

Filing at a Glance

Company: NOVA Casualty Company

Product Name: GL Cont, Hosp Proprietary Forms SERFF Tr Num: NVAC-125222952 State: Arkansas

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: AR-PC-07-025317
Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: GLAR001FO State Status:
Filing Type: Form Co Status: Initial Co. Filing Reviewer(s): Betty Montesi, Edith Roberts

Authors: Cheryl Coppola, Brenda Eldridge Disposition Date: 07-06-2007

Date Submitted: 07-02-2007 Disposition Status: Approved

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

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

General Information

Project Name: GL Cont, Hosp Proprietary Forms

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 07-06-2007

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

Group Code: -99

Group Name:

FEIN Number: 16-1140177

State of Domicile: New York

Company Type: P & C

State ID Number:

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	14424806

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	07-06-2007	07-06-2007

Disposition

Disposition Date: 07-06-2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-06-2007 11:11 AM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Hospitality - Additional Insured - Grantor of Franchise	Approved	Yes
Form	Course of Roofing Exclusion	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Hospitality - Additional Insured - Grantor of Franchise	AGL0018	0507	Endorsement/Amendment/Conditions New		0.00	AGL00180507 Hospitality Additional Insured Grantor of Franchise.pdf
Approved	Course of Roofing Exclusion	AGL0024	0607	Endorsement/Amendment/Conditions New		0.00	AGL00240607 Course of Roofing Exclusion.pdf

HOSPITALITY ADDITIONAL INSURED - GRANTOR OF FRANCHISE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMON POLICY CONDITIONS

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. WHO IS AN INSURED (Section II) of the COMMERCIAL GENERAL LIABILITY COVERAGE FORM is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as grantor of a franchise to you.
- B. Section A. 2. Cancellation of the **COMMON POLICY CONDITIONS**, is replaced with the following:
 - 2. We may cancel this policy by mailing or delivering to the person or organization shown in the Schedule above written notice of cancellation at least:
 - a. 10 days prior to the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days prior to the effective date of cancellation if we cancel for any other reason.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – COURSE OF ROOFING OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This insurance does not apply to, and the Company shall have no duty to defend:

1. "property damage" to any building or structure or to any property within such building or structure resulting from, caused by, or arising out of water (water includes rain, hail, sleet, or snow) or
2. consequential damages, including loss of use, resulting from such "property damage" described above or
3. "bodily injury" arising out of any roofing or roofing related work performed by the named insured.

All other terms and conditions of this policy remain unchanged.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-06-2007
Comments:			
Attachment:	COMPLETED GL 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: _____ Renewal: _____
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		

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