

SERFF Tracking Number: SCTT-125369705 State: Arkansas  
Filing Company: National Casualty Company State Tracking Number: EFT \$50  
Company Tracking Number: GLAR03921NCF01  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Commercial General Liability  
Project Name/Number: 3921 Commercial General Liability/GLAR03921NCF01

## Filing at a Glance

Company: National Casualty Company  
Product Name: Commercial General Liability SERFF Tr Num: SCTT-125369705 State: Arkansas  
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50  
Made/Occurrence  
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: GL AR03921NCF01 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
Author: Kristin Abbott Disposition Date: 11/29/2007  
Date Submitted: 11/27/2007 Disposition Status: Approved  
Effective Date Requested (New): On Approval Effective Date (New):  
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: 3921 Commercial General Liability Status of Filing in Domicile: Pending  
Project Number: GL AR03921NCF01 Domicile Status Comments:  
Reference Organization: n/a Reference Number: n/a  
Reference Title: n/a Advisory Org. Circular: n/a  
Filing Status Changed: 11/29/2007  
State Status Changed: 11/29/2007 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

National Casualty Company is submitting a revised endorsement for use with our Commercial General Liability program.  
We request an effective date concurrent with your Department's approval.

Enclosed, please find GL-47s (10-07) which has been revised to amend the advance and minimum premium to include "renewal certificate" under the "Advance Premium" and "Minimum Premium" paragraphs.

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## Company and Contact

### Filing Contact Information

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

### 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  
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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	11/27/2007	16832826

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/29/2007	11/29/2007

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## Disposition

Disposition Date: 11/29/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Supporting Document</b>	Arkansas Certificate of Compliance	Approved	Yes
<b>Form</b>	Minimum and Advance Premium Endorsement	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Minimum and Advance Premium Endorsement	GL-47s	10-07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 03-01 Previous Filing #:		GL-47s_10-07_.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.

## MINIMUM AND ADVANCE PREMIUM ENDORSEMENT

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**

### SCHEDULE

**MINIMUM PREMIUM \_\_\_\_\_%**

Item **5.b.** of the **Premium Audit** condition under **SECTION IV—COMMERCIAL GENERAL LIABILITY CONDITIONS, SECTION IV—LIQUOR LIABILITY CONDITIONS** and **SECTION IV—PRODUCTS/COMPLETED OPERATIONS LIABILITY CONDITIONS** is amended to read:

- b.** The advance premium for this Coverage Part is a deposit premium only. The final premium shall be subject to audit. At the close of each audit period we will compute the earned premium for that period. Any audit premiums are due and payable to us on notice to the first Named Insured. 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, subject to the minimum premium as defined below. In the event the first Named Insured fails or refuses to allow our representative to audit your books and records, we may unilaterally charge a final premium for the Policy Period at double the minimum or advance premium, whichever is greater, and such final premium shall be immediately due and payable on notice to the first Named Insured.

For purposes of this endorsement, the terms advance premium, earned premium, and minimum premium are defined as follows:

**Advance Premium**—the premium that is stated in the applicable initial policy Declarations or Renewal Certificate and payable in full by the first Named Insured at the inception of each Policy Period.

**Earned Premium**—the premium that is developed by applying the rate(s) scheduled in the policy to the actual premium basis for the audit period.

**Minimum Premium**—the lowest premium for which this insurance will be written for the Policy Period stated in **Item 2.** of the Declarations of the applicable initial policy or subsequent Renewal Certificate. This minimum premium is equal to 100% (unless a different percentage [%] is shown in the Schedule above) of the advance premium including any premium adjustments made by endorsement to this policy during the Policy Period. Premium adjustments do not include the audit premium developed for the Policy Period stated in **Item 2.** of the Declarations.

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

\_\_\_\_\_  
DATE

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## Rate Information

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 11/29/2007

**Comments:**

**Attachment:**

GL AR3921fpctd.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 11/29/2007

**Comments:**

**Attachment:**

GL 3921ncfcvrltr.pdf

**Satisfied -Name:** Arkansas Certificate of Compliance **Review Status:** Approved 11/29/2007

**Comments:**

**Attachment:**

GL AR3921ertform.pdf



## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>GL AR03921F01</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 submitting a revised endorsement for use with our Commercial General Liability program. We request an effective date concurrent with your Department's approval.

Enclosed, please find GL-47s (10-07) which has been revised to amend the advance and minimum premium to include "renewal certificate" under the "Advance Premium" and "Minimum Premium" paragraphs.

<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 #: n/a**  
**Amount: n/a**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

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

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# NATIONAL CASUALTY COMPANY

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8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

Reply to:

Post Office Box 4110  
Scottsdale, AZ 85261-4110

Telephone

800 423-7675 x3003

November 27, 2007

**Re: National Casualty Company  
NAIC # 140-11991  
General Liability - Form Filing  
Company File Number: GL 03921NCF01**

Dear Commissioner:

National Casualty Company is submitting a revised endorsement for use with our Commercial General Liability program. We request an effective date concurrent with your Department's approval.

Enclosed, please find GL-47s (10-07) which has been revised to amend the advance and minimum premium to include "renewal certificate" under the "Advance Premium" and "Minimum Premium" paragraphs.

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.

