

SERFF Tracking Number: NRT-125795890 State: Arkansas
Filing Company: North American Specialty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08-03911
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Entertainment Program - Commercial Auto
Project Name/Number: /

Filing at a Glance

Company: North American Specialty Insurance Company

Product Name: Entertainment Program - Commercial Auto SERFF Tr Num: NRT-125795890 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0001 Business Auto

Co Tr Num: 08-03911

State Status: Fees verified and received

Filing Type: Form

Co Status: Submitted to SID

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

Author: Alsa Shih

Disposition Date: 09/03/2008

Date Submitted: 08/29/2008

Disposition Status: Approved

Effective Date Requested (New): 10/15/2008

Effective Date (New): 10/15/2008

Effective Date Requested (Renewal): 10/15/2008

Effective Date (Renewal): 10/15/2008

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/03/2008

State Status Changed: 09/03/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

North American Specialty Insurance Company (NAS) presents the enclosed filing to make available insurance products designed specifically for entertainment related risks including motion pictures; documentaries; short term productions; rental houses; recording studios; shows; etc.

This filing contains additional miscellaneous endorsements we would like to have available for our Entertainment

SERFF Tracking Number: NRT-125795890 State: Arkansas
Filing Company: North American Specialty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08-03911
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Entertainment Program - Commercial Auto
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/03/2008	09/03/2008

SERFF Tracking Number: NRTN-125795890 State: Arkansas
Filing Company: North American Specialty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08-03911
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Entertainment Program - Commercial Auto
Project Name/Number: /

Disposition

Disposition Date: 09/03/2008

Effective Date (New): 10/15/2008

Effective Date (Renewal): 10/15/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NRT-125795890 State: Arkansas
 Filing Company: North American Specialty Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 08-03911
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Entertainment Program - Commercial Auto
 Project Name/Number: /

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	Form Indices	Approved	Yes
Form	Schedule of Forms	Approved	Yes
Form	Policy Changes	Approved	Yes
Form	Policy Changes	Approved	Yes
Form	Covered Production Limitation Endorsement	Approved	Yes
Form	Final Audit	Approved	Yes
Form	Minimum Premium Endorsement	Approved	Yes
Form	Non-Insured Production Entity Conditional Exclusion	Approved	Yes
Form	Schedule of Feature Film Productions	Approved	Yes
Form	Unscheduled Production, Presentation or Event Exclusion	Approved	Yes
Form	Schedule of Events	Approved	Yes
Form	Schedule of Promotions	Approved	Yes
Form	Schedule of Stunt Activities	Approved	Yes
Form	Specified Production Dates	Approved	Yes
Form	Additional Insured - Owners or Lessees Scheduled Person or Organization	Approved	Yes
Form	Additional Insured - Owners or Lessees Scheduled Person or Organization	Approved	Yes
Form	Primary Non-Contributory Endorsement		
Form	Waiver of Subrogation	Approved	Yes
Form	Rental Receipts Conditional Endorsement	Approved	Yes
Form	Lessee Conditional Exclusion	Approved	Yes
Form	Leasing or Rental Concerns - Contingent Coverage	Approved	Yes

SERFF Tracking Number: NRT-125795890 State: Arkansas
 Filing Company: North American Specialty Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 08-03911
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Entertainment Program - Commercial Auto
 Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Schedule of Forms	NAS-ABF-SCH	(06/08)	Declaration New s/Schedule		0.00	NAS-ABF-SCH ED 06-08.pdf
Approved	Policy Changes	NAS-AB-PC1	(06/08)	Endorsement/Amendment/Conditions		0.00	NAS-AB-PC1 ED 06-08.pdf
Approved	Policy Changes	NAS-AB-PC2	(06/08)	Endorsement/Amendment/Conditions		0.00	NAS-AB-PC2 ED 06-08.pdf
Approved	Covered Production Limitation Endorsement	NAS-AB-001	(06/08)	Endorsement/Amendment/Conditions		0.00	NAS-AB-001 ED 06-08.pdf
Approved	Final Audit	NAS-AB-002	(06/08)	Endorsement/Amendment/Conditions		0.00	NAS-AB-002 ED 06-08.pdf
Approved	Minimum Premium Endorsement	NAS-AB-003	(06/08)	Endorsement/Amendment/Conditions		0.00	NAS-AB-003 ED 06-08.pdf
Approved	Non-Insured Production Entity Conditional Exclusion	NAS-AB-004	(06/08)	Endorsement/Amendment/Conditions		0.00	NAS-AB-004 ED 06-08.pdf
Approved	Schedule of Feature Film Productions	NAS-AB-005	(06/08)	Endorsement/Amendment/Conditions		0.00	NAS-AB-005 ED 06-08.pdf
Approved	Unscheduled Production,	NAS-AB-006	(06/08)	Endorsement/Amendment		0.00	NAS-AB-006 ED 06-

SERFF Tracking Number: NRT-125795890 State: Arkansas
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 Company Tracking Number: 08-03911
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 Product Name: Entertainment Program - Commercial Auto
 Project Name/Number: /

Approval	Description	Policy No.	Effective Date	Endorsement/Amendment/Condition	Amount	Attachment
	Presentation or Event Exclusion			ent/Conditions		08.pdf
Approved	Schedule of Events	NAS-AB-007	(06/08)	Endorsement/Amendment/Conditions	0.00	NAS-AB-007 ED 06-08.pdf
Approved	Schedule of Promotions	NAS-AB-008	(06/08)	Endorsement/Amendment/Conditions	0.00	NAS-AB-008 ED 06-08.pdf
Approved	Schedule of Stunt Activities	NAS-AB-009	(06/08)	Endorsement/Amendment/Conditions	0.00	NAS-AB-009 ED 06-08.pdf
Approved	Specified Production Dates	NAS-AB-010	(06/08)	Endorsement/Amendment/Conditions	0.00	NAS-AB-010 ED 06-08.pdf
Approved	Additional Insured - Owners or Lessees Scheduled Person or Organization	NAS-AB-900	(06/08)	Endorsement/Amendment/Conditions	0.00	NAS-AB-900 ED 06-08.pdf
Approved	Additional Insured - Owners or Lessees Scheduled Person or Organization Primary Non-Contributory Endorsement	NAS-AB-901	(06/08)	Endorsement/Amendment/Conditions	0.00	NAS-AB-901 ED 06-08.pdf
Approved	Waiver of Subrogation	NAS-AB-902	(06/08)	Endorsement/Amendment/Conditions	0.00	NAS-AB-902 ED 06-08.pdf
Approved	Rental Receipts	NAS-AB-	(06/08)	Endorsement New	0.00	NAS-AB-903

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	Conditional Endorsement	903		nt/Amendm ent/Condi ons		ED 06- 08.pdf
Approved	Lessee Conditional Exclusion	NAS-AB- 904	(06/08)	Endorseme New nt/Amendm ent/Condi ons	0.00	NAS-AB-904 ED 06- 08.pdf
Approved	Leasing or Rental Concerns - Contingent Coverage	NAS-AB- 905	(06/08)	Endorseme New nt/Amendm ent/Condi ons	0.00	NAS-AB-905 ED 06- 08.pdf

**NORTH AMERICAN
SPECIALTY INSURANCE COMPANY
MANCHESTER, NH**

Policy Number:

Effective Date:

SCHEDULE OF FORMS

**NORTH AMERICAN
SPECIALTY INSURANCE COMPANY
MANCHESTER, NH**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

Policy Number: Named Insured:	Effective Date of Change: Change Endorsement No.:		
The following item(s):			
<input type="checkbox"/> Insured's Name <input type="checkbox"/> Policy Number <input type="checkbox"/> Effective/Expiration Date <input type="checkbox"/> Payment Plan <input type="checkbox"/> Additional Interested Parties: <input type="checkbox"/> Limits/Exposures <input type="checkbox"/> Covered Property/Located Description <input type="checkbox"/> Rates	<input type="checkbox"/> Insured's Mailing Address <input type="checkbox"/> Company <input type="checkbox"/> Insured's Legal Status/Business of Insured <input type="checkbox"/> Premium Determination <input type="checkbox"/> Coverage Forms and Endorsements <input type="checkbox"/> Self-Insured Retention <input type="checkbox"/> Classification/Class Codes <input type="checkbox"/> Underlying Insurance		
is (are) changed to read:			
<input type="checkbox"/> Policy Changes continued on page NAS-AB-PC2.			
The above amendments result in a change in the premium as follows:			
<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> TO BE ADJUSTED AT AUDIT	ADDITIONAL MIUM \$	PRE- RETURN PREMIUM \$

(Authorized Representative)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

Policy Number: Named Insured:	Effective Date of Change: Change Endorsement No.:	(Continued)
POLICY CHANGES ENDORSEMENT DESCRIPTION (CONTINUED)		
Page		

**NORTH AMERICAN
SPECIALTY INSURANCE COMPANY
MANCHESTER, NH**

Policy Number:

Effective Date of Endorsement:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COVERED PRODUCTION LIMITATION ENDORSEMENT

This endorsement modifies insurance provided under the following:

This insurance applies only to a "covered production".

"Covered production" means:

- a. All productions filmed, videotaped, created or computer generated by you, and
- b. Productions with shooting periods not more than days, and
- c. Productions with "gross production costs" not more than , or
- d. Productions scheduled or endorsed on this policy.

The following is/are not a "covered production":

All other terms and conditions of this policy remain unchanged.

**NORTH AMERICAN
SPECIALTY INSURANCE COMPANY
MANCHESTER, NH**

Policy Number:

Effective Date of Endorsement:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FINAL AUDIT

This endorsement modifies insurance provided under the following:

The final Audited Earned Premium for the Policy Period from _____ to _____ is calculated as follows:

Premium Basis:

Audited Premium Basis:

Estimated Premium Basis:

Audited Earned Premium (subject to Rating Schedule and the
Minimum Premium of \$ _____): \$

Endorsements and Additional Premiums: \$

Less the Deposit Premium shown on the Rating Schedule: \$

Subtotal: \$

State Assessment Charges: \$

Additional or Return Premium (subject to the Minimum
Premium of \$ _____): \$

All other terms and conditions of this policy remain unchanged.

Policy Number:

Effective Date of Endorsement:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MINIMUM PREMIUM ENDORSEMENT

This endorsement modifies insurance provided under the following:

- The Total Policy Premium, including subsequent policy changes, is the Minimum Premium and is fully earned.
- The Minimum Premium for this policy is:
25% of the Total Policy Premium, including subsequent policy changes, except for the following Coverage(s):
;
- The Total Policy Premium, including subsequent policy changes for Coverage(s) noted above is Flat, 100% fully earned.
- The Minimum Premium for this policy is \$

All other terms and conditions of this policy remain unchanged.

Policy Number:

Effective Date of Endorsement:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NON-INSURED PRODUCTION ENTITY CONDITIONAL EXCLUSION

This endorsement modifies insurance provided under the following:

This insurance does not apply to "bodily injury", "property damage", "personal and advertising injury", direct or indirect loss or damage arising out of, resulting from, or otherwise relating in whole or in part to any arrangement between any insured and a "non-insured production entity" whereby the "non-insured production entity" enters into an agreement with any insured to provide "services" for a fee or other consideration.

For purposes of this endorsement:

1. A "non-insured production entity" means any entity that does not maintain a separate policy of insurance, other than this policy, that applies to a production out of which a claim, loss or "suit" arises, equal to or greater than the types of insurance and limits provided by this policy.
2. "Services" means:
 - a. Providing access to equipment rental entities, and/or
 - b. Providing insurance to a "non-insured production entity" under this policy without our prior written consent.

All other terms and conditions of this policy remain unchanged.

**NORTH AMERICAN
SPECIALTY INSURANCE COMPANY
MANCHESTER, NH**

Policy Number:

Effective Date of Endorsement:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF FEATURE FILM PRODUCTIONS

This endorsement modifies insurance provided under the following:

The insurance afforded by this policy applies only to Feature Films scheduled below, or by an endorsement to this policy:

#	Production/Event Name & Type	Budget	Country(s)	Start/End Dates	Coverages
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All other terms and conditions of this policy remain unchanged.

**NORTH AMERICAN
SPECIALTY INSURANCE COMPANY
MANCHESTER, NH**

Policy Number:

Effective Date of Endorsement:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UNSCHEDULED PRODUCTION, PRESENTATION OR EVENT EXCLUSION

This endorsement modifies insurance provided under the following:

This policy does not apply to "bodily injury", "property damage", "personal and advertising injury", direct or indirect loss or damage arising out of or resulting from or otherwise relating in whole or in part to any activity associated with any production, presentation or event unless specifically declared, accepted by us and endorsed on the policy.

All other terms and conditions of this policy remain unchanged.

**NORTH AMERICAN
SPECIALTY INSURANCE COMPANY
MANCHESTER, NH**

Policy Number:

Effective Date of Endorsement:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF EVENTS

This endorsement modifies insurance provided under the following:

The insurance afforded by this policy applies only to an Insured Event scheduled below, or by an endorsement to this policy:

#	Event Name & Type	Attendance	Start/End Dates	Coverages	Rate / Premium
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All other terms and conditions of this policy remain unchanged.

**NORTH AMERICAN
SPECIALTY INSURANCE COMPANY
MANCHESTER, NH**

Policy Number:

Effective Date of Endorsement:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF PRODUCTIONS

This endorsement modifies insurance provided under the following:

The insurance afforded by this policy applies only to an Insured Production scheduled below, or by an endorsement to this policy:

#	Production Name & Type	Budget	Country(s)	Start/End Dates	Coverages
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All other terms and conditions of this policy remain unchanged.

**NORTH AMERICAN
SPECIALTY INSURANCE COMPANY
MANCHESTER, NH**

Policy Number:

Effective Date of Endorsement:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF COVERED STUNT ACTIVITIES

This endorsement modifies insurance provided under the following:

SCHEDULE

Description of Stunt Activity	Description of Production/Scene	Production/Scene Dates	Rate	Premium

When a stunt, animal or pyrotechnic activity is described in the above Schedule and the corresponding premium has been paid, the applicable exclusion in the Exclusion endorsement is deleted.

All other terms and conditions of this policy remain unchanged.

Policy Number:

Effective Date of Endorsement:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS OR LESSEES
SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Information required to complete this Schedule, if not shown above, will be shown in the Declarations

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by:
1. Your acts or omissions; or
 2. The acts or omissions of those acting on your behalf;
in the performance of your ongoing operations.

All other terms and conditions of this policy remain unchanged.

Policy Number:

Effective Date of Endorsement:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS OR LESSEES
SCHEDULED PERSON OR ORGANIZATION
PRIMARY NON-CONTRIBUTORY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

- A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by:
1. Your acts or omissions; or
 2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations.
- B. This insurance is primary insurance as respects our coverage to an additional insured person or organization, where the written contract or written agreement requires that this insurance be primary and non-contributory. In that event, we will not seek contribution from any other insurance policy available to the additional insured on which the additional insured person or organization is a Named Insured.

All other terms and conditions of this policy remain unchanged.

Policy Number:

Effective Date of Endorsement:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF SUBROGATION

This endorsement modifies insurance provided under the following:

SCHEDULE

Name Of Person(s) Or Organization(s):

For any payment made by us under this policy, we will not exercise any rights of recovery transferred to us by you if you have relinquished such rights against the person or organization shown in the Schedule prior to the "accident" or "loss".

All other terms and conditions of this policy remain unchanged.

Policy Number:

Effective Date of Endorsement:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RENTAL RECEIPTS CONDITIONAL ENDORSEMENT

This endorsement modifies insurance provided under the following:

It is hereby understood and agreed that the insured shall procure and maintain the following:

1. Written agreement with the lessee indemnifying and holding you harmless for "bodily injury", "property damage" or "personal and advertising injury" sustained by a third person; and
2. Written agreement with each lessee indemnifying and holding you harmless for "bodily injury", "property damage" or "personal and advertising injury" arising from injuries to that lessee and/or its employees; and
3. Written agreement with each lessee waiving all rights against you and/or your agents and employees; and
4. Certificates of Insurance from each lessee evidencing the following coverage and minimum Limits of Liability:

Automobile Liability Coverage-\$1,000,000 Each Accident

5. You have been named as an additional insured on each lessee's Commercial General Liability policy.

An additional premium based upon a rate of \$ per will be charged for those rentals which any insured fails to comply with any Items 1. through 5. above. Such additional premium is due and payable within 10 (ten) days of the date of the written demand.

All other terms and conditions of this policy remain unchanged.

Policy Number:

Effective Date of Endorsement:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSEE CONDITIONAL EXCLUSION

This endorsement modifies insurance provided under the following:

The following exclusion is added to **SECTION 2—LIABILITY COVERAGE, B. Exclusions:**

This insurance does not apply to "bodily injury", "property damage" or Medical Payments arising out of, resulting from, or otherwise relating in whole or in part to the acts of a lessee unless the following conditions have been met.

You have procured and maintained the following:

1. Written agreement with the lessee indemnifying and holding you harmless for "bodily injury", "property damage" or "personal and advertising injury" sustained by a third person; and
2. Written agreement with each lessee indemnifying and holding you harmless for "bodily injury", "property damage" or "personal and advertising injury" arising from injuries to that lessee and/or its employees; and
3. Written agreement with each lessee waiving all rights against you and/or your agents and employees; and
4. Certificates of Insurance from each lessee evidencing the following coverage and minimum Limits of Liability:

Automobile Liability Coverage-\$1,000,000 Each Accident
5. You have been named as an additional insured on each lessee's Business Auto policy.

All other terms and conditions of this policy remain unchanged.

Policy Number:

Effective Date of Endorsement:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LEASING OR RENTAL CONCERNS –
CONTINGENT COVERAGE**

This endorsement modifies insurance provided under the following:

SCHEDULE

Limit of Insurance \$

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A.** All coverages including any required no-fault insurance provided by the policy for a covered "auto" that is a "leased auto" applies subject to the following provisions:
 - 1. **a.** The lessee or rentee has furnished you with a certificate of insurance, a copy of the policy or a copy of the endorsement making you an additional insured on the lessee's or rentee's policy as required by the leasing or rental agreement; and
 - b.** At the time of an "accident" the insurance required by the leasing agreement is not collectible.
 - 2. For you, your employees or agents, the Limit of Insurance provided by this endorsement is the lesser of:
 - a.** The limits of liability required by the leasing agreement; or
 - b.** The amount shown in the Schedule; and
 - c.** For Physical Damage coverage, the ACV of the vehicle(s).
 - 3. For the lessee or rentee, any employee or agent of the lessee or rentee or any person, except you or your employees or agents, operating the "leased auto" with the permission of any of these, the Limit of Insurance provided by this endorsement is the minimum limit required by any applicable compulsory or financial responsibility law.
 - 4. The insurance provided by this endorsement is excess over any other collectible insurance, whether primary, excess or contingent, unless such insurance is specifically written to apply in excess of this policy.
- B.** If the lessee's or rentee's policy is cancelled, the insurance provided by this endorsement ends the earlier of the following dates:
 - 1. The date you regain custody of the "leased auto;" or
 - 2. 30 days after the effective date of cancellation.

C. ADDITIONAL DEFINITION

The following is added to the DEFINITIONS Section:

"Leased auto" means an "auto" you lease or rent to a lessee or rentee, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a lease or rental agreement that requires the lessee or rentee to provide primary insurance for you.

All other terms and conditions of this policy remain unchanged.

SERFF Tracking Number: *NRTH-125795890* *State:* *Arkansas*
Filing Company: *North American Specialty Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-03911*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *Entertainment Program - Commercial Auto*
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NRT-125795890 State: Arkansas
Filing Company: North American Specialty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08-03911
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Entertainment Program - Commercial Auto
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 09/03/2008

Comments:

Attachment:

AR-NAIC Transmittal.pdf

Satisfied -Name: Filing Memorandum
Review Status: Approved 09/03/2008

Comments:

Attachment:

Filing Memo - Generic .pdf

Satisfied -Name: Form Indices
Review Status: Approved 09/03/2008

Comments:

Attachment:

Generic Forms Index.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 border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 #
Swiss Reinsurance	181

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
North American Specialty Insurance Company	NH	29874	02-0311919	28

5. Company Tracking Number	08-03911
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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
	Alsa Shih 650 Elm Street Manchester, NH 03101	State Filings Assistant	800-542-9200 ext. 624	603-644-6613	Alsa_Shih@nasins.com
	LeAnne Pope 650 Elm Street Manchester, NH 03101	Team Leader - State Filings	800-542-9200 ext. 693	603-644-6613	LeAnne_Pope@nasins.com

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

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

9. Type of Insurance (TOI)	20.0 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Entertainment Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 10/15/2008 Renewal: 10/15/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	8/29/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 08-03911

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

North American Specialty Insurance Company (NAS) presents the enclosed filing to make available insurance products designed specifically for entertainment relate risks including motion pictures; documentaries; short term productions; rental houses; recording studios; shows; etc. Please refer to our filing memorandum for the details of this product.

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.)

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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 #	08-03911			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	Exempt			
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	See Form Indices	See Form Indices	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	Not applicable - all new forms	
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		

FILING MEMORANDUM

About This Filing

North American Specialty Insurance Company (NAS) presents the enclosed filing to make available insurance products designed specifically for entertainment related risks including motion pictures; documentaries; short term productions; rental houses; recording studios; shows; etc.

Proposed Effective Date

New and renewal policies effective on or after 10/15/2008, or the earliest possible effective date.

Forms

This filing contains additional miscellaneous endorsements we would like to have available for our Entertainment program. NAS' policies will consist of current company filed Declarations Page and Schedules, ISO coverage form and ISO endorsements, including any state mandated endorsement such as cancellation and nonrenewal terms. Please refer to the attached Forms Index for a complete listing of our proposed independent forms.

Rates and Rules Information

Company Manual Pages AB-RR-003 (06/08)

In addition to the ISO rules, we are proposing this filing which contains rates and rules that describe special rating and forms to be used with our Entertainment program. We have attached our premium justification.

North American Specialty Insurance Company
ENTERTAINMENT PROGRAM
COMMERCIAL AUTOMOBILE
Forms Index

Form Title	Form # (ed. date)	Type of Form	Mandatory Conditional Mandatory Optional	Broadens Restricts Clarifies	Rate Impact (Yes or No)	Description of Form
Schedule of Forms	NAS-ABF-SCH (06/08)	Schedule	Mandatory	N/A	No	Index of forms included in line of business
Policy Changes	NAS-AB-PC1 (06/08)	Endorsement	Optional	N/A	Yes/No	This policy change endorsement will be used to make amendments after the policy has been issued, such as add or delete forms, address changes, typographical corrections, change exposures and/or limits, or any other changes that do not require prior approval from the state insurance department.
Policy Changes	NAS-AB-PC2 (06/08)	Endorsement	Optional	N/A	Yes/No	Continuation of NAS-AB-PC1 to be used when there are additional changes that could not fit on PC1.
Covered Production Limitation Endorsement	NAS-AB-001 (06/08)	Endorsement	Optional	Clarifies	No	Restricts eligible productions to those types specified on this endorsement.
Final Audit	NAS-AB-002 (06/08)	Endorsement	Optional	N/A	No	Worksheet to establish final exposures and applicable adjustments at the end of the policy term.
Minimum Premium Endorsement	NAS-AB-003 (06/08)	Endorsement	Optional	N/A	No	Specifies the minimum premium.
Non-Insured Production Entity Conditional Exclusion	NAS-AB-004 (06/08)	Endorsement	Optional	Restricts	No	Restricts coverage so that coverage applies only to named insureds scheduled in the policy.
Schedule of Feature Film Productions	NAS-AB-005 (06/08)	Endorsement	Optional	Clarifies	No	Schedule to list covered feature films
Unscheduled Production, Presentation or Event Exclusion	NAS-AB-006 (06/08)	Endorsement	Optional	Restricts	No	Restricts coverage by not allowing coverage to productions, events, presentations not declared.
Schedule of Events	NAS-AB-007 (06/08)	Endorsement	Optional	Clarifies	No	Schedule to list events covered in the policy.
Schedule of Productions	NAS-AB-008 (06/08)	Endorsement	Optional	Clarifies	No	Schedule to list productions covered in the policy.

North American Specialty Insurance Company
ENTERTAINMENT PROGRAM
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Forms Index

Form Title	Form # (ed. date)	Type of Form	Mandatory Conditional Mandatory Optional	Broadens Restricts Clarifies	Rate Impact (Yes or No)	Description of Form
Schedule of Stunt Activities	NAS-AB-009 (06/08)	Endorsement	Optional	Clarifies	No	Schedule to list stunts covered in the policy.
Specified Production Dates	NAS-AB-010 (06/08)	Endorsement	Optional	Clarifies	No	Allows for a staggered and non-consecutive coverage term.
Additional Insured – Owners or Lessees Scheduled Person or Organization	NAS-AB-900 (06/08)	Endorsement	Optional	Clarifies	No	To add entities as additional insureds
Additional Insured – Owners or Lessees Scheduled Person or Organization Primary Non-Contributory Endorsement	NAS-AB-901 (06/08)	Endorsement	Optional	Clarifies	No	To add entities as additional insureds with primary wording
Waiver of Subrogation	NAS-AB-902 (06/08)	Endorsement	Optional	Broadens	Yes	Adds Waiver of subrogation wording
Rental Receipts Conditional Endorsement	NAS-AB-903 (06/08)	Endorsement	Optional	Restricts	No	Requires rental houses to obtain proof of insurance from their customers.
Lessee Conditional Exclusion	NAS-AB-904 (06/08)	Endorsement	Optional	Rrestricts	No	Requires that renters have their own insurance
Leasing or Rental Concerns - Contingent Coverage	NAS-AB-905 (06/08)	Endorsement	Optional	Broadens	No	Expands on the contingent coverage for rental houses.