

SERFF Tracking Number: NTAC-125787155 State: Arkansas
Filing Company: National American Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: NAIC-CA-AR-2008-01-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Commercial Automobile
Project Name/Number: /NAIC-CA-AR-2008-01-F

Filing at a Glance

Company: National American Insurance Company

Product Name: Commercial Automobile

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0003 Other

Filing Type: Form

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

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

SERFF Tr Num: NTAC-125787155 State: Arkansas

SERFF Status: Closed

Co Tr Num: NAIC-CA-AR-2008-01-

F

Co Status:

Author: Jennifer Carr

Date Submitted: 08/25/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

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

Disposition Date: 08/26/2008

Disposition Status: Approved

Effective Date (New): 10/01/2008

Effective Date (Renewal):

10/01/2008

State Filing Description:

General Information

Project Name:

Project Number: NAIC-CA-AR-2008-01-F

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 08/26/2008

State Status Changed: 08/25/2008

Corresponding Filing Tracking Number:

Filing Description:

National American Insurance Company files for approval to use the enclosed new and revised endorsements applicable to the commercial automobile line 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.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

SERFF Tracking Number: NTAC-125787155 State: Arkansas
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 Product Name: Commercial Automobile
 Project Name/Number: /NAIC-CA-AR-2008-01-F

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	08/25/2008	22108489

SERFF Tracking Number: NTAC-125787155 State: Arkansas
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Commercial Automobile
Project Name/Number: /NAIC-CA-AR-2008-01-F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/26/2008	08/26/2008

SERFF Tracking Number: *NTAC-125787155* *State:* *Arkansas*
Filing Company: *National American Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *NAIC-CA-AR-2008-01-F*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0003 Other*
Product Name: *Commercial Automobile*
Project Name/Number: */NAIC-CA-AR-2008-01-F*

Disposition

Disposition Date: 08/26/2008

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-125787155 State: Arkansas
 Filing Company: National American Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: NAIC-CA-AR-2008-01-F
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: Commercial Automobile
 Project Name/Number: /NAIC-CA-AR-2008-01-F

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 Versions	Approved	Yes
Form	Trip Lease And Brokerage Exclusion Endorsement	Approved	Yes
Form	Physical Damage Premium To Value Endorsement	Approved	Yes
Form	Right To Recover From Others (Waiver of Subrogation)	Approved	Yes

SERFF Tracking Number: NTAC-125787155 State: Arkansas
 Filing Company: National American Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: NAIC-CA-AR-2008-01-F
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: Commercial Automobile
 Project Name/Number: /NAIC-CA-AR-2008-01-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Trip Lease And Brokerage Exclusion Endorsement	NA0002	10/2008	Endorsement/Amendment/Conditions	Replaced Form #:0.00 NA0002 (Ed. 10-91) Previous Filing #: N/A		NA0002_10-08_.pdf
Approved	Physical Damage Premium To Value Endorsement	NA0021	10/2008	Endorsement/Amendment/Conditions	Replaced Form #:0.00 NA0021 (Ed. 6/2007) Previous Filing #: AR-PC-07-025611		NA0021 10-08.pdf
Approved	Right To Recover From Others (Waiver of Subrogation)	NAICO-29	10/2008	Endorsement/Amendment/Conditions		0.00	NAICO-29_10-08_.pdf

NATIONAL AMERICAN INSURANCE COMPANY
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
TRIP LEASE AND BROKERAGE EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

MOTOR CARRIER COVERAGE FORM

The policy to which this endorsement is attached is amended so that Section II (A) is amended to include under Section II (A) 1 "Who Is An Insured" a sub-part which reads as follows:

Any "motor carrier" or his or her agents or employees is not an "insured" under this policy for claims resulting from the ownership, maintenance or use of a covered auto owned by anyone other than the "named insured" which is operated pursuant to operating rights granted to anyone other than the "named insured" by a public authority.

The policy is further amended so that under Section II (B) there is added the following exclusion:

Except as provided in Section I, paragraph C. of the Motor Carrier Coverage Form entitled, "Certain Trailers, Mobile Equipment and Temporary Substitute Autos", this policy of insurance does not provide coverage which applies to any bodily injury or property damage for which any "insured" may be held liable as a result of an accident or occurrence arising out of the operation of a covered "auto" unless that "auto" is owned by the "named insured" or leased by the "named insured" either (a) pursuant to a written lease whose terms exceed thirty (30) days and is operated by or on behalf of the "named insured" pursuant to operating rights granted to the "named insured" or (b) pursuant to written lease for a term of thirty (30) days or less if the lessor is not a "motor carrier" and is regularly engaged in the business of leasing or renting autos without drivers.

Both of the above are limitations upon coverage that might otherwise be provided for in the policy and shall not be interpreted to extend coverage to any auto, person, bodily injury or property damage not otherwise covered by the policy.

Policy No. _____

Named Insured:

Effective Date: _____

Signed and Accepted

Witness

Principal Only

Date: _____

NATIONAL AMERICAN INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PHYSICAL DAMAGE PREMIUM TO VALUE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

We agree that \$_____ is the total value of all your "autos". You may amend the total value by adding or deleting "autos" at any time, showing this change in value in your next report which is to be submitted on the fifteenth (15th) day of the following month. The total value of all of your scheduled "autos" should be determined at the close of the last business day of the reporting period. Short term rentals less than thirty (30) days should be on a pro rata basis.

It is further agreed that the earned premium for this coverage will be computed for the Premium Adjustment period shown below by applying a rate as shown below per \$100.00 of value to the amount of values of all covered "autos" at the close of the last business day of the premium adjustment period.

We agreed that you will pay to us, upon delivery of the policy, the deposit amount as specified below. You will be given credit for the deposit when the full earned premium, during the life of the policy, is determined in accordance with the audit provisions of this policy.

REPORTING PERIOD:

- Monthly
- Quarterly
- Annual

PREMIUM ADJUSTMENT PERIOD:

- Monthly Rate _____
- Quarterly Rate _____
- Annual Rate _____

DEPOSIT \$_____

NATIONAL AMERICAN INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RIGHT TO RECOVER FROM OTHERS (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to such insurance as is afforded by the policy for bodily injury liability and property damage liability arising out of the ownership, maintenance or use of automobiles, we waive our right to recovery against any person or entity for whom the insured is working or operating under a written contract when such contract requires a waiver of subrogation.

It is further agreed that the additional premium for the endorsement is a minimum charge and shall be retained in full by the company in the event of cancellation or termination of the endorsement of the policy.

Additional Premium: \$_____

All other terms and conditions of the policy remain unchanged.

SERFF Tracking Number: *NTAC-125787155* *State:* *Arkansas*
Filing Company: *National American Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *NAIC-CA-AR-2008-01-F*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0003 Other*
Product Name: *Commercial Automobile*
Project Name/Number: */NAIC-CA-AR-2008-01-F*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NTAC-125787155 State: Arkansas
Filing Company: National American Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: NAIC-CA-AR-2008-01-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Commercial Automobile
Project Name/Number: /NAIC-CA-AR-2008-01-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/26/2008

Comments:

Attachment:

AR PC TD1 - CA Filing.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 08/26/2008

Comments:

Attachment:

CA Filing Memorandum.pdf

Satisfied -Name: Marked-Up Versions **Review Status:** Approved 08/26/2008

Comments:

Attachments:

NA0002 _10-08_ markedup.pdf

NA0021 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 AUTO - FORMS

National American Insurance Company files for approval to use the enclosed new and revised endorsements applicable to the commercial automobile line of insurance.

New Form #	Replaced Form #	Title	Approval Date	State Filing #	M - Mandatory O - Optional	Description
NA0002 (Ed. 10/2008)	NA0002 (Ed. 10-91)	Trip Lease And Brokerage Exclusion Endorsement	2/11/1992	N/A	O	ISO Intends to withdraw the Truckers Coverage Form in 2009. Consequently, this endorsement is being revised to apply to the Motor Carrier Coverage Form. Enclosed is a marked-up version showing the changes.
NA0021 (Ed. 10/2008)	NA0021 (Ed. 6/2007)	Physical Damage Premium To Value Endorsement	8/01/2007	AR-PC-07-025611	O	The endorsement is being revised to add a place to show the selected premium adjustment period, which often differs from the reporting period. Other minor changes are being made for clarification purposes. Refer to the enclosed marked-up version showing the changes.
NAICO-29 (Ed. 10/2008)	N/A (New form)	Right To Recover From Others (Waiver Of Subrogation)	N/A	N/A	O	New waiver of subrogation endorsement.

NATIONAL AMERICAN INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. TRIP LEASE AND BROKERAGE EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

MOTOR CARRIER COVERAGE FORM

The policy to which this endorsement is attached is amended so that Section II (A) is amended to include under Section II (A) 1 "Who Is An Insured" a sub-part which reads as follows:

Any ~~"trucker"~~ "motor carrier" or his or her agents or employees is not an "insured" under this policy for claims resulting from the ownership, maintenance or use of a covered auto owned by anyone other than the "named insured" which is operated pursuant to operating rights granted to anyone other than the "named insured" by a public authority.

The policy is further amended so that under Section II (B) there is added the following exclusion:

Except as provided in Section I, paragraph C. of the ~~Truckers~~ Motor Carrier Coverage Form entitled, "Certain Trailers, Mobile Equipment and Temporary Substitute Autos", this policy of insurance does not provide coverage which applies to any bodily injury or property damage for which any "insured" may be held liable as a result of an accident or occurrence arising out of the operation of a covered "auto" unless that "auto" is owned by the "named insured" or leased by the "named insured" either (a) pursuant to a written lease whose terms exceed thirty (30) days and is operated by or on behalf of the "named insured" pursuant to operating rights granted to the "named insured" or (b) pursuant to written lease for a term of thirty (30) days or less if the lessor is not a ~~"trucker"~~ "motor carrier" and is regularly engaged in the business of leasing or renting autos without drivers.

Both of the above are limitations upon coverage that might otherwise be provided for in the policy and shall not be interpreted to extend coverage to any auto, person, bodily injury or property damage not otherwise covered by the policy.

Policy No. _____

Named Insured: _____

Effective Date: _____

Signed and Accepted

Witness

Principal Only

Date: _____

NATIONAL AMERICAN INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PHYSICAL DAMAGE PREMIUM TO VALUE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
~~TRUCKERS COVERAGE FORM~~
MOTOR CARRIER COVERAGE FORM

We agree that \$_____ is the total value of all your "autos". You may amend the total value by adding or deleting "autos" at any time, showing this change in value in your next report which is to be submitted on the fifteenth (15th) day of the following month. The total value of all of your scheduled "autos" should be determined at the close of the last business day of ~~each month~~ the reporting period. Short term rentals less than thirty (30) days should be on a pro rata basis.

It is further agreed that the earned premium for this coverage will be computed monthly for the Premium Adjustment period shown below by applying a monthly rate of _____ as shown below per \$100.00 of value to the amount of values of all covered "autos" at the close of the last business day of ~~each month~~ the premium adjustment period.

We agreed that you will pay to us, upon delivery of the policy, the deposit amount as specified below. You will be given credit for the deposit when the full earned premium, during the life of the policy, is determined in accordance with the audit provisions of this policy.

DEPOSIT \$ _____

REPORTING PERIOD:

- Monthly
- Quarterly
- Annual

PREMIUM ADJUSTMENT PERIOD:

- Monthly Rate
- Quarterly Rate
- Annual Rate

DEPOSIT \$ _____