

SERFF Tracking Number: NWCM-125266261 State: Arkansas
First Filing Company: Nationwide Property & Casualty Insurance Company, ... State Tracking Number: AR-PC-07-025834
Company Tracking Number: P-2007SKCE-75FQ4K
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: Rule for Independent filing of General Liability Enhancement Endorsement./P-2007SKCE-75FQ4K

Filing at a Glance

Companies: Nationwide Property & Casualty Insurance Company, Nationwide Mutual Insurance Company, Nationwide Mutual Fire Insurance Company

Product Name: General Liability SERFF Tr Num: NWCM-125266261 State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence SERFF Status: Closed State Tr Num: AR-PC-07-025834
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: P-2007SKCE-75FQ4K State Status:
Filing Type: Rule Co Status: Pending - Submitted Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Janis Labarre Disposition Date: 08/28/2007
Date Submitted: 08/20/2007 Disposition Status: Exempt from Review
Effective Date Requested (New): 01/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):

General Information

Project Name: Rule for Independent filing of General Liability Enhancement Endorsement. Status of Filing in Domicile: Not Filed
Project Number: P-2007SKCE-75FQ4K Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/28/2007
State Status Changed: 08/20/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Rule for Independent filing of General Liability Enhancement Endorsement.

Company and Contact

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Filing Contact Information

Janis La Barre, State Filing Specialist labarrj@nationwide.com
 One Nationwide Plaza (614) 249-8739 [Phone]
 Columbus, OH 43215 (614) 249-3922[FAX]

Filing Company Information

Nationwide Property & Casualty Insurance CoCode: 37877 State of Domicile: Ohio
 Company
 One Nationwide Plaza Group Code: 140 Company Type:
 1-17-02
 Columbus, OH 43215 Group Name: State ID Number:
 (614) 249-2271 ext. [Phone] FEIN Number: 31-0970750

Nationwide Mutual Insurance Company CoCode: 23787 State of Domicile: Ohio
 One Nationwide Plaza Group Code: 140 Company Type: Property &
 1-17-02 Casualty
 Columbus, OH 43215 Group Name: State ID Number:
 (614) 249-2271 ext. [Phone] FEIN Number: 31-4177100

Nationwide Mutual Fire Insurance Company CoCode: 23779 State of Domicile: Ohio
 One Nationwide Plaza Group Code: 140 Company Type: Property &
 1-17-02 Casualty
 Columbus, OH 43215 Group Name: State ID Number:
 (614) 249-2271 ext. [Phone] FEIN Number: 31-4177110

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: 25.00 per filing
 Per Company: No

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| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| Nationwide Mutual Fire Insurance Company | \$25.00 | 08/20/2007 | 15188389 |
| Nationwide Mutual Insurance Company | \$0.00 | 08/20/2007 | |
| Nationwide Property & Casualty Insurance Company | \$0.00 | 08/20/2007 | |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------------------|---------------|------------|----------------|
| Exempt from Review | Edith Roberts | 08/28/2007 | 08/28/2007 |

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Disposition

Disposition Date: 08/28/2007

Effective Date (New):

Effective Date (Renewal):

Status: Exempt from Review

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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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

| Review Status: | Exhibit Name: | Rule # or Page #: | Rate Action | Previous State Filing Attachments Number: |
|-------------------------------------|---|-------------------|-------------|---|
| Accepted for Informational Purposes | Rule NAB. General Liability Enhancement Endorsement | Page 1 | New | NABSGLARF99 .pdf |

NATIONWIDE INSURANCE
 NATIONWIDE MUTUAL INS. CO.
 NATIONWIDE MUTUAL FIRE INS. CO.
 NATIONWIDE PROPERTY AND CASUALTY INS. CO.

GENERAL LIABILITY
 ARKANSAS - EFFECTIVE 01/01/2008

ADDITIONAL RULES - NATIONWIDE

RULE NAB. GENERAL LIABILITY ENHANCEMENT ENDORSEMENT

General Liability Enhancement - (CG 72 12)

- 1) This endorsement provides additional enhancement coverage for non-contractor and non-manufacturing policies. The chart below shows an overview of coverage's provided:

| Overview of Coverage's | | |
|---|---|---|
| Coverage | Description | Limits Provided |
| Non-Owned Watercraft | Included for watercraft up to 51ft. | Policy Limits |
| Property Damage for Borrowed Equipment and Customer Goods | Subject to \$ 500 Deductible Coverage is excess | \$ 10,000 |
| Fire Legal | Extends damage to premises rented to the named insured to include fire, lightning, explosion, smoke or sprinkler leakage damage. | \$ 300,000 included |
| Supplementary Payments | Per Policy Forms | Increased to \$ 2,500 for Bail Bonds, \$ 500 per day for loss of earnings |
| Unintentional Failure to Disclose Hazard | Per Policy Forms | Policy Limits |
| Newly Formed and Acquired Organizations | Per Policy Forms | Increased to 180 days |
| Additional Insured Status | When required by a written Contract or Agreement <ul style="list-style-type: none"> • Co-Owner of Insured Premises • Controlling Interest • Grantor of Franchise or License • Lessors of Leased Equipment • Managers or Lessors of Premises • Mortgagee, Assignee or Receiver • Owners or Other Interest From Whom Land Has Been Leased • State or Political Subdivision • Vendors | Policy Limits |
| Aggregate Limit Per Location | Policy Aggregate Limit modified to Aggregate Limits Per Location | Policy Limits |
| Medical Payments | Per Policy Forms | \$10,000 |
| Knowledge of an Occurrence | Clarifies named insured's obligation to notify of an occurrence when specific insured's have knowledge | Policy Limits |
| Blanket Waiver of Subrogation | If required by written contract, insurer waives right of subrogation | Policy Limits |
| Liberalization | Coverage broadened when coverage form broadened without additional premium as approved by state | Limits per coverage form changes |
| Broadened definition of Bodily Injury | Definition includes mental anguish | Policy Limits |

- 2) The additional charge for this endorsement is 3% of the General Liability premium subject to a \$250 minimum premium and a \$1,000 maximum premium.
- 3) Use class code 77429 when applying the flat charge for this endorsement.
- 4) Policies with contracting or manufacturing class codes do not qualify for this coverage.

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Supporting Document Schedules

Satisfied -Name: P&C Transmittal **Review Status:** Accepted for Informational 08/28/2007
Purposes

Comments:

Attachment:

F777-nmic_rule.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 Group | 140 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # |
|--|-----------------|---------------|---------------|
| Nationwide Mutual Insurance Company | Ohio | 140-23787 | 31-4177100 |
| Nationwide Mutual Fire Insurance Company | Ohio | 140-23779 | 31-4177110 |
| Nationwide Property & Casualty Ins Co | Ohio | 140-37877 | 31-0970750 |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|-----------------------------------|-------------------|
| 5. Company Tracking Number | P-2007SKCE-75FQ4K |
|-----------------------------------|-------------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|-----------|--|----------------------|---|--------------|----------------------------|
| | Janis A La Barre, One Nationwide Plaza, Columbus, OH 43215 | Filing Specialist | 614-249-8739 | 614-249-3922 | labarrj@nationwid e.com |
| | | | | | |
| 7. | Signature of authorized filer | | <i>Janis A. La Barre</i> Head Filer | | |
| 8. | Please print name of authorized filer | | Janis A La Barre | | |

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

| | |
|--|-------------------|
| 9. Type of Insurance (TOI) | Other Liability |
| 10. Sub-Type of Insurance (Sub-TOI) | General Liability |
| 11. State Specific Product code(s) (if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | General Liability |

Check #: EFT
Amount: \$25.00

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.)**