

Filing at a Glance

Company: NOVA Casualty Company
Product Name: CA Rental Forms
TOI: 20.0 Commerical Auto
Sub-TOI: 20.0001 Business Auto
Filing Type: Form

SERFF Tr Num: NVAC-125222905 State: Arkansas
SERFF Status: Closed State Tr Num: AR-PC-07-025319
Co Tr Num: CARI001FO State Status:
Co Status: Initial Co. Filing Reviewer(s): Betty Montesi,
Llyweyia Rawlins
Disposition Date: 07-10-2007
Authors: Cheryl Coppola, Brenda Eldridge
Disposition Status: Approved
Date Submitted: 07-02-2007 Effective Date (New): 08-02-2007
Effective Date (Renewal): 08-02-2007

Effective Date Requested (New): 08-02-2007
Effective Date Requested (Renewal): 08-02-2007

General Information

Project Name: CA Rental Forms
Project Number:
Reference Organization:
Reference Title:
Filing Status Changed: 07-10-2007
State Status Changed: 07-02-2007
Corresponding Filing Tracking Number:
Filing Description:
To introduce proprietary forms

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

Company and Contact

Filing Contact Information

Brenda Eldridge, Sr. Compliance Analyst
726 Exchange Street
Buffalo, NY 14210

brenda.eldridge@novacasualty.com
(716) 857-2074 [Phone]
(716) 856-4351[FAX]

Filing Company Information

NOVA Casualty Company
726 Exchange Street
Suite 1020
Buffalo, NY 14210-1484
(716) 856-3722 ext. [Phone]

CoCode: 42552 State of Domicile: New York
Group Code: -99 Company Type: P & C
Group Name: State ID Number:
FEIN Number: 16-1140177

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 form filing = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
NOVA Casualty Company	\$50.00	07-02-2007	14424753

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-10-2007	07-10-2007

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Llyweyia Rawlins	07-09-2007	07-09-2007

Response Letters

Responded By	Created On	Date Submitted
Brenda Eldridge	07-10-2007	07-10-2007

Disposition

Disposition Date: 07-10-2007

Effective Date (New): 08-02-2007

Effective Date (Renewal): 08-02-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Vehicle Rental Exclusion	Approved	Yes
Form	Leasing Rental Concern	Approved	Yes
Form (<i>revised</i>)	Named Driver Exclusion	Approved	Yes
Form	Named Driver Exclusion	Approved	Yes
Form	Named Driver Exclusion	Approved	Yes

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07-09-2007
Submitted Date 07-09-2007

Dear Brenda Eldridge,

After reviewing your form filing, the following will need to be implemented.

Form: Named Driver Exclusion - ACA0006

Bulletin 17-83

Exclusionary endorsements

Insurers are notified that no driver or operator exclusion is acceptable for use on an automobile policy unless the exclusionary endorsement includes a provision for the signature of the named insured(s), accepting and acknowledging the restricted coverage.

Any existing form that does not provide for this signature should be revised accordingly and submitted to this Department for approval.

Please feel free to contact me if you have questions.

Llyweyia Rawlins

Certified Rate and Form Analyst

Property and Casualty Division

501-371-2809 Fax 501-371-2748

Email: Llyweyia.rawlins@arkansas.gov

Sincerely,

Llyweyia Rawlins

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07-10-2007
Submitted Date 07-10-2007

Dear Llyweyia Rawlins,

Comments:

Response 1

Comments: Please note that the form number has been revised to ACA00100707.

If you should have any questions, please let me know.

Sincerely,

Brenda Eldridge

No Supporting Documents have changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score
Named Driver Exclusion	ACA0006	0607	Endorsement/Amendment/Conditions	Withdrawn		0
Named Driver Exclusion	ACA0010	0607	Endorsement/Amendment/Conditions	New		0

No Rate/Rule Schedule Item Changes

Sincerely,

Brenda Eldridge, Cheryl Coppola

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Vehicle Rental Exclusion	ACA0004	0507	Endorsement/Amendment/Conditions New		0.00	ACA00040507 Franchise Vehicle Rental Exclusion.pdf
Approved	Leasing Rental Concern	ACA0005	0507	Endorsement/Amendment/Conditions New		0.00	ACA00050507 Leasing Rental Concerns.pdf
Approved	Named Driver Exclusion	ACA0006	0607	Endorsement/Amendment/Conditions Withdrawn		0.00	ACA00060607 Named Driver Exclusion.pdf
Approved	Named Driver Exclusion	ACA0006	0607	Endorsement/Amendment/Conditions New		0.00	ACA00060607 Named Driver Exclusion.pdf
Approved	Named Driver Exclusion	ACA0010	0607	Endorsement/Amendment/Conditions New		0.00	ACA001007 AK Named Driver Exclusion.pdf

VEHICLE RENTAL EXCLUSION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

SCHEDULE

Scheduled Organizations:

The following exclusion is added to **SECTION II - LIABILITY COVERAGE**:

This insurance does not apply to "bodily injury", "property damage" or "covered pollution cost or expense" arising out of the use of any covered "auto" registered to or owned by any of the organizations shown in the above Schedule while such "auto" is rented to others under one of such organization's direct rental contracts, nor to any liability arising out of any error or omission in the execution or in assisting in the execution of any such rental contract.

LEASING OR RENTAL CONCERNS LIMITED COVERAGE FOR LESSEES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

This endorsement changes the "Who is an Insured" provision of the Business Auto Coverage Form.

None of the following is an "insured":

1. The lessee; and
2. Any person operating a "leased auto" with the permission of the lessee.

However, if the lessee:

- a. has no other available insurance (whether primary, excess or contingent), the lessee or any person operating a "leased auto" with the permission of the lessee, as long as that person is otherwise an "insured" under this policy, is an "insured" but only up to the applicable "financial responsibility limits."
- b. has other available insurance (whether primary, excess or contingent) with limits of liability less than the financial responsibility limits, the lessee or any person operating a "leased auto" with the permission of the lessee, as long as that person is otherwise an "insured" under this policy, is an "insured" but only for the amount by which the "financial responsibility limits" exceed the limits of any other available insurance providing liability coverage for the lessee.

"Leased auto" means an "auto" you lease or rent to a lessee, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a lease or rental agreement.

"Financial responsibility limits" means the minimum limits of liability insurance that are required to be provided on a policy of automobile insurance by the applicable compulsory or financial responsibility liability law in the state in which the "auto" is registered and garaged.

THIS ENDORSEMENT CHANGES THE POLICY PLEASE READ IT CAREFULLY.

NAMED DRIVER EXCLUSION

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception of the policy unless another date is shown below.

Endorsement Effective	
Named Insured	Countersigned By

(Authorized Representative)

We will not be liable for any "accidents" or "losses" while a covered "auto" is driven or operated by the individual named in the schedule of this endorsement.

SCHEDULE

Name of Individual(s):

THIS ENDORSEMENT CHANGES THE POLICY PLEASE READ IT CAREFULLY.

ARKANSAS NAMED DRIVER EXCLUSION

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception of the policy unless another date is shown below.

Endorsement Effective	
Named Insured	Countersigned By

(Authorized Representative)

We will not be liable for any "accidents" or "losses" while a covered "auto" is driven or operated by the individual named in the schedule of this endorsement.

SCHEDULE

Name of Individual(s):

Signature of Named Insured or Company Representative

Date _____

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-10-2007
Comments:			
Attachment:			
COMPLETED CA NAIC P&C Transmittal.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

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Named Driver Exclusion	07-02-2007	ACA00060607 Named Driver Exclusion.pdf

THIS ENDORSEMENT CHANGES THE POLICY PLEASE READ IT CAREFULLY.

NAMED DRIVER EXCLUSION

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception of the policy unless another date is shown below.

Endorsement Effective	
Named Insured	Countersigned By

(Authorized Representative)

We will not be liable for any "accidents" or "losses" while a covered "auto" is driven or operated by the individual named in the schedule of this endorsement.

SCHEDULE

Name of Individual(s):