

SERFF Tracking Number: PNMC-125831191 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: # \$0
Company Tracking Number: KAY-08-071
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: BOP Form Delay
Project Name/Number: KAY-08-071/KAY-08-071

Filing at a Glance

Company: Pennsylvania National Mutual Casualty Insurance Company

Product Name: BOP Form Delay SERFF Tr Num: PNMC-125831191 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: # \$0

Sub-TOI: 05.0002 Businessowners

Co Tr Num: KAY-08-071

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Denise King, Diane Williard

Disposition Date: 09/26/2008

Date Submitted: 09/25/2008

Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New):

Effective Date (New): 02/01/2009

Effective Date Requested (Renewal):

Effective Date (Renewal): 02/01/2009

State Filing Description:

General Information

Project Name: KAY-08-071

Project Number: KAY-08-071

Reference Organization: ISO

Reference Title: Arkansas Revised Changes Endorsement Approved

Filing Status Changed: 09/26/2008

State Status Changed: 09/26/2008

Corresponding Filing Tracking Number:

Filing Description:

Arkansas Revised Changes Endorsement Approved

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number: BP-2008-OCH1

Advisory Org. Circular: LI-BP-2008-232

Deemer Date:

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Liability
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PURPOSE:

Our Company is postponing for an indefinite period the adoption of the above referenced revision filed by the Insurance Services Office to be applicable to all policies effective on and after February 1, 2009.

Our purpose in delaying the implementation of this revision is to provide us with the opportunity to further assess our position in this matter.

PROPOSAL:

As soon as we have completed our market analysis, we will contact your Department and will make whatever filing is necessary to implement our Company's procedure.

Your prompt and favorable approval is appreciated.

Company and Contact

Filing Contact Information

Diane Williard, Technical Underwriting Associate
2 N. 2nd St.
Harrisburg, PA 17101
dwilliard@pnat.com
(717) 234-4941 [Phone]
(717) 255-6362[FAX]

Filing Company Information

Pennsylvania National Mutual Casualty Insurance Company
2 N. Second St.
PO Box 2361
Harrisburg, PA 17105-2361
CoCode: 14990
Group Code: 271
Group Name: Penn National Insurance
FEIN Number: 23-0961349
State of Domicile: Pennsylvania
Company Type: P&C
State ID Number: 03
(717) 234-4941 ext. [Phone]

Filing Fees

SERFF Tracking Number: PPMC-125831191 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: # \$0
Insurance Company
Company Tracking Number: KAY-08-071
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: BOP Form Delay
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Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pennsylvania National Mutual Casualty Insurance Company	\$0.00	09/25/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Llyweyia Rawlins Informational Purposes		09/26/2008	09/26/2008

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Disposition

Disposition Date: 09/26/2008

Effective Date (New): 02/01/2009

Effective Date (Renewal): 02/01/2009

Status: Accepted For Informational Purposes

Comment: Company is postponing for an indefinite period the adoption of the above referenced revision filed by the Insurance Services Office to be applicable to all policies effective on and after February 1, 2009.

Rate data does NOT apply to filing.

SERFF Tracking Number: PPMC-125831191 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: # \$0
Insurance Company
Company Tracking Number: KAY-08-071
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Product Name: BOP Form Delay
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes

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Liability
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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: Accepted for Informational Purposes 09/26/2008

Comments:

Attachment:
ARtrans092508.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: <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.)

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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		

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.)

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

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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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)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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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

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

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (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	