

SERFF Tracking Number: ARGN-125909682 State: Arkansas
 Filing Company: Argonaut Great Central Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: BOP-P-KW08F-265
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Great Protector Select Program - BOP
 Project Name/Number: IWA/ERP/BOP-P-KW08F-265

Filing at a Glance

Company: Argonaut Great Central Insurance Company

Product Name: Great Protector Select Program SERFF Tr Num: ARGN-125909682 State: Arkansas

- BOP

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: BOP-P-KW08F-265 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Kimberle Williams Disposition Date: 11/21/2008

Date Submitted: 11/20/2008 Disposition Status: Approved

Effective Date Requested (New): 02/01/2009

Effective Date Requested (Renewal): 02/01/2009

Effective Date (New): 02/01/2009

Effective Date (Renewal):

02/01/2009

State Filing Description:

General Information

Project Name: IWA/ERP

Project Number: BOP-P-KW08F-265

Reference Organization: ISO

Reference Title:

Filing Status Changed: 11/21/2008

State Status Changed: 11/21/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

This is a form filing being submitted by Argonaut Great Central Insurance Company, a member of Argo Group US. It is specifically for the Businessowners line of business. Argonaut Great Central Insurance Company is a specialty niche underwriter, targeting laundry and dry cleaners, restaurants, food merchants, religious institutions, self-storage facilities and hotels/motels with its independent Great Protector Select Program.

SERFF Tracking Number: ARGN-125909682 State: Arkansas
 Filing Company: Argonaut Great Central Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: BOP-P-KW08F-265
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Great Protector Select Program - BOP
 Project Name/Number: IWA/ERP/BOP-P-KW08F-265

The Great Protector Select Program Businessowners line of business uses ISO forms with a limited number of independent forms. This filing adds new forms with new coverages to the laundry and dry cleaner niche, as well as some new forms for use with all niches. The following is a list of the independent forms included in this filing. Rate and rule exceptions related to these forms are included in a companion rate/rule filing which is exempt from filing with the state but a copy has been sent to Argonaut Great Central Insurance Company's filing room.

Company and Contact

Filing Contact Information

Kimberle Williams, Regulatory Analyst Kwilliams@argonautgroup.com
 3625 N. Sheridan Road (309) 686-2406 [Phone]
 Peoria, IL 61633 (309) 688-4780[FAX]

Filing Company Information

Argonaut Great Central Insurance Company CoCode: 19860 State of Domicile: Illinois
 3625 N. Sheridan Road Group Code: 457 Company Type: Commercial LInes
 Peoria, IL 61633 Group Name: State ID Number:
 (877) 769-5953 ext. [Phone] FEIN Number: 37-0301640

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Argonaut Great Central Insurance Company	\$50.00	11/20/2008	24076499

SERFF Tracking Number: ARGN-125909682 State: Arkansas
Filing Company: Argonaut Great Central Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: BOP-P-KW08F-265
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Great Protector Select Program - BOP
Project Name/Number: IWA/ERP/BOP-P-KW08F-265

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/21/2008	11/21/2008

SERFF Tracking Number: ARGN-125909682 State: Arkansas
 Filing Company: Argonaut Great Central Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: BOP-P-KW08F-265
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Great Protector Select Program - BOP
 Project Name/Number: IWA/ERP/BOP-P-KW08F-265

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	FABRICARE ADVANTAGE (ENHANCED PROPERTY ENDORSEMENT)	Approved	Yes
Form	LAUNDRY AND DRY CLEANERS RESTORATION ENDORSEMENT	Approved	Yes
Form	LAUNDRY AND DRY CLEANERS CUSTOMERS' PROPERTY WINDSTORM DEDUCTIBLE	Approved	Yes
Form	ADDITIONAL INSURED – GRANTOR OF FRANCHISE ENDORSEMENT	Approved	Yes
Form	12 HOUR WAITING PERIOD FOR UTILITY SERVICES - TIME ELEMENT	Approved	Yes
Form	24 HOUR WAITING PERIOD FOR UTILITY SERVICES - TIME ELEMENT	Approved	Yes
Form	48 HOUR WAITING PERIOD FOR UTILITY SERVICES - TIME ELEMENT	Approved	Yes
Form	BUSINESS INCOME CHANGES – PERIOD OF RESTORATION (12 HOUR)	Approved	Yes
Form	BUSINESS INCOME CHANGES – PERIOD OF RESTORATION (24 HOUR)	Approved	Yes
Form	BUSINESS INCOME CHANGES – PERIOD OF RESTORATION (48 HOUR)	Approved	Yes

SERFF Tracking Number: ARGN-125909682 State: Arkansas
 Filing Company: Argonaut Great Central Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: BOP-P-KW08F-265
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Great Protector Select Program - BOP
 Project Name/Number: IWA/ERP/BOP-P-KW08F-265

TIME ELEMENT

Approved	48 HOUR WAITING PERIOD FOR UTILITY SERVICES - TIME ELEMENT	AG 064	11-08	Endorseme New nt/Amendm ent/Condi tions	0.00	AG_064_11- 08.pdf
Approved	BUSINESS INCOME CHANGES – PERIOD OF RESTORATION (12 HOUR)	AG 104	11-08	Endorseme New nt/Amendm ent/Condi tions	0.00	AG_104_11- 08.pdf
Approved	BUSINESS INCOME CHANGES – PERIOD OF RESTORATION (24 HOUR)	AG 105	11-08	Endorseme New nt/Amendm ent/Condi tions	0.00	AG_105_11- 08.pdf
Approved	BUSINESS INCOME CHANGES – PERIOD OF RESTORATION (48 HOUR)	AG 106	11-08	Endorseme New nt/Amendm ent/Condi tions	0.00	AG_106_11- 08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FABRICARE ADVANTAGE (ENHANCED PROPERTY ENDORSEMENT)

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS POLICY

Unless otherwise stated, all coverages listed in this endorsement are subject to all of the terms, conditions and exclusions of the Businessowners Policy.

1. **SECTION I – PROPERTY, A. Coverage, item 5. Additional Coverages** is amended as follows:

h. Pollutant Clean Up and Removal

The most we will pay for each location under this Additional Coverage is \$25,000 for the sum of all such expenses arising out of Covered Causes of Loss occurring during each separate 12 month period of this policy.

j. Money Orders and Counterfeit Paper Currency

The most we will pay for any loss under this Additional Coverage is \$25,000.

k. Forgery or Alteration

The most we will pay for any loss, including legal expenses, under this Additional Coverage is \$25,000, unless a higher Limit of Insurance is shown in the Declarations.

These Additional Coverages are subject to a deductible of \$250 unless a higher deductible is shown in the Declarations.

2. The following is added to **SECTION I – PROPERTY, A. Coverage, item 5. Additional Coverages**:

p. Water Back-Up of Sewers and Drains

In **SECTION I – PROPERTY, B. Exclusions, 1.g. Water**, paragraph (3) is amended as follows:

We will pay for loss or damage to Covered Property caused solely by water that backs up from a sewer, sump or drain that is located inside the building. However, this Additional Coverage will not apply if the water back-up is caused directly or indirectly by an excluded Cause of Loss regardless of any other cause or event that contributes to the loss concurrently or in any sequence.

This Additional Coverage does not provide coverage for any loss or damage if flood ensues on the premises within a twelve (12) hour period following the sewer or drain back-up.

If the Enhancement Endorsement is included as a part of this policy, then the applicable Limit of Insurance and the deductible will shown on the Enhancement Endorsement Schedule. If this policy does not include the Enhancement Endorsement and Enhancement Endorsement Schedule, then the most we will pay for direct physical damage is \$30,000 at each described premises shown in the Declarations, subject to a \$1,000 deductible.

This change applies only to Covered Property. Loss of Business Income due to water that backs up or overflows from a sewer, drain or sump is still excluded.

3. **SECTION I – PROPERTY, A. Coverage**, item **6. Coverage Extensions** is amended as follows:

b. Personal Property Off Premises

The most we will pay for loss or damage under this Extension is \$50,000.

d. Personal Effects

The most we will pay for loss or damage under this Extension is \$25,000 at the described premises.

e. Valuable Papers and Records

(3) The most we will pay under this Coverage Extension for loss or damage to “valuable papers and records” in any one occurrence at the described premises is the Limit of Insurance shown in the Declarations, plus \$25,000. If no Limit of Insurance is shown in the Declarations, then the most we will pay is \$25,000.

For “valuable papers and records” not at the described premises, the most we will pay is \$5,000.

f. Accounts Receivable

(2) The most we will pay under this Coverage Extension for loss or damage in any one occurrence at the described premises is the Limit of Insurance shown in the Declarations, plus \$25,000. If no Limit of Insurance is shown in the Declarations, then the most we will pay is \$25,000.

For accounts receivable not at the described premises, the most we will pay is \$5,000.

4. **SECTION I – PROPERTY, D. Deductibles** is amended as follows:

2. Regardless of the amount of the Deductible, the most we will deduct from any loss or damage for Glass is \$250. None of the Deductibles listed in this form will increase the Deductible shown in the Declarations. These Deductibles will be used to satisfy the requirements of the Deductible in the Declarations.

5. **SECTION I – PROPERTY, G. Optional Coverages** is amended as follows:

1. Outdoor Signs

d. The most we will pay for loss or damage in any one occurrence is the Limit of Insurance for Outdoor Signs shown in the Declarations, plus \$5,000. If no Limit of Insurance is shown in the Declarations, then the most we will pay is \$5,000.

A \$500 deductible applies unless a higher deductible is shown in the Declarations.

2. Money and Securities

c. The most we will pay for loss in any one occurrence is:

(1) \$10,000 for Inside the Premises for “money” and “securities” while:

(a) In or on the described premises; or

(b) Within a bank or savings institution; and

(2) \$5,000 for Outside the Premises “money” and “securities” while anywhere else.

A \$500 deductible applies unless a higher deductible is shown in the Declarations.

3. Employee Dishonesty

- a. We will pay for direct loss of or damage to Business Personal Property and “money” and “securities” resulting from dishonest acts committed by any of your employees acting alone or in collusion with other persons (except you or your partner) with the manifest intent to:
 - (1) Cause you to sustain loss or damage; and also
 - (2) Obtain financial benefit (other than salaries, commissions, fees, bonuses, promotions, awards, profit sharing, pensions or other employee benefits earned in the normal course of employment) for:
 - (a) Any employee; or
 - (b) Any other person or organization.

- b. In compliance with certain provisions of the Employee Retirement Income Security Act (ERISA):
 - (1) Each of the plans named in the Declarations is added as an Insured for coverage provided by this Optional Coverage, but only for loss sustained by any Employee Welfare or Pension Benefit Plan (hereinafter called Plan) subject to ERISA.
 - (2) For purposes of this coverage, “employee” also includes any natural person who is:
 - (a) A trustee, an officer, employee, administrator or a manager, except an administrator or a manager who is an independent contractor, of any Plan insured under this Optional Coverage, and
 - (b) Your director or trustee while that person is handling funds or other property of any Plan insured under this Optional Coverage.
 - (3) If any Plan is insured jointly with any other entity, you or the Plan Administrator must select a Limit of Insurance that is sufficient to provide an amount of insurance for each Plan that is at least equal to that required if each Plan were separately insured.
 - (4) If the first Named Insured in the Declarations is an entity other than a Plan, any payment we make to that Insured for loss sustained by any Plan will be held by that Insured for the use and benefit of the Plan(s) sustaining the loss.
 - (5) If two or more Plans are insured under this Optional Coverage, any payment we make for one loss:
 - (a) Sustained by two or more Plans, or
 - (b) Of commingled funds or other property of two or more Plans,

is to be shared by each Plan sustaining loss in the same proportion that ERISA requires for the total amount of insurance for each such Plan when the payment would not fully reimburse each such Plan for its loss.
 - (6) The deductible provision does not apply to loss sustained by any Plan subject to ERISA which is insured under this Optional Coverage.

- c. Only the following Exclusions apply to this Optional Coverage:
- (1) **SECTION I – PROPERTY, B. Exclusions, 1.c. Governmental Action,**
 - (2) **SECTION I – PROPERTY, B. Exclusions, 1.d. Nuclear Hazard,** and
 - (3) **SECTION I – PROPERTY, B. Exclusions, 1.f. War and Military Action.**
- d. We also will not pay for loss or damage:
- (1) Resulting from any dishonest or criminal act that you or any of your partners or “members” commit whether acting alone or in collusion with other persons.
 - (2) Resulting from any dishonest act committed by any of your employees (except as provided in Paragraph a.), “managers” or directors:
 - (a) Whether acting alone or in collusion with other persons; or
 - (b) While performing services for you or otherwise.
 - (3) The only proof of which as to its existence or amount is:
 - (a) An inventory computation; or
 - (b) A profit and loss computation.
 - (4) Resulting, directly or indirectly, from contractual or extra-contractual liability sustained by you in connection with the issuance of contracts of insurance, indemnity or suretyship.
- e. The most we will pay for loss or damage in any one occurrence is the Limit of Insurance shown in the Declarations, plus \$25,000. If no Limit of Insurance is shown in the Declarations, then the most we will pay is \$25,000.
- f. All loss or damage:
- (1) Caused by one or more persons; or
 - (2) Involving a single act or series of acts;
- is considered one occurrence.
- g. If any loss is covered:
- (1) Partly by this insurance; and
 - (2) Partly by any prior cancelled or terminated insurance that we or any affiliate had issued to you or any predecessor in interest:

the most we will pay is the larger of the amount recoverable under this insurance or the prior insurance.

We will pay only for loss or damage you sustain through acts committed or events occurring during the Policy Period. Regardless of the number of years this policy remains in force or the number of premiums paid, no Limit of Insurance cumulates from year to year or period to period.

- h.** This Optional Coverage is cancelled as to any employee immediately upon discovery by:

 - (1)** You; or
 - (2)** Any of your partners, "members", "managers", officers or directors not in collusion with the employee;

of any dishonest act committed by that employee before or after being hired by you.
- i.** We will pay only for covered loss or damage sustained during the Policy Period and discovered no later than one year from the end of the Policy Period.
- j.** If you (or any predecessor in interest) sustained loss or damage during the Policy Period of any prior insurance that you could have recovered under that insurance except that the time within which to discover loss or damage had expired, we will pay for it under this Optional Coverage, provided:

 - (1)** This Optional Coverage became effective at the time of cancellation or termination of the prior insurance; and
 - (2)** The loss or damage would have been covered by this Optional Coverage had it been in effect when the acts or events causing the loss or damage were committed or occurred.
- k.** The insurance under Paragraph **j.** above is part of, not in addition to, the Limit of Insurance applying to this Optional Coverage and is limited to the lesser of the amount recoverable under:

 - (1)** This Optional Coverage as of its effective date; or
 - (2)** The prior insurance had it remained in effect.

A \$250 deductible applies unless a higher deductible is shown in the Declarations.

6. ORDINANCE OR LAW COVERAGE

The **SCHEDULE** is deleted and replaced by the following:

We will apply the following Limits of Insurance for each Building listed on the Supplemental Declarations page that is insured for Replacement Cost and to which this endorsement applies:

Coverage 1: Applies to all Buildings meeting the above criteria.

Coverage 2 and Coverage 3 Combined Limit of Insurance: \$125,000; if there is other Ordinance or Law coverage provided by this policy, this Limit of Insurance is in addition to any other applicable Limits of Insurance for Ordinance or Law.

Newly acquired Buildings not listed on the Supplemental Declarations page of this policy are not covered by the Ordinance or Law coverage granted by this endorsement. This Ordinance or Law Coverage does not apply to Business Income and Extra Expense.

7. UTILITY SERVICES – TIME ELEMENT

Paragraph **C.** is replaced by the following:

- C.** The most we will pay for loss of Business Income in any one occurrence is the Limit of Insurance for Utility Services – Time Element shown in the Declarations or in the Schedule, plus \$10,000. If no Limit of Insurance for Utility Services – Time Element is shown in the Declarations or in the Schedule, then the most we will pay for loss of Business Income for any one occurrence is \$10,000. We will only pay for loss of Business Income that you sustain during the “period of restoration”.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LAUNDRY AND DRY CLEANERS RESTORATION ENDORSEMENT

This endorsement modifies insurance provided under the following:

LAUNDRY AND DRY CLEANERS CUSTOMERS' PROPERTY COVERAGE FORM

1. **SECTION IV – CONDITIONS** is amended as follows:

The following is added to **A. Valuation**:

3. If the loss involves Covered Property that the Named Insured held as “restoration orders” resulting from a third party contract, each article will be valued at replacement cost, without a deduction for depreciation, plus the Named Insured’s customary charges that would have been earned on the lost or damaged Covered Property, subject to a maximum of \$10,000 per article.

The following is added:

H. Additional Insureds

Only with respects to “restoration orders”, and only when current and valid agreements are in place between the Named Insured and the following parties, the following parties are added as additional insureds:

1. Certified Restoration Drycleaning Network, LLC, and
2. Crawford and Company and their wholly owned subsidiary, Crawford Contractor Connection.

2. **SECTION V – DEFINITIONS** is amended as follows:

The following is added:

- F. “Restoration orders”** means orders by which the Named Insured has been authorized to process or store garments as a result of a relationship with one or more additional insureds listed on this policy, and which are the subject of a third party contract.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LAUNDRY AND DRY CLEANERS CUSTOMERS' PROPERTY WINDSTORM DEDUCTIBLE

This endorsement modifies insurance provided under the following:

LAUNDRY AND DRY CLEANERS CUSTOMERS' PROPERTY COVERAGE FORM

SCHEDULE

Location Number

Address

SECTION III – DEDUCTIBLE is replaced by the following:

From the aggregate amount of all adjusted claims arising from each separate occurrence of loss or damage to Covered Property, the highest single deductible amount shown in the Declarations shall be deducted and borne by the Named Insured. Should the loss or damage to Covered Property be caused, either directly or indirectly, by Windstorm, the deductible shall be \$25,000. This Windstorm deductible shall apply regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage. If loss or damage from a covered weather condition other than Windstorm occurs, and that loss or damage would not have occurred but for the Windstorm, such loss or damage shall be considered to be caused by Windstorm. No other deductible applies to loss or damage to Covered Property caused by Windstorm. This deductible applies separately to each location listed in the Schedule above.

In the event the Company should elect to pay any claim in full, including the Windstorm deductible amount or any part thereof, the Named Insured shall reimburse the Company for the full amount of the Windstorm deductible.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – GRANTOR OF FRANCHISE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS POLICY

Coverage under the above form is amended to include the following:

SCHEDULE*

Name Of Person Or Organization:

*Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

The following is added to Paragraph **C. Who Is An Insured** in **Section II – Liability**:

4. Any person or organization shown in the Schedule is also an insured, but only with respect to their liability as grantor of a franchise to you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

12 HOUR WAITING PERIOD FOR UTILITY SERVICES - TIME ELEMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following condition is added:

We will only pay for loss you sustain after the first 12 hours following the direct physical loss or damage to the utility services property for which this policy affords coverage.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

24 HOUR WAITING PERIOD FOR UTILITY SERVICES - TIME ELEMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS

The following condition is added:

We will only pay for loss you sustain after the first 24 hours following the direct physical loss or damage to the utility services property for which this policy affords coverage.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

48 HOUR WAITING PERIOD FOR UTILITY SERVICES - TIME ELEMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS

The following condition is added:

We will only pay for loss you sustain after the first 48 hours following the direct physical loss or damage to the utility services property for which this policy affords coverage.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS INCOME CHANGES – PERIOD OF RESTORATION (12 HOUR)

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Section I. Property is amended as follows:

- A. Paragraph A.5.i. Civil Authority** Additional Coverage is amended by deleting the second paragraph and replacing it with the following:

The coverage for Business Income will begin 12 hours after the time of that action and will apply for a period of up to three consecutive weeks after coverage begins.

- B. Paragraph A.5.m.(5)(a) Business Income From Dependent Properties** Additional Coverage is replaced by the following:

(5) The coverage period for Business Income under this Additional Coverage:

- (a)** Begins 12 hours after the time of direct physical loss or damage caused by or resulting from any Covered Cause of Loss at the premises of the dependent property; and

- C. Paragraph H.8.a.(1)(a)** of the "Period of Restoration" definition is replaced by the following:

- (a)** 12 hours after the time of direct physical loss or damage for Business Income Coverage; or

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS INCOME CHANGES – PERIOD OF RESTORATION (24 HOUR)

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Section I. Property is amended as follows:

- A.** Paragraph **A.5.i. Civil Authority** Additional Coverage is amended by deleting the second paragraph and replacing it with the following:

The coverage for Business Income will begin 24 hours after the time of that action and will apply for a period of up to three consecutive weeks after coverage begins.

- B.** Paragraph **A.5.m.(5)(a) Business Income From Dependent Properties** Additional Coverage is replaced by the following:

(5) The coverage period for Business Income under this Additional Coverage:

- (a)** Begins 24 hours after the time of direct physical loss or damage caused by or resulting from any Covered Cause of Loss at the premises of the dependent property; and

- C.** Paragraph **H.8.a.(1)(a)** of the "Period of Restoration" definition is replaced by the following:

- (a)** 24 hours after the time of direct physical loss or damage for Business Income Coverage; or

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS INCOME CHANGES – PERIOD OF RESTORATION (48 HOUR)

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Section I. Property is amended as follows:

- A.** Paragraph **A.5.i. Civil Authority** Additional Coverage is amended by deleting the second paragraph and replacing it with the following:

The coverage for Business Income will begin 48 hours after the time of that action and will apply for a period of up to three consecutive weeks after coverage begins.

- B.** Paragraph **A.5.m.(5)(a) Business Income From Dependent Properties** Additional Coverage is replaced by the following:

(5) The coverage period for Business Income under this Additional Coverage:

- (a)** Begins 48 hours after the time of direct physical loss or damage caused by or resulting from any Covered Cause of Loss at the premises of the dependent property; and

- C.** Paragraph **H.8.a.(1)(a)** of the "Period of Restoration" definition is replaced by the following:

- (a)** 48 hours after the time of direct physical loss or damage for Business Income Coverage; or

SERFF Tracking Number: ARGN-125909682 State: Arkansas
Filing Company: Argonaut Great Central Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: BOP-P-KW08F-265
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Great Protector Select Program - BOP
Project Name/Number: IWA/ERP/BOP-P-KW08F-265

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 11/21/2008

Comments:

Attachment:

BOP-P-KW08F-265_PC Trans Doc.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 11/21/2008

Comments:

Attachment:

AGC_BOP_Form_Explanatory_Memo IWA.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 style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
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 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: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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 (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 #:
Amount:

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.)

PC TD-1 pg 2 of 2

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 #	
-----------	--	--

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

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			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

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

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)						
------------	---	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
------------	--	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
---	--	--	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	--	--

7.	Effective Date of last rate revision	
-----------	--------------------------------------	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	

ARGONAUT GREAT CENTRAL INSURANCE COMPANY

GREAT PROTECTOR SELECT PROGRAM

BOP FORM EXPLANATORY MEMORANDUM

This is a form filing being submitted by Argonaut Great Central Insurance Company, a member of Argo Group US. It is specifically for the Businessowners line of business. Argonaut Great Central Insurance Company is a specialty niche underwriter, targeting laundry and dry cleaners, restaurants, food merchants, religious institutions, self-storage facilities and hotels/motels with its independent Great Protector Select Program.

The Great Protector Select Program Businessowners line of business uses ISO forms with a limited number of independent forms. This filing adds new forms with new coverages to the laundry and dry cleaner niche, as well as some new forms for use with all niches. The following is a list of the independent forms included in this filing. Rate and rule exceptions related to these forms are included in a companion rate/rule filing.

AG 061 (11-08) 12 Hour Waiting Period for Utility Services – Time Element

This is an optional form that can be used if the insured requests that time element coverage for utility services has a 12 hour waiting period.

AG 063 (11-08) 24 Hour Period for Utility Services – Time Element

This is an optional form that can be used if the insured requests that time element coverage for utility services has a 24 hour waiting period.

AG 064 (11-08) 48 Hour Waiting Period for Utility Services – Time Element

This is an optional form that can be used if the insured requests that time element coverage for utility services has a 48 hour waiting period.

AG 096 (9-08) Fabricare Advantage (Enhancement Property Endorsement)

This is an optional form used to provide property and crime enhancement coverage unique to the laundry and dry cleaner niche.

AG 097 (9-08) Laundry and Dry Cleaners Restoration Endorsement

This is a mandatory form used when an insured provides restoration work.

AG 102 (10-08) Laundry and Dry Cleaners Customers' Property Windstorm Deductible

This is an optional form used to define the deductible that is applied to customers' property during a windstorm, and schedules the locations that this endorsement applies to.

AG 103 (11-08) Additional Insured – Grantor of Franchise Endorsement

This is a mandatory form to be used if the insured is a franchisee and the franchisor requires being named as an additional insured.

AG 104 (11-08) Business Income Changes – Period of Restoration (12 hour)

This is an optional form that is be used if the insured requests that coverage for business income initiates 12 hours after direct loss.

AG 105 (11-08) Business Income Changes – Period of Restoration (24 hour)

This is an optional form that is be used if the insured requests that coverage for business income initiates 24 hours after direct loss.

AG 106 (11-08) Business Income Changes – Period of Restoration (48 hour)

This is an optional form that is be used if the insured requests that coverage for business income initiates 48 hours after direct loss.