

SERFF Tracking Number:	CNAC-125730210	State:	Arkansas
First Filing Company:	Continental Casualty Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	08-F3187		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Auto Program		
Project Name/Number:	/08-F3187		

Filing at a Glance

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

Product Name: Commercial Auto Program	SERFF Tr Num: CNAC-125730210	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto	Co Tr Num: 08-F3187	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Micaah Morris	Disposition Date: 07/11/2008
	Date Submitted: 07/11/2008	Disposition Status: Approved
Effective Date Requested (New): 09/01/2008		Effective Date (New): 09/01/2008
Effective Date Requested (Renewal): 09/01/2008		Effective Date (Renewal): 09/01/2008

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number: 08-F3187	Domicile Status Comments:
Reference Organization:	Reference Number: 08-F3187
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 07/11/2008	
State Status Changed: 07/11/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

On behalf of the above named companies, we hereby submit for your review and approval the attached new forms for use with our Commercial Auto Program. Please see the attached Forms Filing Memorandum for further details regarding this filing and a listing of all new forms contained in the filing.

SERFF Tracking Number:	CNAC-125730210	State:	Arkansas
First Filing Company:	Continental Casualty Company, ...	State Tracking Number:	EFT \$50
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TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Auto Program		
Project Name/Number:	/08-F3187		

Company and Contact

Filing Contact Information

Morris Micaah, Regulatory Filing Technician	micaah.morris@cna.com
40 Wall Street	(212) 440-2319 [Phone]
New York, NY 10005	(212) 440-2877[FAX]

Filing Company Information

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
40 Wall Street	Group Code: 218	Company Type:
9th Floor		
New York, NY 10005	Group Name:	State ID Number:
(212) 440-3478 ext. [Phone]	FEIN Number: 36-2114545	

Continental Insurance Company	CoCode: 35289	State of Domicile: New Hampshire
40 Wall Street	Group Code: 218	Company Type:
9th Floor		
New York, NY 10005	Group Name:	State ID Number:
(212) 440-3478 ext. [Phone]	FEIN Number: 135010440	

American Casualty Company of Reading - PA	CoCode: 20427	State of Domicile: Pennsylvania
40 Wall Street	Group Code: 218	Company Type:
8th Floor		
New York, NY 10005	Group Name:	State ID Number:
(212) 440-3478 ext. [Phone]	FEIN Number: 23-0342560	

National Fire Insurance Company of Hartford	CoCode: 20478	State of Domicile: Illinois
40 Wall Street	Group Code: 218	Company Type:
New York, NY 10005	Group Name:	State ID Number:
(212) 440-3478 ext. [Phone]	FEIN Number: 06-0464510	

Transportation Insurance Company	CoCode: 20494	State of Domicile: Illinois
40 Wall Street	Group Code: 218	Company Type:
8th Floor		
New York, NY 10005	Group Name:	State ID Number:
(212) 440-3478 ext. [Phone]	FEIN Number: 36-1877247	

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Product Name: Commercial Auto Program
Project Name/Number: /08-F3187

Valley Forge Insurance Company
40 Wall Street
New York, NY 10005
(212) 440-3478 ext. [Phone]

CoCode: 20508
Group Code: 218
Group Name:
FEIN Number: 23-1620527

State of Domicile: Pennsylvania
Company Type:
State ID Number:

SERFF Tracking Number: CNAC-125730210 State: Arkansas
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Product Name: Commercial Auto Program
Project Name/Number: /08-F3187

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Casualty Company	\$50.00	07/11/2008	21365704
Continental Insurance Company	\$0.00	07/11/2008	
American Casualty Company of Reading - PA	\$0.00	07/11/2008	
National Fire Insurance Company of Hartford	\$0.00	07/11/2008	
Transportation Insurance Company	\$0.00	07/11/2008	
Valley Forge Insurance Company	\$0.00	07/11/2008	

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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto Program
Project Name/Number: /08-F3187

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07/11/2008	07/11/2008

SERFF Tracking Number: CNAC-125730210 State: Arkansas
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Company Tracking Number: 08-F3187
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto Program
Project Name/Number: /08-F3187

Disposition

Disposition Date: 07/11/2008
Effective Date (New): 09/01/2008
Effective Date (Renewal): 09/01/2008
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

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 Product Name: Commercial Auto Program
 Project Name/Number: /08-F3187

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Memo	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Anti Theft Device Waiver of Deductible	Approved	Yes
Form	Changes - Notice of Cancellation or Material Change Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Anti Theft Device Waiver of Deductible	G-300659-06-08	A (ed. 6/08)	Endorsement/Amendment/Conditions	New	0.00	G-300659-A_062008_Anti Theft Device Waiver of Deductible.pdf
Approved	Changes - Notice of Cancellation or Material Change Endorsement	G-300660-06-08	A (ed. 6/08)	Endorsement/Amendment/Conditions	New	0.00	G-300660-A_062008_Changes - Notice of Cancellation or Material Change.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ANTI THEFT DEVICE WAIVER OF DEDUCTIBLE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The following is added to paragraph **D. Deductible** (Section III – Physical Damage Coverage):

With respect to any covered “auto”, your Comprehensive or Specified Causes of Loss Coverage deductible shown in the Declarations will not apply to “loss” due to theft when:

- a. The covered “auto” is equipped with a manufacturer installed anti-theft device; or
- b. An anti-theft device installed by an authorized professional installer for the manufacturer of the device, and
- c. The anti-theft device was properly installed and operational at the time of the theft



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
CHANGES – NOTICE OF CANCELLATION OR MATERIAL CHANGE**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

Endorsement Effective	Policy Number
Named Insured	Countersigned by

(Authorized Representative)

In the event of cancellation or material change that reduces or restricts the insurance afforded by this Coverage Part, we agree to mail prior written notice of cancellation or material change to:

SCHEDULE

1. Number of days advance notice:

2. Name:

3. Address:

<i>SERFF Tracking Number:</i>	<i>CNAC-125730210</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>08-F3187</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 Program</i>		
<i>Project Name/Number:</i>	<i>/08-F3187</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CNAC-125730210 State: Arkansas
First Filing Company: Continental Casualty Company, ... State Tracking Number: EFT \$50
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Product Name: Commercial Auto Program
Project Name/Number: /08-F3187

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 07/11/2008

Comments:

Attachments:

08-F3187 FFS.pdf
08-F3187 AR Transmittal.pdf

Satisfied -Name: Forms Memo **Review Status:** Approved 07/11/2008

Comments:

Attachment:

08-F3187 FFM.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 07/11/2008

Comments:

Attachment:

08-F3187 AR Cover Letter.pdf

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-F3187		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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	Anti Theft Device Waiver of Deductible	G-300659-A (ed. 6/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Changes - Notice of Cancellation or Material Change Endorsement	G-300660-A (ed. 6/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	08-F3187
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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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On behalf of the above named companies, we hereby submit for your review and approval the attached new forms for use with our Commercial Auto Program. Please see the attached Forms Filing Memorandum for further details regarding this filing and a listing of all new forms contained in the filing.

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

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.)**

**08-F3187 COMMERCIAL AUTO
FORMS FILING MEMORANDUM**

Continental Casualty Company	218-20443
American Casualty Company of Reading, PA	218-20427
Continental Insurance Company	218-35289
National Fire Insurance Company of Hartford	218-20478
Transportation Insurance Company	218-20494
Valley Forge Insurance Company	218-20508

FORMS

G-300659-A	ed. 6/08	Anti Theft Device Waiver of Deductible
G-300660-A	ed. 6/08	Changes – Notice of Cancellation or Material Change

The Anti Theft Device Waiver of Deductible Endorsement G-300659-A (Ed. 06/08) modifies the insurance coverage provided under the Business Auto Coverage Form (CA 00 01). There is no rate impact with this form.

When this mandatory endorsement is attached to the policy the Comprehensive or Specified Causes of Loss Coverage deductible shown in the Declarations will not apply to “loss” due to theft when:

- a) The covered “auto” is equipped with a manufacturer installed anti-theft device; or
- b) An anti-theft device installed by an authorized professional installer for the manufacturer of the device, and
- c) The anti-theft device was properly installed and operational at the time of the theft

The Changes – Notice of Cancellation or Material Change Endorsement G-300660-A (Ed. 06/08) modifies the insurance coverage provided under the Business Auto Coverage Form (CA 00 01), the Garage Coverage Form (CA 00 05) and the Truckers Coverage Form (CA 00 12). There is no rate impact with this form.

When this optional endorsement is attached to the policy, we agree, in the event of cancellation or material change that reduces or restricts the insurance afforded, to mail prior written notice of cancellation or material change to the individual(s) or entities identified in the schedule.

The number of days notice, at a minimum, will comply with all statutory notice requirements.



40 Wall Street – 9th Floor
New York, New York 10005

Mr. Micaah Morris

Regulatory Filings Technician
P & C State Filing Unit
CNA Global Specialty Lines

July 11, 2008

Telephone 212-440-2319
Facsimile 212-440-2877
Toll Free 877-269-3277 x 2319
Internet micaah.morris@cna.com

ARKANSAS INSURANCE DEPARTMENT
PROPERTY & CASUALTY DIVISION
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

RE: Continental Casualty Company NAIC #: 20443 FEIN #: 36-2114545
American Casualty Company of Reading, PA NAIC #: 20427 FEIN #: 23-0342560
Continental Insurance Company NAIC #: 35289 FEIN #: 13-5010440
National Fire Insurance Company of Hartford NAIC #: 20478 FEIN #: 06-0464510
Transportation Insurance Company NAIC #: 20494 FEIN #: 36-1877247
Valley Forge Insurance Company NAIC #: 20508 FEIN #: 23-1620527
Commercial Auto Program
Forms Filing
OUR FILE #: 08-F3187

To Whom It May Concern:

On behalf of the above named companies, we hereby submit for your review and approval the attached new forms for use with our Commercial Auto Program. Please see the attached Forms Filing Memorandum for further details regarding this filing and a listing of all new forms contained in the filing.

We propose that this filing become applicable to all policies written on or after September 1, 2008 or the earliest date permitted by your state.

Very truly yours,

Micaah Morris

Micaah Morris
Regulatory Filings Technician