

SERFF Tracking Number: STNA-125604583 State: Arkansas  
Filing Company: State National Insurance Company Inc. State Tracking Number: #102291 \$50  
Company Tracking Number: SNIC-GL-LG-AR-08-01-F  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: The LG Program  
Project Name/Number: SNIC-GL-LG-AR-08-01-F /SNIC-GL-LG-AR-08-01-F

## Filing at a Glance

Company: State National Insurance Company Inc.

Product Name: The LG Program SERFF Tr Num: STNA-125604583 State: Arkansas  
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: #102291 \$50  
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: SNIC-GL-LG-AR-08-01-F State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
Author: Ines Piquet Disposition Date: 04/16/2008  
Date Submitted: 04/10/2008 Disposition Status: Approved  
Effective Date Requested (New): 05/10/2008 Effective Date (New):  
Effective Date Requested (Renewal): 05/10/2008 Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: SNIC-GL-LG-AR-08-01-F  
Project Number: SNIC-GL-LG-AR-08-01-F  
Reference Organization: Insurance Services Office

Status of Filing in Domicile: Pending  
Domicile Status Comments:  
Reference Number: All currently approved forms  
Advisory Org. Circular:

Reference Title:

Filing Status Changed: 04/16/2008

State Status Changed: 04/16/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

On behalf of State National Insurance Company ("the Company"), we are submitting this filing to introduce "The LG Program". The policy language for this program will be based on all currently approved Insurance Services Office ("ISO") forms. See enclosed filing memorandum for further details. The corresponding rates and rules are exempt from filing requirements per AR statute 23-67-206.

The Company respectfully requests that this new program be implemented for all policies effective on May 11, 2008.

SERFF Tracking Number: STNA-125604583 State: Arkansas  
 Filing Company: State National Insurance Company Inc. State Tracking Number: #102291 \$50  
 Company Tracking Number: SNIC-GL-LG-AR-08-01-F  
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
 Product Name: The LG Program  
 Project Name/Number: SNIC-GL-LG-AR-08-01-F /SNIC-GL-LG-AR-08-01-F

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

Please do not hesitate to contact us with any questions or comments.

## Company and Contact

### Filing Contact Information

Ines Piquet, Regulatory Compliance Mgr (P&K) doi@perrknight.com  
 881 Alma Real Drive, Suite 205 (310) 230-9339 [Phone]  
 Pacific Palisades, CA 90272 (310) 230-8529[FAX]

### Filing Company Information

State National Insurance Company Inc.	CoCode: 12831	State of Domicile: Texas
8200 Anderson Boulevard	Group Code: 93	Company Type: Property & Casualty
Fort Worth, TX 76120	Group Name:	State ID Number:
(800) 877-4567 ext. [Phone]	FEIN Number: 75-1980552	
	-----	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	AR filing fee is \$50 per form submission
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State National Insurance Company Inc.	\$0.00	04/10/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
--------------	--------------	------------

*SERFF Tracking Number:* STNA-125604583                      *State:* Arkansas  
*Filing Company:* State National Insurance Company Inc.                      *State Tracking Number:* #102291 \$50  
*Company Tracking Number:* SNIC-GL-LG-AR-08-01-F  
*TOI:* 17.2 Other Liability - Occurrence Only                      *Sub-TOI:* 17.2001 Commercial General Liability  
*Product Name:* The LG Program  
*Project Name/Number:* SNIC-GL-LG-AR-08-01-F /SNIC-GL-LG-AR-08-01-F  
102291                      \$50.00                      03/28/2008



SERFF Tracking Number: STNA-125604583 State: Arkansas  
Filing Company: State National Insurance Company Inc. State Tracking Number: #102291 \$50  
Company Tracking Number: SNIC-GL-LG-AR-08-01-F  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: The LG Program  
Project Name/Number: SNIC-GL-LG-AR-08-01-F /SNIC-GL-LG-AR-08-01-F

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	04/16/2008	04/16/2008

*SERFF Tracking Number:* STNA-125604583      *State:* Arkansas  
*Filing Company:* State National Insurance Company Inc.      *State Tracking Number:* #102291 \$50  
*Company Tracking Number:* SNIC-GL-LG-AR-08-01-F  
*TOI:* 17.2 Other Liability - Occurrence Only      *Sub-TOI:* 17.2001 Commercial General Liability  
*Product Name:* The LG Program  
*Project Name/Number:* SNIC-GL-LG-AR-08-01-F /SNIC-GL-LG-AR-08-01-F

## **Disposition**

Disposition Date: 04/16/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: STNA-125604583 State: Arkansas  
 Filing Company: State National Insurance Company Inc. State Tracking Number: #102291 \$50  
 Company Tracking Number: SNIC-GL-LG-AR-08-01-F  
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
 Product Name: The LG Program  
 Project Name/Number: SNIC-GL-LG-AR-08-01-F /SNIC-GL-LG-AR-08-01-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms List, Filing Memorandum & Letter of Authorization	Approved	Yes
Form	Commercial General Liability Coverage Part - Supplemental Declarations	Approved	Yes
Form	General Liability Declarations	Approved	Yes
Form	Schedule Of General Liability Changes	Approved	Yes
Form	Commercial General Liability Coverage Schedule	Approved	Yes
Form	Endorsement Schedule	Approved	Yes
Form	Commercial General Liability Schedule	Approved	Yes
Form	Location Schedule	Approved	Yes
Form	Schedule Rating Credits/Debits	Approved	Yes
Form	Policy Jacket	Approved	Yes
Form	Punitive, Exemplary And Extracontractual Damage Exclusion	Approved	Yes
Form	Lead Exclusion	Approved	Yes
Form	Total Asbestos Exclusion	Approved	Yes
Form	Countersignature Endorsement	Approved	Yes
Form	Named Insured Continuation Endorsement	Approved	Yes
Form	Change Endorsement #	Approved	Yes

SERFF Tracking Number: STNA-125604583 State: Arkansas  
 Filing Company: State National Insurance Company Inc. State Tracking Number: #102291 \$50  
 Company Tracking Number: SNIC-GL-LG-AR-08-01-F  
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
 Product Name: The LG Program  
 Project Name/Number: SNIC-GL-LG-AR-08-01-F /SNIC-GL-LG-AR-08-01-F

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial General Liability Coverage Part - Supplemental Declarations	GL-DEC (12/ 01)	12 01	Declaration New s/Schedule			GL-DEC (12 01).pdf
Approved	General Liability Declarations	GNL 0007 02 97	02 97	Declaration New s/Schedule			GNL 0007 0297.pdf
Approved	Schedule Of General Liability Changes	GL SCHED CHGS (01/97)	01 97	Declaration New s/Schedule			GL SCHED CHGS (0197).pdf
Approved	Commercial General Liability Coverage Schedule	GL- SCHED (01/97)	01 97	Declaration New s/Schedule			GL-SCHED (0197).pdf
Approved	Endorsement Schedule	L 1064 07 07 91	07 91	Declaration New s/Schedule			L 1064 0791.pdf
Approved	Commercial General Liability Schedule	L 1065 12 12 95	12 95	Declaration New s/Schedule			L 1065 1295.pdf
Approved	Location Schedule	L 1070 12 12 95	12 95	Declaration New s/Schedule			L 1070 1295.pdf
Approved	Schedule Rating Credits/Debits	L 1170 01 01 95	01 95	Declaration New s/Schedule			L 1170 0195.pdf
Approved	Policy Jacket	S 2000 01 01 08	01 08	Other New			S 2000 01 08 Policy Jacket.pdf
Approved	Punitive, Exemplary And Extracontractual Damage Exclusion	L 1439 07 07 97	07 97	Endorseme New nt/Amendm ent/Condi ti ons			L 1439 0797.pdf
Approved	Lead Exclusion	L 1347 01 01 97	01 97	Endorseme New			L 1347

<i>SERFF Tracking Number:</i>	<i>STNA-125604583</i>	<i>State:</i>	<i>Arkansas</i>	
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#102291 \$50</i>	
<i>Company Tracking Number:</i>	<i>SNIC-GL-LG-AR-08-01-F</i>			
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>	
<i>Product Name:</i>	<i>The LG Program</i>			
<i>Project Name/Number:</i>	<i>SNIC-GL-LG-AR-08-01-F /SNIC-GL-LG-AR-08-01-F</i>			
	97	nt/Amendm ent/Condi ons	0197.pdf	
Approved	Total Asbestos Exclusion	L 1510 11 11 06 06	Endorseme New nt/Amendm ent/Condi ons	L 1510 1106.pdf
Approved	Countersignature Endorsement	L 2007 08 08 95 95	Endorseme New nt/Amendm ent/Condi ons	L 2007 0895.pdf
Approved	Named Insured Continuation Endorsement	L 6002 02 02 92 92	Endorseme New nt/Amendm ent/Condi ons	L 6002 0292.pdf
Approved	Change Endorsement #	L 6023 09 09 01 01	Endorseme New nt/Amendm ent/Condi ons	L 6023 0901.pdf



**Policy Number**

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SUPPLEMENTAL DECLARATIONS**

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

**Item 1. Business Description:**

**Item 2. Limits of Insurance**

Coverage	Limit of Liability
Aggregate Limits of Liability	Products/Completed Operations Aggregate  General Aggregate (other than Products/Completed Operations)
Coverage A - Bodily Injury and Property Damage Liability  Damage To Premises Rented To You	any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability  any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability
Coverage B - Personal and Advertising Injury Liability	any one person or organization subject to the General Aggregate Limits of Liability
Coverage C - Medical Payments	any one person subject to the Coverage A occurrence and the General Aggregate Limits of Liability

**Item 3. Retroactive Date**

This Insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" which occurs before the Retroactive Date, if any, shown here: \_\_\_\_\_

(Enter Date or "None" if no Retroactive Date applies)

**Item 4. Form of Business and Location of Premises**

Forms of Business:

Location of All Premises You Own, Rent or Occupy:

**See Schedule of Locations**

**Item 5. Forms and Endorsements**

Form(s) and Endorsement(s) made a part of this policy at time of issue:

**See Schedule of Forms and Endorsements**

**Item 6. Premiums**

Coverage Part Premium:

Other Premium:

Total Premium:

No. GNL

Renewal of Number GNL

**STATE NATIONAL INSURANCE COMPANY**

8200 Anderson Boulevard

Fort Worth, TX 76120

**GENERAL LIABILITY DECLARATIONS**

**ITEM ONE**

ISSUED TO:

POLICY PERIOD: FROM:  
YOUR MAILING ADDRESS SHOWN ABOVE.

TO:

AT 12:01 A.M. TIME AT

AGENT OR BROKER:

KIND OF BUSINESS:

LOCATION OF BUSINESS:

**ITEM TWO**

**SCHEDULE OF COVERAGES AND PREMIUMS**

This policy provides only those coverages where a charge is shown in the premium column below.

COVERAGES	--- LIMIT --- THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
GENERAL AGGREGATE LIMIT (other than products & completed operations)		
PRODUCTS & COMPLETED OPERATIONS AGGREGATE LIMIT		
PERSONAL & ADVERTISING INJURY LIABILITY LIMIT		
EACH OCCURRENCE LIMIT		
FIRE DAMAGE LIMIT (any one fire)		
MEDICAL EXPENSE LIMIT (any one person)		

FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION:	PREMIUM FOR ENDORSEMENTS	
	SEE ENDORSEMENT SCHEDULE	
	* NONE AT TIME OF ISSUE	

**Policy Number**

Endorsement No.

**SCHEDULE OF GENERAL LIABILITY CHANGES**

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

**CLASS CODE INFORMATION AFFECTED BY THIS CHANGE IS ADDED, DELETED OR CHANGED AS INDICATED.**

**THE FOLLOWING CLASS CODE INFORMATION IS:**

Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate	Premium

**THE FOLLOWING CLASS CODE INFORMATION IS:**

Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate	Premium

**THE FOLLOWING CLASS CODE INFORMATION IS:**

Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate	Premium

**THE FOLLOWING CLASS CODE INFORMATION IS:**

Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate	Premium

**Policy Number**

**COMMERCIAL GENERAL LIABILITY COVERAGE SCHEDULE**

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

**Item 5. Location of Premises**

Location of All Premises You Own, Rent or Occupy:

**See Schedule of Locations**

Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate	Premium
Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate	Premium
Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate	Premium
Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate	Premium

# ENDORSEMENT SCHEDULE

NUMBER	FORM / ENDORSEMENT DESCRIPTION

Attached to and forming part of Policy Number

EFFECTIVE

TO

ISSUED TO:

## COMMERCIAL GENERAL LIABILITY SCHEDULE

CLASS DESCRIPTION	CLASS CODE	LOC# BLD#	ST/ TERR	PREMIUM BASE	RISK RATE	ANNUAL PREMIUM
<b>PREMISES/OPERATIONS AND/OR MANUFACTURING AND/OR CONTRACTING</b>				a) Area c) Total Cost m) Admissions p) Payroll s) Gross Sales u) Units o) Other		
<b>OWNERS/CONTRACTORS PROTECTIVE</b>						
<b>PRODUCTS/COMPLETED OPERATIONS</b>						

# LOCATION SCHEDULE

The following is a listing of all locations you have coverage for under this policy. Any changes during the policy period should be reported to your agent.

LOCATION # 1

ISSUED TO:

YOUR POLICY HAS BEEN SCHEDULE RATED. DURING THE TERM OF THIS POLICY ALL ELIGIBLE PREMIUMS WILL REFLECT THE FOLLOWING CREDITS AND/OR DEBITS.

## SCHEDULE RATING CREDITS/DEBITS

<u>CHARACTERISTICS OF YOUR BUSINESS THAT GENERATED CREDITS OR DEBITS:</u>	<u>CREDITS</u>	<u>DEBITS</u>
<b>MANAGEMENT</b>		
Your cooperation with us .....	%	%
<b>LOCATION</b>		
Accessibility .....	%	%
Congested area .....	%	%
<b>BUILDING FEATURES</b>		
Age .....	%	%
Condition .....	%	%
Unusual Structural Features .....	%	%
Entry points .....	%	%
Exit point .....	%	%
<b>PREMISES</b>		
Care .....	%	%
Condition .....	%	%
Type .....	%	%
<b>EQUIPMENT</b>		
Type .....	%	%
Condition .....	%	%
Servicing .....	%	%
Your own repair facilities .....	%	%
Safety Equipment .....	%	%
Drivers Report on Conditions .....	%	%
<b>EMPLOYEES</b>		
Selection .....	%	%
Training .....	%	%
Supervision .....	%	%
Experience .....	%	%
Basis of Remuneration .....	%	%
<b>DISPERSION/CONCENTRATION OF VALUES INSURED</b>		
Dispersion or Concentration .....	%	%
(not applicable to General Liability)		
<b>PROTECTION – not otherwise recognized</b>		
protection of your insured property .....	%	%
(including dispersion or concentration)		
<b>SAFETY PROGRAM</b>		
Periodic Meetings .....	%	%
Distribution of Safety Literature .....	%	%
Award and Penalty System .....	%	%
Review of Accidents with Driver .....	%	%
Review of Accidents with Employees .....	%	%
Safety Director .....	%	%
Accident Reports and Records .....	%	%
<b>TOTAL CREDITS AND DEBITS</b> .....	<b>%</b>	<b>%</b>
Net Schedule Modification .....		%

**STATE NATIONAL  
INSURANCE  
COMPANY, INC.**

*Corporate Address:*

*8200 Anderson Blvd, P.O Box 24622, Fort Worth, TX 76124-1622*

**"READ YOUR POLICY CAREFULLY"**

This policy is a legal contract between the policy owner and State National Insurance Company, Inc.

In **Witness Whereof**, this Company has executed and attested these presents by the duly authorized Agent of this company at the agency hereinbefore mentioned.

Mailing Address: **State National Insurance Company, Inc., P.O. Box 3709, York, PA 17402-0136**

 Secretary

 President

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PUNITIVE, EXEMPLARY  
AND  
EXTRACONTRACTUAL DAMAGE  
EXCLUSION**

The following exclusion is added:

**PUNITIVE, EXEMPLARY AND  
EXTRACONTRACTUAL DAMAGE**

This policy does not insure against or provide indemnity for fines, penalties, exemplary or punitive damages or any other type or kind of judgment or award which does not compensate the party benefiting from the award or judgment for any actual loss or damage sustained. Punitive or exemplary damages are those damages imposed to punish a wrongdoer and to deter others from similar conduct.

This exclusion applies to all coverages provided under this policy.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **LEAD EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
COMMERCIAL UMBRELLA COVERAGE FORM

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

This insurance does not apply to any "bodily injury", "property damage", "personal injury", or "advertising injury", or any other loss, cost or expense arising out of the presence, ingestion, inhalation, or absorption of or exposure to lead in any form or products containing lead.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **TOTAL ASBESTOS EXCLUSION**

This endorsement modifies insurance provided under the following;

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following exclusion is added to Paragraph 2., **Exclusions of Section I – Coverage A - Bodily Injury and Property Damage Liability** and Paragraph 2., **Exclusions of Section I – Coverage B – Personal and Advertising Injury Liability**

This insurance does not apply to “bodily Injury”, “property damage” or “personal and advertising injury”:

- (1) In any way or to any extent arising out of or involving asbestos, asbestos fibers, or any product containing asbestos or asbestos fibers; or
- (2) “Economic Loss”, “Diminution of Property”, “Abatement Costs”, or any other loss, cost, or expense including “Equitable Relief”, in any way or to any extent arising out of or involving asbestos, asbestos fibers, or any product containing asbestos or asbestos fibers; or
- (3) Any fees, costs, or expenses of any nature whatsoever in the investigation or defense of any claim or “suit” arising out of or involving asbestos, asbestos fibers, or any product containing asbestos or asbestos fibers.

For the purpose of this endorsement only, the following additional terms are defined:

- (1) “Abatement Costs” means any actual or potential damages, costs, fees, or expenses, including the costs of inspection, removal, or replacement.
- (2) “Diminution of Property” means the diminishing or lessening in value of property.
- (3) “Economic Loss” means any economic detriment or potential detriment, including but not limited to, any actual or potential damages, costs, fees, expenses, or lost profits arising out of or involving the manufacture or utilization of a good or product.
- (4) “Equitable Relief” means any remedy or relief, including restitution or injunction relief, sought in a court with equitable powers.

# COUNTERSIGNATURE ENDORSEMENT

(STATE NAME APPEARS HERE)

- Policy
- Endorsement

It is hereby understood and agreed that the signature shown below is the signature of the person authorized to countersign this policy on behalf of State National Insurance Company in the State indicated above and is in conformity with the insurance laws of that state.

The premium for this policy is \$ \_\_\_\_\_

The premium for this endorsement is \$ \_\_\_\_\_ Endorsement No: \_\_\_\_\_

Date of Countersignature: \_\_\_\_\_  
Month, Day and Year

Countersigned by \_\_\_\_\_

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NAMED INSURED CONTINUATION ENDORSEMENT**

It is hereby understood and agreed that the named insured shown in item # 1 of the Declarations is extended to include as named insureds the following:

It is further agreed that all named insureds are owned and controlled by the same financial interest.

Nothing herein contained shall hold to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the policy or any endorsement attached thereto nor shall the inclusion of more than one insured operate to increase the limits of the company's liability.

**THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.**

**CHANGE ENDORSEMENT # \_\_\_\_\_**

Attached to and forming part of Policy Number \_\_\_\_\_ EFFECTIVE \_\_\_\_\_ TO \_\_\_\_\_

Issue Date: \_\_\_\_\_ Countersigned by \_\_\_\_\_  
Authorized Company Representative

Effective Date: \_\_\_\_\_

AGENT:  
Address:

INSURED:  
Address:

**POLICY CHANGES**

This endorsement is subject to the declarations, conditions, and other terms of the policy which are consistent herewith, and when countersigned by an authorized representative of the company forms a part of the policy described herein.

IT IS HEREBY UNDERSTOOD AND AGREED THAT:

*SERFF Tracking Number:* STNA-125604583      *State:* Arkansas  
*Filing Company:* State National Insurance Company Inc.      *State Tracking Number:* #102291 \$50  
*Company Tracking Number:* SNIC-GL-LG-AR-08-01-F  
*TOI:* 17.2 Other Liability - Occurrence Only      *Sub-TOI:* 17.2001 Commercial General Liability  
*Product Name:* The LG Program  
*Project Name/Number:* SNIC-GL-LG-AR-08-01-F /SNIC-GL-LG-AR-08-01-F

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: STNA-125604583 State: Arkansas  
Filing Company: State National Insurance Company Inc. State Tracking Number: #102291 \$50  
Company Tracking Number: SNIC-GL-LG-AR-08-01-F  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: The LG Program  
Project Name/Number: SNIC-GL-LG-AR-08-01-F /SNIC-GL-LG-AR-08-01-F

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 04/16/2008

**Comments:**

**Attachment:**

2007 NAIC FFS +.pdf

**Satisfied -Name:** Forms List, Filing Memorandum &  
Letter of Authorization **Review Status:** Approved 04/16/2008

**Comments:**

**Attachments:**

AR GL FormsList.pdf

AR GL Memo.pdf

CGL FAL Letters AR F.pdf

**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>SNIC-GL-LG-AR-08-01-F</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
<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	Commercial General Liability Coverage Part - Supplemental Declarations	GL-DEC (12/ 01)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	General Liability Declarations	GNL 0007 02 97	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Schedule Of General Liability Changes	GL SCHED CHGS (01/97)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	Commercial General Liability Coverage Schedule	GL-SCHED (01/97)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05	Endorsement Schedule	L 1064 07 91	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
06	Commercial General Liability Schedule	L 1065 12 95	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	Location Schedule	L 1070 12 95	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
08	Schedule Rating Credits/Debits	L 1170 01 95	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
09	Policy Jacket	S 2000 01 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
10	Punitive, Exemplary And Extracontractual Damage Exclusion	L 1439 07 97	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
11	Lead Exclusion	L 1347 01 97	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
12	Total Asbestos Exclusion	L 1510 11 06	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
13	Countersignature Endorsement	L 2007 08 95	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

## FORM FILING SCHEDULE *(Continued)*

(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>SNIC-GL-LG-AR-08-01-F</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>

14	Named Insured Continuation Endorsement	L 6002 02 92	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
15	Change Endorsement #	L 6023 09 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
16			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
17			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
18			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
19			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
20			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

**State National Insurance Company**  
General Liability

Forms List - Arkansas

Title	Type	Current Form Number
Commercial General Liability Coverage Part - Supplemental Declarations	Declarations	GL-DEC (12/ 01)
General Liability Declarations	Declarations	GNL 0007 02 97
Schedule Of General Liability Changes	Schedule	GL SCHED CHGS (01/97)
Commercial General Liability Coverage Schedule	Schedule	GL-SCHED (01/97)
Endorsement Schedule	Schedule	L 1064 07 91
Commercial General Liability Schedule	Schedule	L 1065 12 95
Location Schedule	Schedule	L 1070 12 95
Schedule Rating Credits/Debits	Schedule	L 1170 01 95
Policy Jacket	Policy Jacket	S 2000 01 08
Punitive, Exemplary And Extracontractual Damage Exclusion	Endorsement	L 1439 07 97
Lead Exclusion	Endorsement	L 1347 01 97
Total Asbestos Exclusion	Endorsement	L 1510 11 06
Countersignature Endorsement	Endorsement	L 2007 08 95
Named Insured Continuation Endorsement	Endorsement	L 6002 02 92
Change Endorsement #	Endorsement	L 6023 09 01

**STATE NATIONAL INSURANCE COMPANY  
COMMERCIAL GENERAL LIABILITY**

**THE LG PROGRAM**

**Arkansas**

*FILING MEMORANDUM*

On behalf of State National Insurance Company (“the Company”), we are filing to introduce a new “The LG Program” in your jurisdiction under the commercial general liability line of insurance. The rates, rules, and policy language for this program will be based on all currently approved Insurance Services Office (“ISO”) loss costs, rules, and forms, including ISO filing number GL-2007-BGL1 and GL-2007-IALL1 for commercial general liability coverage, as well as the loss cost multipliers filed herein. The Company will use the currently approved ISO loss costs, rules, rating plans, and forms, subject to the exception pages, amendatory endorsements, and any independent loss costs, rules, or endorsements filed for this program. The Company is a subscriber to ISO.

Exhibits R1 through R6 display support for the selected expense and profit provisions that are included in the calculation of the loss cost multiplier.



February 1, 2008

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

**Re: Letter of Filing Authorization  
State National Insurance Company, Inc.  
Commercial General Liability  
Initial Form Filing**

Dear Ladies/Gentlemen:

This letter will certify that Perr & Knight, Inc. has been given full authorization to submit the captioned filing on behalf of State National Insurance Company, Inc. This authorization extends to all correspondence related to the referenced filing only. It does not apply to any subsequent filings made after the approval of the referenced filing.

Please direct all correspondence in relation to this filing directly to Kyle Hales, ACAS, MAAA, Consulting Actuary, Perr & Knight, Inc., 1200 N. Federal Highway, Suite 309, Boca Raton, Florida 33432. Should you have any questions concerning this filing, please contact Mr. Hales at 561-416-3992 or by email at [khales@perrknight.com](mailto:khales@perrknight.com).

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Cleff", written over a horizontal line.

David M. Cleff  
Senior Vice President and General Counsel

Cc: File (Avalon)