

SERFF Tracking Number: SCTT-125297468 State: Arkansas
Filing Company: National Casualty Company State Tracking Number: AR-PC-07-026145
Company Tracking Number: XR AR03840NCF01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Daily Auto Rental Excess (Suppl Liab Ins)
Project Name/Number: File New Forms/XR AR03840NCF01

Filing at a Glance

Company: National Casualty Company

Product Name: Daily Auto Rental Excess SERFF Tr Num: SCTT-125297468 State: Arkansas
(Suppl Liab Ins)

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: AR-PC-07-026145

Sub-TOI: 20.0003 Other

Co Tr Num: XR AR03840NCF01

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Staci Baxter

Disposition Date: 09/26/2007

Date Submitted: 09/20/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 09/26/2007

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

09/26/2007

General Information

Project Name: File New Forms

Status of Filing in Domicile: Pending

Project Number: XR AR03840NCF01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/26/2007

State Status Changed: 09/20/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

National Casualty Company is submitting two new forms for supplemental liability insurance for excess coverage to our Daily Auto Rental program. We request an effective date concurrent with your approval.

Please find enclosed new forms UT-74g-AR (7-01) Punitive Or Exemplary Damage Exclusion—Arkansas and CA-77(5-01) Sexual Abuse Exclusion.

Company and Contact

SERFF Tracking Number: SCTT-125297468 State: Arkansas
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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 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Casualty Company	\$50.00	09/20/2007	15728170

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/26/2007	09/26/2007

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TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0003 Other
Product Name: Daily Auto Rental Excess (Suppl Liab Ins)
Project Name/Number: File New Forms/XR AR03840NCF01

Disposition

Disposition Date: 09/26/2007

Effective Date (New): 09/26/2007

Effective Date (Renewal): 09/26/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SCTT-125297468 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Sexual and/or Physical Abuse Exclusion	Approved	Yes
Form	PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION—ARKANSAS	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Sexual and/or Physical Abuse Exclusion	CA-77	5-01	Endorsement/Amendment/Conditions		0.00	CA-77 (5-01).pdf
Approved	PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION—ARKANSAS	UT-74g-AR	7-01	Endorsement/Amendment/Conditions		0.00	UT-74g-AR (7-01).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.

SEXUAL AND/OR PHYSICAL ABUSE EXCLUSION

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

This policy does not apply to any injury sustained by any person arising out of or resulting from Sexual and/or Physical abuse by:

1. any insured;
2. any of your Employees;
3. any person performing volunteer services for you on your behalf; or
4. any other person.

We shall not have any duty to defend any suit against you seeking Damages on account of any such injury.

The intent of this endorsement is to exclude all injury sustained by any person, including emotional distress, arising out of Sexual and/or Physical abuse including but not limited to, Sexual and/or Physical abuse caused by negligent employment, investigation, supervision, or reporting to the proper authorities, or failure to so report, or retention of a person for whom any insured is or ever was legally responsible.

The following Definitions are added to the policy:

1. Sexual and/or Physical abuse means sexual or physical injury or abuse, including but not limited to assault and battery, negligent or deliberate touching, corporal punishment and mental abuse.
2. Employee means any person, other than a Person insured, in your employment, including but not limited to:
 - a. persons with child caring responsibilities;
 - b. attendants;
 - c. janitors;
 - d. bus drivers; and
 - e. volunteer workers.
3. Damages means all damages, including damages for death, which are payable because of injury to which this insurance applies.

All other terms and conditions remain unchanged.

AUTHORIZED REPRESENTATIVE

DATE

National Casualty Company

**ENDORSEMENT
NO.** _____

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.

PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION—ARKANSAS

In consideration of the premium charged, it is agreed that this policy does not apply to a claim of or indemnification for punitive or exemplary damages.

Punitive and exemplary damages are damages that may be imposed to punish a wrongdoer and to deter others from similar conduct. Punitive or exemplary damages also include any damages awarded pursuant to statute in the form of double, treble or other multiple damages in excess of compensatory damages.

If suit is brought against any insured for a claim falling within coverage provided under the policy, seeking both compensatory and punitive or exemplary damages, then the Company will afford a defense to such action; however, the Company will have no obligation to pay for any costs, interest or damages attributable to punitive or exemplary damages.

AUTHORIZED REPRESENTATIVE

DATE

<i>SERFF Tracking Number:</i>	<i>SCTT-125297468</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026145</i>
<i>Company Tracking Number:</i>	<i>XR AR03840NCF01</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Daily Auto Rental Excess (Suppl Liab Ins)</i>		
<i>Project Name/Number:</i>	<i>File New Forms/XR AR03840NCF01</i>		

Rate Information

Rate data does NOT apply to filing.

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Product Name: Daily Auto Rental Excess (Suppl Liab Ins)
Project Name/Number: File New Forms/XR AR03840NCF01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

09/26/2007

Comments:

Attachment:

XR AR03840 PCTD1 Upon Approval.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	

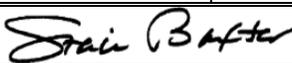
3. Group Name	Group NAIC #
Nationwide	140

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

5. Company Tracking Number	XR AR03840NCF01
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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	800 423-7675 x 3046		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)	20.0 Commercial Auto
10.	Sub-Type of Insurance (Sub-TOI)	20.0003 Other
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Daily Auto Rental Excess (Suppl Liab Ins)
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)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	September 20, 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 #	XR AR03840NCF01
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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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Please find enclosed new forms UT-74g-AR (7-01) Punitive Or Exemplary Damage Exclusion—Arkansas and CA-77(5-01) Sexual Abuse Exclusion.

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 #:

Amount: \$50.00 NCC

\$50.00 x 1 company = \$50.00

Check #:

Amount:

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.)**