

SERFF Tracking Number: STNA-125789573 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: EFT \$50
Company Tracking Number: SN2008AR04CA
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Abuse or Molestation Exclusion
Project Name/Number: Abuse or Molestation Exclusion/SN2008AR04CA

Filing at a Glance

Company: State National Insurance Company Inc.

Product Name: Abuse or Molestation Exclusion SERFF Tr Num: STNA-125789573 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0003 Other

Co Tr Num: SN2008AR04CA

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Cathy Ruppel

Disposition Date: 10/14/2008

Date Submitted: 10/14/2008

Disposition Status: Approved

Effective Date Requested (New): 05/01/2009

Effective Date (New): 05/01/2009

Effective Date Requested (Renewal): 05/01/2009

Effective Date (Renewal):

05/01/2009

State Filing Description:

General Information

Project Name: Abuse or Molestation Exclusion

Status of Filing in Domicile: Pending

Project Number: SN2008AR04CA

Domicile Status Comments: n/a

Reference Organization: n/a

Reference Number: n/a

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 10/14/2008

State Status Changed: 10/14/2008

Deemer Date:

Corresponding Filing Tracking Number: n/a

Filing Description:

State National Insurance Company requests your approval of our new Abuse or Molestation Exclusion, form L 1575 08 08.

This is a new endorsement that will be mandatory for all types of Commercial Auto policies. This filing has no rate/rule impact.

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We are proposing this exclusion to clarify that our policy will not respond in the event of a claim involving abuse or molestation. It is not our intent for the policy to respond to these types of claims, nor do our rates contemplate coverage for these types of claims.

We request an effective date of 5/1/09 for both new and renewal business.

Company and Contact

Filing Contact Information

Cathy Ruppel, State Filings Analyst cruppel@lincolngeneral.com
 PO Box 3709 (800) 876-3350 [Phone]
 York, PA 17402-0136

Filing Company Information

State National Insurance Company Inc. CoCode: 12831 State of Domicile: Texas
 8200 Anderson Boulevard Group Code: 93 Company Type: Property & Casualty
 Fort Worth, TX 76120 Group Name: State ID Number:
 (800) 877-4567 ext. [Phone] FEIN Number: 75-1980552

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 for each form filing
 1 form filing x \$50 = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State National Insurance Company Inc.	\$50.00	10/14/2008	23168016

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/14/2008	10/14/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Uniform Transmittal Document-Property & Casualty	Supporting Document	Cathy Ruppel	10/14/2008	10/14/2008

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Disposition

Disposition Date: 10/14/2008

Effective Date (New): 05/01/2009

Effective Date (Renewal): 05/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: STNA-125789573 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Authorization	Approved	Yes
Form	Abuse or Molestation Exclusion	Approved	Yes

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Amendment Letter

Amendment Date:

Submitted Date: 10/14/2008

Comments:

The Filing Description of the Transmittal has been amended to clarify:

On behalf of State National Insurance Company, we are submitting for approval our new Abuse or Molestation Exclusion, form L 1575 08 08 to be used with the "LG Program".

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment: please see attached

SNIC Transmittal amended.pdf

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Abuse or Molestation Exclusion	L 1575	08 08	Endorsement/Amendment/Conditions		0.00	L 1575 0808.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ABUSE OR MOLESTATION EXCLUSION

This endorsement modifies insurance provided under the following;

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. The following exclusion is added to Paragraph **B. Exclusions** of **Section II – Liability Coverage** in the Business Auto, Motor Carrier and Truckers Coverage Forms and for "**Garage Operations**" –**Covered "Autos"** in the Garage Coverage Form:

ABUSE OR MOLESTATION EXCLUSION

This insurance does not apply to any claim, "suit", accusation or charge or any "loss", cost or expense for "bodily injury" or "property damage" arising out of:

1. The actual or threatened abuse or molestation by anyone of any persons, or
2. The negligent hiring, employment, placement, training, supervision, investigation, reporting to the proper authorities, or failure to so report, retention of a person for whom any "insured" is or ever was legally responsible and whose conduct would be excluded by 1. above.

Abuse and molestation includes but is not limited to any verbal or nonverbal communication, behavior, or conduct with sexual connotations, infliction of physical, emotional, or psychological injury or harm whether for gratification, discrimination, intimidation, coercion, or other purposes, regardless of whether such action or resulting injury is alleged to be intentionally or negligently caused.

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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 10/14/2008

Comments:
please see attached

Attachment:
SNIC Transmittal amended.pdf

Satisfied -Name: Filing Authorization **Review Status:** Approved 10/14/2008

Comments:
please see attached

Attachment:
Filing Authorization.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 style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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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 style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" 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—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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]

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.)

PC TD-1 pg 2 of 2

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.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (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



October 8, 2008

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

**Re: Letter of Filing Authorization
State National Insurance Company, Inc.
NAIC # 0093-12831; FEIN #75-1980552
Commercial Auto Form Filing**

Dear Ladies/Gentlemen:

This letter will certify that Lincoln General Insurance Company has been given full authorization to submit the captioned filing on behalf of State National Insurance Company, Inc. This authorization extends to all correspondence related to the referenced filing only. It does not apply to any subsequent filings made after the approval of the referenced filing.

Please direct all correspondence in relation to this filing directly to Cathy Ruppel, Lincoln General Insurance Company, 3501 Concord Road, York, PA 17402. Should you have any questions concerning this filing, please contact Cathy at (800) 876-3350 x 6540 or by email at cruppel@lincolngeneral.com. Should you need to contact an insurance company representative concerning this filing, please contact State National Insurance Company, Inc., 8200 Anderson Blvd., Fort Worth, Texas 76120 or contact Debbie VanSanford at (817) 265-2000 x 1230 or by email at dvansanford@statenational.com

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "D. M. Cleff", written over a horizontal line.

David M. Cleff
Senior Vice President and General Counsel

Cc: File (Avalon)

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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	Supporting Document	Uniform Transmittal Document-Property & Casualty	08/25/2008	SNIC Transmittal.pdf

Property & Casualty Transmittal Document

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