

SERFF Tracking Number: CNAB-125497733 State: Arkansas  
First Filing Company: Continental Insurance Company, ... State Tracking Number: #216016 \$50  
Company Tracking Number: 07-F3411  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Auto  
Project Name/Number: Extended Coverage Endorsement - BA Plus/07-F3411

## Filing at a Glance

Companies: Continental Insurance Company, American Casualty Company of Reading PA, National Fire Insurance Company of Hartford, Transportation Insurance Company, Valley Forge Insurance Company, Continental Casualty Company

Product Name: Commercial Auto SERFF Tr Num: CNAB-125497733 State: Arkansas  
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: #216016 \$50  
Sub-TOI: 20.0001 Business Auto Co Tr Num: 07-F3411 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
Authors: Roberta Cooper, Ruby McGhee Disposition Date: 02/28/2008  
Date Submitted: 02/20/2008 Disposition Status: Approved  
Effective Date Requested (New): 04/01/2008 Effective Date (New): 04/01/2008  
Effective Date Requested (Renewal): 04/01/2008 Effective Date (Renewal): 04/01/2008

State Filing Description:

## General Information

Project Name: Extended Coverage Endorsement - BA Plus Status of Filing in Domicile: Pending  
Project Number: 07-F3411 Domicile Status Comments: N/A. Filed simultaneously with other states and the District of Columbia.  
Reference Organization: N/A Reference Number: N/A  
Reference Title: N/A Advisory Org. Circular: N/A  
Filing Status Changed: 02/28/2008  
State Status Changed: 02/28/2008 Deemer Date:  
Corresponding Filing Tracking Number: N/A  
Filing Description:  
We are submitting the enclosed endorsement, SCA 23 500C (Ed. 02/08), for use with our Commercial Automobile coverage. This endorsement will replace the like numbered B version endorsement currently on file with your

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 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
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Department, approved on March 6, 2000. A copy of that approval is enclosed for ready reference. A more detailed explanation of this filing is set forth in the enclosed FILING MEMORANDUM.

We request an April 1, 2008 effective date for this filing.

## Company and Contact

### Filing Contact Information

Ruby G. McGhee, State Filing Analyst      ruby.mcghee@cna.com  
 333 S. Wabash      (312) 822-4344 [Phone]  
 Chicago, IL 60685      (312) 755-2394[FAX]

### Filing Company Information

Continental Insurance Company	CoCode: 35289	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance	State ID Number:
Chicago, IL 60604	Companies	
(312) 822-4292 ext. [Phone]	FEIN Number: 13-5010440	
	-----	

American Casualty Company of Reading PA	CoCode: 20427	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance	State ID Number:
Chicago, IL 60604	Companies	
(312) 822-4292 ext. [Phone]	FEIN Number: 23-0342560	
	-----	

National Fire Insurance Company of Hartford	CoCode: 20478	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance	State ID Number:
Chicago, IL 60604	Companies	

SERFF Tracking Number: CNAB-125497733 State: Arkansas  
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Auto  
Project Name/Number: Extended Coverage Endorsement - BA Plus/07-F3411

(312) 822-4292 ext. [Phone]

FEIN Number: 06-0464510

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Transportation Insurance Company  
333 South Wabash

CoCode: 20494  
Group Code: 218

State of Domicile: Illinois  
Company Type: Property and  
Casualty

37th Floor  
Chicago, IL 60604

Group Name: CNA Insurance  
Companies

State ID Number:

(312) 822-4292 ext. [Phone]

FEIN Number: 36-1877247

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Valley Forge Insurance Company  
333 South Wabash

CoCode: 20508  
Group Code: 218

State of Domicile: Pennsylvania  
Company Type: Property and  
Casualty

37th Floor  
Chicago, IL 60604

Group Name: CNA Insurance  
Companies

State ID Number:

(312) 822-4292 ext. [Phone]

FEIN Number: 23-1620527

-----

Continental Casualty Company  
333 South Wabash

CoCode: 20443  
Group Code: 218

State of Domicile: Illinois  
Company Type: Property and  
Casualty

Chicago , IL 60604

Group Name: CNA Insurance  
Companies

State ID Number:

(312) 822-4292 ext. [Phone]

FEIN Number: 36-2114545

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SERFF Tracking Number: CNAB-125497733 State: Arkansas  
First Filing Company: Continental Insurance Company, ... State Tracking Number: #216016 \$50  
Company Tracking Number: 07-F3411  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Auto  
Project Name/Number: Extended Coverage Endorsement - BA Plus/07-F3411

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50.00 per group.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Insurance Company	\$0.00	02/20/2008	
American Casualty Company of Reading PA	\$0.00	02/20/2008	
National Fire Insurance Company of Hartford	\$0.00	02/20/2008	
Transportation Insurance Company	\$0.00	02/20/2008	
Valley Forge Insurance Company	\$0.00	02/20/2008	
Continental Casualty Company	\$0.00	02/20/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000216016	\$50.00	12/14/2007

SERFF Tracking Number: CNAB-125497733 State: Arkansas  
First Filing Company: Continental Insurance Company, ... State Tracking Number: #216016 \$50  
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Auto  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/28/2008	02/28/2008

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## Disposition

Disposition Date: 02/28/2008  
Effective Date (New): 04/01/2008  
Effective Date (Renewal): 04/01/2008  
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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*Product Name:* Commercial Auto  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Supporting Document</b>	Filing Memorandum	Approved	Yes
<b>Supporting Document</b>	Copy of Previous Approval	Approved	Yes
<b>Form</b>	Extended Coverage Endorsement – BA Plus	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Extended Coverage Endorsement – BA Plus	SCA 23 500C	02-2008	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 SCA 23 500B Previous Filing #: approved 03-06-2000		07-F3411 Extended Coverage Endorsement - BA Plus.pdf

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**EXTENDED COVERAGE ENDORSEMENT – BA PLUS**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

**A. Who Is An Insured**

The following are added, as “insureds”, to Who Is An Insured (Section II):

1. **a.** Any incorporated entity of which the Named Insured owns a majority of the voting stock on the date of inception of this Coverage Form; **provided that,**
  - b.** The insurance afforded by this provision **A.1.** does not apply to any such entity that is an “insured” under any other liability “policy” providing “auto” coverage.
2. Any organization you newly acquire or form, other than a limited liability company, partnership or joint venture, and over which you maintain majority ownership interest.

The insurance afforded by this provision **A.2.:**

- a.** Is effective on the acquisition or formation date, and is afforded only until the end of the policy period of this Coverage Form, or the next anniversary of its inception date, whichever is earlier.
- b.** Does not apply to:
  - (1) “Bodily injury” or “property damage” caused by an “accident” that occurred before you acquired or formed the organization; or
  - (2) Any such organization that is an “insured” under any other liability “policy” providing “auto” coverage.
3. An “employee” of yours is an “insured” while operating a covered auto or an “auto” hired or rented under a contract or agreement in that “employee’s” name, with your permission, while performing duties related to the conduct of your business.

Policy, as used in this provision **A.**, includes those policies that were in force on the inception date of this Coverage Form but:

- a.** Which are no longer in force; or
- b.** Whose limits have been exhausted.

**B. Coverage Extensions – Supplementary Payments**

The following Supplementary Payments, in Coverage Extensions (Section II), are revised as follows:

1. In **a.(2)**, the limit for the cost of bail bonds is changed from \$2,000 to \$5,000, and
2. In **a.(4)**, the limit for the loss of earnings is changed from \$250 to \$500 a day.

**C. Fellow Employee**

The Fellow Employee Exclusion contained in Section II – Liability Coverage does not apply.

Such coverage as is afforded by this provision **C.** is excess over any other collectible insurance.

**D. Physical Damage**

1. **Glass Breakage**

The following paragraph is added to **A.3.**, Glass Breakage (Section III):

With respect to any covered “auto”, any deductible shown in the Declarations will not apply to glass breakage if such glass is repaired, in a manner acceptable to us, rather than replaced.

2. **Transportation Expense**

Paragraph **A.4.**, Coverage Extension (Section III) is revised, with respect to transportation expense incurred by you, to provide:

- a.** \$60 per day, in lieu of \$20; subject to
- b.** \$1,800 maximum, in lieu of \$600.

3. **Loss of Use Expenses**

Paragraph **A.4.**, Coverage Extension (Section III) is revised, with respect to loss of use expenses incurred by you, to provide:

- a.** \$1,000 maximum, in lieu of \$600.

4. **Audio, Visual And Data Electronic Equipment Coverage**

The following is added to Coverage **A.** (Section III):

- a.** PHYSICAL DAMAGE COVERAGE on a covered “auto” also applies to “loss” to any permanently installed electronic equipment including its antennas and other accessories
- b.** A \$100 per occurrence deductible applies to the coverage provided by this provision **D.4.**

## 5. Hired "Autos"

Subject to the following, if Physical Damage coverage is provided under this policy then Hired Auto Physical Damage is extended to:

- a. Any covered "auto" you lease, hire, rent or borrow without a driver; and
- b. Any covered "auto" hired or rented by your "employee" without a driver, under a contract in that individual "employee's" name, with your permission, while performing duties related to the conduct of your business.
- c. The most we will pay for any one "accident" or "loss" is the actual cash value, cost of repair, cost of replacement or \$50,000 whichever is less minus a \$500 deductible for each covered auto. No deductible applies to "loss" caused by fire or lightning.
- d. Such physical damage coverage for hired "autos" will:
  - (1) Be excess over any other collectible insurance;
  - (2) Include loss of use, provided it is the consequence of an "accident" for which the Named Insured is legally liable, and as a result of which a monetary loss is sustained by the leasing or rental concern.

Such coverage as is provided by this provision (2) will be subject to a limit of \$750 per "accident".

## 6. Diminution In Value

Subject to the following, the "diminution in value" exclusion (Section III) does not apply to:

- a. Any covered "auto" of the private passenger type you lease, hire, rent or borrow, without a driver for a period of 30 days or less, while performing duties related to the conduct of your business; and
- b. Any covered "auto" of the private passenger type hired or rented by your "employee" without a driver for a period of 30 days or less, under a contract in that individual "employee's" name, with your permission, while performing duties related to the conduct of your business.
- c. Such coverage as is provided by this provision is limited to a "diminution in value" loss arising directly out of accidental damage and not as a result of the failure to make repairs, faulty or incomplete maintenance or repairs

maintenance or repairs or installation substandard parts.

- d. The most we will pay for "loss" to a covered "auto" in any one accident is the lesser of:

- (1) \$5,000; or
- (2) 20% of the "auto's" actual cash value (ACV)

## E. Airbag Coverage

The accidental discharge of an airbag shall not be considered mechanical breakdown.

## F. Duties In The Event Of Accident, Claim, Suit Or Loss

1. The following, relative to your notification obligation, is added as the last paragraph of Loss Condition 2.a.:

Your "employees" may know of an "accident" or "loss". This will not mean that you have such knowledge, unless such "accident" or "loss" is known to you or if you are not an individual, to any of your executive officers or partners or your insurance manager.

2. The following paragraph, relative to your obligation to provide us with documents, is added to Loss Condition 2.b.(2):

Your "employees" may know of documents received concerning a claim or "suit". This will not mean that you have such knowledge, unless receipt of such documents is known to you or if you are not an individual, to any of your executive officers or partners or your insurance manager.

## G. Unintentional Omissions

Your failure to disclose all hazards existing on the date of inception of this Coverage Form shall not prejudice you with respect to the coverage afforded provided such failure or omission is not intentional.

## H. International Coverage – Hired "Autos"

Paragraph 7. Policy Period, Coverage Territory of the General Conditions is amended by the addition of the following:

The coverage territory is extended to anywhere in the world if:

- a. A covered "auto" of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 45 days or less; and
- b. The "insured's" responsibility to pay damages is determined in a "suit" on the merits, in the United States of America, the territories and possessions of the United States of America, Puerto Rico, or Canada or in a settlement we agree to.

### WARNING

Auto accidents in Mexico are subject to the laws of Mexico only – Not the laws of the United States of America. The Republic of Mexico considers any auto accident a **criminal offense** as well as a civil matter.

In some cases the coverage provided under this endorsement may not be recognized by the Mexican authorities and we may not be allowed to implement this coverage at all in Mexico. You should consider purchasing auto coverage from a licensed Mexican Insurance Company before driving into Mexico.

#### I. Bodily Injury – Mental Injury

The definition of “bodily injury” (Section V) is revised as follows:

“Bodily injury” means bodily injury, sickness or disease sustained by a person, including mental anguish, mental injury or death resulting from any of these.

#### J. Drive Other Car Coverage – Executive Officers

1. Any “auto” you don’t own, hire or borrow is a covered “auto” for Liability Coverage while being used by, and for Physical Damage Coverage while

in the care, custody or control of, any of your “executive officers”, except:

- a. An “auto” owned by that “executive officer” or a member of that person’s household; or
- b. An “auto” used by that “executive officer” while working in a business of selling, servicing, repairing or parking “autos”.

Such Liability and/or Physical Damage Coverage as is afforded by this provision **J.1.** will be:

- (1) Equal to the greatest of those coverages afforded any covered “auto”; and
  - (2) Excess over any other collectible insurance.
2. For purposes of this provision **J.**, “executive officer” means a person holding any of the officer positions created by your charter, constitution, by-laws or any other similar governing document, and, while a resident of the same household, includes that person’s spouse.

Such “executive officers” are “insureds” while using a covered “auto” described in **J.1.**

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*Product Name:* Commercial Auto  
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## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: CNAB-125497733 State: Arkansas  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 02/28/2008

**Comments:**

**Attachment:**

AR 07-F3411 (Transmittal & Form Filing Schedule).pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 02/28/2008

**Comments:**

**Attachment:**

AR 07-F3411 (cover letter).pdf

**Satisfied -Name:** Filing Memorandum **Review Status:** Approved 02/28/2008

**Comments:**

**Attachment:**

07-F3411 Extended Coverage Endorsement - BA Plus Filing Memorandum.pdf

**Satisfied -Name:** Copy of Previous Approval **Review Status:** Approved 02/28/2008

**Comments:**

**Attachment:**

AR 07-F3411 (previous approval).pdf

# Property & Casualty Transmittal Document

CR

**1. Reserved for Insurance Dept. Use Only**

**2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst: *CR # 216016*

c. Disposition:

d. Date of disposition of the filing: *\$ 50*

e. Effective date of filing:

New Business	
Renewal Business	

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

**3. Group Name**

CNA Insurance Group NAIC #  
218

**4. Company Name(s)**

Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	
National Fire Insurance Company of Hartford	IL	20478	06-0464510	
American Casualty Company of Reading, PA	PA	20427	23-0342560	
Transportation Insurance Company	IL	20494	36-1877247	
Valley Forge Insurance Company	PA	20508	23-1620527	
The Continental Insurance Company	PA	35289	13-5010440	

**5. Company Tracking Number** 07-F3411

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Ruby G. McGhee	State Filing Analyst	(312) 822-4344	(312) 755-2394	ruby.mcgree@cna.com
CNA Plaza – 37S Chicago, IL 60685				

**RECEIVED**

FEB 08 2008

PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

7. Signature of authorized filer *Ruby G. McGhee*

8. Please print name of authorized filer **Ruby G. McGhee**

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI) **Commercial Auto (20.0)**

10. Sub-Type of Insurance (Sub-TOI) **20.0001**

11. State Specific Product code(s) (if applicable)[See State Specific Requirements] **N/A**

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 (give description)	

14. Effective Date(s) Requested New: **04/01/08** Renewal: **04/01/08**

15. Reference Filing?  Yes  No

16. Reference Organization (if applicable) **N/A**

17. Reference Organization # & Title **N/A**

18. Company's Date of Filing **01/31/08**

19. Status of filing in domicile  Not Filed  Pending  Authorized  Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 07-F3411

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

We are filing the enclosed Extended Coverage Endorsement – BA PLUS (SCA 23 500C / Ed. 09/07) for use with our Business Auto Coverage Form (CA 00 01). When this optional endorsement is attached to the policy, it modifies and broadens the insurance coverage provided by that form. A more detailed description of this filing is set forth in the enclosed Filing Memorandum. We request an April 1, 2008 effective date for this filing.

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 #: 0000216016  
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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>07-F3411</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		N/A		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Extended Coverage Endorsement – BA Plus	SCA 23 500C (Ed. 02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SCA 23 500B (Ed. 02/00)	Approved 03/06/00
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		



CNA Plaza Chicago IL 60685-0001

February 1, 2008

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock AR 72201-1904  
Attn: Compliance/Property & Casualty

**Ruby G. McGhee**

P & C Filing Unit  
333 S. Wabash - 37 South  
Chicago, IL 60604-9901

Telephone 312-822-4344

Facsimile 312-755-2394

Internet [ruby.mcgee@cna.com](mailto:ruby.mcgee@cna.com)

**RECEIVED**

FEB 08 2008

PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

RE: **Commercial Automobile (ID # 07-F3411)**  
**SCA 23 500C Extended Coverage Endorsement – BA Plus**  
**CONTINENTAL CASUALTY COMPANY-218-20443**  
**NATIONAL FIRE INSURANCE COMPANY OF HARTFORD-218-20478**  
**AMERICAN CASUALTY COMPANY OF READING, PA-218-20427**  
**TRANSPORTATION INSURANCE COMPANY-218-20494**  
**VALLEY FORGE INSURANCE COMPANY-218-20508**  
**THE CONTINENTAL INSURANCE COMPANY-218-35289**

Dear Commissioner:

We submit on behalf of the named companies, the captioned endorsement for use with our Commercial Automobile coverage. This endorsement will replace the like numbered B version endorsement currently on file with your Department, approved on March 6, 2000. A copy of that approval is enclosed for ready reference. A more detailed explanation of this filing is set forth in the enclosed FILING MEMORANDUM.

We request an April 1, 2008 effective date for this filing.

An extra copy of this letter is enclosed which we request you to stamp and return to us for our records.

Respectfully,

*Ruby G. McGhee*

## FILING MEMORANDUM

### EXTENDED COVERAGE ENDORSEMENT – BA PLUS (SCA 23 500C)

(SCA 23 500C Ed. 02/08) is replacing SCA 23 500B Ed. 02/00)

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**The Extended Coverage Endorsement – BA PLUS**, Endorsement Number SCA 23 500C (Ed. 02/08), modifies the insurance coverage provided under the Business Auto Coverage Form (CA 00 01).

The Extended Coverage Endorsement is an optional endorsement. When the endorsement is attached to the policy, coverage provided by the standard Business Auto Coverage Form (CA 00 01) is broadened as follows:

#### 1. Section II – Liability Coverage

The “Who Is An Insured” provision is broadened to include:

- a. in the absence of other insurance, any incorporated entity the named insured owns a majority of voting stock in at policy inception;
- b. newly acquired organizations, other than a limited liability company, partnership or joint venture, until the end of the policy period;
- c. employees while operating a covered auto or an auto hired or rented under a contract or agreement in that employees name while performing duties related to the conduct of the insureds business.

**Revision:** No Change.

#### 2. Section II – Liability Coverage

Coverage Extensions - Supplementary Payments

- a. the limits for Bail Bonds is increased to \$5,000.

**Revision:** No Change

#### 3. Section II – Liability Coverage

Coverage Extensions - Supplementary Payments

- a. the limits for Loss of Earnings is increased to \$500 a day.

**Revision:** No Change

#### 4. Section II – Liability Coverage

##### Exclusions

- a. the Fellow Employee Exclusion is deleted
- b. the coverage provided by this provision is excess over any other collectible insurance

**Revision:** No Change

#### 5. Section III – Physical Damage Coverage

##### Hired “Autos”

- a. if Comprehensive, Specified Causes of Loss and/or Collision coverages are purchased on the policy, then that coverage will automatically apply to a hired auto

**Revision:** No Change

#### 6. Section III – Physical Damage Coverage

##### Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missles

- a. the deductible applicable to Glass Breakage (Private Passenger Auto’s only) is deleted if the glass is repaired in a manner acceptable to us, rather than replaced

**Revision:** The 09/07 edition broadens coverage to any covered “auto”

#### 7. Section III – Physical Damage Coverage

##### Coverage Extensions – Transportation Expenses

- a. the limits for Transportation Expenses is increased to \$60 per day subject to a maximum of \$1,800

**Revision:** No Change

#### 8. Section III – Physical Damage Coverage

##### Coverage Extensions – Loss of Use

- a. the maximum limit for Loss of Use is increased to \$1,000

**Revision:** New, the 02/00 edition did not contain this provision

#### 9. Section III – Physical Damage Coverage

##### Exclusions

- a. the Diminution In Value exclusion does not apply to private passenger type “autos” leased, hired, rented or borrowed without a driver for a period of 30 days or less.
- b. the most we will pay for loss to a covered “auto” in any one accident is the lesser of \$5,000 or 20% of the “autos” ACV

**Revision:** New, the 02/00 edition did not contain this provision

#### 10. Section III – Physical Damage Coverage

Exclusions - Audio, Visual And Data Electronic Equipment Coverage

- a. Physical Damage Coverage on a covered “auto” is broadened to apply to the “loss” to any permanently installed electronic equipment including its antennas and other accessories
- b. No deductible applies to the coverage provided by this provision

**Revision:**

- a. the 02/00 edition refers to this provision as Communication Equipment
- b. the 02/00 edition limited coverage provided by this provision to permanently installed equipment designed for use as a citizens band radio or two way mobile radio or scanning monitor receiver, including antennas and other accessories.
- c. a \$100 per occurrence deductible applies to the coverage provided by this provision

#### 11. Section III – Physical Damage Coverage (Airbag Coverage)

Exclusions

- a. the accidental discharge of an airbag shall not be considered mechanical breakdown

**Revision:** New, the 02/00 edition did not contain this provision

#### 12. Section IV – Business Auto Conditions

Duties In The Event Of accident, Claim Suit Or Loss

- a. notice requirements under Duties In The Event Of accident, Claim Suit Or Loss are relaxed to only require notice when “you, your executive officers or partners, or your insurance manager have specific knowledge of an accident, suit or loss.”

**Revision:** No Change

#### 13. Section IV – Business Auto Conditions

Concealment, Misrepresentation Or Fraud

- a. an unintentional failure to disclose all hazards at the inception date of the insurance shall not prejudice the Named Insured’s rights with respect to this Coverage Form.

**Revision:** No Change

14. Section IV – Business Auto Conditions

Policy Period, Coverage Territory

- a. if Hired Auto Liability coverage has been purchased on the policy, coverage is broadened to provide world wide coverage for such autos hired for a period of not more than 45 days

**Revision:**

- a. added a Mexico Warning statement

15. Section V – Definitions

Bodily Injury

- a. the definition of “bodily injury” is amended to include mental anguish and mental injury or death resulting from these

**Revision:** No Change

16. Drive Other Car Coverage

- a. Drive Other Car is automatically provided to executive officers
- b. the coverage provided by this provision is excess over any other collectible insurance

**Revision:** No Change

# CNA COMMERCIAL INSURANCE

CNA Plaza Chicago IL 60685-0001

February 25, 2000

Honorable Mike Pickens  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street, 3<sup>rd</sup> and Cross  
Little Rock, AR 72201

**La Chonne Smith**

State Filing Analyst  
Branch Business Unit - 38s  
Filing Unit

Telephone 312-822-1318

Facsimile 312-817-0775

Internet lachonne.smith@cna.com

Re: Commercial Automobile #00-F3040  
SCA 23 500B Extended Coverage Endorsement – BA Plus  
Continental Casualty Company 218-20443  
National Fire Insurance Company of Hartford, CT 218-20478  
American Casualty Company of Reading, PA 218-20427  
Transportation Insurance Company 218-20494  
Transcontinental Insurance Company 218-20486  
Valley Forge Insurance Company 218-20508

RECEIVED  
MAR 14 2000  
STATE FILINGS

The above captioned companies submit for you review the above captioned form SCA 23 500 B, Extended Coverage Endorsement – BA Plus. This is an optional endorsement to the Business Automobile Policy. This endorsement is a revision of SCA 23 500A. The revised version, reflects the following changes:

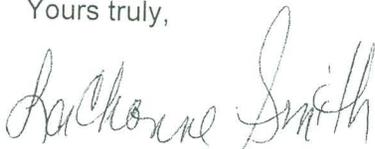
- Includes Employee as an insured (item 3 under who is an insured)
- Bail bonds increased from \$2,500 to \$5,000.
- Loss of earnings increased from \$300 to \$500.
- Hired auto revised to include employees hired autos coverage.
- Revisions to the International Coverage – Hired Autos, item G increasing the time to 45 days.

If you have any questions concerning the form please contact Marcello Presutti at (312) 822-2744.

We are requesting an effective date of May 1, 2000.

Please stamp and return the enclosed extra copy of this letter for our records.

Yours truly,

  
La Chonne Smith

RECEIVED

MAR 06 2000

Approved until withdrawn  
or revoked

MAR 06 2000

PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

Arkansas Insurance Department  
BY: RW