

SERFF Tracking Number: SCTT-125624764 State: Arkansas  
Filing Company: National Casualty Company State Tracking Number: EFT \$50  
Company Tracking Number: PU AR04062NCF01  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess  
Product Name: Personal Umbrella and Excess Liability Program  
Project Name/Number: 4062 Personal Umbrella and Excess Liability Program/PU AR04062NCF01

## Filing at a Glance

Company: National Casualty Company

Product Name: Personal Umbrella and Excess SERFF Tr Num: SCTT-125624764 State: Arkansas

Liability Program

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0021 Personal Umbrella and

Co Tr Num: PU AR04062NCF01

State Status: Fees verified and received

Excess

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Author: Kristin Abbott

Disposition Date: 04/28/2008

Date Submitted: 04/25/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: 4062 Personal Umbrella and Excess Liability Program

Status of Filing in Domicile: Pending

Project Number: PU AR04062NCF01

Domicile Status Comments:

Reference Organization: n/a

Reference Number: n/a

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 04/28/2008

State Status Changed: 04/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

National Casualty Company is submitting a revised form for use with our Personal Umbrella/Excess Liability program. We request an effective date concurrent with your Department's approval.

Please find enclosed revised form END 0170 (4-08) Named Operator Exclusion for the Excess Personal Umbrella policy. The endorsement has been amended to clarify the intent to exclude the driver on watercraft along with the



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	04/28/2008	04/28/2008



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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>Form</b>	Named Operator Exclusion	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Named Operator Exclusion	END 0170	4-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 10-96 Previous Filing #:		END 0170 4-08.pdf END 0170 4-08 comp.pdf

# National Casualty Company

**ENDORSEMENT  
NO.** \_\_\_\_\_

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.

## **NAMED OPERATOR EXCLUSION**

This policy does not apply to the operation of any vehicle or "watercraft," including any watercraft used to transport persons or property on water by:

\_\_\_\_\_

Accepted By: \_\_\_\_\_

Signature of Named Insured

**All other terms and conditions remain unchanged.**

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

# National Casualty Company

ENDORSEMENT  
NO. \_\_\_\_\_

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.

## NAMED OPERATOR EXCLUSION

~~It is understood and agreed that such liability as is afforded under this~~ This policy does not apply ~~with re-~~ ~~spect~~ to the operation of any vehicle or "watercraft," including any watercraft used to transport persons or property on water by:

Accepted By: \_\_\_\_\_  
Signature of Named Insured

All other terms and conditions remain unchanged.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 04/28/2008

**Comments:**

**Attachment:**

PU AR4062ncfpctd.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 04/28/2008

**Comments:**

**Attachment:**

PU 04062ncfcvrltr.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Nationwide	140

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
National Casualty Company	WI	11991	38-0865250	

<b>5. Company Tracking Number</b>	PU AR04062NCF01
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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 II	800 423-7675 x3140	480-368-5820	abbottk@scottsdaleins.com

<b>7.</b> Signature of authorized filer	
<b>8.</b> Please print name of authorized filer	Kristin Abbott

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

<b>9. Type of Insurance (TOI)</b>	1.70 (Other Liability)
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0021 Personal Umbrella and Excess Liability
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	17.0021
<b>12. Company Program Title (Marketing title)</b>	Personal Umbrella and Excess Liability Program
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New:   Upon Approval      Renewal:   Upon Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	April 25, 2008

<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
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PC TD-1 pg 1 of 2

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	PU AR04062NCF01
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<b>21. 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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National Casualty Company is submitting a revised form for use with our Personal Umbrella/Excess Liability program. We request an effective date concurrent with your Department's approval.

Please find enclosed revised form END 0170 (4-08) Named Operator Exclusion for the Excess Personal Umbrella policy. The endorsement has been amended to clarify the intent to exclude the driver on watercraft along with the already excluded autos.

<b>22. 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 #: 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.)**

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# N A T I O N A L C A S U A L T Y C O M P A N Y

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8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

Reply to:

Post Office Box 4110  
Scottsdale, AZ 85261-4110

Telephone

800 423-7675 x3140

April 25, 2008

**Re: National Casualty Company**  
**NAIC # 140-11991**  
**FEIN No.: 38-0865250**  
**Personal Umbrella/Excess Program - Form Filing**  
**Company File Number: PU 04062NCF01**

Dear Commissioner:

National Casualty Company is submitting a revised form for use with our Personal Umbrella/Excess Liability program. We request an effective date concurrent with your Department's approval.

Please find enclosed revised form END 0170 (4-08) Named Operator Exclusion for the Excess Personal Umbrella policy. The endorsement has been amended to clarify the intent to exclude the driver on watercraft along with the already excluded autos.

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