

SERFF Tracking Number: STNA-125501922 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #2795 \$50
Company Tracking Number: SNIC-PIM-JIBNA-AR-0801F
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
Product Name: Personal Inland Marine
Project Name/Number: JIBNA Personal Jewelry/SNIC-PIM-JIBNA-0801

Filing at a Glance

Company: State National Insurance Company Inc.

Product Name: Personal Inland Marine	SERFF Tr Num: STNA-125501922	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: #2795 \$50
Sub-TOI: 09.0006 Other Personal Inland Marine	Co Tr Num: SNIC-PIM-JIBNA-AR-0801F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
	Author: Carol Selleck	Disposition Date: 05/09/2008
	Date Submitted: 05/01/2008	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New):
Effective Date Requested (Renewal):		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: JIBNA Personal Jewelry
Project Number: SNIC-PIM-JIBNA-0801

Status of Filing in Domicile: Pending
Domicile Status Comments: Pending in the state of Texas.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/09/2008

State Status Changed: 05/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Initial filing of forms for a new Personal Jewelry program.

Company and Contact

Filing Contact Information

Carol Selleck, President

Cselleck@aol.com

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7133 W. Honeysuckle DRive (623) 376-2462 [Phone]
Peoria, AZ 85383 (623) 376-2510[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

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State National Insurance Company Inc.	\$0.00	05/01/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
2795	\$50.00	05/01/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	05/09/2008	05/09/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	05/09/2008	05/09/2008	Carol Selleck	05/09/2008	05/09/2008

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Disposition

Disposition Date: 05/09/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Authorization	Approved	Yes
Supporting Document	Filing memo and forms list	Approved	Yes
Form	Personal Jewelry Dec Page	Approved	Yes
Form	Jewelry Form - Schedule	Approved	Yes
Form	Actual Cash Value	Approved	Yes
Form	Schedule on File	Approved	Yes
Form	Baggage Exclusion	Approved	Yes
Form	Bank Vault - Stop Loss	Approved	Yes
Form	Burden of Proof Clause	Approved	Yes
Form	Central Station Alarm	Approved	Yes
Form	Comprehensive Vault Endorsement	Approved	Yes
Form	General Purpose Endt.	Approved	Yes
Form	Hotel/Motel Restriction Endt.	Approved	Yes
Form	Jewelry in Vaults Endt.	Approved	Yes
Form	Mysterious Disappearance Excl.	Approved	Yes
Form	Named Premises Endt.	Approved	Yes
Form	No Claims Credit Endt.	Approved	Yes
Form	Pair & Set Coverage Endt.	Approved	Yes
Form	Participating Clause Endt.	Approved	Yes
Form	Personal Security Endt.	Approved	Yes
Form	Personal Security Excl. Mysterious Disappearance	Approved	Yes
Form	Territorial Limitation Endt.	Approved	Yes
Form	Theft from Unattended Vehicle	Approved	Yes
Form	Transit Jewelry Exclusion	Approved	Yes
Form	Valuation Clause - 150% Value	Approved	Yes
Form	Additional Named Insured/Loss Payee	Approved	Yes
Form	Seasonal Bank Vault	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/09/2008

Submitted Date 05/09/2008

Respond By Date

Dear Carol Selleck,

This will acknowledge receipt of the captioned filing.

Objection 1

- General Purpose Endt. (Form)

Comment: Blank endorsements found in this filing should be amended to comply with Ark. Code Ann. 23-79-109. A form without specific language is not a complete form and can't be approved. However, we will consider approving a "blank" form if the company will provide us with a detail description on how the endorsement will be used or it must be withdrawn.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State

Response Letter Date 05/09/2008

Submitted Date 05/09/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: State National wishes to advise that the General Purpose endorsement will not be used to broaden, restrict or otherwise alter coverage. The form is only used to make correction/changes such as change in name, address, or addition or deletion of scheduled items at the insured's request.

Related Objection 1

Applies To:

SERFF Tracking Number: STNA-125501922 *State:* Arkansas
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- General Purpose Endt. (Form)

Comment:

Blank endorsements found in this filing should be amended to comply with Ark. Code Ann. 23-79-109. A form without specific language is not a complete form and can't be approved. However, we will consider approving a "blank" form if the company will provide us with a detail description on how the endorsement will be used or it must be withdrawn.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Carol Selleck

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Personal Jewelry Dec Page	JIBNA DEC 001	0308	Declaration New s/Schedule		0.00	JIBNA-DEC-00.pdf
Approved	Jewelry Form - Schedule	JIBNA FORM 001	0308	Endorsement/Amendment/Conditions		0.00	JIBNA FORM 001 0308.pdf
Approved	Actual Cash Value	JIBNA ENDT 0001	0308	Endorsement/Amendment/Conditions		0.00	JIBNA 0001.pdf
Approved	Schedule on File	JIBNA ENDT 0002	0308	Endorsement/Amendment/Conditions		0.00	JIBNA 0002.pdf
Approved	Baggage Exclusion	JIBNA ENDT 0003	0308	Endorsement/Amendment/Conditions		0.00	JIBNA 0003.pdf
Approved	Bank Vault - Stop Loss	JIBNA ENDT 0004	0308	Endorsement/Amendment/Conditions		0.00	JIBNA 0004.pdf
Approved	Burden of Proof Clause	JIBNA ENDT 0005	0308	Endorsement/Amendment/Conditions		0.00	JIBNA 0005.pdf
Approved	Central Station Alarm	JIBNA ENDT 0006	0308	Endorsement/Amendment/Conditions		0.00	JIBNA 0006.pdf
Approved	Comprehensive Vault Endorsement	JIBNA ENDT 0007	0308	Endorsement/Amendment/Conditions		0.00	JIBNA 0007.pdf

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Approval	Description	Code	Policy No	Action	Amount	File Name
Approved	General Purpose Endt.	JIBNA ENDT	0308 0008	Endorsement/Amendment/Conditions	0.00	JIBNA 0008.pdf
Approved	Hotel/Motel Restriction Endt.	JIBNA ENDT	0308 0009	Endorsement/Amendment/Conditions	0.00	JIBNA 0009.pdf
Approved	Jewelry in Vaults Endt.	JIBNA ENDT	0308 0010	Endorsement/Amendment/Conditions	0.00	JIBNA 0010.pdf
Approved	Mysterious Disappearance Excl.	JIBNA ENDT	0308 0011	Endorsement/Amendment/Conditions	0.00	JIBNA 0011.pdf
Approved	Named Premises Endt.	JIBNA ENDT	0308 0012	Endorsement/Amendment/Conditions	0.00	JIBNA 0012.pdf
Approved	No Claims Credit Endt.	JIBNA ENDT	0308 0013	Endorsement/Amendment/Conditions	0.00	JIBNA 0013.pdf
Approved	Pair & Set Coverage Endt.	JIBNA ENDT	0308 0014	Endorsement/Amendment/Conditions	0.00	JIBNA 0014.pdf
Approved	Participating Clause Endt.	JIBNA ENDT	0308 0015	Endorsement/Amendment/Conditions	0.00	JIBNA 0015.pdf
Approved	Personal Security Endt.	JIBNA ENDT	0308 0016	Endorsement/Amendment/Conditions	0.00	JIBNA 0016.pdf
Approved	Personal Security	JIBNA	0308	Endorsement/Amendment/Conditions	0.00	JIBNA

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	Excl. Mysterious Disappearance	ENDT 0017		nt/Amendment/Conditions			0017.pdf
Approved	Territorial Limitation Endt.	JIBNA ENDT 0018	0308	Endorsement/Amendment/Conditions New	0.00		JIBNA 0018.pdf
Approved	Theft from Unattended Vehicle	JIBNA ENDT 0019	0308	Endorsement/Amendment/Conditions New	0.00		JIBNA 0019.pdf
Approved	Transit Jewelry Exclusion	JIBNA ENDT 0020	0308	Endorsement/Amendment/Conditions New	0.00		JIBNA 0020.pdf
Approved	Valuation Clause - 150% Value	JIBNA ENDT 0021	0308	Endorsement/Amendment/Conditions New	0.00		JIBNA 0021.pdf
Approved	Additional Named Insured/Loss Payee	JIBNA ENDT 0022	0308	Endorsement/Amendment/Conditions New	0.00		JIBNA 0022.pdf
Approved	Seasonal Bank Vault	JIBNA ENDT 0023	0308	Endorsement/Amendment/Conditions New	0.00		JIBNA 0023.pdf

A. Property Covered

We cover the property insured under this policy that is owned by an "insured" while it is anywhere in the world.

1. Scheduled Jewelry

We cover scheduled articles of jewelry only if an amount of insurance and premium is shown for that property in the Schedule above.

The amount of insurance shown for such property is limited by Paragraph **D.1. Loss Settlement in Common Policy Provisions Form PM 00 01.**

2. Newly Acquired Property

We cover newly acquired jewelry subject to the following:

- a. The limit for this coverage is 25% of the amount of insurance for that type of property or \$10,000, whichever is less; and
- b. You will report to us such newly acquired property within 30 days of when you acquire it and pay an additional premium from that date.

If you fail to do so, coverage will cease automatically 30 days after you acquired the property or at the end of the policy period, whichever occurs first.

B. Property Not Covered

We do not cover:

1. Unmounted gems;
2. Bullion, gold, silver and other precious metals;
3. Goldware, gold-plated ware, pewterware, platinumware, platinum-plated ware, silverware, and silver-plated ware;
4. Flatware, hollowware, tea sets, trays and trophies made of or including gold, pewter, platinum or silver; and
5. Contraband, or property in the course of illegal transportation or trade.

C. Perils Insured Against

We insure against risk of direct physical loss to the covered property.

We do not insure against loss caused by:

1. Wear and tear, deterioration, inherent vice or any quality in property that causes it to damage or destroy itself; or
2. Insects or vermin.

D. Deductible

We will pay only that part of the total of all loss payable under this policy that exceeds the deductible amount shown in the Declarations.

E. Options

One or more of the following options apply to this policy **only** if the box for that option is checked in the policy Declarations, or is otherwise indicated elsewhere in this policy.

1. Jewelry Pair Or Set Broad Coverage

(Applies only to scheduled articles of jewelry subject to Paragraph **D.1.a. Standard Loss Settlement in Common Policy Provisions Form PM 00 01.**)

Paragraph **D.1.a.(3)** in Common Policy Provisions Form **PM 00 01** is deleted and replaced by the following:

(3) Loss To A Pair, Set Or Parts

If there is a loss to a scheduled article of jewelry that is a pair or set, or consists of several parts when complete:

- (a) We will pay the full amount shown in the Schedule for that article; and
- (b) You will surrender it to us if not lost or stolen.

2. Jewelry In Vault Credit

a. You agree:

- (1) To keep the jewelry articles described and marked with a number symbol (#) in the Schedule in a vault; and
- (2) That such vault is on the premises of the bank or security institution declared in the Declarations or elsewhere in this policy for this Option.

b. We will not cover these articles if they are removed from the premises of that bank or security institution unless you:

- (1) Notify us in advance of removal; and
- (2) Pay an additional premium for the time they are away from such premises.

3. Additional Person Insured – Engagement Ring, Wedding Ring Or Guard Ring Only

We agree that the person named in the Declarations or elsewhere in this policy for this Option has an interest in the jewelry article(s) described as applying to this Option.

You agree that such person is not an "insured" under this policy.

ACTUAL CASH VALUE ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

Actual Cash Value Endorsement

It is hereby agreed and understood that in the event of a loss, adjustment valuation shall be made on an actual cash value basis.

Actual cash value is defined as replacement cost of loss or damaged property at the time of loss less depreciation. At the time of loss replacement cost shall not exceed the limit of liability for the applicable jewelry insured.

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

SCHEDULE ON FILE ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

Schedule on File Endorsement

It is hereby agreed and understood that the schedule insured under this policy is covered as per the schedule and on file with the insurance company or its authorized representative

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

BAGGAGE EXCLUSION ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

Baggage Exclusion Endorsement

The policy excludes all losses of, or damage to jewelry from baggage unless in the Insured's hand, or under direct personal supervision of the Insured or the Insured's resident employees or the members of the Insured's family of the same household. This excludes coverage for mysterious disappearance from the baggage.

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

BANK VAULT – STOP LOSS ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

Bank Vault – Stop Loss Endorsement

In consideration of premium paid hereon, the insured hereby agrees that jewelry will be kept in a vault at:

(Bank to be named)

If such items are removed from the said vault and in consideration of additional premium paid hereon, it is further understood and agreed that an aggregate limit per loss of \$_____ shall apply to jewelry outside the bank vault.

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

BURDEN OF PROOF CLAUSE ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

Burden of Proof Clause

It is hereby understood and agreed that the value of the items insured hereunder is not agreed and that, in the event of any claim for loss or of damage to any insured property, the burden of proving the value of any item for which the claim is made hereunder shall be upon the insured.

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

CENTRAL STATION ALARM ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

Central Station Alarm Endorsement

It is agreed:

- a. That the insured's residence is protected by a Company-approved Central Station Burglars Alarm serviced by: _____
- b. That the said alarm monitoring system shall be regularly maintained under an active contract by the approved alarm company.
- c. That the approved alarm monitoring system shall be functional and activated whenever the said residence(s) located at _____ is left unattended.
- d. Coverage is void if at time of loss the alarm monitoring system was not activated.

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

COMPREHENSIVE VAULT ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

Comprehensive Vault Endorsement

The limit of liability for jewelry as shown on the declarations page is applicable only to jewelry while kept in a bank vault or bank safety deposit box.

Our limit of liability for articles of jewelry while not in a bank vault or bank safety deposit box is limited to the amount shown in the declarations page as "Jewelry Out of Vault."

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

GENERAL PURPOSE ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

HOTEL / MOTEL RESTRICTION ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

Hotel / Motel Restriction

This policy excludes all loss or damage to jewelry while on the premises of a hotel, motel, resort, or health facility unless:

- a. The jewelry is contained in a locked safe or vault defined as "safe is a sturdy constructed cabinet or box, usually made of metal, which is locked and is attached to and / or hidden within the wall or floor" which is supervised by premises management at the time of loss; or
- b. The jewelry is being worn by the insured; or
- c. The jewelry is in the hand of a member of your immediate family or your employee with whom said jewelry has been entrusted to be placed in said Hotel / Motel / Resort / Health Facilities' locked safe or vault.

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

JEWELRY IN VAULTS ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

Jewelry In Vaults Endorsement

In consideration of reduced premium, you agree that all Jewelry-In-Vault items stated on the attached schedule will be kept in a bank vault.

We will not cover the items listed above unless you:

- a. Notify us in advance of removal
- b. Pay an additional premium for the period of time the item(s) are away from the above -premises

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

MYSTERIOUS DISAPPEARANCE EXCLUSION

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

Mysterious Disappearance Exclusion

It is hereby understood and agreed that following exclusion is added to this policy under Perils Insured Against:

We do not cover loss due to mysterious disappearance. Mysterious disappearance is defined as items misplaced or loss without evidence or signs of forced entry.

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

NAMED PREMISES ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

Named Premises Endorsement

It is hereby agreed that coverage is provided only while the property covered under this policy is located at:

This is applicable to the following scheduled jewelry items:

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

NO CLAIMS CREDIT ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

No Claims Credit

It is understood and agreed that the Company subscribing hereto will allow a No Claims Credit at the following renewal policy, calculated at _____% of the gross premium earned hereon, subject to there being no claims or expenses paid, advised, or outstanding hereunder and to this Policy being renewed with the same company

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

PAIR & SET COVERAGE ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

Pair & Set Coverage Endorsement

- I. It is hereby understood that Common Policy Provisions, Section D. Loss Conditions, 1. Loss Settlement, paragraph b. Agreed Value Loss Settlement– Scheduled Property Only, subparagraph (2) is hereby deleted
- II. It is further understood that the following terms and conditions are hereby made a part of this policy and replace the above deleted provisions.
 - D. Loss Conditions, 1. Loss Settlement, paragraph b. Agreed Value Loss Settlement – Scheduled Property Only, subparagraph (2)

If the article or item is a pair or set or consists of several parts when complete, we may elect to:

- (a) Repair or replace any part to restore the pair or set to its value before the loss;
- (b) Pay the difference between the replacement value of the property before and after the loss; or
- (c) Pay for the value of the part lost or damaged.

All other terms, conditions and exclusions remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Authorized Signature _____

Date Issued _____

PARTICIPATING CLAUSE ENDORSEMENT

For the premium charged, we do not provide insurance for the total value of the items described in the schedule below. The percentage interest is our portion of the total value for any covered loss or damage.

Regardless of whether loss or damage is covered by other insurance, or whether such other insurance is valid or collectible, we will not pay for more than the least of the following for the items described in the schedule below.

1. The Percentage interest times the value of any loss or damage
2. The amount of insurance

<u>Description</u>	<u>Schedule*</u> <u>Value</u>	<u>Amount of</u> <u>Insurance</u>	<u>Percentage</u> <u>Interest</u>
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*Entries may be left blank if shown elsewhere in this policy for this coverage.

PERSONAL SECURITY ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD: TO

EFFECTIVE DATE:

Personal Security

The jewelry articles designated in the schedule and identified as "in home safe" are covered only under the following special conditions:

- a. While in a locked safe or vault at the insured's residence; or
- b. While in a bank vault or bank safety deposit box; or
- c. While on the person of the insured, a family member of the insured's household, or a domestic employee at the direction of the Insured; or
- d. While in a locked safe or vault in a hotel, motel, or private residence where the Insured is staying while traveling.

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

**PERSONAL SECURITY ENDORSEMENT EXCLUDING
MYSTERIOUS DISAPPEARANCE**

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD: _____ TO _____

EFFECTIVE DATE:

Personal Security Endorsement Excluding Mysterious Disappearance

The jewelry articles designated in the schedule and identified as "in home safe" are covered only under the following special conditions:

- a. While in a locked safe or vault at the insured's residence; or
- b. While in a bank vault or bank safety deposit box; or
- c. While on the person of the insured, a family member of the insured's household, or a domestic employee at the direction of the Insured; or
- d. While in a locked safe or vault in a hotel, motel, or private residence where the Insured is staying while traveling.

In addition, mysterious disappearance is excluded and defined as items misplaced or lost without evidence or signs of forced entry.

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

TERRITORIAL LIMITATION ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

Territorial Limitation Endorsement

Notwithstanding anything to the contrary contained herein the territorial limits, including transit, are limited to the 48 contiguous states of the continental United States of America and Canada.

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

THEFT FROM UNATTENDED VEHICLE ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

Theft From Unattended Vehicle

In consideration of premium charged, the following conditions are hereby made part of the -policy declaration:

The policy does not insure against loss or damage to covered property resulting from theft from an unattended vehicle.

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

TRANSIT JEWELRY EXCLUSION ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

Special Conditions Relating to Jewelry

Transit Exclusion

This policy excludes any loss including mysterious disappearance to jewelry or damage to jewelry while in transit unless in the Insured's hand or under the direct personal supervision of the Insured.

In addition, mysterious disappearance is excluded. Mysterious Disappearance is defined as items misplaced or lost without evidence or signs of forced entry.

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

**VALUATION CLAUSE ENDORSEMENT – 150%
AGREED VALUE OR CURRENT MARKET VALUE ENDORSEMENT**

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

**Valuation Clause Endorsement - 150%
Agreed Value or Current Market Value Endorsement**

It is hereby agreed and understood that the valuation clause, Common Policy Provisions, Section D. Loss Conditions, 1. Loss Settlement, paragraph b. Agreed Value Loss Settlement–Scheduled Property Only, subparagraph (1) is amended to read:

- (1) We will pay the full amount shown in the schedule for each article or item designated with a double asterisk (**) as shown on the schedule or the current market value, whichever is greater at time of loss, but not to exceed 150% of the full amount shown

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

ADDITIONAL NAMED INSURED/LOSS PAYEE

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD:

EFFECTIVE DATE:

Additional Named Insured/Loss Payee

It is agreed that coverage under this policy is extended to the following additional named insured(s), however only as respects the item(s) listed below.

Name & Address of Additional Named Insured/Loss Payee

Specific Interest (specify all items or designated items)

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

SEASONAL BANK VAULT ENDORSEMENT

NAMED INSURED:

POLICY NUMBER:

POLICY PERIOD: _____ TO _____

EFFECTIVE DATE: _____

Seasonal Bank Vault/Safe Endorsement

In consideration of the premium paid hereon it is hereby understood and agreed that for the period beginning _____ and ending _____ the following Bank Vault provisions are amended to read as follows:

The jewelry articles designated in the schedule and identified as "In Bank Vault" are covered only under the following special conditions:

- a. While on the person of the insured, a family member of the insured's household, or a domestic employee at the direction of the Insured; or
- b. While in a bank vault or bank safety deposit box; or
- c. While in a locked safe or vault at the insured's residence; or
- d. While in a locked safe or vault in a hotel, motel, or private residence where the Insured is staying while traveling.

It is also understood and agreed that it is a condition of this policy that:

all jewelry articles designated as "In Bank Vault" not being worn will be returned to the bank vault or bank safety deposit box no later than 72 hours of wearing same.

It is further understood and agreed that an aggregate limit per loss of \$ _____ shall apply to jewelry outside the bank vault.

All other terms and conditions remain unchanged.

Authorized Signature _____

Date Issued _____

SERFF Tracking Number: STNA-125501922 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #2795 \$50
Company Tracking Number: SNIC-PIM-JIBNA-AR-0801F
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
Product Name: Personal Inland Marine
Project Name/Number: JIBNA Personal Jewelry/SNIC-PIM-JIBNA-0801

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 05/09/2008

Comments:

NAIC forms attached.

Attachments:

NAIC_TD1_2007_AR_Forms.pdf
NAIC_PC_FFS1_2007_AR.pdf
NAIC_PC_FFS2_2007_AR.pdf
NAIC_PC_FFS3_2007_AR.pdf

Satisfied -Name: Filing Authorization **Review Status:** Approved 05/09/2008

Comments:

Filing authorization for ProFilers, LLC attached.

Attachment:

Auth Letters AR 04-29-2008.pdf

Satisfied -Name: Filing memo and forms list **Review Status:** Approved 05/09/2008

Comments:

Filing memo and forms list attached.

Attachments:

JIBNA Filing Memo_FormsOnly.pdf
FormsListForFiling.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: 60%;">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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #
State National Insurance Company, Inc.	Texas	12831	75-1980552

5. Company Tracking Number	SNIC-PIM-JIBNA-AR-0801F
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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
	Carol Selleck 7133 W. Honeysuckle Drive Peoria, AZ 85383	President, ProFilers	623/376-2462	623/376-2510	cselleck@cox.net
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Carol Selleck		

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

9. Type of Insurance (TOI)	09.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	09.0006 Other Personal Inland Marine
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Personal Jewelry Program
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: June 1, 2008 Renewal: n/a
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
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 #	SNIC-PIM-JIBNA-AR-0801F
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Initial filing of forms for a new Personal Inland Marine program insuring Personal Jewelry.

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 #: \$50
Amount: 2795

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.)**

PC TD-1 pg 2 of 2

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 #	SNIC-PIM-JIBNA-AR-0801F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	SNIC-PIM-JIBNA-AR-0801R			
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
1	Personal Jewelry Dec	JIBNA DEC 001 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
2	Jewelry Form - Schedule	JIBNA FORM 001 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3	Actual Cash Value	JIBNA ENDT 0001 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
4	Schedule on File	JIBNA ENDT 0002 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
5	Baggage Exclusion	JIBNA ENDT 0003 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
6	Bank Vault - Stop Loss	JIBNA ENDT 0004 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
7	Burden of Proof Clause	JIBNA ENDT 0005 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
8	Central Station Alarm	JIBNA ENDT 0006 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
9	Comprehensive Vault Endorsement	JIBNA ENDT 0007 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	General Purpose Endorsement	JIBNA ENDT 0008 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

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 #	SNIC-PIM-JIBNA-AR-0801F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	SNIC-PIM-JIBNA-AR-0801R			
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
11	Hotel/Motel Restriction Endorsement	JIBNA ENDT 0009 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12	Jewelry in Vaults Exclusion	JIBNA ENDT 0010 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13	Mysterious Disappearance Exclusion	JIBNA ENDT 0011 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14	Named Premises Endorsement	JIBNA ENDT 0012 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
15	No Claims Credit Endorsement	JIBNA ENDT 0013 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
16	Pair & Set Coverage Endorsement	JIBNA ENDT 0014 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
17	Participating Clause Endorsement	JIBNA ENDT 0015 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
18	Personal Security Endorsement	JIBNA ENDT 0016 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
19	Personal Security Excl. Mysterious Disappearance	JIBNA ENDT 0017 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
20	Territorial Limitation Endorsement	JIBNA ENDT 0018 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

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 #	SNIC-PIM-JIBNA-AR-0801F
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	SNIC-PIM-JIBNA-AR-0801R
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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
21	Theft from Unattended Vehicle	JIBNA ENDT 0019 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
22	Transit Jewelry Exclusion	JIBNA ENDT 0020 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
23	Valuation Caluse - 150% Agreed Value	JIBNA ENDT 0021 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
24	Additional Named Insured/Loss Payee	JIBNA ENDT 0022 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
25	Seasonal Bank Vault Endorsement	JIBNA ENDT 0023 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
26			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
27			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
28			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
29			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
30			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



April 29, 2008

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

**Re: Letter of Filing Authorization
State National Insurance Company, Inc.
Personal Inland Marine – Personal Jewelry Insurance
Initial Rule, Rate, Form Filing**

Dear Ladies/Gentlemen:

This letter will certify that ProFilers, L.L.C. has been given full authorization to submit the captioned filing on behalf of State National Insurance Company, Inc. This authorization extends to all correspondence regarding this particular 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 ProFilers, L.L.C., 7133 W. Honeysuckle Drive, Peoria, AZ 85383. Should you have any questions concerning this filing, please contact Carol Selleck at (623) 376-2462, or by e-mail at Cselleck@cox.net.

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 (JIBNA)

FILING MEMORANDUM
STATE NATIONAL INSURANCE COMPANY, Inc.
Personal Inland Marine Jewelry Program

State National Insurance Company, Inc. (SNIC) is introducing a new Personal Inland Marine Jewelry program. SNIC has formed a strategic partnership with Jewelry Insurance Brokerage of North America (JIBNA). JIBNA has extensive experience underwriting these types of exposures which will contribute to the viability of the program. This is a personal lines jewelry insurance product and is separate from any other Inland Marine coverages offered by SNIC.

Forms and Endorsements

State National Insurance Company, Inc. is affiliated with the Insurance Services Office, Inc. for personal inland marine and has given ISO authority to file forms on their behalf. The company will attach the ISO Personal Inland Marine Common Policy Conditions to all policies as well as the mandatory state amendatory endorsements where appropriate. In addition, JIBNA Form 001 and the Personal Jewelry Declarations Page will be mandatory on all accounts. JIBNA Form 001 is virtually identical to the ISO Jewelry and Furs form PM 00 11 except that all references to "furs" have been removed. All additional optional company endorsements are included with this filing.

The rates and rules are being submitted under separate cover unless specifically exempted from filing in the state.

STATE NATIONAL INSURANCE COMPANY, INC.

Personal Inland Marine
Personal Jewelry Insurance Program

Form Number	Edition Date	Form Title	Mandatory/Optional	Rate Impact
JIBNA DEC 001	0308	Personal Jewelry Declarations Page	Mandatory	No
JIBNA FORM 001	0308	Jewelry Form – Schedule	Mandatory	No
JIBNA ENDT 0001	0308	Actual Cash Value	Optional	No
JIBNA ENDT 0002	0308	Schedule on File	Optional	No
JIBNA ENDT 0003	0308	Baggage Exclusion	Optional	No
JIBNA ENDT 0004	0308	Bank Vault – Stop Loss	Optional	Yes
JIBNA ENDT 0005	0308	Burden of Proof Clause	Optional	No
JIBNA ENDT 0006	0308	Central Station Alarm	Optional	Yes
JIBNA ENDT 0007	0308	Comprehensive Vault Endorsement	Optional	Yes
JIBNA ENDT 0008	0308	General Purpose Endorsement	Optional	No
JIBNA ENDT 0009	0308	Hotel/Motel Restriction Endorsement	Optional	No
JIBNA ENDT 0010	0308	Jewelry in Vaults Endorsement	Optional	Yes
JIBNA ENDT 0011	0308	Mysterious Disappearance Exclusion	Optional	No
JIBNA ENDT 0012	0308	Named Premises Endorsement	Optional	No
JIBNA ENDT 0013	0308	No Claims Credit Endorsement	Optional	Yes
JIBNA ENDT 0014	0308	Pair & Set Coverage Endorsement	Optional	Yes
JIBNA ENDT 0015	0308	Participating Clause Endorsement	Optional	No
JIBNA ENDT 0016	0308	Personal Security Endorsement	Optional	No
JIBNA ENDT 0017	0308	Personal Security Excluding Mysterious Disappearance	Optional	No
JIBNA ENDT 0018	0308	Territorial Limitation Endorsement	Optional	No
JIBNA ENDT 0019	0308	Theft from Unattended Vehicle	Optional	No
JIBNA ENDT 0020	0308	Transit Jewelry Exclusion	Optional	No
JIBNA ENDT 0021	0308	Valuation Clause – 150% Agreed Value or Current Market Value	Optional	Yes
JIBNA ENDT 0022	0308	Additional Named Insured/Loss Payee	Optional	No
JIBNA ENDT 0023	0308	Seasonal Bank Vault Endorsement	Optional	Yes