

SERFF Tracking Number: SCTT-125376820 State: Arkansas
 Filing Company: National Casualty Company State Tracking Number: EFT \$50
 Company Tracking Number: AR AR03932NCF01
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: Architects and Engineers Professional Liability Program
 Project Name/Number: 3932 Architects and Engineers Professional Liability Program/AR AR03932NCF01

Filing at a Glance

Company: National Casualty Company
 Product Name: Architects and Engineers Professional Liability Program
 TOI: 17.0 Other Liability - Claims Made/Occurrence
 Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Filing Type: Form

SERFF Tr Num: SCTT-125376820 State: Arkansas
 SERFF Status: Closed State Tr Num: EFT \$50
 Co Tr Num: AR AR03932NCF01 State Status: Fees verified and received
 Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
 Author: Kristin Abbott Disposition Date: 12/07/2007
 Date Submitted: 12/04/2007 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: 3932 Architects and Engineers Professional Liability Program Status of Filing in Domicile: Pending
 Project Number: AR AR03932NCF01 Domicile Status Comments:
 Reference Organization: n/a Reference Number: n/a
 Reference Title: n/a Advisory Org. Circular: n/a
 Filing Status Changed: 12/07/2007
 State Status Changed: 12/07/2007 Deemer Date:
 Corresponding Filing Tracking Number:
 Filing Description:
 National Casualty Company is submitting a revised form for use with our Architects & Engineers Professional Liability program. We request an effective date concurrent with your Department's approval.

Please find attached AR-121s (9-07) FIRST DOLLAR DEFENSE AND EACH CLAIM DEDUCTIBLE ENDORSEMENT

SERFF Tracking Number: SC TT-125376820 State: Arkansas
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which will replace the (7-07) edition. The form has been revised to amend the title from "PER CLAIM RETENTION" to "EACH CLAIM DEDUCTIBLE".

Company and Contact

Filing Contact Information

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

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:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Casualty Company	\$50.00	12/04/2007	16932686

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Liability
Product Name: Architects and Engineers Professional Liability Program
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/07/2007	12/07/2007

SERFF Tracking Number: *SCTT-125376820* *State:* *Arkansas*
Filing Company: *National Casualty Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AR AR03932NCF01*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0019 Professional Errors & Omissions*
Liability
Product Name: *Architects and Engineers Professional Liability Program*
Project Name/Number: *3932 Architects and Engineers Professional Liability Program/AR AR03932NCF01*

Disposition

Disposition Date: 12/07/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SCTT-125376820 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	First Dollar Defense and Each Claim Deductible 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	First Dollar Defense and Each Claim Deductible Endorsement	AR-121s	9-07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 AR-121s (7-07) Previous Filing #:		AR-121s 9-07.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.

FIRST DOLLAR DEFENSE AND EACH CLAIM DEDUCTIBLE ENDORSEMENT

This policy is amended as follows:

- A. **ITEM 5. DEDUCTIBLE** of the Declarations is deleted in its entirety and replaced by the following:

ITEM 5. DEDUCTIBLE\$ _____
 (Amount to be borne by the Insured) (Each **CLAIM**)

- B. **DEFINITION 5. DEDUCTIBLE** is deleted in its entirety and is replaced by the following:

5. **DEDUCTIBLE**—means the amount **YOU** must pay for **DAMAGES**. The **DEDUCTIBLE** will not apply to **CLAIM EXPENSE**.

- C. The **LIMITS OF LIABILITY** section, paragraph 3., of the policy is deleted in its entirety and is replaced by the following:

OUR liability is limited as follows:

3. **WE** will only be liable to pay **DAMAGES**, subject to the Limits of Liability, in excess of the **DEDUCTIBLE** shown in this endorsement. **YOUR DEDUCTIBLE** for all **DAMAGES** for any **CLAIM** is the Each **CLAIM** amount shown in this endorsement. Each of **YOU** is individually liable for the payment of the **DEDUCTIBLE** amount due for each **CLAIM**. In the event that **WE** expend funds for **DAMAGES** on **YOUR** behalf, **YOU** will reimburse **US** for such expenditures up to the amount of the **DEDUCTIBLE** shown in this endorsement. Reimbursement of the **DEDUCTIBLE** will be due within sixty (60) days from the date **WE** bill **YOU**. If **WE** and **YOU** agree to use **MEDIATION** and if **WE** and **YOU** resolve any **CLAIM** by **MEDIATION**, **YOUR DEDUCTIBLE** obligation will be reduced by 50% subject to a maximum reduction of \$25,000.

- D. The **CLAIMS REPAIR PROVISION** section of the policy is deleted in its entirety.

_____/_____
 AUTHORIZED REPRESENTATIVE DATE

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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 12/07/2007

Comments:

Attachment:

AR AR3932ncfpctd.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 12/07/2007

Comments:

Attachment:

AR 3932ncfcvrltr.pdf

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

<p>1. Reserved for Insurance Dept. Use Only</p>
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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	AR AR03932NCF01
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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)	17.0 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	None
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	17.0019
12. Company Program Title (Marketing title)	Architects & Engineers Professional Liability
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)	None
17. Reference Organization # & Title	None
18. Company's Date of Filing	December 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 #	AR AR03932NCF01
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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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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)
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

Reply to:

Post Office Box 4110
Scottsdale, AZ 85261-4110

Telephone

800 423-7675 x3140

December 3, 2007

**Re: National Casualty Company
NAIC # 140-11991
FEIN No.: 38-0865250
Architects and Engineers Professional Liability Program
Form Filing
Company File Number: AR 03932NCF01**

Dear Commissioner Bowman:

National Casualty Company is submitting a revised form for use with our Architects & Engineers Professional Liability program. We request an effective date concurrent with your Department's approval.

Please find attached AR-121s (9-07) FIRST DOLLAR DEFENSE AND EACH CLAIM DEDUCTIBLE ENDORSEMENT which will replace the (7-07) edition. The form has been revised to amend the title from "PER CLAIM RETENTION" to "EACH CLAIM DEDUCTIBLE".

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 Filing Analyst II
abbottk@scottsdaleins.com
(800) 423-7675 x3140
Encl.