

SERFF Tracking Number: SCTT-125328310 State: Arkansas  
Filing Company: National Casualty Company State Tracking Number: AR-PC-07-026477  
Company Tracking Number: KR AR03872NCF01  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
Liability  
Product Name: Sports & Leisure Program  
Project Name/Number: 3872 Sports & Leisure Program/KR AR03872NCF01

## Filing at a Glance

Company: National Casualty Company  
Product Name: Sports & Leisure Program SERFF Tr Num: SCTT-125328310 State: Arkansas  
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: AR-PC-07-026477  
Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: KR AR03872NCF01 State Status:  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding  
Author: Kristin Abbott Disposition Date: 10/19/2007  
Date Submitted: 10/18/2007 Disposition Status: Approved  
Effective Date Requested (New): On Approval Effective Date (New): 10/19/2007  
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):  
10/19/2007

## General Information

Project Name: 3872 Sports & Leisure Program Status of Filing in Domicile: Pending  
Project Number: KR AR03872NCF01 Domicile Status Comments:  
Reference Organization: n/a Reference Number: n/a  
Reference Title: n/a Advisory Org. Circular: n/a  
Filing Status Changed: 10/19/2007  
State Status Changed: 10/19/2007 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
National Casualty Company is filing a new form for our currently filed Sports and Leisure program. We request an effective date as soon as permissible by the laws of your state.

Please find attached UT-131g (3-92) Asbestos Exclusion.

## Company and Contact



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/19/2007	10/19/2007



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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	Asbestos Exclusion	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Asbestos Exclusion	UT-131g	3-92	Endorsement/Amendment/Conditions		0.00	UT-131g (3-92).pdf

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.

## ASBESTOS EXCLUSION

The coverage afforded by this policy does not apply to bodily injury, personal injury or property damage arising out of:

1. Inhaling, ingesting or prolonged physical exposure to asbestos or goods or products containing asbestos; or
2. The use of asbestos in construction or manufacturing any good, product or structure; or
3. The removal of asbestos from any good, product or structure; or
4. The manufacture, sale, transportation, storage or disposal of asbestos or goods or products containing asbestos.

The coverage afforded by the policy does not apply to payment for the investigation or defense of any loss, injury or damage or any cost, fine or penalty or for any expense of claim or suit related to any of the above.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

*SERFF Tracking Number:* SCTT-125328310      *State:* Arkansas  
*Filing Company:* National Casualty Company      *State Tracking Number:* AR-PC-07-026477  
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## **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 10/19/2007

**Comments:**

**Attachment:**

KR AR3872ncfpctd.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 10/19/2007

**Comments:**

**Attachment:**

KR 3872ncfcvrltr.pdf

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

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>
	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 #:

<b>3. Group Name</b>	<b>Group NAIC #</b>
Nationwide	140

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

<b>5. Company Tracking Number</b>	KR AR03872NCF01
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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)	Commercial Multi-Peril
10.	Sub-Type of Insurance (Sub-TOI)	Commercial Multi-Peril
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Sports and Leisure Program
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)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	October 18, 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—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>KR AR03872NCF01</b>
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<b>21.</b>	<b>Filing Description</b> [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 filing a new form for our currently filed Sports and Leisure program. We request an effective date as soon as permissible by the laws of your state.

Please find attached UT-131g (3-92) Asbestos Exclusion.

<b>22.</b>	<b>Filing Fees</b> (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**  
**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.)**

# NATIONAL CASUALTY COMPANY

8877 North Gainey Center Drive  
Scottsdale, Arizona 85258



A Nationwide® Company

Reply to:

Post Office Box 4110  
Scottsdale, AZ 85261-4110

Telephone  
480-365-4000  
FAX 480-483-6752

October 18, 2007

**RE: National Casualty Company**  
**NAIC No: 140-11991**  
**Sports & Leisure Program - Form Filing**  
**Company File No.: KR 03872NCF01**

Dear Commissioner:

National Casualty Company is filing a new form for our currently filed Sports and Leisure program. We request an effective date as soon as permissible by the laws of your state.

Please find attached UT-131g (3-92) Asbestos Exclusion.

We hope you will be in a position to grant favorable consideration to this submission. If you need any 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](mailto:abbottk@scottsdaleins.com)  
(800) 423-7675 x3140