

SERFF Tracking Number: CNNA-125310672 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: AR-PC-07-026290
Company Tracking Number: CDEN-07-6018-AR
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1002 Businessowners
Portion Only
Product Name: CDEN-07-6018-AR
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CDEN-07-6018-AR

SERFF Tr Num: CNNA-125310672 State: Arkansas

TOI: 05.1 Commercial Multi-Peril - Non-Liability

SERFF Status: Closed

State Tr Num: AR-PC-07-026290

Portion Only

Sub-TOI: 05.1002 Businessowners

Co Tr Num: CDEN-07-6018-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 #

CDEN-07-6019-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	15908521

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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	DENTIST'S 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	DENTIST'S PACKAGE POLICY APPLICATION	IF 003	07 07	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 IF 002 (2/07) Previous Filing #: CDEN-07-6003-AR		IF003 07-07.pdf

V. PROPERTY SECTION		
A. Construction (Check one): <input type="checkbox"/> Class D / Frame <input type="checkbox"/> Class C / Joisted Masonry <input type="checkbox"/> Class B / Non-Combustible, Masonry Non-Combustible <input type="checkbox"/> Class A / Modified Fire-Resistive or Fire Resistive B. Protection Class _____ C. Building Classification Code 65121 D. <input type="checkbox"/> Sprinklered (85% Coverage required) <input type="checkbox"/> NonSprinklered	E. Is the insured located in a condominium owned by the insured? <input type="checkbox"/> Yes <input type="checkbox"/> No FA 418 F. Is the named insured a condominium association? <input type="checkbox"/> Yes <input type="checkbox"/> No IB 435 G. Ded: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 H. <input type="checkbox"/> Protective Safeguard Endorsement IA-467 Symbol applicable: <input type="checkbox"/> P-1 <input type="checkbox"/> P-2 <input type="checkbox"/> P-3 <input type="checkbox"/> P-4 P-9 Describe _____	
VI. COVERAGE SECTION		TOTAL LIMIT OF INSURANCE
<i>Items in bold print are for Home Office use only.</i>		
AUTO		
<input type="checkbox"/> Hired Auto Physical Damage	AB 205 Limit \$40,000 \$250 Ded.	
EQUIPMENT BREAKDOWN COVERAGE IF-205		
<input type="checkbox"/> Comprehensive Coverage (including dental related medical equipment)		
CRIME		
<input type="checkbox"/> Employee Dishonesty	IA 4014 (up to \$25,000 incl.)	
<input type="checkbox"/> Welfare and Pension Plan ERISA Compliance	CA 204 (up to \$25,000 incl.)	
<input type="checkbox"/> Name of Plan CA 414 _____		
<input type="checkbox"/> Employee Dishonesty, Money and Securities and / or Theft Exclusion CB 301		
Check all that apply: <input type="checkbox"/> Employee Dishonesty <input type="checkbox"/> Money and Securities <input type="checkbox"/> Theft		
<input type="checkbox"/> Forgery or Alteration	IA 4014 (up to \$25,000 included)	
<input type="checkbox"/> Money and Securities	IA 4013 (up to \$15,000 Inside / \$5,000 Outside included per location)	
PROPERTY Territory: _____		
<input type="checkbox"/> Buildings <input type="checkbox"/> RC <input type="checkbox"/> ACV		
<input type="checkbox"/> Appurtenant Structures	<input type="checkbox"/> Complete additional location application IF-003 A	
<input type="checkbox"/> Automatic Increase - Building Only	<input type="checkbox"/> Annual % (2% included) _____	
<input type="checkbox"/> Blanket Basket Endorsement IF 206		
<input type="checkbox"/> B.P.P. (or Improvements and Betterments)	<input type="checkbox"/> RC <input type="checkbox"/> ACV	
<input type="checkbox"/> B.P.P. with an Appurtenant Structure	Complete additional location application IF-003 A	
<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 FF 204 (Building)	
Zip _____ B.P.P. Rate Grade _____ <input type="checkbox"/> Sublimits FF 205 Bldg. \$ _____		
<input type="checkbox"/> Fairs or Exhibitions IA 4014 (up to \$25,000 incl.)		
<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. _____		
<input type="checkbox"/> IL SP-203 <input type="checkbox"/> IN SP-202 <input type="checkbox"/> KY SB-201 <input type="checkbox"/> WV SA-401-WV <input type="checkbox"/> WV WVMS-2		
<input type="checkbox"/> Mortgagee: Name: _____ Name: _____		
Address: _____ Address: _____		
Loan Number: _____ Loan Number: _____		
<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"/> Property Off-Premises IA 4014 (up to \$25,000 included)		

VII. UMBRELLA SECTION (Important - Answer all questions to avoid delays in issuing coverage.) UF 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	Numbers 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 Dentist's Policy? 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 Dentist's 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)

SUBJECT TO FORM NUMBERS _____

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: _____

UMBRELLA CODE	TYPE CODE	SHORT-TERM PREMIUM	ANNUAL PREMIUM

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE / SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS (VT: MAY BE COMMITTING A CRIME SUBJECTING) THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. IN THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE, VIRGINIA AND WASHINGTON, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature Date

Agent's Signature Date

Agency and Code Number

Agent's Name and License Number (Florida only)

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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: PROPRETY 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 #	CDEN-07-6018-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 #	CDEN-07-6018-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	DENTIST'S PACKAGE POLICY APPLICATION	IF 003 07 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IF 003 2/07	CDEN-07-6003-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
DENTIST'S PACKAGE POLICY PROGRAM
FORMS MEMORANDUM**

NEW FORM	OLD FORM	TITLE/DESCRIPTION OF CHANGE
IF 003 07 07	IF 003 (2/07)	DENTIST'S PACKAGE POLICY APPLICATION Added optional limits under the Employment Practices Liability section on page 3.