

SERFF Tracking Number: SCTT-125823466 State: Arkansas
Filing Company: National Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: VPI AR04182NCF01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: Veterinary Pet Insurance
Project Name/Number: 4182 Veterinary Pet Insurance /VPI AR04182NCF01

Filing at a Glance

Company: National Casualty Company
Product Name: Veterinary Pet Insurance
TOI: 09.0 Inland Marine
Sub-TOI: 09.0004 Pet Insurance Plans
Filing Type: Form
Effective Date Requested (New): On Approval
Effective Date Requested (Renewal): On Approval
State Filing Description:

SERFF Tr Num: SCTT-125823466 State: Arkansas
SERFF Status: Closed State Tr Num: EFT \$50
Co Tr Num: VPI AR04182NCF01 State Status: Fees verified and received
Co Status: Reviewer(s): Becky Harrington, Betty Montesi
Author: Kristin Abbott Disposition Date: 10/01/2008
Date Submitted: 09/18/2008 Disposition Status: Approved
Effective Date (New):
Effective Date (Renewal):

General Information

Project Name: 4182 Veterinary Pet Insurance
Project Number: VPI AR04182NCF01
Reference Organization: n/a
Reference Title: n/a
Filing Status Changed: 10/01/2008
State Status Changed: 09/24/2008
Corresponding Filing Tracking Number:
Filing Description:
National Casualty Company is submitting a new form for use with our Veterinary Pet Insurance program currently on file with your Department. We request an effective date concurrent with your Department's approval.

Status of Filing in Domicile: Pending
Domicile Status Comments:
Reference Number: n/a
Advisory Org. Circular: n/a
Deemer Date:

Please find attached VS-117 (7-08) General Provision Endorsement. This form has been developed to clarify language under the VPI Superior Plan and the VPI Standard Plan Coverage Forms. There is no rate impact.

SERFF Tracking Number: SC TT-125823466 State: Arkansas
 Filing Company: National Casualty Company State Tracking Number: EFT \$50
 Company Tracking Number: VPI AR04182NCF01
 TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
 Product Name: Veterinary Pet Insurance
 Project Name/Number: 4182 Veterinary Pet Insurance /VPI AR04182NCF01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	10/01/2008	10/01/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	09/24/2008	09/24/2008	Kristin Abbott	09/30/2008	09/30/2008

SERFF Tracking Number: *SCTT-125823466* *State:* *Arkansas*
Filing Company: *National Casualty Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *VPI AR04182NCF01*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0004 Pet Insurance Plans*
Product Name: *Veterinary Pet Insurance*
Project Name/Number: *4182 Veterinary Pet Insurance /VPI AR04182NCF01*

Disposition

Disposition Date: 10/01/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: Effective upon approval.

Rate data does NOT apply to filing.

SERFF Tracking Number: SCTT-125823466 State: Arkansas
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 TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
 Product Name: Veterinary Pet Insurance
 Project Name/Number: 4182 Veterinary Pet Insurance /VPI AR04182NCF01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form (revised)	General Provision Endorsement	Approved	Yes
Form	General Provision Endorsement		Yes

SERFF Tracking Number: SCTT-125823466 State: Arkansas
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TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: Veterinary Pet Insurance
Project Name/Number: 4182 Veterinary Pet Insurance /VPI AR04182NCF01

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/24/2008

Submitted Date 09/24/2008

Respond By Date

Dear Kristin Abbott,

This will acknowledge receipt of the captioned filing.

Objection 1

- General Provision Endorsement (Form)

Comment:

The applicable provision of the Arkansas Statute of Limitations of the Arkansas General Code, allows five (5) years in which to commence litigation for this insurance contract. You may amend by extending the time limit to five (5) years or by stating, "within the time allowed by law."

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State

Response Letter Date 09/30/2008

Submitted Date 09/30/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: Dear Ms. Harrington,

Thank you for your inquiry regarding this filing.

Please find attached VS-117-AR (9-08) General Provision Endorsement - Arkansas.

SERFF Tracking Number: SCTT-125823466 State: Arkansas
 Filing Company: National Casualty Company State Tracking Number: EFT \$50
 Company Tracking Number: VPI AR04182NCF01
 TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
 Product Name: Veterinary Pet Insurance
 Project Name/Number: 4182 Veterinary Pet Insurance /VPI AR04182NCF01

Thank you for your further consideration of this filing and please let me know if you have additional questions or concerns.

Sincerely,
 Kristin Abbott

Related Objection 1

Applies To:
 - General Provision Endorsement (Form)
 Comment:

The applicable provision of the Arkansas Statute of Limitations of the Arkansas General Code, allows five (5) years in which to commence litigation for this insurance contract. You may amend by extending the time limit to five (5) years or by stating, "within the time allowed by law."

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
General Provision Endorsement	VS-117	07-08	Endorsement/Amendment/Conditions	Replaced		0	VS-117-AR (9-08).pdf
Previous Version							
General Provision Endorsement	VS-117	07-08	Endorsement/Amendment/Conditions	New		0	VS-117 (7-08).pdf

No Rate/Rule Schedule items changed.

Sincerely,
 Kristin Abbott

SERFF Tracking Number: SCTT-125823466 State: Arkansas
 Filing Company: National Casualty Company State Tracking Number: EFT \$50
 Company Tracking Number: VPI AR04182NCF01
 TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
 Product Name: Veterinary Pet Insurance
 Project Name/Number: 4182 Veterinary Pet Insurance /VPI AR04182NCF01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	General Provision Endorsement	VS-117	07-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 VS-117 (7-08) Previous Filing #:		VS-117-AR (9-08).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.

GENERAL PROVISION ENDORSEMENT – ARKANSAS

This endorsement modifies insurance provided under the following:

**VPI STANDARD PLAN—COVERAGE FORM
VPI SUPERIOR PLAN—COVERAGE FORM**

Section **2. DEFINITIONS** of the Coverage Form is amended by adding the following:

Claim decision date: Means the date that **we** conclude **your** claim and advise **you** of **our** claim decision. **We** list this date on the Explanation of Benefits form that **we** send to **you**.

Spouse: Means **your** husband, wife, or domestic partner under the law of **your** state of residence who lives with **you** at the address shown on the declarations page.

Section **7. ASSIGNMENT OR TRANSFER OF POLICY** is deleted in its entirety and replaced by the following:

7. ASSIGNMENT OR TRANSFER OF POLICY

- A. **You** may not transfer or assign this policy in whole or in part without **our** written consent. **We** will not consent unless both **you** and the proposed assignee give **us** information that **we** request on forms that **we** provide.
- B. If **you** die, this policy will transfer to **your** legal representative or surviving **spouse**.

Section **11. LIBERALIZATION** is deleted in its entirety and replaced by the following:

11. CHANGES AND LIBERALIZATION

- A. This policy contains all the agreements between **you** and **us**. Its terms cannot be changed except by endorsement or rider issued by **us**.

- B. **You** or **your spouse** may request changes to **your** policy. Any changes **we** make due to a request by **you** or **your spouse** is binding on all persons who have any interest under **your** policy.
- C. If **we** revise this policy form and broaden **your** coverage without charge, **you** will receive the broader coverage as soon as **we** make the revision.

Section **13. INSURED'S DUTIES** is deleted in its entirety and replaced by the following:

13. INSURED'S DUTIES

- A. **You** must promptly notify **us** of **your pet's** treatment for any **condition**. **You** must submit complete and legible claim forms to **us** and include itemized receipts for **veterinary services** expenses.
- B. **You** must submit all itemized receipts of treatment from a **veterinarian** with **your** fully completed and legible claim form. In all cancer treatment claims, **you** may be required to submit documentation of a test or tests showing that **your pet** was treated for a malignant **condition**.
- C. **You** agree to submit **your pet** to an examination by a **veterinarian** selected by **us**, upon **our** request.
- D. **You** must reasonably protect **your pet** from aggravation of any **condition**.

- E. Upon payment of benefits, **we** will be subrogated to **your** rights of recovery from any other party.

The following section is added to the policy:

SUIT AGAINST US

You may not bring a legal action against **us** unless **you** have complied with all provisions of this policy.

AUTHORIZED REPRESENTATIVE

DATE

SERFF Tracking Number: SCTT-125823466 State: Arkansas
Filing Company: National Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: VPI AR04182NCF01
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: Veterinary Pet Insurance
Project Name/Number: 4182 Veterinary Pet Insurance /VPI AR04182NCF01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/01/2008

Comments:

Attachment:

VPI AR4182ncfpctd.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 10/01/2008

Comments:

Attachment:

VPI 4182ncfcvrltr.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	VPI AR04182NCF01
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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
	Kristin Abbott PO Box 4110 Scottsdale, AZ 85261-4110	State Filings Analyst II	800 423-7675 x3140		abbootk@scottsdalein s.com

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

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

9. Type of Insurance (TOI)	09.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	09.0004 Pet Insurance Plans
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Veterinary Pet Insurance Program
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: On Approval Renewal: On 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	September 18, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	VPI AR04182NCF01
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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 a new form for use with our Veterinary Pet Insurance program currently on file with your Department. We request an effective date concurrent with your Department's approval.

Please find attached VS-117 (7-08) General Provision Endorsement. This form has been developed to clarify language under the VPI Superior Plan and the VPI Standard Plan Coverage Forms. There is no rate impact.

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</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.)

N A T I O N A L C A S U A L T Y C O M P A N Y

8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Reply to:

Post Office Box 4110
Scottsdale, AZ 85261-4110

Telephone

800 423-7675 x3140

September 18, 2008

Re: National Casualty Company
NAIC # 140-11991
FEIN # 38-0865250
Veterinary Pet Insurance – Form Filing
Company File Number: VPI 04182NCF01

Dear Commissioner:

National Casualty Company is submitting a new form for use with our Veterinary Pet Insurance program currently on file with your Department. We request an effective date concurrent with your Department's approval.

Please find attached VS-117 (7-08) General Provision Endorsement. This form has been developed to clarify language under the VPI Superior Plan and the VPI Standard Plan Coverage Forms. There is no rate impact.

We hope you will be in a position to grant favorable consideration to this filing submission, however, should you need further information, please feel free to contact me on the toll free number or e-mail address listed below.

Sincerely,



Kristin Abbott
State Filings Analyst II
abbottk@scottsdaleins.com
(800) 423-7675 x3140
Encl.

SERFF Tracking Number: *SCTT-125823466* *State:* *Arkansas*
Filing Company: *National Casualty Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *VPI AR04182NCF01*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0004 Pet Insurance Plans*
Product Name: *Veterinary Pet Insurance*
Project Name/Number: *4182 Veterinary Pet Insurance /VPI AR04182NCF01*

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	General Provision Endorsement	09/18/2008	VS-117 (7-08).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.

GENERAL PROVISION ENDORSEMENT

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- D. **You** must reasonably protect **your pet** from aggravation of any **condition**.

- E. Upon payment of benefits, **we** will be subrogated to **your** rights of recovery from any other party.

The following section is added to the policy:

SUIT AGAINST US

You may not bring a legal action against **us** unless **you** have complied with all provisions of this policy. **You** must begin any legal action against **us** within one year of: (1) **your pet's** first treatment for any **condition** identified in your legal action or; (2) the **claims decision date**, whichever is later.

AUTHORIZED REPRESENTATIVE

DATE