

<i>SERFF Tracking Number:</i>	<i>GRTA-125863688</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Assurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>IM-AR-0810-HOM2</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>IM-AR-0810-HOM2</i>		
<i>Project Name/Number:</i>	<i>IM-AR-0810-HOM2/IM-AR-0810-HOM2</i>		

## Filing at a Glance

Company: Great American Assurance Company

Product Name: IM-AR-0810-HOM2

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Filing Type: Form

SERFF Tr Num: GRTA-125863688 State: Arkansas

SERFF Status: Closed

Co Tr Num: IM-AR-0810-HOM2

Co Status:

Authors: Christie Mayes, Debbie Stamm

Date Submitted: 10/17/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Disposition Date: 10/17/2008

Disposition Status: Approved

Effective Date Requested (New): 11/28/2008

Effective Date Requested (Renewal): 11/28/2008

Effective Date (New): 11/28/2008

Effective Date (Renewal): 11/28/2008

State Filing Description:

## General Information

Project Name: IM-AR-0810-HOM2

Project Number: IM-AR-0810-HOM2

Reference Organization:

Reference Title:

Filing Status Changed: 10/17/2008

State Status Changed: 10/17/2008

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to revise the Homebuilders Renovation Coverage Endorsement, CM 8220, to include modification to the Coinsurance Condition of the Homebuilders Builder's Risk Coverage Form.

The modification waives the coinsurance requirement for the "usable existing structure" for renovation projects. This modification was inadvertently omitted from the current edition of form CM 8220.

SERFF Tracking Number: GRTA-125863688 State: Arkansas  
 Filing Company: Great American Assurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: IM-AR-0810-HOM2  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
 Product Name: IM-AR-0810-HOM2  
 Project Name/Number: IM-AR-0810-HOM2/IM-AR-0810-HOM2

## 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 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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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Assurance Company	\$50.00	10/17/2008	23266250

SERFF Tracking Number: GRTA-125863688 State: Arkansas  
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TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: IM-AR-0810-HOM2  
Project Name/Number: IM-AR-0810-HOM2/IM-AR-0810-HOM2

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/17/2008	10/17/2008

SERFF Tracking Number: GRTA-125863688 State: Arkansas  
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Project Name/Number: IM-AR-0810-HOM2/IM-AR-0810-HOM2

## Disposition

Disposition Date: 10/17/2008  
Effective Date (New): 11/28/2008  
Effective Date (Renewal): 11/28/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRTA-125863688 State: Arkansas  
 Filing Company: Great American Assurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: IM-AR-0810-HOM2  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
 Product Name: IM-AR-0810-HOM2  
 Project Name/Number: IM-AR-0810-HOM2/IM-AR-0810-HOM2

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Supporting Documentation	Approved	Yes
Form	Homebuilders Renovation Coverage Endorsement	Approved	Yes

SERFF Tracking Number: GRTA-125863688 State: Arkansas  
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 Company Tracking Number: IM-AR-0810-HOM2  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Homebuilders Renovation Coverage Endorsement	CM 8220	08/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CM 8220 (Ed. 01/07) Previous Filing #:		CM 8220.pdf



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

**HOMEBUILDERS  
RENOVATION COVERAGE ENDORSEMENT**

This endorsement modifies coverage provided by your:

HOMEBUILDERS BUILDER'S RISK COVERAGE FORM

**A. Coverage, 1. Covered Property, the following is added:**

- e. the "usable existing structure(s)" that exists prior to any alteration, addition, improvement, renovation or repair, which is, or is intended to become, a permanent part of a one to six family residential building(s), including private garages and similar service buildings, as described in the Declarations.

**A. Coverage, 2. Property Not Covered, subparagraph h. is deleted.**

**C. Limits of Insurance, the following is added:**

But, we will not pay more than:

- \$ for "loss" to the "usable existing structure";
- \$ for "loss" to new work.

**E. Additional Conditions, 1. Coinsurance is amended to read as follows:**

**1. Coinsurance**

The coinsurance requirement applies to new construction work, which must be insured for its total "completed value" at the time of "loss" or you will incur a penalty. We will pay only the proportion of any "loss" that the applicable Limit of Insurance for New Work, shown on the Renovation Coverage Endorsement, bears to the total "completed value" of this new construction work.

The coinsurance requirement does not apply to the "usable existing structure."

**E. Additional Conditions, 2. Valuation, the following is added:**

**c. The "Usable Existing Structure"**

We will adjust "loss" to the "usable existing structure" on the basis of "functional value," unless you have purchased the structure within 12 months of the beginning of coverage under this Policy, in which case the valuation shall be the lesser of:

- (1) your actual purchase price, less the cost of the land; or
- (2) its "functional value."

**E. Additional Conditions, 5. When Coverage Begins and Ends** the following is added:

h. 30 days after the policy period begins, if "active renovations" have not begun.

**F. Definitions**, the following are added:

**"Active renovations"** means regular and ongoing demolition, removal activity or new work being done to the Covered Property at the described location.

**"Functional value"** means the cost to repair or replace the "usable existing structure" at the time of "loss" with the lesser of:

1. materials of similar kind and quality to those damaged or lost minus a proper deduction for depreciation;
- or
2. contemporary methods and materials, which may be dissimilar but are functionally equivalent to the damaged or lost property.

**"Usable existing structure"** means only those parts of an existing structure which are intended to become a permanent part of the renovated structure, according to the project plans, including all alternations, additions, improvements, renovations or repairs that occurred prior to the effective date of this Policy.

**All other terms remain unchanged.**

*SERFF Tracking Number:*      *GRTA-125863688*                      *State:*                      *Arkansas*  
*Filing Company:*              *Great American Assurance Company*              *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *IM-AR-0810-HOM2*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0005 Other Commercial Inland Marine*  
*Product Name:*              *IM-AR-0810-HOM2*  
*Project Name/Number:*      *IM-AR-0810-HOM2/IM-AR-0810-HOM2*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: GRTA-125863688 State: Arkansas  
Filing Company: Great American Assurance Company State Tracking Number: EFT \$50  
Company Tracking Number: IM-AR-0810-HOM2  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: IM-AR-0810-HOM2  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/17/2008

**Comments:**

**Attachments:**

ar pctd1.pdf  
FORM FILING SCHEDULE.pdf

**Satisfied -Name:** Supporting Documentation **Review Status:** Approved 10/17/2008

**Comments:**

**Attachments:**

Memorandum.pdf  
cover letter.pdf

## Property & Casualty Transmittal Document

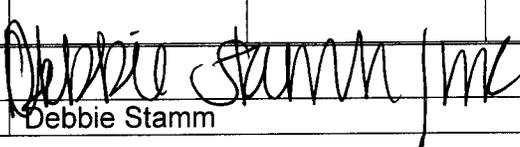
<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>
Great American Insurance Group	084

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Great American Assurance Company	Ohio	26344	15-6020948	

<b>5. Company Tracking Number</b>	<b>IM-AR-0810-HOM2</b>
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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
	Debbie Stamm 49 East and 4 <sup>th</sup> St. Suite DN6 Cincinnati, OH 45202	Product Technician	513-333-5586	513-333-6996	dstamm@gaic.com
<b>7.</b>	Signature of authorized filer 				
<b>8.</b>	Please print name of authorized filer Debbie Stamm				

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

<b>9.</b>	Type of Insurance (TOI)	09.0000
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine
<b>11.</b>	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
<b>12.</b>	Company Program Title (Marketing title)	
<b>13.</b>	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)
<b>14.</b>	Effective Date(s) Requested	New: 11/28/2008      Renewal: 11/28/2008

## 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</b> (if applicable)		
<b>17.</b>	<b>Reference Organization # &amp; Title</b>		
<b>18.</b>	<b>Company's Date of Filing</b>	10/17/2008	
<b>19.</b>	<b>Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed	<input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	IM-AR-0810-HOM2
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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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The purpose of this filing is to revise the Homebuilders Renovation Coverage Endorsement, CM 8220, to include modification to the Coinsurance Condition of the Homebuilders Builder's Risk Coverage Form.

The modification waives the coinsurance requirement for the "usable existing structure" for renovation projects. This modification was inadvertently omitted from the current edition of form CM 8220.

<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 #:**  
**Amount:**

**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>	IM-AR-0810-HOM2			
<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			
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	Homebuilders Renovation Coverage Endorsement	CM 82 20 (Ed. 08/08) PRO	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CM 82 20 (Ed. 01/07)	
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		

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.

## **EXPLANATORY MEMORANDUM**

### **HOMEBUILDERS BUILDERS RISK - RESIDENTIAL CONSTRUCTION GREAT AMERICAN ASSURANCE COMPANY**

The purpose of this filing is to revise the Homebuilders Renovation Coverage Endorsement, CM 8220, to include a modification to the Coinsurance Condition of the Homebuilders Builder's Risk Coverage Form.

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