

SERFF Tracking Number: SCTT-125275980 State: Arkansas
Filing Company: National Casualty Company State Tracking Number: AR-PC-07-025928
Company Tracking Number: AR AR03823NCF01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: Architects and Engineers Professional Liability
Project Name/Number: File New and Revised Forms/AR AR03823NCF01

Filing at a Glance

Company: National Casualty Company
Product Name: Architects and Engineers Professional Liability
TOI: 17.0 Other Liability - Claims Made/Occurrence
Sub-TOI: 17.0022 Other
Filing Type: Form

SERFF Tr Num: SCTT-125275980 State: Arkansas
SERFF Status: Closed State Tr Num: AR-PC-07-025928
Co Tr Num: AR AR03823NCF01 State Status:
Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Staci Baxter Disposition Date: 08/31/2007
Date Submitted: 08/28/2007 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New):
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

General Information

Project Name: File New and Revised Forms Status of Filing in Domicile: Authorized
Project Number: AR AR03823NCF01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/31/2007
State Status Changed: 08/29/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
National Casualty Company is submitting new and revised forms for use with our Architects and Engineers Professional Liability Program. We request an effective date concurrent with your Departments' approval.

Please find the attached:

- AR-APP-R (7-07) - Architects and Engineers Professional Liability Renewal Application- New
- AR-19s (8-07) - First Dollar Defense Endorsement - New
- AR-121s (7-07) - First Dollar Defense And Per Claim Retention Endorsement - New

SERFF Tracking Number: SCTT-125275980 State: Arkansas
 Filing Company: National Casualty Company State Tracking Number: AR-PC-07-025928
 Company Tracking Number: AR AR03823NCF01
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
 Product Name: Architects and Engineers Professional Liability
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- AR-20s (6-07) Premium Payment Schedule, which replaces the (5-03) edition has been revised to change the premium for second installment to a premium field.

There is no rate impact with these forms.

Company and Contact

Filing Contact Information

Staci Baxter, State Filing Analyst baxters2@scottsdaleins.com
 PO Box 4110 (800) 423-7675 [Phone]
 Scottsdale, AZ 85259 ()-[FAX]

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 NCC form filing x \$50.00 = 450.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Casualty Company	\$50.00	08/28/2007	15325965

SERFF Tracking Number: SC TT-125275980 State: Arkansas
 Filing Company: National Casualty Company State Tracking Number: AR-PC-07-025928
 Company Tracking Number: AR AR03823NCF01
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
 Product Name: Architects and Engineers Professional Liability
 Project Name/Number: File New and Revised Forms/AR AR03823NCF01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/31/2007	08/31/2007

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Uniform Transmittal Document-Property & Casualty	Supporting Document	Staci Baxter	08/28/2007	08/28/2007

SERFF Tracking Number: SCTT-125275980 *State:* Arkansas
Filing Company: National Casualty Company *State Tracking Number:* AR-PC-07-025928
Company Tracking Number: AR AR03823NCF01
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0022 Other
Product Name: Architects and Engineers Professional Liability
Project Name/Number: File New and Revised Forms/AR AR03823NCF01

Disposition

Disposition Date: 08/31/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SCTT-125275980 State: Arkansas
 Filing Company: National Casualty Company State Tracking Number: AR-PC-07-025928
 Company Tracking Number: AR AR03823NCF01
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
 Product Name: Architects and Engineers Professional Liability
 Project Name/Number: File New and Revised Forms/AR AR03823NCF01

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Comparison	Approved	Yes
Form	Renewal Application	Approved	Yes
Form	First dollar defense and per claim retention	Approved	Yes
Form	First dollar defense	Approved	Yes
Form	Premium payment schedule	Approved	Yes

SERFF Tracking Number: SCTT-125275980 State: Arkansas
Filing Company: National Casualty Company State Tracking Number: AR-PC-07-025928
Company Tracking Number: AR AR03823NCF01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: Architects and Engineers Professional Liability
Project Name/Number: File New and Revised Forms/AR AR03823NCF01

Amendment Letter

Amendment Date:

Submitted Date: 08/28/2007

Comments:

Good Afternoon:

I inadvertently identified a form incorrectly on the General Information tab as well as on the PCTD. Please see the revised PCTD which now reflects AR-APP-R-AR (7-07) correctly.

This form is correctly identified (and attached) in the Form Schedule tab.

I apologize for any inconvenience this has caused.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

AR AR3823 PCTD1 Revised.pdf

SERFF Tracking Number: SCTT-125275980 State: Arkansas
 Filing Company: National Casualty Company State Tracking Number: AR-PC-07-025928
 Company Tracking Number: AR AR03823NCF01
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
 Product Name: Architects and Engineers Professional Liability
 Project Name/Number: File New and Revised Forms/AR AR03823NCF01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Renewal Application	AR-APP-R-AR	7-07	Application/ New Binder/Enrollment		0.00	AR-APP-R-AR (7-07).pdf
Approved	First dollar defense and per claim retention	AR-121s	7-07	Endorsement/Amendment/Conditions		0.00	AR-121s_7-07_.pdf
Approved	First dollar defense	AR-19s	8-07	Endorsement/Amendment/Conditions		0.00	AR-19s_8-07_.pdf
Approved	Premium payment schedule	AR-20s	6-07	Endorsement/Amendment/Conditions	Replaced Form #: 5-03 Previous Filing #:	0.00	AR-20s_6-07_.pdf

National Casualty Company

Home Office: Madison, Wisconsin
 Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
 1-800-423-7675

Architects and Engineers Professional Liability Renewal Application (Claims Made and Reported Basis)

NOTE: In applying for coverage, you understand that the insurance coverage you are applying for is written on a CLAIMS MADE AND REPORTED basis. Only **CLAIMS** which are first made against you and reported to the Company during the **POLICY PERIOD** are covered subject to the policy provisions. If you have any questions about the coverage, please discuss them with your insurance agent.

Expiring Policy Number: _____ Limits Requested: _____ Deductible: _____

Firm Name/Address/Structure

1. Firm Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Have any Branch Offices been added in the past year? Yes No
 (List Branch Offices on separate sheet.)
2. Key Contact and/or Risk Manager:
 Name: _____ Title: _____ Telephone: _____
3. Please show firm's combined number of licensed staff, principals, partners, directors and officers: _____

Accounting Year Data

4. a. Estimates of the Applicant's Total Gross Billings and Construction Values for the next 12 months:
 Gross Billings: \$ _____ (Year: _____) Construction Values: \$ _____
- b. Gross Billings and Construction Values for each of the past three years:
 First Prior Year: Gross Billings: _____ (Year: _____) Construction Values: _____
 Second Prior Year: Gross Billings: _____ (Year: _____) Construction Values: _____
 Third Prior Year: Gross Billings: _____ (Year: _____) Construction Values: _____

Practice Details

5. Professional Services: Have there been any changes to the firm's professional services since the previous application was completed? Yes No
 If "Yes," based on your Firm's net billings, please indicate the approximate percentage of services listed below which are performed by your Firm. Do not include services of your consultants. (Note: This section should total 100%.)

Acoustical Engineering	%	Forensic Engineering	%	Nuclear Engineering	%
Architecture	%	HVAC Engineering	%	Process Engineering	%
Chemical Engineering	%	Hydrological Engineering	%	Geo Technical	%
Civil Engineering	%	Interior Design	%	Structural Engineering	%
Communication Engineering	%	Land Surveying	%	Testing Labs	%
Construction Management	%	Landscape Architecture	%	Other (specify)	%
Electrical Engineering	%	Mechanical Engineering	%		%
Environmental Engineering*	%	Naval/Marine	%		%

*Note: If Environmental Engineering or Consulting services are indicated, please attach a narrative description of these services.

6. a. Other Services: Have there been any changes to your firm's other services since the previous application was completed? Yes No
 If "Yes," based on your Firm's gross billings, indicate the approximate percentages of activities listed below in which your firm is involved. (Note: This section need not total 100%.)

Asbestos Related Work	%	Ground Testing/Soil Analysis	%	Services Provided for Real Estate Transfers	%
Building Design	%	Inspection Services	%	Site Development	%
Continuing Service	%	Instrumentation/Controls	%	Software Development/Sales	%
Cost Estimating	%	Lead Related Work	%	Subsurface Soil	%
Destructive Testing	%	Machine/Equipment Design	%	Traffic/Transportation	%
Environmental Impact Statements	%	Pipelines	%	Underground Utility Locating	%
Fast Track, Turnkey or Prototype Projects	%	Product Design	%	Wetland Delineation	%
Foundations, Sheeting and Shoring Design	%	Residential Subdivisions	%	Other (specify)	%

- b. Have there been any changes to the firm's projects since the previous application was complete? ... Yes No
 If "Yes," based on your Firm's gross billings, indicate the approximate percentages of the projects listed below in which your firm is engaged. (Note: This section should total 100%.)

Airports	%	Landfills	%	Schools/Colleges	%
Amusement Rides	%	Libraries	%	Sewage Systems	%
Apartments	%	Manufacturing/Industrial	%	Sewage Treatment Plants	%
Arenas/Stadiums	%	Mass Transit	%	Shopping Centers/Retail	%
Bridges 499 ft and under	%	Mines	%	Superfund/Pollution	%
Bridges 500 ft and over	%				
Condominium/Townhouses	%	Municipal Buildings	%	Telecommunications	%
Residential	%	Nuclear/Atomic	%	Theaters	%
Commercial	%	Office Buildings	%	Tract Homes	%
Convention Centers	%	Parking Structures	%	Tunnels	%
Dams	%	Petro/Chemical	%	Underground Storage Tanks	%
Harbors/Piers/Ports	%	Pools/Playgrounds	%	Utilities	%
Hospitals/Healthcare	%	Pre-engineered Buildings/Structures	%	Warehouses	%
Hotels/Motels	%	Private Dwellings (Custom)	%	Wastewater Treatment Plants	%
Industrial Waste Treatment	%	Recreations	%	Water Systems	%
Jails	%	Roads/Highways	%	Other (specify)	%

7. Largest Current Projects. On a separate sheet, attach a list of your ten largest projects in the past two years. Include type of structure, services performed, construction values, professional fees and project location.

8. After inquiry, is the applicant aware of any facts or circumstances or any allegations or contentions of any incident not previously reported to the Company which may result in a claim being made against the applicant, or any of its past or present partners, executive officers, directors, office workers or employees, any predecessors in business or against any corporation that the applicant was formerly employed by, associated with or had an interest in? Yes No

If "Yes," on attached **SUPPLEMENTAL CLAIMS INFORMATION SHEET** give full details including status of claim, amounts demanded or paid and dates of claims.

THE APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS MADE IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material change in the facts and statements above, and in each supplementary application, for which applicant becomes aware after signing the application.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

DATED THIS _____ DAY OF _____, 20_____

SIGNATURE OF DIRECTOR/PARTNER/PRINCIPAL: _____

TITLE: _____

PRODUCER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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 PER CLAIM RETENTION 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, “**OUR** liability is limited as follows,” 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

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 ENDORSEMENT

This policy is amended as follows:

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

ITEM 5. DEDUCTIBLE \$ _____
 (Amount to be borne by the Insured) (Annual Aggregate)

- 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, “**OUR** liability is limited as follows,” 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** in any **POLICY PERIOD** is the Annual Aggregate 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

SERFF Tracking Number: *SCTT-125275980* *State:* *Arkansas*
Filing Company: *National Casualty Company* *State Tracking Number:* *AR-PC-07-025928*
Company Tracking Number: *AR AR03823NCF01*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0022 Other*
Product Name: *Architects and Engineers Professional Liability*
Project Name/Number: *File New and Revised Forms/AR AR03823NCF01*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SCTT-125275980 State: Arkansas
Filing Company: National Casualty Company State Tracking Number: AR-PC-07-025928
Company Tracking Number: AR AR03823NCF01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: Architects and Engineers Professional Liability
Project Name/Number: File New and Revised Forms/AR AR03823NCF01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/31/2007

Comments:

Attachment:

AR AR3823 PCTD1 Revised.pdf

Satisfied -Name: Form Comparison **Review Status:** Approved 08/31/2007

Comments:

Attachment:

AR-20s (6-07) Comparison.pdf

Property & Casualty Transmittal Document

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:				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

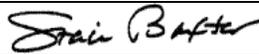
3. Group Name	Group NAIC #
Nationwide	140

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

5. Company Tracking Number	AR AR03823NCF01
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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
	Staci Baxter PO Box 4110 Scottsdale, AZ 85261-4110	State Filing Analyst I	800-423-7675 X 3046	480-368-5820	Baxters2@scottsdaleins.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Staci Baxter

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)	17.0022 Other
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Public Entity Policy
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

Property & Casualty Transmittal Document—

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	August 28, 2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR AR03823NCF01
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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 and revised forms for use with our Architects and Engineers Professional Liability Program. We request an effective date concurrent with your Departments' approval.

Please find the attached:

- AR-APP-R -AR (7-07) - Architects and Engineers Professional Liability Renewal Application-New
- AR-19s (8-07) - First Dollar Defense Endorsement - New
- AR-121s (7-07) - First Dollar Defense And Per Claim Retention Endorsement - New
- AR-20s (6-07) Premium Payment Schedule, which replaces the (5-03) edition has been revised to change the premium for second installment to a premium field.

There is no rate impact with these forms.

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]
<p>Check #: EFT Amount: \$50.00 (1 NCC form x \$50.00)</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

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.

**PREMIUM PAYMENT SCHEDULE
(Two Year)**

The premiums for the two Annual Terms of this policy are payable as follows:

FIRST INSTALLMENT: Due on _____ PREMIUM: \$ _____

SECOND INSTALLMENT: Due on _____ ~~Premium to be determined-~~
PREMIUM: \$ _____

At the second installment date stated above, **WE** will reinstate the Limits of Liability shown in Item 4. of the Declarations. The **DEDUCTIBLE** amount shown in Item 5. of the Declarations will also be reinstated at the second installment date.

The reinstatement of the Limits of Liability and the **DEDUCTIBLE** Aggregate are subject to all of the terms and conditions imposed by the policy and any endorsements. The reinstatement of the Limits of Liability will not in any way increase **OUR** total aggregate Limit of Liability for either Annual Term. The Limit of Liability in effect at the time any **CLAIM** was first reported to **US** in writing will be the only Limit of Liability available for that **CLAIM**.

Definition 10. **POLICY PERIOD** contained in the **DEFINITIONS** section of the policy is deleted in its entirety and is replaced by the following:

- 10. **POLICY PERIOD**—means the period of time stated in Item 2. of the Declarations or any shorter period resulting from policy cancellation.

AUTHORIZED REPRESENTATIVE

DATE

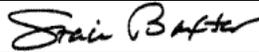
Property & Casualty Transmittal Document

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:				
	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">New Business</td> <td style="border: none; width: 100px;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3. Group Name	Nationwide			Group NAIC #	140
4. Company Name(s)	Domicile	NAIC #	FEIN #		
National Casualty Company	WI	11991	38-0865250		

5. Company Tracking Number	AR AR03823NCF01
-----------------------------------	-----------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Staci Baxter PO Box 4110 Scottsdale, AZ 85261-4110	State Filing Analyst I	800-423-7675 X 3046	480-368-5820	Baxters2@scottsdaleins.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Staci Baxter		

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)	17.0022 Other
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Public Entity Policy
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

Property & Casualty Transmittal Document—

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	August 28, 2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR AR03823NCF01
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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 and revised forms for use with our Architects and Engineers Professional Liability Program. We request an effective date concurrent with your Departments' approval.

Please find the attached:

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- AR-19s (8-07) - First Dollar Defense Endorsement - New
- AR-121s (7-07) - First Dollar Defense And Per Claim Retention Endorsement - New
- AR-20s (6-07) Premium Payment Schedule, which replaces the (5-03) edition has been revised to change the premium for second installment to a premium field.

There is no rate impact with these forms.

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]
<p>Check #: EFT Amount: \$50.00 (1 NCC form x \$50.00)</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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