

<i>SERFF Tracking Number:</i>	<i>SCTT-125307705</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026261</i>
<i>Company Tracking Number:</i>	<i>CR AR03854NCF01</i>		
<i>TOI:</i>	<i>26.0 Burglary &amp; Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary &amp; Theft</i>
<i>Product Name:</i>	<i>Commercial Crime</i>		
<i>Project Name/Number:</i>	<i>File Revised Supplemental Declarations /CR AR03854NCF01</i>		

## Filing at a Glance

Company: National Casualty Company	SERFF Tr Num: SCTT-125307705	State: Arkansas
Product Name: Commercial Crime	SERFF Status: Closed	State Tr Num: AR-PC-07-026261
TOI: 26.0 Burglary & Theft	Co Tr Num: CR AR03854NCF01	State Status:
Sub-TOI: 26.0001 Commercial Burglary & Theft	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Filing Type: Form	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 Supplemental 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

SERFF Tracking Number: SCTT-125307705 State: Arkansas  
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 Supplemental 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  
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SERFF Tracking Number: SCTT-125307705 State: Arkansas  
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 Supplemental Declarations /CR AR03854NCF01

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 1 NCC Form Filing x \$50.00 = \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Casualty Company	\$50.00	09/28/2007	15861048

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<i>Project Name/Number:</i>	<i>File Revised Supplemental Declarations /CR AR03854NCF01</i>		

## Correspondence Summary

### Dispositions

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

<i>SERFF Tracking Number:</i>	<i>SCTT-125307705</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Commercial Crime</i>		
<i>Project Name/Number:</i>	<i>File Revised Supplemental Declarations /CR AR03854NCF01</i>		

## **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.

SERFF Tracking Number:	SCTT-125307705	State:	Arkansas
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 Supplemental Declarations /CR AR03854NCF01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Commercial Crime Supplemental Declarations	Approved	Yes

SERFF Tracking Number:	SCTT-125307705	State:	Arkansas
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		
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Crime Supplemental Declarations	CC-SD-1	9-07	Declaration Replaced s/Schedule	Replaced Form #:0.005-02 Previous Filing #:		CC-SD-1 9-07.pdf ccsd1compare.pdf

# National Casualty Company

## CRIME AND FIDELITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

(12:01 A.M. Standard Time)

Named Insured: \_\_\_\_\_ Agent Number: \_\_\_\_\_

### BUSINESS DESCRIPTION:

### EMPLOYEE BENEFIT PLAN(S) INCLUDED AS NAMED INSURED:

**COVERAGE IS WRITTEN:**    ☐ Primary    ☐ Excess    ☐ Co-Indemnity    ☐ Concurrent

### COVERAGE, LIMITS OF INSURANCE, DEDUCTIBLE AND PREMIUM

#### Coverage Form(s)

Insuring 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	\$	\$	\$
	\$	\$	\$

Coverage applies only where a Limit of Insurance and Premium is shown. If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

### FORMS AND ENDORSEMENTS (Other than applicable Forms and Endorsements shown above)

Form(s) and Endorsement(s) applying to this Coverage Part and made part of this policy when issued:

### 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.



# National Casualty Company

## COMMERCIAL CRIME AND FIDELITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

(12:01 A.M. Standard Time)

Named Insured: \_\_\_\_\_ Agent Number: \_\_\_\_\_

### BUSINESS DESCRIPTION:

### EMPLOYEE BENEFIT PLAN(S) INCLUDED AS NAMED INSURED:

**COVERAGE IS WRITTEN:** ☐ Primary ☐ Excess ☐ Co-Indemnity ☐ Concurrent

### COVERAGE, LIMITS OF INSURANCE, DEDUCTIBLE AND PREMIUM

#### Coverage Form(s)

Insuring Agreements		Limits of Insurance	Deductible Amount	Premium
		(Per Occurrence)	(Per Occurrence)	
1.	Employee Theft	\$	\$	\$
	Employee Theft—Per Loss	\$	\$	\$
	<del>Employee Theft—Per Employee</del>	<del>\$</del>	<del>\$</del>	<del>\$</del>
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			
	<del>Paper Currency Money</del>	<del>\$</del>	<del>\$</del>	<del>\$</del>
		\$	\$	\$

Coverage applies only where a Limit of Insurance and Premium is shown. If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

### FORMS AND ENDORSEMENTS (Other than applicable Forms and Endorsements shown above)

Form(s) and Endorsement(s) applying to this Coverage Part and made part of this policy when issued:

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.

<b>CANCELLATION OF PRIOR INSURANCE ISSUED BY US</b>
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~~

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.

<i>SERFF Tracking Number:</i>	<i>SCTT-125307705</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>CR AR03854NCF01</i>		
<i>TOI:</i>	<i>26.0 Burglary &amp; Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary &amp; Theft</i>
<i>Product Name:</i>	<i>Commercial Crime</i>		
<i>Project Name/Number:</i>	<i>File Revised Supplemental Declarations /CR AR03854NCF01</i>		

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SCTT-125307705</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026261</i>
<i>Company Tracking Number:</i>	<i>CR AR03854NCF01</i>		
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<i>Product Name:</i>	<i>Commercial Crime</i>		
<i>Project Name/Number:</i>	<i>File Revised Supplemental Declarations /CR AR03854NCF01</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	10/04/2007
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### Comments:

### Attachment:

CR AR03854 PCTD NCC.pdf

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

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td>New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	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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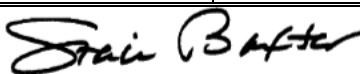
<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>
	Nationwide	140

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

<b>5. Company Tracking Number</b>	CR AR03854NCF01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Staci Baxter PO Box 4110 Scottsdale, AZ 85261-4110	State Filing Analyst	800 423-7675 x3046		baxters2@scottsdaleins.com

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Staci Baxter

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	26.0 Burglary and Theft
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	26.0001 Commercial Burglary and Theft
<b>11.</b>	<b>State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing title)</b>	Commercial Crime
<b>13.</b>	<b>Filing Type</b>	<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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: Upon Approval   Renewal: Upon Approval
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	September 28, 2007
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>21.</b>	<b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
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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.

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

PC TD-1 pg 2 of 2