

SERFF Tracking Number: SCTT-125321882 State: Arkansas
Filing Company: National Casualty Company State Tracking Number: AR-PC-07-026415
Company Tracking Number: VPI AR03871NCF01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: Veterinary Pet Insurance - Accidental Injury-GC Plan
Project Name/Number: 3871 Veterinary Pet Insurance - Accidental Injury-GC Plan/VPI AR03871NCF01

Filing at a Glance

Company: National Casualty Company

Product Name: Veterinary Pet Insurance - Accidental Injury-GC Plan SERFF Tr Num: SCTT-125321882 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: AR-PC-07-026415

Sub-TOI: 09.0004 Pet Insurance Plans

Co Tr Num: VPI AR03871NCF01

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington,
Betty Montesi, Brittany Yielding

Author: Kristin Abbott

Disposition Date: 10/15/2007

Date Submitted: 10/11/2007

Disposition Status: Approved

Effective Date Requested (New): 12/01/2007

Effective Date (New): 12/01/2007

Effective Date Requested (Renewal): 12/01/2007

Effective Date (Renewal):

12/01/2007

General Information

Project Name: 3871 Veterinary Pet Insurance - Accidental Injury-GC Plan

Status of Filing in Domicile: Pending

Project Number: VPI AR03871NCF01

Domicile Status Comments:

Reference Organization: n/a

Reference Number: n/a

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 10/15/2007

State Status Changed: 10/12/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

National Casualty Company is submitting new forms for our Veterinary Pet Insurance program. We request an effective date of December 1, 2007.

National Casualty Company is filing a new plan under our Veterinary Pet Insurance program. Attached are new forms to provide coverage for our new Plan F. Accidental Injury-GC Plan. The rates for this new coverage have been submitted under a separate filing as required by your Department.

SERFF Tracking Number: SCTT-125321882 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	10/15/2007	10/15/2007

SERFF Tracking Number: SCTT-125321882 *State:* Arkansas
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Disposition

Disposition Date: 10/15/2007

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Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SCTT-125321882 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	VPI Accidental Injury Plan - GC - Coverage Form	Approved	Yes
Form	VPI Accidental Injury Plan - GC - Benefit Schedule	Approved	Yes
Form	Amendatory Endorsement-Arkansas	Approved	Yes

SERFF Tracking Number: SCTT-125321882 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	VPI Accidental Injury Plan - GC - Coverage Form	VS-GC-1	7-07	Policy/Coverage Form		0.00	vsgc1707.pdf
Approved	VPI Accidental Injury Plan - GC - Benefit Schedule	VS-GC-2	7-07	Declaration News/Schedule		0.00	vsgc2707.pdf
Approved	Amendatory Endorsement-Arkansas	VS-94-AR	7-07	Endorsement/Amendment/Conditions		0.00	VS-94-AR (7-07).pdf

NATIONAL CASUALTY COMPANY

Home Office: Madison, WI 53703-2783

A Stock Insurance Company

Administrative Office: 8877 N. Gainey Center Dr., Scottsdale, AZ 85258 • 1-800-423-7675

DIRECT ALL INQUIRIES AND CLAIMS TO:

DVM Insurance Agency: 3060 Saturn Street • Brea, CA 92821-6200 • 1-800-540-2016 • 714-989-0555

VPI® ACCIDENTAL INJURY PLAN-GC-COVERAGE FORM

1. INSURING AGREEMENT

If **your pet** is **injured** during the policy term, **we** will pay **veterinary services** expenses **you** incur for treatment of **your pet's injury**, up to the benefits limits of this policy.

2. DEFINITIONS: We identify terms and phrases in this policy. **We** identify these with **bold typeface**.

Alimentary foreign body	Any object that may cause mechanical irritation, inflammation, or either partial or complete obstruction of your pet's alimentary tract .
Alimentary tract	The anatomical organs for the passage of food through the body, beginning with the mouth and ending with the anus.
Covered veterinary services expenses	The lower of the amount charged by your veterinarian for reasonable and necessary treatment of your pet or the amount of the applicable diagnosis code listed on the Accidental Injury Plan Benefit Schedule.
Illness	Any condition caused by or associated with sickness or disease. This includes, but is not limited to, any condition caused by or associated with a virus, bacteria, or other pathogenic organism.
Incident	An accident resulting in an injury to your pet . This includes any injury, illness, or other condition caused by or otherwise resulting from the accident.
Injury	Physical harm to the body from a physical action or event outside the body.
Injured	Sustained physical harm to the body from a physical action or event outside the body.
Pet	The animal listed on the Declarations Page or Renewal Certificate of this policy.
Pre-existing condition	Any illness or injury that began or was contracted, manifested, or incurred before the effective date of this policy.
Veterinarian	A legally licensed veterinary practitioner.
Veterinary services	Medical treatment provided by or under the direct supervision of a veterinarian .
Void	To declare during the policy term that your policy is no longer in force or effect.
We or us	The company providing this insurance.
You or your	The pet owner listed on the Declarations Page or Renewal Certificate of this policy.

3. POLICY EFFECTIVE DATE

Your policy is effective during the times and dates shown on **your** Declarations Page or Renewal Certificate.

4. BENEFIT PROVISIONS-PLAN GC

- A. **We** will pay reasonable and necessary **veterinary services** expenses for **your pet's injury** that occurs and is treated during the policy term, up to the limits of this policy. To be eligible for payment, **your pet's injury** must come within a primary diagnosis code listed on the Accidental Injury Plan Benefit Schedule. Each condition is eligible for payment under only one primary diagnosis code and any applicable secondary diagnosis code for each **incident**.
- B. **We** will pay **your covered veterinary services expenses**, less **your** deductible and **your** co-payment.
- C. **We** will not pay more than \$2,500 for each **incident**. **We** will not pay more than \$5,000 for all injuries that occur during the policy term.

5. DEDUCTIBLE

We will apply **your** deductible once to each **incident**. **We** list **your** deductible on the Declarations Page or Renewal Certificate of **your** policy.

6. CO-PAYMENT

We specify **your** co-payment on the Declarations Page or Renewal Certificate of **your** policy. **We** will apply this co-payment to each claim.

7. WHAT WE DO NOT COVER: EXCLUSIONS

We will not pay for:

- A. Treatment of **your pet's illness** or any condition resulting from an **illness**.
- B. Treatment of **your pet** for any **pre-existing condition**.
- C. Treatment of **your pet** for any condition listed on the Declarations Page or Renewal Certificate of **your** policy.
- D. Treatment of **your pet** for any condition resulting from **your pet's** ingestion of an **alimentary foreign body** if **your pet** was treated previously during the policy term due to **your pet's** ingestion of an **alimentary foreign body**.
- E. Treatment of **your pet** for diagnosis, medical management, or surgical correction of any condition involving: (1) **your pet's** anterior cruciate ligament (ACL), (2) patellar luxation, (3) elbow dysplasia, or (4) hip luxation if **your pet** has hip dysplasia.
- F. Any medical or surgical treatment of any fracture or luxation associated with aseptic necrosis of **your pet's** femoral head.
- G. Artificial joint replacement.
- H. Any condition consisting of or caused by intervertebral disc disease.
- I. Treatment of **your pet** for gastric torsion, dilation, or bloat.
- J. Root canals, crown caps, or any treatment for tooth disease.
- K. Diagnosis or treatment of **your pet** for internal or external parasites including, but not limited to, fleas, heartworms, and roundworms.
- L. Treatment of **your pet** for any condition resulting from or associated with breeding or pregnancy.
- M. Medication prescribed more than 90 days after **your pet's injury**.
- N. Treatment of **your pet's injury** that was caused intentionally by **you** or any other resident of **your** household.
- O. Any condition caused directly or indirectly by war, terrorism, rebellion, insurrection, or any release of nuclear radiation or radioactive contamination, regardless of cause.

8. YOUR DUTIES

- A. **You** must promptly submit complete and legible claim forms to **us** and include itemized receipts for **veterinary services expenses**.
- B. **You** must provide **us** with all medical records relating to any claim under this policy.
- C. **You** agree to submit **your pet** to examination by a **veterinarian** selected by **us**, upon our request.
- D. **You** must reasonably protect **your pet** from aggravation of any condition.
- E. Upon payment of benefits, **we** will be subrogated to **your** rights of recovery from any other party.

9. OTHER INSURANCE

- A. If **your pet** is covered by more than one policy issued by **us**, **we** will not pay more than the highest amount payable under any one policy.
- B. This insurance is excess over any other insurance provided by a policy issued by any other insurance company, whether collectable or not, that covers **your pet**.

10. TERMINATION OF INSURANCE

- A. The policy will lapse if **you** do not pay **your** premium when due.
- B. **We** may cancel **your** policy by sending written notice to **you** at the address shown on the Declarations Page. **We** will send **you** this notice ten (10) days before **we** cancel **your** policy.
- C. **You** may cancel **your** policy at any time by notifying **us** in writing.
- D. If **we** cancel **your** policy, **we** will refund unearned premiums on a prorated basis. If **you** cancel **your** policy, **we** will refund **your** premium on a prorated basis, less a \$15.00 administrative fee.

11. ASSIGNMENT OR TRANSFER

- A. **You** may not transfer or assign this policy in whole or in part without our written consent. **We** will not consent unless both **you** and the proposed assignee give **us** information that **we** request on forms that **we** provide.
- B. If **you** die, this policy will transfer to **your** legal representative or surviving spouse.

12. LIBERALIZATION

If **we** revise this policy form and broaden **your** coverage without charge, **you** will receive the broader coverage as soon as **we** make the revision.

13. FRAUD AND CONCEALMENT

We will void **your** policy from its inception if **we** discover that **you** have misrepresented or omitted any material fact and **we** relied on **your** misrepresentation or omission in issuing this policy to **you**. **We** may deny **your** claim and void **your** policy if **you** conceal material information or make any material misrepresentation in **your** claim.



VETERINARY PET INSURANCE ACCIDENTAL INJURY PLAN-GC BENEFIT SCHEDULE

(Effective 7-07. Subject to change)

Column **A** is the benefit limit for the **Primary Diagnosis or Condition**. This includes exam, diagnostic testing, prescriptions, injections, hospitalization, treatment, anesthesia and surgery.

Column **B** is the benefit limit for the condition if it is treated as a **Secondary Diagnosis or Condition** concurrently with the **Primary Diagnosis or Condition**.

Code	Diagnosis	A	B
		Primary Diagnosis	Secondary Diagnosis
CARDIOVASCULAR SYSTEM (1100)			
1111	Cardiovascular Collapse (Shock)	\$356	\$143
DIGESTIVE SYSTEM (1200)			
<i>Esophageal Disorders</i>			
1203	Foreign Body Endoscopy	\$639	\$126
1205	Foreign Body-Surgical	1000	840
<i>Abdominal Wall Disorders</i>			
1211	Peritonitis-Medical	\$643	\$162
1212	Peritonitis-Surgical	1000	619
1214	Trauma-Herniation	845	267
<i>Stomach Disorders</i>			
1220	Foreign Body-Medical	\$353	\$98
1221	Foreign Body-Surgical	1000	655
<i>Small Intestine Disorders</i>			
1242	Foreign Body-Medical	\$421	\$85
1243	Foreign Body-Surgical	1000	713
1248	Intestinal Resection	1000	840
<i>Hepatic Disorders</i>			
1294	Trauma-Surgical	\$1000	\$602
DERMATOLOGY (1300)			
<i>Wounds</i>			
1301	Foreign Body	\$266	\$99
1302	Laceration/Bite Wound	278	108
1303	Lacerations (Multiple)	482	192
1304	Puncture	163	68
1305	Abrasion	117	51
1306	Abscess or Granuloma	378	114
1307	Burn	190	81
1308	Seroma	172	75
1310	Skin Graft	—	200
1312	Bite Wounds (Multiple)	482	192
RESPIRATORY SYSTEM (1400)			
<i>Upper Airway</i>			
1401	Foreign Bodies	\$311	\$83
1405	Trauma	1000	136
<i>Trachea</i>			
1423	Foreign Body-Surgical	\$306	\$94
1425	Trauma	231	122
<i>Thorax</i>			
1440	Trauma	\$657	\$343
1446	Diaphragmatic Hernia-Surgical	1000	404
1449	Pneumothorax	1000	682
1450	Foreign Body-Surgical	945	404
REPRODUCTIVE SYSTEM (1500)			
<i>Vaginal Disorders</i>			
1504	Vaginal Foreign Body-Surgical	\$584	\$52
1505	Trauma	422	105

Code	Diagnosis
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Disorders of the Penis & Prepuce

Code	Diagnosis	A	B
1541	Trauma	\$201	\$68
1543	Foreign Body-Surgical	1000	85

CHEMICAL & PHYSICAL DISORDERS (1600)

Poisoning

Code	Diagnosis	A	B
1601	Metaldehyde	\$583	\$142
1602	Strychnine	421	142
1603	Ethylene Glycol (Antifreeze)	651	185
1604	Organophosphate (Carbamate)	393	172
1605	Rodenticide Toxicity	356	174
1606	Household Chemicals	309	113
1607	Drug Reactions	226	138
1608	Toad Poisoning	241	124
1609	Plant Poisoning	424	127
1610	Walnut Poisoning	452	168
1611	Drug Overdose	455	207
1612	Methylxanthine	307	78
1613	Alcohol Toxicity	427	126
1615	Heavy Metals (Lead/Zinc)	467	312
1617	Drug Toxicity	226	138

Physical Disorders

Code	Diagnosis	A	B
1650	Insect Bites & Stings	\$152	\$71
1651	Snakebite	710	247
1652	Near Drowning	585	92
1653	Heat Stroke (Hyperthermia)	557	213
1654	Hypothermia	257	84
1655	Frostbite	531	105
1656	Electric Shock	211	89
1658	Anti-Venom	—	400

URINARY SYSTEM (1800)

Bladder

Code	Diagnosis	A	B
1803	Trauma (Ruptured Bladder)	\$1000	\$532

Urethra

Code	Diagnosis	A	B
1902	Trauma/Urethritis	\$269	\$146

OPHTHALMOLOGY (2100)

Code	Diagnosis	A	B
2110	Corneal Ulcer-Medical	\$191	\$81
2111	Corneal Ulcer-Surgical	596	264
2120	Iris Prolapse-Surgical	326	329
2121	Foreign Body	213	99
2132	Trauma	180	89
2134	Retinal Detachment-Medical	430	139

NEUROLOGY (2200)

Code	Diagnosis	A	B
2210	Trauma	\$543	\$203

EAR (2300)

Code	Diagnosis	A	B
2303	Trauma	\$317	\$117
2308	Foreign Body	207	80

NASAL CAVITY (2400)

Code	Diagnosis	A	B
2403	Foreign Bodies	\$350	\$96
2404	Trauma	218	94

ORAL CAVITY (2500)

Code	Diagnosis	A	B
2505	Trauma	\$367	\$103
2506	Foreign Body	233	69
2507	Tongue Laceration	341	113
2508	Retropharyngeal Foreign Body	273	110
2509	Mandible Luxation	592	111

MUSCULOSKELETAL (2700)

Code	Diagnosis	A	B
2704	Luxation, Elbow-Closed Reduction	\$463	\$218
2705	Luxation, Elbow-Surgical	1000	176
2706	Luxation, Hip-Closed Reduction	495	176
2708	Luxation, Hip-Surgical	1000	630
2720	Tendon Rupture (Cast)	489	203
2721	Tendon Rupture-Surgical	1000	594
2724	Sprain	187	53
2726	Foreign Body, Foot	281	101
2729	Soft Tissue Trauma	243	66
2733	Toe Amputation	824	266

The benefits listed on this schedule apply only to accidental injury.

Continued

		A	B
Code	Diagnosis	Primary Diagnosis	Secondary Diagnosis
2734	Torn Nail	\$186	\$78
2737	Fore Leg Amputation	—	567
2738	Rear Leg Amputation	—	770
2740	Shoulder Luxation-Surgical	1000	315
FRACTURES (2800)			
Skull, Jaw, Scapula, Rib, Patella			
Non-Surgical			
2801	Cage Rest	\$432	\$—
2802	Bandage	294	147
2803	Sling	474	100
Surgical			
2811	Wire	\$1000	\$341
2812	Pin(s) or K Wire	1000	394
2813	Plate	1000	542
2814	Kirshner Apparatus	1000	420
Humerus, Femur, Radius, Ulna, Tibia			
Non-Surgical			
2820	Bandage (Rbt Jones/Temporary)	\$386	\$104
2821	Splint	521	172
2822	Cast	665	176
Surgical			
2830	IM Pin(s)	\$1000	\$558
2831	Plate	1000	998
2832	Kirshner Apparatus	1000	546
Pelvis & Vertebrae			
Non-Surgical			
2840	Cage Rest	\$448	\$—
Surgical			
2850	IM Pins/Wires/Screws	\$1000	\$490
2851	Plate	1000	704
2852	Kirshner Apparatus	1000	609
Carpus, Metacarpus, Tarsus, Metatarsus, Phalanges			
Non-Surgical			
2860	Bandage	\$247	\$82
2861	Cast or Splint	491	146
Surgical			
2870	Pins/Wires/Screws	\$1000	\$669
BLOOD DISORDERS (3000)			
Blood Cell Disorders			
3006	Drug Induced Anemia	\$440	\$136
3011	Transfusion	—	290
Bleeding Disorders			
3033	Drug Induced Disorders	\$400	\$232
SPLEEN (3200)			
3201	Splenic Rupture-Surgical	\$1000	\$336
1000	Euthanasia	\$—	\$74

The benefits listed on this schedule apply only to accidental injury.

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.

AMENDATORY ENDORSEMENT—ARKANSAS

This endorsement modifies insurance provided under the following:

VPI ACCIDENTAL INJURY PLAN—GC—COVERAGE FORM

The **TERMINATION OF INSURANCE** section is replaced by:

TERMINATION OF INSURANCE

- A. **You** may cancel **your** policy at any time by notifying **us** in writing.
- B. **We** may cancel this policy by letting **you** know in writing of the date cancellation takes effect. This cancellation notice may be delivered to **you**, or mailed to **you** at **your** mailing address shown in the Declarations.

Proof of mailing will be sufficient proof of notice.

- (1) When **you** have not paid the premium, **we** may cancel at any time by letting **you** know at least ten (10) days before the date cancellation takes effect.
- (2) When this policy has been in effect for sixty (60) days or more, or at any time if it is a renewal with **us**, **we** may cancel:
 - (a) Upon discovery of fraud or material misrepresentation made by or with the knowledge of the policyholder in obtaining or continuing the policy, or in presenting a claim under this policy;
 - (b) Upon the occurrence of a material change in the risk which substantially increases any hazard insured against after insurance coverage has been issued;
 - (c) If there is a violation of any local fire, health, safety, building or construction regulation or ordinance with respect to any insured property which substantially increases any hazard insured against;
 - (d) For nonpayment of membership dues required by **us** as a condition of the issuance and maintenance of the policy; or
 - (e) In the event of a material violation of a material provision of this policy.
- C. This can be done by letting **you** know at the last address known by **us** at least twenty (20) days before the date cancellation takes effect. The cancellation will be effective as of the date shown on the Cancellation Notice. The mailing of notice is sufficient proof of notice of cancellation. Delivery of notice shall be equivalent to mailing.

- D. **We** will refund unearned premiums on a prorated basis if either you or **we** cancel your policy.
- E. The policy will lapse if **you** do not pay **your** renewal premium when due.
- F. **We** may elect not to renew this policy. **We** may do so by delivering to **you**, or mailing to **you** at **your** mailing address shown in the Declarations, written notice at least thirty (30) days before the expiration date of this policy. Proof of mailing will be sufficient proof of notice.

AUTHORIZED REPRESENTATIVE

DATE

SERFF Tracking Number: SCTT-125321882 State: Arkansas
Filing Company: National Casualty Company State Tracking Number: AR-PC-07-026415
Company Tracking Number: VPI AR03871NCF01
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/15/2007

Comments:

Attachment:

VPI AR3871ncfpctd.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 10/15/2007

Comments:

Attachment:

VPI 3871ncfcvrltr.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

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:	
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	VPI AR03871NCF01
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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>
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8. Please print name of authorized filer	Kristin Abbott
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	09.0004 Pet Insurance Plans
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Veterinary Pet Insurance
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: December 1, 2007 Renewal: December 1, 2007
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 11, 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 #	VPI AR03871NCF01
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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 is submitting new forms for our Veterinary Pet Insurance program. We request an effective date of December 1, 2007.

National Casualty Company is filing a new plan under our Veterinary Pet Insurance program. Attached are new forms to provide coverage for our new Plan F. Accidental Injury-GC Plan. The rates for this new coverage have been submitted under a separate filing as required by your Department.

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]
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Check #: EFT through SERFF
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 11, 2007

Re: National Casualty Company
NAIC # 140-11991
FEIN # 38-0865250
Veterinary Pet Insurance – Form Filing
Company File Number: VPI 03871NCF01

Dear Commissioner:

National Casualty Company is submitting new forms for our Veterinary Pet Insurance program. We request an effective date of December 1, 2007.

National Casualty Company is filing a new plan under our Veterinary Pet Insurance program. Attached are new forms to provide coverage for our new Plan F. Accidental Injury-GC Plan. The rates for this new coverage have been submitted under a separate filing as required by your Department.

We hope you will be in a position to grant favorable consideration to this filing submission, however, should you need further information, 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.