

SERFF Tracking Number: NWCM-125763224 State: Arkansas
First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: P-2008SKCE-7GMLLZ
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: FACTA/P-2008SKCE-7GMLLZ

Filing at a Glance

Companies: Nationwide Mutual Fire Insurance Company, Nationwide Mutual Insurance Company, Nationwide Property & Casualty Insurance Company

Product Name: General Liability SERFF Tr Num: NWCM-125763224 State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: P-2008SKCE-7GMLLZ State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Author: Jill Hosch Disposition Date: 08/11/2008
Date Submitted: 08/06/2008 Disposition Status: Approved
Effective Date Requested (New): 12/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: FACTA Status of Filing in Domicile:
Project Number: P-2008SKCE-7GMLLZ Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/11/2008 Deemer Date:
State Status Changed: 08/11/2008
Corresponding Filing Tracking Number:
Filing Description:
We are introducing a new mandatory exclusion form with this filing. The new form will be named Exclusion-Violation of Consumer Protection Statutes. This form will be mandatory on all General Liability policies.

Background

The purpose of this filing is to introduce a mandatory exclusionary form in light of the requirements of the Fair and

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Accurate Credit Transaction Act (FACTA), which extended certain provisions of the Fair Credit Reporting Act (FCRA), and introduced several new provisions including Section 605 (g) regarding the truncation of credit card numbers and Section 628 regarding the disposal of records. The FCRA establishes civil liabilities for willful and negligent noncompliance with any requirement imposed under the Act. It is not the intent of the Commercial General Liability Coverage Form to provide coverage for claims that arise out of violations of FCRA given the statutory efforts to prohibit such violations.

We request this new coverage form to be effective 12/1/08 new and 1/1/09 renewal.

Company and Contact

Filing Contact Information

Jill Hosch, Business Information Analyst hoschj@nationwide.com
 1100 Locust Street (515) 508-8871 [Phone]
 Des Moines, IA 50391

Filing Company Information

Nationwide Mutual Fire Insurance Company	CoCode: 23779	State of Domicile: Ohio
One Nationwide Plaza	Group Code: 140	Company Type: Property & Casualty

1-17-02		
Columbus, OH 43215	Group Name:	State ID Number:
(614) 249-2271 ext. [Phone]	FEIN Number: 31-4177110	

Nationwide Mutual Insurance Company	CoCode: 23787	State of Domicile: Ohio
One Nationwide Plaza	Group Code: 140	Company Type: Property & Casualty

1-17-02		
Columbus, OH 43215	Group Name:	State ID Number:
(614) 249-2271 ext. [Phone]	FEIN Number: 31-4177100	

Nationwide Property & Casualty Insurance Company	CoCode: 37877	State of Domicile: Ohio
One Nationwide Plaza	Group Code: 140	Company Type: Property &

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Casualty

1-17-02

Columbus, OH 43215
(614) 249-2271 ext. [Phone]

Group Name:
FEIN Number: 31-0970750

State ID Number:

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Mutual Fire Insurance Company	\$50.00	08/06/2008	21814270
Nationwide Mutual Insurance Company	\$0.00	08/06/2008	
Nationwide Property & Casualty Insurance Company	\$0.00	08/06/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/11/2008	08/11/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
AMEND EFFECTIVE DATES TO 1/1/09 NEW AND RENEWAL PLEASE	Note To Reviewer	Jill Hosch	08/10/2008	08/10/2008

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Disposition

Disposition Date: 08/11/2008

Effective Date (New):

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	Exclusion-Violation of Consumer Protection Statutes	Approved	Yes

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Note To Reviewer

Created By:

Jill Hosch on 08/10/2008 02:40 PM

Subject:

AMEND EFFECTIVE DATES TO 1/1/09 NEW AND RENEWAL PLEASE

Comments:

PLEASE AMEND THE EFFECTIVE DATES TO 1/1/09 NEW AND RENEWAL. THANK YOU.

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion-Violation of Consumer Protection Statutes	CAS6356	0908	Endorsement/Amendment/Conditions Replaced	Replaced Form #: CAS6356 1004 Previous Filing #:		Cas6356_9-08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EXCLUSION – VIOLATION OF
CONSUMER PROTECTION STATUTES**

This endorsement modifies insurance provided under the following:

CONTRACTORS LIABILITY COVERAGE FORM
BUSINESSOWNERS LIABILITY COVERAGE FORM
BUSINESS PROVIDER LIABILITY COVERAGE FORM

A. The following exclusion is added to Section B.1 – Exclusions, applicable to Business Liability;

This insurance does not apply to:

VIOLATION OF CONSUMER PROTECTION STATUES

"Bodily injury" or "property damage" arising directly or indirectly out of any action or omission that violates or is alleged to violate:

- a. The Telephone Consumer Protection Act (TCPA), including any amendment of or addition to such law; or
- b. The CAN-SPAM Act of 2003, including any amendment of or addition to such law; or
- c. The Fair Credit Reporting Act (FCRA) and any amendment of or addition to such law including the Fair and Accurate Credit Transaction Act (FACTA); or
- d. Any statute, ordinance or regulation, other than the TCPA or CAN-SPAM Act of 2003 or FCRA, that addresses, prohibits or limits the electronic printing, dissemination, disposal, sending, transmitting, communicating or distribution of material or information.

B. The following exclusion is added to paragraphs p. Personal Injury or Advertising Injury and q. Advertising Injury of Section B.I. – Exclusions, applicable to Business Liability;

This insurance does not apply to:

VIOLATION OF CONSUMER PROTECTION STATUES

"Personal injury" or "advertising injury" arising directly or indirectly out of any action or omission that violates or is alleged to violate:

- a. The Telephone Consumer Protection Act (TCPA), including any amendment of or addition to such law; or
- b. The CAN-SPAM Act of 2003, including any amendment of or addition to such law; or
- c. The Fair Credit Reporting Act (FCRA) and any amendment of or addition to such law including the Fair and Accurate Credit Transaction Act (FACTA); or
- d. Any statute, ordinance or regulation, other than the TCPA or CAN-SPAM Act of 2003 or FCRA, that addresses, prohibits or limits the electronic printing, dissemination, disposal, sending, transmitting, communicating or distribution of material or information.

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 08/11/2008

Comments:
P & C TRANSMITTAL AND FORMS SCHEDULE IS ATTACHED.

Attachment:
P & C TRANSMITTAL - AL - GL.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
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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: _____ Renewal: _____
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 #	
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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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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]
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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.)**

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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		

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