

SERFF Tracking Number: CNNB-125372005 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: H-07-7112-AR
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Homeowner - Machine Endorsement
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: Homeowner - Machine SERFF Tr Num: CNNB-125372005 State: Arkansas

Endorsement

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 04.0000 Homeowners Sub-TOI

Co Tr Num: H-07-7112-AR

State Status: Fees verified and received

Combinations

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Author: Matt Terrell

Disposition Date: 11/30/2007

Date Submitted: 11/29/2007

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date (New): 07/01/2008

Effective Date Requested (Renewal): 07/01/2008

Effective Date (Renewal):

07/01/2008

State Filing Description:

4.0003

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: 11/30/2007

State Status Changed: 11/30/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Filing HR961 MECHANICAL BREAKDOWN COVERAGE - introduced.

Company and Contact

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Filing Contact Information

Matt Terrell, Senior Filings Analyst matt_terrell@cinfin.com
 6200 S. Gilmore Road (513) 603-5264 [Phone]
 Fairfield, OH 45014 (513) 881-8885[FAX]

Filing Company Information

The Cincinnati Insurance Company CoCode: 10677 State of Domicile: Ohio
 6200 S. Gilmore Rd. 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? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	11/29/2007	16873761

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	11/30/2007	11/30/2007

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Disposition

Disposition Date: 11/30/2007

Effective Date (New): 07/01/2008

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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
Form	MECHANICAL BREAKDOWN COVERAGE	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	MECHANICAL BREAKDOWN COVERAGE	HR961	4/08	Endorseme New nt/Amendm ent/Condi tions		0.00	HR961 04-08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MECHANICAL BREAKDOWN COVERAGE

I. The **DEFINITIONS** Section of the policy is amended to include the following with respect to insurance coverage provided under this endorsement:

A. 1. "Accident" means sudden and accidental mechanical breakdown that results in direct "physical loss" to "covered equipment" necessitating its repair or replacement. If an initial "accident" causes other "accidents", all will be considered one "accident". All "accidents" that become apparent at the same time and that are the result of the same cause will be considered one "accident".

2. None of the following is an "accident":

- a.** Leakage at any valve, fitting, shaft seal, gland packing, joint or connection;
- b.** The functioning of any safety or protective device;
- c.** Depletion, deterioration, erosion, rust or other corrosion;
- d.** Wear and tear;

However, "we" do cover any ensuing loss caused by an "accident".

B. "Covered equipment" means:

1. Property covered under Coverage **A** - Dwelling or Coverage **B** - Other Structures, that:

- a.** Generates, transmits or utilizes energy; or
- b.** During normal usage, operates under vacuum or pressure, other than the weight of its contents.

2. None of the following is "covered equipment":

- a.** Structure or foundation;
- b.** Insulating material;
- c.** Sewer piping, buried vessels or underground piping;
- d.** Kitchen or laundry appliances including but not limited to: refrigerator, freezer, dishwasher, oven, stove, clothes washer, or clothes dryer, all whether built in or free standing; or
- e.** Electronic entertainment equipment, computer equipment, or electronic data processing equipment including but not limited to; television or stereo equipment, or any electronic component used with such equipment, all whether built in or free standing; or
- f.** Personal property.

II. Section **I** - Coverages, **4.** Coverage **D** - Loss of Use, **a.** Additional Living Expense is amended to add the following, but only with respect to coverage provided under this endorsement:

"We" will pay up to \$200 per day for no more than five (5) consecutive days, up to a maximum of \$1,000 per one "accident" under this coverage. This Limit of Insurance is included within, and is not in addition to the Limit of Insurance indicated in Section **III. A.** of this endorsement.

III. Section **I** - Additional Coverages is amended as follows:

The following Additional Coverage is added:

Mechanical Breakdown

"We" will pay for direct "physical loss" and other covered costs to "covered equipment" that is the result of an "accident".

If, due to an "accident", "covered equipment" cannot be repaired, necessitating replacement, "we" will pay "your" additional cost to replace "covered equipment" with equipment that is better for the environment, safer or more efficient than the equipment being replaced. However, "we" will not pay more

than 125% of what the cost would have been to replace with like kind and quality. This does not increase any of the applicable Limits of Insurance.

The most "we" will pay for loss, damage or expense under this endorsement arising from any one "accident" is \$50,000. Coverage provided under this endorsement does not increase any Limits of Insurance under Section I - Property Coverages.

IV. Section I - Exclusion **1.d.(2)** is deleted and replaced by the following:

(2) Mechanical breakdown, latent defect, inherent vice or any quality in property that causes it to damage or destroy itself, except as provided in the Mechanical Breakdown Coverage;

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 11/30/2007

Comments:

Attachments:

#P&CTransmittal.pdf
#Forms Schedule FFS-1.pdf

18. Company's Date of Filing	9/29/07
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	H-07-7112-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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New or Revised Form	Replaced Form	Description of Change
HR961 (4/08)	N/A	MECHANICAL BREAKDOWN COVERAGE - introduced.

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
Amount: 50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

Effective March 1, 2007

*****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 #	H-07-7112-AR			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	H-07-7111-AR			
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	Mechanical Breakdown Coverage	HR961 (4/08)	<input checked="" 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		