

SERFF Tracking Number: SCTT-125313899 State: Arkansas
First Filing Company: National Casualty Company, ... State Tracking Number: AR-PC-07-026336
Company Tracking Number: CR AR03864F01
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: Commercial Crime
Project Name/Number: 3864 Commercial Crime/CR AR03864F01

Filing at a Glance

Companies: National Casualty Company, Scottsdale Indemnity Company

Product Name: Commercial Crime SERFF Tr Num: SCTT-125313899 State: Arkansas
TOI: 26.0 Burglary & Theft SERFF Status: Closed State Tr Num: AR-PC-07-026336
Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: CR AR03864F01 State Status:
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Kristin Abbott Disposition Date: 10/05/2007
Date Submitted: 10/04/2007 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 10/05/2007
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):
10/05/2007

General Information

Project Name: 3864 Commercial Crime Status of Filing in Domicile: Pending
Project Number: CR AR03864F01 Domicile Status Comments:
Reference Organization: n/a Reference Number: n/a
Reference Title: n/a Advisory Org. Circular: n/a
Filing Status Changed: 10/05/2007
State Status Changed: 10/05/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
National Casualty Company and Scottsdale Indemnity Company are submitting a new Declarations form for use with Commercial Crime. We request an effective date concurrent with your Department's approval.

Please find attached new Crime and Fidelity Coverage Part Supplemental Declarations Government Entities CC(I)-SD-3 (9-07).

Company and Contact

Filing Contact Information

SERFF Tracking Number: SCTT-125313899 State: Arkansas
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Project Name/Number: 3864 Commercial Crime/CR AR03864F01

Kristin Abbott, Filings Analyst I abbottk@scottsdaleins.com
PO Box 4110 (800) 423-7675 [Phone]
Scottsdale, AZ 85261 ()-[FAX]

Filing Company Information

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

Scottsdale Indemnity Company CoCode: 15580 State of Domicile: Ohio
PO Box 4110 Group Code: 140 Company Type:
Scottsdale, AZ 85261 Group Name: State ID Number:
(800) 423-7675 ext. [Phone] FEIN Number: 31-1117969

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Form Filing - \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Casualty Company	\$50.00	10/04/2007	15955626
Scottsdale Indemnity Company	\$0.00	10/04/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/05/2007	10/05/2007

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Product Name: Commercial Crime
Project Name/Number: 3864 Commercial Crime/CR AR03864F01

Disposition

Disposition Date: 10/05/2007
Effective Date (New): 10/05/2007
Effective Date (Renewal): 10/05/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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 Product Name: Commercial Crime
 Project Name/Number: 3864 Commercial Crime/CR AR03864F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Crime and Fidelity Coverage Part Supplemental Declarations - Government Entities	Approved	Yes
Form	Crime and Fidelity Coverage Part Supplemental Declarations - Government Entities	Approved	Yes

SERFF Tracking Number: SCTT-125313899 State: Arkansas
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 Product Name: Commercial Crime
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Crime and Fidelity Coverage Part Supplemental Declarations - Government Entities	CC-SD-3	9-07	Declaration News/Schedule		0.00	ccsd3907.pdf
Approved	Crime and Fidelity Coverage Part Supplemental Declarations - Government Entities	CCI-SD-3	9-07	Declaration News/Schedule		0.00	ccisd3907.pdf

National Casualty Company

CRIME AND FIDELITY COVERAGE PART SUPPLEMENTAL DECLARATIONS GOVERNMENT ENTITIES

Policy Number:

Effective Date:

(12:01 A.M. Standard Time)

Named Insured:

Agent Number:

BUSINESS DESCRIPTION:			
EMPLOYEE BENEFIT PLAN(S) INCLUDED AS NAMED INSURED:			
COVERAGE IS WRITTEN: <input type="checkbox"/> Primary <input type="checkbox"/> Excess <input type="checkbox"/> Co-indemnity <input type="checkbox"/> Concurrent			
COVERAGE, LIMITS OF INSURANCE, DEDUCTIBLE AND PREMIUM:			
Coverage Form(s)			
Insuring Agreements	Limit of Insurance (Per Occurrence)	Deductible Amount (Per Occurrence)	Premium
1. Employee Theft—Per Loss	\$	\$	\$
2. Employee Theft – Per Employee Coverage	\$	\$	\$
3. Forgery Or Alteration	\$	\$	\$
4. Inside The Premises – Theft Of Money And Securities	\$	\$	\$
5. Inside The Premises – Robbery Or Safe Burglary Of Other Property	\$	\$	\$
6. Outside The Premises	\$	\$	\$
7. Computer Fraud	\$	\$	\$
8. Funds Transfer Fraud	\$	\$	\$
9. Money Orders And Counterfeit Money	\$	\$	\$

Coverage applies only where a Limit of Insurance and Premium is shown. If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

FORMS AND ENDORSEMENTS:
Form(s) and Endorsement(s) applying to this Coverage Part and made part of this policy when issued:
CANCELLATION OF PRIOR INSURANCE ISSUED BY US:
By acceptance of this Coverage Part you give us notice canceling prior policy or bond number(s) _____, the cancellation to be effective at the time this Coverage Part becomes effective.

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY

Scottsdale Indemnity Company

CRIME AND FIDELITY COVERAGE PART SUPPLEMENTAL DECLARATIONS GOVERNMENT ENTITIES

Policy Number:

Effective Date:

(12:01 A.M. Standard Time)

Named Insured:

Agent Number:

BUSINESS DESCRIPTION:			
EMPLOYEE BENEFIT PLAN(S) INCLUDED AS NAMED INSURED:			
COVERAGE IS WRITTEN: <input type="checkbox"/> Primary <input type="checkbox"/> Excess <input type="checkbox"/> Co-indemnity <input type="checkbox"/> Concurrent			
COVERAGE, LIMITS OF INSURANCE, DEDUCTIBLE AND PREMIUM:			
Coverage Form(s)			
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By acceptance of this Coverage Part you give us notice canceling prior policy or bond number(s) _____ , the cancellation to be effective at the time this Coverage Part becomes effective.

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE
COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENT(S), COMPLETE THE ABOVE
NUMBERED POLICY

<i>SERFF Tracking Number:</i>	<i>SCTT-125313899</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>National Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026336</i>
<i>Company Tracking Number:</i>	<i>CR AR03864F01</i>		
<i>TOI:</i>	<i>26.0 Burglary & Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary & Theft</i>
<i>Product Name:</i>	<i>Commercial Crime</i>		
<i>Project Name/Number:</i>	<i>3864 Commercial Crime/CR AR03864F01</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/05/2007

Comments:

Attachment:

CR AR3864pctd.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 10/05/2007

Comments:

Attachment:

CR 3864fcvrltr.pdf

Property & Casualty Transmittal Document (Revised 1/1/05)

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:
	f. State Filing #:
	g. SERFF Filing #:

3.	Group Name	Group NAIC #		
	Nationwide	140		
4.	Company Name(s)	Domicile	NAIC #	FEIN #
	National Casualty Company	WI	11991	38-0865250
	Scottsdale Indemnity Company	OH	15580	31-1117969

5.	Company Tracking Number	CR AR03864F01
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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
	Kristin Abbott PO Box 4110 Scottsdale, AZ 85261-4110	Filings Analyst I	800 423-7675 x3140	480-368-5820	abbottk@scottsdaleins.com
7.	Signature of authorized filer		<i>Kristin Abbott</i>		
8.	Please print name of authorized filer		Kristin Abbott		

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

9.	Type of Insurance (TOI)	26.0 Burglary and Theft
10.	Sub-Type of Insurance (Sub-TOI)	26.0001 (Commercial Burglary and Theft)
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Commercial Crime
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
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	October 4, 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

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CR AR03864F01
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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National Casualty Company and Scottsdale Indemnity Company are submitting a new Declarations form for use with Commercial Crime.

Please find attached new Crime and Fidelity Coverage Part Supplemental Declarations Government Entities CC(I)-SD-3 (9-07).

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 #: EFT Amount: \$50.00	
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.)

N A T I O N A L C A S U A L T Y C O M P A N Y

8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Reply to:

Post Office Box 4110
Scottsdale, AZ 85261-4110

Telephone

800 423-7675 x3140

October 4, 2007

**Re: National Casualty Company
NAIC # 140-11991**

**Scottsdale Indemnity Company
NAIC # 140-15580**

**Commercial Crime - Form Filing
Company File Number: CR 03864F01**

Dear Commissioner:

National Casualty Company and Scottsdale Indemnity Company are submitting a new Declarations form for use with Commercial Crime. We request an effective date concurrent with your Department's approval.

Please find attached new Crime and Fidelity Coverage Part Supplemental Declarations Government Entities CC(I)-SD-3 (9-07).

If you have any questions, please feel free to contact me on the toll free number or e-mail address listed below.

Sincerely,



Kristin Abbott
State Filings Analyst II
abbottk@scottsdaleins.com
(800) 423-7675 x3140
Encl.