

SERFF Tracking Number: GRTA-125424016 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: IM-AR-0801-MEDI
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: IM-AR-0801-MEDI
Project Name/Number: IM-AR-0801-MEDI/IM-AR-0801-MEDI

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: IM-AR-0801-MEDI	SERFF Tr Num: GRTA-125424016	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: IM-AR-0801-MEDI	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Debbie Stamm	Disposition Date: 01/11/2008
	Date Submitted: 01/10/2008	Disposition Status: Approved
Effective Date Requested (New): 04/01/2008		Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): 04/01/2008		Effective Date (Renewal): 04/01/2008

State Filing Description:

General Information

Project Name: IM-AR-0801-MEDI
Project Number: IM-AR-0801-MEDI
Reference Organization:
Reference Title:
Filing Status Changed: 01/11/2008
State Status Changed: 01/11/2008
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:
Deemer Date:

The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed form filing. This filing is a new program for Commercial Inland Marine- Medical Diagnosis and Scientific Equipment. Please see the enclosed explanatory Memorandum for details as to the purpose of this filing.

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Company and Contact

Filing Contact Information

Debbie Stamm, Product Tech Dstamm@gaic.com
 49 east 4th street (513) 369-5000 [Phone]
 Cincinnati, OH 45202 (513) 333-6996[FAX]

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	

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	

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	

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:
(513) 369-5000 ext. [Phone]	FEIN Number: 13-5539046	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 50.00 for a form filing.

SERFF Tracking Number: *GRTA-125424016* *State:* *Arkansas*
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Per Company: *No*

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/11/2008	01/11/2008

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Disposition

Disposition Date: 01/11/2008
Effective Date (New): 04/01/2008
Effective Date (Renewal): 04/01/2008
Status: Approved
Comment:

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
Supporting Document	Explanatory Memo	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Form Schedule	Approved	Yes
Form	Medical Diagnostic and Scientific Equipment Declarations	Approved	Yes
Form	Medical Diagnostic and Scientific Equipment Coverage Form	Approved	Yes
Form	Off-Premises Power Interruption Endorsement	Approved	Yes
Form	Business Income Coverage Endorsement	Approved	Yes
Form	Breakdown Coverage Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Medical Diagnostic and Scientific Equipment Declarations	CM 77 71	06/07	Endorsement/Amendment/Conditions New		0.00	cm 77 71 medi.pdf
Approved	Medical Diagnostic and Scientific Equipment Coverage Form	CM 77 72	06/07	Endorsement/Amendment/Conditions New		0.00	cm 77 72 medi.pdf
Approved	Off-Premises Power Interruption Endorsement	CM 77 73	06/07	Endorsement/Amendment/Conditions New		0.00	cm 77 73 medi.pdf
Approved	Business Income Coverage Endorsement	CM 77 74	06/07	Endorsement/Amendment/Conditions New		0.00	cm 77 74 medi.pdf
Approved	Breakdown Coverage Endorsement	CM 78 91	06/07	Endorsement/Amendment/Conditions New		0.00	cm 7891 medi.pdf



Administrative Offices
 580 Walnut Street
 Cincinnati, Ohio 45202
 Tel: 1-513-369-5000

CM 77 71 (Ed. 06 07)

Policy No. _____

**MEDICAL DIAGNOSTIC AND SCIENTIFIC EQUIPMENT
 DECLARATIONS**

Named Insured:	Policy Period: to
Premium for this Coverage Form	\$

LIMITS OF INSURANCE

Equipment at Premises:

) If this has (X), the Limits of Insurance are as shown on the most recent schedule of equipment at premises on file with us.

OR Scheduled Equipment:

**Location 1.
 Address
 Equipment**

- a. \$
- b. \$
- c. \$

**Location 2.
 Address
 Equipment**

- a. \$
- b. \$
- c. \$

Mobile Equipment:

) If this has (X), the Limits of Insurance are as shown on the most recent schedule of mobile equipment on file with us.

OR Scheduled Equipment:

- 1. \$
- 2. \$
- 3. \$
- 4. \$
- 5. \$

All Covered Property in any one Occurrence \$

DEDUCTIBLE \$

FORMS AND ENDORSEMENTS applicable to this Coverage Form and made part of this policy at the time of issuance are listed on the attached Forms and Endorsements Schedule, CM 88 01 (11/85).



MEDICAL DIAGNOSTIC AND SCIENTIFIC EQUIPMENT 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 F. - **Definitions.**

A. Coverage

We will pay for direct physical "loss" to Covered Property from any of the Covered Causes of Loss.

1. Covered Property, as used in this Coverage Form, means:

- a. your scientific or medical diagnostic equipment, including their component parts;
- b. similar property of others, in your care, custody or control, as scheduled in the Declarations.

2. Property Not Covered is:

- a. motor vehicles designed to haul passengers or freight over the highways;
- b. contraband, or property in the course of illegal transportation or trade;
- c. radioactive material;
- d. stock in trade.

3. Covered Causes of Loss

Covered Causes of Loss means risks of direct physical "loss" to Covered Property except those causes of "loss" listed in the Exclusions.

4. Additional Coverage

The Limits of Insurance for the Additional Coverages are in addition to the Limits of Insurance shown in the Declarations. The Deductible and Coinsurance Provisions do not apply to the Additional Coverages.

a. Extra Expense

(1) We will pay the actual and necessary Extra Expense you sustain due to direct physical "loss" during the policy term to:

- (a) Covered Property;
- (b) the "structure" in which the property described in (a) is located, provided the "structure" is damaged to an extent which prevents access to and use of the Covered Property;
- (c) the air conditioning system that specifically services your Covered Property;
- (d) the electrical system that specifically services your Covered Property, provided the damage to the system occurs inside or within 100 feet of the "structure" housing your Covered Property.

(2) Extra Expense means necessary expenses 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 listed above in A.4.a.(1)(a), (b), (c) and (d):

- (a) to avoid or minimize the suspension of business and to continue "operations" at

any premises where Covered Property is located; including:

- (i) relocation expenses; and
 - (ii) costs to equip and operate the replacement or temporary locations.
- (b) to minimize the suspension of business if you cannot continue "operations"; or
- (c) to repair or replace any property;

to the extent it reduces the amount of loss that otherwise would have been payable under this insurance policy.

- (3) The most we will pay for "loss" in any one occurrence under this Additional Coverage is \$25,000.

b. Newly Acquired Equipment

We will pay for "loss" to newly acquired scientific and medical diagnostic equipment items, similar to the scheduled Covered Property, wherever located in the Coverage Territory.

You must report these items to us, (including where they are located, if not mobile equipment), within 60 days of the date that you first take possession of them or have them delivered to a specified location, whichever is earlier. If you fail to report these items within the 60 day period, coverage does not and will not apply to such unreported items.

The most we will pay for "loss" under this Additional Coverage is the highest Limit of Insurance shown for any one item in the Schedule of Covered Equipment, up to a maximum of \$250,000.

c. Data, Programs and Media

We will pay for your "loss" of active data processing media, data and programs, which are used exclusively with Covered Property.

- (1) data is information which has been converted to a form usable in data processing or electronically controlled equipment. Data includes programming records;
- (2) media is the material on which data is recorded.

"Loss" to data that cannot be replaced is not covered.

Accounts, bills, evidences of debt, valuable papers, abstracts, records, deeds, manuscripts or other documents are not covered, unless converted to Data, and then only in that form.

The most we will pay for "loss" under this Additional Coverage in any one occurrence is 10% of the Limit of Insurance for the applicable equipment shown in the Schedule of Covered Property, up to a maximum of \$10,000.

d. Debris Removal

We will pay your expense to remove debris of Covered Property caused by or resulting from a Covered Cause of Loss, that occurs during the policy period.

The expenses will be paid only if they are reported to us in writing within 180 days of the date of direct physical loss or damage.

The most we will pay under this Additional Coverage is 25% of:

- (1) the amount we pay for the direct physical loss or damage to Covered Property, plus
- (2) the deductible in this Policy applicable to that loss or damage.

Payment under this Additional Coverage will not increase the applicable Limit of Insurance, but if:

- (1) the sum of the direct physical loss or damage and debris removal expense exceeds the Limit of Insurance, or
- (2) the debris removal expense exceeds the amount payable under the 25% limitation;

we will pay up to an additional \$25,000 in any one occurrence under this Additional Coverage.

This Additional Coverage doesn't apply to the cost to:

- (1) extract "pollutants" from land or water; or
- (2) remove, restore or replace polluted land or water.

e. Pollutant Clean Up and Removal

We will pay your necessary expense to extract "pollutants" from land or water at any premises where Covered Property is located, if the release, discharge or dispersal of the "pollutants" results from a Covered Cause of Loss to Covered Property that occurs during the policy period. Your expenses will be paid only if they are reported to us within 180 days of the date on which the Covered Cause of Loss occurs.

This Additional Coverage does not apply to costs to test for, monitor or assess the existence, concentration or effects of "pollutants," but we will pay for testing which is performed in the course of extracting the "pollutants" from the land or water.

The most we will pay under this Additional Coverage is 10% of the Limit of Insurance for the applicable equipment shown in the Schedule of Covered Property, up to a maximum of \$10,000, regardless of the number of losses per (12 month) policy period.

f. Cost of Preparing a Statement of Loss

We will pay the cost of preparing a statement of loss or any other exhibits required in connection with any claim under this Coverage Form.

This Additional Coverage does not apply to Public Adjuster fees or Attorney fees.

The most we will pay for the cost of preparing a statement of loss or other exhibits under this Additional Coverage is \$2,500.

g. Protective Equipment

We will pay your necessary expenses to:

- (1) repair or replace (in excess of any amount covered by other insurance);
- (2) recharge;

your fire protection equipment that is used exclusively to protect the Covered Property.

We will pay recharge expense if the damage or discharge is the result of a response to a fire, a false alarm, or another Covered Cause of Loss. But we won't pay for discharge which occurs during installation, repair or recharge. We will not pay for gradual leakage from the system.

The most we will pay under this Additional Coverage in any one occurrence is \$10,000.

h. Preservation of Property and Removal Expense

If it is necessary to move Covered Property from covered premises to preserve it from imminent loss or damage by a Covered Cause of Loss, we will pay:

- (1) up to the applicable Limit of Insurance shown in the Declarations for direct physical "loss" to that property from a Covered Cause

of Loss while it is being moved to, from and while it is temporarily stored at another location, if the "loss" occurs within 30 days after the property was first moved to avoid loss or damage;

- (2) up to \$25,000 in any one (12 month) policy period, for your actual, necessary expenses to remove Covered Property from covered premises (and return it to such premises when the danger of imminent loss or damage has abated).

B. Exclusions

1. We will not pay for a "loss" caused directly or indirectly by any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss."

a. Governmental Action

Seizure or destruction of property by order of governmental authority.

But we will pay for acts of destruction ordered by governmental authority and taken at the time of a fire to prevent its spread if the fire would be covered under this Coverage Form.

b. Nuclear Hazard

- (1) Any weapon employing atomic fission or fusion; or
- (2) Nuclear reaction or radiation, or radioactive contamination from any other cause. But we will pay for direct "loss" caused by resulting fire if the fire would be covered under this Coverage Form.

c. War and Military Action

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or ex-

pected attack, by any government, sovereign or authority using military personnel or other agents; or

- (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

d. Earth Movement

- (1) Any earth movement whether the event arises from external or natural forces, such as earthquake, landslide, mine subsidence or earth sinking, rising, shifting, expanding or contracting. But if loss or damage by fire, theft or explosion results, we will pay for that resulting "loss."

- (2) Volcanic eruption, explosion or effusion. But if "loss" by fire or volcanic action results, we will pay for that resulting "loss."

Volcanic action means direct "loss" resulting from the eruption of a volcano when the "loss" is caused by:

- (a) airborne volcanic blast or airborne shock waves;
- (b) ash, dust or particulate matter; or
- (c) lava flow.

All volcanic eruptions that occur within any 168 hour period will constitute a single occurrence.

Volcanic action does not include the cost to remove ash, dust or particulate matter that does not cause direct physical "loss" to the described property.

e. Water

The following are excluded whether the event arises from external or natural forces:

- (1) flood, surface water, waves, tides, tidal waves, overflow of any body of water or their spray, all whether driven by wind or not;
- (2) mudslide or mudflow;
- (3) water that backs up from a sewer or drain; or
- (4) water under the ground surface pressing on, or flowing or seeping through:
 - (a) foundations, walls, floors or paved surfaces;
 - (b) basements, whether paved or not; or
 - (c) doors, windows or other openings.
- (5) Water Damage as a result of freezing, unless:
 - (i) you have shut off the water supply and drained the plumbing systems; or
 - (ii) made a reasonable effort to maintain heat in an enclosed building.

But if "loss" by fire, explosion, theft or sprinkler leakage results, we will pay for that resulting "loss."

Exclusions **B.1.a.** through **B.1.e.** apply whether or not the "loss" event results in widespread damage or affects a widespread area.

- 2. We will not pay for a "loss" caused by or resulting from any of the following:
 - a. Delay, loss of use, loss of market or any other consequential loss.
 - b. Dishonest acts by:
 - (1) you, your partners, directors, managers, officers or trustees, employees (including leased employees) or your or their authorized representatives;

- (2) anyone else with an interest in the property, or their employees (including leased employees) or authorized representatives;
- (3) anyone else (other than a carrier for hire or public warehouseman) to whom you entrust the property.

This exclusion applies whether or not such persons are acting alone or in collusion with other persons, or such acts occur during the hours of employment.

This exclusion does not apply to acts of destruction by employees (including leased employees), but theft by employees (and leased employees) is not covered.

- c. Unexplained loss, mysterious disappearance or shortage found upon taking inventory. This exclusion does not apply to property in the custody of a carrier for hire or public warehouseman.
- d. Rain, sleet, snow, hail, ice or dust to property that is:

- (1) not in a fully enclosed building; or
- (2) in the open.

This exclusion does not apply to:

- (1) property in the custody of a carrier for hire;
- (2) "loss" due to collapse of a structure caused by the weight of rain, sleet, snow, hail, ice or dust;
- (3) "loss" to Covered Property within mobile units.
- e. Virus, harmful or malicious code or similar instruction introduced into or enacted on a computer system (including data) or a network to which it is connected, designed to damage or destroy any part of the system of disrupt its normal operation.

f. The enforcement of any ordinance or law:

- (1) regulating the construction, use or repair of any property; or
- (2) requiring the tearing down of any property, including the cost of removing its debris.

g. Equipment breakdown, including:

- (1) mechanical failure;
- (2) short circuit, blow-out or other electric or magnetic disturbance, other than lightning, within electrical equipment, apparatus or devices;
- (3) any repairing, servicing or processing operation;
- (4) damage to Data or Media when equipment breaks down or malfunctions while Data or Media is being run through the system.

But if a loss or damage by fire, explosion or theft results, we will pay that resulting "loss."

h. Change in or interruption of electrical power supply if the cause of the change originates more than 100 feet away from the premises containing the Covered Property (equipment).

But, if a loss or damage by fire, explosion or theft results, we will pay that resulting "loss."

In addition to the above, we will not pay for any Extra Expense you incur due to:

- i. Programming errors or incorrect machine instructions;
- j. Interference by strikers or other persons with repairs to damaged property, or with resumption of normal business "operations";
- k. The suspension, lapse or cancellation of any lease, license or contract beyond the "period of restoration";
- l. Any other consequential "loss."

3. We will not pay for a "loss" caused by or resulting from any of the following. But if "loss" by a Covered Cause of Loss results, we will pay for that resulting "loss."

a. Collapse or weather conditions. But this exclusion only applies if collapse or weather conditions contribute in any way with a cause or event excluded in paragraph 1. above to produce the "loss."

b. Acts or decisions, including the failure to act or decide, of any person, group, organization or governmental body.

c. Gradual deterioration, hidden or latent defects, any quality in the property that causes it to damage or destroy itself, wear and tear, depreciation, corrosion, rust, dampness or dryness, cold or heat, insects, vermin, rodents, birds or other animals.

d. Faulty, inadequate or defective:

(1) planning, zoning, development, surveying, siting;

(2) design, specifications, workmanship, repair, construction, renovation, remodeling, grading, compaction;

(3) materials used in repair, construction, renovation or remodeling; or

(4) maintenance;

e. Any "loss" covered under any guarantee, warranty or other expressed or implied obligation of any contractor, manufacturer or supplier. This exclusion applies whether or not such contractor, manufacturer or supplier is a named insured.

C. Limits of Insurance

The most we will pay in any one "loss" is the applicable Limit of Insurance shown in the Declarations.

D. Deductible

We will pay the amount of the adjusted "loss" in any one occurrence in excess of the applicable deductible amount shown in the Declarations, up to the applicable Limit of Insurance.

E. Additional Conditions

1. Coverage Territory

We cover property wherever located within:

- a. the United States of America;
- b. Canada

and while transit via scheduled airline or air cargo carrier between such places.

2. Valuation

The General Condition **Valuation** of the Commercial Inland Marine Conditions is replaced by the following:

- a. The value of equipment will be:
 - (1) the cost to restore the property to its condition immediately prior to loss or damage, if the property can be repaired; or
 - (2) if the property cannot be repaired, the cost to replace the property with new property that is functionally identical to the property that experienced loss or damage if the property is replaced within 24 months of the date of loss or damage; or
 - (3) the actual cash value of the property, until and if the property is replaced (within a period of 24 months of the date of the loss or damage).
- b. The value of data, programs and media is the actual cost to reproduce the data, programs and media.
 - (1) if data or programs cannot be reproduced, we will pay for the cost of media in blank with no stored data or programming;

- (2) media value is the replacement cost of the media in blank with substantially identical property.

3. Our Options

If we notify you in writing within thirty (30) days after we receive your signed, sworn statement of loss, we will take all or part of the damaged property at a value that we will agree upon with you. If we choose, we may also repair the damaged property, or replace it with similar property.

4. Coinsurance

The following applies to equipment only:

Your Covered Property must be insured for 80% of its replacement cost at the time of "loss" or you will incur a penalty.

The penalty is that we will pay only the proportion of any "loss" that the amount of insurance shown in the Schedule for the applicable Covered Property item(s) bears to 80% of the replacement cost of the item(s) at the time of "loss."

5. Protective Safeguards

You must maintain the protective safeguards stated by you to be in effect at a location when this coverage began. If you fail to keep the protective safeguards:

1. in working condition; and
2. in operation when the location is closed for business;

coverage for which the protective safeguards apply is automatically suspended at that location, until the equipment or services are back in operation.

F. Definitions

"Loss" means accidental loss or damage.

"Operations" means your scientific and/or medical business activities, which directly depend upon the Covered Property.

"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 to property listed above in **A.4.a.(1)(a), (b), (c) and (d)**; and
- b. ends on the date when the property should be repaired, rebuilt or replaced with reasonable speed and similar quality or business is resumed at a new permanent location.

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

- (1) regulates the construction, use or repair, or requires the tearing down of any property;

- (2) requires anyone to test for, monitor, clean up, remove, detoxify or neutralize, or in any way respond to or assess the effects of "pollutants," wet rot, dry rot, fungus or bacteria.

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

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

"Structure" includes buildings, trailer(s) and trucks which are especially designed to house the covered equipment.



THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

OFF-PREMISES POWER INTERRUPTION ENDORSEMENT

This endorsement modifies coverage provided by your:

MEDICAL DIAGNOSTIC AND SCIENTIFIC EQUIPMENT COVERAGE FORM
BUSINESS INCOME ENDORSEMENT

A. Coverage

We will pay your direct physical "loss" to Covered Property directly caused by interruption of, or changes in (such as brown-out or power surge) power supply service to premises scheduled in the Declarations.

The interruption must be the direct result of a direct physical loss or damage from a Covered Cause of Loss to the Power Supply Service, not on the scheduled premises:

Power Supply Service means the following types of property supplying electricity to the scheduled premises:

- (1) utility generating plants;
- (2) switching stations;
- (3) substations;
- (4) transformers;
- (5) transmission lines.

Power Supply Service does not include overhead (above ground) electrical transmission lines.

Paragraph **A.4.a. Extra Expense (1)(d)** of the Coverage Form is deleted and is replaced by the following:

- (d) the electrical system that serves your premises scheduled in the Declarations. Damage to power supply service must occur 100 feet or more from such scheduled premises for off premises power interruption coverage to apply.

If your policy covers Loss of Business Income, the following is substituted for paragraph **A.4.j.(3)(c)** of the **Business Income Endorsement**.

- (c) the electrical system that serves your premises scheduled in the Declarations. Damage to power supply service must occur 100 feet or more from such scheduled premises for off premises power interruption coverage to apply.

D. Deductible

1. For direct physical "loss" \$ _____ (If no amount is shown, the deductible shown in the Declarations will apply to direct physical "loss");
2. Waiting period for Loss of Business Income is 3 "business days." We will pay only the portion of your Business Income reduction that you incur after a 3 "business days" waiting period immediately following a "loss" from a Covered Cause of Loss to power supply service property as described above.

All other terms remain unchanged.



Administrative Offices
 580 Walnut Street
 Cincinnati, Ohio 45202
 Tel: 1-513-369-5000

CM 77 74
 (Ed. 06 07)

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

BUSINESS INCOME COVERAGE ENDORSEMENT

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

Words that appear in quotation marks have special meaning, refer to the **Definitions** sections of the Coverage Form and this endorsement.

This endorsement modifies coverage provided by your:

MEDICAL DIAGNOSTIC AND SCIENTIFIC EQUIPMENT COVERAGE FORM

Limits of Insurance

The most we will pay for Business Income loss under this Additional Coverage is:

- At Location 1. \$
- At Location 2. \$
- At a new location \$
- For any one mobile equipment vehicle \$
- In any one occurrence \$

Waiting Period "business days." (if this space is blank, the waiting period is 3 "business days")

A. Coverage

We will pay for the actual loss of "Business Income" that you sustain due to the necessary "suspension" of your "operations" during the "period of restoration" caused by direct physical loss or damage from a Covered Cause of Loss.

This coverage applies only to locations and mobile equipment units for which a Limit of Insurance is shown above.

B. Causes of Loss

The suspension must be caused by a direct physical "loss" from a Covered Cause of Loss to:

1. Covered Property; or
2. the "structure" containing Covered Property, provided that the "structure" is damaged to an extent that prevents access to and use of the Covered Property; or
3. the air conditioning system that specifically services the Covered Property; or
4. the electrical system that services the Covered Property, providing the loss or damage to the system occurs more than 100 feet from the "structure" housing the Covered Property; or

5. if you are a tenant, to a route within a building necessary to gain access to the premises that you lease, rent or occupy at a covered location.

C. Additional Coverages

1. Extra Expense

We will pay your "Extra Expense" to avoid or minimize the "suspension" of business and continue "operations," but only to the extent it reduces the amount that would otherwise be payable under this Business Income Coverage.

- a. at the Covered Location premises for which a Limit of Insurance is shown above; or
- b. at a replacement premises or at temporary locations, including:
 - (1) relocation expenses; and
 - (2) costs to equip and operate the replacement or temporary locations.

We will pay any "Extra Expense" to minimize the "suspension" of business if you cannot continue "operations."

We will pay any "Extra Expense" to:

- a. repair or replace any property; or
- b. research, replace or restore the lost information on damaged valuable papers and records, to the extent it reduces the amount of loss that otherwise would be payable under this Business Income Coverage.

2. Civil Authority

We will pay for the actual loss of "Business Income" you sustain and necessary "Extra Expense" caused by action of civil authority that prohibits access to the covered location premises due to direct physical "loss" to property, other than at a Covered Location premises, caused by or resulting from a Covered Cause of Loss. Coverage will apply for a period not to exceed three consecutive weeks from the date of that action.

3. Extended Business Income

We will pay for the actual loss of "Business Income" you incur during the period that:

- a. begins on the date that property (other than finished "stock") is actually repaired, rebuilt or replaced and "operations" are resumed; and
- b. ends 60 consecutive days after the earlier of:
 - (1) the date you could restore your "operations," with reasonable speed, to the level which would generate the "Business Income" amount that would have existed if no direct physical loss or damage had occurred; or
 - (2) the date that property (other than finished "stock") is actually repaired, rebuilt or replaced and "operations" are resumed.

However, Extended Business Income does not apply to loss of "Business Income" incurred as a result of unfavorable business conditions caused by the impact of the Covered Cause of Loss in the area where the Covered Location premises are located.

Loss of "Business Income" must be caused by a direct physical "loss" at the Covered Location premises or to mobile equipment elsewhere within the Coverage Territory, caused by or resulting from a Covered Cause of Loss.

D. Coverage Extension

Temporary or Newly Acquired Locations

1. You may extend your "Business Income" Coverage to apply to property at any newly acquired or temporary location (other than the scheduled locations).
2. The most we will pay for loss at each location under this Extension is the Limit of Insurance shown for any new location above.
3. Insurance under this Extension for each such location will end when any of the following occurs:
 - a. this Policy expires; or
 - b. 60 days expire after you acquire the property; or
 - c. 60 days expire after you temporarily locate any personal property at such location; or
 - d. you report the location to us.

We will charge you additional premium for the location reported from the date you acquire the property, and/or locate the personal property at such location.

E. Exclusions

1. The exclusions applicable to your **Medical Diagnostic and Scientific Equipment Coverage Form** apply to this Business Income Coverage;
2. The following Special Exclusions apply:
 - a. Any loss caused directly or indirectly by the failure of power or other utility service supplied to the Covered Location premises however caused, if the failure occurs outside of a Covered Location building.

But, if the failure of power or other utility service results in a Covered Cause of Loss, we will pay for the loss resulting from that Covered Cause of Loss.
 - b. Any increase in loss caused by or resulting from:
 - (1) delay in rebuilding, repairing or replacing the property or resuming "operations," due to interference at the location of the rebuilding, repair or replacement by strikers or other persons; or
 - (2) suspension, lapse or cancellation of any license, lease or contract beyond the "period of restoration." But, we will pay the portion of such "Extra Expense" which is applicable to the "period of restoration."
 - c. Any loss due to the enforcement of any law, ordinance or government order which requires:
 - (1) the testing, monitoring, containment, removal, extraction, treatment, remediation, detoxification, disposal or decontamination of property; or
 - (2) the reconstruction, repair, remodeling, replacement or demolition of property; or

- (3) you to respond in any way to, or assess the effects of, the presence (or suspected presence) of growth, proliferation, spread, decomposition, destruction or any other activity of "fungus," wet rot, dry rot or bacteria.

g. Any other consequential loss.

F. Limits of Insurance

Beginning after the expiration of the waiting period deductible, the most we will pay for loss in any one occurrence is the applicable Limit of Insurance shown above.

1. Payments under the following Additional Coverages will not increase the applicable Limit of Insurance:
 - a. "Extra Expense";
 - b. Civil Authority;
 - c. Extended Business Income.

G. Waiting Period

Following a covered direct physical loss to property, we will not pay the "Business Income" loss which you incur during the first 3 "business days" (unless a different number of days is shown above).

The waiting period does not apply to "Extra Expense" Coverage.

H. Loss Conditions

The following conditions apply in addition to the Commercial Inland Marine Conditions and the Common Policy Conditions:

1. Resumption of Operations

You must resume all or part of your "operations" as quickly as possible.

We will reduce the amount of your:

- a. "Business Income" loss, other than "Extra Expense," to the extent that you can resume your "operations," in whole or in part, by using damaged or undamaged property (including merchandise or stock) at the Covered Location premises or elsewhere.
- b. "Extra Expense" loss to the extent you can return "operations" to normal and discontinue such "Extra Expense."

2. Loss Determination

a. The amount of "Business Income" loss will be determined based upon:

- (1) the Net Income of the business before the direct physical "loss" occurred;
- (2) the likely Net Income of the business if no direct physical "loss" had occurred;
- (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"; 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 upon:

- (1) All expenses that exceed the normal operating expenses that would have been incurred by "operations" during the "period of restoration" if no direct physical "loss" had occurred.

We will deduct from the total of such expenses:

- (a) the salvage value that remains of any property bought for temporary use during the "period of restoration" once "operations" are resumed; and
 - (b) any "Extra Expense" that is paid for by other insurance, except for insurance that is written subject to the same plan, terms, conditions and provisions as this insurance; and
- (2) All necessary expenses that reduce the "Business Income" loss that otherwise would have been incurred.

3. Loss Payment

We will pay for covered loss within 30 days after we receive the sworn statement of loss, if:

- a. you have complied with all of the terms of this Coverage Part; and
- b. (1) we have reached agreement with you on the amount of loss; or
- (2) an appraisal award has been made.

I. Definitions

"Business day" means the usual working day when your scientific or medical imaging "operations" are performed, but does not include any day you do not normally perform these operations.

"Business Income" means the:

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

For manufacturing "operations," Net Income includes the net sales value of production.

"Extra Expense" means necessary expenses you incur during the "period of restoration" that you would not have incurred if there had been no direct physical "loss" to property caused by or resulting from a Covered Cause of Loss.

"Suspension" means:

- 1. the slowdown or cessation of your business activities; or
- 2. that a part or all of the Covered Location premises is rendered untenable, if coverage for "Business Income" rental value applies.

All other terms remain unchanged.



THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

BREAKDOWN COVERAGE ENDORSEMENT

This endorsement modifies coverage provided by your:

MEDICAL DIAGNOSTIC AND SCIENTIFIC EQUIPMENT COVERAGE FORM

With respect to coverage added by this endorsement, the following changes apply:

A. Coverage

2. Property Not Covered, the following is added:

Automobiles, trucks and trailers (but not scientific or medical equipment attached to and/or contained within such vehicles)

B. Exclusions

Exclusions B.2.g.(1), (2), and (4) are deleted

Exclusions B.3.e. is amended to read as follows:

- e. any "loss" or expense covered by any warranty, guarantee, maintenance agreement or service agreement of any entity (whether or not such entity has been named as an insured in this Policy).

D. Deductible Amount that applies to Breakdown "loss" s

(If no amount is shown above, the deductible shown in the Declarations applies.)

The breakdown "loss" deductible applies only to "loss" caused by:

1. mechanical breakdown or mechanical failure of covered equipment;
2. artificially generated electrical current that creates an electric disturbance within covered equipment;
3. damage to data and/or media that is actively engaged with covered equipment during a mechanical breakdown or electric disturbance or such equipment.

E. Additional Conditions

The following Additional Condition is added:

Maintenance Contract Warranty:

You agree that covered equipment:

- (a) will be equipped, installed, inspected, and maintained in accordance with the manufacturers recommendations;
- (b) is and will be covered by a comprehensive maintenance contract (that includes safety checks, preventive maintenance, replacement of substandard or faulty parts to minimize possibility or equipment failure and rectification of loss or damage arising from normal operation and aging).

All other terms remain unchanged.

SERFF Tracking Number: GRTA-125424016 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: IM-AR-0801-MEDI
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: IM-AR-0801-MEDI
Project Name/Number: IM-AR-0801-MEDI/IM-AR-0801-MEDI

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/11/2008

Comments:

Attachment:

AR PCTD-1 Forms.pdf

Satisfied -Name: Explanatory Memo **Review Status:** Approved 01/11/2008

Comments:

Attachment:

Explanatory - Revised.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 01/11/2008

Comments:

Attachment:

Cover letter AR- Form MEDI.pdf

Satisfied -Name: Form Schedule **Review Status:** Approved 01/11/2008

Comments:

Attachment:

AR FFS-1.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Great American Insurance Group	084

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Great American Insurance Company	Ohio	16691	31-0501234	
Great American Assurance Company	Ohio	26344	15-6020948	
Great American Alliance Insurance Company	Ohio	26832	95-1542353	
Great American Insurance Company of NY	New York	22136	13-5539046	

5. Company Tracking Number	IM-AR-0801-MEDI
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Deborah Stamm 49 East Fourth Street Cincinnati, Ohio 45202	Product Technician	513-333-5586	513-333-6996	dstamm@gaic.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Deborah Stamm		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Inland Marine 9.0000
10.	Sub-Type of Insurance (Sub-TOI)	9.0005 Other Commercial Inland Marine
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<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)
14.	Effective Date(s) Requested	New: 04/01/2008 Renewal: 04/01/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	1/10/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	IM-AR-0801-MEDI
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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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The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed form filing. This filing is a new program for Commercial Inland Marine- Medical Diagnosis and Scientific Equipment. Please see the enclosed explanatory Memorandum for details as to the purpose of this filing.

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

EXPLANATORY MEMORANDUM

MEDICAL DIAGNOSTIC AND SCIENTIFIC EQUIPMENT COVERAGE FORM

The purpose of this filing is to introduce revised optional forms and rates for Medical Diagnostic and Scientific Equipment.

Medical Diagnostic & Scientific Equipment Declarations **CM 77 71**
Declarations Page

Medical Diagnostic & Scientific Equipment Coverage Form **CM 77 72**
Coverage applies to scheduled insured's equipment and equipment of others in the insured's care, custody or control. Power units and specialized trailers that are part mobile units can be covered property.

Off-Premises Power Interruption Endorsement **CM 77 73**
Provides coverage for physical damage to Covered Property (and if Business Income Endorsement is attached, Loss of Business Income) that results from a covered cause of loss damaging the electrical power supply system (to other than overhead transmission lines), at other than a scheduled location.

Business Income Coverage Endorsement **CM 77 74**
Covers actual loss of net profit and continuing expense from covered causes of loss to covered property, or to the immediate environment, that necessitates suspension of the insured's operations. Separate limits apply to specific locations, as well as mobile units and any one occurrence.

Breakdown Coverage Endorsement **CM 78 91**
Applies to covered property, but does not apply to motor vehicles (even those that are covered for physical loss from other causes under the same policy). Coverage is for loss due to mechanical breakdown and electrical injury. There is a place for separate deductible, if desired.

Specialty Operations
49 East Fourth Street
Dixie Terminal South Building
4th Floor
Cincinnati, OH 45202-3803
PO Box 5425
Cincinnati, OH 45201-5425
513.287.8100 ph
513.333.6996 fax



January 10, 2008

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

RE:	Great American Insurance Company	084-16691	31-0501234
	Great American Alliance Insurance Company	084-26832	95-1542353
	Great American Insurance Company of New York	084-22136	13-5539046
	Great American Assurance Company	084-26344	15-6020948
	Commercial Inland Marine Form Filing		
	<u>Our Filing Number: IM-AR-0801-MEDI</u>		

Dear Sir or Madam:

The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed form filing. This filing is a new program for Commercial Inland Marine- Medical Diagnosis and Scientific Equipment. Please see the enclosed explanatory Memorandum for details as to the purpose of this filing.

Please find enclosed for your review the following:

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

It is proposed that these forms become acknowledged by the state written on or after April 1, 2008. Please return the duplicate of this letter to acknowledge approval and confirm your action.

Sincerely,

Deborah Stamm

Deborah Stamm
Product Technician
Phone: 513-333-5586
Fax: 513-333-6996
dstamm@gaic.com

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 #	IM-AR-0801-MEDI			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	IM-AR-0801-MEDI			
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	Medical Diagnostic & Scientific Equipment Declarations	CM 77 71 (Ed. 06 07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Medical Diagnostic & Scientific Equipment Coverage Form	CM 77 72 (Ed. 06 07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Off-Premises Power Interruption Endorsement	CM 77 73 (Ed. 06 07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Business Income Coverage Endorsement	CM 77 74 (Ed. 06 07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Breakdown Coverage Endorsement	CM 78 91 (Ed. 06 07)	<input checked="" 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.