

## Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CBOP-07-6011-AR

TOI: 05.0 Commercial Multi-Peril - Liability &  
Non-Liability

Sub-TOI: 05.0002 Businessowners

Filing Type: Form

SERFF Tr Num: CNNA-125218583 State: Arkansas

SERFF Status: Closed

State Tr Num: AR-PC-07-025276

Co Tr Num: CBOP-07-6011-AR

Co Status:

State Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Author: Sharon Grubbs

Date Submitted: 06-27-2007

Disposition Date: 07-05-2007

Disposition Status: Approved

Effective Date Requested (New): 01-01-2008

Effective Date Requested (Renewal):

Effective Date (New): 01-01-2008

Effective Date (Renewal):

## General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 07-05-2007

State Status Changed: 06-29-2007

Corresponding Filing Tracking Number:

Filing Description:

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

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Final printed copies are enclosed for your review.

Filing fees and the Property and casualty Filing Fee form will be sent via the U.S. Postal Service.

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

## Company and Contact

### Filing Contact Information

Sharon Grubbs, Senior Filings Analyst

6200 S. Gilmore Road

Fairfield, OH 45014

sharon\_grubbs@cinfin.com

(513) 870-2091 [Phone]

() -[FAX]

### Filing Company Information

The Cincinnati Insurance Company

CoCode: 10677

State of Domicile: Ohio

6200 S. Gilmore Road  
Fairfield, OH 45014  
(513) 870-2000 ext. [Phone]

Group Code: 244  
Group Name:  
FEIN Number: 31-0542366  
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Company Type:  
State ID Number:

**Filing Fees**

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-05-2007	07-05-2007

## Disposition

Disposition Date: 07-05-2007

Effective Date (New): 01-01-2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-05-2007 09:23 AM

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	FORM FILING SCHEDULE	Approved	Yes
<b>Supporting Document</b>	MEMORANDUM	Approved	Yes
<b>Form</b>	BUSINESSOWNERS PACKAGE POLICY DECLARATIONS	Approved	Yes
<b>Form</b>	BUSINESSOWNERS PACKAGE POLICY DECLARATIONS (E-CLAS®)	Approved	Yes

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	BUSINESSOWNERS PACKAGE POLICY DECLARATIONS	IB 503	04 07	Declaration Replaced s/Schedule	IB 503 01 07	0.00	IB503 04-07.pdf
Approved	BUSINESSOWNERS PACKAGE POLICY DECLARATIONS (E-CLAS®)	IB 504	04 07	Declaration Replaced s/Schedule	IB 504 01 07	0.00	IB504 04-07 ECLAS.pdf

# THE CINCINNATI INSURANCE COMPANY

P.O.BOX 145496, CINCINNATI, OHIO 45250-5496  
513 870-2000  
A Stock Insurance Company

## BUSINESSOWNERS PACKAGE POLICY DECLARATIONS

Previous Policy Number \_\_\_\_\_

<b>NAMED INSURED AND MAILING ADDRESS:</b>	<b>POLICY NUMBER:</b>
	<b>POLICY PERIOD:</b> FROM: _____ TO: _____ 12:01 A.M. Standard Time at Location of Premises

**THE NAMED INSURED IS:**

- Individual   
  Partnership   
  Joint Venture   
  Limited Liability Company   
  Organization (any other)  
 Trust

**LOCATION OF PREMISES**

Loc. No. ____ / Bldg. No. ____	
Loc. No. ____ / Bldg. No. ____	

**POLICY COVERAGES**

In return for the payment of the premium, and subject to all other terms of this policy, we agree with you to provide the insurance as stated in this policy.

**SECTION I - PROPERTY**

	Buildings	Business Personal Property
Loc. No. ____ / Bldg.No. ____	Limit of Insurance: \$ _____ <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Replacement Cost Building Limit - Automatic Increase ____ %	Limit of Insurance: \$ _____ <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Replacement Cost
Loc. No. ____ / Bldg.No. ____	Limit of Insurance: \$ _____ <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Replacement Cost Building Limit - Automatic Increase ____ %	Limit of Insurance: \$ _____ <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Replacement Cost
\$ _____ Deductible (Refer to Deductible provisions in the Coverage Form for deductible exceptions.)		

**SECTION II - BUSINESS LIABILITY LIMITS OF INSURANCE**

Each Occurrence Limit	\$ _____ any one occurrence
General Aggregate Limit	\$ _____
Products - Completed Operations Aggregate Limit	\$ _____
Personal and Advertising Injury Limit	\$ _____ any one person or organization
Damage to Premises Rented to You Limit	\$ _____ any one premises
Medical Expenses Limit	\$ _____ any one person

**OPTIONAL COVERAGES** - Coverage is afforded only where an entry  is made in the boxes below:

	Optional Coverage	Loc. No. / Bldg. No.	Loc. No. / Bldg. No.
	Equipment Breakdown		
	<input type="checkbox"/> Comprehensive Coverage - Accident	____ / ____	____ / ____
	<input type="checkbox"/> Comprehensive Coverage with Extended Comprehensive Coverage - Accident	____ / ____	____ / ____
	<input type="checkbox"/> Tenant's Glass (Automatically covered if building coverage is provided)	____ / ____	____ / ____
<input type="checkbox"/>	Employment Practices Liability (Per attached form)	<input type="checkbox"/>	Professional Liability (Per attached form)
<input type="checkbox"/>	Earthquake Coverage (Per attached form)	<input type="checkbox"/>	Umbrella Liability (Per attached form)
<input type="checkbox"/>	Businessowners Policy Blanket Basket Endorsement (Per attached form)		

**FORMS AND ENDORSEMENTS** attached at inception, if any.

MORTGAGE HOLDER (Name and Address) Loc. Number ____ / Bldg. Number ____	<b>TOTAL ANNUAL PREMIUM</b>	\$ _____
	<b>Payable \$</b>	<b>Each ____ Months</b>
<b>COUNTERSIGNATURE DATE:</b> <b>AGENCY AT:</b>	<b>AGENT'S SIGNATURE:</b>	

# THE CINCINNATI INSURANCE COMPANY

P.O. BOX 145496  
CINCINNATI, OHIO 45250-5496  
513-870-2000  
A Stock Insurance Company

## BUSINESSOWNERS PACKAGE POLICY DECLARATIONS

Previous Policy Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_ 12:01 A.M. Standard Time at Location of Premises

Named Insured and Mailing Address \_\_\_\_\_

Legal Entity / Business Description \_\_\_\_\_

### LOCATION OF PREMISES

<u>Loc.</u> <u>No.</u>	<u>Bldg.</u> <u>No.</u>	<u>Address</u>
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### POLICY COVERAGES

In return for the payment of the premium, and subject to all other terms of this policy, we agree with you to provide the insurance as stated in this policy.

#### SECTION I PROPERTY

Buildings			Business Personal Property				Optional Coverages <small>Applicable only when an entry is made</small>				
Loc. No.	Bldg. No.	Limit of Insurance	Actual Cash Value	Repl. Cost	Auto. Increase	Limit of Insurance	Actual Cash Value	Repl. Cost	Equipment Breakdown		
									Comprehensive Coverage - Accident	Comprehensive Coverage with Extended Comprehensive Coverage - Accident	Tenant's Glass

\$ \_\_\_\_\_ Deductible (Refer to Deductible provisions in the Coverage Form for deductible exceptions).

#### SECTION II BUSINESS LIABILITY LIMITS OF INSURANCE

Each Occurrence Limit	\$	Any one occurrence
General Aggregate Limit	\$	
Products-Completed Operations Aggregate Limit	\$	
Personal and Advertising Injury Limit	\$	Any one person or organization
Damage to Premises Rented to You Limit	\$	Any one premises
Medical Expenses Limit	\$	Any one person

**OPTIONAL COVERAGES** - Coverage is afforded only where an entry  is made in the boxes below.

- Businessowners Package Policy Blanket Basket Endorsement (Per form attached)
- Earthquake Coverage (Per form attached)
- Professional Liability (Per form attached)
- Umbrella Liability (Per form attached)

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**FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION**

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**MORTGAGE HOLDER**

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Loc.    Bldg.  
No.    No.    Name and Address

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TOTAL ANNUAL PREMIUM    \$    \_\_\_\_\_

Payable \$    \_\_\_\_\_ Each    \_\_\_ Months

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AGENT'S SIGNATURE:

COUNTERSIGNATURE DATE: \_\_\_\_\_

## **Rate Information**

Rate data does NOT apply to filing.

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	07-05-2007
<b>Comments:</b>	PROPERTY AND CASUALTY TRANSMITTAL		
<b>Attachment:</b>	F777AR_307[1].pdf		
<b>Satisfied -Name:</b>	FORM FILING SCHEDULE	<b>Review Status:</b> Approved	07-05-2007
<b>Comments:</b>	FORM FILING SCHEDULE		
<b>Attachment:</b>	F778AR_307[1].pdf		
<b>Satisfied -Name:</b>	MEMORANDUM	<b>Review Status:</b> Approved	07-05-2007
<b>Comments:</b>	MEMORANDUM		
<b>Attachment:</b>	MEMOF.pdf		



## Property & Casualty Transmittal Document—

<b>20.</b> This filing transmittal is part of Company Tracking #	CBOP-07-6011-AR
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<b>21.</b> 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

<b>22.</b> 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]
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**Check #:** 418120

**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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>CBOP-07-6011-AR</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
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 PROGRAM DECLARATIONS	IB 503 04 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IB 503 01 07	CBOP-06-6028-AR
02	BUSINESSOWNERS PACKAGE POLICY DECLARATIONS (e-CLAS®)	IB 504 04 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IB 504 01 07	CBOP-06-6028-AR
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 PROGRAM  
FORMS MEMORANDUM**

<b>NEW FORM</b>	<b>OLD FORM</b>	<b>TITLE/DESCRIPTION OF CHANGE</b>
<b>IB 503 04 07</b>	<b>IB 503 01 07</b>	<b>BUSINESSOWNERS PACKAGE POLICY DECLARATIONS</b> <i>Amended heading to add reference to A Stock Insurance Company.</i>
<b>IB 504 04 07</b>	<b>IB 504 01 07</b>	<b>BUSINESSOWNERS PACKAGE POLICY DECLARATIONS (e-CLAS™)</b> <i>Amended heading to add reference to A Stock Insurance Company;</i> Added section for <b>OPTIONAL COVERAGES.</b>