

SERFF Tracking Number: STNA-125761428 State: Arkansas  
Filing Company: State National Insurance Company Inc. State Tracking Number: #? \$50  
Company Tracking Number: SN-MAX-COP-2008-101-AF (AR)  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP  
Liability  
Product Name: Max Commercial Output Program  
Project Name/Number: Max Commercial Output New Program Submission/SN-MAX-COP-2008-101-AFR

## Filing at a Glance

Company: State National Insurance Company Inc.

Product Name: Max Commercial Output Program SERFF Tr Num: STNA-125761428 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: #? \$50

Sub-TOI: 05.0007 Other CMP Co Tr Num: SN-MAX-COP-2008-101-AF (AR) State Status: Fees verified

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Jennifer Waldron Disposition Date: 08/08/2008

Date Submitted: 08/07/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 08/08/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 08/08/2008

State Filing Description:

## General Information

Project Name: Max Commercial Output New Program Submission

Status of Filing in Domicile: Pending

Project Number: SN-MAX-COP-2008-101-AFR

Domicile Status Comments: Filing was recently submitted in Company's state of domicile.

Reference Organization: AAIS

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/08/2008

State Status Changed: 08/08/2008

Deemer Date:

Corresponding Filing Tracking Number: SN-MAX-COP-2008-101-AR (AR)

Filing Description:

Max Commercial Output New Program Submission

SERFF Tracking Number: STNA-125761428 State: Arkansas  
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## Company and Contact

### Filing Contact Information

Jennifer Waldron, Senior Analyst jenb@westmontlaw.com  
 25 Chestnut Street (856) 216-0220 [Phone]  
 Haddonfield, NJ 08033

### Filing Company Information

State National Insurance Company Inc. CoCode: 12831 State of Domicile: Texas  
 8200 Anderson Boulevard Group Code: 93 Company Type: Property &  
 Casualty  
 Fort Worth, TX 76120 Group Name: State ID Number:  
 (800) 877-4567 ext. [Phone] FEIN Number: 75-1980552  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: Standard Filing Fee for Forms  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State National Insurance Company Inc.	\$0.00	08/07/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
30274	\$50.00	08/05/2008

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## Correspondence Summary

### Dispositions

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

*SERFF Tracking Number:* STNA-125761428 *State:* Arkansas  
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## **Disposition**

Disposition Date: 08/08/2008

Effective Date (New): 08/08/2008

Effective Date (Renewal): 08/08/2008

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

SERFF Tracking Number: STNA-125761428 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	Cover Letter	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	AAIS Filing Authorization Notification	Approved	Yes
Supporting Document	Forms List	Approved	Yes
Form	Commercial Output Policy Declarations	Approved	Yes
Form	Commercial Output Policy Jacket	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage (TRIA Included)	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Commercial Output Policy Declarations	COPSND EC	04/08	Declaration	New s/Schedule		0.00	COP Policy Dec COPSND EC 04-08A.pdf
Approved	Commercial Output Policy Jacket	COPJAC	04/08	Other	New		0.00	COP Jacket COPJAC 04-08.pdf
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage	MSN100	04/08	Disclosure/	New Notice		0.00	MSN100 - 04-08-ACCEPT-REJECT TRIA.pdf
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage (TRIA Included)	MSN101	06/08	Disclosure/	New Notice		0.00	MSN101 - 06-08 COVERAGE ACCEPTANCE CONFIRM TRIA.pdf

**COMMERCIAL OUTPUT POLICY DECLARATIONS**

POLICY NUMBER: MAXN

POLICY PERIOD:

This Policy becomes effective and expires at 12:01 a.m. Standard Time at Your Mailing Address Shown Below.

NAMED INSURED & MAILING ADDRESS:

PRODUCER NAME & MAILING ADDRESS:

**IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

**THIS POLICY CONSISTS ONLY OF THE FOLLOWING DECLARATION(S) AND COVERAGE(S) FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

	<u>PREMIUM:</u>
COVERAGE PART	\$ _____
COVERAGE PART	\$ _____
( ) Premium charge for coverage of certified acts of terrorism. (Per Policyholder Disclosure TRIA Attached)	\$ _____
( ) Coverage for certified acts of terrorism has been rejected; exclusion attached. (Per Policyholder Disclosure TRIA Attached)	
State Specific Assessments/Surcharges (if applicable):	\$ _____
TOTAL PREMIUM PAYABLE AT INCEPTION	\$ _____

OTHER ENDORSEMENTS MADE A PART OF THIS POLICY AT TIME OF ISSUE:

Date Issued:  
Issuing Office:

Authorized Representative: \_\_\_\_\_



State National Insurance Company, Inc.  
A Stock Company  
8200 Anderson Boulevard  
Fort Worth, Texas



**MaxSpecialty**

Max California Insurance Services, Ltd.  
On behalf of  
State National Insurance Company, Inc.

# Commercial Output Policy

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

A handwritten signature in black ink, appearing to read 'D. J. ...', written over a horizontal line.

President

A handwritten signature in black ink, appearing to read 'S. G. ...', written over a horizontal line.

Corporate Secretary

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**Acceptance or Rejection of Terrorism Insurance Coverage**

<input type="radio"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$_____.
<input type="radio"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

_____ Policyholder/Applicant's Signature	_____ STATE NATIONAL INSURANCE COMPANY, INC. Insurance Company
_____ Print Name	_____ Policy Number / Effective Date
_____ Date Signed	

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE  
(TRIA Included)**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \_\_\_\_\_ and does not include any charges for the portion of losses covered by the United States government under the Act.

THE PURPOSE OF THIS DISCLOSURE IS TO NOTIFY YOU THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT, MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE AND YOU HAVE BEEN NOTIFIED OF THE PORTION OF YOUR PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

\_\_\_\_\_  
Policyholder/Applicant's Name

STATE NATIONAL INSURANCE COMPANY, INC.  
Insurance Company

\_\_\_\_\_  
Policy Number / Effective Date

*SERFF Tracking Number:* STNA-125761428      *State:* Arkansas  
*Filing Company:* State National Insurance Company Inc.      *State Tracking Number:* #? \$50  
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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 08/08/2008

**Comments:**

**Attachment:**

AR NAIC.pdf

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

**Comments:**

Attached is the cover letter for this submission.

**Attachment:**

AR-F.pdf

**Satisfied -Name:** Letter of Authorization **Review Status:** Approved 08/08/2008

**Comments:**

Attached is a letter authorizing Westmont Associates to submit this filing on the Company's behalf.

**Attachment:**

FAL COP AR F 07-18-2008.pdf

**Satisfied -Name:** AAIS Filing Authorization Notification **Review Status:** Approved 08/08/2008

**Comments:**

Attached is the Company's AAIS Filing Authorization Notification form.

**Attachment:**

AAIS COP Filing Authorization Notification.pdf

**Satisfied -Name:** Forms List **Review Status:** Approved 08/08/2008

**Comments:**

*SERFF Tracking Number:* STNA-125761428 *State:* Arkansas  
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Liability  
*Product Name:* Max Commercial Output Program  
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Attached is the forms list for this submission.

**Attachment:**

Forms Index.pdf



## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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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<b>3. Group Name</b>	<b>Group NAIC #</b>

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

<b>5. Company Tracking Number</b>	
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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 type="text"/> Renewal: <input 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
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

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing</b> (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	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	



August 7, 2008

The Department of Insurance  
Property and Casualty Division  
Forms Review Section

**RE: State National Insurance Company, Inc. / NAIC #12831**  
Commercial Multi-Peril – Max Commercial Output Program  
Form Filing  
Company Filing #: SN-MAX-COP-2008-101-AF (AR)  
Effective Date: Upon Earliest Possible Approval

To Whom It May Concern:

Enclosed please find the Company's Max Commercial Output Program Form filing. This filing represents a new filing for the Company and does not replace any currently filed forms. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

The Company is filing to adopt all AAIS Commercial Output Program forms, as well as any subsequent revisions to said forms. Enclosed is the Company's AAIS Filing Authorization Notification for your reference.

In addition, the Company is filing the attached independent declarations page and policy jacket for your review. Please note that the Company intends to use the ACORD application forms for this program.

Finally, the Company is submitting the attached terrorism selection/rejection forms.

Please note that a corresponding rate and rule filing has been submitted under Company Filing #: SN-MAX-COP-2008-101-AR (AR).

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date. Thank you for your attention to this matter.

Respectfully Submitted,

***Jennifer Waldron***

Jennifer Waldron  
Supervisor  
[jenb@westmontlaw.com](mailto:jenb@westmontlaw.com)

Enclosures

cc: M. Kirn  
C. Adiletto



July 18, 2008

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

**Re: Letter of Filing Authorization  
State National Insurance Company, Inc.  
NAIC # 0093-12831  
FEIN # 75-1980552  
CMP - Commercial Output Program  
Form Filing**

Dear Ladies/Gentlemen:

This letter will certify that Westmont Associates, Inc. has been given full authorization to submit the captioned filing on behalf of State National Insurance Company, Inc. This authorization extends to all correspondence regarding this particular filing only. It does not apply to any subsequent filings made after the approval of the referenced filing.

Please direct all correspondence in relation to this filing directly to Nancy Stepanski (or the corresponding technician) at Westmont Associates, Inc., 25 Chestnut Street, Suite 105, Haddonfield, NJ 08033. Inquiries can also be made by phone at (856) 216-0220.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Cleff", written in a cursive style.

David M. Cleff  
Senior Vice President and General Counsel

Cc: File (Max Specialty)



# Filing Authorization Notification

Email: PatP@AAISonline.com

Line of Insurance: Commercial Output Program

Filing Authorization Effective Date: March 12, 2008

Company Name:	State National Insurance Company, Inc.
Company Address:	8200 Anderson Blvd Ft. Worth, TX 76120
NAIC#:	12831

Type of Notification	
X	Initial Filing Authorization
	Revised Filing Authorization

The company identified above is an affiliate of the American Association of Insurance Services (AAIS) and elects to change AAIS filing authority for Loss Costs, Rules, and/or Forms as indicated in the chart below. For those items that indicate filing authorization has been granted, please consider all currently filed and approved AAIS materials and any materials filed by AAIS in the future as filed on behalf of this company.

Filing Authorization Legend		
C= Current Authorization	A=Add Authorization	D=Delete Authorization

State	Loss Costs	Rules	Forms	State	Loss Costs	Rules	Forms
Alabama		A	A	Nevada*		Exempt	A
Arizona*		Exempt		New Hampshire		A	A
Arkansas**		Filing Authorization Not Available	A	New Jersey		A	A
California**		Filing Authorization Not Available		New Mexico*		Exempt	A
Colorado**		Filing Authorization Not Available	Exempt	New York**		Filing Authorization Not Available	A
Connecticut		A	A	North Carolina		A	A
Delaware		A	A	North Dakota		A	A
District of Columbia		A	A	Ohio		A	A
Florida		A	A	Oklahoma		A	A
Georgia		A	A	Oregon		A	A
Idaho		A	A	Pennsylvania*		A	Exempt
Illinois <sup>(CG)</sup>		See Compliance Guide	A	Rhode Island		A	A
Indiana		A	A	South Carolina*		Exempt	A
Iowa		A	A	South Dakota		A	A
Kansas*		Exempt	A	Tennessee		A	A
Kentucky		A	A	Texas**		Filing Authorization Not Available	
Louisiana		A	A	Utah		A	A
Maine	A	A	A	Vermont		A	A
Maryland		A	A	Virginia	A	A	A
Massachusetts		A	A	Washington	A	A	A
Michigan*		A	Exempt	West Virginia		A	A
Minnesota*		Exempt		Wisconsin		A	A
Mississippi		A	A	Wyoming*		Exempt	A
Missouri		A	A	Hawaii**		Filing Authorization Not Available	A
Montana		A	A	Alaska		A	A
Nebraska		A	A	Puerto Rico			

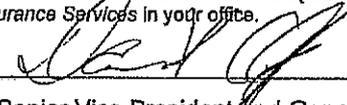
\*\* Loss Costs, Rules and/or Forms have been filed on an advisory basis. Affiliated companies must reference file to adopt.

\* Loss Costs, Rules and/or Forms are not subject to state filing requirements

<sup>(CG)</sup> See Company Action in "State Notes" section of the Compliance Guide.

COP 2.01 is the most current program available for California and Oregon

This Authorization supersedes any previous Authorization and shall remain in effect until written notice of amendment or cancellation is filed by the undersigned or by the American Association of Insurance Services in your office.

Signed By:   
 Title: Senior Vice President and General Counsel  
 Date: 3/12/2008

**FORMS INDEX**

<b><u>Form Number</u></b>	<b><u>Form Name</u></b>
COPSNDEC (04/08)	Commercial Output Policy Declarations
COPJAC (04/08)	Commercial Output Policy Jacket
MSN100 (04/08)	Policyholder Disclosure Notice of Terrorism Insurance Coverage
MSN101 (06/08)	Policyholder Disclosure Notice of Terrorism Insurance Coverage (TRIA Included)