

SERFF Tracking Number: SCTT-125849044 State: Arkansas
Filing Company: National Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: KR AR04192NCF01
TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2000 CMP Sub-TOI Combinations
Only
Product Name: Sports & Leisure
Project Name/Number: 4192 Sports & Leisure/KR AR04192NCF01

Filing at a Glance

Company: National Casualty Company
Product Name: Sports & Leisure SERFF Tr Num: SCTT-125849044 State: Arkansas
TOI: 05.2 Commercial Multi-Peril - Liability SERFF Status: Closed State Tr Num: EFT \$50
Portion Only
Sub-TOI: 05.2000 CMP Sub-TOI Combinations Co Tr Num: KR AR04192NCF01 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: Kristin Abbott Disposition Date: 10/08/2008
Date Submitted: 10/07/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 10/08/2008
Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 10/08/2008

State Filing Description:

General Information

Project Name: 4192 Sports & Leisure Status of Filing in Domicile: Pending
Project Number: KR AR04192NCF01 Domicile Status Comments:
Reference Organization: n/a Reference Number: n/a
Reference Title: n/a Advisory Org. Circular: n/a
Filing Status Changed: 10/08/2008
State Status Changed: 10/08/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

National Casualty Company is filing a revised form for our currently filed Sports and Leisure program. We request an effective date as soon as permissible by the laws of your state.

Please find attached new endorsement KR-GL-39 Temporary Ambulance Coverage which replaces the (4-07) edition.

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The form has been revised to clarify that the endorsement is an exclusion for temporary ambulances.

Company and Contact

Filing Contact Information

Kristin Abbott, Filings Analyst II
 PO Box 4110
 Scottsdale, AZ 85261
 abbottk@scottsdaleins.com
 (800) 423-7675 [Phone]

Filing Company Information

National Casualty Company
 PO Box 4110
 Scottsdale, AZ 85261
 (800) 423-7675 ext. [Phone]
 CoCode: 11991
 Group Code: 140
 Group Name:
 FEIN Number: 38-0865250
 State of Domicile: Wisconsin
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Form filing - \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Casualty Company	\$50.00	10/07/2008	23013230

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/08/2008	10/08/2008

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Disposition

Disposition Date: 10/08/2008

Effective Date (New): 10/08/2008

Effective Date (Renewal): 10/08/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Temporary Ambulance Coverage	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Temporary Ambulance Coverage	KR-GL-39	9-08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 KR-GL-39 (4-07) Previous Filing #:		KR-GL-39_9-08_.pdf KR-GL-39_9-08_comp.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.

TEMPORARY AMBULANCE COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

- A.** The following is added to **SECTION I—COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions, Item g. Aircraft, Auto or Watercraft:**

This exclusion does not apply to:

Any vehicle which at your request, is being used as a “temporary ambulance” during a “covered program” while on the “premises” or traveling over a normal route from the “premises” to a hospital or returning directly to the “premises.”

“Temporary ambulance” means any vehicle which is temporarily used as an ambulance.

- B.** The following is added to **SECTION II—WHO IS AN INSURED:**

For purposes of this endorsement, the registered owner and/or driver of any vehicle which is being used, at your request, as a “temporary ambulance.”

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.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/08/2008

Comments:

Attachment:

KR AR04192ncfpctd.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 10/08/2008

Comments:

Attachment:

KR 4192ncfcvrltr.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%; padding: 2px 5px;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 2px 5px;">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	KR AR04192NCF01
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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	480-368-5820	abbottk@scottsdaleins.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Kristin Abbott
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Multi-Peril
10. Sub-Type of Insurance (Sub-TOI)	Commercial Multi-Peril
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Sports and Leisure 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	October 7, 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 #	KR AR04192NCF01
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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 filing a revised form for our currently filed Sports and Leisure program. We request an effective date as soon as permissible by the laws of your state.

Please find attached new endorsement KR-GL-39 Temporary Ambulance Coverage which replaces the (4-07) edition. The form has been revised to clarify that the endorsement is an exclusion for temporary ambulances.

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



A Nationwide® Company

Reply to:

Post Office Box 4110
Scottsdale, AZ 85261-4110

Telephone
480-365-4000
FAX 480-483-6752

October 7, 2008

RE: National Casualty Company
NAIC No: 140-11991
Sports & Leisure Program - Form Filing
Company File No.: KR 04192NCF01

Dear Commissioner:

National Casualty Company is filing a revised form for our currently filed Sports and Leisure program. We request an effective date as soon as permissible by the laws of your state.

Please find attached new endorsement KR-GL-39 Temporary Ambulance Coverage which replaces the (4-07) edition. The form has been revised to clarify that the endorsement is an exclusion for temporary ambulances.

We hope you will be in a position to grant favorable consideration to this submission. If you need any 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