

SERFF Tracking Number: PNMC-125842729 State: Arkansas  
Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: # \$0  
Company Tracking Number: KAY-08-065  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Prop Forms Delay  
Project Name/Number: KAY-08-065/KAY-08-065

## Filing at a Glance

Company: Pennsylvania National Mutual Casualty Insurance Company

Product Name: Prop Forms Delay

SERFF Tr Num: PNMC-125842729 State: Arkansas

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: # \$0

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Co Tr Num: KAY-08-065

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Denise King, Diane Williard

Disposition Date: 10/23/2008

Date Submitted: 10/20/2008

Disposition Status: Filed

Effective Date Requested (New):

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: KAY-08-065

Status of Filing in Domicile: Not Filed

Project Number: KAY-08-065

Domicile Status Comments:

Reference Organization: ISO

Reference Number: CL-2008-OWEFO

Reference Title: Multistate Water Exclusion Endorsements Approved In Various Jurisdictions

Advisory Org. Circular: LI-CF-2008-215

Filing Status Changed: 10/23/2008

State Status Changed: 10/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Multistate Water Exclusion Endorsements Approved In Various Jurisdictions

### PURPOSE:

Our Company is postponing for an indefinite period the adoption of the above referenced revision filed by the Insurance

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Services Office to be applicable to all policies effective on and after January 1, 2009.

Our purpose in delaying the implementation of this revision is to provide us with the opportunity to further assess our position in this matter.

**PROPOSAL:**

As soon as we have completed our market analysis, we will contact your Department and will make whatever filing is necessary to implement our Company's procedure.

Your prompt and favorable approval is appreciated.

**Company and Contact**

**Filing Contact Information**

Diane Williard, Technical Underwriting Associate  
 2 N. 2nd St.  
 Harrisburg, PA 17101  
 dwilliard@pnat.com  
 (717) 234-4941 [Phone]  
 (717) 255-6362[FAX]

**Filing Company Information**

Pennsylvania National Mutual Casualty Insurance Company  
 2 N. Second St.  
 PO Box 2361  
 Harrisburg, PA 17105-2361  
 (717) 234-4941 ext. [Phone]  
 CoCode: 14990  
 State of Domicile: Pennsylvania  
 Group Code: 271  
 Company Type: P&C  
 Group Name: Penn National Insurance  
 State ID Number: 03  
 FEIN Number: 23-0961349  
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**Filing Fees**

Fee Required? No  
 Retaliatory? No

*SERFF Tracking Number:* PPMC-125842729      *State:* Arkansas  
*Filing Company:* Pennsylvania National Mutual Casualty      *State Tracking Number:* # \$0  
*Insurance Company*  
*Company Tracking Number:* KAY-08-065  
*TOI:* 01.0 Property      *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied  
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**Fee Explanation:**  
**Per Company:** No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pennsylvania National Mutual Casualty Insurance Company	\$0.00	10/20/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	10/23/2008	10/23/2008

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Project Name/Number: KAY-08-065/KAY-08-065

## Disposition

Disposition Date: 10/23/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment: Company is postponing for an indefinite period the adoption of the above referenced revision filed by the Insurance Services Office to be applicable to all policies effective on and after January 1, 2009. CL-2008-OWEFO

Rate data does NOT apply to filing.

SERFF Tracking Number: PPMC-125842729 State: Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property &Filed Casualty		Yes

*SERFF Tracking Number:* PNNC-125842729      *State:* Arkansas  
*Filing Company:* Pennsylvania National Mutual Casualty      *State Tracking Number:* # \$0  
*Insurance Company*  
*Company Tracking Number:* KAY-08-065  
*TOI:* 01.0 Property      *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied  
Lines)  
*Product Name:* Prop Forms Delay  
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## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: PNNC-125842729 State: Arkansas  
Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: # \$0  
Insurance Company  
Company Tracking Number: KAY-08-065  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**  
Filed 10/23/2008

**Comments:**

**Attachment:**  
ARtrans10708.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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
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<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>21.</b>	<b>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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<b>22.</b>	<b>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]
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**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.)**

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## 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>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input 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		

PC FFS-1

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	