

<i>SERFF Tracking Number:</i>	<i>NVAC-125885233</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>NOVA Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>IMAR08-004FO</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>IM EQ & EQSL Limitation Form Filing</i>		
<i>Project Name/Number:</i>	<i>IM EQ & EQSL Limitation Form Filing/</i>		

Filing at a Glance

Company: NOVA Casualty Company

Product Name: IM EQ & EQSL Limitation Form SERFF Tr Num: NVAC-125885233 State: Arkansas

Filing

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$20

Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Co Tr Num: IMAR08-004FO

State Status: Fees verified and received

Filing Type: Form

Co Status: Initial Co. Filing

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Brenda Eldridge

Disposition Date: 11/05/2008

Date Submitted: 11/03/2008

Disposition Status: Approved

Effective Date Requested (New): 12/01/2008

Effective Date (New): 12/01/2008

Effective Date Requested (Renewal): 12/01/2008

Effective Date (Renewal):
12/01/2008

State Filing Description:

General Information

Project Name: IM EQ & EQSL Limitation Form Filing

Status of Filing in Domicile: Authorized

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/05/2008

State Status Changed: 11/05/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Nova Casualty Company (NCC) would like to replace ACM00140308 with ACM00141008 for use with our Non-File Commercial Inland Marine Coverage Part.

The difference in the forms is the addition of EQSL in the coverage.

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There are no other changes.

Company and Contact

Filing Contact Information

Brenda Eldridge, Sr. Compliance Analyst brenda.eldridge@novacasualty.com
 726 Exchange Street (716) 857-2074 [Phone]
 Buffalo, NY 14210 (716) 856-4351[FAX]

Filing Company Information

NOVA Casualty Company CoCode: 42552 State of Domicile: New York
 726 Exchange Street Group Code: -99 Company Type: P & C
 Suite 1020
 Buffalo, NY 14210-1484 Group Name: State ID Number:
 (716) 856-3722 ext. [Phone] FEIN Number: 16-1140177

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: form filing amendment
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
NOVA Casualty Company	\$20.00	11/03/2008	23670594

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/05/2008	11/05/2008

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Disposition

Disposition Date: 11/05/2008

Effective Date (New): 12/01/2008

Effective Date (Renewal): 12/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	EQ & EQSL Limitation Form	ACM0014	1008	Endorsement/Amendment/Conditions	Replaced Form #:0.00 ACM00140308 Previous Filing #:		ACM0014_10-08 Earthquake-EQSL Limitation.pdf

RENTAL EQUIPMENT - EARTHQUAKE LIMITATION

This endorsement modifies insurance provided under the following:

RENTAL EQUIPMENT COVERAGE FORM

1. It is agreed that the following paragraph is added to **A. COVERAGE**.

Coverage Limitations

Earthquake

We will pay for loss or damage caused by earthquake or volcanic action to Covered Property while at a premise described in the declarations. If more than one earthquake, shock or volcanic eruption occurs within any 168 hour period, we will consider them to be a single occurrence. The expiration of this policy will not reduce the 168 hour period.

Volcanic action means only:

- a. volcanic blast or airborne shockwaves;
- b. ash, dust, particles; or
- c. lava flow resulting from the eruption of a volcano.

2. If the Declarations indicate that this endorsement covers Earthquake - Sprinkler Leakage Only, then Paragraph 1 above does not apply, and the following apply instead:

It is agreed that the following paragraph is added to **A. COVERAGE**.

Coverage Limitations

Earthquake

We will pay for loss or damage caused by sprinkler leakage resulting from earthquake or volcanic action to Covered Property while at a premise described in the declarations. If more than one earthquake, shock or volcanic eruption occurs within any 168 hour period, we will consider them to be a single occurrence. The expiration of this policy will not reduce the 168 hour period.

Volcanic action means only:

- a. volcanic blast or airborne shockwaves;
- b. ash, dust, particles; or
- c. lava flow resulting from the eruption of a volcano.

3. It is agreed that the following paragraphs are added to **B. EXCLUSIONS**.

- a. We will not pay for loss or damage that occurs during the period your coverage is in effect if the earthquake or volcanic eruption begins before this period.
- b. We will not pay for loss or damage caused directly or indirectly by landslide, sinkhole collapse, or earth movement other than earthquake and volcanic eruption. Such loss is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage.

All other exclusions under the **EXCLUSIONS** section of your policy apply to this coverage.

4. It is agreed that the following paragraph is added to **D. LIMITS OF INSURANCE**:

The most we will pay for all loss or damage caused by a single earthquake is \$250,000. This limit is also the total amount we will pay for all losses in any one policy year caused by earthquake.

5. It is agreed that the following paragraph is added to **E. DEDUCTIBLE**.

We will not pay for loss or damage in any one occurrence for earthquake or volcanic action until the amount of the adjusted loss or damage before exceeds \$25,000. We will then pay the amount of the adjusted loss or damage in excess of the first \$25,000, up to Limit of Insurance.

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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 11/05/2008

Comments:

Attachment:

NAIC Transmittal Document.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; margin-bottom: 5px;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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: _____ Renewal: _____
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.)

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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.)

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		

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