

SERFF Tracking Number: CNNA-125314560 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: AR-PC-07-026342
Company Tracking Number: CMISC-07-6004-AR
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: CMISC-07-6004-AR
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CMISC-07-6004-AR

TOI: 01.0 Property

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Filing Type: Form

SERFF Tr Num: CNNA-125314560 State: Arkansas

SERFF Status: Closed

Co Tr Num: CMISC-07-6004-AR

Co Status:

Author: Sharon Grubbs

Date Submitted: 10/05/2007

State Tr Num: AR-PC-07-026342

State Status:

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

Disposition Date: 10/09/2007

Disposition Status: Approved

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

Effective Date Requested (Renewal):

Effective Date (New): 05/01/2008

Effective Date (Renewal):

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 10/09/2007

State Status Changed: 10/05/2007

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.

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

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

This is a Miscellaneous Filing, the forms applies to three (3) lines of business (Commercial Property, Commercial Inland Marine and Commercial Auto). I choose Commercial Property as the line of business under the Serfff program.

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by

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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	10/05/2007	15969709

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/09/2007	10/09/2007

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Disposition

Disposition Date: 10/09/2007

Effective Date (New): 05/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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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	REPORTING FORM - PREMIUM ADJUSTMENT	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	REPORTING FORM - PREMIUM ADJUSTMENT	MI-1014	(4/06)	Other	Replaced	Replaced Form #:0.00 MI 1014 10 97 Previous Filing #: N/A		MI1014 04-06.pdf

REPORTING FORM - Premium Adjustment

POLICY NUMBER: _____ FROM: _____ TO: _____

INSURED: _____

VALUES:

- Total Average
- Per 100 Per 1,000
- Value @ Risk
- # Starts Per Start

RATES:

- Annual
- Monthly
- Quarterly

COVERAGE: _____

VALUE _____ RATE _____ EARNED PREMIUM _____

COVERAGE: _____

VALUE _____ RATE _____ EARNED PREMIUM _____

COVERAGE: _____

VALUE _____ RATE _____ EARNED PREMIUM _____

COVERAGE: _____

VALUE _____ RATE _____ EARNED PREMIUM _____

TOTAL EARNED PREMIUM _____

DEPOSIT PREMIUM _____

REMAINING DEPOSIT _____

ADDITIONAL PREMIUM _____

WV ONLY (AP): 1% SURCHARGE _____

RETURN PREMIUM _____

KY ONLY (AP or RP): _____

KY SURCHARGE TAX _____

KY MUNICIPAL TAX _____

KY COUNTY TAX _____

Issue Date: _____

NET: ADDITIONAL PREMIUM _____

Operator ID: _____

RETURN

AGENCY: _____

CITY, STATE: _____ Agency Code: _____

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Rate Information

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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-Property & Casualty
Bypass Reason: N/A
Comments:

Review Status: Approved 10/09/2007

Satisfied -Name: PROPERTY AND CASUALTY TRANSMITTAL
Comments: PROPERTY AND CASUALTY TRANSMITTAL
Attachment: F777AR_307.pdf

Review Status: Approved 10/09/2007

Satisfied -Name: FORM FILING SCHEDULE
Comments: FORM FILING SCHEDULE
Attachment: F778AR_307.pdf

Review Status: Approved 10/09/2007

Satisfied -Name: MEMORANDUM
Comments: MEMORANDUM
Attachment: MEMOF.pdf

Review Status: Approved 10/09/2007

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CMISC-07-6004-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

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 #	CMISC-07-6004-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	REPORTING FORM - PREMIUM ADJUSTMENT	MI-1014 (4/06)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	MI 1014 10 97	N/A
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
MISCELLANEOUS
FORMS MEMORANDUM**

NEW FORM	OLD FORM	TITLE/DESCRIPTION OF CHANGE
MI-1014 (4/06)	MI 1014 10 97	REPORTING FORM - PREMIUM ADJUSTMENT Form redesigned. Added the Kentucky and West Virginia surcharge options. This form is used with the following lines of business: Division One - Commercial Automobile Division Five - Commercial Property Division Eight - Commercial Inland Marine