No



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Product Name: GLAR2007FormDelay  
Project Name/Number: DLK-07-037/DLK-07-037

## Correspondence Summary

### Dispositions

| Status   | Created By    | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Edith Roberts | 10/03/2007 | 10/03/2007     |

SERFF Tracking Number: PPMC-125307479 State: Arkansas  
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Product Name: GLAR2007FormDelay  
Project Name/Number: DLK-07-037/DLK-07-037

## Disposition

Disposition Date: 10/03/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PNM-125307479 State: Arkansas  
Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: AR-PC-07-026257  
Company Tracking Number: DLK-07-037  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: GLAR2007FormDelay  
Project Name/Number: DLK-07-037/DLK-07-037

| <b>Item Type</b>           | <b>Item Name</b>                                 | <b>Item Status</b> | <b>Public Access</b> |
|----------------------------|--|--------------------|----------------------|
| <b>Supporting Document</b> | Uniform Transmittal Document-Property & Casualty | Approved           | Yes                  |

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Product Name: GLAR2007FormDelay  
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## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PPMC-125307479 State: Arkansas  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/03/2007

**Comments:**  
**Attachment:**  
ARTRANS.pdf

## Property & Casualty Transmittal Document

|   |   |              |  |                  |  |
|---|---|--------------|--|------------------|--|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b><br>a. Date the filing is received:<br>b. Analyst:<br>c. Disposition:<br>d. Date of disposition of the filing:<br>e. Effective date of filing:<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #:<br>g. SERFF Filing #:<br>h. Subject Codes | New Business |  | Renewal Business |  |
| New Business                                    |   |              |  |                  |  |
| Renewal Business                                |   |              |  |                  |  |

|                      |                     |
|----------------------|---------------------|
| <b>3. Group Name</b> | <b>Group NAIC #</b> |
|                      |                     |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|--------------------|----------|--------|--------|---------|
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |

|                                   |  |
|-----------------------------------|--|
| <b>5. Company Tracking Number</b> |  |
|-----------------------------------|--|

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|------------------|-------|--------------|-------|--------|
|    |                  |       |              |       |        |
|    |                  |       |              |       |        |

|  |  |
|--|--|
| 7. Signature of authorized filer         |  |
| 8. Please print name of authorized filer |  |

**Filing information** (see General Instructions for descriptions of these fields)

|  |   |
|--|---|
| 9. Type of Insurance (TOI)   |   |
| 10. Sub-Type of Insurance (Sub-TOI)  |   |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] |   |
| 12. Company Program Title (Marketing title)  |   |
| 13. Filing Type  | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested  | New: <input type="text"/> Renewal: <input type="text"/>   |
| 15. Reference Filing?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 16. Reference Organization (if applicable)   |   |
| 17. Reference Organization # & Title   |   |
| 18. Company's Date of Filing   |   |
| 19. Status of filing in domicile   | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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]

Check #:  
Amount:

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.)

PC TD-1 pg 2 of 2

## 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>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br>(Company tracking number of rate/rule filing, if applicable) |  |
|-----------|---|--|

| 3. | Form Name<br>/Description/Synopsis | Form #<br>Include edition date | Replacement<br>Or<br>withdrawn?  | If replacement,<br>give form #<br>it replaces | Previous state<br>filing number,<br>if required by state |
|----|------------------------------------|--------------------------------|--|---|--|
| 01 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 02 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 03 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 04 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 05 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 06 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 07 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 08 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 09 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 10 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |

PC FFS-1

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

|           |  |  |
|-----------|--|--|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> |  |
|-----------|--|--|

|           |   |  |
|-----------|---|--|
| <b>2.</b> | <b>This filing corresponds to form filing number</b><br>(Company tracking number of form filing, if applicable) |  |
|-----------|---|--|

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

|           |  |  |
|-----------|--|--|
| <b>3.</b> | <b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b> |  |
|-----------|--|--|

|            |   |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|
| <b>4a.</b> | <b>Rate Change by Company (As Proposed)</b> |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|

| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change (where required) | Minimum % Change (where required) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
|              |  |                       |   |  |                                  |                                   |                                   |
|              |  |                       |   |  |                                  |                                   |                                   |

|            |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|
| <b>4b.</b> | <b>Rate Change by Company (As Accepted) For State Use Only</b> |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|

| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change | Minimum % Change |
|--------------|--|-----------------------|---|--|----------------------------------|------------------|------------------|
|              |  |                       |   |  |                                  |                  |                  |
|              |  |                       |   |  |                                  |                  |                  |

|   |  |  |  |
|---|--|--|--|
| <b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b> |  |  |  |
|---|--|--|--|

|           |  | COMPANY USE | STATE USE |
|-----------|--|-------------|-----------|
| <b>5a</b> | <b>Overall percentage rate indication (when applicable)</b>            |             |           |
| <b>5b</b> | <b>Overall percentage rate impact for this filing</b>                  |             |           |
| <b>5c</b> | <b>Effect of Rate Filing – Written premium change for this program</b> |             |           |
| <b>5d</b> | <b>Effect of Rate Filing – Number of policyholders affected</b>        |             |           |

|           |   |  |
|-----------|---|--|
| <b>6.</b> | <b>Overall percentage of last rate revision</b> |  |
|-----------|---|--|

|           |   |  |
|-----------|---|--|
| <b>7.</b> | <b>Effective Date of last rate revision</b> |  |
|-----------|---|--|

|           |   |  |
|-----------|---|--|
| <b>8.</b> | <b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b> |  |
|-----------|---|--|

| 9. | Rule # or Page # Submitted for Review | Replacement or withdrawn?  | Previous state filing number, if required by state |
|----|---------------------------------------|--|--|
| 01 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 02 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 03 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |