

SERFF Tracking Number: PNMC-125327131 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: AR-PC-07-026469
Company Tracking Number: DLK-07-036FO
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: UMB AR2007FormDelay
Project Name/Number: DLK-07-036FO/DLK-07-036FO

Filing at a Glance

Company: Pennsylvania National Mutual Casualty Insurance Company

Product Name: UMB AR2007FormDelay SERFF Tr Num: PNMC-125327131 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: AR-PC-07-026469
Made/Occurrence
Sub-TOI: 17.0022 Other Co Tr Num: DLK-07-036FO State Status:
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Denise King Disposition Date: 10/22/2007
Date Submitted: 10/18/2007 Disposition Status: Non-Adoption
Effective Date Requested (New): Effective Date (New):
Effective Date Requested (Renewal): Effective Date (Renewal):

General Information

Project Name: DLK-07-036FO Status of Filing in Domicile: Not Filed
Project Number: DLK-07-036FO Domicile Status Comments:
Reference Organization: ISO Reference Number: CU-2007-OCTFR
Reference Title: 2007 Commercial Liability Umbrella Multistate Forms Advisory Org. Circular: CU-2007-046
Revision
Filing Status Changed: 10/22/2007
State Status Changed: 10/18/2007 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 Commercial Liability Umbrella Multistate Forms Revision
Filing Designation No(s) : CU-2007-OCTFR
PNI File No.: DLK-07-036

PURPOSE:

SERFF Tracking Number: PPMC-125327131 State: Arkansas
 Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: AR-PC-07-026469
 Company Tracking Number: DLK-07-036FO
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
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Our Company is postponing for an indefinite period the adoption of the above referenced revision filed by the Insurance Services Office.

Our purpose in delaying the implementation of this revision 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: PPMC-125327131 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: AR-PC-07-026469
Insurance Company
Company Tracking Number: DLK-07-036FO
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: UMB AR2007FormDelay
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Per Company: No

SERFF Tracking Number: PNM-125327131 State: Arkansas
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Insurance Company
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pennsylvania National Mutual Casualty Insurance Company	\$0.00	10/18/2007	

SERFF Tracking Number: PNM-125327131 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Non-Adoption	Edith Roberts	10/22/2007	10/22/2007

SERFF Tracking Number: PPMC-125327131 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: AR-PC-07-026469
Insurance Company
Company Tracking Number: DLK-07-036FO
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: UMB AR2007FormDelay
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Disposition

Disposition Date: 10/22/2007

Effective Date (New):

Effective Date (Renewal):

Status: Non-Adoption

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PPMC-125327131 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: AR-PC-07-026469
Company Tracking Number: DLK-07-036FO
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: UMB AR2007FormDelay
Project Name/Number: DLK-07-036FO/DLK-07-036FO

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property &Non-adoption Casualty		Yes

SERFF Tracking Number: PNNC-125327131 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: AR-PC-07-026469
Insurance Company
Company Tracking Number: DLK-07-036FO
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: UMB AR2007FormDelay
Project Name/Number: DLK-07-036FO/DLK-07-036FO

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PPMC-125327131 State: Arkansas
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Company Tracking Number: DLK-07-036FO
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Non-adoption 10/22/2007

Comments:

Attachment:

ARtransforms101807.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 style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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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

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 <input 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: <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.)

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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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input 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		

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.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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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)

4b.	Rate Change by Company (As Accepted) For State Use Only
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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

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	