

SERFF Tracking Number: CNAC-125777197 State: Arkansas
Filing Company: Continental Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: 08-F2235
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: National Dental Program Revision
Project Name/Number: National Dental Program Revision/08-F2235

Filing at a Glance

Company: Continental Casualty Company
Product Name: National Dental Program Revision SERFF Tr Num: CNAC-125777197 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: 08-F2235 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: Robert Alonzo Disposition Date: 08/15/2008
Date Submitted: 08/15/2008 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: National Dental Program Revision Status of Filing in Domicile:
Project Number: 08-F2235 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/15/2008
State Status Changed: 08/15/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
On behalf of Continental Casualty Company, we submit for your review an inadvertent change from its latest approved filing (229668) on file.

With this filing, Continental Casualty Company ("CNA") is withdrawing an inadvertent change made in its latest approved

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filing (229667) for our Dental Program.

Company and Contact

Filing Contact Information

Robert Alonzo, State Filing Analyst robert.alonzo@cna.com
 40 Wall Street (212) 440-3478 [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

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Casualty Company	\$50.00	08/15/2008	21960411

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/15/2008	08/15/2008

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Disposition

Disposition Date: 08/15/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal): 09/01/2008

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	Cover letter	Approved	Yes
Form	Dentist's Equipment Breakdown Coverage	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Dentist's Equipment Breakdown Coverage	G124844-A	3-07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 G124844-B (4-08) Previous Filing #: 229667		G124844A_032007_Dentist Equip Breakdown.pdf

Dentist's Equipment Breakdown Coverage

This endorsement modifies insurance provided under the following:

BUILDING BLANKET DENTAL PRACTICE PERSONAL PROPERTY AND INCOME COVERAGE PART

Covered Location: _____

I. **Equipment Breakdown** coverage is added to covered equipment as indicated below:

COVERED		COVERED EQUIPMENT OPTIONS
YES	NO	
		Dental Equipment as defined below.
		HVAC Equipment & Dental Equipment as defined below.

A. Equipment Breakdown

For purposes of this coverage a **Covered Cause of Loss** is amended to include **Equipment Breakdown**. Except as otherwise specifically stated, all Exclusions, Limitations, Terms and Conditions of the Building, Blanket Dental Practice Personal Property and Income Coverage Part apply including those within the Common Policy Conditions. The standard property deductible stated in the declarations or \$250 shall apply, whichever is larger.

B. For purposes of this coverage the following additional Definitions shall apply:

1. **Equipment Breakdown** means a sudden and accidental breakdown of **Dental Equipment** or **HVAC Equipment** as elected above under Covered Equipment Options. At the time the breakdown occurs, the breakdown must manifest itself by physical **damage** to the **Dental Equipment** or **HVAC Equipment** that necessitates repair or replacement. **Equipment Breakdown** does not include any loss or **damage** which is excluded or limited by the policy.
2. **Dental Equipment** means equipment owned by **you** and used on the premises described in the declarations by a dentist, dental hygienist or oral surgeon to practice dentistry on a patient including but not limited to dental tools, dental chairs, x-ray machines or any dental production or process machine or any other apparatus used to practice dentistry including their electronic components and any equipment forming a part of the driving or control mechanism of such dental production or process machine or apparatus.
3. **HVAC Equipment** means heating, ventilating and air conditioning equipment, owned by **you** and used on the premises described in the declarations, including their electronic components. This includes the boilers, fired or unfired vessels subject to vacuum or internal pressure other than the static pressure of their contents, piping and accessory equipment, refrigeration, pumps, compressors, fans, blowers, engines, turbine, motor or generator, gear set, mechanical or electrical machines used for the generation, transmission or utilization of mechanical or electrical power.

II. Exclusions

A. Solely for the purposes of this coverage, the Exclusions in Section **II. EXCLUSIONS** are amended as follows:

1. Item A.7. Water, subparagraph c. is amended to include the following:

(1) and unless the backup is due to a covered **Equipment Breakdown**.

2. Item A.7. Water, subparagraph d. is amended to include the following:

If **Equipment Breakdown** not otherwise excluded results we will pay for the resulting **damage**. Also if electrical **Dental Equipment** or electrical **HVAC Equipment** requires drying out as a result of water, as described in 7a. through 7d., the drying out will be considered an **Equipment Breakdown** of that **Dental Equipment** or **HVAC Equipment**.

3. Item B. is amended to include the following:

If an excluded **Cause of Loss** that is listed in B.5, B.6, B.8, or B.9 results in an **Equipment Breakdown** not otherwise excluded, we will pay for the **damage** caused by that **Equipment Breakdown**.

4. Item B.1. is amended to include the following in the first paragraph:

except to the extent such **damage** is otherwise covered for **Equipment Breakdown**.

5. Item B.3. is amended to include the following:

But if **damage** by **Equipment Breakdown** results from such smoke, vapor or gas, and the resulting **Equipment Breakdown** is not otherwise excluded, we will pay for that resulting **damage**.

6. Item B.4. is deleted in it's entirety and replaced as follows:

wear and tear, depletion, deterioration, corrosion, erosion or the functioning of any safety or protective device or the breakdown of any structure or foundation does not constitute an **Equipment Breakdown**. If any of these result in an **Equipment Breakdown** not otherwise excluded, we will pay for the damage caused by that **Equipment Breakdown**.

7. Item B.7. is deleted in its entirety and replaced as follows:

seepage, migration, escape, release, discharge or dispersal of contaminants or **pollutants** unless the seepage, migration, escape, release, discharge or dispersal is itself caused by or results from a **specified cause of loss** or is covered under the **Equipment Breakdown – Pollutant Coverage**.

8. Item B.10. is deleted in its entirety and replaced as follows:

mechanical breakdown, including rupture or bursting caused by centrifugal force, except to the extent such loss or **damage** is otherwise covered under **Equipment Breakdown**.

9. Item B.11. is amended to include the following:

But if continuous or repeated seepage or leakage of water results in **Equipment Breakdown** not otherwise excluded, we will pay for the **damage** caused by that **Equipment Breakdown**.

10. **Equipment Breakdown** does not include the breakdown of or **damage** to any sewer piping, underground gas piping, piping forming a part of a sprinkler system, insulating or refractory material, or vehicle, elevator, escalator, conveyor, hoist or crane.

III. Additional Coverage

The following additional coverage is added:

Equipment Breakdown – Pollution

If a covered **Equipment Breakdown** causes the discharge, dispersal, seepage, migration, release or escape of **pollutants**, we will pay the **additional expense** you incur to clean up, repair, replace or dispose of Covered Property that is **damaged**, contaminated or polluted by the **pollutants**.

As used in this additional coverage, **additional expenses** mean expenses incurred beyond those for which we would have been liable for the **Equipment Breakdown** loss had no **pollutant** been involved. Payment for **additional expense** will not increase the applicable Limit of Insurance.

The most we will pay in any one occurrence under this additional coverage for **additional expense** incurred due to **damage**, contamination or pollution is \$25,000 or the Limit of Insurance that applies to the **damaged**, contaminated or polluted Covered Property, whichever is less.

IV. Additional Conditions

The following additional conditions are added:

- A. If any **HVAC Equipment** is found to be in, or exposed to a dangerous condition, we may immediately suspend the insurance provided for loss or **damage** caused by or resulting from **Equipment Breakdown**. The suspension can be accomplished by delivering or mailing a notice of the suspension to:
1. **Your** last known address; or
 2. The address where the equipment is located.

The suspension is effective immediately upon delivery of the notice or three days after mailing. **You** will get a pro rata refund of premium for the suspended insurance. But the suspension will be effective even if we have not made or offered a refund. Once suspended, such insurance can only be reinstated by a written endorsement issued by us.

- B. If an initial **Equipment Breakdown** causes other **Equipment Breakdowns**, all will be considered one **Equipment Breakdown**. All **Equipment Breakdowns** that manifest themselves at the same time and are the result of the same cause will also be considered one **Equipment Breakdown**, regardless of the number of locations involved.
- C. The Limits of Insurance shown in the declaration for **Building** includes all **HVAC Equipment** insured by this endorsement and the Limit of Insurance shown in the declaration for **your Blanket Dental Practice Personal Property** includes all **Dental Equipment** insured by this endorsement. These limits as stated in the declaration include **HVAC Equipment** and **Dental Equipment** and are not in addition to those limits. One deductible is applicable to **Equipment Breakdown** covered by this endorsement. If there is also **damage** to other property covered under the Building, Blanket Dental Practice Personal Property and Income Coverage Part, only the highest deductible shall apply.
- D. **Practice Income**, Extra Expense, Extended **Practice Income**, **Rents** or Contingent Business Interruption (if applicable) shall apply to covered equipment that is damaged and covered for **Equipment Breakdown** by this endorsement. The Limits of Insurance otherwise applicable to such **Practice Income**, Extra Expense, Extended **Practice Income**, **Rents**, or Contingent Business Interruption shall continue to apply and are not increased due to **Equipment Breakdown** coverage.

All other terms, conditions, limitations and exclusions are unchanged.

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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 08/15/2008

Comments:

Attachments:

PC TD f.pdf

PC FF.pdf

Satisfied -Name: Cover letter **Review Status:** Approved 08/15/2008

Comments:

Attachment:

AR 08-F2235 Forms Cover let .pdf

18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input 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-F2235
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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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With this filing, Continental Casualty Company ("CNA") is withdrawing an inadvertent change made in its latest approved filing (B15629001) for our Dental Program.

In that filing form G-124844-B HVAC Equipment Breakdown Coverage was filed and approved as a replacement for G-124844-A. At this time we would like to withdraw G-124844-B and continue to use the previously approved G-124844-A. The "B" version of this form has not been attached to any policy.

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-F2235			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	08-R2235			
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	Dentist's Equipment Breakdown Coverage	G124884A (3-07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	G124884B (4-08)	B15629001
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		



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

Robert Alonzo

State Filing Analyst
P & C State Filing Unit
CNA Global Specialty Lines

August 15, 2008

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Internet robert.alonzo@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
National Dental Program –Form Revision
Our File # 08-F2235

To Whom It May Concern:

With this filing, Continental Casualty Company (“CNA”) is withdrawing an inadvertent change made in its latest approved filing (229667) for our Dental Program.

In that filing form G-124844-B HVAC Equipment Breakdown Coverage was filed and approved as a replacement for G-124844-A. At this time we would like to withdraw G-124844-B and continue to use the previously approved G-124844-A. The "B" version of this form has not been attached to any policy.

We propose that this filing be effective for policies written on or after September 1, 2008, or the earliest date permitted by your state.

If you should need additional information, please feel free to contact me.

Sincerely,

Robert Alonzo

Robert Alonzo
State Filing Analyst