

SERFF Tracking Number: SCTT-125697793 State: Arkansas  
First Filing Company: National Casualty Company, ... State Tracking Number: EFT \$100  
Company Tracking Number: CA AR04097F01  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Auto  
Project Name/Number: 4097 Commercial Auto/CA AR04097F01

## Filing at a Glance

Companies: National Casualty Company, Scottsdale Indemnity Company

Product Name: Commercial Auto	SERFF Tr Num: SCTT-125697793	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 20.0001 Business Auto	Co Tr Num: CA AR04097F01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Kristin Abbott	Disposition Date: 06/18/2008
	Date Submitted: 06/16/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 06/18/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 06/18/2008

State Filing Description:

## General Information

Project Name: 4097 Commercial Auto	Status of Filing in Domicile: Pending
Project Number: CA AR04097F01	Domicile Status Comments:
Reference Organization: n/a	Reference Number: n/a
Reference Title: n/a	Advisory Org. Circular: n/a
Filing Status Changed: 06/18/2008	
State Status Changed: 06/18/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

National Casualty Company and Scottsdale Indemnity Company are submitting a revised form to be used with our Commercial Automobile program, currently on file with your Department. We request an effective date concurrent with your approval.

Please find attached endorsement CA(I)-112 (5-08) Trip Coverage Endorsement which replaces the (7-03) edition. This endorsement has been revised to add reference to the motor carrier coverage form and a check off box for physical

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 Product Name: Commercial Auto  
 Project Name/Number: 4097 Commercial Auto/CA AR04097F01

damage only.

## Company and Contact

### Filing Contact Information

Kristin Abbott, Filings Analyst II  
 PO Box 4110  
 Scottsdale, AZ 85261  
 abbottk@scottsdaleins.com  
 (800) 423-7675 [Phone]

### Filing Company Information

National Casualty Company	CoCode: 11991	State of Domicile: Wisconsin
PO Box 4110	Group Code: 140	Company Type:
Scottsdale, AZ 85261	Group Name:	State ID Number:
(800) 423-7675 ext. [Phone]	FEIN Number: 38-0865250	

Scottsdale Indemnity Company	CoCode: 15580	State of Domicile: Ohio
PO Box 4110	Group Code: 140	Company Type:
Scottsdale, AZ 85261	Group Name:	State ID Number:
(800) 423-7675 ext. [Phone]	FEIN Number: 31-1117969	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: National Casualty Company Form Filing - \$50.00  
 Scottsdale Indemnity Form Filing - \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Casualty Company	\$100.00	06/16/2008	20931013
Scottsdale Indemnity Company	\$0.00	06/16/2008	

SERFF Tracking Number: SC TT-125697793 State: Arkansas  
First Filing Company: National Casualty Company, ... State Tracking Number: EFT \$100  
Company Tracking Number: CA AR04097F01  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Auto  
Project Name/Number: 4097 Commercial Auto/CA AR04097F01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/18/2008	06/18/2008

SERFF Tracking Number: SCTT-125697793 State: Arkansas  
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Company Tracking Number: CA AR04097F01  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Auto  
Project Name/Number: 4097 Commercial Auto/CA AR04097F01

## Disposition

Disposition Date: 06/18/2008  
Effective Date (New): 06/18/2008  
Effective Date (Renewal): 06/18/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: SCTT-125697793 State: Arkansas  
 First Filing Company: National Casualty Company, ... State Tracking Number: EFT \$100  
 Company Tracking Number: CA AR04097F01  
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: Commercial Auto  
 Project Name/Number: 4097 Commercial Auto/CA AR04097F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Trip Coverage Endorsement	Approved	Yes
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 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: Commercial Auto  
 Project Name/Number: 4097 Commercial Auto/CA AR04097F01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Trip Coverage Endorsement	CA-112	5-08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 CA-112 (7-03) Previous Filing #:		CA-112.pdf CA-112 comparison.pdf
Approved	Trip Coverage Endorsement	CAI-112	5-08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 CAI-112 (7-03) Previous Filing #:		CAI-112.pdf CAI-112 comparison.pdf

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### TRIP COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM**
- GARAGE COVERAGE FORM**
- TRUCKERS COVERAGE FORM**
- MOTOR CARRIER COVERAGE FORM**

The following trip coverage is provided for a mileage radius beyond the stated radius as shown in the Schedule of Covered Autos You Own:

Effective trip coverage dates: From \_\_\_\_\_ to \_\_\_\_\_

Description of covered "auto": \_\_\_\_\_

Trip coverage location: From \_\_\_\_\_ to \_\_\_\_\_

Coverage Provided:    Liability only    Physical Damage only    Liability and Physical Damage

**Additional premium is fully earned.**

**Additional Premium \$** \_\_\_\_\_

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

\_\_\_\_\_  
DATE

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**TRIP COVERAGE ENDORSEMENT**

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This endorsement modifies insurance provided under the following:

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- BUSINESS AUTO COVERAGE FORM**
- GARAGE COVERAGE FORM**
- TRUCKERS COVERAGE FORM**
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Description of covered "auto": \_\_\_\_\_

Trip coverage location: From \_\_\_\_\_ to \_\_\_\_\_

Coverage Provided:  Liability only  Physical Damage only  Liability and Physical Damage

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**Additional premium is fully earned.**

Additional Premium \$ \_\_\_\_\_

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\_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE / DATE

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**Additional Premium \$** \_\_\_\_\_

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

\_\_\_\_\_  
DATE

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Trip coverage location: From \_\_\_\_\_ to \_\_\_\_\_

Coverage Provided:  Liability only  Physical Damage only  Liability and Physical Damage

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**Additional premium is fully earned.**

**Additional Premium \$ \_\_\_\_\_**

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\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE / DATE

<i>SERFF Tracking Number:</i>	<i>SCTT-125697793</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>National Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>CA AR04097F01</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>4097 Commercial Auto/CA AR04097F01</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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Company Tracking Number: CA AR04097F01  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Auto  
Project Name/Number: 4097 Commercial Auto/CA AR04097F01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 06/18/2008

**Comments:**

**Attachment:**

CA AR4097ncfpctd.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 06/18/2008

**Comments:**

**Attachment:**

CA 4097fcvrltr ncc sin.pdf

## Property & Casualty Transmittal Document

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

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

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
National Casualty Company	WI	11991	38-0865250	
Scottsdale Indemnity Company	OH	15580	31-1117969	

<b>5. Company Tracking Number</b>	CA AR04097NCF01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Kristin Abbott PO Box 4110 Scottsdale, AZ 85261-4110	Filings Analyst II	800 423-7675 x3140	480-368-5820	abbottk@scottsdaleins.com

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

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

<b>9. Type of Insurance (TOI)</b>	20.0 Commercial Auto
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Commercial Auto
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	20.0000; 20.0002
<b>12. Company Program Title (Marketing title)</b>	Commercial Auto
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New:    Upon Approval    Renewal:    Upon Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	June 16, 2008

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

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	CA AR04097NCF01
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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National Casualty Company and Scottsdale Indemnity Company are submitting a revised form to be used with our Commercial Automobile program, currently on file with your Department. We request an effective date concurrent with your approval.

Please find attached endorsement CA(I)-112 (5-08) Trip Coverage Endorsement which replaces the (7-03) edition. This endorsement has been revised to add reference to the motor carrier coverage form and a check off box for physical damage only.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
---

**Check #: EFT**  
**Amount: \$50.00 – National Casualty Company**  
**\$50.00 – Scottsdale Indemnity Company**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

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

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8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

Reply to:

Post Office Box 4110  
Scottsdale, AZ 85261-4110

Telephone

800 423-7675 x3140

June 16, 2008

**Re: National Casualty Company  
Scottsdale Indemnity Company  
NAIC No.: 140-11991; 140-15580  
FEIN No.: 38-0865250; 31-1117969  
Commercial Auto - Form Filing  
Company File Number: CA 04097F01**

Dear Commissioner:

National Casualty Company and Scottsdale Indemnity Company are submitting a revised form to be used with our Commercial Automobile program, currently on file with your Department. We request an effective date concurrent with your approval.

Please find attached endorsement CA(l)-112 (5-08) Trip Coverage Endorsement which replaces the (7-03) edition. This endorsement has been revised to add reference to the motor carrier coverage form and a check off box for physical damage only.

We hope you will be in a position to grant favorable consideration to this filing submission, however, should you need further information, please feel free to contact me on the toll free number or e-mail address listed below.

Sincerely,



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