

<i>SERFF Tracking Number:</i>	<i>SCTT-125492186</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>National Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>CA AR03987F01</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0002 Garage</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>3987 Commercial Auto/CA AR03987F01</i>		

Filing at a Glance

Companies: National Casualty Company, Scottsdale Indemnity Company

Product Name: Commercial Auto	SERFF Tr Num: SCTT-125492186	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 20.0002 Garage	Co Tr Num: CA AR03987F01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Kristin Abbott	Disposition Date: 02/27/2008
	Date Submitted: 02/18/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 02/27/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 02/27/2008

State Filing Description:

General Information

Project Name: 3987 Commercial Auto	Status of Filing in Domicile: Pending
Project Number: CA AR03987F01	Domicile Status Comments:
Reference Organization: n/a	Reference Number: n/a
Reference Title: n/a	Advisory Org. Circular: n/a
Filing Status Changed: 02/27/2008	
State Status Changed: 02/27/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

National Casualty Company and Scottsdale Indemnity Company are submitting one new form for use with our Commercial Auto program currently on file with your Department. We request an effective date concurrent with your approval.

National Casualty Company and Scottsdale Indemnity Company are attaching new endorsement CG(I)-18 (2-08) Dealers Drive Away Collision Coverage.

SERFF Tracking Number: SCTT-125492186 State: Arkansas
 First Filing Company: National Casualty Company, ... State Tracking Number: EFT \$100
 Company Tracking Number: CA AR03987F01
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
 Product Name: Commercial Auto
 Project Name/Number: 3987 Commercial Auto/CA AR03987F01

Company and Contact

Filing Contact Information

Kristin Abbott, Filings Analyst II abbottk@scottsdaleins.com
 PO Box 4110 (800) 423-7675 [Phone]
 Scottsdale, AZ 85261

Filing Company Information

National Casualty Company	CoCode: 11991	State of Domicile: Wisconsin
PO Box 4110	Group Code: 140	Company Type:
Scottsdale, AZ 85261	Group Name:	State ID Number:
(800) 423-7675 ext. [Phone]	FEIN Number: 38-0865250	

Scottsdale Indemnity Company	CoCode: 15580	State of Domicile: Ohio
PO Box 4110	Group Code: 140	Company Type:
Scottsdale, AZ 85261	Group Name:	State ID Number:
(800) 423-7675 ext. [Phone]	FEIN Number: 31-1117969	

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: Form Filing
 \$50.00 - National Casualty Company
 \$50.00 - Scottsdale Indemnity Company
 Total - \$100.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Casualty Company	\$100.00	02/18/2008	18024603
Scottsdale Indemnity Company	\$0.00	02/18/2008	

SERFF Tracking Number: SCTT-125492186 State: Arkansas
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: Commercial Auto
Project Name/Number: 3987 Commercial Auto/CA AR03987F01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/27/2008	02/27/2008

SERFF Tracking Number: SCTT-125492186 State: Arkansas
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Company Tracking Number: CA AR03987F01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: Commercial Auto
Project Name/Number: 3987 Commercial Auto/CA AR03987F01

Disposition

Disposition Date: 02/27/2008
Effective Date (New): 02/27/2008
Effective Date (Renewal): 02/27/2008
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

SERFF Tracking Number: *SCTT-125492186* *State:* *Arkansas*
First Filing Company: *National Casualty Company, ...* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *CA AR03987F01*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0002 Garage*
Product Name: *Commercial Auto*
Project Name/Number: *3987 Commercial Auto/CA AR03987F01*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Dealers Drive Away Collision Coverage	Approved	Yes
Form	Dealers Drive Away Collision Coverage	Approved	Yes

SERFF Tracking Number: SC TT-125492186 State: Arkansas
 First Filing Company: National Casualty Company, ... State Tracking Number: EFT \$100
 Company Tracking Number: CA AR03987F01
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
 Product Name: Commercial Auto
 Project Name/Number: 3987 Commercial Auto/CA AR03987F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Dealers Drive Away Collision Coverage	CG-18	2-08	Policy/CoveNew rage Form		0.00	CG-18.pdf
Approved	Dealers Drive Away Collision Coverage	CGI-18	2-08	Policy/CoveNew rage Form		0.00	CGI-18.pdf

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEALERS DRIVE AWAY COLLISION COVERAGE

This endorsement modifies insurance provided under the following:

GARAGE COVERAGE FORM

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

Exclusion **B.4.c.** of **SECTION IV—PHYSICAL DAMAGE COVERAGE**, relating to collision “loss” to covered “autos” while being driven or transported from the point of distribution to its destination if such points are more than fifty (50) road miles apart, does not apply.

AUTHORIZED REPRESENTATIVE

DATE

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AUTHORIZED REPRESENTATIVE

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<i>Project Name/Number:</i>	<i>3987 Commercial Auto/CA AR03987F01</i>		

Rate Information

Rate data does NOT apply to filing.

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First Filing Company: National Casualty Company, ... State Tracking Number: EFT \$100
Company Tracking Number: CA AR03987F01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: Commercial Auto
Project Name/Number: 3987 Commercial Auto/CA AR03987F01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 02/27/2008

Comments:

Attachment:

CA AR03987fpctd.pdf

Satisfied -Name: Cover Letter
Review Status: Approved 02/27/2008

Comments:

Attachment:

CA 3987fcvrltr CG-18 ncc sin.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 #
Nationwide	140

4. Company Name(s)	Domicile	NAIC #	FEIN #
National Casualty Company	WI	11991	38-0865250
Scottsdale Indemnity Company	OH	15580	31-1117969

5. Company Tracking Number	CA AR03987F01
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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
	Kristin Abbott PO Box 4110 Scottsdale, AZ 85261-4110	Filings Analyst I	800 423-7675 x3140	480-368-5820	abbottk@scottsdaleins.com

7. Signature of authorized filer	<i>Kristin Abbott</i>
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8. Please print name of authorized filer	Kristin Abbott
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.0 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	Commercial Auto - Garage
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	20.0000; 20.0002
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: Upon Approval Renewal: Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	February 18, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CA AR03987F01
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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National Casualty Company and Scottsdale Indemnity Company are submitting one new form for use with our Commercial Auto program currently on file with your Department. We request an effective date concurrent with your approval.

National Casualty Company and Scottsdale Indemnity Company are attaching new endorsement CG(I)-18 (2-08) Dealers Drive Away Collision Coverage.

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]
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Check #: EFT
Amount: \$50.00 - National Casualty Company;
\$50.00 – Scottsdale Indemnity Company

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.)**

NATIONAL CASUALTY COMPANY

8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Reply to:

Post Office Box 4110
Scottsdale, AZ 85261-4110

Telephone

800 423-7675 x3140

February 18, 2008

**Re: National Casualty Company
Scottsdale Indemnity Company
NAIC No.: 140-11991; 140-15580
FEIN No.: 38-0865250; 31-1117969
Commercial Auto - Form Filing
Company File Number: CA 03987F01**

Dear Commissioner:

National Casualty Company and Scottsdale Indemnity Company are submitting one new form for use with our Commercial Auto program currently on file with your Department. We request an effective date concurrent with your approval.

National Casualty Company and Scottsdale Indemnity Company are attaching new endorsement CG(I)-18 (2-08) Dealers Drive Away Collision Coverage.

We hope you will be in a position to grant favorable consideration to this filing submission, however, should you need further information, please feel free to contact me on the toll free number or e-mail address listed below.

Sincerely,



Kristin Abbott
Filings Analyst II
abbottk@scottsdaleins.com
(800) 423-7675 x3140
Encl.