

SERFF Tracking Number: CNNA-125310543 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: AR-PC-07-026289
Company Tracking Number: CBOP-07-6023-AR
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1002 Businessowners
Portion Only
Product Name: CBOP-07-6023-AR
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CBOP-07-6023-AR

SERFF Tr Num: CNNA-125310543 State: Arkansas

TOI: 05.1 Commercial Multi-Peril - Non-Liability
Portion Only

SERFF Status: Closed

State Tr Num: AR-PC-07-026289

Sub-TOI: 05.1002 Businessowners

Co Tr Num: CBOP-07-6023-AR

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Sharon Grubbs

Disposition Date: 10/04/2007

Date Submitted: 10/02/2007

Disposition Status: Approved

Effective Date Requested (New): 05/01/2008

Effective Date (New): 05/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/04/2007

State Status Changed: 10/03/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file form(s) per the attached memorandum.

Final copies are attached for your review.

The corresponding rule(s) filing is being submitted under separate transmittal #
CBOP-07-6024-AR .

Filing fees will be sent through the Electronic Filing Fee System as a (EFT) filing.

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Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by February 1, 2008, for the software to be mailed to our agents on March 1, 2008, for the effective date of May 1, 2008.

Your approval is respectfully requested for use on policies effective on or after May 1, 2008.

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst sharon_grubbs@cinfin.com
 6200 S. Gilmore Road (513) 870-2091 [Phone]
 Fairfield, OH 45014 ()-[FAX]

Filing Company Information

The Cincinnati Insurance Company CoCode: 10677 State of Domicile: Ohio
 6200 S. Gilmore Road Group Code: 244 Company Type:
 Fairfield, OH 45014 Group Name: State ID Number:
 (513) 870-2000 ext. [Phone] FEIN Number: 31-0542366

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	10/02/2007	15905993

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Correspondence Summary

Dispositions

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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	PROPERTY AND CASUALTY TRANSMITTAL	Approved	Yes
Supporting Document	FORM FILING SCHEDULE	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	BUSINESSOWNERS PACKAGE POLICY APPLICATION	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	BUSINESSOWNERS PACKAGE POLICY APPLICATION	IB 002	07 07	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 IB-002 (2/07) Previous Filing #: CBOP-07-6004-AR		IB002 07-07.pdf

BUSINESSOWNERS PACKAGE POLICY APPLICATION

THE CINCINNATI INSURANCE COMPANY

CINCINNATI, OHIO

ISSUE AGENCY: _____ / Code No.: _____
 BINDER
 RENEWAL OF: _____ DATE: _____

Acct. No. _____ For Home Office Use Only

I. A. NAME OF APPLICANT AND MAILING ADDRESS: _____ _____ _____	B. POLICY PERIOD: From: _____ To: _____ 12:01 A.M. STANDARD TIME AT LOCATION OF PREMISES C. PAYMENT: <input type="checkbox"/> Annual <input type="checkbox"/> Semi <input type="checkbox"/> Quarterly <input type="checkbox"/> Prepaid D. APPLICANT IS: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____
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E. LOCATION OF PREMISES: If more than one building and / or location, complete a separate Additional Location BOP Application (IB-002-A) for each building and/or location.

Street	City	County	State	Zip Code
City Limits: <input type="checkbox"/> Inside	<input type="checkbox"/> Outside			

II. APPLICANT BUSINESS SECTION

A. Describe Business of Applicant: _____
 If Apartment / Residential Condominium, also complete Supplemental Application **IB-003**.
 If Limited Cooking Restaurant, also complete Supplemental Application **IB-004**.

B. Length of Time in Business: _____

C. Annual Gross Sales / Receipts / Rents Per Loc.: \$ _____ % Retail _____ % Wholesale
 _____ % Gross Sales derived from Off-Premises Operations _____ % Gross Sales derived from Gasoline Sales

D. Safe on Premises? Yes No If "Yes," please describe: _____

E. Amount of Money / Securities Left on Premises Overnight: _____

F. Burglar Alarm: None Local Central Station Police Station

G. Type: Taped Motion Other - Describe: _____

H. Does the Applicant:

- Alter, repackage or relabel any product sold? Yes No
If "Yes," please describe: _____
- Install, service or assemble any product? Yes No
If "Yes," attach full details including copy of Applicant's standard written contract and indicate receipts from this source.
- Sell or distribute hazardous equipment? Yes No
If "Yes," please describe: _____
- Sell or distribute foreign products? Yes No
If "Yes," is the Applicant provided vendors coverage by all manufacturers? Yes No
- Obtain Certificates of Insurance from all manufacturers? Yes No
- Own an aircraft? Yes No
- Have a car wash operation? Yes No
- Have a propane or LPG tank filling operation? Yes No
- Have a web-site? Yes No
If "Yes", please provide _____

III. DESCRIPTION OF PROPERTY

A. Year Built: _____ Buildings more than 25 years of age require Company approval before binding and picture(s) are required with the application. Also, please indicate what year the following systems were last updated:
 Plumbing _____ Heating _____ Electrical _____ Roof _____

B. Number of Floors: _____ **C. Sq. Ft. Occupied by App.:** _____

D. Total Bldg. Sq. Ft. _____ **E. _____ % of Floor Area Open to the Public**

F. Elevators? Yes No Freight Passenger If "Yes," who is to order state inspection? Company Applicant

G. Additional Exposures

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parking Areas (owned or controlled by Applicant) Separate from Applicant's Premises	Any unusual exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Vacant Land Separate from Applicant's Premises	
<input type="checkbox"/>	<input type="checkbox"/>	Skin Tanning Equipment GB 304	
<input type="checkbox"/>	<input type="checkbox"/>	Is property located adjacent to a lake, channel, canal, etc.?	

PROPERTY	Territory: _____
<input type="checkbox"/> Buildings <input type="checkbox"/> RC <input type="checkbox"/> ACV	
<input type="checkbox"/> Appurtenant Structures Complete additional location application IB-002 A	
<input type="checkbox"/> Automatic Increase - Building Only Annual % (2% included) _____	
<input type="checkbox"/> B.P.P. (or Improvements and Betterments) <input type="checkbox"/> RC <input type="checkbox"/> ACV B.P.P. Rate Group _____	
<input type="checkbox"/> B.P.P. with an Appurtenant Structure Complete additional location application IB-002 A	
<input type="checkbox"/> Blanket Basket Endorsement IB 210 _____	
<input type="checkbox"/> Building Laws Safeguard IA 4013 (up to \$25,000 incl.)	
<input type="checkbox"/> Condominium Commercial Unit-Owners Optional Coverages: FA 420	
<input type="checkbox"/> Loss Assessment \$ _____ <input type="checkbox"/> Miscellaneous Real Property \$ _____	
<input type="checkbox"/> Earthquake Ded. % _____ Terr. _____ Const. _____ <input type="checkbox"/> Full Limit FB 205 (Building and B.P.P. limits apply) Zip _____ B.P.P. Rate Grade _____ Sublimits IB 204 Bldg. \$ _____ B.P.P. \$ _____	
<input type="checkbox"/> Fairs or Exhibitions IA 4014 (up to \$10,000 incl.)	
<input type="checkbox"/> Funeral Service Provider Enhancement IB 201 (up to \$15,000 incl. for each coverage) <input type="checkbox"/> Property Off-Premises \$ _____ <input type="checkbox"/> Transportation \$ _____	
<input type="checkbox"/> Glass - Tenant's (Exterior Glass for buildings is included in the Building coverage.) Total Glass Square Footage _____	
<input type="checkbox"/> Loss Payable Provisions FA 435 <input type="checkbox"/> Loss Payable <input type="checkbox"/> Lender's Loss Payable <input type="checkbox"/> Contract of Sale Name _____ Description _____ Address _____ of _____ _____ Property _____	
<input type="checkbox"/> Mine Subsidence: County _____ Terr. _____ IL: IA 4084 IL (Residential), IA 4082 IL (Non-residential); IN: IA 4040 IN ; KY: IA 4081 KY WV: WVMS-1 (Dwelling) WVMS-2 (Non-dwelling)	
<input type="checkbox"/> Mortgagee: Name: _____ Name: _____ Address: _____ Address: _____ Loan No.: _____ Loan No.: _____	
<input type="checkbox"/> Ordinance or Law Cov, FA 228 <input type="checkbox"/> Cov, 1 <input type="checkbox"/> Cov 2 Limit \$ _____ <input type="checkbox"/> Cov 3 Limit \$ _____ <input type="checkbox"/> Combined Cov, 2 & 3 Limit \$ _____	
<input type="checkbox"/> Outdoor Property - Awnings, Fences and Antennas (Up to \$10,000 included) IA 4013 (Awnings attached to building included if building coverage written)	
<input type="checkbox"/> Printers BOP Optional Coverage FB 206	
<input type="checkbox"/> Printers Coverage Enhancement MB 202 (up to \$25,000 included for each) <input type="checkbox"/> Your Printers Personal Prop. \$ _____ <input type="checkbox"/> Printers Personal Property of Others \$ _____ <input type="checkbox"/> In Transit \$ _____	
<input type="checkbox"/> Property Off-Premises IA 4014 (up to \$10,000 included)	
<input type="checkbox"/> Replacement Cost Amendatory Endorsement IA 4191 Eligibility requires completion of the following: I confirm (by: _____ my judgment, or, _____ the attached cost estimate) that the limit(s) of insurance requested on this application meet or exceed 90% of full replacement value(s). Signature of Agent: _____	
<input type="checkbox"/> Spoilage Coverage FB 204 Class _____ (maximum limit of \$50,000 available) Optional Ded. _____ (min. \$500 deductible applies) Description of perishable stock: _____	
<input type="checkbox"/> Transportation IA 4014 (up to \$10,000 included)	
<input type="checkbox"/> Water Backup of Sewers, Drains, Septic Systems or Sump Pumps (maximum limit of \$10,000) FB 209	
<input type="checkbox"/> Windstorm or Hail Exclusion	
<input type="checkbox"/> Windstorm or Hail Percentage Deductible <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5% FA 494	

INLAND MARINE

Accounts Receivable **IA 4013** (up to \$25,000 included)

Accounts Receivable - Away From Your Premises **IA 4014** (up to \$5,000 included)

Animal Floater **MB 201** Per Animal Limit \$ _____ Per Occurrence Limit \$ _____

Electronic Data Processing Property **IA 4013** (up to \$25,000 limit per location incl.)
(Complete Application **MA-004** for limits in excess of \$50,000)

Deletion of Power Surge Excl. **FA 433** Power Surge Prot. Installed? Yes No

Worldwide Coverage / Temporarily Off Premises **IA 212**

Signs (incl. if building coverage written) (up to \$5,000 included) **IA 4013 (\$250 deductible applies)**

Valuable Papers and Records **IA 4013** (up to \$25,000 incl.)

Valuable Papers - Away From Your Premises **IA 4014** (up to \$5,000 included)

OTHER:

Municipal Tax Tax ID: _____

Countersignature: **MI-1090**

VII. UMBRELLA SECTION (Important - Answer all questions to avoid delays in issuing coverage.) UB-501

A. Limit Requested: (A) \$ _____ ,000,000 (B) \$ _____ ,000,000

B. Underlying Insurance

Policy Type	Carrier / Policy Number	Policy Eff. Date	Policy Exp. Date	Limits	Annual Premium	No. of PP and Light Trucks
<input type="checkbox"/> Automobile Liability <input type="checkbox"/> Owned <input type="checkbox"/> Hired and Non-Owned <input type="checkbox"/> Any Auto	Cincinnati Ins Co.			CSL	\$	
				BI	\$	
				PD	\$	
Employer's Liability				Each Accident	\$	
Other				Each	\$	
				Agg.	\$	

- C.** Care, Custody, and Control: Real and Personal Property
1. Does Applicant rent or lease any real property not included in this policy? Yes No
If "Yes," list the value of the part of the building occupied by the insured: \$ _____
2. Does Applicant have personal property of others in CCC not covered under this CIC businessowners? Yes No
If "Yes," explain: _____
- D.** Additional Exposures: If "Yes," submit to Headquarters Underwriter
1. Does applicant own / lease / operate aircraft? Yes No
2. Does applicant lease any watercraft over 50 feet in length or own any watercraft? Yes No
3. Does applicant have a Liquor Liability exposure? Yes No
4. Does applicant have additional liability exposures not covered under this businessowners policy? Yes No
5. Does applicant lease employees from a labor leasing firm? Yes No
- E.** Optional Excess Uninsured / Underinsured Motorist Coverage (applicable in specified states only):
Refer to the state specific Excess Uninsured/Underinsured Motorist Coverage selection/rejection form(s).

For Home Office Use Only
UMB-14 (Executive Committee)
Business _____

SUBJECT TO FORM NUMBERS

UMBRELLA CODE	TYPE CODE	POLICY ILF	NO. OF COM'L VEHICLES ON PRIMARY POLICY	SHORT-TERM PREMIUM	ANNUAL PREMIUM
US 203 UM	US 352 Pers. CCC Ex.				
US 302 Poll, Ex.	US 358 Real Prop. CCC Excl.				
US 306 Auto Limitation	US 395 Lead Liab. Ex.				
US 315 CCC, Ex	US 405 Prof. End. _____				
US 336 Ex. UM/UIM	US 407 Emp. Ben.				
US 349 Liquor Liab.	UA 302 Prof. Excl.				
Follow Form					
Other: _____			##		

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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-
Property & Casualty
Review Status: Approved 10/04/2007
Bypass Reason: N/A
Comments:

Satisfied -Name: PROPERTY AND CASUALTY
TRANSMITTAL
Review Status: Approved 10/04/2007
Comments:
PROPERTY AND CASUALTY TRANSMITTAL
Attachment:
F777AR_307.pdf

Satisfied -Name: FORM FILING SCHEDULE
Review Status: Approved 10/04/2007
Comments:
FORM FILING SCHEDULE
Attachment:
F778AR_307.pdf

Satisfied -Name: MEMORANDUM
Review Status: Approved 10/04/2007
Comments:
MEMORANDUM
Attachment:
MEMOF.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CBOP-07-6023-AR
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Memorandum

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 #: EFT FILING FEE

Amount: \$50

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.)**

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 #	CBOP-07-6023-AR			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
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	BUSINESSOWNERS PACKAGE POLICY APPLICATION	IB 002 07 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IB 002 02 07	CBOP-07-6004-AR
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		

**ARKANSAS
BUSINESSOWNERS PACKAGE POLICY
FORMS MEMORANDUM**

NEW FORM	OLD FORM	TITLE/DESCRIPTION OF CHANGE
IB 002 07 07	IB-002 (2/07)	BUSINESSOWNERS PACKAGE POLICY APPLICATION Added additional limits under option #1 of the Employment Practices Liability section on page 4.