Filing Company: National Casualty Company State Tracking Number: AR-PC-07-026261

Company Tracking Number: CR AR03854NCF01

TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft

Product Name: Commercial Crime

Project Name/Number: File Revised Supplmental Declarations /CR AR03854NCF01

Filing at a Glance

Company: National Casualty Company

Product Name: Commercial Crime SERFF Tr Num: SCTT-125307705 State: Arkansas

TOI: 26.0 Burglary & Theft SERFF Status: Closed State Tr Num: AR-PC-07-026261

Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: CR AR03854NCF01 State Status:

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

Llyweyia Rawlins, Brittany Yielding

Author: Staci Baxter Disposition Date: 10/04/2007

Date Submitted: 09/28/2007 Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 10/04/2007

Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

10/04/2007

General Information

Project Name: File Revised Supplmental Declarations Status of Filing in Domicile: Pending

Project Number: CR AR03854NCF01 Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 10/04/2007

State Status Changed: 09/28/2007 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

National Casualty Company is submitting a revised form for use with our Commercial Crime program. We request an effective date concurrent with your Department's approval.

Please find attached revised Commercial Crime Supplemental Declarations CC-SD-1 (9-07) which has been amended to track with ISO's multistate crime forms.

Company and Contact

Filing Contact Information

Filing Company: National Casualty Company State Tracking Number: AR-PC-07-026261

Company Tracking Number: CR AR03854NCF01

TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft

Product Name: Commercial Crime

Project Name/Number: File Revised Supplmental Declarations /CR AR03854NCF01

Staci Baxter, State Filing Analyst baxters2@scottsdaleins.com PO Box 4110 (800) 423-7675 [Phone]

Scottsdale, AZ 85259 () -[FAX]

Filing Company Information

National Casualty Company CoCode: 11991 State of Domicile: Wisconsin

PO Box 4110 Group Code: 140 Company Type: Scottsdale, AZ 85261 Group Name: State ID Number:

(800) 423-7675 ext. [Phone] FEIN Number: 38-0865250

Filing Company: National Casualty Company State Tracking Number: AR-PC-07-026261

Company Tracking Number: CR AR03854NCF01

TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft

Product Name: Commercial Crime

Project Name/Number: File Revised Supplmental Declarations /CR AR03854NCF01

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: 1 NCC Form Flling x \$50.00 = \$50.00

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

National Casualty Company \$50.00 09/28/2007 15861048

Filing Company: National Casualty Company State Tracking Number: AR-PC-07-026261

Company Tracking Number: CR AR03854NCF01

TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft

Product Name: Commercial Crime

Project Name/Number: File Revised Supplmental Declarations /CR AR03854NCF01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/04/2007	10/04/2007

Filing Company: National Casualty Company State Tracking Number: AR-PC-07-026261

Company Tracking Number: CR AR03854NCF01

TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft

Product Name: Commercial Crime

Project Name/Number: File Revised Supplmental Declarations /CR AR03854NCF01

Disposition

Disposition Date: 10/04/2007

Effective Date (New): 10/04/2007

Effective Date (Renewal): 10/04/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Filing Company: National Casualty Company State Tracking Number: AR-PC-07-026261

Company Tracking Number: CR AR03854NCF01

TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft

Product Name: Commercial Crime

Project Name/Number: File Revised Supplmental Declarations /CR AR03854NCF01

Item Type Item Name Item Status Public Access

Yes

Supporting Document Uniform Transmittal Document-Property & Approved

Casualty

Form Commercial Crime Supplemental Approved Yes

Declarations

Filing Company: National Casualty Company State Tracking Number: AR-PC-07-026261

Company Tracking Number: CR AR03854NCF01

TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft

Product Name: Commercial Crime

Project Name/Number: File Revised Supplmental Declarations /CR AR03854NCF01

Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific Readability	Attachment
Status			Date		Data	
Approved	Commercial	CC-SD-1	9-07	Declaration Replaced	Replaced Form #:0.00	CC-SD-1 9-
	Crime			s/Schedule	5-02	07.pdf
	Supplemental				Previous Filing #:	ccsd1compa
	Declarations					re.pdf

National Casualty Company

CRIME AND FIDELITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

Policy Number: E			Effective Date:			
-			(12:01 A.M. Standard Time)			
Named Insured:			Agent Number:			
BU	SINESS DESCRIPTION:					
EN	IPLOYEE BENEFIT PLAN(S) INCLUD	ED AS NAMED INS	URED:			
CC	VERAGE IS WRITTEN: Primar	ry 🛚 Excess	☐ Co-Indemnity ☐ Co	oncurrent		
CC	VERAGE, LIMITS OF INSURANCE, D	EDUCTIBLE AND P	PREMIUM			
Со	verage Form(s)					
Ins	uring Agreements	Limits of Insurance (Per Occurrence)	Deductible Amount (Per Occurrence)	Premium		
1.	Employee Theft	\$	\$	\$		
	Employee Theft—Per Loss	\$	\$	\$		
2.	Forgery or Alteration	\$	\$	\$		
3.	Inside the Premises—Theft of Money and Securities	\$	\$	\$		
4.	Inside the Premises—Robbery or Safe Burglary of other Property	\$	\$	\$		
5.	Outside the Premises	\$	\$	\$		
6.	Computer Fraud	\$	\$	\$		
7.	Funds Transfer Fraud	\$	\$	\$		
8.	Money Order and Counterfeit Money	\$	\$	\$		
		\$	\$	\$		
	verage applies only where a Limit of Ir y specified Insuring Agreement, such In			• • • • • • • • • • • • • • • • • • • •		
FO	RMS AND ENDORSEMENTS (Other t	han applicable Forms	s and Endorsements shown a	above)		
Fo	rm(s) and Endorsement(s) applying to t	his Coverage Part ar	nd made part of this policy wh	nen issued:		
CA	NCELLATION OF PRIOR INSURANC	E ISSUED BY US				
Ву	acceptance of this Coverage Part you	give us notice cancel	ing prior policy or bond numb	per(s),		
the	cancellation to be effective at the time	this Coverage Part b	ecomes effective.			

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENT(S), COMPLETE THE ABOVE-NUMBERED POLICY.

National Casualty Company

COMMERCIAL CRIME AND FIDELITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

Policy Number:		Effective Date:				
Named Insured:			(12:01 A.M. Standard Time)			
ΕN	IPLOYEE BENEFIT PLAN(S) INCLUI	DED AS NAMED INSU	JRED:			
	OVERAGE IS WRITTEN: Prima OVERAGE I IMITO OF INCURANCE	-	-	<u>ncurrent</u>		
	OVERAGE, LIMITS OF INSURANCE,	DEDUCTIBLE AND P	REMIUM			
	verage Form(s)	Limits of Insurance	Deductible Amount	_		
Ins	suring Agreements	Limits of insulance	Deductible Amount	Premium		
meaning / igreements		(Per Occurrence)	(Per Occurrence)			
1.	Employee Theft	\$	\$	\$		
	Employee Theft—Per Loss	\$	\$	\$		
	Employee Theft—Per Employee	\$	\$	\$		
2.	Forgery or Alteration	\$	\$	\$		
3.	Inside the Premises—Theft					
	of Money and Securities	\$	\$	\$		
4.	Inside the Premises—Robbery					
	or Safe Burglary of other Property	\$	\$	\$		
5.	Outside the Premises	\$	\$	\$		
6.	Computer Fraud	\$	\$	\$		
7.	Funds Transfer Fraud	\$	\$	\$		
8.	Money Order and Counterfeit					
Pa	per Currency Money	\$	\$	\$		
		\$	\$	\$		
	verage applies only where a Limit of y specified Insuring Agreement, such l					
FC	PRMS AND ENDORSEMENTS (Other	than applicable Forms	and Endorsements shown al	bove)		
	rm(s) and Endorsement(s) applying to			•		

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENT(S), COMPLETE THE ABOVE-NUMBERED POLICY.

CANCELLATION OF PRIOR INSURANCE ISSUED BY US
By acceptance of this Coverage Part you give us notice canceling prior policy or bond number(s), the cancellation to be effective at the time this Coverage Part becomes effective.
THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY

Filing Company: National Casualty Company State Tracking Number: AR-PC-07-026261

Company Tracking Number: CR AR03854NCF01

TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft

Product Name: Commercial Crime

Project Name/Number: File Revised Supplmental Declarations /CR AR03854NCF01

Rate Information

Rate data does NOT apply to filing.

Filing Company: National Casualty Company State Tracking Number: AR-PC-07-026261

Company Tracking Number: CR AR03854NCF01

TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft

Product Name: Commercial Crime

Project Name/Number: File Revised Supplmental Declarations /CR AR03854NCF01

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 10/04/2007

Property & Casualty

Comments:

Attachment:

CR AR03854 PCTD NCC.pdf

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

_	D IC I D I I	T 0 1	2 Ins	surance Dei	nartment Us	se only		
1.	Reserved for finsulance Dept. Ose Only			Insurance Department Use only Date the filing is received:				
			b. Analyst: c. Disposition:					
			·					
			d. Date of disposition of the filing:					
			e. Effective date of filing: New Business					
				val Business	;			
				te Filing #:				
			g. SE	RFF Filing #	:			
			h. Sub	oject Codes				
3.	Group Name					Group NAIC #		
٥.	Nationwide					140		
4	Company Name(s)			Domicile	NAIC #	FEIN#		
4.								
	National Casualty Company			WI	11991	38-0865250		
•								
			00.4000	54110504				
5.	Company Tracking Number			354NCF01				
V.	. ,		OIT AITOSC	70 11101 01				
	tact Info of Filer(s) or Corporate		nclude toll-free					
	tact Info of Filer(s) or Corporate Name and address	Officer(s) [ii	nclude toll-free Telephone	number]	FAX#	e-mail		
Con	tact Info of Filer(s) or Corporate Name and address Staci Baxter	Officer(s) [in Title State Filing	nclude toll-free Telephone 800 423-76	number]	FAX#	baxters2@scottsdaleins.		
Con	tact Info of Filer(s) or Corporate Name and address Staci Baxter PO Box 4110	Officer(s) [ii	nclude toll-free Telephone	number]	FAX#			
Con	tact Info of Filer(s) or Corporate Name and address Staci Baxter	Officer(s) [in Title State Filing	nclude toll-free Telephone 800 423-76	number]	FAX#	baxters2@scottsdaleins.		
6.	tact Info of Filer(s) or Corporate Name and address Staci Baxter PO Box 4110 Scottsdale, AZ 85261-4110	Officer(s) [in Title State Filing	Telephone 800 423-76 x3046	number] e #s 675		baxters2@scottsdaleins.		
Con	tact Info of Filer(s) or Corporate Name and address Staci Baxter PO Box 4110	Officer(s) [in Title State Filing	Telephone 800 423-76 x3046	number] e #s 675		baxters2@scottsdaleins.		
6.	tact Info of Filer(s) or Corporate Name and address Staci Baxter PO Box 4110 Scottsdale, AZ 85261-4110	e Officer(s) [in Title State Filing Analyst	Telephone 800 423-76 x3046	number] e #s 575		baxters2@scottsdaleins.		
7. 8.	tact Info of Filer(s) or Corporate Name and address Staci Baxter PO Box 4110 Scottsdale, AZ 85261-4110 Signature of authorized filer Please print name of authorize	State Filing Analyst	Telephone 800 423-76 x3046 Staci Baxte	number] e #s 675	ete.	baxters2@scottsdaleins.		
7. 8.	tact Info of Filer(s) or Corporate Name and address Staci Baxter PO Box 4110 Scottsdale, AZ 85261-4110 Signature of authorized filer	State Filing Analyst	Telephone 800 423-76 x3046 Staci Baxte	number] e #s 575 er s of these fi	ete.	baxters2@scottsdaleins.		
7. 8. Filli 9.	tact Info of Filer(s) or Corporate Name and address Staci Baxter PO Box 4110 Scottsdale, AZ 85261-4110 Signature of authorized filer Please print name of authorize ng information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sul	e Officer(s) [in Title State Filing Analyst ed filer Instructions for b-TOI)	Telephone 800 423-76 x3046 Staci Baxte or descriptions	number] e #s 675 er s of these fire and Theft	elds)	baxters2@scottsdaleins.		
7. 8. Filii	tact Info of Filer(s) or Corporate Name and address Staci Baxter PO Box 4110 Scottsdale, AZ 85261-4110 Signature of authorized filer Please print name of authorized in formation (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sul State Specific Product code	e Officer(s) [in Title State Filing Analyst ed filer Instructions for the control of the contro	Staci Baxte 26.0 Burglary	number] e #s 675 er s of these fire and Theft	elds)	baxters2@scottsdaleins.		
7. 8. Filii 9.	tact Info of Filer(s) or Corporate Name and address Staci Baxter PO Box 4110 Scottsdale, AZ 85261-4110 Signature of authorized filer Please print name of authorize ng information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sul	e Officer(s) [in Title State Filing Analyst ed filer Instructions for the company of the compan	Staci Baxte 26.0 Burglary	number] e #s 675 er s of these fire and Theft mercial Bur	elds)	baxters2@scottsdaleins.		
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7. 8. Filii 9. 10. 11.	Name and address Staci Baxter PO Box 4110 Scottsdale, AZ 85261-4110 Signature of authorized filer Please print name of authorized information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sul State Specific Product code applicable)[See State Specific Rec Company Program Title (Mar Filing Type	e Officer(s) [in Title State Filing Analyst ed filer Instructions for the control of the contro	Staci Baxte or descriptions 26.0 Burglary 26.0001 Commercial C Rate/Loss (x] Forms [number] e #s 675 er c of these fir and Theft mercial Burn rime Cost [] [] Combina [[] Other	elds) rglary and T Rules [] F tion Rates/ (give desc	baxters2@scottsdaleins.com Theft Rates/Rules Rules/Forms cription)		
7. 8. Filli 9. 10. 11. 12. 13.	Name and address Staci Baxter PO Box 4110 Scottsdale, AZ 85261-4110 Signature of authorized filer Please print name of authorized In the state of s	e Officer(s) [in Title State Filing Analyst ed filer Instructions for the control of the contro	Staci Baxte or descriptions 26.0 Burglary 26.0001 Com Commercial C 1 Rate/Loss (x] Forms [1 Withdrawa New: Upon Ap	number] e #s 675 er c of these fir and Theft mercial Burn rime Cost [] [] Combina [[] Other	elds) rglary and T Rules [] F tion Rates/ (give desc	baxters2@scottsdaleins.com Theft Rates/Rules Rules/Forms cription)		
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7. 8. Filii 9. 10. 11. 12. 13.	Name and address Staci Baxter PO Box 4110 Scottsdale, AZ 85261-4110 Signature of authorized filer Please print name of authorized ing information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sul State Specific Product code applicable)[See State Specific Rec Company Program Title (Mar Filing Type Effective Date(s) Requested Reference Filing? Reference Organization (if a	e Officer(s) [in Title State Filing Analyst ed filer Instructions for the control of the contro	Staci Baxte or descriptions 26.0 Burglary 26.0001 Com Commercial C 1 Rate/Loss (x] Forms [1 Withdrawa New: Upon Ap	number] e #s 675 675 er 6 of these fir and Theft mercial Burnercial Burnercial Combina I[] Other proval Re No	elds) rglary and Teles [] Fition Rates/ (give descenewal:Upo	baxters2@scottsdaleins.com Theft Rates/Rules Rules/Forms cription)		

PC TD-1 pg 1 of 2

Property & Casualty Transmittal Document—

20.	This filing transmittal is	part of Company Tracking	q #	CR AR03854NCF01
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

National Casualty Company is submitting a revised form for use with our Commercial Crime program. We request an effective date concurrent with your Department's approval.

Please find attached revised Commercial Crime Supplemental Declarations CC-SD-1 (9-07) which has been amended to track with ISO's multistate crime forms.

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

22.

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