

## Filing at a Glance

Company: National Casualty Company  
Product Name: Dental Professional Liability Program, A Risk Purchasing Group  
TOI: 11.0 Medical Malpractice - Claims Made/Occurrence  
Sub-TOI: 11.0006 Dentists - General Practice  
Filing Type: Form

SERFF Tr Num: SCTT-125227814 State: Arkansas  
SERFF Status: Closed State Tr Num: AR-PC-07-025388  
Co Tr Num: DT AR03800NCF01 State Status:  
Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
Author: Kristin Abbott Disposition Date: 07-11-2007  
Date Submitted: 07-09-2007 Disposition Status: Approved  
Effective Date Requested (New): On Approval Effective Date (New):  
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

## General Information

Project Name: 3800 Dental Professional Liability Program, RPG  
Project Number: DT AR03800NCF01  
Reference Organization: n/a  
Reference Title: n/a  
Filing Status Changed: 07-11-2007  
State Status Changed: 07-10-2007  
Corresponding Filing Tracking Number:  
Filing Description:  
National Casualty Company is submitting a new form for use with our Dental Professional Liability Program. We request an effective date concurrent with your Departments approval.

Status of Filing in Domicile: Pending  
Domicile Status Comments:  
Reference Number: n/a  
Advisory Org. Circular: n/a  
Deemer Date:

Please find attached DT-89s (6-07) Limited Additional Insured Endorsement (Scheduled Entity Vicarious Liability). This endorsement has been developed to provide limited coverage for scheduled additional insured(s) for vicarious liability arising from Dental Incidents performed by the named insured on behalf of the scheduled additional insured(s).

## Company and Contact

### Filing Contact Information

Kristin Abbott, Filings Analyst I  
PO Box 4110  
Scottsdale, AZ 85261

abbottk@scottsdaleins.com  
(800) 423-7675 [Phone]  
( ) -[FAX]

### Filing Company Information

National Casualty Company  
CoCode: 11991  
State of Domicile: Wisconsin

Created by SERFF on 07-11-2007 01:49 PM

PO Box 4110  
Scottsdale, AZ 85261  
(800) 423-7675 ext. [Phone]

Group Code: 140  
Group Name:  
FEIN Number: 38-0865250  
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Company Type:  
State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Form Filing - \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Casualty Company	\$50.00	07-09-2007	14508553

# Correspondence Summary

## Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	07-11-2007	07-11-2007

## Disposition

Disposition Date: 07-11-2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-11-2007 01:49 PM

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Supporting Document</b>	Arkansas Certificate of Compliance	Approved	Yes
<b>Form</b>	Limited Additional Insured Endorsement (Scheduled Entity Vicarious Liability)	Approved	Yes

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Limited Additional Insured Endorsement (Scheduled Entity Vicarious Liability)	DT-89s	6-07	Endorsement/Amendment/Conditions	New	0.00	DT-89s (6-07).pdf

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIMITED ADDITIONAL INSURED ENDORSEMENT  
(Scheduled Entity Vicarious Liability)**

**SCHEDULE**

Additional Insured(s):

For the purposes of this endorsement only:

A. The following is added to **SECTION C—WHO IS AN INSURED**:

Each of the following is an Additional Insured:

The entity(ies) scheduled above as an Additional Insured, but only as respects the vicarious liability arising from **DENTAL INCIDENTS** caused by the **NAMED INSURED** on behalf of the above-scheduled Additional Insured(s).

However, coverage does not apply to **DENTAL INCIDENTS** which occurred before the Retroactive Date shown in the Declarations or which occur after \_\_\_\_\_.

B. The following Condition is added to **SECTION G—CONDITIONS**:

If a **CLAIM** or **SUIT** arises from a **DENTAL INCIDENT** caused by the **NAMED INSURED** on behalf of the above-scheduled Additional Insured(s), but the **NAMED INSURED** is not held liable or is dismissed from the **CLAIM** or **SUIT**, then no coverage is afforded to the above-scheduled Additional Insured(s). If the above-scheduled Additional Insured(s) chooses to defend itself if it is sued, we have no obligation to defend such **SUIT** or pay **DAMAGES**.

\_\_\_\_\_/\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

**Rate Information**

Rate data does NOT apply to filing.

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	07-11-2007
<b>Comments:</b>			
<b>Attachment:</b>	DT AR3800ncfpctd.pdf		
<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b> Approved	07-11-2007
<b>Comments:</b>			
<b>Attachment:</b>	DT AR3800ncfcvrltr.pdf		
<b>Satisfied -Name:</b>	Arkansas Certificate of Compliance	<b>Review Status:</b> Approved	07-11-2007
<b>Comments:</b>			
<b>Attachment:</b>	DT AR3800ncfcert.pdf		

## Property & Casualty Transmittal Document (Revised 1/1/06)

<b>1.</b>	<b>Reserved for Insurance Dept. Use Only</b>
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<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	

<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>
	Nationwide	140

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	National Casualty Company	WI	11991	38-0865250

<b>5.</b>	<b>Company Tracking Number</b>	DT AR03800NCF01
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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
	Kristin Abbott PO Box 4110 Scottsdale, AZ 85261-4110	Filings Analyst I	800 423-7675 x3140	480-368-5820	abbottk@scottsdaleins.com

7.	Signature of authorized filer	Kristin Abbott
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8.	Please print name of authorized filer	Kristin Abbott
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**Filing information** (see General Instructions for descriptions of these fields)

9.	<b>Type of Insurance (TOI)</b>	17.1019 Other Professional E & O Liability
10.	<b>Sub-Type of Insurance (Sub-TOI)</b>	17.1019 Other Professional E & O Liability
11.	<b>State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
12.	<b>Company Program Title</b> (Marketing title)	Dental Professional Risk Purchasing Group
13.	<b>Filing Type</b>	[ ] Rate/Loss Cost [ ] Rules [ ] Rates/Rules [X] Forms [ ] Combination Rates/Rules/Forms [ ] Withdrawal [ ] Other (give description)
14.	<b>Effective Date(s) Requested</b>	New: Upon Approval Renewal: Upon Approval
15.	<b>Reference Filing?</b>	[ ] Yes [x] No
16.	<b>Reference Organization</b> (if applicable)	n/a
17.	<b>Reference Organization # &amp; Title</b>	n/a
18.	<b>Company's Date of Filing</b>	July 9, 2007
19.	<b>Status of filing in domicile</b>	[ ] Not Filed [X] Pending [ ] Authorized [ ] Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	DT AR03800NCF01
<b>21.</b>	<b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]	

National Casualty Company is submitting a new form for use with our Dental Professional Liability Program.

<b>22.</b>	<b>Filing Fees</b> (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]
<b>Check #: EFT</b> <b>Amount: \$50.00</b>	
<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>	

\*\*\*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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# N A T I O N A L C A S U A L T Y C O M P A N Y

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8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

Reply to:

Post Office Box 4110  
Scottsdale, AZ 85261-4110

Telephone

800 423-7675 x3140

July 9, 2007

The Honorable Julia Benafield Bowman  
Commissioner  
Arkansas Department of Insurance  
1200 W. Third Street  
Little Rock AR 77201-1904

**Re: National Casualty Company**  
**NAIC # 140-11991**  
**FEIN No.: 38-0865250**  
**Dental Professional Liability Program – Claims Made**  
**Dental Professional Purchasing Group (DPPG), A Risk Purchasing Group**  
**Form Filing**  
**Company File Number: DT AR03800NCF01**

Dear Commissioner Bowman:

National Casualty Company is submitting a new form for use with our Dental Professional Liability Program. We request an effective date concurrent with your Department's approval.

Please find attached DT-89s (6-07) Limited Additional Insured Endorsement (Scheduled Entity Vicarious Liability). This endorsement has been developed to provide limited coverage for scheduled additional insured(s) for vicarious liability arising from Dental Incidents performed by the named insured on behalf of the scheduled additional insured(s).

We hope you will be in a position to grant favorable consideration to this filing submission, however, should you need further information, please feel free to contact me on the toll free number or e-mail address listed below.

Sincerely,



Kristin Abbott  
State Filing Analyst I  
abbottk@scottsdaleins.com  
(800) 423-7675 x3140  
Encl.

