

SERFF Tracking Number: GRTA-125863617 State: Arkansas  
First Filing Company: Great American Assurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: SA AR 0810 THHX  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
Liability  
Product Name: Safepak Businessowners Policy Program  
Project Name/Number: Tobacco Health Hazard Exclusion/SA AR 0810 THHX

## Filing at a Glance

Companies: Great American Assurance Company, Great American Insurance Company of New York  
Product Name: Safepak Businessowners Policy SERFF Tr Num: GRTA-125863617 State: Arkansas  
Program  
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: SA AR 0810 THHX State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins  
Author: Rose Redman Disposition Date: 10/24/2008  
Date Submitted: 10/20/2008 Disposition Status: Approved  
Effective Date Requested (New): 11/20/2008 Effective Date (New): 11/20/2008  
Effective Date Requested (Renewal): 11/20/2008 Effective Date (Renewal): 11/20/2008

State Filing Description:

## General Information

Project Name: Tobacco Health Hazard Exclusion Status of Filing in Domicile: Pending  
Project Number: SA AR 0810 THHX Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 10/24/2008  
State Status Changed: 10/24/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Great American Insurance Company of New York and Great American Assurance Company hereby submit for your approval our form filing of the Tobacco Health Hazard Endorsement for the optional use of all Safepak Businessowners Policy Programs. The intent of the endorsement is to clarify that we do not provide tobacco health hazard coverage. There is no rate impact.

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## Company and Contact

### Filing Contact Information

Rose Redman, Product Analyst rredman@gaic.com  
 49 East 4th street (513) 763-7904 [Phone]  
 Cincinnati, OH 45202 (513) 333-6996[FAX]

### Filing Company Information

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 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  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50. per form filing.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Assurance Company	\$50.00	10/20/2008	23341145
Great American Insurance Company of New York	\$0.00	10/20/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/24/2008	10/24/2008

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## Disposition

Disposition Date: 10/24/2008  
Effective Date (New): 11/20/2008  
Effective Date (Renewal): 11/20/2008  
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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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Tobacco Health Hazard Exclusion	BP 87 19	10 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 BP 87 19 (Ed. 05/02) Previous Filing #: SA-AR-0208-TOBC		BP8719 1008.pdf BP 8719 Tobacco Health Hazard Excl mock.pdf



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

BP 87 19  
(Ed. 10 08)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **TOBACCO HEALTH HAZARD EXCLUSION**

This endorsement modifies insurance provided under the following:

**SAFEPAK® BUSINESSOWNERS POLICY SPECIAL FORM**

The following exclusion is added to **PART TWO - SAFEPAK LIABILITY COVERAGE FORM, Section B - Exclusions, Part 1. Applicable to Business Liability Coverage** is amended by the addition as follows:

This insurance does not apply to "bodily injury," "property damage," "personal and advertising injury" arising out of, resulting from, or in any way caused or contributed to the actual or alleged cause, inception, emergence, manifestation, contraction, aggravation, or exacerbation of any form of cancer, carcinoma, cancerous or pre-cancerous condition, arteriosclerosis, heart disease, pulmonary disease, or any other disease or condition of ill health of the human body as a result of the consumption or use of any "tobacco product," or as a result of exposure to the consumption, use, or by-product of any "tobacco product," grown,

manufactured, processed, sold, handled, advertised, or distributed by, for, or on behalf of any "insured."

"Tobacco product," as used in this endorsement, shall include raw or cured tobacco, cigars and cigar wrappers, pipe tobacco, cigarette filters, snuff, chewing tobacco, "smokeless" tobacco products, cigarettes and cigarette paper, tobacco smoke, gaseous or solid residues or by-products of tobacco processing, use, or consumption. "Tobacco product" shall also include any chemical, mineral, or other substance sprayed on, applied or added to, or customarily found in or used in conjunction with any other "tobacco product."

This endorsement does not change any other provision of the Policy.



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

BP 87 19  
 (Ed. 05-02)  
 10 08

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This endorsement modifies insurance provided under the following:

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The following exclusion is added to **PART TWO - SAFEPAK LIABILITY COVERAGE FORM, Section B - EXCLUSIONS, Part 1. Applicable to Business Liability Coverage** is amended by the addition as follows:

This insurance does not apply to "bodily injury," "property damage," "personal injury ~~or~~ <sup>and</sup> "advertising injury" arising out of, resulting from, or in any way caused or contributed to the actual or alleged cause, inception, emergence, manifestation, contraction, aggravation, or exacerbation of any form of cancer, carcinoma, cancerous or pre-cancerous condition, arteriosclerosis, heart disease, pulmonary disease, or any other disease or condition of ill health of the human body as a result of the consumption or use of any "tobacco product," or as a result of exposure to the consumption, use, or by-product of any "tobacco product." grown,

manufactured, processed, sold, handled, advertised, or distributed by, for, or on behalf of any "Insured."

"Tobacco product," as used in this endorsement, shall include raw or cured tobacco, cigars and cigar wrappers, pipe tobacco, cigarette filters, snuff, chewing tobacco, "smokeless" tobacco products, cigarettes and cigarette paper, tobacco smoke, gaseous or solid residues or by-products of tobacco processing, use, or consumption. "Tobacco product" shall also include any chemical, mineral, or other substance sprayed on, applied or added to, or customarily found in or used in conjunction with any other "tobacco product."

This endorsement does not change any other provision of the policy.



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 10/24/2008

**Comments:**

**Attachments:**

AR THHX td1.pdf  
AR FFS-1 form filing schedule.pdf

**Satisfied -Name:** Explanatory Memorandum **Review Status:** Approved 10/24/2008

**Comments:**

**Attachment:**

Explanatory Memorandum form.pdf

## 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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>		
Great American Insurance Group	084		
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>
Great American Insurance Co of New York	New York	22136	13-5539046
Great American Assurance Company	Ohio	26344	15-6020948

<b>5. Company Tracking Number</b>	SA AR 0810 THHX
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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
	Rose Redman 49 East Fourth Street Cincinnati, Ohio 45202	Product Analyst	513-763-7904	513-333-6996	rredman@gaic.com

**7.** Signature of authorized filer

**8.** Please print name of authorized filer      Rose Redman

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

<b>9. Type of Insurance (TOI)</b>	05.0 CMP liability and non-liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	5.0000 CMP Sub-TOI Combinations
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Safepak Businessowners Policy Program
<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: 11/20/2008      Renewal: 11/20/2008

## 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 (if applicable)</b>	n/a
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	n/a
<b>18.</b>	<b>Company's Date of Filing</b>	10/20/2008
<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>	SA AR 0810 THHX
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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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Great American Insurance Company of New York and Great American Assurance Company are filing the Tobacco Health Hazard Exclusion endorsement, BP8719, for the optional use of all Safepak Businessowners Policy programs. The intent of the endorsement is to clarify that we do not provide this type of coverage. There is no rate impact.

BP8719 (Ed. 10 / 08) Tobacco Health Hazard Exclusion

This endorsement is being introduced in:

AL, AK, DC, FL, HI, ID, LA, ME, MS, MT, NE, NV, NH, NM, PA, SD, UT, VT, VA, WA, and WV.

<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]
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**Check #:** EFT  
**Amount:** \$50.00

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

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

### FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	SA AR 0810 THHX			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	n/a			
<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	Tobacco Health Hazard Exclusion	BP 87 19 (Ed. 10 08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BP 87 19 (Ed. 05 02)	SA-AR-0208- TOBC
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		

**Explanatory Memorandum  
Safepak Businessowners Policy Program**

**Tobacco Health Hazard Exclusion**

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