

SERFF Tracking Number: NWSP-125656656 State: Arkansas
Filing Company: Nationwide Property and Casualty Insurance Company State Tracking Number: EFT \$20 # 11689263 \$30
Company Tracking Number: B-F-03-28-0800154
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
Product Name: Pleasure Boatowners
Project Name/Number: Nor'easter Removal/B-F-03-28-0800154

Filing at a Glance

Company: Nationwide Property and Casualty Insurance Company

Product Name: Pleasure Boatowners SERFF Tr Num: NWSP-125656656 State: Arkansas
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: EFT \$20 # 11689263 \$30
Sub-TOI: 09.0006 Other Personal Inland Marine Co Tr Num: B-F-03-28-0800154 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
Author: Megan Flynn Disposition Date: 06/10/2008
Date Submitted: 05/20/2008 Disposition Status: Approved
Effective Date Requested (New): 07/25/2008 Effective Date (New): 07/25/2008
Effective Date Requested (Renewal): 07/25/2008 Effective Date (Renewal):
State Filing Description:
Rec'd \$ 20 EFT and Ck # 11689263 for \$30 6/9/2008 making total fees rec'd for filing \$50

General Information

Project Name: Nor'easter Removal Status of Filing in Domicile: Authorized
Project Number: B-F-03-28-0800154 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 06/10/2008 Deemer Date:
State Status Changed: 06/10/2008
Corresponding Filing Tracking Number:
Filing Description:
Enclosed for filing on behalf of Nationwide Property and Casualty Insurance Company is one revised form applicable to our Pleasure Boatowners program in Arkansas.
Amendatory revisions were made to remove references to the restriction for damage done during a Nor'easter.
We are requesting this form be effective on or after July 25, 2008 for both New Business and Renewals. If you have

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further questions regarding this matter, please do no hesitate to contact me.

Company and Contact

Filing Contact Information

Kate Steffen, Regulatory Analyst steffek@nationwide.com
 1100 Locust St (515) 508-6164 [Phone]
 Des Moines, IA 50391-4115 (515) 508-4401[FAX]

Filing Company Information

Nationwide Property and Casualty Insurance CoCode: 37877 State of Domicile: Ohio
 Company
 1100 Locust Street Group Code: 140 Company Type:
 Des Moines, IA 50391-4115 Group Name: State ID Number:
 (800) 532-1436 ext. [Phone] FEIN Number: 31-0970750

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Property and Casualty Insurance Company	\$20.00	05/20/2008	20411650

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	06/10/2008	06/10/2008

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	Alexa Grissom	05/29/2008	05/29/2008	Megan Flynn	06/04/2008	06/04/2008
Pending Industry Response	Alexa Grissom	05/22/2008	05/22/2008	Megan Flynn	05/29/2008	05/29/2008

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Disposition

Disposition Date: 06/10/2008

Effective Date (New): 07/25/2008

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	Certification of Compliance	Approved	Yes
Form	Arkansas Amendatory Endorsement	Approved	Yes

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Product Name: Pleasure Boatowners
Project Name/Number: Nor'easter Removal/B-F-03-28-0800154

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/29/2008
Submitted Date 05/29/2008
Respond By Date
Dear Kate Steffen,

This will acknowledge receipt of the captioned filing. Please follow-up with a response via SERFF when the check is sent.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/04/2008
Submitted Date 06/04/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Ms. Grissom:

I mailed check number 0011689263 to your attention yesterday. The \$30.00 check completes the filing fee required for forms filings by the state of Arkansas. Please contact me if I can do anything further to facilitate approval of this filing.

Thank you,
Kate Steffen

Changed Items:

No Supporting Documents changed.

SERFF Tracking Number: NWSP-125656656 *State:* Arkansas
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Megan Flynn

SERFF Tracking Number: NWSP-125656656 State: Arkansas
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/22/2008
Submitted Date 05/22/2008
Respond By Date
Dear Kate Steffen,

This will acknowledge receipt of the captioned filing. Please note the filing fee for a form filing is \$50.00. The outstanding \$30.00 should be sent to the Department.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/29/2008
Submitted Date 05/29/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Ms. Grissom:

Thank you for speaking with me on the telephone this afternoon. I have requested a \$30.00 check be sent to the P&C Division of the Arkansas Insurance Department to supplement the \$20.00 EFT submitted to you on 5/20/2008. The \$50.00 form filing fee should make SERFF Filing NWSP-125656656 eligible for review. Please contact me if I can be of assistance in the approval of this filing.

Sincerely,
Kate Steffen

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Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Megan Flynn

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Amendantory Endorsement	BT0016A R	07-08	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:68.22 BT0016AR (06-07) Previous Filing #: B-F-03-28-0700131		BT0016AR (07-08).pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Arkansas Amendatory Endorsement

All provisions and exclusions afforded under the coverages provided, as stated in the **Declarations**, also apply to this endorsement unless stated otherwise in this endorsement.

Definition 19 is removed.

The following definition is amended to read:

38. "WINDSTORM" means wind, wind gust, hail, rain, tornadoes, or cyclones caused by or resulting from a **Named or Numbered Storm**.

The Definitions section is amended to include:

"PUNITIVE OR EXEMPLARY DAMAGES" are damages imposed to punish a wrongdoer and to deter others from similar conduct.

General Policy Conditions

The CANCELLATION provision is replaced by the following:

2. CANCELLATION DURING THE POLICY PERIOD

- a) The **policyholder** may cancel by returning this policy to us, or by giving us advance written notice of the date cancellation is to take effect. We will calculate any return premium on a daily pro rata basis.
- b) To cancel for nonpayment we will mail or deliver notice to the **policyholder** 10 days in advance of termination of coverage.
- c) Up to the time this policy or any coverage has been in effect 60 days, we have unlimited right of cancellation. We may cancel by mailing notice to the **policyholder** 20 days in advance of termination of coverage. While the date we mail this notice must be within the 60 days, the date of termination need not be.
- d) After any coverage of this policy has been in force 60 days, our right to cancel such coverage during the policy period is limited.
 - (1) We may cancel:
 - (a) if all premiums, premium installment payments and fees are not paid when due, whether payable directly to us or through any premium finance plan.
 - (b) if there has been a material change in the risk which substantially increases the hazard insured against after policy issuance.
 - (c) for misrepresentation by the **policyholder** of any material fact in the procurement or renewal of the insurance or by you or a **relative** in the submission of claims.
 - (d) for any other reason permitted by law.
 - (2) We must mail or deliver notice to the **policyholder** 20 days in advance of the date coverage is to be terminated, unless we are cancelling for nonpayment of premiums.
 - (3) In any case of cancellation by us our mailing of notice to the **policyholder's** last known address will constitute proof of notice to the **policyholder**.
 - (4) If you are entitled to a premium refund, we will send you the refund. The premium refund, if any, will be computed on a daily pro rata basis.

Section I- Physical Damage Coverage

If the Declarations indicates Physical Damage Coverage applies, the following is amended:

The COMPREHENSIVE COVERAGE provision is replaced by the following:

We will pay for loss to your watercraft not caused by collision or upset. We will pay for the loss less your deductible. Coverage is included for damage from contact with:

1. animals; or

BT0016AR (07-08)

2. falling or flying objects.

A **Named or Numbered Storm deductible** will apply to damages caused by a **windstorm**, flooding, storm surge, or high tides during a **Named or Numbered Storm** in **coastal waters** south of latitude 42 degrees.

Exclusion 14. under Coverage Exclusions is replaced by the following:

14. caused directly or indirectly by **biological deterioration or damage**. Such **loss** is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the **loss**. However, this exclusion does not apply to mold if it is a direct result of a covered **loss**. Remedial costs, such as the cost of testing for mold, or the costs of containment or fumigation are never covered, regardless whether the mold is the result of a covered cause of **loss** or not.

The NAMED OR NUMBERED STORM AND NOR'EASTER DEDUCTIBLE provision is replaced by the following:

For a **loss** caused by a **Named or Numbered Storm**, the **deductible** will be the greater of the Comprehensive **deductible**, \$1,000, or 5% of the **rating unit**.

Prior to a **loss**, if you have **your watercraft**:

1. moved by a professional or a professional haul out, including blocking;
 2. placed on a boat lift and tied down;
 3. removed from the water, placed in a boat rack, and tied down; or
 4. trailered and removed more than one mile from **coastal waters** high tide lines
- only the Comprehensive **deductible** will apply.

Documentation will be required to provide proof that measures were taken to protect your watercraft. Protecting your watercraft means that reasonable measures were taken to remove your watercraft from the water, block or tie your watercraft down, store your watercraft, or move your watercraft to a secure location.

The APPRAISAL section under Limits and Conditions of Payment is replaced with the following:

APPRAISAL

If we and the **insured** fail to agree on the amount payable under the Comprehensive or Collision Coverage, either party may request appraisal for the **loss**. An appraisal will be made if both we and you agree to proceed with an appraisal.

Each will:

1. appoint and pay a competent and disinterested appraiser; and
2. equally share other appraisal expenses.

Any fees of expert witnesses or attorneys will be paid by the party who hires them.

The appraisers, or a judge of a court having jurisdiction, will select an umpire to decide any differences. Each appraiser will state separately the **actual cash value** and the amount of **loss**.

An agreement by any two appraisers will determine the amount payable. However, this agreement will not be binding on either party.

Neither we nor you waive any of the other rights, terms and conditions or obligations under this policy by agreeing to an appraisal.

Section II- Watercraft Liability Coverage

If the Declarations indicates Watercraft Liability Coverage applies, the following is amended:

Exclusion 2. f) under Coverage Exclusions is replaced with the following:

2. f) **punitive or exemplary damages.**

Exclusion 2. h) under Coverage Exclusions is replaced with the following:

2. h) property **damage** caused directly or indirectly by **biological deterioration or damage**. Such **loss** is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the **loss**. However, this exclusion does not apply to mold if it is a direct result of a covered **loss**. Remedial costs, such as the cost of testing for mold, or the costs of containment or fumigation are never covered, regardless whether the mold is the result of a covered cause of **loss** or not.

Exclusion 2. j) under Coverage Exclusions is replaced with the following:

2. j) **bodily injury** arising directly or indirectly from the inhalation of, ingestion of, contact with, exposure to, existence of or presence of any fungi, algae, lichens, slime, mold, bacteria, wet or dry rot and any by-products of these organisms, however produced. Fungi as used above include, but are not limited to: yeasts, mold, mildew, rust, smuts or fleshy fungi such as mushrooms, puffballs and coral fungi. However, this exclusion does not apply to mold if it is a direct result of a covered **loss**. Remedial costs, such as the cost of testing for mold, or the costs of containment or fumigation are never covered, regardless whether the mold is the result of a covered cause of **loss** or not.

Condition 3 of the LIMITS AND CONDITIONS OF PAYMENT provision is replaced with the following:

3. Coverage for contractual liability assumed under a dock rental indemnity agreement or boat storage agreement is limited if damage occurs south of latitude 42 degrees and is caused directly or indirectly by any **Named or Numbered Storm**. Damages include, but are not limited to, damages resulting from a **windstorm**, flood or tidal surge. Coverage is limited to the lesser of policy limits or \$10,000.

Section III- Medical Payments Coverage

If the Declarations indicates Medical Payments Coverage applies, the following is amended:

Exclusion 4. under Coverage Exclusions is replaced by the following:

4. This coverage does not apply to expenses, charges or costs arising directly or indirectly from **bodily injury** caused by or resulting from the inhalation of, ingestion of, contact with, exposure to, existence of or presence of any fungi, algae, lichens, slime, mold, bacteria, wet or dry rot and any by-products of these organisms, however produced. Fungi as used above include, but are not limited to: yeasts, mold, mildew, rust, smuts or fleshy fungi such as mushrooms, puffballs and coral fungi. However, this exclusion does not apply to mold if it is a direct result of a covered **loss**. Remedial costs, such as the cost of testing for mold, or the costs of containment or fumigation are never covered, regardless whether the mold is the result of a covered cause of **loss** or not.

Section IV- Personal Effects Coverage

If the Declarations indicates Personal Effects Coverage applies, the following is amended:

Exclusion 13. under Coverage Exclusions is replaced by the following:

13. which is caused directly or indirectly by or resulting from **biological deterioration or damage**. Such **loss** is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the **loss**. However, this exclusion does not apply to mold if it is a direct result of a covered **loss**. Remedial costs, such as the cost of testing for mold, or the costs of containment or fumigation are never covered, regardless whether the mold is the result of a covered cause of **loss** or not.

The APPRAISAL section under Limits and Conditions of Payment is replaced with the following:

APPRAISAL
If we and the **insured** fail to agree on the amount payable under the Comprehensive or Collision Coverage, either party may request appraisal for the **loss**. An appraisal will be made if both we and you agree to proceed with an appraisal.

Each will:

1. appoint and pay a competent and disinterested appraiser; and
2. equally share other appraisal expenses.

Any fees of expert witnesses or attorneys will be paid by the party who hires them.

The appraisers, or a judge of a court having jurisdiction, will select an umpire to decide any differences. Each appraiser will state separately the **actual cash value** and the amount of **loss**.

An agreement by any two appraisers will determine the amount payable. However, this agreement will not be binding on either party.

Neither we nor you waive any of the other rights, terms and conditions or obligations under this policy by agreeing to an appraisal.

Uninsured Boaters Coverage

If the Declarations indicates Uninsured Boaters Coverage applies, the following is amended:

Exclusion 5. under Coverage Exclusions is replaced by the following:

5. to payment for any **punitive or exemplary damages**.

Exclusion 6. a) under Coverage Exclusions is replaced by the following:

6. a) arising directly or indirectly from the inhalation of, ingestion of, contact with, exposure to, existence of or presence of any fungi, algae, lichens, slime, mold, bacteria, wet or dry rot and any by-products of these organisms, however produced. Fungi as used above include, but are not limited to: yeasts, mold, mildew, rust, smuts or fleshy fungi such as mushrooms, puffballs and coral fungi. However, this exclusion does not apply to mold if it is a direct result of a covered **loss**. Remedial costs, such as the cost of testing for mold, or the costs of containment or fumigation are never covered, regardless whether the mold is the result of a covered cause of **loss** or not.

The TRUST AGREEMENT section under Our Right to Recovery is replaced by the following:

TRUST AGREEMENT

The following applies to the extent of any payment we make under this coverage.

1. We will have the first right to any amount the **insured** receives from any liable party. The **insured** must:
 - a) hold in trust for us his right to recover against any such party;
 - b) do whatever is proper to secure such rights, and do nothing to prejudice them;
 - c) furnish us all papers in any suit the **insured** files;
 - d) do whatever is necessary to recover for us payments made under this coverage; and
 - e) repay us out of any recovery for any payments we have made and any expenses we have incurred in the action.
2. Our payment of a claim may result from the insolvency of an insurer. If so, we have the right to recover from the insurer, but not its **insured**.
3. We are entitled to recovery only after the **insured** has been fully compensated for damages.

Uninsured/Underinsured Boaters Coverage

If the Declarations indicates Uninsured/Underinsured Boaters Coverage applies, the following is amended:

Exclusion 5. under Coverage Exclusions is replaced by the following:

5. to payment for any **punitive or exemplary damages**.

Exclusion 6. a) under Coverage Exclusions is replaced by the following:

6. a) arising directly or indirectly from the inhalation of, ingestion of, contact with, exposure to, existence of or presence of any fungi, algae, lichens, slime, mold, bacteria, wet or dry rot and any by-products of these organisms, however produced. Fungi as used above include, but are not limited to: yeasts, mold, mildew, rust, smuts or fleshy fungi such as mushrooms, puffballs and coral fungi. However, this exclusion does not apply to mold if it is a direct result of a covered **loss**. Remedial costs, such as the cost of testing for mold, or the costs of containment or fumigation are never covered, regardless whether the mold is the result of a covered cause of **loss** or not.

The TRUST AGREEMENT section under Our Right to Recovery is replaced by the following:

TRUST AGREEMENT

The following applies to the extent of any payment we make under this coverage.

1. We will have the first right to any amount the **insured** receives from any liable party. The **insured** must:
 - a) hold in trust for us his right to recover against any such party;
 - b) do whatever is proper to secure such rights, and do nothing to prejudice them;
 - c) furnish us all papers in any suit the **insured** files;
 - d) do whatever is necessary to recover for us payments made under this coverage; and

- e) repay us out of any recovery for any payments we have made and any expenses we have incurred in the action.
2. Our payment of a claim may result from the insolvency of an insurer. If so, we have the right to recover from the insurer, but not its **insured**.
3. We are entitled to recovery only after the **insured** has been fully compensated for damages.

Fishing Equipment Coverage

If the Declarations indicates Fishing Equipment Coverage applies, the following is amended:

Exclusion 13. under Coverage Exclusions is replaced by the following:

13. which is caused directly or indirectly by or resulting from **biological deterioration or damage**. Such **loss** is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the **loss**. However, this exclusion does not apply to mold if it is a direct result of a covered **loss**. Remedial costs, such as the cost of testing for mold, or the costs of containment or fumigation are never covered, regardless whether the mold is the result of a covered cause of **loss** or not.

The APPRAISAL section under Limits and Conditions of Payment is replaced with the following:

APPRAISAL

If we and the **insured** fail to agree on the amount payable under the Comprehensive or Collision Coverage, either party may request appraisal for the **loss**. An appraisal will be made if both we and you agree to proceed with an appraisal.

Each will:

1. appoint and pay a competent and disinterested appraiser; and
2. equally share other appraisal expenses.

Any fees of expert witnesses or attorneys will be paid by the party who hires them.

The appraisers, or a judge of a court having jurisdiction, will select an umpire to decide any differences. Each appraiser will state separately the **actual cash value** and the amount of **loss**.

An agreement by any two appraisers will determine the amount payable. However, this agreement will not be binding on either party.

Neither we nor you waive any of the other rights, terms and conditions or obligations under this policy by agreeing to an appraisal.

All other parts of the policy remain unchanged.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 06/10/2008

Comments:

Attachments:

Transmittal.pdf
Form Filing Schedule.pdf

Satisfied -Name: Certification of Compliance **Review Status:** Approved 06/10/2008

Comments:

Attachment:

Certificate of Compliance.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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
Nationwide Insurance	140

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Nationwide Property & Casualty Insurance Company	Ohio	140-37877	31-0970750	

5. Company Tracking Number	B-F-03-28-0800154
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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
	Kate Steffen 1100 Locust St, Dept 4115 Des Moines, IA 50391-4115	Compliance Analyst	800-532-1436 Ext. 6164	515-508-4401	steffek@nationwide.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Kate Steffen

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

9. Type of Insurance (TOI)	9.0000 - Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	9.0006 - Other Personal Inland Marine
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Watercraft
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: 07/25/2008 Renewal: 07/25/2008
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	May 20, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	B-F-03-28-0800154
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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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Enclosed for filing on behalf of Nationwide Property and Casualty Insurance Company is one revised form applicable to our Pleasure Boatowners program in Arkansas.

Amendatory revisions were made to remove references the restriction for damage done during a Nor'Easter. This was done for business purposes. The Nor'Easter language is located in the Definition section of Pleasure Boatowners Policy form BT0001 (02-07), Physical Damage Coverage BT0002 (02-07) and in Watercraft Liability Coverage BT0003 (02-07).

We are requesting this form be effective on or after July 25, 2008 for both New Business and Renewals.

Please let me know if you need my assistance to facilitate the approval of this filing. I may be reached at 1-800-532-1436 x6164, Monday - Friday 8:30 a.m. - 4:30 p.m. CST or via e-mail at steffek@nationwide.com. Thank you for your time.

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]

Check #: EFT
Amount: \$20.00

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.)**

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 #	B-F-03-28-0800154			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	n/a			
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	Arkansas Amendatory Endorsement	BT0016AR (07-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BT0016AR (06-07)	B-F-03-28-0700131
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input 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		

**STATE OF ARKANSAS
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: Nationwide Property and Casualty Insurance Company

DESCRIPTION: Arkansas Amendatory Endorsement

FORM NUMBER: BT0016AR

EDITION DATE: (07-08)

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 68.22 and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.



Signature of Officer of Company

AVP, Powersports Product Management
Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.