

SERFF Tracking Number: CNAB-125433615 State: Arkansas  
First Filing Company: American Casualty Company of Reading PA, ... State Tracking Number: #? \$50  
Company Tracking Number: 07-F3357  
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
Product Name: Boiler and Machinery  
Project Name/Number: Boiler and Machinery ISO Adoption /07-F/L3357

## Filing at a Glance

Companies: American Casualty Company of Reading PA, National Fire Insurance Company of Hartford, Transportation Insurance Company, Valley Forge Insurance Company, Continental Casualty Company, Continental Insurance Company

Product Name: Boiler and Machinery	SERFF Tr Num: CNAB-125433615	State: Arkansas
TOI: 27.0 Boiler & Machinery	SERFF Status: Closed	State Tr Num: #? \$50
Sub-TOI: 27.0000 Boiler & Machinery	Co Tr Num: 07-F3357	State Status: Fees pending
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Roberta Cooper	Disposition Date: 01/28/2008
	Date Submitted: 01/16/2008	Disposition Status: Approved
Effective Date Requested (New): 05/01/2008		Effective Date (New): 05/01/2008
Effective Date Requested (Renewal): 05/01/2008		Effective Date (Renewal): 05/01/2008

State Filing Description:

## General Information

Project Name: Boiler and Machinery ISO Adoption	Status of Filing in Domicile: Pending
Project Number: 07-F/L3357	Domicile Status Comments:
Reference Organization: Insurance Services Office	Reference Number: BM-2006-OEBFO
Reference Title: Mutli-state Boiler and Machinery/Equipment	Advisory Org. Circular: LI-BM-2007-049
Breakdown Multistate Forms/ Rules Revision	
Filing Status Changed: 01/28/2008	
State Status Changed: 01/28/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We are filing to adopt the forms as outlined in ISO Circular LI-BM-2007-049 . Designation; BM-2006-OEBFO.

## Company and Contact

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**Filing Contact Information**

Roberta F. Cooper, State Filing Consultant roberta.cooper@cna.com  
 333 S. Wabash (312) 822-4292 [Phone]  
 Chicago, IL 60685 (312) 755-2394[FAX]

**Filing Company Information**

American Casualty Company of Reading PA 333 South Wabash  37th Floor Chicago, IL 60604  (312) 822-4292 ext. [Phone]	CoCode: 20427 Group Code: 218  Group Name: CNA Insurance Companies FEIN Number: 23-0342560 -----	State of Domicile: Pennsylvania Company Type: Property and Casualty  State ID Number:
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National Fire Insurance Company of Hartford 333 South Wabash  37th Floor Chicago, IL 60604  (312) 822-4292 ext. [Phone]	CoCode: 20478 Group Code: 218  Group Name: CNA Insurance Companies FEIN Number: 06-0464510 -----	State of Domicile: Illinois Company Type: Property and Casualty  State ID Number:
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Transportation Insurance Company 333 South Wabash  37th Floor Chicago, IL 60604  (312) 822-4292 ext. [Phone]	CoCode: 20494 Group Code: 218  Group Name: CNA Insurance Companies FEIN Number: 36-1877247 -----	State of Domicile: Illinois Company Type: Property and Casualty  State ID Number:
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Valley Forge Insurance Company 333 South Wabash  37th Floor Chicago, IL 60604	CoCode: 20508 Group Code: 218  Group Name: CNA Insurance	State of Domicile: Pennsylvania Company Type: Property and Casualty  State ID Number:
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Companies

(312) 822-4292 ext. [Phone]

FEIN Number: 23-1620527  
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Continental Casualty Company  
333 South Wabash

CoCode: 20443  
Group Code: 218

State of Domicile: Illinois  
Company Type: Property and  
Casualty

Chicago , IL 60604

Group Name: CNA Insurance  
Companies

State ID Number:

(312) 822-4292 ext. [Phone]

FEIN Number: 36-2114545  
-----

Continental Insurance Company  
333 South Wabash

CoCode: 35289  
Group Code: 218

State of Domicile: Pennsylvania  
Company Type: Property and  
Casualty

37th Floor

Chicago, IL 60604

Group Name: CNA Insurance  
Companies

State ID Number:

(312) 822-4292 ext. [Phone]

FEIN Number: 13-5010440  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$350.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Casualty Company of Reading PA	\$0.00	01/16/2008	
National Fire Insurance Company of Hartford	\$0.00	01/16/2008	
Transportation Insurance Company	\$0.00	01/16/2008	
Valley Forge Insurance Company	\$0.00	01/16/2008	
Continental Casualty Company	\$0.00	01/16/2008	
Continental Insurance Company	\$0.00	01/16/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/28/2008	01/28/2008

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## Disposition

Disposition Date: 01/28/2008  
Effective Date (New): 05/01/2008  
Effective Date (Renewal): 05/01/2008  
Status: Approved  
Comment: adopt ISO Circular #LI-BM-2007-049  
Do not adopt ISO EB 9951 (09/07)

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent. Form filing is only \$50 per filing. It does not matter how many companies you have. Any overpayment will be refunded back.

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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Form	Amendment of Declarations	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendment of Declarations	G-300496-A	09-2007	Endorsement/Amendment/Conditions		41.10	G-300496-A0001.pdf



<b>CONDITIONS and OPTIONAL COVERAGES</b>	
Business Income Annual Value	@@@@@@@@@@@@@@@@
Business Income Report Date	@@@@@@@@@@@@@@@@@@@@@@@@@@@@
Business Income Coinsurance Percentage	@@@@@@@@@@@@@@@@@@@@@@@@@@@@
Diagnostic Equipment (INCLUDED or EXCLUDED)	@@@@@@@@@@@@@@@@@@@@@@@@@@@@
The deductible applies only to a coverage for which an amount, hours, days, times daily value or the word INCLUDED is shown. If INCLUDED is shown, then the deductible for that coverage is part of the Combined Deductible.	
<b>DEDUCTIBLES</b>	<b>AMOUNTS, HOURS or DAYS</b>
Combined Deductible	@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
Property Damage	@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
Business Income and Extra Expense	@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
Extra Expense	@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
Contingent Business Income/Extra Expense	@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
Spoilage Damage	@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
Utility Interruption	
-Spoilage Damage	@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
-Business Income and/or Extra Expense	@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
The deductible for the following coverages are INCLUDED with the Property Damage Deductible unless a different amount is shown.	
Ammonia Contamination	@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
Consequential Loss	@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
Data & Media – Covered Equipment	@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
Hazardous Substance	@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
Water Damage	@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
Expediting Expense	@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@

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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 01/28/2008

**Comments:**

**Attachment:**

07-F3357 ARK NAIC Forms Document0001.pdf

**Satisfied -Name:** Filing Memo  
**Review Status:** Approved 01/28/2008

**Comments:**

**Attachment:**

07-F3357 Form Filing Memo .pdf



## Property & Casualty Transmittal Document—

<b>20.</b> This filing transmittal is part of Company Tracking #	07-F3357
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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As subscribers to ISO ( Insurance Service Office), ISO files on our behalf.

ISO circular # LI-BM-2007-049 (Designation # BM-2006-OEBFO was filed and approved with changes applicable to all policies written on or after October 1, 2007.

**CNA HAS NOT IMPLEMENTED THOSE CHANGES AND WISHES TO TO DEFER CHANGES AS OUTLINED TO A MAY 1, 2008 WRITTEN DATE.**

Please note: We will not adopt ISO's form # EB 9951 (09/07). Form # G-300496-A (09/07) will apply in its place. A copy of this form is attached.

<b>22. 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]
---

**Check #:** 0000212247

**Amount:** \$350

**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.)**

## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>07-F3357</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Amendment of Declarations	G-300496-A (Ed 09/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

## **Boiler and Machinery Form Deferral Filing ID # 07-F3357**

Continental Casualty Company	218-20443
National Fire Insurance Company of Hartford	218-20478
American Casualty Company of Reading, PA	218-20427
Transportation Insurance Company	218-20494
Transcontinental Insurance Company	218-20486
Valley Forge Insurance Company	218-20508
Continental Insurance Company	218-35289

As subscribers to ISO (Insurance Service Office), ISO files on our behalf.

ISO Circular # LI-BM-2007-049 (Designation # BM-2006-OEBF0 was filed and approved with changes applicable to all policies written on or after October 1, 2007.

**However, CNA has not implemented those changes and wishes to defer changes as outlined to a May 1, 2008 written date.**

Please note: We will not adopt ISO's form # EB 9951(09/07). Form G-300496-A (09/07) will apply in its place. A copy of this form is attached.