

**State:** Nevada **Filing Company:** Next Insurance US Company  
**TOI/Sub-TOI:** 05.0 CMP Liability and Non-Liability/05.0000 CMP Sub-TOI Combinations  
**Product Name:** NEXT Business Owner's Policy - PE  
**Project Name/Number:** PE PKG 1.0/PE-PKG-1.0-25

## Table of Contents

### User Usage Agreement

#### Attachments

Usage Agreement [Usage Agreement.pdf](#)

### Form Attachments

(ex. Form Name Form Number Attachment Name)

Business Owner's Policy - Policy Jacket	NXT-0003 IL	<a href="#">NXT-0003 IL 0124 -- Business Owner's Policy - Policy Jacket.pdf</a>
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Declarations: Business Owner's Policy	NXT-BP-0003.1	<a href="#">NXT-BP-0003.1-0124 -- Declarations - Business Owner's Policy - dynamic no logo.pdf</a>
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### Supporting Document

(ex. Supporting Document Name Attachment Name)

#### Attachments

Filing Memorandum [NXUS - PKG F Filing Memo - Elm.pdf](#)

Filing Authorization Letter [Project Elm - BPP NEXT Insurance FAL - F.pdf](#)

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## Filing at a Glance

Company: Next Insurance US Company  
Product Name: NEXT Business Owner's Policy - PE  
State: Nevada  
TOI: 05.0 CMP Liability and Non-Liability  
Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
Filing Type: Form  
Date Submitted: 07/17/2025  
SERFF Tr Num: NXUS-134607634  
SERFF Status: Submitted to State  
State Tr Num:  
State Status:  
Co Tr Num: NXUS-PKG-NV-PE-1.0-2501F  
Effective Date: On Approval  
Requested (New):  
Effective Date  
Requested (Renewal):  
Author(s): Zhenni Zhang, Shary Boutros, Stephanie Wong, Yasemin Azizalili, Lena Tran, Sonja Rodebaugh, Brenda Eldridge, Ashley Brewer, Nicole Wample, Karissa Ismael, Bridgett Pilkington, Gianna Espinosa  
Reviewer(s):  
Disposition Date:  
Disposition Status:  
Effective Date (New):  
Effective Date (Renewal):

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## General Information

Project Name: PE PKG 1.0	Status of Filing in Domicile:
Project Number: PE-PKG-1.0-25	Domicile Status Comments:
Reference Organization: Insurance Services Offices, Inc	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 07/17/2025	
State Status Changed:	Deemer Date:
Created By: Bridgett Pilkington	Submitted By: Bridgett Pilkington
Corresponding Filing Tracking Number:	
State TOI: 05.0 CMP Liability and Non-Liability	State Sub-TOI: 05.0000 CMP Sub-TOI Combinations

### Filing Description:

Attached for your review is a Filing Authorization Letter from Next Insurance US Company (hereinafter referred to as The Company) authorizing Martin & Company to submit this filing on their behalf. Please direct all correspondence regarding this filing to Martin & Company.

In accordance with the regulatory provisions of your state, the Company is introducing its NEXT Business Owner's Policy package Common Policy Declarations and Policy Jacket.

Be advised the forms are system-generated and may be formatted differently due to system constraints. The content, however, will remain the same.

Also, please be advised that variable fields are shown in brackets. The bracketed fields will be populated with the respective information, which is administrative in nature. The variable information may be subject to change and does not have an impact on the overall coverage provided by the policy.

Should you have any questions or require additional information, please do not hesitate to contact us.

## Company and Contact

### Filing Contact Information

Bridgett Pilkington, Senior State Filing & Compliance Analyst [bpilkington@martincompanyus.com](mailto:bpilkington@martincompanyus.com)  
 P.O. Box 70 610-325-4455 [Phone]  
 Edgemont, PA 19028

### Filing Company Information

Next Insurance US Company	CoCode: 16285	State of Domicile: Delaware
251 Little Falls Drive	Group Code: 361	Company Type: Property
Wilmington, DE 19808	Group Name: Munich Re Group	Casualty
(302) 310-1683 ext. [Phone]	FEIN Number: 82-2948682	State ID Number:

**State:** Nevada **Filing Company:** Next Insurance US Company  
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## Filing Fees

### State Fees

**Fee Required?** Yes  
**Fee Amount:** \$20.00  
**Retaliatory?** No  
**Fee Explanation:** Policies – \$25 per form  
 Endorsements, policy jackets, applications, dec pages, notices – \$10 per form  
 2 FORMS X 10 = 20.  
**Per Company:** Yes

Company	Amount	Date Processed	Transaction #
Next Insurance US Company	\$20.00	07/17/2025 04:42 PM	321066165
<b>EFT Total</b>	<b>\$20.00</b>		

State: Nevada

Filing Company:

Next Insurance US Company

TOI/Sub-TOI: 05.0 CMP Liability and Non-Liability/05.0000 CMP Sub-TOI Combinations

Product Name: NEXT Business Owner's Policy - PE

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### Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Business Owner's Policy - Policy Jacket	NXT-0003 IL	0124	OTH	New			NXT-0003 IL 0124 -- Business Owner's Policy - Policy Jacket.pdf
2		Declarations: Business Owner's Policy	NXT-BP-0003.1	0124	DEC	New			NXT-BP-0003.1-0124 -- Declarations - Business Owner's Policy - dynamic no logo.pdf

#### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

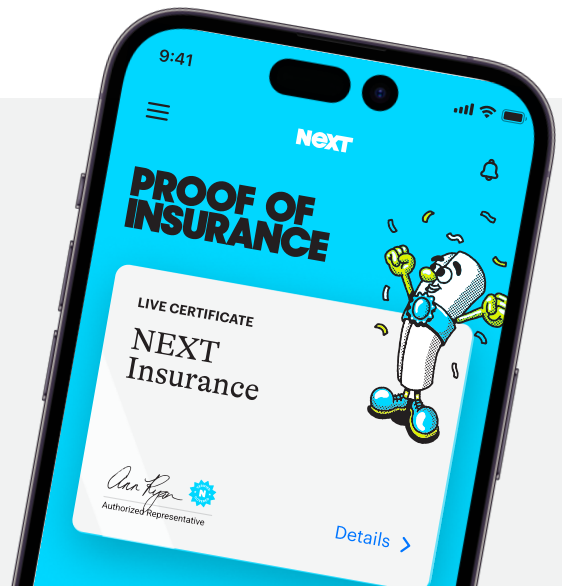
**next**

# BUSINESS OWNER'S POLICY

POLICY DOCUMENTS

## DOWNLOAD THE NEXT APP

Manage your policies, send or create certificates of insurance or file a claim with the NEXT app.



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TO SMALL BUSINESS**

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# Declarations: BUSINESS OWNER'S POLICY



<b>Insurer:</b> [Insurer Name] [Insurer Address] [Insurer Phone] [State Exception Language]	<b>Agency / Broker:</b> [Agency Name] [Agency Address] [Agency Contact]
<b>Administered By:</b> [Administrator Name] [Administrator Address] [Administrator Contact]	<b>Producer Code:</b> [NPN]
<b>Policy Number:</b> [Policy Number]	<b>Previous Policy Number:</b> [Previous Policy Number if Renewal]
<b>Policy Period:</b> From: [Effective Date] To: [Expiration Date]	
[##:## AM / PM] standard time at the Named Insured's mailing address shown below. The time at which coverage commences shall not be prior to the time at which the policy of insurance is applied for.	
<b>Type of Business:</b> [Primary Class of Business]	
<b>Named Insured and Mailing Address:</b> [Name of Insured] [Insured Mailing Address] [City, State ZIP]	<b>Organization Type:</b> [Business Ownership Structure]
	<b>Audit Period:</b> [Audit Period]

IN RETURN FOR THE PAYMENT OF PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.	
Coverage Parts:	Premium:
[Coverage Part Name 1]	[\$[Coverage Part 1 Premium]]
[Coverage Part Name 2]	[\$[Coverage Part 2 Premium]]
[Coverage Part Name 3]	[\$[Coverage Part 3 Premium]]
[Coverage Part Name 4]	[\$[Coverage Part 4 Premium]]
[Coverage Part Name 5]	[\$[Coverage Part 5 Premium]]
[Coverage Part Name 6]	[\$[Coverage Part 6 Premium]]
Etc.	Etc.
<b>Applicable State Taxes &amp; Fees</b> [Surcharge Name] - this field only appears if a surcharge applies	<b>Surcharge Amount</b> \$[Surcharge Amount]
<b>Amount Payable at Inception:</b> \$[Premium + Surcharge Due at Inception]	<b>Total:</b> \$[Total]

These Common Policy Declarations and the Coverage Part Declaration(s), together with the Common Policy Forms, the Coverage Part form(s), Policy Conditions and endorsement(s), complete the above numbered policy.

# Declarations: BUSINESS OWNER'S POLICY



## Understanding Your Policy (Glossary of Terms\*)

Term	Explanation

\*The above table provides a collection of terms and explanations designed to assist you in better understanding your Business Owner's Policy and how to interpret and navigate the insurance coverage it offers.

Please note that these terms and explanations do not apply specifically to any Coverage Part or Policy you have purchased and should not be interpreted as such.

Please refer to the applicable provisions and policy language in your Coverage Parts or policies for complete details of the defined terms – including but not limited to – the applicable Definitions section of such Coverage Part or Policy.

# Declarations: BUSINESS OWNER'S POLICY



## Summary: Schedule of Locations and Location-Based Coverages

In this policy, certain insurance coverages and limits are specifically allocated to your business locations or premises. If you have multiple locations or buildings, we provide a separate breakdown of these coverages and limits for each individual location.

Premise Number	Building Number	Premises Address	Mortgage / Lienholder(s)	Limits Summary

# Declarations: BUSINESS OWNER'S POLICY



## Summary: Commercial Property Coverage Part

The following coverages are applicable to the location(s) for which you have purchased Commercial Property coverage. The limits displayed in the right-hand column(s) represent the maximum amount that will be paid out under this policy. To fully understand your rights, responsibilities, and the scope of coverage provided, we recommend reading the entire Coverage Part, as it outlines your obligations and specifies what is included and excluded under the listed coverages.

Commercial Property Coverages			
Premise Number	Building Number	Coverage Name	Limit of Insurance

Commercial Property Deductibles	
Deductible Name	Deductible

Business Income / Business Interruption Coverages			
Premise Number	Coverage Name	Limit of Insurance	Deductible

Additional Coverages			
Premise Number	Coverage Name	Limit of Insurance	Deductible

Additional Coverage Information - Sublimits			
Sublimit Name	Coverage Name	Limit of Insurance	Deductible

Commercial Property Coverage Premium*:	
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\* Price may be subject to fees and surcharges. For more details, refer to the Other Charges schedule.

# Declarations: BUSINESS OWNER'S POLICY



Commercial Property Forms	
Form Number and Edition Date	Form Name

# Declarations: BUSINESS OWNER'S POLICY



## Summary: Additional Property Coverage Part(s)

Your Business Owner's Policy also includes the following additional property Coverage Parts or policies. For specific information, please refer to the relevant Coverage Part's Declaration form. To fully understand your rights, responsibilities, and the scope of coverage provided, we recommend reading the entire Coverage Part, as it outlines your obligations and specifies what is included and excluded under the listed coverages. The coverages listed below with associated limit values are included in your policy at time of issue.

Additional Property Coverage Part(s)		
Coverage Name	Limit of Insurance	

# Declarations: BUSINESS OWNER'S POLICY



## Summary: Commercial General Liability Coverage Part

The Commercial General Liability coverages listed below are included in your policy at time of issue. The limits displayed in the right-hand column(s) represent the maximum amount that will be paid out under this policy. To fully understand your rights, responsibilities, and the scope of coverage provided, we recommend reading the entire Coverage Part, as it outlines your obligations and specifies what is included and excluded under the listed coverages.

Commercial General Liability Coverages	
Coverage Name	Limit of Insurance

Additional Coverages	
Coverage Name	Limit of Insurance

Commercial General Liability Coverage Premium*:	
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\* Price may be subject to fees and surcharges. For more details, refer to the Other Charges schedule.

# Declarations: BUSINESS OWNER'S POLICY



Commercial General Liability Forms	
Form Number and Edition Date	Form Name

# Declarations: BUSINESS OWNER'S POLICY



## Summary: Additional Liability Coverage Part(s)

Your Business Owner's Policy also includes the following additional liability Coverage Parts or policies. For specific information, please refer to the relevant Coverage Part's Declaration form. To fully understand your rights, responsibilities, and the scope of coverage provided, we recommend reading the entire Coverage Part, as it outlines your obligations and specifies what is included and excluded under the listed coverages. The coverages listed below with associated limit values are included in your policy at time of issue.

Additional Liability Coverage Part(s)	
Coverage Name	Limit of Insurance

**Declarations:**  
**BUSINESS OWNER'S POLICY**



**Schedule of Common Policy Forms**

Your policy includes the Common Policy Forms listed below at time of issue. These forms apply to multiple or all Coverage Parts within your Business Owner's Policy.

Common Policy Form Schedule	
Form Number and Edition Date	Form Name

**Declarations:**  
**BUSINESS OWNER'S POLICY**



**Summary: Other Charges**

The price of your policy may include additional taxes, fees, surcharges, or other costs as required by federal or state laws and regulations. We've listed those charges in the table below:

Other Charges Schedule	
Description	Cost / Charge

SERFF Tracking #:

NXUS-134607634

State Tracking #:

Company Tracking #:

NXUS-PKG-NV-PE-1.0-2501F

State: Nevada

Filing Company:

Next Insurance US Company

TOI/Sub-TOI: 05.0 CMP Liability and Non-Liability/05.0000 CMP Sub-TOI Combinations

Product Name: NEXT Business Owner's Policy - PE

Project Name/Number: PE PKG 1.0/PE-PKG-1.0-25

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Filing Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	NXUS - PKG F Filing Memo - Elm.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Filing Authorization Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	Project Elm - BPP NEXT Insurance FAL - F.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	



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NEXT INSURANCE US COMPANY  
NEXT BUSINESS OWNER'S POLICY PACKAGE FILING  
EXPLANATORY MEMORANDUM

NEXT INSURANCE US COMPANY is pleased to introduce its NEXT Business Owner's Policy package Common Policy Declarations. This program is based on the Business Owner's Policy Package Program filed by State National Insurance in your jurisdiction.

This memo aims to explain the intent behind the filing and the benefits it brings to the Company and its clients.

1. **Background:** As part of our ongoing commitment to enhancing our product offerings, we are excited to introduce the NEXT Business Owner's Policy. This filing allows us to consolidate multiple lines of business that have previously been approved into a single policy package structure – allowing us to offer a simplified and comprehensive insurance solution for our customers.
2. **Intent of the Filing:** The primary intent of this filing is to introduce the NEXT Business Owner's Policy package structure, which offers a convenient and efficient way for our customers to obtain and manage coverage across various lines of business. By consolidating approved lines of business and delivering a single policy, we aim to streamline the insurance process and provide a more seamless experience for our policyholders. We are introducing a new Common Policy Declarations to be used when the policy is written under the package concept.
3. **Existing Forms:** All other forms to be used in the NEXT Business Owner's Policy have already been filed and approved under each applicable individual line of business. This new policy construction does not change the already existing and approved lines of business that can now constitute the NEXT Business Owner's Policy.
4. **Future Changes and Compliance:** This filing also applies to any future changes to the previously approved monoline product filings. We remain committed to maintaining compliance with all applicable laws and regulations.

Be advised that the forms introduced in this filing are system-generated and may be formatted differently due to system constraints. However, the content and usage of the forms remain the same.

The Company reserves the right to reformat the forms included in this filing as needed for printing and system adjustments. The Company also reserves the right to use the forms included in this filing in a variety of media, such as the internet, with the understanding that there might be slight accommodations made for viewing or using the forms in such media.

The Company agrees that it will satisfy applicable legal requirements for font size and any other relevant formatting requirements if it makes any adjustments to the format of the forms included in this filing.



July 1, 2025

RE: Filing Authorization Letter  
Next Insurance US Company  
NAIC #: 16285 / FEIN: 82-2948682  
Business Package Policy  
Form Filing

To Whom It May Concern:

Please accept this filing authorization letter as certification that we hereby authorize Martin & Company to submit Form filings on behalf of Next Insurance US Company. With respect to these filings, this authorization includes responding to interrogatories and supplying additional information on our behalf as required. This authorization extends to all correspondence related to the referenced filing only. It does not apply to any subsequent filings made after the approval of the referenced Filing.

All correspondence and inquiries related to filings under this authorization should be directed to the following:

ATTN: Bridgett Pilkington- Martin & Company  
4024 West Chester Pike  
Newtown Square, PA 19073  
Phone: 610-325-4455  
Email: [bpilkington@martincompanyus.com](mailto:bpilkington@martincompanyus.com)

Should you have any questions or require additional information regarding this authorization, please feel free to contact Gianna Espinosa at (512) 655-3906 or by email [gianna.e@next-insurance.com](mailto:gianna.e@next-insurance.com).

Sincerely,

A handwritten signature in black ink that reads "Phil Natoli".

Phil Natoli  
Vice President, Actuary