

SERFF Tracking Number: SCTT-125303178 State: Arkansas
Filing Company: National Casualty Company State Tracking Number: AR-PC-07-026212
Company Tracking Number: KR AR03845NCF01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: Sports and Leisure
Project Name/Number: File New and Revised Forms/KR AR03845NCF01

Filing at a Glance

Company: National Casualty Company
Product Name: Sports and Leisure SERFF Tr Num: SCTT-125303178 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: AR-PC-07-026212
Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: KR AR03845NCF01 State Status:
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins
Author: Staci Baxter Disposition Date: 10/03/2007
Date Submitted: 09/25/2007 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 10/03/2007
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):
10/03/2007

General Information

Project Name: File New and Revised Forms Status of Filing in Domicile: Pending
Project Number: KR AR03845NCF01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/03/2007
State Status Changed: 09/25/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
National Casualty Company is filing several new and revised forms for our currently filed Sports & Leisure program. We request an effective date as soon as permissible by the laws of your state.

Please find the attached:

KR-EBL-D-1 (8-07) Employee Benefits Liability Declarations - New
KR-EBL-P-1 (8-07) Employee Benefits Liability Coverage Form - New

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- KR-IM-3 (8-07) Exclusion - Windstorm or Hail - New
- KR-IM-4 (8-07) Exclusion - Windstorm or Hail - Transit - New
- KR-IM-5 (8-07) Additional Property Covered - Watercraft - New
- KR-GL-100 (8-07) Limitation of Coverage - New
- KR-GL-101 (8-07) Temporary Circuit Liability Insurance - New
- KR-GL-102 (8-07) Limitations of Coverage - E&O - New
- KR-GL-103 (8-07) Temporary Circuit - Additional Conditions - New
- KR-GL-104 (8-07) Exclusion - Temporary Grandstands, Bleachers, Scaffolds - New
- GL-58s (12-93) Lead Contamination Exclusion - New
- KR-GL-SP-2a (4-07) Quick Reference Commercial General Liability Coverage Part - New
- KR-GL-D-4 (7-07) Commercial General Liability - Declarations - New
- KR-GL-D-1 (7-07) Commercial General Liability Declarations replaces (4-07) edition
- KR-AUTO-D-2 (7-07) Business Auto Declarations replaces (4-07) edition

In reference to KR-EBL-P-1 (8-07) Employee Benefits Coverage Form, the rates for this coverage have already been filed and approved by your Department. There is no other rate impact with these forms. The rates have already been contemplated in the existing rating structure.

Company and Contact

Filing Contact Information

Staci Baxter, State Filing Analyst
 PO Box 4110
 Scottsdale, AZ 85259
 baxters2@scottsdaleins.com
 (800) 423-7675 [Phone]
 () -[FAX]

Filing Company Information

National Casualty Company
 PO Box 4110
 Scottsdale, AZ 85261
 (800) 423-7675 ext. [Phone]
 CoCode: 11991
 Group Code: 140
 Group Name:
 FEIN Number: 38-0865250
 State of Domicile: Wisconsin
 Company Type:
 State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 NCC Form Filing x \$50.00 = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Casualty Company	\$50.00	09/25/2007	15792996

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/03/2007	10/03/2007

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Comparison	Approved	Yes
Supporting Document	Form Comparison	Approved	Yes
Form	EBL Declarations	Approved	Yes
Form	EBL Policy	Approved	Yes
Form	Exclusion - Windstorm or Hail	Approved	Yes
Form	Exclusion - Windstorm or Hail - Transit	Approved	Yes
Form	Additional Property Covered - Watercraft	Approved	Yes
Form	Limitation of Coverage	Approved	Yes
Form	Temporary Circuit Liability Insurance	Approved	Yes
Form	Limitation of Coverage E&O	Approved	Yes
Form	Temporary Circuit - Addl Conditions	Approved	Yes
Form	Exclusion - Temporary Grandstands	Approved	Yes
Form	Lead Exclusion	Approved	Yes
Form	General Liability Declarations	Approved	Yes
Form	Quick Reference CGL Coverage Part	Approved	Yes
Form	CGL Declarations	Approved	Yes
Form	Auto Declarations	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	EBL Declarations	KR-EBL-D-1	8-07	Declaration News/Schedule		0.00	KR-EBL-D-1_8-07_.pdf
Approved	EBL Policy	KR-EBL-P-1	8-07	Policy/Coverage Form		0.00	KR-EBL-P-1_8-07_.pdf
Approved	Exclusion - Windstorm or Hail	KR-IM-3	8-07	Endorsement/Amendment/Conditions		0.00	KR-IM-3_8-07_.pdf
Approved	Exclusion - Windstorm or Hail - Transit	KR-IM-4	8-07	Endorsement/Amendment/Conditions		0.00	KR-IM-4_8-07_.pdf
Approved	Additional Property Covered - Watercraft	KR-IM-5	8-07	Endorsement/Amendment/Conditions		0.00	KR-IM-5_8-07_.pdf
Approved	Limitation of Coverage	KR-GL-100	8-07	Endorsement/Amendment/Conditions		0.00	KR-GL-100_8-07_.pdf
Approved	Temporary Circuit Liability Insurance	KR-GL-101	8-07	Endorsement/Amendment/Conditions		0.00	KR-GL-101_8-07_.pdf
Approved	Limitation of Coverage E&O	KR-GL-102	8-07	Endorsement/Amendment/Conditions		0.00	KR-GL-102_8-07_.pdf
Approved	Temporary Circuit - Addl Conditions	KR-GL-103	8-07	Endorsement/Amendment/Conditions		0.00	KR-GL-103_8-07_.pdf

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Approved	Exclusion - Temporary Grandstands	KR-GL- 104	8-07	Endorseme nt/Amendm ent/Condi tions	0.00	KR-GL-104 _8-07_.pdf
Approved	Lead Exclusion	GL-58s	12-93	Endorseme nt/Amendm ent/Condi tions	0.00	GL-58s.pdf
Approved	General Liability Declarations	KR-GL-D- 1	7-07	Declaration Replaced s/Schedule	Replaced Form #:0.00 4-07 Previous Filing #:	KR-GL-D-1 _7-07_.pdf KR-GL-D-1 comp.pdf
Approved	Quick Reference CGL Coverage Part	KR-GL- SP-2a	4-07	Other New	0.00	KR-GL-SP- 2a.pdf
Approved	CGL Declarations	KR-GL-D- 4	7-07	Declaration New s/Schedule	0.00	KR-GL-D-4 _7-07_.pdf
Approved	Auto Declarations	KR- AUTO-D-2	7-07	Declaration Replaced s/Schedule	Replaced Form #:0.00 4-07 Previous Filing #:	KR-AUTO- D-2 _7- 07_.pdf KR-AUTO- D-2 comp.pdf

National Casualty Company

Home Office
Madison, Wisconsin
Administrative Office:
8877 North Gainey Center Drive Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

Policy No.

COMMERCIAL GENERAL LIABILITY COVERAGE PART EMPLOYEE BENEFITS LIABILITY COVERAGE DECLARATIONS

NAMED INSURED:	POLICY PERIOD: To 12:01 A.M. Standard Time
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LIMITS OF INSURANCE:

Aggregate Limit
Each Claim Limit
Deductible

DESCRIPTION OF BUSINESS:

Form of Business: Individual Joint Venture Partnership
 Organization (Other than Partnership or Joint Venture)

Total Advance Premium

Premium shown is payable: at inception;

ENDORSEMENTS ATTACHED TO THIS COVERAGE PART:

National Casualty Company

A Stock Insurance Company, herein called the Company

EMPLOYEE BENEFITS LIABILITY COVERAGE FORM EXCLUDING FIDUCIARY LIABILITY

Various provisions of this policy restrict coverage. Read the entire policy carefully to determine rights, duties, and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations.

The words "we," "us" and "our" refer to the company providing this insurance.

The word "Insured" means any person or organization qualifying as such under **SECTION II - WHO IS AN INSURED**.

Other words and phrases that appear in quotation marks have special meaning. Refer to **SECTION VI - DEFINITIONS**.

SECTION I - EMPLOYEE BENEFITS COVERAGES

1. Insuring Agreement

- a. We will pay those sums that the Insured becomes legally obligated to pay as damages sustained by an employee, former employee, prospective employee, or the beneficiaries or legal representatives thereof, and caused by any "negligent act, error or omission" of the Insured or any other person for whose acts you are legally liable in the "administration" of your "employee benefit program."

This insurance applies to any "negligent act, error, or omission" which occurs in the "coverage territory" and during the policy period.

We will have the right and duty to defend any "suit" seeking those damages. However, we will have no duty to defend the Insured against any "suit" seeking damages for any "negligent act, error, or omission" to which this insurance does not apply. We may, at our discretion, investigate any "negligent act, error, or omission" and settle any "claim" or "suit" that may result. But:

- (1) the amount we pay for damages is limited as described in **SECTION III - LIMITS OF INSURANCE**.
- (2) our right and duty to defend end when we have used up the applicable Limit of Insurance in the payment of judgments or settlements under this Coverage Form.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under **Supplemental Payments**.

2. Exclusions

This insurance does not apply to:
KR-EBL-P-1 (8-07)

- a. Damages actually or allegedly arising out of any intentional, dishonest, fraudulent, criminal or malicious act, error, or omission, committed by any Insured, including, but not limited to, the willful violation of any statute.
- b. Damages claimed for any "bodily injury," "property damage" or "personal and advertising injury."
- c. Damages actually or allegedly arising out of any breach of or failure to perform any contract by any Insured or insurer.
- d. Damages arising out of an insufficiency of funds to meet any obligations under any plan included in an "employee benefit program."
- e. Damages actually or allegedly arising out of any:
 - (1) failure of any investment to perform as predicted, expected, anticipated, advertised, or desired;
 - (2) advice given to any person with respect to that person's decision to participate or not to participate in any plan included in the "employee benefit program";
 - (3) error in providing information on past performance of any investment vehicle; or
 - (4) investment or non-investment of funds.
- f. Damages arising out of your failure to comply with the mandatory provisions of any law concerning workers' compensation, employment compensation insurance, social security or disability benefits law, or any similar law.
- g. Damages for which the Insured is liable because of liability imposed on a fiduciary by the Employee Retirement Income Security Act

of 1974, as now or hereafter amended, or by any similar federal, state or local law.

- h. Any "claim" arising from any failure to pay an employee benefit, to the extent such employee benefit is payable from applicable accrued funds or other collectible insurance, with the reasonable effort and cooperation of the Insured.
- i. Any tax, fine, or penalty, including, but not limited to, those imposed under the Internal Revenue Code or any similar state or local law.
- j. Damages actually or allegedly arising out of wrongful termination of employment, any unlawful discrimination, or any other employment related practice.

Supplementary Payments

We will pay, with respect to any "claim" we investigate or settle, or any "suit" against an Insured we defend:

1. All expenses we incur.
2. The cost of bonds to release attachments, but only for bond amounts within the applicable Limit of Insurance. We do not have to furnish these bonds.
3. All reasonable expenses incurred by the Insured at our request to assist us in the investigation or defense of the "claim" or "suit," including actual loss of earnings up to \$250 a day because of time off from work.
4. All costs taxed against the Insured in the "suit."
5. Prejudgment interest awarded against the Insured on that part of the judgment we pay. If we make an offer to pay the applicable Limit of Insurance, we will not pay any prejudgment interest based on that period of time after we made the offer.
6. All interest on the full amount of any judgment that accrues after entry of the judgment and before we have paid, offered to pay, or deposited in court the part of the judgment that is within the applicable Limit of Insurance.

These payments will not reduce the Limits of Insurance.

SECTION II - WHO IS AN INSURED

1. If you are designated in the Declarations as:
 - a. An individual, you and your spouse are Insureds, but only with respect to the conduct of a business of which you are the sole owner.
 - b. A partnership or joint venture, you are an Insured. Your members, your partners and their spouses are also Insureds, but only with respect to the conduct of your business.
 - c. A limited liability company, you are an Insured. Your members are also Insureds, but only with respect to the conduct of your business. Your

managers are Insureds, but only with respect to their duties as your managers.

- d. An organization other than a partnership, joint venture, or limited liability company, you are an Insured. Your "executive officers" and directors are Insureds, but only with respect to their duties as your officers or directors. Your stockholders are also Insureds, but only with respect to their liability as stockholders.
 - e. A trust, you are an Insured. Your trustees are also Insureds, but only with respect to their duties as trustees.
2. The following are also Insureds:
 - a. Each of your "employees" who is or was authorized to administer your "employee benefit program," but only with respect to their "administration" of your "employee benefit program."
 - b. Any person, organization, or "employee" having proper temporary authorization to administer your "employee benefit program" if you die, but only with respect to their "administration" of your "employee benefit program" and only until your legal representative is appointed.
 - c. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this Coverage Form.
 - d. Any organization you newly acquire or form, other than a partnership, joint venture, or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:
 - (1) coverage under this provision is afforded only until the 90th day after you acquire or form the organization or the end of the policy period, whichever is earlier;
 - (2) coverage does not apply to "negligent acts, errors, or omissions" that occurred before you acquired or formed the organization:

No person or organization is an Insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

SECTION III - LIMITS OF INSURANCE

1. The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:
 - a. Insureds;
 - b. "claims" made or "suits" brought;

- c. persons or organizations making "claims" or bringing "suits";
 - d. "negligent acts, errors, or omissions"; or
 - e. benefits included in your "employee benefit program."
2. The Limits of Liability shown in the Declarations applicable to Each Claim is, subject to the following provision respecting Aggregate, the most we will pay for all damages arising out of any covered "claim."

The Limit of Liability shown in the Declarations as Aggregate is the most we will pay for the sum of all damages on account of all "claims."

The limits of this Coverage Part apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

SECTION IV - DEDUCTIBLE

- 1. Our obligation to pay damages on your behalf applies only to the amount of damages in excess of the deductible amount stated in the Declarations. The Limits of Insurance shall not be reduced by the amount of the deductible.
- 2. The terms of this insurance, including those with respect to:
 - (a) our right and duty to defend any "suits" seeking those damages; and
 - (b) your duties, and the duties of any other involved Insured, in the event of a "negligent act, error, or omission," "claim," or "suit"; apply irrespective of the application of the deductible amount.
- 3. We may pay any part or all of the deductible amount to effect settlement of any "claim" or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

SECTION V - EMPLOYEE BENEFITS LIABILITY CONDITIONS

1. Bankruptcy

Bankruptcy or insolvency of the Insured, or of the Insured's estate, will not relieve us of our obligations under this Coverage Part.

2. Duties in the Event of a "Claim" or "Suit"

- a. You and any other involved Insured must see to it that we are notified as soon as practicable of any "negligent act, error, or omission" which

may result in a "claim." To the extent possible, notice should include:

- (1) how, when and where the "negligent act, error, or omission" took place;
- (2) the names and addresses of any injured persons and witnesses; and
- (3) the nature of any injury or damage arising out of the "negligent act, error, or omission."

- b. If a "claim" is received by an Insured, or a "suit" is brought against any Insured, you must:

- (1) immediately record the specifics of the "claim" or "suit" and the date received; and
- (2) notify us as soon as practicable.

You and any other involved Insured must see to it that we receive written notice of the "claim" or "suit" as soon as practicable.

- c. You and any other involved Insured must:

- (1) immediately send us copies of any demands, notices, summonses, or legal papers received in connection with the "claim" or "suit";
- (2) authorize us to obtain records and other information;
- (3) cooperate with us in the investigation, settlement, or defense of the "claim" or "suit"; and
- (4) assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the Insured because of injury or damage to which this insurance may also apply.

- d. No Insured will, except at their own cost, voluntarily make a payment, assume any obligation, or incur any expense without our consent.

3. Legal Action Against Us

No person or organization has a right under this Coverage Part:

- a. to join us as a party or bring us into a "suit" asking for damages from an Insured; or
- b. to sue us on this Coverage Part unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an Insured, but we will not be liable for damages that are not due under the terms of this Coverage Part or that are in excess of the Limits of Insurance. An agreed settlement means a settlement and

release of liability signed by us, the Insured, and the claimant or the claimant's legal agent.

4. Other Insurance

If other valid and collectible insurance is available to the Insured for a loss we cover under this Coverage Part, our obligations are limited as follows:

(a) Primary Insurance

This insurance is primary except when **b.** below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in **c.** below.

(b) Excess Insurance

As respects any Additional Insured added to this policy by attachment of an endorsement, this insurance is excess over any other insurance available to that Insured that applies on a primary basis to any "claim," "suit," "negligent act, error, or omission," or damages to which this policy also applies.

When this insurance is excess, we will have no duty to defend that Insured against any "suit" if any other insurer has a duty to defend the Insured against that "suit." If no other insurer defends, we will undertake to do so, but we will be entitled to the Insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (1) the total amount that all such other insurance, would pay for the loss in the absence of this insurance; and
- (2) the total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

(c) Method of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable Limit of Insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's

share is based on the ratio of its applicable Limit of Insurance to the total applicable Limits of Insurance of all insurers.

5. Premium Audit

- a. We will compute all premiums for this endorsement in accordance with our rules and rates.
- b. Premium shown as advance premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period and send notice to the first Named Insured. The due date for audit and retrospective premiums is the date shown as the due date on the bill.

If the sum of the advance and audit premiums paid for the policy term is greater than the earned premium, we will return the excess to the first Named Insured.

- c. The first Named Insured must keep records of the information we need for premium computation, and send us copies at such times as we may request.

6. Representations

By accepting this policy, you agree:

- a. the statements in the Declarations are accurate and complete;
- b. those statements are based upon representations you made to us; and
- c. we have issued this policy in reliance upon your representations.

7. Separation of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned to the first Named Insured, this insurance applies:

- a. as if each Named Insured were the only Named Insured; and
- b. separately to each Insured against whom "claim" is made or "suit" is brought.

8. Transfer of Rights of Recovery Against Others to Us

If the Insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The Insured must do nothing after loss to impair them. At our request, the Insured will bring "suit" or transfer those rights to us and help us enforce them.

9. When We Do Not Renew

If we decide not to renew this Coverage Part, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than 30 days before the expiration date.

If notice is mailed, proof of mailing will be sufficient proof of notice.

SECTION VI - DEFINITIONS

1. Administration means:

- a. giving counsel or providing information to "employees," or to their dependents or beneficiaries, with respect to the eligibility for or scope of any "employee benefit program."
- b. interpreting any "employee benefit program";
- c. handling records in connection with any "employee benefit program";

- d. effecting enrollment, or continuing, terminating, or canceling any "employee's" participation in any benefit included in an "employee benefits program," provided all such acts are authorized by you.

However, "administration" does not include handling any payroll deductions.

2. Advertisement means a notice that is broadcast or published to the general public or specific market segments about your goods, products, or services for the purpose of attracting customers or supporters. For the purposes of this definition:

- a. notices that are published include material placed on the internet or on similar electronic means of communication; and
- b. regarding Web sites, only that part of a Web site that is about your goods, products, or services for the purpose of attracting customers or supporters is considered an advertisement.

3. Bodily injury means bodily injury, sickness, or disease sustained by a person, including death resulting from any of these at any time.

4. Cafeteria plans means plans authorized by applicable law to allow employees to elect to pay for certain benefits with their own pretax dollars.

5. Claim means any demand made or "suit" brought, by an "employee" or an "employee's" dependents or beneficiaries, for damages as a result of a "negligent act, error, or omission" in the "administration" of your "employee benefit program."

6. Coverage territory means the United States of America (including its territories and possessions), Puerto Rico and Canada.

7. Employee means a person currently or formerly employed, on leave of absence, disabled, or retired. "Employee" includes a "leased worker." "Employee" does not include a "temporary worker."

8. Employee benefit program means a program providing some or all of the following benefits to "employees," whether provided through a "cafeteria plan" or otherwise:

- a. group life insurance; group accident or health insurance; dental, vision, and hearing plans; and flexible spending accounts; provided that (i) no one other than an "employee" may subscribe to such benefits and (ii) such benefits are made generally available to those "employees" who satisfy the plan's eligibility requirements;
- b. profit sharing plans, employee savings plans, employee stock ownership plans, pension plans, and stock subscription plans; provided that (i) no one other than an "employee" may

subscribe to such benefits and (ii) such benefits are made generally available to all "employees" who are eligible for such benefits under the plan;

- c. unemployment insurance, social security benefits, workers' compensation and disability benefits;

- d. vacation plans, including buy and sell programs; leave of absence programs, including those for military, maternity, family, and civil leaves; tuition assistance plans; transportation and health club subsidies; and

- e. any other similar plan designated in the Declarations or added thereto by endorsement.

9. Leased Worker means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm, to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker."

10. Negligent act, error, or omission means the failure to execute a required action, or the execution of a mistaken action, committed in the administration of the Insured's "employee benefit program."

11. Personal and advertising injury, means injury, including consequential "bodily injury," arising out of one or more of the following offenses:

- a. false arrest, detention or imprisonment;
- b. malicious prosecution;
- c. the wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord, or lessor;
- d. oral or written publication, in any manner, of material that slanders or libels a person or organization or disparages a person's or organizations' goods, products, or services;
- e. oral or written publication, in any manner, of material that violates a person's right of privacy.
- f. the use of another's advertising idea in your "advertisement";
- g. infringing upon another's copyright, trade dress, or slogan in your "advertisement."

12. Property damage means:

- a. physical injury to tangible property, including all resulting loss of use of that property; or
- b. loss of use of tangible property that is not physically injured.

For the purposes of this insurance, electronic data is not tangible property.

As used in this definition, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software or hardware, hard or floppy disks, CD-ROMS, tapes, drives, cells, data processing devices, or any other media which are used with electronically controlled equipment.

13. Suit means a civil proceeding in which damages because of a "negligent act, error, or omission" to which this insurance applies are claimed. "Suit" includes:

a. an arbitration proceeding in which such damages are claimed and to which the Insured must submit, or does submit with our consent;
or

b. any other alternative dispute resolution proceeding in which such damages are claimed and to which the Insured submits with our consent.

14. Temporary worker means a person who substitutes for a permanent "employee" on leave, or to meet seasonal or short-term workload conditions.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION—WINDSTORM OR HAIL

This endorsement modifies insurance provided under the following:

ACCOUNTS RECEIVABLE COVERAGE
THEATRICAL PROPERTY COVERAGE
SCHEDULED PROPERTY FLOATER
ELECTRONIC DATA PROCESSING EQUIPMENT COVERAGE PART
VALUABLE PAPERS AND RECORDS COVERAGE
SIGN COVERAGE
FINE ARTS FLOATER
COMPUTER COVERAGE
GOLF CART COVERAGE

With respect to this endorsement, the "specified perils" definition of the **DEFINITIONS** section is replaced by:

"Specified perils" means aircraft; civil commotion; explosion; falling objects; fire; hail; leakage from fire extinguishing equipment; lightning; riot; "sinkhole collapse"; smoke; sonic boom; vandalism; vehicles; "volcanic action"; water damage; weight of ice, snow, or sleet.

Falling objects does not include loss to:

- a. personal property in the open; or
- b. the interior of buildings or structures or to personal property inside buildings or structures unless the exterior of the roofs or walls are first damaged by a falling object.

Water damage means the sudden or accidental discharge or leakage of water or steam as a direct result of breaking or cracking of a part of the system or appliance containing the water or steam.

The following exclusion is added to the **PERILS EXCLUDED** section:

"We" do not pay for loss or damage caused directly or indirectly by one or more of the following excluded causes or events. Such loss or damage is excluded regardless of other causes or events that contribute to or aggravate the loss, whether such causes or events act to produce the loss before, at the same time as, or after the excluded causes or events.

Windstorm Or Hail

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION—WINDSTORM OR HAIL

This endorsement modifies insurance provided under the following:

TRANSPORTATION COVERAGE TRIP TRANSIT

With respect to this endorsement, the “specified perils” definition of the **DEFINITIONS** section is replaced by:

“Specified perils” means the perils of:

- a. fire;
- b. lightning;
- c. collision, overturn, or derailment of a transporting conveyance;
- d. collapse of a bridge or culvert; and
- e. theft.

The following exclusion is added to the **PERILS EXCLUDED** section:

"We" do not pay for loss or damage caused directly or indirectly by one or more of the following excluded causes or events. Such loss or damage is excluded regardless of other causes or events that contribute to or aggravate the loss, whether such causes or events act to produce the loss before, at the same time as, or after the excluded causes or events.

Windstorm Or Hail

AUTHORIZED REPRESENTATIVE

DATE

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL PROPERTY COVERED—WATERCRAFT

This endorsement modifies insurance provided under the following:

SCHEDULED PROPERTY FLOATER

Under **PROPERTY NOT COVERED** section, paragraph 1. is replaced by:

1. **Aircraft** — “We” do not cover aircraft.

AUTHORIZED REPRESENTATIVE

DATE

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIMITATION OF COVERAGE – INSURING AGREEMENTS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Coverage provided under **SECTION I—COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** resulting from set-up and tear-down activities for non-racing or premises liability is extended to cover on an event day, including:

_____ day(s) prior to event day, and
 _____ day(s) after the event day during
 _____ coverage period.

Premium:

_____ Per event day
 _____ Per set-up/tear-down day
 _____ Flat

 AUTHORIZED REPRESENTATIVE

 DATE

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TEMPORARY CIRCUIT LIABILITY INSURANCE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following condition is added to this coverage part:

Premium Payment And Schedule

1. You shall pay the applicable premium by check or draft to:

K&K Insurance Group, Inc.

1712 Magnavox Way

P.O. Box 2338

Fort Wayne, IN 46801-2338

2. Premium will be paid prior to: _____ (date).

3. The amount of premium to be paid hereon is as follows:

Racing Program Liability _____

Non-Racing Liability _____

Premium (Non-Adjustable) _____

4. The premium as stated above is to be paid in the following installments:

Date	Amount
_____	_____
_____	_____
Total Due _____	

AUTHORIZED REPRESENTATIVE

DATE

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIMITATIONS OF COVERAGE—ERRORS AND OMISSIONS LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

This insurance does not apply to loss or damage to:

1. Radio, Television and Motion Pictures Producers' Errors and Omissions Liability;
2. Advertisers' Errors and Omissions Liability;
3. Broadcasters' Errors and Omissions Liability; or
4. Publishers' Errors and Omissions Liability.

This insurance does not apply to loss arising from any publication or literature, including any musical material conducted or composed by or on behalf of the first Named Insured.

AUTHORIZED REPRESENTATIVE

DATE

National Casualty Company

**ENDORSEMENT
NO.** _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TEMPORARY CIRCUIT—ADDITIONAL CONDITIONS

For the coverage provided in the **MOTORSPORTS RACING LIABILITY COVERAGE**, the following is added:

With respect to “covered programs” as defined in **SECTION V—DEFINITIONS**, we shall have the right to enter the “premises” for survey of the competition course and physically examine the “premises.” We shall make such physical examination for inspection on or before, for acceptance prior to the effective date of the coverage for which this endorsement is written. Inspection may be made every day prior to any activities to determine compliance with underwriting criteria.

AUTHORIZED REPRESENTATIVE

DATE

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION—TEMPORARY GRANDSTANDS, BLEACHERS OR SCAFFOLDS

For the coverage provided under the **MOTORSPORTS RACING LIABILITY COVERAGE**, the following exclusion is added to item **B.**:

This insurance does not apply to “bodily injury” or “property damage” arising from the design, construction or alternation of temporary grandstands, temporary bleachers or temporary scaffolds, which are erected in violation of applicable codes and regulations.

With respect to this exclusion, temporary grandstands, temporary bleachers or temporary scaffolds mean those grandstands or bleachers or scaffolds that are not permanently set into the ground either with concrete footings or metal runners beneath the surface of the ground and are specifically erected for a “covered program” or a series of “covered programs.”

AUTHORIZED REPRESENTATIVE

DATE

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LEAD CONTAMINATION EXCLUSION

This endorsement modifies insurance provided under:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This endorsement excludes "occurrences" at or from any premises, site or location which is or was at any time owned or occupied by, or rented or loaned to, any insured; or from the operations of the insured, which result in:

- a. "Bodily injury" arising out of the ingestion, inhalation or absorption of lead in any form;
- b. "Property Damage" arising from any form of lead;
- c. "Personal Injury" arising from any form of lead;
- d. "Advertising Injury" arising from any form of lead;
- e. **Medical Payments** arising from any form of lead;

- f. Any loss, cost or expense arising out of any request, demand or order that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of lead; or
- g. Any loss, cost or expense arising out of any claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of lead.

AUTHORIZED REPRESENTATIVE

DATE

National Casualty Company

Home Office
Madison, Wisconsin
Administrative Office:

8877 North Gainey Center Drive Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

**KR-GL-D-1
(07/07)**

COMMERCIAL GENERAL LIABILITY - DECLARATIONS

Policy No.
Replacement No.

Policy Period: _____ to _____ 12:01 am Standard Time

NAMED INSURED AND ADDRESS:

FORM OF BUSINESS

- Individual
- Partnership
- Limited Liability Company
- Organization, including a Corporation (but not including a Partnership, Joint Venture or Limited Liability Company)
- Joint Venture

RETROACTIVE DATE: (CG 00 02 only) This insurance does not apply to "bodily injury" or "property damage" or "personal injury and advertising injury" which occurs before the following Retroactive Date: _____ (Enter date or NONE if no Retroactive Date Applies)

LIMITS OF INSURANCE

General Aggregate Limit (Other than Products – Completed Operations)	_____
Products – Completed Operations Aggregate Limit	_____
Personal and Advertising Injury Limit	_____
Each Occurrence Limit	_____
Damage to Premises Rented to You Limit	_____ any one premises
Medical Expense Limit	_____ any one person

SCHEDULE OF LOCATIONS:

PREMIUM

Advance Premium for this Coverage Part is _____

ENDORSEMENTS ATTACHED TO THIS COVERAGE PART:

National Casualty Company

Home Office:
Madison, Wisconsin

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

KR-GL-D-1

(0407/07)

COMMERCIAL GENERAL LIABILITY - DECLARATIONS

Policy No. _____ Policy Period: _____ to _____ 12:01 am Standard Time

Replacement No. _____

NAMED INSURED AND ADDRESS:

FORM OF BUSINESS

- Individual Limited Liability Company
 Partnership Organization, including a Corporation (but not including a Partnership, Joint Venture or Limited Liability Company)
 Joint Venture

RETROACTIVE DATE: (CG 00 02 only) This insurance does not apply to "bodily injury" or "property damage" or "personal injury and advertising injury" which occurs before the following Retroactive Date: _____ (Enter date or NONE if no Retroactive Date Applies)

LIMITS OF INSURANCE

General Aggregate Limit (Other than Products – Completed Operations) _____
Products – Completed Operations Aggregate Limit _____
Personal and Advertising Injury Limit _____
Each Occurrence Limit _____
Damage to Premises Rented to You Limit _____ any one premises
Medical Expense Limit _____ any one person

SCHEDULE OF LOCATIONS:

PREMIUM

Advance Premium for this Coverage Part is _____

ENDORSEMENTS ATTACHED TO THIS COVERAGE PART:

QUICK REFERENCE COMMERCIAL GENERAL LIABILITY COVERAGE PART

Please read your policy carefully.

DECLARATIONS PAGES

- Named Insured and Mailing Address
- Policy Period
- Description of Business and Location
- Coverages and Limits of Insurance

SECTION I - COVERAGES

Beginning on Page

Coverage A -	Insuring Agreement.....	1
Bodily Injury and Property Damage Liability	Exclusions	2
Coverage B -	Insuring Agreement.....	5
Personal and Advertising Injury Liability	Exclusions	6
Coverage C -	Insuring Agreement.....	7
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SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS

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Legal Action Against Us	11	
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Premium Audit	12	
Representations	12	
Separation of Insureds	12	
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COMMON POLICY CONDITIONS

- Cancellation
- Changes
- Examination of Your Books and Records
- Inspections and Surveys
- Premiums
- Transfer of Your Rights and Duties Under This Policy

ENDORSEMENTS (If Any)

National Casualty Company

Home Office
Madison, Wisconsin
Administrative Office

8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

KR-GL-D-4
(07/07)

COMMERCIAL GENERAL LIABILITY - DECLARATIONS

Policy No.
Replacement No.

Policy Period: to 12:01 am Standard Time

NAMED INSURED AND ADDRESS:

FORM OF BUSINESS

- | | |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Organization, including a Corporation (but not including a Partnership, Joint Venture or Limited Liability Company) |
| <input type="checkbox"/> Joint Venture | |

LIMITS OF INSURANCE

General Aggregate Limit (Other than Products – Completed Operations)
Products – Completed Operations Aggregate Limit
Personal and Advertising Injury Limit
Each Occurrence Limit
Damage to Premises Rented to You Limit
Medical Expense Limit

_____ any one premises
_____ any one person

SCHEDULE OF LOCATIONS:

PREMIUM

Advance Premium for this Coverage Part is

ENDORSEMENTS ATTACHED TO THIS COVERAGE PART:

National Casualty Company

Home Office
Madison, Wisconsin
Administrative Office:

8877 North Gainey Center Drive Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

KR-AUTO-D-2
(07/07)

BUSINESS AUTO COVERAGE FORM DECLARATIONS PAGE

ITEM ONE	Policy No.	
Named Insured:	Policy Period to 12:01 am Standard Time	
Form Of Business:		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other	

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

Coverages	Covered Autos	LIMIT	Premium
LIABILITY			
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		Separately stated in each P.I.P. Endorsement MINUS Deductible	
ADDED PERSONAL INJURY PROTECTION (or Equivalent Added No-Fault Coverage)		Separately stated in each Added P.I.P. Endorsement.	
PROPERTY PROTECTION INSURANCE (Michigan only)		Separately stated in the P.P.I. Endorsement MINUS Deductible for each Accident.	
AUTO MEDICAL PAYMENTS			
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		Separately stated in each Medical Expense and Income Loss Benefits Endorsement.	
UNINSURED MOTORISTS			
UNDERINSURED MOTORISTS (When Not Included in Uninsured Motorists Coverage)			

Coverages	Covered Autos	LIMIT	Premium
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto, but no deductible applies to loss caused by fire or lightning. See ITEM FOUR for Hired or Borrowed Autos.	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto for loss caused by mischief or vandalism. See ITEM FOUR for Hired or Borrowed Autos.	
PHYSICAL DAMAGE COLLISION COVERAGE		Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto. See ITEM FOUR for Hired or Borrowed Autos.	
PHYSICAL DAMAGE TOWING AND LABOR		for each disablement of a Private Passenger Auto.	
		Premium for Endorsements	
		Terrorism Premium	
		* Estimated Total Premium	

FORMS AND ENDORSEMENTS applicable to this Coverage Part and made part of the policy at time of issue are listed below

*Entry of one or more of the symbols from the **Covered Autos** Section of the **Business Auto Coverage Form** shows which autos are covered autos.

**This policy may be subject to final audit.

ITEM THREE**SCHEDULE OF COVERED AUTOS YOU OWN (Parts A, B, C & D)**

DESCRIPTION, TERRITORY, CLASSIFICATION, and COVERAGES ON AUTOS YOU OWN.
Including additions, changes and deletions.

For Limits of Liability or deductibles applicable to each coverage ("COVERAGES") not shown on this Schedule, see ITEM TWO or attached endorsement(s).

DATE OF THIS SCHEDULE:

A Veh. No.	DESCRIPTION					Original Cost New	Garaging Location ST – Zip Territory
	Year Model	Trade Name	Body Type	Serial Number or VIN			

See Auto Schedule – Form KR-AUTO-SP-1

B Veh. No.	CLASSIFICATION						Date Vehicle Deleted	Date Added If Not at Inception	Loss Payee*
	Radius of Opr	Use	GVW, GCW Seating	Age Grp	Rating Factor Liab Phy Dam	Class Code			

See Auto Schedule – Form KR-AUTO-SP-1

C Veh. No.	MED EXPENSE / INCOME LOSS BENEFITS (Virginia Only)		COVERAGES				
	Limit Stated In Each Med Expense and Income Loss Endt. for Each Person	Premium	Liab Premium	Med Pay Premium	P. I. P. Premium	Added P. I. P.	P. P. I. Premium

See Auto Schedule – Form KR-AUTO-SP-1

D Veh. No.	COVERAGES (Continued)						
	Un – Under Ins. Motorist	Other Than Collision			Collision		Towing & Labor
		Descrip.	Deduct.	Limit	Premium	Deduct.	Premium

See Auto Schedule – Form KR-AUTO-SP-1

* Except for Towing, all Physical Damage Loss is payable to you and the Loss Payee per attached endorsement as interests may appear at the time of the loss.

ITEM THREE**SCHEDULE OF COVERED AUTOS YOU OWN (Part A of A, B, C & D)**

DESCRIPTION, TERRITORY, CLASSIFICATION, and COVERAGES ON AUTOS YOU OWN.
Including additions, changes and deletions.

For Limits of Liability or deductibles applicable to each coverage ("COVERAGES") not shown on this Schedule, see ITEM TWO or attached endorsement(s).

DATE OF THIS SCHEDULE:

A Veh. No.	DESCRIPTION				Original Cost New	Garaging Location ST – Ter/Description
	Year Model	Trade Name	Body Type	Serial Number Or VIN		

See Auto Schedule – Form KR-AUTO-SP-1

ITEM THREE**SCHEDULE OF COVERED AUTOS YOU OWN (Part B of A, B, C & D)**

DESCRIPTION, TERRITORY, CLASSIFICATION, and COVERAGES ON AUTOS YOU OWN.
Including additions, changes and deletions.

For Limits of Liability or deductibles applicable to each coverage ("COVERAGES") not shown on this Schedule, see ITEM TWO or attached endorsement(s).

DATE OF THIS SCHEDULE:

B Veh. No.	CLASSIFICATION						Date Vehicle Deleted	Date Added If Not at Inception	Loss Payee*
	Radius of Opr	Use	GVW, GCW Seating	Age Grp	Rating Factor Liab Phy Dam	Class Code			

See Auto Schedule – Form KR-AUTO-SP-1

* Except for Towing, all Physical Damage Loss is payable to you and the Loss Payee per attached endorsement as interests may appear at the time of the loss.

ITEM THREE**SCHEDULE OF COVERED AUTOS YOU OWN (Part C of A, B, C & D)**

DESCRIPTION, TERRITORY, CLASSIFICATION, and COVERAGES ON AUTOS YOU OWN.
Including additions, changes and deletions.

For Limits of Liability or deductibles applicable to each coverage ("COVERAGES") not shown on this Schedule, see ITEM TWO or attached endorsement(s).

DATE OF THIS SCHEDULE:

C Veh. No.	MED EXPENSE / INCOME LOSS BENEFITS (Virginia Only)		COVERAGES				
	Limit Stated In Each Med Expense and Income Loss Endt. for Each Person	Premium	Liab Premium	Med Pay Premium	P. I. P. Premium	Added P. I. P.	P. P. I. Premium

See Auto Schedule – Form KR-AUTO-SP-1

ITEM THREE**SCHEDULE OF COVERED AUTOS YOU OWN (Part D of A, B, C & D)**

DESCRIPTION, TERRITORY, CLASSIFICATION, and COVERAGES ON AUTOS YOU OWN.
Including additions, changes and deletions.

For Limits of Liability or deductibles applicable to each coverage ("COVERAGES") not shown on this Schedule, see ITEM TWO or attached endorsement(s).

DATE OF THIS SCHEDULE:

D Veh. No.	COVERAGES (Continued)							
	Un – Under Ins. Motorist	Other Than Collision				Collision		Towing & Labor
		Descrip.	Deduct.	Limit	Premium	Deduct.	Premium	

See Auto Schedule – Form KR-AUTO-SP-1

ITEM FOUR**SCHEDULE OF HIRED OR BORROWED
COVERED AUTO COVERAGE AND PREMIUMS****LIABILITY COVERAGE - RATING BASIS, COST OF HIRE**

State	Estimated Cost of Hire for Each State	Rate Per Each \$100 Cost of Hire	Factor (If Liab. Cov. is Primary)	Premium

**LIABILITY COVERAGE – RATING BASIS, NUMBER OF DAYS –
(FOR MOBILE OR FARM EQUIPMENT – RENTAL PERIOD BASIS)**

State	Estimated Number of Days Equipment Will Be Rented	Base Premium	Factor	Premium
			Total Premium	

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

Coverages	Limit of Insurance	Estimated Annual Cost of Hire	Rate per Each \$100 Ann. Cost of Hire	Premium
Comprehensive	Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto, but no Deductible applies to loss caused by fire or lightning.			
Specified Causes of Loss	Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto for loss caused by mischief or vandalism.			
Collision	Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto.			
			Total Premium	

ITEM FIVE SCHEDULE FOR NON-OWNERSHIP LIABILITY

Named Insured's Business	Rating Basis	Number	Premium
Other Than Garage Service Operations and Other Than Social Service Agencies	Number of Employees		
	Number of Partners		
Garage Service Operations	Number of Employees Whose Principal Duty Involves the Operation of Autos		
Social Service Agencies	Number of Employees		
	Number of Volunteers		
			Total Premium

ITEM SIX

**SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS -
LIABILITY COVERAGE – PUBLIC AUTO OR LEASING RENTAL CONCERNS**

Loc No.	Estimated Yearly	Rates			
		<input type="checkbox"/> Gross Receipts (Per \$100)	<input type="checkbox"/> Mileage (Per Mile)		
		Liability	Auto Medical Payments	Med. Expense Benefits (VA Only)	Income Loss Benefits (VA Only)
PREMIUMS					
		Liability	Auto Medical Payments	Med. Expense Benefits (VA Only)	Income Loss Benefits (VA Only)
Total Premiums					
Minimum Premiums					

Loc. Number	Address

When used as a premium basis:

For Public Autos

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

For Rental or Leasing Concerns

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

National Casualty Company

Home Office:
Madison, Wisconsin
Administrative Office:
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

KR-AUTO-D-2
(0407/07)

BUSINESS AUTO COVERAGE FORM DECLARATIONS PAGE

ITEM ONE	Policy No.	
Named Insured:	Policy Period to <u>12:01 am Standard Time</u>	
Form Of Business:		
<input checked="" type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other	

ITEM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

Coverages	Covered Autos	LIMIT	Premium
LIABILITY			
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		Separately stated in each P.I.P. Endorsement MINUS Deductible	
ADDED PERSONAL INJURY PROTECTION (or Equivalent Added No-Fault Coverage)		Separately stated in each Added P.I.P. Endorsement.	
PROPERTY PROTECTION INSURANCE (Michigan only)		Separately stated in the P.P.I. Endorsement MINUS Deductible for each Accident.	
AUTO MEDICAL PAYMENTS			
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		Separately stated in each Medical Expense and Income Loss Benefits Endorsement.	
UNINSURED MOTORISTS			

UNDERINSURED MOTORISTS (When Not Included in Uninsured Motorists Coverage)			
-------------------------------------------------------------------------------------	--	--	--

Coverages	Covered Autos	LIMIT	Premium
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto, but no deductible applies to loss caused by fire or lightning. See ITEM FOUR for Hired or Borrowed Autos.	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto for loss caused by mischief or vandalism. See ITEM FOUR for Hired or Borrowed Autos.	
PHYSICAL DAMAGE COLLISION COVERAGE		Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto. See ITEM FOUR for Hired or Borrowed Autos.	
PHYSICAL DAMAGE TOWING AND LABOR		- for each disablement of a Private Passenger Auto.	
		Premium for Endorsements	
		Terrorism Premium	
		* Estimated Total Premium	

FORMS AND ENDORSEMENTS applicable to this Coverage Part and made part of the policy at time of issue are listed below

*Entry of one or more of the symbols from the **Covered Autos** Section of the **Business Auto Coverage Form** shows which autos are covered autos.

**This policy may be subject to final audit.

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Parts A, B, C & D)

DESCRIPTION, TERRITORY, CLASSIFICATION, and COVERAGES ON AUTOS YOU OWN.
Including additions, changes and deletions.

For Limits of Liability or deductibles applicable to each coverage ("COVERAGES") not shown on this Schedule, see ITEM TWO or attached endorsement(s).

DATE OF THIS SCHEDULE:

A Veh. No.	DESCRIPTION					Original Cost New	Garaging Location ST – Zip Territory
	Year Model	Trade Name	Body Type	Serial Number or VIN			

See Auto Schedule – Form [KR-AUTO-SP-1](#)

B Veh. No.	CLASSIFICATION						Date Vehicle Deleted	Date Added If Not at Inception	Loss Payee*
	Radius of Opr	Use	GVW, GCW Seating	Age Grp	Rating Factor Liab Phy Dam	Class Code			

See Auto Schedule – Form [KR-AUTO-SP-1](#)

C Veh. No.	MED EXPENSE / INCOME LOSS BENEFITS (Virginia Only)			COVERAGES				
	Limit Stated In Each Med Expense and Income Loss Endt. for Each Person	Premium		Liab Premium	Med Pay Premium	P. I. P. Premium	Added P. I. P.	P. P. I. Premium

See Auto Schedule – Form [KR-AUTO-SP-1](#)

D Veh. No.	COVERAGES (Continued)							
	Un – Under Ins. Motorist	Other Than Collision			Collision		Towing & Labor	
		Descrip.	Deduct.	Limit	Premium	Deduct.	Premium	

See Auto Schedule – Form [KR-AUTO-SP-1](#)

* Except for Towing, all Physical Damage Loss is payable to you and the Loss Payee per attached endorsement as interests may appear at the time of the loss.

ITEM THREE**SCHEDULE OF COVERED AUTOS YOU OWN (Part A of A, B, C & D)**

DESCRIPTION, TERRITORY, CLASSIFICATION, and COVERAGES ON AUTOS YOU OWN.
Including additions, changes and deletions.

For Limits of Liability or deductibles applicable to each coverage ("COVERAGES") not shown on this Schedule, see ITEM TWO or attached endorsement(s).

DATE OF THIS SCHEDULE:

A Veh. No.	DESCRIPTION				Original Cost New	Garaging Location ST – Ter/Description
	Year Model	Trade Name	Body Type	Serial Number Or VIN		

See Auto Schedule – Form [KR-AUTO-SP-1](#)

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Part B of A, B, C & D)

DESCRIPTION, TERRITORY, CLASSIFICATION, and COVERAGES ON AUTOS YOU OWN.
Including additions, changes and deletions.

For Limits of Liability or deductibles applicable to each coverage ("COVERAGES") not shown on this Schedule, see ITEM TWO or attached endorsement(s).

DATE OF THIS SCHEDULE:

B Veh. No.	CLASSIFICATION						Date Vehicle Deleted	Date Added If Not at Inception	Loss Payee*
	Radius of Opr	Use	GVW, GCW Seating	Age Grp	Rating Factor Liab Phy Dam	Class Code			

See Auto Schedule – Form [KR-AUTO-SP-1](#)

* Except for Towing, all Physical Damage Loss is payable to you and the Loss Payee per attached endorsement as interests

may appear at the time of the loss.

ITEM THREE**SCHEDULE OF COVERED AUTOS YOU OWN (Part C of A, B, C & D)**

DESCRIPTION, TERRITORY, CLASSIFICATION, and COVERAGES ON AUTOS YOU OWN.
Including additions, changes and deletions.

For Limits of Liability or deductibles applicable to each coverage ("COVERAGES") not shown on this Schedule, see ITEM TWO or attached endorsement(s).

DATE OF THIS SCHEDULE:

C Veh. No.	MED EXPENSE / INCOME LOSS BENEFITS (Virginia Only)		COVERAGES				
	Limit Stated In Each Med Expense and Income Loss Endt. for Each Person	Premium	Liab Premium	Med Pay Premium	P. I. P. Premium	Added P. I. P.	P. P. I. Premium

See Auto Schedule – Form [KR-AUTO-SP-1](#)

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Part D of A, B, C & D)

DESCRIPTION, TERRITORY, CLASSIFICATION, and COVERAGES ON AUTOS YOU OWN.
Including additions, changes and deletions.

For Limits of Liability or deductibles applicable to each coverage ("COVERAGES") not shown on this Schedule, see ITEM TWO or attached endorsement(s).

DATE OF THIS SCHEDULE:

D Veh. No.	COVERAGES (Continued)							
	Un – Under Ins. Motorist	Other Than Collision				Collision		Towing & Labor
		Descrip.	Deduct.	Limit	Premium	Deduct.	Premium	

See Auto Schedule – Form [KR-AUTO-SP-1](#)

ITEM FOUR**SCHEDULE OF HIRED OR BORROWED
COVERED AUTO COVERAGE AND PREMIUMS****LIABILITY COVERAGE - RATING BASIS, COST OF HIRE**

State	Estimated Cost of Hire for Each State	Rate Per Each \$100 Cost of Hire	Factor (If Liab. Cov. is Primary)	Premium

**LIABILITY COVERAGE – RATING BASIS, NUMBER OF DAYS –
(FOR MOBILE OR FARM EQUIPMENT – RENTAL PERIOD BASIS)**

State	Estimated Number of Days Equipment Will Be Rented	Base Premium	Factor	Premium
			Total Premium	

Cost of hire means the total amount you incur for the hire of “autos” you don’t own (not including “autos” you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

Coverages	Limit of Insurance	Estimated Annual Cost of Hire	Rate per Each \$100 Ann. Cost of Hire	Premium
Comprehensive	Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto, but no Deductible applies to loss caused by fire or lightning.			
Specified Causes of Loss	Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto for loss caused by mischief or vandalism.			
Collision	Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto.			
			Total Premium	

ITEM FIVE SCHEDULE FOR NON-OWNERSHIP LIABILITY

Named Insured's Business	Rating Basis	Number	Premium
Other Than Garage Service Operations and Other Than Social Service Agencies	Number of Employees		
	Number of Partners		
Garage Service Operations	Number of Employees Whose Principal Duty Involves the Operation of Autos		
Social Service Agencies	Number of Employees		
	Number of Volunteers		
			Total Premium

ITEM SIX

**SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS -
LIABILITY COVERAGE – PUBLIC AUTO OR LEASING RENTAL CONCERNS**

Loc No.	Estimated Yearly	Rates			
		<input type="checkbox"/> Gross Receipts (Per \$100)	<input type="checkbox"/> Mileage (Per Mile)		
		Liability	Auto Medical Payments	Med. Expense Benefits (VA Only)	Income Loss Benefits (VA Only)
		PREMIUMS			
		Liability	Auto Medical Payments	Med. Expense Benefits (VA Only)	Income Loss Benefits (VA Only)
	Total Premiums				
	Minimum Premiums				

Loc. Number	Address

When used as a premium basis:

For Public Autos

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

For Rental or Leasing Concerns

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

SERFF Tracking Number: SCTT-125303178 *State:* Arkansas
Filing Company: National Casualty Company *State Tracking Number:* AR-PC-07-026212
Company Tracking Number: KR AR03845NCF01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: Sports and Leisure
Project Name/Number: File New and Revised Forms/KR AR03845NCF01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SCTT-125303178 State: Arkansas
Filing Company: National Casualty Company State Tracking Number: AR-PC-07-026212
Company Tracking Number: KR AR03845NCF01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: Sports and Leisure
Project Name/Number: File New and Revised Forms/KR AR03845NCF01

Supporting Document Schedules

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

Comments:

Attachment:

KR AR3845 PCTD1.pdf

Satisfied -Name: Form Comparison **Review Status:** Approved 10/03/2007

Comments:

Attachment:

KR-AUTO-D-2 (7-07) Comparison.pdf

Satisfied -Name: Form Comparison **Review Status:** Approved 10/03/2007

Comments:

Attachment:

KR-GL-D-1 (7-07) Comparison.pdf

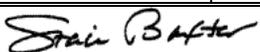
Property & Casualty Transmittal Document

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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3. Group Name				Group NAIC #
Nationwide				140
4. Company Name(s)	Domicile	NAIC #	FEIN #	
National Casualty Company	WI	11991	38-0865250	

5. Company Tracking Number	KR AR03845NCF01
-----------------------------------	-----------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Staci Baxter PO Box 4110 Scottsdale, AZ 85261-4110	State Filing Analyst	800-423-7675 X 3046	480-368-5820	Baxters2@scottsdaleins.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Staci Baxter		

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

9.	Type of Insurance (TOI)	05.0 Commercial Multi-Peril - Liability & Non-Liability
10.	Sub-Type of Insurance (Sub-TOI)	05.0000 CMP Sub-TOI Combinations
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Sports and Leisure
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: Upon Approval Renewal: Upon Approval

Property & Casualty Transmittal Document—

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	September 25, 2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	KR AR03845NCF01
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
-----	------------------------------------------------------------------------------------------------------

National Casualty Company is filing several forms for our currently filed Sports & Leisure program. We request an effective date as soon as permissible by the laws of your state.

In reference to KR-EBL-P-1 (8-07) Employee Benefits Coverage Form, the rates for this coverage have already been filed and approved by your Department. There is no other rate impact with these forms. The rates have already been contemplated in the existing rating structure.

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]
<p>Check #: EFT Amount: \$50.00 (1 NCC form x \$50.00)</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

National Casualty Company

Home Office:
Madison, Wisconsin
Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

KR-AUTO-D-2
(0407/07)

BUSINESS AUTO COVERAGE FORM DECLARATIONS PAGE

ITEM ONE

Policy No.

Named Insured:

Policy Period
to

12:01 am Standard Time

Form Of Business:

Corporation

Individual

Limited Liability Company

Corporation

Individual

Limited Liability Company

Partnership

Other

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

Coverages	Covered Autos	LIMIT	Premium
LIABILITY			
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		Separately stated in each P.I.P. Endorsement MINUS Deductible	
ADDED PERSONAL INJURY PROTECTION (or Equivalent Added No-Fault Coverage)		Separately stated in each Added P.I.P. Endorsement.	
PROPERTY PROTECTION INSURANCE (Michigan only)		Separately stated in the P.P.I. Endorsement MINUS Deductible for each Accident.	
AUTO MEDICAL PAYMENTS			
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		Separately stated in each Medical Expense and Income Loss Benefits Endorsement.	
UNINSURED MOTORISTS			

UNDERINSURED MOTORISTS (When Not Included in Uninsured Motorists Coverage)			
-------------------------------------------------------------------------------------	--	--	--

Coverages	Covered Autos	LIMIT	Premium
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto, but no deductible applies to loss caused by fire or lightning. See ITEM FOUR for Hired or Borrowed Autos.	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto for loss caused by mischief or vandalism. See ITEM FOUR for Hired or Borrowed Autos.	
PHYSICAL DAMAGE COLLISION COVERAGE		Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto. See ITEM FOUR for Hired or Borrowed Autos.	
PHYSICAL DAMAGE TOWING AND LABOR		- for each disablement of a Private Passenger Auto.	
		Premium for Endorsements	
		Terrorism Premium	
		* Estimated Total Premium	

FORMS AND ENDORSEMENTS applicable to this Coverage Part and made part of the policy at time of issue are listed below

*Entry of one or more of the symbols from the **Covered Autos** Section of the **Business Auto Coverage Form** shows which autos are covered autos.

**This policy may be subject to final audit.

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Parts A, B, C & D)

DESCRIPTION, TERRITORY, CLASSIFICATION, and COVERAGES ON AUTOS YOU OWN.
Including additions, changes and deletions.

For Limits of Liability or deductibles applicable to each coverage ("COVERAGES") not shown on this Schedule, see ITEM TWO or attached endorsement(s).

DATE OF THIS SCHEDULE:

A Veh. No.	DESCRIPTION					Original Cost New	Garaging Location ST – Zip Territory
	Year Model	Trade Name	Body Type	Serial Number or VIN			

See Auto Schedule – Form KR-AUTO-SP-1

B Veh. No.	CLASSIFICATION						Date Vehicle Deleted	Date Added If Not at Inception	Loss Payee*
	Radius of Opr	Use	GVW, GCW Seating	Age Grp	Rating Factor Liab Phy Dam	Class Code			

See Auto Schedule – Form KR-AUTO-SP-1

C Veh. No.	MED EXPENSE / INCOME LOSS BENEFITS (Virginia Only)		COVERAGES				
	Limit Stated In Each Med Expense and Income Loss Endt. for Each Person	Premium	Liab Premium	Med Pay Premium	P. I. P. Premium	Added P. I. P.	P. P. I. Premium

See Auto Schedule – Form KR-AUTO-SP-1

D Veh. No.	COVERAGES (Continued)							
	Un – Under Ins. Motorist	Other Than Collision Descrip. Deduct. Limit Premium			Collision Deduct. Premium		Towing & Labor	

See Auto Schedule – Form KR-AUTO-SP-1

* Except for Towing, all Physical Damage Loss is payable to you and the Loss Payee per attached endorsement as interests may appear at the time of the loss.

ITEM THREE**SCHEDULE OF COVERED AUTOS YOU OWN (Part A of A, B, C & D)**

DESCRIPTION, TERRITORY, CLASSIFICATION, and COVERAGES ON AUTOS YOU OWN.
Including additions, changes and deletions.

For Limits of Liability or deductibles applicable to each coverage ("COVERAGES") not shown on this Schedule, see ITEM TWO or attached endorsement(s).

DATE OF THIS SCHEDULE:

A Veh. No.	DESCRIPTION				Original Cost New	Garaging Location ST – Ter/Description
	Year Model	Trade Name	Body Type	Serial Number Or VIN		

See Auto Schedule – Form KR-AUTO-SP-1

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Part B of A, B, C & D)

DESCRIPTION, TERRITORY, CLASSIFICATION, and COVERAGES ON AUTOS YOU OWN.
Including additions, changes and deletions.

For Limits of Liability or deductibles applicable to each coverage ("COVERAGES") not shown on this Schedule, see ITEM TWO or attached endorsement(s).

DATE OF THIS SCHEDULE:

B Veh. No.	CLASSIFICATION						Date Vehicle Deleted	Date Added If Not at Inception	Loss Payee*
	Radius of Opr	Use	GVW, GCW Seating	Age Grp	Rating Factor Liab Phy Dam	Class Code			

See Auto Schedule – Form KR-AUTO-SP-1

* Except for Towing, all Physical Damage Loss is payable to you and the Loss Payee per attached endorsement as interests
KR-AUTO-D-2 (04/07) (Page 14 of 14)

may appear at the time of the loss.

ITEM THREE**SCHEDULE OF COVERED AUTOS YOU OWN (Part C of A, B, C & D)**

DESCRIPTION, TERRITORY, CLASSIFICATION, and COVERAGES ON AUTOS YOU OWN.
Including additions, changes and deletions.

For Limits of Liability or deductibles applicable to each coverage ("COVERAGES") not shown on this Schedule, see ITEM TWO or attached endorsement(s).

DATE OF THIS SCHEDULE:

C Veh. No.	MED EXPENSE / INCOME LOSS BENEFITS (Virginia Only)		COVERAGES				
	Limit Stated In Each Med Expense and Income Loss Endt. for Each Person	Premium	Liab Premium	Med Pay Premium	P. I. P. Premium	Added P. I. P.	P. P. I. Premium

See Auto Schedule – Form KR-AUTO-SP-1

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Part D of A, B, C & D)

DESCRIPTION, TERRITORY, CLASSIFICATION, and COVERAGES ON AUTOS YOU OWN.
Including additions, changes and deletions.

For Limits of Liability or deductibles applicable to each coverage ("COVERAGES") not shown on this Schedule, see ITEM TWO or attached endorsement(s).

DATE OF THIS SCHEDULE:

D Veh. No.	COVERAGES (Continued)							Towing & Labor
	Un – Under Ins. Motorist	Other Than Collision				Collision		
		Descrip.	Deduct.	Limit	Premium	Deduct.	Premium	

See Auto Schedule – Form KR-AUTO-SP-1

ITEM FOUR**SCHEDULE OF HIRED OR BORROWED
COVERED AUTO COVERAGE AND PREMIUMS****LIABILITY COVERAGE - RATING BASIS, COST OF HIRE**

State	Estimated Cost of Hire for Each State	Rate Per Each \$100 Cost of Hire	Factor (If Liab. Cov. is Primary)	Premium

**LIABILITY COVERAGE – RATING BASIS, NUMBER OF DAYS –
(FOR MOBILE OR FARM EQUIPMENT – RENTAL PERIOD BASIS)**

State	Estimated Number of Days Equipment Will Be Rented	Base Premium	Factor	Premium
			Total Premium	

Cost of hire means the total amount you incur for the hire of “autos” you don’t own (not including “autos” you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

Coverages	Limit of Insurance	Estimated Annual Cost of Hire	Rate per Each \$100 Ann. Cost of Hire	Premium
Comprehensive	Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto, but no Deductible applies to loss caused by fire or lightning.			
Specified Causes of Loss	Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto for loss caused by mischief or vandalism.			
Collision	Actual Cash Value or Cost of Repair, whichever is less, MINUS Ded. for each Covered Auto.			
			Total Premium	

ITEM FIVE SCHEDULE FOR NON-OWNERSHIP LIABILITY

Named Insured's Business	Rating Basis	Number	Premium
Other Than Garage Service Operations and Other Than Social Service Agencies	Number of Employees		
	Number of Partners		
Garage Service Operations	Number of Employees Whose Principal Duty Involves the Operation of Autos		
Social Service Agencies	Number of Employees		
	Number of Volunteers		
			Total Premium

ITEM SIX

**SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS -
LIABILITY COVERAGE – PUBLIC AUTO OR LEASING RENTAL CONCERNS**

Loc No.	Estimated Yearly	Rates			
		<input type="checkbox"/> Gross Receipts (Per \$100)	<input type="checkbox"/> Mileage (Per Mile)		
		Liability	Auto Medical Payments	Med. Expense Benefits (VA Only)	Income Loss Benefits (VA Only)
PREMIUMS					
		Liability	Auto Medical Payments	Med. Expense Benefits (VA Only)	Income Loss Benefits (VA Only)
Total Premiums					
Minimum Premiums					

Loc. Number	Address

When used as a premium basis:

For Public Autos

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

For Rental or Leasing Concerns

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the “autos” you leased or rented to others during the policy period.

National Casualty Company

Home Office:
Madison, Wisconsin

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

KR-GL-D-1

(0407/07)

COMMERCIAL GENERAL LIABILITY - DECLARATIONS

Policy No. _____ Policy Period: _____ to _____ 12:01 am Standard Time

Replacement No. _____

NAMED INSURED AND ADDRESS:

FORM OF BUSINESS

- | | |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Organization, including a Corporation (but not including a Partnership, Joint Venture or Limited Liability Company) |
| <input type="checkbox"/> Joint Venture | |

RETROACTIVE DATE: (CG 00 02 only) This insurance does not apply to "bodily injury" or "property damage" or "personal injury and advertising injury" which occurs before the following Retroactive Date: _____ (Enter date or NONE if no Retroactive Date Applies)

LIMITS OF INSURANCE

General Aggregate Limit (Other than Products – Completed Operations)	_____
Products – Completed Operations Aggregate Limit	_____
Personal and Advertising Injury Limit	_____
Each Occurrence Limit	_____
Damage to Premises Rented to You Limit	_____ any one premises
Medical Expense Limit	_____ any one person

SCHEDULE OF LOCATIONS:

PREMIUM

Advance Premium for this Coverage Part is _____

ENDORSEMENTS ATTACHED TO THIS COVERAGE PART:

