

SERFF Tracking Number: TRVC-125969258 State: Arkansas
First Filing Company: Northland Casualty Company, ... State Tracking Number: EFT \$50
Company Tracking Number: NIC-08-039AR
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Commercial Auto
Project Name/Number: Form Addition/NIC-08-039AR

Filing at a Glance

Companies: Northland Casualty Company, Northland Insurance Company

Product Name: Commercial Auto	SERFF Tr Num: TRVC-125969258	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0003 Other	Co Tr Num: NIC-08-039AR	State Status: Fees verified and received
Filing Type: Form	Co Status: Pending	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Amy Ozmun	Disposition Date: 12/31/2008
	Date Submitted: 12/30/2008	Disposition Status: Approved
Effective Date Requested (New): 04/01/2009		Effective Date (New): 04/01/2009
Effective Date Requested (Renewal): 04/01/2009		Effective Date (Renewal): 04/01/2009

State Filing Description:

General Information

Project Name: Form Addition	Status of Filing in Domicile: Not Filed
Project Number: NIC-08-039AR	Domicile Status Comments: N/A
Reference Organization: ISO	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 12/31/2008	
State Status Changed: 12/31/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	

Filing Description:

In compliance with the insurance laws and regulations in your state, Northland Insurance Company and Northland Casualty Company respectfully submits this form filing on behalf of all of our Commercial Auto programs, applicable to all subtypes of insurance displayed under the Commercial Auto (Type of Insurance).

By this submission we propose to place on file our Named Driver Exclusion. Please place on file the following new forms, in compliance with your States' requirements.

SERFF Tracking Number: TRVC-125969258 *State:* Arkansas
First Filing Company: Northland Casualty Company, ... *State Tracking Number:* EFT \$50
Company Tracking Number: NIC-08-039AR
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0003 Other
Product Name: Commercial Auto
Project Name/Number: Form Addition/NIC-08-039AR

**Northland Insurance Company and Northland Casualty Company:
T-492 (6/08) Named Driver Exclusion**

While we are filing the new form T-492 (6/08) to be utilized by all our Commercial Auto programs, we respectfully request simultaneously withdrawing the following forms for the following programs, since these Commercial Auto programs will utilize the proposed new form:

Truck Program

- Please withdraw form T-010 (9/90) Named Driver Exclusion.

Business Auto Program

- Please withdraw form T-010 (9/03) Named Driver Exclusion.

Public Auto Program

- Please withdraw form T-010 (9/03) Named Driver Exclusion.

Automobile Rental Program:

- Please withdraw form BDH 1-6037 (1/96) Named Driver Exclusion.

Mobile Home Dealers & Contractors Program

- Please withdraw form T-010 (9/90) Named Driver Exclusion.

The filing fee of \$50.00 has been submitted via EFT.

Your acknowledgment and approval of this filing to be effective April 1, 2009, for new business and April 1, 2009, for renewal business, sent via SERFF, will be appreciated.

Company and Contact

SERFF Tracking Number: TRVC-125969258 State: Arkansas
 First Filing Company: Northland Casualty Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: NIC-08-039AR
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: Commercial Auto
 Project Name/Number: Form Addition/NIC-08-039AR

Filing Contact Information

Amy Ozmun, State Filings Analyst aozmun@northlandins.com
 385 Washington Street (800) 237-9334 [Phone]
 St. Paul, MN 55102 (651) 310-4101[FAX]

Filing Company Information

Northland Casualty Company CoCode: 24031 State of Domicile: Minnesota
 385 Washington St Group Code: 3548 Company Type: Property Casualty
 Mail Code 9275-SB03N
 St. Paul, MN 55102 Group Name: State ID Number:
 (800) 237-9334 ext. [Phone] FEIN Number: 94-6051964

Northland Insurance Company CoCode: 24015 State of Domicile: Minnesota
 385 Washington St Group Code: 3548 Company Type: Property Casualty
 Mail Code 9275-SB03N
 St. Paul, MN 55102 Group Name: State ID Number:
 (800) 237-9334 ext. [Phone] FEIN Number: 41-6009967

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Filing or review of policy, contract, endorsements, certificates, applications \$ 50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Northland Casualty Company	\$50.00	12/30/2008	24770225
Northland Insurance Company	\$0.00	12/30/2008	

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Product Name: Commercial Auto
Project Name/Number: Form Addition/NIC-08-039AR

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/31/2008	12/31/2008

SERFF Tracking Number: TRVC-125969258 State: Arkansas
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Company Tracking Number: NIC-08-039AR
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Commercial Auto
Project Name/Number: Form Addition/NIC-08-039AR

Disposition

Disposition Date: 12/31/2008
Effective Date (New): 04/01/2009
Effective Date (Renewal): 04/01/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Company Tracking Number: NIC-08-039AR
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0003 Other
Product Name: Commercial Auto
Project Name/Number: Form Addition/NIC-08-039AR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Named Driver Exclusion	Approved	Yes
Form	Named Driver Exclusion	Withdrawn	Yes
Form	Named Driver Exclusion	Withdrawn	Yes
Form	Named Driver Exclusion	Withdrawn	Yes

SERFF Tracking Number: TRVC-125969258 State: Arkansas
 First Filing Company: Northland Casualty Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: NIC-08-039AR
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: Commercial Auto
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Named Driver Exclusion	T-492 (6/08)	(6/08)	Endorsement/Amendment/Conditions New			T492.pdf
Withdrawn	Named Driver Exclusion	T-010 (9/90)	(9/90)	Endorsement/Amendment/Conditions Withdrawn	Replaced Form #: Previous Filing #:		
Withdrawn	Named Driver Exclusion	T-010 (9/03)	(9/03)	Endorsement/Amendment/Conditions Withdrawn	Replaced Form #: Previous Filing #:		
Withdrawn	Named Driver Exclusion	BDH 1-6037 (1/96)	(1/96)	Endorsement/Amendment/Conditions Withdrawn	Replaced Form #: Previous Filing #:		

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED DRIVER EXCLUSION

This endorsement is **EFFECTIVE**

and is part of Policy Number:

issued to:

This endorsement modifies insurance provided under the following:

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

The following is added to each Section that provides coverage:

This insurance does not apply to any "accident" or "loss" that occurs while a covered "auto" is operated by the following person:

I have read the above and understand this agreement.

Signature of Named Insured

Title

<i>SERFF Tracking Number:</i>	<i>TRVC-125969258</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Northland Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NIC-08-039AR</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>Form Addition/NIC-08-039AR</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVC-125969258 State: Arkansas
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

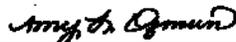
Review Status: Approved 12/31/2008

Comments:

Attachments:

Filing Transmittal Form.pdf
Form Filing Schedule.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

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:			
		New Business			
		Renewal Business			
f. State Filing #:					
g. SERFF Filing #:					
h. Subject Codes					
3. Group Name		Group NAIC #			
St. Paul Travelers Affiliated Property & Casualty Insurers		3548			
4. Company Name(s)		Domicile	NAIC #	FEIN #	
Northland Insurance Company		MN	24015	41-6009967	
Northland Casualty Company		MN	24031	94-6051964	
5. Company Tracking Number		NIC-08-039AR			
Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]					
6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Amy Ozmun Northland Insurance 385 Washington St, Mail Code 9275-SB03N St. Paul, MN 55102	State Filing Analyst	800-237-9334 ext. 04740	651-310-4740	aozmun@northland ins.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Amy L. Ozmun		
Filing information (see General Instructions for descriptions of these fields)					
9.	Type of Insurance (TOI)	Commercial Auto			
10.	Sub-Type of Insurance (Sub-TOI)	Other			
11.	State Specific Product code(s) (if applicable)[See State Specific Requirements]	20.0003			
12.	Company Program Title (Marketing title)	Commercial Auto			
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			
14.	Effective Date(s) Requested	New: 04/01/2009 Renewal: 04/01/2009			
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16.	Reference Organization (if applicable)	ISO			
17.	Reference Organization # & Title	N/A			
18.	Company's Date of Filing	12/30/2008			
19.	Status of filing in domicile	<input checked="" 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 #	NIC-08-039AR
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

In compliance with the insurance laws and regulations in your state, Northland Insurance Company and Northland Casualty Company respectfully submits this form filing on behalf of all of our Commercial Auto programs, applicable to all subtypes of insurance displayed under the Commercial Auto (Type of Insurance).

By this submission we propose to place on file our Named Driver Exclusion. Please place on file the following new forms, in compliance with your States' requirements.

Northland Insurance Company and Northland Casualty Company:

T-492 (6/08) Named Driver Exclusion

While we are filing the new form T-492 (6/08) to be utilized by all our Commercial Auto programs, we respectfully request simultaneously withdrawing the following forms for the following programs, since these Commercial Auto programs will utilize the proposed new form:

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- Please withdraw form BDH 1-6037 (1/96) Named Driver Exclusion.

Mobile Home Dealers & Contractors Program

- Please withdraw form T-010 (9/90) Named Driver Exclusion.

The filing fee of \$50.00 has been submitted via EFT.

Your acknowledgment and approval of this filing to be effective April 1, 2009, for new business and April 1, 2009, for renewal business, sent via SERFF, will be appreciated.

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 #: Sent via EFT

Amount: \$50.00

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.)**

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 #	NIC-08-039AR			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
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	Named Driver Exclusion	T-492 (6/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Named Driver Exclusion	T-010 (9/90)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
03	Named Driver Exclusion	T-010 (9/03)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
04	Named Driver Exclusion	BDH 1-6037 (1/96)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		