

SERFF Tracking Number: NTAC-125784644 State: Arkansas
Filing Company: National American Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: NAIC-IL-AR-2008-03-F
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: NAICO-10 /NAIC-IL-AR-2008-03-F

Filing at a Glance

Company: National American Insurance Company

Product Name: Commercial Interline

SERFF Tr Num: NTAC-125784644 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0002 Commercial Interline Filings

Co Tr Num: NAIC-IL-AR-2008-03-F

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Jennifer Carr

Disposition Date: 08/25/2008

Date Submitted: 08/21/2008

Disposition Status: Approved

Effective Date Requested (New): 10/01/2008

Effective Date (New): 10/01/2008

Effective Date Requested (Renewal): 10/01/2008

Effective Date (Renewal):

10/01/2008

State Filing Description:

General Information

Project Name: NAICO-10

Status of Filing in Domicile: Pending

Project Number: NAIC-IL-AR-2008-03-F

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 08/25/2008

State Status Changed: 08/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

National American Insurance Company files for approval to use the enclosed revised endorsement applicable to the commercial automobile and commercial general liability lines of insurance. Refer to the enclosed filing memorandum for additional information.

The Company respectfully requests this filing become effective October 1, 2008 for new and renewal policies.

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Company and Contact

Filing Contact Information

Jennifer Carr, Rate and Form Analyst jcarr@naico.com
 1010 Manvel Avenue (800) 822-7802 [Phone]
 Chandler, OK 74834 (405) 258-4520[FAX]

Filing Company Information

National American Insurance Company CoCode: 23663 State of Domicile: Oklahoma
 1010 Manvel Avenue Group Code: Company Type: Property &
 Chandler, OK 74834 Group Name: None Casualty
 (800) 822-7802 ext. 4486[Phone] FEIN Number: 47-0247300
 State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National American Insurance Company	\$50.00	08/21/2008	22064357

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/25/2008	08/25/2008

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Disposition

Disposition Date: 08/25/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal): 10/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NTAC-125784644 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Supporting Document	Marked-Up Version	Approved	Yes
Form	Employment And Occupation Related Claims Exclusion	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Employment And Occupation Related Claims Exclusion	NAICO-10	10/2008	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 NAICO-10 (Ed.7/2003) Previous Filing #: N/A		NAICO-10_10-08_.pdf

NATIONAL AMERICAN INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYMENT AND OCCUPATION RELATED CLAIMS EXCLUSION

This endorsement modifies insurance provided under the following:

MOTOR CARRIER COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE PART

Notwithstanding any other provision, term, or condition of this policy, and in addition to any other Exclusion, the insurance provided by this policy shall not apply to and there is **no insurance coverage** provided by this policy for:

1. Any obligation for which any "insured" or its insurer may be held liable under any workers' compensation, unemployment compensation, or disability benefits law or under any similar law;
2. "Bodily injury" to any "insured", any "employee" of any "Named Insured", or any spouse, child, brother, sister, or any person living in the same residence as any such "insured" or in the same residence as such "employee" of any "Named Insured" if the "bodily injury" arises out of or is connected with the conduct of any "Named Insured's" business; or
3. "Bodily injury" to any fellow "employee" of any "insured" arising out of and in the course of the fellow "employee's" employment or while

performing duties related to the conduct of any "Named Insured's" business.

This exclusion applies whether any "insured" may be held liable as an employer or in any other capacity and also applies to any obligation to share damages with or to repay or indemnify someone else who must pay damages because of the injury, whether or not such obligation arises under a contract or by operation of law and whether or not the person or persons suffering injury are entitled to workers' compensation benefits.

As used in this endorsement, "Named Insured" means any person, firm, corporation, or entity identified by name as a "Named Insured" in the Declarations or any endorsement modifying the Declarations to this policy. "Named Insured" does not include any person, firm, corporation or entity who is specifically identified and referred to as an additional "insured" in any endorsement to this policy.

<i>SERFF Tracking Number:</i>	<i>NTAC-125784644</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National American Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NAIC-IL-AR-2008-03-F</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Commercial Interline</i>		
<i>Project Name/Number:</i>	<i>NAICO-10 /NAIC-IL-AR-2008-03-F</i>		

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 08/25/2008

Comments:

Attachment:

AR PC TD1 - NAICO10.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 08/25/2008

Comments:

Attachment:

Filing Memorandum-IL Form.pdf

Satisfied -Name: Marked-Up Version **Review Status:** Approved 08/25/2008

Comments:

Attachment:

NAICO-10 _10-08_ markedup.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: <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					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
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 #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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 #:
Amount:

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.)

PC TD-1 pg 2 of 2

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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input 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		

PC FFS-1

**NATIONAL AMERICAN INSURANCE COMPANY
FILING MEMORANDUM**

COMMERCIAL INTERLINE - FORMS

National American Insurance Company files for approval of the enclosed revised endorsement applicable to the commercial automobile and commercial general liability lines of insurance. The only change is a revision to the line of business references. We have enclosed a marked-up version highlighting the changes. There is no rate impact associated with these changes.

The Company respectfully requests this filing become effective October 1, 2008 for new and renewal policies.

NATIONAL AMERICAN INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYMENT AND OCCUPATION RELATED CLAIMS EXCLUSION

This endorsement modifies insurance provided under the following:

~~TRUCKERS LIABILITY POLICY~~ MOTOR CARRIER COVERAGE FORM
~~AUTOMOBILE LIABILITY POLICY~~ BUSINESS AUTO COVERAGE FORM
~~GENERAL LIABILITY POLICY~~ COMMERCIAL GENERAL LIABILITY COVERAGE PART

Notwithstanding any other provision, term, or condition of this policy, and in addition to any other Exclusion, the insurance provided by this policy shall not apply to and there is **no insurance coverage** provided by this policy for:

1. Any obligation for which any "insured" or its insurer may be held liable under any workers' compensation, unemployment compensation, or disability benefits law or under any similar law;
2. "Bodily injury" to any "insured", any "employee" of any "Named Insured", or any spouse, child, brother, sister, or any person living in the same residence as any such "insured" or in the same residence as such "employee" of any "Named Insured" if the "bodily injury" arises out of or is connected with the conduct of any "Named Insured's" business; or
3. "Bodily injury" to any fellow "employee" of any "insured" arising out of and in the course of the fellow "employee's" employment or while

performing duties related to the conduct of any "Named Insured's" business.

This exclusion applies whether any "insured" may be held liable as an employer or in any other capacity and also applies to any obligation to share damages with or to repay or indemnify someone else who must pay damages because of the injury, whether or not such obligation arises under a contract or by operation of law and whether or not the person or persons suffering injury are entitled to workers' compensation benefits.

As used in this endorsement, "Named Insured" means any person, firm, corporation, or entity identified by name as a "Named Insured" in the Declarations or any endorsement modifying the Declarations to this policy. "Named Insured" does not include any person, firm, corporation or entity who is specifically identified and referred to as an additional "insured" in any endorsement to this policy.