

SERFF Tracking Number: CNNA-125874971 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CBOP-08-6017-AR
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: CBOP-08-6017-AR
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CBOP-08-6017-AR

SERFF Tr Num: CNNA-125874971 State: Arkansas

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

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 05.0002 Businessowners

Co Tr Num: CBOP-08-6017-AR

State Status: Fees verified and
received

Filing Type: Form

Co Status:

Reviewer(s): Llyweyia Rawlins,
Brittany Yielding

Author: Sharon Whitaker

Disposition Date: 10/29/2008

Date Submitted: 10/27/2008

Disposition Status: Approved

Effective Date Requested (New): 05/01/2009

Effective Date (New): 05/01/2009

Effective Date Requested (Renewal): 05/01/2009

Effective Date (Renewal):
05/01/2009

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/29/2008

State Status Changed: 10/29/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file forms IB 504 08 08 per the attached explanatory memorandum.

Final printed copies are attached for your review.

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Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by February 1, 2009 for the software to be mailed to our agents on March 1, 2009 for the effective date of May 1, 2009.

Your approval is respectfully requested for use on policies effective on or after May 1, 2009.

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst sharon_grubbs@cinfin.com
 6200 S. Gilmore Road (513) 870-2091 [Phone]
 Fairfield, OH 45014

Filing Company Information

The Cincinnati Insurance Company CoCode: 10677 State of Domicile: Ohio
 6200 S. Gilmore Road Group Code: 244 Company Type:
 Fairfield, OH 45014 Group Name: State ID Number:
 (513) 870-2000 ext. [Phone] FEIN Number: 31-0542366

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	10/27/2008	23495247

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/29/2008	10/29/2008

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Disposition

Disposition Date: 10/29/2008

Effective Date (New): 05/01/2009

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Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	BUSINESSOWNERS PACKAGE POLICY DECLARATIONS	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	BUSINESSOWNERS PACKAGE POLICY DECLARATIONS	IB 504	08 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 IB 504 04 07 Previous Filing #: CBOP-07-6011-AR		IB504 08-08 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 _____

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

Loc. No.	Bldg. No.	Address
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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 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)
- Employment Practices Liability (Per form attached)
- Professional Liability (Per form attached)
- Umbrella Liability (Per form attached)

FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

MORTGAGE HOLDER

Loc. Bldg.
No. No. Name and Address

TOTAL ANNUAL PREMIUM \$ _____

Payable \$ _____ Each ___ Months

AGENT'S SIGNATURE:

COUNTERSIGNATURE DATE: _____

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/29/2008

Comments:

Attachments:

F777AR_CBOP-08-6017-AR.pdf
F778AR_307 CBOP-08-6017-AR.pdf

Satisfied -Name: MEMORANDUM **Review Status:** Approved 10/29/2008

Comments:

Attachment:

#MEMOF.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
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3. Group Name	Group NAIC #
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

5. Company Tracking Number	CBOP-08-6017-AR
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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
	6200 South Gilmore Road Fairfield, Ohio 45014-5141	Senior Filing Specialist	513-870-2091	513-888-8884	Sharon_grubbs@cinfin.com
7.	Signature of authorized filer		<i>Sharon Grubbs</i>		
8.	Please print name of authorized filer		Sharon Grubbs		

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

9. Type of Insurance (TOI)	Multiple Lines
10. Sub-Type of Insurance (Sub-TOI)	BUSINESSOWNERS PACKAGE PROGRAM
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
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: 05/01/2009 Renewal: 05/01/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	10/27/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CBOP-08-6017-AR
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Memorandum

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT FILING
Amount: \$50.00

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

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

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CBOP-08-6017-AR			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	BUSINESSOWNERS PACKAGE POLICY DECLARATIONS	IB 504 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IB 504 04 07	?
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**ARKANSAS
BUSINESSOWNERS PACKAGE PROGRAM
FORMS MEMORANDUM**

NEW FORM	OLD/WITHDRAWN FORM	TITLE/DESCRIPTION OF CHANGE
IB 504 08 08	IB 504 04 07	BUSINESSOWNERS PACKAGE POLICY DECLARATIONS Added reference to Employment Practices Liability