

<i>SERFF Tracking Number:</i>	<i>NVAC-125937333</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>NOVA Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>OPAR08-001FO</i>		
<i>TOI:</i>	<i>05.1 Commercial Multi-Peril - Non-Liability Portion Only</i>	<i>Sub-TOI:</i>	<i>05.1004 Manufacturers Output</i>
<i>Product Name:</i>	<i>Initial Capital Assets (Output Policy) Filing</i>		
<i>Project Name/Number:</i>	<i>Initial Capital Assets (Output Policy) Filing/</i>		

## Filing at a Glance

Company: NOVA Casualty Company

Product Name: Initial Capital Assets (Output Policy) Filing      SERFF Tr Num: NVAC-125937333      State: Arkansas

TOI: 05.1 Commercial Multi-Peril - Non-Liability      SERFF Status: Closed      State Tr Num: EFT \$50  
Portion Only

Sub-TOI: 05.1004 Manufacturers Output      Co Tr Num: OPAR08-001FO      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: 12/17/2008

Date Submitted: 12/17/2008      Disposition Status: Approved

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

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

Effective Date (New): 01/01/2009

Effective Date (Renewal):

01/01/2009

State Filing Description:

## General Information

Project Name: Initial Capital Assets (Output Policy) Filing

Project Number:

Reference Organization: ISO

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: RATES/RULES OP-2001-RLC1 and supplements. The related rules and rating plans contained in OP-2001-R01RU and supplements; OP-2002-OTERU; OP-2003-OMORU; OP-2004-RTIRP; OP-2005-ORUTR; CL-2006-OTR01; CL-2006-OVBER; CL-2007-RTRP1, OP-2007-RTRP1 and OP-2007-REBRU, FORMS OP-2001-O01FO and supplements; OP-2003-OMOFR; CL-2006-OVBEF; CL-2007-OTRP1; CL-2006-OTF01; OP-2004-OTIPF; OP-2005-OFOTR; CL-2003-



SERFF Tracking Number: NVAC-125937333 State: Arkansas  
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 TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1004 Manufacturers Output  
 Portion Only  
 Product Name: Initial Capital Assets (Output Policy) Filing  
 Project Name/Number: Initial Capital Assets (Output Policy) Filing/

**Filing Description:**

ISO Capital Assets – Division Fourteen

At this time we would like to file to adopt ISO’s Capital Assets – Division Fourteen most current forms as contained in ISO’s Reference Filing Designation Numbers OP-2001-O01FO and supplements; OP-2003-OMOFR; CL-2006-OVBEP; CL-2007-OTRP1; CL-2006-OTF01; OP-2004-OTIPF; OP-2005-OFOTR; CL-2003-OCH1; OP-2007-OTRP1 which will be used with this program filed on behalf of NCC by ISO as part of its ISO affiliation.

We would also like to file NCC’s Declarations Page for use with the Capital Assets program.

**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  
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**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 #
NOVA Casualty Company	\$50.00	12/17/2008	24586123

*SERFF Tracking Number:* NVAC-125937333      *State:* Arkansas  
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## **Correspondence Summary**

### **Dispositions**

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	12/17/2008	12/17/2008

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*Product Name:* Initial Capital Assets (Output Policy) Filing  
*Project Name/Number:* Initial Capital Assets (Output Policy) Filing/

## **Disposition**

Disposition Date: 12/17/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal): 01/01/2009

Status: Approved

Comment: filing to adopt ISO's Capital Assets – Division Fourteen most current forms as contained in ISO's Reference Filing Designation Numbers OP-2001-O01FO and supplements; OP-2003-OMOFR; CL-2006-OVBEP; CL-2007-OTRP1; CL-2006-OTF01; OP-2004-OTIPF; OP-2005-OFOTR; CL-2003-OCH1; OP-2007-OTRP1 which will be used with this program filed on behalf of NCC by ISO as part of its ISO affiliation.

Rate data does NOT apply to filing.







# NOVA CASUALTY COMPANY

A STOCK INSURANCE COMPANY  
726 EXCHANGE STREET, SUITE 1020, BUFFALO, NY 14210

## CAPITAL ASSETS PROGRAM (OUTPUT POLICY)

DECLARATIONS PAGE

**POLICY NO.**

**NAMED INSURED AND MAILING ADDRESS**

**AGENCY AND MAILING ADDRESS**

[Empty box for Named Insured and Mailing Address]

[Empty box for Agency and Mailing Address]

POLICY PERIOD: from \_\_\_\_\_ to \_\_\_\_\_ 12:01 AM Standard Time at the Insured's mailing address shown above.

**THE NAMED INSURED IS:**

**BUSINESS DESC:**

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

PROPERTY LIMITS OF INSURANCE	
<input type="checkbox"/> Blanket Building And Business Personal Property Limit Of Insurance	\$ _____
<input type="checkbox"/> Scheduled Location/Coverage Method (Refer to Form <b>OP1401</b> or <b>AOP0022 - CA only</b> )	

PROPERTY COVERAGE OPTIONS	
<input type="checkbox"/> Actual Cash Value	
<input type="checkbox"/> Functional Replacement Cost – Building	
<input type="checkbox"/> Automatic Increase Coverage Percentage	_____ %

BUSINESS INCOME AND EXTRA EXPENSE LIMITS OF INSURANCE	
<input type="checkbox"/> Blanket Business Income And Extra Expense Limit	\$ _____
<input type="checkbox"/> Scheduled Location/Coverage Method (Refer to Form <b>OP1401</b> or <b>AOP0022- CA only</b> )	

BUSINESS INCOME COVERAGE OPTIONS/EXTENSION	
<input type="checkbox"/> Blanket Business Income And Extra Expense Including Rental Value	
<input type="checkbox"/> Business Income and Extra Expense Other Than Rental Value	
<input type="checkbox"/> Rental Value and Extra Expense	
<input type="checkbox"/> Number of Days for Extended Business Income Coverage	_____ days
<input type="checkbox"/> Coinsurance Percentage	_____ %

COUNTERSIGNED AT: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: AUTHORIZED REPRESENTATIVE





**NOVA CASUALTY COMPANY**  
A STOCK INSURANCE COMPANY  
726 EXCHANGE STREET, SUITE 1020 BUFFALO, NY 14210  
**CAPITAL ASSETS PROGRAM (OUTPUT POLICY)**  
DECLARATIONS PAGE

**POLICY NO.**

**NAMED INSURED AND MAILING ADDRESS**

**AGENCY AND MAILING ADDRESS**

POLICY PERIOD: from \_\_\_\_\_ to \_\_\_\_\_ 12:01 AM Standard Time at the Insured's mailing address shown above.

**DESCRIPTION OF FINE ARTS IN TRANSIT**

**DESCRIPTION OF VALUABLE PAPERS AND RECORDS**

**MORTGAGEE AND LOSS PAYEE NAME AND MAILING ADDRESS**

**OTHER**

**CAPITAL ASSETS PREMIUM \$ \_\_\_\_\_ TRIA \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_**  
Terrorism Risk Insurance Act

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## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: NVAC-125937333 State: Arkansas  
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TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1004 Manufacturers Output  
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## Supporting Document Schedules

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

**Review Status:** Approved 12/17/2008

**Comments:**  
**Attachment:**  
NAIC Transmittal.pdf

## Property & Casualty Transmittal Document

<p><b>1. Reserved for Insurance Dept. Use Only</b></p>	<p><b>2. Insurance Department Use only</b></p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

<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		

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