

SERFF Tracking Number: OCCD-125629298 State: Arkansas
Filing Company: Occidental Fire & Casualty Company of North Carolina State Tracking Number: EFT \$50
Company Tracking Number: 08-266
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Commercial Automobile-Habitational Risks
Project Name/Number: /

Filing at a Glance

Company: Occidental Fire & Casualty Company of North Carolina

Product Name: Commercial Automobile-Habitational Risks SERFF Tr Num: OCCD-125629298 State: Arkansas

TOI: 20.0 Commercial Auto
Sub-TOI: 20.0003 Other

SERFF Status: Closed
Co Tr Num: 08-266

State Tr Num: EFT \$50
State Status: Fees verified and received

Filing Type: Form

Co Status:
Author: Latesha Debnam
Date Submitted: 05/01/2008

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Disposition Date: 05/07/2008
Disposition Status: Approved
Effective Date (New): 06/01/2008
Effective Date (Renewal):
06/01/2008

Effective Date Requested (New): 06/01/2008

Effective Date Requested (Renewal): 06/01/2008

State Filing Description:

General Information

Project Name:
Project Number:
Reference Organization:
Reference Title:
Filing Status Changed: 05/07/2008
State Status Changed: 05/07/2008
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile: Authorized
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:
Deemer Date:

Initial filing of forms for Commercial Automobile-Habitational Risk Program

Company and Contact

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 Product Name: Commercial Automobile-Habitational Risks
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Filing Contact Information

Latesha Debnam, State Filing Analyst ldebnam@ofc-wic.com
 702 Oberlin Road (919) 833-1600 [Phone]
 Raleigh, NC 27605 (919) 833-8535[FAX]

Filing Company Information

Occidental Fire & Casualty Company of North Carolina CoCode: 23248 State of Domicile: North Carolina
 702 Oberlin Road Group Code: 225 Company Type: Property and Casualty
 Raleigh, NC 27605 Group Name: IAT Group State ID Number: 03
 (919) 833-1600 ext. 8164[Phone] FEIN Number: 84-0513811

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Occidental Fire & Casualty Company of North Carolina	\$50.00	05/01/2008	20054652

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/07/2008	05/07/2008

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Disposition

Disposition Date: 05/07/2008

Effective Date (New): 06/01/2008

Effective Date (Renewal): 06/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: OCCD-125629298 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Filing Schedule	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Terrorism Rejection	Approved	Yes
Form	Schedule of Named Insured(s)	Approved	Yes
Form	Schedule of Locations	Approved	Yes

SERFF Tracking Number: OCCD-125629298 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Rejection	AP 0003	02 08	Policy/CoveNew rage Form		0.00	AP 00 03 02 08.pdf
Approved	Schedule of Named Insured(s)	AP 0004	02 08	Policy/CoveNew rage Form		23.20	AP 00 04 02 08.pdf
Approved	Schedule of Locations	AP 0005	02 08	Policy/CoveNew rage Form		0.00	AP 00 05 02 08.pdf

**POLICYHOLDER DISCLOSURE NOTICE
TERRORISM RISK INSURANCE EXTENSION ACT OF 2007
REJECTION OF OUR OFFER OF COVERAGE**

A check beside the box titled **Reject** for one or more lines of business listed below indicates that you did not accept our offer of coverage for certified acts of terrorism, as defined in and certified under the Terrorism Risk Insurance Act of 2002, and the 2007 Extension. Therefore, this policy does not provide such coverage. This policy contains one or more exclusions that apply to certified acts of terrorism.

This policy includes a Conditional Exclusion of Terrorism endorsement, which automatically replaces the Certified Acts of Terrorism Exclusion endorsement to exclude the same and other types of terrorism losses upon any expiration of, or certain changes in, the Terrorism Risk Insurance Act during the policy period.

If you were not made aware of our offer of coverage for certified acts of terrorism, or believe that this notice was included in this policy in error, please notify your agent or broker immediately.

- Reject** **PROPERTY**
(Property includes: Commercial Boiler & Machinery,
Commercial Inland Marine and Commercial Property if
provided on policy)
- Reject** **BUSINESSOWNERS**
- Reject** **GENERAL LIABILITY**
- Reject** **COMMERCIAL LIABILITY UMBRELLA/EXCESS LIABILITY**

Named Insured: _____

Policy Number: _____

POLICY NUMBER:

SCHEDULE OF NAMED INSURED(S)

The Named Insured shown on the Common Policy Declarations is amended to read:

POLICY NUMBER:

SCHEDULE OF LOCATIONS

Location Number	Building Number	Designated Locations (Address, City, State, Zip Code)	Occupancy

SERFF Tracking Number: *OCCD-125629298* *State:* *Arkansas*
Filing Company: *Occidental Fire & Casualty Company of North Carolina* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-266*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0003 Other*
Product Name: *Commercial Automobile-Habitational Risks*
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: OCCD-125629298 State: Arkansas
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 05/07/2008

Comments:

Attachment:

P&C Transmittal-CA.pdf

Satisfied -Name: Form Filing Schedule **Review Status:** Approved 05/07/2008

Comments:

Attachment:

CA Form Filing Schedule.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 05/07/2008

Comments:

Attachment:

CA-Form.pdf

Property & Casualty Transmittal Document

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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
IAT Group	23248

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Occidental Fire & Casualty Company of NC	North Carolina	23248	84-0513811	N/A

5. Company Tracking Number	08-266
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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
	Latesha Debnam	State Filing Technician	(800) 525-7486 ext. 3311	(919) 833-8535	ldebnam@ofc-wic.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Latesha Debnam

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)	20.0003 Other
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
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: 06/01/2008 Renewal: 06/01/2008

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

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

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

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 #	08-266			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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	Terrorism Rejection	AP 0003 02/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Schedule of Named Insured(s)	AP 0004 02/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Schedule of Locations	AP 0005 02/08	<input checked="" 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		

Effective March 1, 2007

This page is informational only and do not need to be submitted with your filings!

**Notes for Form Filing Transmittal
DESCRIPTION OF ITEMS IN THE FORM FILING SCHEDULE**

FORM FILING SCHEDULE

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

Occidental Fire & Casualty Company of North Carolina

702 OBERLIN ROAD, BOX 10800, RALEIGH, NORTH CAROLINA 27605 (919) 833-1600 1-800-7486 (National) 1-800-342-0753 (In N.C.)

April 28, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Occidental Fire & Casualty Company of North Carolina
FEIN# 84-0513811 NAIC #23248
Commercial Automobile – Habitational Risks
Filing Number: 08-266

Dear Director Bowman:

Occidental Fire & Casualty Company of North Carolina, a member of IAT Group, is a subscriber of the Insurance Services Office (ISO) and has authorized them to file rules and forms on our behalf for Commercial Automobile coverage to the extent permitted by law. At this time we are filing our initial forms for our Commercial Automobile-Habitational Risk Program.

This program includes, but is not limited to:

- Apartments and Condominiums
- Homeowner Association Risks (including common areas)
- Manufactured Housing Parks
- Motels and Hotels

We file to adopt all the current forms contained in ISO Filing Designation Number CA-2005-OFR01 (including Supplement and Amendment) and subsequent. In addition, we are filing the following declarations and independent forms to be used with the ISO forms:

<u>Form Number/Edition</u>	<u>Description</u>
AP 0003 02/08	Terrorism Rejection
AP 0004 02/08	Schedule of Named Insured(s)
AP 0005 02/08	Schedule of Locations

Under separate, cover we have made a companion loss costs filing to be effective with the approval of this form filing.

We request these forms become effective on or after June 1, 2008.

If you have any questions, please feel free to contact me at (800) 525-7486 ext. 3311 or by e-mail at ldebnam@ofc-wic.com.

Kind Regards,

Latesha Debnam
Regulatory Compliance
State Filing Technician