

SERFF Tracking Number: CNAB-125722042 State: Arkansas
First Filing Company: Continental Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 08-F3180
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Cancellation or Nonrenewal By Us
Project Name/Number: Cancellation or Nonrenewal By Us/G-300657-B

Filing at a Glance

Companies: Continental Insurance Company, American Casualty Company of Reading PA, National Fire Insurance Company of Hartford, Transportation Insurance Company, Valley Forge Insurance Company, Continental Casualty Company

Product Name: Cancellation or Nonrenewal By Us SERFF Tr Num: CNAB-125722042 State: Arkansas

| | | |
|--|----------------------------|--|
| TOI: 16.0 Workers Compensation | SERFF Status: Closed | State Tr Num: EFT \$50 |
| Sub-TOI: 16.0004 Standard WC | Co Tr Num: 08-F3180 | State Status: Fees verified and received |
| Filing Type: Form | Co Status: | Reviewer(s): Betty Montesi, Carol Stiffler |
| | Author: Mercy Marasigan | Disposition Date: 07/07/2008 |
| | Date Submitted: 07/03/2008 | Disposition Status: Approved |
| Effective Date Requested (New): 08/01/2008 | | Effective Date (New): 08/01/2008 |
| Effective Date Requested (Renewal): 08/01/2008 | | Effective Date (Renewal): |

State Filing Description:

General Information

Project Name: Cancellation or Nonrenewal By Us
Project Number: G-300657-B

Reference Organization: N/A
Reference Title: N/A
Filing Status Changed: 07/07/2008
State Status Changed: 07/07/2008
Corresponding Filing Tracking Number:
Filing Description:

We are filing a new optional endorsement G-300657-B Cancellation or Nonrenewal By Us for use with the Workers Compensation and Employers Liability Policy.

Status of Filing in Domicile: Pending
Domicile Status Comments: Pending review by the Department of Insurance
Reference Number: N/A
Advisory Org. Circular: N/A
Deemer Date:

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Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| Continental Insurance Company | \$0.00 | 07/03/2008 | |
| American Casualty Company of Reading PA | \$0.00 | 07/03/2008 | |
| National Fire Insurance Company of Hartford | \$0.00 | 07/03/2008 | |
| Transportation Insurance Company | \$0.00 | 07/03/2008 | |
| Valley Forge Insurance Company | \$0.00 | 07/03/2008 | |
| Continental Casualty Company | \$50.00 | 07/03/2008 | 21245414 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|----------------|------------|----------------|
| Approved | Carol Stiffler | 07/07/2008 | 07/07/2008 |

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Disposition

Disposition Date: 07/07/2008
Effective Date (New): 08/01/2008
Effective Date (Renewal):
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 |

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| Item Type | Item Name | Item Status | Public Access |
|----------------------------|--|--------------------|----------------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Form | Cancellation or Nonrenewal By Us | Approved | Yes |

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Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|----------------------------------|--------------------|--------------|----------------------------------|----------------------|-------------|---|
| Approved | Cancellation or Nonrenewal By Us | G-300657-06-2008 B | | Endorsement/Amendment/Conditions | | 0.00 | G-300657-B Cancellation or Nonrenewal By Us.pdf |

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

CANCELLATION OR NONRENEWAL BY US

This endorsement amends the Workers' Compensation and Employers' Liability Insurance Policy to which it is attached.

Paragraph 2 of Condition D. Cancellation is replaced by the following:

2. We may cancel or nonrenew this policy by mailing or delivering to you written notice of cancellation or nonrenewal at least:
 - a. ___ days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. ___ days before the effective date of nonrenewal or cancellation if we nonrenew or cancel for any other lawful reason.

In no event will the notice set forth in (a) or (b) be shorter than the number of days required by state law. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

07/07/2008

Comments:

P & C Transmittal Document and Form Filing Schedule attached

Attachments:

AR08-F3180 P & C Trans. Doc.pdf

08-F3180 P & C NAIC FF Sched.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 # |
| CNA | 218 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|---|----------|--------|------------|---------|
| Continental Casualty Company | IL | 20443 | 36-2114545 | |
| National Fire Insurance Company of Hartford | IL | 20478 | 06-0464510 | |
| American Casualty Company of Reading, Pa | PA | 20427 | 23-0342560 | |
| Transportation Insurance Company | IL | 20494 | 36-1877247 | |
| Valley Forge Insurance Company | PA | 20508 | 23-1620527 | |
| The Continental Insurance Company | PA | 35289 | 13-5010440 | |

| | |
|-----------------------------------|-----------------|
| 5. Company Tracking Number | 08-F3180 |
|-----------------------------------|-----------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|---|----------------------|---------------------------|----------------|----------------------------|
| | Mercy A. Marasigan | State Filing Analyst | (312) 822-6609 | (312) 755-2394 | mercedes.marasigan@cna.com |
| | 333 S. Wabash Ave. Chicago, IL 60604 | | | | |
| 7. | Signature of authorized filer | | <i>Mercy A. Marasigan</i> | | |
| 8. | Please print name of authorized filer | | Mercy A. Marasigan | | |

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

| | |
|---|--|
| 9. Type of Insurance (TOI) | 16.0000 |
| 10. Sub-Type of Insurance (Sub-TOI) | 16.0004 |
| 11. State Specific Product code(s) (if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | Workers Compensation |
| 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: Earliest permitted Renewal: Earliest perm |
| 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 | 7/2/08 |
| 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 # | 08-F3180 |
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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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We are filing new endorsement G-300657-B (Ed. 6/08) CANCELLATION OR NONRENEWAL BY US that amends Paragraph 2 of Condition D. Cancellation of the Workers Compensation and Employers Liability Policy.

This is an optional endorsement and will be issued at the request of the insured, using the number of days not less than required by the State Statute.

We respectfully request the earliest effective date permitted by the State regulations.

| |
|---|
| 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: \$50.00

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 # | 08-F3180 | | | |
|-----------|---|-----------------------------------|---|---|--|
| 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 | Cancellation of Renewal By Us | G-300657-B (Ed. 06/08) | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 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 | | |