

SERFF Tracking Number: GRTA-125418306 State: Arkansas  
 First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: CP-AR-0712-BISH  
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
 Product Name: CP-AR-0712-BISH  
 Project Name/Number: /

## Filing at a Glance

Companies: Great American Alliance Insurance Company, Great American Assurance Company, Great American Insurance Company, Great American Insurance Company of New York

Product Name: CP-AR-0712-BISH	SERFF Tr Num: GRTA-125418306	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: CP-AR-0712-BISH	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Christie Mayes	Disposition Date: 01/10/2008
	Date Submitted: 01/07/2008	Disposition Status: Approved
Effective Date Requested (New): 02/01/2008		Effective Date (New): 02/01/2008
Effective Date Requested (Renewal): 02/01/2008		Effective Date (Renewal): 02/01/2008

State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/10/2008	
State Status Changed: 01/10/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
This filing revises form CP7307 (04-00) Human Services Business Income (and Extra Expense) Coverage Form, the new edition date is CP7307 (09-07)	

Form CP7307 states that we will pay for any Business Income lost to the insured due to the necessary suspension of

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“operation” during the “period of restoration”. The suspension of “operations” must be caused by direct physical loss of or damage to property at the described premises resulting from any Covered Cause of Loss. We will pay Extra Expense Coverage incurred during the “period of restoration”.

The limit of this form is increased to \$2,000,000 from \$500,000 provided on the 04-00 edition. The 04-00 edition is being replaced by this form.

## Company and Contact

### Filing Contact Information

Christie Mayes, Sr. Product Analyst cmayes@gaic.com  
 49 E Fourth St. Dts-4 (513) 412-3963 [Phone]  
 Cincinnati, OH 45202

### Filing Company Information

Great American Alliance Insurance Company	CoCode: 26832	State of Domicile: Ohio
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 95-1542353	

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Great American Assurance Company	CoCode: 26344	State of Domicile: Ohio
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 15-6020948	

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Great American Insurance Company	CoCode: 16691	State of Domicile: Ohio
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 31-0501234	

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Great American Insurance Company of New York	CoCode: 22136	State of Domicile: New York
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:

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Product Name: CP-AR-0712-BISH  
Project Name/Number: /

(513) 369-5000 ext. [Phone]

FEIN Number: 13-5539046

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Alliance Insurance Company	\$0.00	01/07/2008	
Great American Assurance Company	\$0.00	01/07/2008	
Great American Insurance Company	\$50.00	01/07/2008	17370651
Great American Insurance Company of New York	\$0.00	01/07/2008	

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TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/10/2008	01/10/2008

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## Disposition

Disposition Date: 01/10/2008

Effective Date (New): 02/01/2008

Effective Date (Renewal): 02/01/2008

Status: Approved

Comment: Once a filing is received and approved by the insurance Dept. it becomes public record.

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Human Services Business Income (and Extra Expense) Coverage Form	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Human Services Business Income (and Extra Expense) Coverage Form	CP 7307	09-07	Policy/Coverage Replaced	Replaced Form #:0.00 CP 7307 04/00 Previous Filing #: CP-0006-BUSI		cp 7307 9-07 shs biee.pdf



Administrative Offices  
 580 Walnut Street  
 Cincinnati, Ohio 45202  
 Tel: 1-513-389-5000

CP 73 07  
 (Ed. 09 07)

**HUMAN SERVICES BUSINESS INCOME  
 (AND EXTRA EXPENSE) COVERAGE FORM**

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we," "us" and "our" refer to the Company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to **SECTION E. DEFINITIONS.**

**A. COVERAGE**

We will pay for the actual loss of Business Income you sustain due to the necessary suspension of "operations" during the "period of restoration." The suspension must be caused by direct physical loss of or damage to property at the described premises, including personal property in the open (or in a vehicle) within 100 feet, caused by or resulting from any Covered Cause of Loss.

**1. Business Income**

**Business Income** means the:

- a. Net Income (Net Profit or Loss before income taxes) that would have been earned or incurred; and
- b. continuing normal operating expenses incurred, including payroll.

**2. Covered Causes of Loss**

See applicable Causes of Loss Form.

**3. Additional Coverages**

**a. Extra Expense.**

We will pay necessary Extra Expense you incur during the "period of restoration" that you would not have incurred if there had been no direct physical loss or damage to property at the described premises, including per-

sonal property in the open (or in a vehicle) within 100 feet, caused by or resulting from a Covered Cause of Loss.

**Extra Expense** means expense incurred:

(1) To avoid or minimize the suspension of business and to continue "operations":

(a) at the described premises; or

(b) at replacement premises or at temporary locations, including:

(i) relocation expenses; and

(ii) costs to equip and operate the replacement or temporary locations.

(2) To minimize the suspension of business if you cannot continue "operations."

(3) Other Expenses:

(a) to repair or replace any property; or

(b) to research, replace or restore the lost information on damaged valuable papers and records.

All of these expenses are covered only to the extent they reduce the amount of loss that otherwise would have been payable under Paragraph 1., **Business Income**, of this Coverage Form.

**b. Alterations and New Buildings.** We will pay for the actual loss of Business Income you sustain due to direct physical loss or damage at the de-

scribed premises caused by or resulting from any Covered Cause of Loss to:

- (1) New buildings or structures, whether complete or under construction.
- (2) Alterations or additions to existing buildings or structures; and
- (3) machinery, equipment, supplies or building materials located on or within 100 feet of the described premises and
  - (a) used in construction, alterations, additions; or
  - (b) incidental to the occupancy of new buildings.

If such direct physical loss or damage delays the start of "operations," the "period of restoration" will begin on the date "operations" would have begun if the direct physical loss or damage had not occurred.

#### 4. Coverage Extension

##### Newly Acquired Locations

- a. You may extend your Business Income Coverage to apply to property at any location you acquire other than fairs or exhibitions.
- b. The most we will pay for loss under this Extension is \$100,000 at each location.
- c. Insurance under this Extension for each newly acquired location will end when any of the following first occurs:
  - (1) this policy expires;
  - (2) 30 days expire after you acquire or begin to construct the property;
  - (3) you report values to us.

We will charge you additional premium for values reported from the date you acquire the property.

#### B. EXCLUSIONS AND LIMITATIONS

See applicable Causes of Loss Form as shown in the Declarations.

#### C. LIMITS OF INSURANCE

We will only pay for loss of Business Income and Extra Expense that you sustain or incur during the "period of restoration," and that occurs within 12 consecutive months after the date of direct physical loss or damage. Under coverages A.1., A.3.a., and A.3.b. referenced above, the most we will pay is \$2,000,000 for the total of all loss of Business Income and Extra Expense resulting from any one occurrence, regardless of the number of locations involved.

#### D. LOSS CONDITIONS

The following conditions apply in addition to the Common Policy Conditions and the Commercial Property Conditions.

##### 1. Appraisal

If we and you disagree on the amount of Net Income and operating expense or the amount of loss, either may make written demand for an appraisal of the loss. In this event, each party will select a competent and impartial appraiser.

The two appraisers will select an umpire. If they cannot agree, either may request the selection be made by a judge of a court having jurisdiction. The appraisers will state separately the amount of Net Income and operating expense or amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. pay its chosen appraiser and
- b. bear the other expenses of the appraisal and umpire equally.

If there is an appraisal, we will still retain our right to deny the claim.

##### 2. Duties in The Event Of Loss

- a. You must see that the following are done in the event of loss:

(1) Notify the police if a law may have been broken.

(2) Give us prompt notice of the direct physical loss or damage. Include a description of the property involved.

(3) As soon as possible, give us a description of how, when, and where the loss or damage occurred.

(4) Take all reasonable steps to protect the Covered Property from further damage, and keep a record of your expenses necessary to protect the Covered Property, for consideration in the settlement of the claim. However, we will not pay for any subsequent loss or damage resulting from a cause of loss that is not a Covered Cause of Loss.

(5) As often as we reasonably require, permit us to inspect the property proving the loss or damage and examine your books and records.

Also permit us to take samples of damaged and undamaged property for inspection, testing and analysis, and permit us to make copies from your books and records.

(6) Send us a signed, sworn proof of loss containing the information we request to investigate the claim. You must do this within 60 days after our request. We will supply you with the necessary forms.

(7) Cooperate with us in the investigation or settlement of the claim.

(8) If you intend to continue your business, you must resume all or part of your "operations" as quickly as possible.

b. We may examine any Insured under oath, while not in the presence of any other Insured and at such time as may be reasonably required, about any

matter relating to this insurance or the claim, including an Insured's books and records. In the event of an examination, an Insured's answers must be signed.

### 3. Limitation-Electronic Media and Records

We will not pay for any loss of Business Income caused by direct physical loss of or damage to Electronic Media and Records after the longer of:

- a. 60 consecutive days from the date of direct physical loss or damage; or
- b. the period, beginning with the date of direct physical loss or damage, necessary to repair, rebuild or replace with reasonable speed and similar quality, other property at the described premises due to loss or damage caused by the same occurrence.

Electronic Media and Records are:

- (1) electronic data processing, recording or storage media such as films, tapes, discs, drums or cells;
- (2) data stored on such media; or
- (3) programming records used for electronic data processing or electronically controlled equipment.

Example No. 1:

A Covered Cause of Loss damages a computer on June 1. It takes until September 1 to replace the computer, and until October 1 to restore the data that was lost when the damage occurred. We will only pay for the Business Income loss sustained during the period June 1 - September 1. Loss during the period September 2 - October 1 is not covered.

Example No. 2:

A Covered Cause of Loss results in the loss of data processing programming records on August 1. The records are replaced on October 15. We will only pay for the Business Income loss sustained during the period August 1 - September

29 (60 consecutive days). Loss during the period September 30 – October 15 is not covered.

#### 4. Loss Determination

- a. The amount of Business Income loss will be determined based on:
- (1) the Net Income of the business before the direct physical loss or damage occurred;
  - (2) the likely Net Income of the business if no physical loss or damage had occurred, but not including any Net Income that would likely have been earned as a result of an increase in the volume of business due to favorable business conditions caused by the impact of the Covered Cause of Loss on customers or on other businesses;
  - (3) the operating expenses, including payroll expenses, necessary to resume "operations" with the same quality of service that existed just before the direct physical loss or damage; and
  - (4) other relevant sources of information, including:
    - (a) your financial records and accounting procedures;
    - (b) bills, invoices and other vouchers; and
    - (c) deeds, liens or contracts.
- b. The amount of Extra Expense will be determined based on all necessary expenses that reduce the Business Income loss that otherwise would have been incurred.
- c. Resumption of Operations

We will reduce the amount of your:

- (1) Business Income loss, other than Extra Expense, to the extent you can resume your "operations," in whole or in part, by using damaged or undamaged property (in-

cluding merchandise or stock) at the described premises or elsewhere.

- (2) Extra Expense loss to the extent you can return "operations" to normal and discontinue such Extra Expense.
- d. If you do not resume "operations" or do not resume "operations" as quickly as possible, we will pay based on the length of time it would have taken to resume "operations" as quickly as possible.

#### 5. Loss Payment

We will not pay you more than the lesser of your financial interest or the amount of your actual Business Income loss. We will notify you of our intentions regarding payment of a claim within 30 days of completion of the following:

- a. receipt of a completed sworn proof of loss from you; and
- b. the reaching of an agreement with you on the amount of loss; or
- c. an appraisal award has been made; and
- d. you have complied with all of the terms of this coverage.

#### E. DEFINITIONS

1. "Operations" means your business activities occurring at the described premises.
2. "Period of Restoration" means the period of time that:
  - a. begins with the date of direct physical loss or damage caused by or resulting from any Covered Cause of Loss at the described premises; and
  - b. ends on the earlier of:
    - (1) the date when the property at the described premises should be repaired, rebuilt or replaced with reasonable speed and similar quality; or

- (2) the date when business is resumed at a new permanent location.

neutralize, or in any way respond to, or assess the effects of "pollutants."

"Period of restoration" does not include any increased period required due to the enforcement of any ordinance or law that:

The expiration date of this policy will not cut short the "period of restoration."

- (1) regulates the construction, use or repair, or requires the tearing down of any property; or
- (2) requires any Insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or

- 3. **"Pollutants"** means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

*SERFF Tracking Number:*      *GRTA-125418306*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Great American Alliance Insurance Company, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *CP-AR-0712-BISH*  
*TOI:*                      *01.0 Property*                      *Sub-TOI:*                      *01.0001 Commercial Property (Fire and Allied Lines)*  
  
*Product Name:*                      *CP-AR-0712-BISH*  
*Project Name/Number:*                      /

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: GRTA-125418306 State: Arkansas  
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/10/2008

**Comments:**

**Attachments:**

ar03-01-07 ffs1.pdf  
ar 6-07 PCTD-1.pdf  
ar-bish form.pdf  
Explanatory Memo .pdf

### 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>		CP-AR-0712-BISH		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>		CP-AR-0712-BISH		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Business Income ( and Extra Expense) Coverage Form	CP 7307 (Ed. 09/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CP 7307 04/00	CP-AR005BUSI
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		

Effective March 1, 2007

**This page is informational only and do not need to be submitted with your filings!**

**Notes for Form Filing Transmittal  
DESCRIPTION OF ITEMS IN THE FORM FILING SCHEDULE**

**FORM FILING SCHEDULE**

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="border: none;">New Business</td> <td style="border: none; width: 100px;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					
<b>3. Group Name</b>	Great American Insurance Group	<b>Group NAIC #</b>	084		
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
Great American Insurance Company	Ohio	16691	31-0501234		
Great American Assurance Company	Ohio	26344	15-6020948		
Great American Alliance Insurance Comp	Ohio	26832	95-1542353		
Great American Insurance Company of NY	New York	22136	13-5539046		
<b>5. Company Tracking Number</b>		<b>CP-AR-0712-BISH</b>			
<b>Contact Info of Filer(s) or Corporate Officer(s)</b> [include toll-free number]					
<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>	
Christie M. Mayes, AFIS	Sr. Product Analyst	513-412-3963	513-333-6996	cmayes@gaic.com	
49 East 4 <sup>th</sup> Street, Cincinnati, OH 45202					
<b>7. Signature of authorized filer</b>					
<b>8. Please print name of authorized filer</b>	Christie M. Mayes				
<b>Filing information</b> (see General Instructions for descriptions of these fields)					
<b>9. Type of Insurance (TOI)</b>	01.0 Property				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	01.0 Property				
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>					
<b>12. Company Program Title (Marketing title)</b>	<b>Commercial Property</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)				
<b>14. Effective Date(s) Requested</b>	New:	2/1/08	Renewal:	2/1/08	

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)		
<b>17.</b>	<b>Reference Organization # &amp; Title</b>		
<b>18.</b>	<b>Company's Date of Filing</b>	12/19/07	
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CP-AR-0712-BISH
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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This filing revises form CP7307 (04-00) Human Services Business Income (and Extra Expense) Coverage Form, the new edition date is CP7307 (09-07)

Form CP7307 states that we will pay for any Business Income lost to the insured due to the necessary suspension of "operation" during the "period of restoration". The suspension of "operations" must be caused by direct physical loss of or damage to property at the described premises resulting from any Covered Cause of Loss. We will pay Extra Expense Coverage incurred during the "period of restoration".

The limit of this form is increased to \$2,000,000 from \$500,000 provided on the 04-00 edition. The 04-00 edition is being replaced by this form.

<b>22.</b>	<b>Filing Fees</b> (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]
<p><b>Check #:</b> <b>Amount: 50.00</b></p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

**\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

## **These pages are informational only and do not need to be submitted with your filings!**

### **Notes for Uniform Property & Casualty Transmittal Document**

#### **DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT**

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
  - a. Date the filing is received by the Insurance Dept.**
  - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
  - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
  - d. Date of Disposition of the filing**—date filing is finished
  - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
  - f. State Filing #:** The number the state assigns to the filing (if applicable).
  - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
  - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

**14. Effective Date Requested:** This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

**15. Reference Filing:** Yes/No

**16. Reference Organization (if applicable):** The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

**17. Reference Organization Number & Title (if applicable):** This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

**18. Company’s Date of filing:** The date the company sends the filing.

**19. Status of filing in domicile:** Place for the company to show if filing has been filed in domicile and its status.

**20. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

**21. Filing Description:** This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

**22. Filing Fees:** Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

Specialty Operations  
49 East Fourth Street  
Dixie Terminal North Building  
6<sup>th</sup> Floor  
Cincinnati, OH 45202-3803  
PO Box 5425  
Cincinnati, OH 45201-5425  
1-800-605-6713  
513.333.6996 fax



December 17, 2007

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

**Re: Great American Insurance Group**

<b>Great American Insurance Company</b>	<b>084-16691</b>	<b>31-0501234</b>
<b>Great American Insurance Company of New York</b>	<b>084-22136</b>	<b>13-5539046</b>
<b>Great American Assurance Company</b>	<b>084-26344</b>	<b>15-6020948</b>
<b>Great American Alliance Insurance Company</b>	<b>084-26832</b>	<b>95-1542353</b>
<b>Commercial Property</b>		
<b>Form Filing</b>		
<b><u>GAI Filing # CP-AR-0712-BISH</u></b>		

To Whom It May Concern:

The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed revised form filing for Business Income (and Extra Expense) Coverage form. Please see the explanatory memorandum for additional details.

Please find enclosed, for review, the following:

1. Explanatory Memorandum
2. Copies of the Form Pages.
3. All transmittals required by the state.

It is proposed that this filing be applicable to all policies written on or after February 1, 2008. Please return the duplicate of this letter to acknowledge approval and confirm your action. A self-addressed, stamped envelope is enclosed for your convenience.

Sincerely,

*Christie M. Mayes*  
Sr. Product Analyst  
513-412-3963  
513-333-6996  
[cmayes@gaic.com](mailto:cmayes@gaic.com)

## Explanatory Memorandum

This filing revises form CP7307 (04-00) Human Services Business Income (and Extra Expense) Coverage Form, the new edition date is CP7307 (09-07)

Form CP7307 states that we will pay for any Business Income lost to the insured due to the necessary suspension of “operation” during the “period of restoration”. The suspension of “operations” must be caused by direct physical loss of or damage to property at the described premises resulting from any Covered Cause of Loss. We will pay Extra Expense Coverage incurred during the “period of restoration”.

The limit of this form is increased to \$2,000,000 from \$500,000 provided on the 04-00 edition. The 04-00 edition is being replaced by this form.

No change to rating for revenues up to \$1,000,000

For revenues higher than \$1,000,000:

Average rate for:

\$1,000,000 - \$3,000,000 = .065  
\$3,000,001 - \$5,000,000 = .0525  
\$5,000,001 - \$7,000,000 = .05  
47,000,001 - \$10,000,000 = .05

Rate developed based on average revenue with consideration that the limit is capped at \$2,000,000.