

SERFF Tracking Number: CNNA-125882680 State: Arkansas  
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: CCA-08-6017-AR  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other  
Product Name: CCA-08-6017-AR  
Project Name/Number: /

## Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CCA-08-6017-AR

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0003 Other

Filing Type: Form

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

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

SERFF Tr Num: CNNA-125882680 State: Arkansas

SERFF Status: Closed

Co Tr Num: CCA-08-6017-AR

Co Status:

Author: Sharon Whitaker

Date Submitted: 10/31/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Disposition Date: 11/03/2008

Disposition Status: Approved

Effective Date (New): 01/01/2009

Effective Date (Renewal):

01/01/2009

State Filing Description:

## General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 11/03/2008

State Status Changed: 11/03/2008

Corresponding Filing Tracking Number:

Filing Description:

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

Final printed copies are attached for your review.

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.



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## Correspondence Summary

### Dispositions

| Status   | Created By       | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 11/03/2008 | 11/03/2008     |

*SERFF Tracking Number:*      *CNNA-125882680*                      *State:*                      *Arkansas*  
*Filing Company:*              *The Cincinnati Insurance Company*              *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *CCA-08-6017-AR*  
*TOI:*                      *20.0 Commercial Auto*                      *Sub-TOI:*                      *20.0003 Other*  
*Product Name:*              *CCA-08-6017-AR*  
*Project Name/Number:*      /

## **Disposition**

Disposition Date: 11/03/2008  
Effective Date (New): 01/01/2009  
Effective Date (Renewal): 01/01/2009  
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                | AUTOMOBILE SCHEDULE   | Approved    | Yes           |
| Form                | BUSINESS AUTO COVERAGE PART DECLARATIONS                            | Approved    | Yes           |
| Form                | GARAGE COVERAGE PART DECLARATIONS                                   | Approved    | Yes           |
| Form                | COVERED AUTO DESIGNATION SYMBOL                                     | Approved    | Yes           |
| Form                | PHYSICAL DAMAGE COVERAGE - AUTOS HELD FOR SALE BY NON-DEALERS       | Approved    | Yes           |
| Form                | AUTOMOBILE / GARAGE RENEWAL CERTIFICATE                             | Approved    | Yes           |
| Form                | SUPPLEMENTARY SCHEDULE FOR BUSINESS AUTO - ITEMS FOUR, FIVE AND SIX | Approved    | Yes           |

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 Product Name: CCA-08-6017-AR  
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## Form Schedule

| Review Status | Form Name   | Form #  | Edition Date | Form Type Action          | Action Specific Data | Readability | Attachment             |
|---------------|---|---------|--------------|---------------------------|----------------------|-------------|------------------------|
| Approved      | AUTOMOBILE SCHEDULE   | AA 4183 | 02 06        | Declaration News/Schedule |                      | 0.00        | AA4183 02-06 ECLAS.pdf |
| Approved      | BUSINESS AUTO COVERAGE PART DECLARATIONS                            | AA 505  | 03 06        | Declaration News/Schedule |                      | 0.00        | AA505 03-06 ECLAS.pdf  |
| Approved      | GARAGE COVERAGE PART DECLARATIONS                                   | AA 506  | 03 06        | Declaration News/Schedule |                      | 0.00        | AA506 03-06 ECLAS.pdf  |
| Approved      | COVERED AUTO DESIGNATION SYMBOL                                     | AA 4214 | 08 07        | Policy/Coverage New Form  |                      | 0.00        | AA4214 08-07 ECLAS.pdf |
| Approved      | PHYSICAL DAMAGE COVERAGE - AUTOS HELD FOR SALE BY NON-DEALERS       | AA 4230 | 08 08        | Policy/Coverage New Form  |                      | 0.00        | AA4230 08-08 ECLAS.pdf |
| Approved      | AUTOMOBILE / GARAGE RENEWAL CERTIFICATE                             | AA 602  | 02 06        | Certificate New           |                      | 0.00        | AA602 02-06 ECLAS.pdf  |
| Approved      | SUPPLEMENTARY SCHEDULE FOR BUSINESS AUTO - ITEMS FOUR, FIVE AND SIX | AA 4231 | 08 08        | Declaration News/Schedule |                      | 0.00        | AA4231 08-08 ECLAS.pdf |

# AUTOMOBILE SCHEDULE

## ITEM

Attached to and forming a part of Policy Number \_\_\_\_\_, effective \_\_\_\_\_

The insurance afforded for any automobile is only with respects to such and so many of the coverages as are indicated by specific premium charge or charges indicated.

### POLICY LIMITS

State: \_\_\_\_\_

Bodily Injury:

Property Damage:

---

|      |                     |    |           |     |        |            |
|------|---------------------|----|-----------|-----|--------|------------|
| Veh. |                     |    |           |     |        |            |
| No.  | Vehicle Information |    |           |     |        |            |
|      |                     |    |           |     | Class: | Territory: |
|      |                     |    | Coll Ded: |     |        |            |
|      | BI                  | PD | MP        | OTC | COLL   | UM         |

---

#### SYMBOLS:

BI -- Bodily Injury

PD -- Property Damage

MP -- Medical Payments

OTC -- Other Than Collision (ACV Coverage applies unless Stated Amount Value is indicated)

CAC -- Combined Additional Coverage

FT&S -- Fire, Theft, and Supplemental

SPEC -- Specified Perils

COLL -- Collision

UM -- Uninsured Motorists

UIM -- Underinsured Motorists

PIP -- Personal Injury Protection

T&L -- Towing and Labor Costs

RR -- Rental Reimbursement

# THE CINCINNATI INSURANCE COMPANY

CINCINNATI, OHIO

## BUSINESS AUTO COVERAGE PART DECLARATIONS

### ITEM ONE

Attached to and forming part of POLICY NUMBER: \_\_\_\_\_

Named Insured is the same as it appears in the Common Policy Declarations.

### ITEM TWO

### SCHEDULE OF COVERAGES AND COVERED AUTOS

This coverage part provides only those coverages where a premium or "incl" is shown in the premium column below. The limit of insurance for each coverage listed is subject to all applicable policy provisions. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

| COVERAGES  | COVERED AUTOS<br>(Entry of one or more<br>of the symbols from the<br>COVERED AUTOS<br>Section of the Business<br>Auto Coverage Form<br>shows which autos are<br>covered autos) | LIMIT<br><br>THE MOST WE WILL PAY FOR ANY ONE<br>ACCIDENT OR LOSS  | PREMIUM   |
|--|--|--|---|
| LIABILITY  |  | \$   |   |
| PERSONAL INJURY PROTECTION<br>(or equivalent No-fault coverage)                  |  | Separately stated in each P.I.P.<br>endorsement minus \$   | Ded.  |
| ADDED PERSONAL INJURY<br>PROTECTION (or equivalent<br>added No-fault coverage)   |  | Separately stated in each added P.I.P.<br>endorsement  |   |
| PROPERTY PROTECTION<br>INSURANCE (Michigan only)                                 |  | Separately stated in each P, P.I.<br>endorsement minus \$  | Ded   |
| AUTO. MEDICAL PAYMENTS   |  | \$   |   |
| UNINSURED MOTORISTS  |  | \$   |   |
| UNDERINSURED MOTORISTS<br>(When not included in<br>Uninsured Motorists Coverage) |  | \$   |   |
| PHYSICAL DAMAGE<br>COMPREHENSIVE COVERAGE  |  | Actual cash value or cost of repair,<br>Whichever is less minus \$<br>Ded. For each covered auto. But no<br>Deductible applies to loss caused by<br>Fire or lightning. See Item Three for hired or<br>borrowed "autos" |   |
| PHYSICAL DAMAGE SPECIFIED<br>CAUSES OF LOSS COVERAGE                             |  | Actual cash value or cost of repair,<br>Whichever is less minus \$   | Ded. For<br>Each covered auto. For loss caused by mischief<br>or vandalism. See Item Three for hired or<br>borrowed "autos" |
| PHYSICAL DAMAGE<br>COLLISION COVERAGE  |  | Actual cash value or cost of repair,<br>Whichever is less minus \$<br>Ded for each covered auto. See Item<br>Three for hired or borrowed "autos".  |   |
| PHYSICAL DAMAGE INSURANCE<br>TOWING AND LABOR                                    |  | \$   | for each disablement of a private<br>passenger auto   |
| PREMIUM FOR ENDORSEMENTS   |  |  |   |
|  |  | *ESTIMATED TOTAL PREMIUM   |   |
| FORMS AND ENDORSEMENTS CONTAINED IN THIS COVERAGE PART AT ITS INCEPTION:         |  |  |   |

\* This policy may be subject to final audit

**QUICK REFERENCE**  
**COMMERCIAL AUTO COVERAGE PART**  
**BUSINESS AUTO COVERAGE FORM**  
**READ YOUR POLICY CAREFULLY**

**DECLARATIONS PAGES**

Named Insured and Mailing Address  
 Policy Period  
 Description of Business  
 Coverages and Limits of Insurance

**SECTION I - COVERED AUTOS**

**Beginning on Page**

|  |   |
|--|---|
| Description of Covered Auto Designation Symbols .....                      | 1 |
| Owned Autos You Acquire After the Policy Begins .....                      | 1 |
| Certain Trailers, Mobile Equipment and<br>Temporary Substitute Autos ..... | 2 |

**SECTION II - LIABILITY COVERAGE**

|   |   |
|---|---|
| Coverage .....                                      | 2 |
| Who is an Insured .....                             | 2 |
| Coverage Extensions<br>Supplementary Payments ..... | 2 |
| Out of State .....                                  | 3 |
| Exclusions .....                                    | 3 |
| Limit of Insurance .....                            | 5 |

**SECTION III - PHYSICAL DAMAGE COVERAGE**

|                          |   |
|--------------------------|---|
| Coverage .....           | 7 |
| Exclusions .....         | 7 |
| Limit of Insurance ..... | 8 |
| Deductible .....         | 8 |

**SECTION IV - BUSINESS AUTO CONDITIONS**

|  |    |
|--|----|
| Loss Conditions  |    |
| Appraisal for Physical Damage Loss .....                   | 9  |
| Duties in the Event of Accident, Claim, Suit or Loss ..... | 9  |
| Legal Action Against Us .....                              | 9  |
| Loss Payment - Physical Damage Coverages .....             | 9  |
| Transfer of Rights of Recovery Against Others to Us .....  | 10 |
| General Conditions   |    |
| Bankruptcy .....   | 10 |
| Concealment, Misrepresentation or Fraud .....              | 10 |
| Liberalization .....                                       | 10 |
| No Benefit to Bailee - Physical Damage Coverages .....     | 10 |
| Other Insurance .....                                      | 10 |
| Premium Audit .....  | 10 |
| Policy Period, Coverage Territory .....                    | 10 |
| Two or More Coverage Forms or Policies Issued by Us .....  | 11 |

**SECTION V - DEFINITIONS** ..... 11

**COMMON POLICY CONDITIONS**

Cancellation  
 Changes  
 Examination of Your Books and Records  
 Inspections and Surveys  
 Premiums  
 Transfer of Your Rights and Duties under this Policy

**ENDORSEMENTS (If Any)**

**THE CINCINNATI INSURANCE COMPANY**  
**CINCINNATI, OHIO**  
**A Stock Insurance Company**

**GARAGE COVERAGE PART DECLARATIONS**

**ITEM ONE**

Attached to and forming part of POLICY NUMBER: \_\_\_\_\_  
 Named Insured is the same as it appears in the Common Policy Declarations.

**ITEM TWO**

**SCHEDULE OF COVERAGES AND COVERED AUTOS**

This coverage part provides only those coverages where a premium or "incl" is shown in the premium column below. The limit of insurance for each coverage listed is subject to all applicable policy provisions. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to LIABILITY provides coverage for "garage operations."

| COVERAGES  | COVERED AUTOS<br>(Entry of one or more of the symbols from the COVERED AUTO Section of the Garage Coverage Form shows which autos are covered autos) | LIMITS OF INSURANCE  |                                 | PREMIUM                    |
|--|--|--|---------------------------------|----------------------------|
|  | THE MOST WE WILL PAY FOR ANY ONE "ACCIDENT" OR "LOSS"  |  |                                 |                            |
|  |  | Each "Accident" "Garage Operations"  | Aggregate - "Garage Operations" |                            |
| LIABILITY  |  | "Autos" Only   | Other Than "Autos"              | Other Than Covered "Autos" |
|  |  | \$   | \$                              | \$                         |
| PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)               |  | Separately stated in each P.I.P. endorsement Minus \$ Ded.   |                                 |                            |
| ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault coverage)   |  | Separately stated in each added P.I.P. endorsement   |                                 |                            |
| PROPERTY PROTECTION INSURANCE (Michigan only) Ded. FOR EACH ACCIDENT       |  | Separately stated in the P.P.I. endorsement minus \$ Ded. for each accident  |                                 |                            |
| MEDICAL PAYMENTS   |  | \$   |                                 |                            |
| UNINSURED MOTORISTS  |  | \$   |                                 |                            |
| UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage) |  | \$   |                                 |                            |
| GARAGEKEEPERS COMPREHENSIVE COVERAGE                                       |  | \$ Each location minus \$ ded. for each customer's auto for loss caused by theft or mischief or vandalism subject to \$ maximum deductible for all such Loss in any one event; or \$ each location minus \$ ded. for each customer's auto for all perils subject to \$ maximum deductible for all such loss in any one event |                                 |                            |
| GARAGEKEEPERS SPECIFIED CAUSES OF LOSS COVERAGE                            |  | \$ Each location minus \$ ded. for each customer's auto for loss caused by theft or mischief or vandalism subject to \$ maximum deductible for all such Loss in any one event; or \$ each location minus \$ ded. for each customer's auto for all perils subject to \$ maximum deductible for all such loss in any one event |                                 |                            |
| GARAGEKEEPERS COLLISION COVERAGE   |  | \$ each location minus \$ Ded. for each covered auto   |                                 |                            |
| PHYSICAL DAMAGE COMPREHENSIVE COVERAGE                                     |  | Actual cash value or cost of repair, whichever is Less minus \$ ded. for each covered Auto. But no deductible applies to loss caused By fire or lightning. See supplementary schedule for dealers "autos"  |                                 |                            |
| PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE                          |  | Actual cash value or cost of repair, whichever is Less minus \$ ded. for each covered auto for Loss caused by mischief or vandalism. See supplementary schedule for dealers "autos"  |                                 |                            |
| PHYSICAL DAMAGE COLLISION COVERAGE   |  | Actual cash value or cost of repair, whichever is Less minus \$ ded. for each covered Auto. See supplementary schedule for dealers "autos"   |                                 |                            |
| PHYSICAL DAMAGE TOWING AND LABOR   |  | \$ for each disablement of a private passenger auto  |                                 |                            |

PREMIUM FOR ENDORSEMENTS

\*ESTIMATED TOTAL PREMIUM

FORMS AND ENDORSEMENTS CONTAINED IN THIS COVERAGE PART AT ITS INCEPTION

\*This policy may be subject to final audit

**ITEM THREE**

**Locations Where You Conduct Garage Operations**

| Location Number | Address<br>State Your Main Business Location First |
|-----------------|--|
|                 |  |

**ITEM FOUR**

**Liability Coverage - Premiums**

| Location Number:   |                  |                   |              |                           |  |
|--|------------------|-------------------|--------------|---------------------------|--|
| Classes of Operators   | Rating Factor(s) | Number of Persons | Rating Units |                           |  |
| Class I - Employees Regular Operators Full Time                      |                  |                   |              |                           |  |
| Class I - Employees Regular Operators Part Time (more than 20 hours) |                  |                   |              |                           |  |
| Class I - Employees Regular Operators Part Time (less than 20 hours) |                  |                   |              |                           |  |
| Class I - Employees All Others Full Time                             |                  |                   |              |                           |  |
| Class I - Employees All Others Part Time (more than 20 hours)        |                  |                   |              |                           |  |
| Class I - Employees All Others Part Time (less than 20 hours)        |                  |                   |              |                           |  |
| Class II - Non-Employees Under Age 25                                |                  |                   |              |                           |  |
| Class II - Non-Employees Age 25 or Over                              |                  |                   |              |                           |  |
| All Employees (Only for Trailer Dealers)                             |                  |                   |              |                           |  |
|  |                  |                   |              | <b>Total Rating Units</b> |  |
|  | <b>Premiums</b>  |                   |              |                           |  |
| Liability Premium  |                  |                   | \$           |                           |  |
| Personal Injury Protection Premium                                   |                  |                   | \$           |                           |  |
| Property Protection Insurance Premium (MI Only)                      |                  |                   | \$           |                           |  |
| Medical Expense Benefits Premium (VA Only)                           |                  |                   | \$           |                           |  |
| Income Loss Benefits Premium (VA Only)                               |                  |                   | \$           |                           |  |
| <b>Total Premium for All Locations</b>                               |                  |                   | <b>\$</b>    |                           |  |

**DEFINITIONS**

**Class I - Employees**

**Regular Operator** = Proprietors, partners and officers active in the "garage operations", salespersons, general managers, service managers, any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".

**All Others** = All other "employees".

**NOTE:**

- Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
- Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

**Class II - Non-Employees**

Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

**ITEM FIVE**

**Liability Coverage for Your Customers**

Unless indicated by "X" below, limited liability coverage is provided for your customers in accordance with Paragraph **a.(2)(d)** of **Who is an Insured** under **SECTION II - LIABILITY COVERAGE**.

If this box is checked Paragraph **a.(2)(d)** of **Who is an Insured** under **SECTION II - LIABILITY COVERAGE** does not apply.

**ITEM SIX**

**Garagekeepers Coverages and Premiums**

| <b>Location Number:</b>                |    |  |                |
|--|----|--|----------------|
| <b>Coverages</b>                       |    | <b>Limit of Insurance and Deductible</b> | <b>Premium</b> |
|  | \$ | Minus                                    |                |
|  | \$ | Deductible for Each Customer's           | \$             |
|  |    | Auto for Loss Caused by Theft or         |                |
| <b>Comprehensive</b>                   | \$ | Mischief or Vandalism Subject to         |                |
| <b>or</b>                              |    | Maximum Deductible for All Such          |                |
| <b>Specified</b>                       |    | Loss in any One Event;                   |                |
| <b>Causes of Loss</b>                  | \$ | Or                                       |                |
|  | \$ | Minus                                    |                |
|  | \$ | Deductible for All Perils Subject to     |                |
|  | \$ | Maximum Deductible for All Such          |                |
|  |    | Loss in any One Event.                   |                |
| <b>Collision</b>                       | \$ | Minus                                    |                |
|  | \$ | Deductible for Each Customer's           | \$             |
|  |    | Auto.                                    |                |
| <b>Total Premium for All Locations</b> |    |  | <b>\$</b>      |

**ITEM SIX**

**Garagekeepers Coverages and Premiums (Cont'd)**

**Direct Coverage Options**

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

**Excess Insurance**

If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

**Primary Insurance**

If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" and is primary insurance.

**ITEM SEVEN**

**Physical Damage Coverage - Types of Covered Autos and Interests in These Autos - Premiums - Reporting or Nonreporting Basis**

Each of the following Physical Damage Coverages that is indicated in Item Two applies only to the types of "autos" and interests indicated below by "X".

| Coverages                | Types of Autos |  |  | Interests Covered                            |  |   |
|--------------------------|----------------|--|--|--|--|---|
|                          | New Autos      | Used Autos, Demonstrators and Service Vehicles | Your Interest in Covered Autos You Own | Your Interest Only in Financed Covered Autos | Your Interest and the Interest of Any Creditor Named as a Loss Payee | All Interests in Any Auto Not Owned by You or Any Creditor While in Your Possession on Consignment for Sale |
| Comprehensive            |                |  |  |  |  |   |
| Specified Causes of Loss |                |  |  |  |  |   |
| Collision                |                |  |  |  |  |   |



**ITEM SEVEN**

**Physical Damage Coverage - Types of Covered Autos and Interests in These Autos - Premiums - Reporting or Nonreporting Basis (Cont'd)**

---

**Our limit of insurance for "loss" at locations other than those stated in Item Three.**

\$ Additional locations where you store covered "autos"  
\$ In transit

---

**Premium Basis - Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon by "X")**

**Reporting Basis** (Quarterly or Monthly as indicated below by "X")

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location number 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other Class II - Non-Employees, and covered "autos" that are temporarily displayed or stored at locations other than those stated in Item Three. For your main sales location you must include the total value of all service vehicles.

**Your Reporting Basis Is:**

**Quarterly**

You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the value for the last business day of every third month coming within the policy period.

**Monthly**

You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

**Nonreporting Basis**

Stated limit of insurance shown above applies.

---

**Loss Payee - Any loss is payable as interest may appear to you and:**

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**ITEM EIGHT**

**Medical Payments Coverage. Refer to Item Nine for Covered Autos Insured on a Specified Car Basis.**

| Coverage  | Premium Determination  | Premium |
|---|--|---------|
| Auto Medical Payments Only  | Auto Medical Payments Premium Equals % of the Liability Premium.                             | \$      |
| Premises and Operations Medical Payments (Does Not Apply to Bodily Injury Caused by Any Auto) | Premises and Operations Medical Payments Premium Equals % of The Liability Premium.          | \$      |
| Premises and Operations and Auto Medical Payments   | Premises and Operations and Auto Medical Payments Premium Equals % of the Liability Premium. | \$      |

**ITEM NINE**

**Schedule of Covered Autos Which are Furnished to Someone Other Than a Class I or Class II Operator or Which are Insured on a Specified Car Basis**

**Covered Auto Number:**

Town and State Where the Covered Auto Will be Principally Garaged

Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))

**Purchased:** Original Cost New \$  
Actual Cost New (N) or Used (U) \$

**Classification**

| Radius of Operation | Business Use<br>s=service<br>r=retail<br>c=commercial | Size GVW, GCW or Vehicle Seating Capacity | Age Group | Primary Rating Factor |           | Secondary Rating Factor | Code |
|---------------------|---|---|-----------|-----------------------|-----------|-------------------------|------|
|                     |   |   |           | Liab.                 | Phy. Dam. |                         |      |

Except for Towing, All Physical Damage Loss is Payable to You and the Loss Payee Named to the Right as Interests May Appear at the Time of the Loss.

**ITEM NINE**

**Schedule of Covered Autos Which are Furnished to Someone Other Than a Class I or Class II Operator or Which are Insured on a Specified Car Basis (Cont'd)**

| <b>Coverages - Premiums, Limits and Deductibles</b>   |  |                |
|---|--|----------------|
| (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.) |  |                |
| <b>Coverages</b>  | <b>Limit</b>   | <b>Premium</b> |
| <b>Liability</b>  | \$   | \$             |
| <b>Personal Injury Protection</b>   | Stated in Each Personal Injury Protection Endorsement Minus<br>\$ Deductible Shown   | \$             |
| <b>Added Personal Injury Protection</b>   | Stated in Each Added Personal Injury Protection Endorsement                          | \$             |
| <b>Property Protection Insurance (Michigan Only)</b>  | Stated in the Property Protection Insurance Endorsement Minus<br>\$ Deductible Shown | \$             |
| <b>Auto Medical Payments</b>  | \$   | \$             |
| <b>Medical Expense and Income Loss Benefits (Virginia Only)</b>   | Stated in Each Medical Expense and Income Loss Benefits Endorsement for Each Person  | \$             |
| <b>Comprehensive</b>  | Stated in Item Two Minus<br>\$ Deductible Shown                                      | \$             |
| <b>Specified Causes of Loss</b>   | Stated in Item Two Minus<br>\$ Deductible Shown                                      | \$             |
| <b>Collision</b>  | Stated in Item Two Minus<br>\$ Deductible Shown                                      | \$             |
| <b>Towing and Labor</b>   | \$ Per Disablement   | \$             |
| <b>Total Premiums</b>   |  |                |
| <b>Liability</b>  |  | \$             |
| <b>Personal Injury Protection</b>   |  | \$             |
| <b>Added Personal Injury Protection</b>   |  | \$             |
| <b>Property Protection Insurance (Michigan Only)</b>  |  | \$             |
| <b>Auto Medical Payments</b>  |  | \$             |
| <b>Medical Expense And Income Loss Benefits (Virginia Only)</b>   |  | \$             |
| <b>Comprehensive</b>  |  | \$             |
| <b>Specified Causes of Loss</b>   |  | \$             |
| <b>Collision</b>  |  | \$             |
| <b>Towing and Labor</b>   |  | \$             |

| <b>Covered Auto Number</b> | <b>Person or organization to which the Covered Auto has been furnished (Do not include Covered Autos which have been furnished to Class I or Class II operators.)</b> |
|----------------------------|---|
|----------------------------|---|

**ITEM TEN**

**Liability Premium for Pick Up And Delivery of Autos - Non-Franchised Dealers Only**

| <b>Number of Driver Trips</b> | <b>Rate</b>             | <b>Premium</b> |
|-------------------------------|-------------------------|----------------|
| 51-200 Miles                  |                         | \$             |
| Over 200 Miles                |                         | \$             |
|                               | <b>Total Premium(s)</b> | \$             |

**QUICK REFERENCE**  
**COMMERCIAL AUTO COVERAGE PART**  
**GARAGE COVERAGE FORM**  
**READ YOUR POLICY CAREFULLY**

**DECLARATIONS PAGES**

Named Insured and Mailing Address  
Policy Period  
Description of Business and Location  
Coverages and Limits of Insurance

**SECTION I - COVERED AUTOS**

**Beginning on Page**

Description of Covered Auto Designation Symbols ..... 1  
Owned Autos You Acquire After the Policy Begins ..... 1  
Certain Trailers and Temporary Substitute Autos ..... 2

**SECTION II - LIABILITY COVERAGE**

Coverage ..... 2  
Who is An Insured ..... 3  
Coverage Extensions  
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    Out-of-State ..... 4  
Exclusions ..... 4  
Limit of Insurance ..... 9  
Deductible ..... 10

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Who is an Insured ..... 10  
Coverage Extensions ..... 10  
Exclusions ..... 10  
Limit of Insurance and Deductible ..... 11

**SECTION IV - PHYSICAL DAMAGE COVERAGE**

Coverage ..... 11  
Exclusions ..... 12  
Limit of Insurance ..... 13  
Deductible ..... 14

**SECTION V - GARAGE CONDITIONS**

Loss Conditions  
    Appraisal for Physical Damage Loss ..... 14  
    Duties in the Event of Accident, Claim, Suit or Loss ..... 14  
    Legal Action Against Us ..... 15  
    Loss Payment - Physical Damage Coverages ..... 15  
    Transfer of Rights of Recovery Against Others to Us ..... 15  
General Conditions  
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    Other Insurance ..... 15  
    Premium Audit ..... 16  
    Policy Period, Coverage Territory ..... 16  
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**SECTION VI - DEFINITIONS ..... 16**

**COMMON POLICY CONDITIONS**

Cancellation  
Changes  
Examination of Your Books and Records  
Inspections and Surveys  
Premiums  
Transfer of Your Rights and Duties under this Policy

**ENDORSEMENTS (If any)**



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

**PHYSICAL DAMAGE COVERAGE - AUTOS HELD  
FOR SALE BY NON-DEALERS**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

With respect to the coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|                        |                |
|------------------------|----------------|
| Endorsement Effective: | Policy Number: |
| Named Insured:         |                |
| Countersigned by:      |                |

(Authorized Representative)

**SCHEDULE**

| COVERAGE                 | TYPES OF "AUTOS"         |                            | INTERESTS COVERED                        |  |  |   |
|--------------------------|--------------------------|----------------------------|--|--|--|---|
|                          | New "Autos"              | Used "Autos" Demonstrators | Your Interest in Covered "Autos" You Own | Your Interest Only in Financed Covered "Autos" | Your Interest and the Interest of Any Creditor Named as a Loss Payee | All Interests in Any "Auto" Not Owned by You or Any Creditor While in Your Possession On Consignment For Sale |
| Comprehensive            | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>                 | <input type="checkbox"/>                       | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Specified Causes of Loss | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>                 | <input type="checkbox"/>                       | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Collision                | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>                 | <input type="checkbox"/>                       | <input type="checkbox"/>   | <input type="checkbox"/>  |

| Location Number:         |   |                |  |                   |         |
|--------------------------|---|----------------|--|-------------------|---------|
| COVERAGE                 | LIMIT OF INSURANCE FOR EACH LOCATION  |                |  | RATES             | PREMIUM |
| Comprehensive            | \$ MINUS \$ DE-   |                |  |                   | \$      |
| Specified Causes of Loss | DUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR \$ MINUS \$ DE- DUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT. |                |  |                   |         |
| Location Number:         |   |                |  |                   |         |
| COVERAGE                 | LIMIT OF INSURANCE FOR EACH LOCATION  |                |  | RATES             | PREMIUM |
| Comprehensive            | \$ MINUS \$ DE-   |                |  |                   | \$      |
| Specified Causes of Loss | DUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR \$ MINUS \$ DE- DUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT. |                |  |                   |         |
| Location Number:         |   |                |  |                   |         |
| COVERAGE                 | LIMIT OF INSURANCE FOR EACH LOCATION  |                |  | RATES             | PREMIUM |
| Comprehensive            | \$ MINUS \$ DE-   |                |  |                   | \$      |
| Specified Causes of Loss | DUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR \$ MINUS \$ DE- DUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT. |                |  |                   |         |
| Location Number: ALL     |   |                |  |                   |         |
| COVERAGE                 | LIMIT OF INSURANCE FOR EACH LOCATION  |                |  | RATES             | PREMIUM |
| Collision                | \$ MINUS \$ DE-   |                |  |                   | \$      |
|                          | DUCTIBLE FOR EACH COVERED AUTO.   |                |  |                   |         |
|                          | BLANKET ANNUAL COLLISION RATES  |                |  | Adjustment Factor | Premium |
| First \$50,000           | \$50,001 to \$100,000   | Over \$100,000 |  |                   |         |
|                          |   |                |  |                   | \$      |
| <b>TOTAL PREMIUM</b>     |   |                |  |                   | \$      |

Our limit of insurance for "loss" at locations other than those stated above.

\$ Additional locations where you store covered "autos"  
 \$ In transit

**Loss Payee** - Any loss is payable as interest may appear to you and:

With respect to "autos" held for sale by non-dealers:

**A.** This endorsement provides only those coverages where a premium is shown in the Schedule. The provisions of the Physical Damage Coverage Section apply. Each of the physical damage coverages shown in the Schedule applies only to the types of "autos" and interests indicated above by "X".

**B.** The following exclusions are added to **SECTION III - PHYSICAL DAMAGE COVERAGE:**

1. We will not pay for "loss" to a covered "auto" caused by or resulting from:
  - a. Someone causing you to voluntarily part with it by trick or scheme or under false pretenses; or
  - b. Your acquiring an "auto" from a seller who did not have legal title.
2. We will not pay for:
  - a. Your expected profit, including loss of market value or resale value.
  - b. "Loss" to any covered "auto" displayed or stored at any location not shown in the Schedule if the "loss" occurs more than 45 days after your use of the location begins.
  - c. Under Collision Coverage, "loss" to any covered "auto" while being driven or transported from the point of purchase or distribution to its destination if such points are more than 50 road miles apart.
  - d. Under Specified Causes of Loss Coverage, "loss" to any covered "auto" caused by or resulting from the collision or upset of any vehicle transporting it.

**C.** The following is added to the Limits of Insurance provision of **SECTION III - PHYSICAL DAMAGE COVERAGE:**

1. Regardless of the number of covered "autos" involved in the "loss", the most we will pay for all "loss" at any one location is the amount shown in the Schedule for that location. Regardless of the number of covered "autos" involved in the "loss", the most we will pay for all "loss" in transit is the amount shown in the Schedule for "loss" in transit.

2. If, when "loss" occurs, the total value of your covered "autos" exceeds the Limit of Insurance shown in the Schedule, we will pay only a percentage of what we would otherwise be obligated to pay. We will determine this percentage by dividing the limit by the total values you actually had when "loss" occurred.

**D.** The following is added to the Deductible provision of **SECTION III - PHYSICAL DAMAGE COVERAGE:**

For each covered "auto", our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Schedule provided that:

1. The Comprehensive or Specified Causes of Loss Coverage deductible applies only to "loss" caused by:
  - a. Theft or mischief or vandalism; or
  - b. All perils.
2. Regardless of the number of covered "autos" damaged or stolen, the per "loss" deductible for Comprehensive or Specified Causes of Loss Coverage shown in the Schedule is the maximum deductible applicable for all "loss" in any one event caused by:
  - a. Theft or mischief or vandalism; or
  - b. All perils.

# THE CINCINNATI INSURANCE COMPANY

P.O. BOX 145496, CINCINNATI, OHIO 45250-5496

(513) 870-2000

A STOCK INSURANCE COMPANY

## AUTOMOBILE / GARAGE RENEWAL CERTIFICATE

ATTACH THIS CERTIFICATE TO YOUR POLICY

| POLICY NUMBER | RENEWAL DATE | EXPIRATION DATE |
|---------------|--------------|-----------------|
|---------------|--------------|-----------------|

NAMED INSURED

AGENCY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY UNLESS OTHERWISE SPECIFIED,  
THE ABOVE NUMBERED POLICY IS RENEWED FOR THE TERM SHOWN ABOVE.

### COVERAGE PROVIDED

AUTOMOBILE - SEE SCHEDULE

PREMIUM

\$

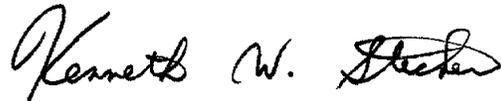
FORMS APPLICABLE AT RENEWAL

Countersigned \_\_\_\_\_ By \_\_\_\_\_  
(Date) (Authorized Representative)

IN WITNESS WHEREOF, this policy has been signed by our President and Secretary in the City of Fairfield, Ohio, but this policy shall not be binding upon us unless countersigned by an authorized representative of ours. This provision does not apply in Arizona, Virginia and Wisconsin.



Secretary



President

# COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

## A. CANCELLATION

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

## B. CHANGES

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

## C. EXAMINATION OF YOUR BOOKS AND RECORDS

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

## D. INSPECTIONS AND SURVEYS

1. We have the right to:

- a. Make inspections and surveys at any time;
- b. Give you reports on the conditions we find; and
- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:

- a. Are safe or healthful; or
- b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

## E. PREMIUMS

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

## F. TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

**SUPPLEMENTARY SCHEDULE FOR BUSINESS AUTO - ITEMS FOUR, FIVE, AND SIX**

Attached to and forming a part of:  
Form AA 505 (Business Auto Coverage Part)

**NUMBER**

**ITEM FOUR SCHEDULE OF HIRED OR  
BORROWED COVERED AUTO COVERAGE AND PREMIUMS.**

**LIABILITY COVERAGE--RATING BASIS, COST OF HIRE**

| STATE | ESTIMATED COST OF HIRE<br>FOR EACH STATE | RATE PER EACH \$100<br>COST OF HIRE | PREMIUM              |
|-------|--|-------------------------------------|----------------------|
|       |  |                                     |                      |
|       |  |                                     | <b>TOTAL PREMIUM</b> |

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

**PHYSICAL DAMAGE COVERAGE**

| COVERAGES                   | LIMIT OF INSURANCE<br>THE MOST WE WILL PAY<br>DEDUCTIBLE   | ESTIMATED<br>ANNUAL<br>COST OF HIRE | RATE PER EACH<br>\$100 ANNUAL<br>COST OF HIRE | MINIMUM<br>PREMIUM | PREMIUM |
|-----------------------------|--|-------------------------------------|---|--------------------|---------|
| COMPREHENSIVE               | ACTUAL CASH VALUE, COST OF REPAIRS OR<br>\$ WHICHEVER IS LESS<br>MINUS \$ DED. FOR EACH<br>COVERED AUTO, FOR ALL LOSS EXCEPT<br>FIRE<br>OR LIGHTNING   |                                     |   |                    |         |
| SPECIFIED CAUSES<br>OF LOSS | ACTUAL CASH VALUE, COST OF REPAIRS OR<br>\$ WHICHEVER IS LESS<br>MINUS \$25 DED. FOR EACH COVERED AUTO,<br>FOR LOSS CAUSED BY MISCHIEF OR<br>VANDALISM |                                     |   |                    |         |
| COLLISION                   | ACTUAL CASH VALUE, COST OF REPAIRS OR<br>\$ WHICHEVER IS LESS<br>MINUS \$ DED. FOR EACH<br>COVERED AUTO  |                                     |   |                    |         |
|                             |  |                                     | <b>TOTAL PREMIUM</b>                          |                    |         |

**ITEM FIVE SCHEDULE FOR NONOWNERSHIP LIABILITY**

| Named Insured's Business              | Rating Basis           | Number | Premium              |
|---------------------------------------|------------------------|--------|----------------------|
| Other than a<br>Social Service Agency | Number of<br>Employees |        |                      |
|                                       | Number of Partners     |        |                      |
| Social Service Agency                 | Number of<br>Employees |        |                      |
|                                       | Number of Volunteers   |        |                      |
|                                       |                        |        | <b>TOTAL PREMIUM</b> |

**ITEM SIX SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS—LIABILITY COVERAGE—PUBLIC AUTO OR LEASING RENTAL CONCERNS**

|   |  |                                   |                    |                                |
|---|--|-----------------------------------|--------------------|--------------------------------|
| Estimated Yearly                        | RATES  |                                   | PREMIUMS           |                                |
|   | <input type="checkbox"/> Per \$100 of Gross Receipts | <input type="checkbox"/> Per Mile |                    |                                |
| <input type="checkbox"/> Gross Receipts |  |                                   |                    |                                |
| <input type="checkbox"/> Mileage        | LIABILITY  | AUTO MEDICAL COVERAGE             | LIABILITY PAYMENTS | AUTO MEDICAL COVERAGE PAYMENTS |
|   |  |                                   |                    |                                |
|   |  | TOTAL PREMIUMS                    |                    |                                |
|   |  | MINIMUM PREMIUMS                  |                    |                                |

When used as a premium basis:

**FOR PUBLIC AUTOS**

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A.** Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B.** Advertising Revenue.
- C.** Taxes which you collect as a separate item and remit directly to a governmental division.
- D.** C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

**FOR RENTAL OR LEASING CONCERNS**

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the autos you leased or rented to others during the policy period.

|                                 |   |                               |                      |
|---------------------------------|---|-------------------------------|----------------------|
| <i>SERFF Tracking Number:</i>   | <i>CNNA-125882680</i>                   | <i>State:</i>                 | <i>Arkansas</i>      |
| <i>Filing Company:</i>          | <i>The Cincinnati Insurance Company</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i>      |
| <i>Company Tracking Number:</i> | <i>CCA-08-6017-AR</i>                   |                               |                      |
| <i>TOI:</i>                     | <i>20.0 Commercial Auto</i>             | <i>Sub-TOI:</i>               | <i>20.0003 Other</i> |
| <i>Product Name:</i>            | <i>CCA-08-6017-AR</i>                   |                               |                      |
| <i>Project Name/Number:</i>     | <i>/</i>                                |                               |                      |

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: CNNA-125882680 State: Arkansas  
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: CCA-08-6017-AR  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other  
Product Name: CCA-08-6017-AR  
Project Name/Number: /

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 11/03/2008

**Comments:**

**Attachments:**

F777AR\_CCA-08-6017-AR.pdf  
F778AR\_307 CCA-08-6017-AR.pdf

**Satisfied -Name:** MEMORANDUM **Review Status:** Approved 11/03/2008

**Comments:**

**Attachment:**

CCA-08-6017-AR F.pdf

## Property & Casualty Transmittal Document

|   |   |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
|---|---|---------------------------------|--|-------------|--|-----------------|--|---------------------------------------|--|------------------------------|--|--------------|--|------------------|--|--------------------|--|--------------------|--|------------------|--|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b> <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 |  |
| 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                                |   |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |

|                                  |                     |
|----------------------------------|---------------------|
| <b>3. Group Name</b>             | <b>Group NAIC #</b> |
| The Cincinnati Insurance Company | 0244                |

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

|                                   |                       |
|-----------------------------------|-----------------------|
| <b>5. Company Tracking Number</b> | <b>CCA-08-6017-AR</b> |
|-----------------------------------|-----------------------|

**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<br>Fairfield, Ohio 45014-5141 | Senior Filing Specialist | 513-870-2091         | 513-888-8884 | Sharon_grubbs@cinfin.com |
| <b>7.</b> | Signature of authorized filer                         |                          | <i>Sharon Grubbs</i> |              |                          |
| <b>8.</b> | Please print name of authorized filer                 |                          | Sharon Grubbs        |              |                          |

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

|  |  |
|--|--|
| <b>9. Type of Insurance (TOI)</b>  | COMMERCIAL AUTO  |
| <b>10. Sub-Type of Insurance (Sub-TOI)</b>   | COMMERCIAL AUTO  |
| <b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements] | n/a  |
| <b>12. Company Program Title</b> (Marketing title)   | n/a  |
| <b>13. Filing Type</b>   | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| <b>14. Effective Date(s) Requested</b>   | New: 01/01/2009                      Renewal: 01/01/09   |
| <b>15. Reference Filing?</b>   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| <b>16. Reference Organization</b> (if applicable)  | n/a  |
| <b>17. Reference Organization # &amp; Title</b>  | n/a  |
| <b>18. Company's Date of Filing</b>  | 10/31/08   |
| <b>19. Status of filing in domicile</b>  | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

## Property & Casualty Transmittal Document—

|  |                |
|--|----------------|
| <b>20. This filing transmittal is part of Company Tracking #</b> | CCA-08-6017-AR |
|--|----------------|

|  |
|--|
| <b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|--|

See Memorandum

|   |
|---|
| <b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable)<br>[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.)

| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b>  | <b>CCA-08-6017-AR</b>             |   |   |  |
|-----------|---|-----------------------------------|---|---|--|
| <b>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br>(Company tracking number of rate/rule filing, if applicable) | <b>N/A</b>                        |   |   |  |
| 3.        | Form Name<br>/Description/Synopsis  | Form #<br>Include edition<br>date | Replacement<br>or<br>Withdrawn?   | If replacement,<br>give form #<br>it replaces | Previous state<br>filing number,<br>if required by state |
| 01        | COVERED AUTO<br>DESIGNATION SYMBOL  | AA 4214 08 07                     | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 02        | PHYSICAL DAMAGE<br>COVERAGE - AUTOS HELD<br>FOR SALE BY NON-<br>DEALERS   | AA 4230 08 08                     | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 03        | AUTOMOBILE / GARAGE<br>RENEWAL CERTIFICATE  | AA 602 02 06                      | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 04        | AUTOMOBILE SCHEDULE   | AA 4183 02 06                     | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 05        | SUPPLEMENTARY<br>SCHEDULE FOR<br>BUSINESS AUTO - ITEMS<br>FOUR FIVE AND SIX   | AA 4231 08 08                     | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 06        | BUSINESS AUTO<br>COVERAGE PART<br>DECLARATIONS  | AA 505 03 06                      | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 07        | GARAGE COVERAGE<br>PART DECLARATIONS  | AA 506 03 06                      | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 08        |   |                                   | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 09        |   |                                   | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 10        |   |                                   | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |

**ARKANSAS  
DIVISION ONE - COMMERCIAL AUTOMOBILE  
FORMS MEMORANDUM**

| <b>NEW FORM</b> | <b>OLD/WITHDRAWN<br/>FORM</b> | <b>TITLE/DESCRIPTION OF CHANGE</b>   |
|-----------------|-------------------------------|--|
| AA 4214 08 07   | -----                         | <p><b>COVERED AUTO DESIGNATION SYMBOL</b><br/>This form is created for a new policy issuance system - e-CLAS®. Other than formatting, it is the same as our currently filed form CA 99 54. The same rules and rates apply to both forms.</p>   |
| AA 4230 08 08   | -----                         | <p><b>PHYSICAL DAMAGE COVERAGE – AUTOS HELD FOR SALE BY NON-DEALERS</b><br/>This form is created for a new policy issuance system – e-CLAS®. Other than formatting, it is the same as our currently filed form AA 4176. The same rules and rates apply to both forms.</p>  |
| AA 4183 02 06   | -----                         | <p><b>AUTOMOBILE SCHEDULE</b><br/>This form is created for a new policy issuance system – e-CLAS®. Other than formatting, it is the same as our currently filed forms AA 218 (Business Auto) and AA 282 (Garage).</p>  |
| AA 4231 08 08   | -----                         | <p><b>SUPPLEMENTARY SCHEDULE FOR BUSINESS AUTO – ITEMS FOUR, FIVE AND SIX</b><br/>This form was created for a new policy issuance system – e-CLAS®. It is the same as our currently filed AA 206 except reference to the Business Auto form (in the top right corner) shows the e-CLAS® declarations AA 505.</p> |
| AA 505 03 06    | -----                         | <p><b>BUSINESS AUTO COVERAGE PART DECLARATIONS</b><br/>Form created for new policy issuance system (e-CLAS®). Other than formatting, it is the same as our currently filed AA 501.</p>   |
| AA 506 03 06    | -----                         | <p><b>GARAGE COVERAGE PART DECLARATIONS</b><br/>Form created for new policy issuance system (e-CLAS®). Other than formatting, it is the same as our currently filed AA 502.</p>  |
| AA 602 02 06    | -----                         | <p><b>AUTOMOBILE / GARAGE RENEWAL CERTIFICATE</b><br/>This form is created for a new policy issuance system – e-CLAS®. Other than formatting, it is the same as our currently filed form AA 601.</p>   |