

SERFF Tracking Number: CNNA-125886392 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CMISC-08-6035-AR
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP
Liability
Product Name: CMISC-08-6035-AR
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CMISC-08-6035-AR

SERFF Tr Num: CNNA-125886392 State: Arkansas

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

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 05.0007 Other CMP

Co Tr Num: CMISC-08-6035-AR

State Status: Fees verified and
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Sharon Whitaker

Disposition Date: 11/18/2008

Date Submitted: 11/04/2008

Disposition Status: Approved

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

Effective Date (New): 05/01/2009

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

Effective Date (Renewal):
05/01/2009

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/18/2008

State Status Changed: 11/06/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

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

Final printed copies are attached for your review.

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

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

Company and Contact

Filing Contact Information

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

Filing Company Information

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

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	11/04/2008	23695908

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/18/2008	11/18/2008
Approved	Llyweyia Rawlins	11/06/2008	11/06/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Revised MEMORAND UM	Supporting Document	Sharon Whitaker	11/18/2008	11/18/2008

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Project Name/Number: /

Disposition

Disposition Date: 11/18/2008

Effective Date (New): 05/01/2009

Effective Date (Renewal): 05/01/2009

Status: Approved

Comment: Reopened for revised Memorandum.

Rate data does NOT apply to filing.

SERFF Tracking Number: CNNA-125886392 State: Arkansas
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 Product Name: CMISC-08-6035-AR
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document (revised)	Revised MEMORANDUM	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	SPECIAL PER OCCURRENCE DEDUCTIBLE ENDORSEMENT	Approved	Yes
Form	EARLIER NOTICE OF CANCELLATION PROVIDED BY US	Approved	Yes
Form	MATERIAL COVERAGE CHANGE NOTIFICATION ADDITIONAL INSURED	Approved	Yes
Form	CALCULATION OF PREMIUM	Approved	Yes
Form	POLICY REINSTATEMENT	Approved	Yes
Form	COMMERCIAL INSURANCE POLICY JACKETS	Approved	Yes
Form	COMMON POLICY DECLARATIONS	Approved	Yes
Form	GENERAL CHANGE ENDORSEMENT	Approved	Yes
Form	SUMMARY OF PREMIUMS CHARGED	Approved	Yes
Form	SUMMARY OF PREMIUMS CHARGED	Approved	Yes
Form	SUMMARY OF PREMIUMS CHARGED	Approved	Yes
Form	ANNUAL PREMIUM ADJUSTMENT ENDORSEMENT	Approved	Yes
Form	ANNUAL PREMIUM ADJUSTMENT ENDORSEMENT	Approved	Yes
Form	INSURED ELECTRONIC FUNDS TRANSFER AUTHORIZATION	Approved	Yes
Form	ARKANSAS CHANGES - CANCELLATION	Approved	Yes
Form	ARKANSAS CHANGES	Approved	Yes
Form	ARKANSAS CHANGES - TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US	Approved	Yes

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Product Name: CMISC-08-6035-AR
Project Name/Number: /

Disposition

Disposition Date: 11/06/2008

Effective Date (New): 05/01/2009

Effective Date (Renewal): 05/01/2009

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 (revised)	Revised MEMORANDUM	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	SPECIAL PER OCCURRENCE DEDUCTIBLE ENDORSEMENT	Approved	Yes
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Form	SUMMARY OF PREMIUMS CHARGED	Approved	Yes
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Form	ARKANSAS CHANGES - CANCELLATION	Approved	Yes
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Liability
Product Name: CMISC-08-6035-AR
Project Name/Number: /

Amendment Letter

Amendment Date:
Submitted Date: 11/18/2008

Comments:

Dear Llyweyia,

Attached is the revised memorandum deleting COP from form IA 429.

Thank you for your assistance,

Sharon

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Revised MEMORANDUM

Comment:

CMISC-08-6035-AR F REV.pdf

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 Liability
 Product Name: CMISC-08-6035-AR
 Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	SPECIAL PER OCCURRENCE DEDUCTIBLE ENDORSEMENT	IA 4006	09 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 IA 4006 04 04 Previous Filing #:		IA4006 09-07.pdf
Approved	EARLIER NOTICE OF CANCELLATION PROVIDED BY US	IA 4086	08 07	Disclosure/ Notice	Replaced Form #:0.00 IA 4086 03 03 Previous Filing #:		IA4086 08-07.pdf
Approved	MATERIAL COVERAGE CHANGE NOTIFICATION ADDITIONAL INSURED	IA 4087	08 07	Disclosure/ Notice	Replaced Form #:0.00 IA 4087 08 00 Previous Filing #:		IA4087 08-07.pdf
Approved	CALCULATION OF PREMIUM	IA 429	08 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 IA 429 06 00 Previous Filing #:		IA429 08-07.pdf
Approved	POLICY REINSTATEMENT	IA 475	08 07	Other	Replaced Form #:0.00 IA 475 02 05 Previous Filing #:		IA475 08-07.pdf
Approved	COMMERCIAL INSURANCE POLICY JACKETS	IA 4289 A&B	02 06	Other	New	0.00	IA4289A&B 0206 ECLAS.pdf
Approved	COMMON POLICY DECLARATIONS	IA 509	02 06	Declaration	New s/Schedule	0.00	IA509 02-06 ECLAS.pdf
Approved	GENERAL CHANGE ENDORSEMENT	IA 4329	02 08	Endorsement/Amendment/Conditions	New	0.00	IA4329 02-08 ECLAS.pdf

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 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP
 Liability
 Product Name: CMISC-08-6035-AR
 Project Name/Number: /

ons

Approved	SUMMARY OF PREMIUMS CHARGED	IA 102	09 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 IA 102 02 03 Previous Filing #:	IA102 09-08.pdf
Approved	SUMMARY OF PREMIUMS CHARGED	IA 102 A	09 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 IA 102 A 02 03 Previous Filing #:	IA102A 09-08.pdf
Approved	SUMMARY OF PREMIUMS CHARGED	IA 103	09 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 IA 103 02 03 Previous Filing #:	IA103 09-08.pdf
Approved	ANNUAL PREMIUM ADJUSTMENT ENDORSEMENT	IA 408	09 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 IA 408 02 03 Previous Filing #:	IA408 09-08.pdf
Approved	ANNUAL PREMIUM ADJUSTMENT ENDORSEMENT	IA 408 A	09 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 IA 408 A 02 01 Previous Filing #:	IA408A 09-08.pdf
Approved	INSURED ELECTRONIC FUNDS TRANSFER AUTHORIZATION	IA 4335	04 08	Application/ New Binder/Enrollment	0.00	IA4335 04-08.pdf
Approved	ARKANSAS CHANGES - CANCELLATION	IA 4107	05 09	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #: IA 4107 01 05	IA4107 05-09.pdf
Approved	ARKANSAS CHANGES	IA 4279 AR	05 09	Endorsement/Amendment/Conditions	Replaced Form #: Previous Filing #: IA 4279 AR 01 06	IA4279AR 05-09.pdf
Approved	ARKANSAS CHANGES - TRANSFER OF RIGHTS OF RECOVERY	IL 01 99	09 08	Endorsement/Amendment/Conditions	Replaced Form #: Previous Filing #: IL 01 99 09 00	IL0199 09-08.pdf

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Liability
Product Name: CMISC-08-6035-AR
Project Name/Number: /

AGAINST
OTHERS TO US

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECIAL PER OCCURRENCE DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

**COMMERCIAL PROPERTY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
CRIME AND FIDELITY COVERAGE PART**

A. Special Per Occurrence Deductible

1. If an "occurrence" happens to Covered Property under the Commercial Property Coverage Part and to Covered Property under at least one of the following:

- a. The Commercial Inland Marine Coverage Part, and
- b. The Commercial Crime Coverage Part;

the most we will deduct from any loss or damage in any one "occurrence" is the deductible indicated on the **COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS**.

2. This endorsement does not apply to any of the forms listed in Paragraphs a. and b.:

- a. * **Electronic Data Processing Coverage Form, D. Deductible, 2. Specified Losses Deductible**

Jewelers Block Coverage Form

* **Water Backup from Sewers, Drains, Septic Systems or Sump Pumps Endorsement**

Windstorm or Hail Percentage Deductible Form

Earthquake and Volcanic Eruption Endorsement

Earthquake and Volcanic Eruption Endorsement (Sub-Limit Form)

Flood Coverage Endorsement

Equipment Breakdown Coverage (Including Production Equipment)

Equipment Breakdown Coverage (Excluding Production Equipment)

* **Temperature Change Coverage Form**

Commercial Crime Coverage Form, A. Insuring Agreements, 1. Employee Theft, 2. Forgery or Alteration, 6. Computer Fraud and 7. Funds Transfer Fraud

Crime Expanded Coverage (XC™) Coverage Form, A. Insuring Agreements, 1. Employee Theft and 2. Forgery or Alteration

Government Crime Coverage Form, A. Insuring Agreements, 1. Employee Theft - Per Loss Coverage, 2. Employee Theft - Per Employee Coverage, 3. Forgery or Alteration, 7. Computer Fraud and 8. Funds Transfer Fraud

* **Or such coverage as provided in the CinciPlus Commercial Property Expanded Coverage or Expanded Coverage Plus Forms**

- b. **Other**

B. Definition

For the purpose of this endorsement only, any definition of "occurrence" is deleted in its entirety and the following definition is added to:

1. **COMMERCIAL PROPERTY CONDITIONS,**
2. **COMMERCIAL INLAND MARINE CONDITIONS,**
3. **COMMERCIAL CRIME COVERAGE FORM,**
4. **CRIME EXPANDED COVERAGE (XC™) COVERAGE FORM, and**
5. **GOVERNMENT CRIME COVERAGE FORM:**

"**Occurrence**" means all loss, damage, or a sequence of loss or damage, casualties or disasters arising from a single happening or event.

HIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EARLIER NOTICE OF CANCELLATION
PROVIDED BY US**

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS PACKAGE POLICY
BUSINESS AUTO COVERAGE PART
CLAIMS-MADE EXCESS LIABILITY COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
COMMERCIAL UMBRELLA LIABILITY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
DENTIST'S PACKAGE POLICY
EXCESS LIABILITY COVERAGE PART
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
MACHINERY AND EQUIPMENT COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS / COMPLETED OPERATIONS LIABILITY COVERAGE PART
PROFESSIONAL LIABILITY COVERAGE PART
PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART
PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART CLAIMS-MADE**

SCHEDULE

Number of Days' Notice _____

For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation, as provided in Paragraph **2.** of either the **Cancellation** Common Policy Condition or as amended by an applicable state cancellation endorsement, is increased to the number of days shown in the Schedule above.

MATERIAL COVERAGE CHANGE NOTIFICATION - ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS PACKAGE POLICY
BUSINESS AUTO COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
DENTIST'S PACKAGE POLICY
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
MACHINERY AND EQUIPMENT COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS / COMPLETED OPERATIONS COVERAGE PART
PROFESSIONAL LIABILITY COVERAGE PART**

SCHEDULE

Additional Insured's Name:

Mailing Address:

Number of Days Notification required for reductions or restrictions of Coverage: _____

In the event of a material change in coverage requested by the Insured or initiated by us which reduces or restricts coverage other than:

- (1) The reduction of aggregate limits through reserves or payments of claims; or
- (2) Routine automobile changes;

we agree to mail or deliver notification to the person or entity shown on the Schedule. The notification will be at least the number of days shown in the Schedule before the effective date of the coverage change.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALCULATION OF PREMIUM

This endorsement modifies insurance provided under the following as designated by an "X":

- BUILDERS' RISK INLAND MARINE COVERAGE PART**
- BUSINESS AUTO COVERAGE PART**
- COMMERCIAL GENERAL LIABILITY COVERAGE PART**
- COMMERCIAL INLAND MARINE COVERAGE PART**
- COMMERCIAL OUTPUT POLICY - PROPERTY COVERAGE FORM**
- COMMERCIAL PROPERTY COVERAGE PART**
- CRIME AND FIDELITY COVERAGE PART**
- FARM COVERAGE PART**
- LIQUOR LIABILITY COVERAGE PART**
- MACHINERY AND EQUIPMENT COVERAGE PART**
- OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART**
- POLLUTION LIABILITY COVERAGE PART**
- PRODUCTS / COMPLETED OPERATIONS LIABILITY COVERAGE PART**
- PROFESSIONAL LIABILITY COVERAGE PART**
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART**

The following is added:

The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal continuation, or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY REINSTATEMENT

Attached to and forming part of Policy Number _____

Issued to _____

Effective Date _____

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS PACKAGE POLICY
CLAIMS-MADE EXCESS LIABILITY COVERAGE PART
COMMERCIAL AUTO COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL OUTPUT POLICY
COMMERCIAL PROPERTY COVERAGE PART
COMMERCIAL UMBRELLA LIABILITY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
DENTIST'S PACKAGE POLICY
EXCESS LIABILITY COVERAGE PART
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
MACHINERY AND EQUIPMENT COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS / COMPLETED OPERATIONS LIABILITY COVERAGE PART
PROFESSIONAL LIABILITY COVERAGE PART
PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART
PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART - CLAIMS-MADE**

The Direct Notice of Cancellation which was to be effective _____ is declared null and void and coverage is reinstated with no lapse in coverage.

Additional Premium \$ _____

_____ Agent

Commercial Package Policy



**THE
CINCINNATI INSURANCE COMPANIES**

MAILING ADDRESS: P.O. Box 145496, Cincinnati, Ohio 45250-5496
HOME OFFICE: 6200 S. Gilmore Road, Fairfield, Ohio 45014-5141

Making our strength your future



www.cinfin.com

**THE
CINCINNATI INSURANCE COMPANIES**

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

IA 4289B 02/06

THE CINCINNATI INSURANCE COMPANY

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

513-870-2000

A Stock Insurance Company

Previous Policy Number

COMMON POLICY DECLARATIONS

POLICY NUMBER

NAMED INSURED

ADDRESS

(Number & Street,
Town, County,
State & Zip No.)

Policy Period: At 12:01 A.M., STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

All coverages except Automobile and / or Garage

Policy number: FROM: TO:

Automobile and / or Garage

Policy number: FROM: TO:

Agency

City

Legal Entity / Business Description

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

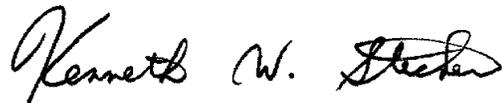
FORMS APPLICABLE TO ALL COVERAGE PARTS:

Countersigned _____ (Date) By _____ (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. The refund will be 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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL CHANGE ENDORSEMENT

Auto / Garage
Policy Number

All Other
Policy Number

Endorsement Date of

Issued to
Agent

PREMIUM INFORMATION

	Additional Premium	Return Premium
Due at Endorsement Effective Date		

Subsequent
Revised

Installment
Installment Payment(s) \$

by \$

It is agreed that the policy is amended as indicated by

- Policy Installment Premium Amended to:**
 Annual Semi-Annual Quarterly
- Named Insured**

Mailing Address

Form(s) Added

Form(s) Deleted

All Other Reason for Change

Auto / Garage Reason for Change

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ANNUAL PREMIUM ADJUSTMENT ENDORSEMENT

Attached to and forming part of

Policy Number _____

Effective Date _____

issued to _____

Commercial Property Coverage Part _____ \$ _____

Commercial General Liability Coverage Part _____ \$ _____

Commercial Umbrella / Excess Liability Coverage Part _____ \$ _____

_____ \$ _____

_____ \$ _____

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_____ \$ _____

_____ \$ _____

_____ \$ _____

Installment Charge _____

Sub-Total

Commercial Auto Coverage Part _____

Auto Installment Charge _____

Annual Total

PAYMENTS

All Other	+	Auto	=	Total Installment
First Installment	Remaining Installment	First Installment	Remaining Installment	First Installment Remaining Installment
\$ _____	\$ _____	+ \$ _____	\$ _____	= \$ _____

Nothing herein contained shall vary, alter, or extend any provision or condition of the policy other than as stated above.

_____ Agent



THE CINCINNATI INSURANCE COMPANY
 THE CINCINNATI CASUALTY COMPANY
 THE CINCINNATI INDEMNITY COMPANY
 P.O. BOX 145496, CINCINNATI, OHIO 45250-5496

INSURED ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I, the undersigned, hereby authorize the company indicated above by an (hereinafter, "the Company") to make withdrawals by automatic debit entry on my account each installment date for the purpose of paying premiums for the policy number or numbers indicated below, including any subsequent renewal or replacement policy.

INSURED'S NAME AND MAILING ADDRESS:

POLICY NUMBER(s) (Excluding Prefix):

The Company is authorized to use automatic debit entry each installment date to make withdrawals on the account indicated below:

_____ SAVINGS ACCOUNT
 _____ CHECKING ACCOUNT
(Select One Account Type)

_____ *(Bank Account Number)*

_____ *(Routing Number)*

_____ *(Name of Bank and Name of Branch, if any)*

_____ *(Address of Bank or Branch)*

IF YOU WOULD LIKE FUNDS TO BE WITHDRAWN FROM YOUR CHECKING ACCOUNT, YOU MUST INCLUDE A VOIDED SAMPLE CHECK FROM YOUR ACCOUNT.

By signing below, I agree that:

- The Company may withdraw money from the account listed above.
- I must have enough money in my account to pay the premium before a withdrawal is made.
- **Notice of Varying Amounts:** If these regular payments will vary in amount, the Company will send me a billing statement to the above address approximately 15 days before a withdrawal.
- The first time a premium payment is returned due to Non-Sufficient Funds for a policy the premium due is the installment amount. For each succeeding return of payment due to Non-Sufficient Funds, while continuously insured with the Company, a service charge will be added to my installment.
- The Company may make a withdrawal prior to the policy effective date or installment date, but will always notify me on my billing statement.
- This agreement shall remain in effect unless it is cancelled by the Company or my financial institution, or I withdraw this Authorization in writing.
- To cancel this agreement, I must send notice of cancellation in writing and allow 30 days to process my request.

_____ *(Name of Policyholder)*

X _____ *(Signature of Policyholder)*

_____ *(Date)*

• Upon completion of this form, please return it to your agent •

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARKANSAS CHANGES - CANCELLATION

This endorsement modifies insurance provided under the following:

**CLAIMS-MADE EXCESS LIABILITY COVERAGE PART
COMMERCIAL AUTO COVERAGE PART
COMMERCIAL CRIME AND FIDELITY COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
COMMERCIAL UMBRELLA LIABILITY COVERAGE PART
CONTRACTOR'S ERRORS AND OMISSIONS COVERAGE FORM - CLAIMS-MADE
CONTRACTORS' LIMITED POLLUTION LIABILITY COVERAGE PART
EMPLOYEE BENEFIT LIABILITY COVERAGE PART
EMPLOYMENT PRACTICES LIABILITY COVERAGE PART
EXCESS LIABILITY COVERAGE PART
EXCESS WORKERS COMPENSATION AND EMPLOYERS LIABILITY
FARM COVERAGE PART
GOLF COURSE CHEMICAL APPLICATION LIMITED LIABILITY COVERAGE PART
HOLE-IN-ONE COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
MACHINERY AND EQUIPMENT COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS / COMPLETED OPERATIONS LIABILITY COVERAGE PART
PROFESSIONAL LIABILITY COVERAGE PART
PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART
PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART - CLAIMS-MADE**

- A.** Paragraph **5.** of the **Cancellation** Common Policy Condition is replaced by the following:
- a.** If this policy is cancelled, we will send the first Named Insured any premium refund due.
 - b.** We will refund the pro rata unearned premium if the policy is cancelled by us or the first Named Insured.
 - c.** However, the refund will be less than the pro rata unearned premium if the refund of such amount would reduce the premium retained by us to an amount less than the minimum premium for this policy.
 - d.** The cancellation will be effective even if we have not made or offered a refund.
 - e.** If the first Named Insured cancels the policy, we will retain no less than \$100 of the premium, subject to the following:
 - (1)** We will retain no less than \$250 of the premium for the Machinery and Equipment Coverage Part.
 - (2)** We will retain the premium developed for any annual policy period for the General Liability Classifications, if any, shown in the Declarations.
- (3)** If the Commercial Auto Coverage Part covers only snowmobiles or golfmobiles, we will retain \$100 or the premium shown in the Declarations, whichever is greater.
- (4)** If the Commercial Auto Coverage Part covers an "auto" with a mounted amusement device, we will retain the premium shown in the Declarations for the amusement device and not less than \$100 for the auto to which it is attached.
- B.** The following is added to the **Cancellation** Common Policy Condition:
- 7. Cancellation of Policies in Effect More Than 60 Days**
- a.** If this policy has been in effect more than 60 days or is a renewal policy, we may cancel only for one or more of the following reasons:
 - (1)** Nonpayment of premium;
 - (2)** Fraud or material misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy or in

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presenting a claim under the policy;

- (3) The occurrence of a material change in the risk which substantially increases any hazard insured against after policy issuance;
- (4) Violation of any local fire, health, safety, building or construction regulation or ordinance with respect to any insured property or its occupancy which substantially increases any hazard insured against under the policy;
- (5) Nonpayment of membership dues in those cases where our by-laws, agreements or other legal instruments require payment as a condition of the issuance and maintenance of the policy; or
- (6) A material violation of a material provision of the policy.

b. Subject to Paragraph 7.c., if we cancel for:

- (1) Nonpayment of premium, we will mail or deliver written notice of cancellation, stating the reason for cancellation, to the first Named Insured and any lienholder or loss payee named in the policy at least 10 days before the effective date of cancellation.
- (2) Any other reason, we will mail or deliver notice of cancellation to the first Named Insured and any lienholder or loss payee named in the policy at least 20 days before the effective date of cancellation.

c. The following applies to the Commercial Auto Coverage Part:

- (1) If we cancel for nonpayment of premium, we will mail or deliver written notice of cancellation, stating the reason for cancellation, to the first Named Insured and any lienholder or loss payee named in the policy, and any lessee of whom we have received notification prior to the loss, at least 10 days before the effective date of cancellation;
- (2) If we cancel for any other reason, we will mail or deliver notice of cancellation to the first Named Insured and any lienholder or loss payee named in the policy, and any lessee of whom we have received notification prior to the loss, at least 20 days before the effective date of cancellation.

C. The following Condition is added and supercedes any other provisions to the contrary:

NONRENEWAL

1. If we decide not to renew this policy, we will mail to the first Named Insured shown in the Declarations written notice of nonrenewal at least 60 days before:
 - a. Its expiration date; or
 - b. Its anniversary date, if it is a policy written for a term of more than one year and with no fixed expiration date.However, we are not required to send this notice if nonrenewal is due to your failure to pay any premium required for renewal.
2. We will mail our notice to the first Named Insured's mailing address last known to us. If notice is mailed, proof of mailing will be sufficient proof of notice.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARKANSAS CHANGES

This endorsement modifies insurance provided under the following:

**MACHINERY AND EQUIPMENT COVERAGE PART
COMMERCIAL CRIME AND FIDELITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
FARM COVERAGE PART**

- A. When this endorsement is attached to the Standard Property Policy **CP 00 99**, the term Coverage Part in this endorsement is replaced by the term Policy.
- B. The following is added to the Common Policy Conditions:

MULTI-YEAR POLICIES

We may issue this policy for a term in excess of twelve months with the premium adjusted on an annual basis in accordance with our rates and rules.

- C. 1. Except as provided in **C.2.** below, the **Appraisal** Condition, if any, is replaced by the following:
 - a. If we and you disagree on the value of the property or the amount of loss ("loss"), either party may make a written request for an appraisal of the loss ("loss"). However, an appraisal will be made only if both we and you agree, voluntarily, to have the loss ("loss") appraised. If so agreed, each party will select a competent and impartial appraiser. The two appraisers will select an umpire. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the value of the property and amount of loss ("loss"). If they fail to agree, they will submit their differences to the umpire.
 - b. An appraisal decision will not be binding on either party.
 - c. If there is an appraisal, we will still retain our right to deny the claim.
 - d. Each party will:
 - (1) Pay its chosen appraiser; and
 - (2) Bear the other expenses of the appraisal and umpire equally.
- C. 2. The **Appraisal** Condition in Business Income Coverage Form (and Extra Expense) and Business Income Coverage

Form (without Extra Expense) is replaced by the following:

- a. If we and you disagree on the amount of Net Income and operating expense or the amount of loss, either party may make a written request for an appraisal of the loss. However, an appraisal will be made only if both we and you agree, voluntarily, to have the loss appraised. If so agreed, each party will select a competent and impartial appraiser. The two appraisers will select an umpire. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the amount of Net Income and operating expense or amount of loss. If they fail to agree, they will submit their differences to the umpire.
- b. An appraisal decision will not be binding on either party.
- c. If there is an appraisal, we will still retain our right to deny the claim.
- d. Each party will:
 - (1) Pay its chosen appraiser; and
 - (2) Bear the other expenses of the appraisal and umpire equally.

- D. 1. This Paragraph, **D.**, does not apply to the following:

Farm Liability Form
Legal Liability Coverage Form

- 2. The 2-year limitation in the **Legal Action Against Us** Condition is changed to 5 years.

E. Valuation - Settlement

When forming a part of this policy, the last paragraphs of the Valuation - Settlement General Condition **a.(3)** of the Crime General Provisions, and the Valuation - Settlement Additional Condition **(1)(c)** of the Safe Depository Direct Loss Coverage Form are replaced by the following:

If we cannot agree with you upon the actual cash value or the cost of repair or replacement, the value or cost may be determined by arbitration.

Either party may make a written request for an arbitration. However, arbitration will take place

only if both we and you agree, voluntarily, to have the value or cost of the property arbitrated. Moreover, an arbitration decision will not be binding on either party. However, even if there is arbitration, we will still retain our right to deny the claim.

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

**ARKANSAS CHANGES - TRANSFER OF RIGHTS OF
RECOVERY AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
FARM LIABILITY COVERAGE FORM
FARM UMBRELLA LIABILITY POLICY
LIQUOR LIABILITY COVERAGE PART
MEDICAL PROFESSIONAL LIABILITY
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY**

The following is added to the **Transfer Of Rights Of Recovery Against Others To Us** Condition:

We will be entitled to recovery only after the insured ("insured") has been fully compensated for the loss or damage sustained, including expenses incurred in obtaining full compensation for the loss or damage.

SERFF Tracking Number: CNNA-125886392 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CMISC-08-6035-AR
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP
Liability
Product Name: CMISC-08-6035-AR
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CNNA-125886392 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CMISC-08-6035-AR
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP
Liability
Product Name: CMISC-08-6035-AR
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 11/06/2008

Comments:

Attachments:

F777AR_CMISC-08-6035-AR.pdf
F778AR_307 CMISC-08-6035-AR.pdf

Satisfied -Name: Revised MEMORANDUM **Review Status:** Approved 11/18/2008

Comments:

Attachment:

CMISC-08-6035-AR F REV.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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
The Cincinnati Insurance Company	0244

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

5. Company Tracking Number	CMISC-08-6035-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	6200 South Gilmore Road Fairfield, Ohio 45014-5141	Senior Filing Specialist	513-870-2091	513-888-8884	Sharon_grubbs@ cinfin.com
7.	Signature of authorized filer		<i>Sharon Grubbs</i>		
8.	Please print name of authorized filer		Sharon Grubbs		

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

9. Type of Insurance (TOI)	Miscellaneous
10. Sub-Type of Insurance (Sub-TOI)	Miscellaneous
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 05/01/2009 Renewal: 05/01/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	11/04/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CMISC-08-6035-AR
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

See Memorandum

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

Check #: EFT FILING

Amount: \$50.00

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

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

FORM FILING SCHEDULE

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

1.	This filing transmittal is part of Company Tracking #		CMISC-08-6035-AR		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	SUMMARY OF PREMIUMS CHARGED	IA 102 09 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 102 02 03	
02	SUMMARY OF PREMIUMS CHARGED	IA 102A 09 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 102A 02 03	
03	SUMMARY OF PREMIUMS CHARGED	IA 103 09 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 103 02 03	
04	ANNUAL PREMIUM ADJUSTMENT ENDORSEMENT	IA 408 09 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 408 02 03	
05	ANNUAL PREMIUM ADJUSTMENT ENDORSEMENT (CURRENT VERSION)	IA 408A 09 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 408A 02 01	
06	CALCULATION OF PREMIUM	IA 429 08 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 429 06 00	
07	POLICY REINSTATEMENT	IA 475 08 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 475 02 05	
08	COMMON POLICY DECLARATIONS	IA 509 02 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	-----	
09	SPECIAL PER OCCURRENCE DEDUCTIBLE ENDORSEMENT	IA 4006 09 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 4006 04 04	
10	EARLIER NOTICE OF CANCELLATION PROVIDED BY US	IA 4086 08 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 4086 03 03	
11	MATERIAL COVERAGE CHANGE NOTIFICATION - ADDITIONAL INSURED	IA 4087 08 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 4087 10 01	
12	ARKANSAS CHANGES - CANCELLATION	IA 4107 05 09	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 4107 01 05	
13	ARKANSAS CHANGES	IA 4279 AR 05 09	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 4279 AR 01 06	

Effective March 1, 2007

14	COMMERCIAL INSURANCE POLICY JACKETS (Front & Back)	IA 4289 A&B 02 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	-----	
15	GENERAL CHANGE ENDORSEMENT	IA 4329 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	-----	
16	INSURED ELECTRONIC FUNDS TRANSFER AUTHORIZATION	IA 4335 04 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	-----	
17	ARKANSAS CHANGES - TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US	IL 01 99 09 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 01 99 09 00	

**ARKANSAS
MISCELLANEOUS
FORMS MEMORANDUM**

NEW FORM	OLD FORM	TITLE/DESCRIPTION OF CHANGE
IA 102 09 08	IA 102 02 03	<p>SUMMARY OF PREMIUMS CHARGED Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.</p> <p>The PAYMENTS section of the form is amended by adding a blank "fill-in" line in place of the wording <i>SEMI-ANNUAL</i> to allow for insertion of all installment plan options, including the new installment plan options of monthly pay and a ten payment plan. The second line for <i>QUARTERLY</i> is being deleted as it is no longer necessary.</p> <p>Applies to the following lines: Division One - Commercial Auto Division Two - Machinery and Equipment Division Three - Crime and Fidelity Division Four - Farm Division Five - Commercial Property Division Six - General Liability Division Seven - Professional Liability Division Eight - Inland Marine Commercial Umbrella Division Seventeen - Internet Liability</p>
IA 102A 09 08	IA 102A 02 03	<p>SUMMARY OF PREMIUMS CHARGED Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.</p> <p>The PAYMENTS section of the form is amended by adding a blank "fill-in" line in place of the wording <i>SEMI-ANNUAL</i> to allow for insertion of all installment plan options, including the new installment plan options of monthly pay and a ten payment plan. The second line for <i>QUARTERLY</i> is being deleted as it is no longer necessary.</p> <p>Applies to the following lines: Division One - Commercial Auto Division Two - Machinery and Equipment Division Three - Crime and Fidelity Division Four - Farm Division Five - Commercial Property Division Six - General Liability Division Seven - Professional Liability Division Eight - Inland Marine Commercial Umbrella Division Seventeen - Internet Liability</p>
IA 103 09 08	IA 103 02 03	<p>SUMMARY OF PREMIUMS CHARGED Amending the reference to Commercial Crime to Crime</p>

**ARKANSAS
MISCELLANEOUS
FORMS MEMORANDUM**

and Fidelity Coverage Part.

The PAYMENTS section of the form is amended by adding a blank "fill-in" line in place of the wording *SEMI-ANNUAL* to allow for insertion of all installment plan options, including the new installment plan options of monthly pay and a ten payment plan. The second line for *QUARTERLY* is being deleted as it is no longer necessary.

Applies to the following lines:
Division One - Commercial Auto
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine
Commercial Umbrella
Division Seventeen - Internet Liability

IA 408 09 08

IA 408 02 03

ANNUAL PREMIUM ADJUSTMENT ENDORSEMENT
Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.

The PAYMENTS section of the form is amended by adding a blank "fill-in" line in place of the wording *SEMI-ANNUAL* to allow for insertion of all installment plan options, including the new installment plan options of monthly pay and a ten payment plan. The second line for *QUARTERLY* is being deleted as it is no longer necessary.

Applies to the following lines:
Division One - Commercial Auto
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine
Commercial Umbrella
Division Seventeen - Internet Liability

IA 408A 09 08

IA 408A 02 01

**ANNUAL PREMIUM ADJUSTMENT ENDORSEMENT
(CURRENT VERSION)**
Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.

The PAYMENTS section of the form is amended by

**ARKANSAS
MISCELLANEOUS
FORMS MEMORANDUM**

adding a blank "fill-in" line in place of the wording *SEMI-ANNUAL* to allow for insertion of all installment plan options, including the new installment plan options of monthly pay and a ten payment plan. The second line for *QUARTERLY* is being deleted as it is no longer necessary.

Applies to the following lines:
Division One - Commercial Auto
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine
Commercial Umbrella
Division Seventeen - Internet Liability

IA 429 08 07 IA 429 06 00

CALCULATION OF PREMIUM
Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.

Applies to the following lines:
Division One - Commercial Auto
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine

IA 475 08 07 IA 475 02 05

POLICY REINSTATEMENT
Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.

Applies to the following lines:
Division One - Commercial Auto
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine
Businessowners Package Program
Commercial Umbrella

IA 509 02 06 -----

COMMON POLICY DECLARATIONS
The declaration page is created for a new policy issuance system.

**ARKANSAS
MISCELLANEOUS
FORMS MEMORANDUM**

IA 4006 09 07	IA 4006 04 04	<p>SPECIAL PER OCCURRENCE DEDUCTIBLE ENDORSEMENT Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.</p> <p>Applies to the following lines: Division Three - Crime and Fidelity Division Five - Commercial Property Division Eight - Inland Marine</p>
IA 4086 08 07	IA 4086 03 03	<p>EARLIER NOTICE OF CANCELLATION PROVIDED BY US Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.</p> <p>Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.</p> <p>Applies to the following lines: Division One - Commercial Auto Division Two - Machinery and Equipment Division Three - Crime and Fidelity Division Four - Farm Division Five - Commercial Property Division Six - General Liability Division Seven - Professional Liability Division Eight - Inland Marine Businessowners Package Program Commercial Umbrella</p>
IA 4087 08 07	IA 4087 10 01	<p>MATERIAL COVERAGE CHANGE NOTIFICATION - ADDITIONAL INSURED Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.</p> <p>Applies to the following lines: Division One - Commercial Auto Division Two - Machinery and Equipment Division Three - Crime and Fidelity Division Four - Farm Division Five - Commercial Property Division Six - General Liability Division Seven - Professional Liability Division Eight - Inland Marine Businessowners Package Program Commercial Umbrella</p>
IA 4107 05 09	IA 4107 01 05	<p>ARKANSAS CHANGES - CANCELLATION Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.</p>

**ARKANSAS
MISCELLANEOUS
FORMS MEMORANDUM**

Applies to the following lines:
Division One - Commercial Auto
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine
Commercial Umbrella

IA 4279 AR 05 09 IA 4279 AR 01 06

ARKANSAS CHANGES
Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.

Applies to the following lines:
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Eight - Inland Marine

IA 4289 A&B 02 06 -----

COMMERCIAL INSURANCE POLICY JACKETS (Front & Back)
The jackets are created for a new policy issuance system.

IA 4329 02 08 -----

GENERAL CHANGE ENDORSEMENT
Form created for a new policy issuance system.

Applies to the following lines:
Division One - Commercial Auto
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine

IA 4335 04 08 -----

**INSURED ELECTRONIC FUNDS TRANSFER
AUTHORIZATION**

Applies to the following lines:
Division One - Commercial Auto
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine
Commercial Umbrella

**ARKANSAS
MISCELLANEOUS
FORMS MEMORANDUM**

Division Seventeen - Internet Liability
Businessowners Package Program

IL 01 99 09 08

IL 01 99 09 00

ARKANSAS CHANGES - TRANSFER OF RIGHTS OF
RECOVERY AGAINST OTHERS TO US
Filing newer edition of ISO form.

Applies to the following lines:
Division Four - Farm (Liability)
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine
Commercial Umbrella

SERFF Tracking Number: CNNA-125886392 State: Arkansas
 Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CMISC-08-6035-AR
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP
 Liability
 Product Name: CMISC-08-6035-AR
 Project Name/Number: /

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	MEMORANDUM	11/04/2008	CMISC-08-6035-AR F.pdf

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NEW FORM	OLD FORM	TITLE/DESCRIPTION OF CHANGE
IA 102 09 08	IA 102 02 03	<p>SUMMARY OF PREMIUMS CHARGED Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.</p> <p>The PAYMENTS section of the form is amended by adding a blank "fill-in" line in place of the wording <i>SEMI-ANNUAL</i> to allow for insertion of all installment plan options, including the new installment plan options of monthly pay and a ten payment plan. The second line for <i>QUARTERLY</i> is being deleted as it is no longer necessary.</p> <p>Applies to the following lines: Division One - Commercial Auto Division Two - Machinery and Equipment Division Three - Crime and Fidelity Division Four - Farm Division Five - Commercial Property Division Six - General Liability Division Seven - Professional Liability Division Eight - Inland Marine Commercial Umbrella Division Seventeen - Internet Liability</p>
IA 102A 09 08	IA 102A 02 03	<p>SUMMARY OF PREMIUMS CHARGED Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.</p> <p>The PAYMENTS section of the form is amended by adding a blank "fill-in" line in place of the wording <i>SEMI-ANNUAL</i> to allow for insertion of all installment plan options, including the new installment plan options of monthly pay and a ten payment plan. The second line for <i>QUARTERLY</i> is being deleted as it is no longer necessary.</p> <p>Applies to the following lines: Division One - Commercial Auto Division Two - Machinery and Equipment Division Three - Crime and Fidelity Division Four - Farm Division Five - Commercial Property Division Six - General Liability Division Seven - Professional Liability Division Eight - Inland Marine Commercial Umbrella Division Seventeen - Internet Liability</p>
IA 103 09 08	IA 103 02 03	<p>SUMMARY OF PREMIUMS CHARGED Amending the reference to Commercial Crime to Crime</p>

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and Fidelity Coverage Part.

The PAYMENTS section of the form is amended by adding a blank "fill-in" line in place of the wording *SEMI-ANNUAL* to allow for insertion of all installment plan options, including the new installment plan options of monthly pay and a ten payment plan. The second line for *QUARTERLY* is being deleted as it is no longer necessary.

Applies to the following lines:
Division One - Commercial Auto
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine
Commercial Umbrella
Division Seventeen - Internet Liability

IA 408 09 08

IA 408 02 03

ANNUAL PREMIUM ADJUSTMENT ENDORSEMENT
Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.

The PAYMENTS section of the form is amended by adding a blank "fill-in" line in place of the wording *SEMI-ANNUAL* to allow for insertion of all installment plan options, including the new installment plan options of monthly pay and a ten payment plan. The second line for *QUARTERLY* is being deleted as it is no longer necessary.

Applies to the following lines:
Division One - Commercial Auto
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine
Commercial Umbrella
Division Seventeen - Internet Liability

IA 408A 09 08

IA 408A 02 01

**ANNUAL PREMIUM ADJUSTMENT ENDORSEMENT
(CURRENT VERSION)**
Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.

The PAYMENTS section of the form is amended by

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adding a blank "fill-in" line in place of the wording *SEMI-ANNUAL* to allow for insertion of all installment plan options, including the new installment plan options of monthly pay and a ten payment plan. The second line for *QUARTERLY* is being deleted as it is no longer necessary.

Applies to the following lines:
Division One - Commercial Auto
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine
Commercial Umbrella
Division Seventeen - Internet Liability

IA 429 08 07 IA 429 06 00

CALCULATION OF PREMIUM
Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.

Applies to the following lines:
Division One - Commercial Auto
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine
Commercial Output Program

IA 475 08 07 IA 475 02 05

POLICY REINSTATEMENT
Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.

Applies to the following lines:
Division One - Commercial Auto
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine
Businessowners Package Program
Commercial Umbrella

IA 509 02 06 -----

COMMON POLICY DECLARATIONS
The declaration page is created for a new policy issuance

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system.

IA 4006 09 07	IA 4006 04 04	<p>SPECIAL PER OCCURRENCE DEDUCTIBLE ENDORSEMENT Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.</p> <p>Applies to the following lines: Division Three - Crime and Fidelity Division Five - Commercial Property Division Eight - Inland Marine</p>
IA 4086 08 07	IA 4086 03 03	<p>EARLIER NOTICE OF CANCELLATION PROVIDED BY US Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.</p> <p>Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.</p> <p>Applies to the following lines: Division One - Commercial Auto Division Two - Machinery and Equipment Division Three - Crime and Fidelity Division Four - Farm Division Five - Commercial Property Division Six - General Liability Division Seven - Professional Liability Division Eight - Inland Marine Businessowners Package Program Commercial Umbrella</p>
IA 4087 08 07	IA 4087 10 01	<p>MATERIAL COVERAGE CHANGE NOTIFICATION - ADDITIONAL INSURED Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.</p> <p>Applies to the following lines: Division One - Commercial Auto Division Two - Machinery and Equipment Division Three - Crime and Fidelity Division Four - Farm Division Five - Commercial Property Division Six - General Liability Division Seven - Professional Liability Division Eight - Inland Marine Businessowners Package Program Commercial Umbrella</p>
IA 4107 05 09	IA 4107 01 05	<p>ARKANSAS CHANGES - CANCELLATION Amending the reference to Commercial Crime to Crime and Fidelity Coverage Part.</p>

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Applies to the following lines:
Division One - Commercial Auto
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine
Commercial Umbrella

IA 4279 AR 05 09 IA 4279 AR 01 06 ARKANSAS CHANGES
Amending the reference to Commercial Crime to Crime
and Fidelity Coverage Part.

Applies to the following lines:
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Eight - Inland Marine

IA 4289 A&B 02 06 ----- COMMERCIAL INSURANCE POLICY JACKETS (Front &
Back)
The jackets are created for a new policy issuance system.

IA 4329 02 08 ----- GENERAL CHANGE ENDORSEMENT
Form created for a new policy issuance system.

Applies to the following lines:
Division One - Commercial Auto
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine

IA 4335 04 08 ----- INSURED ELECTRONIC FUNDS TRANSFER
AUTHORIZATION

Applies to the following lines:
Division One - Commercial Auto
Division Two - Machinery and Equipment
Division Three - Crime and Fidelity
Division Four - Farm
Division Five - Commercial Property
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine

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Commercial Umbrella
Division Seventeen - Internet Liability
Businessowners Package Program

IL 01 99 09 08

IL 01 99 09 00

ARKANSAS CHANGES - TRANSFER OF RIGHTS OF
RECOVERY AGAINST OTHERS TO US
Filing newer edition of ISO form.

Applies to the following lines:
Division Four - Farm (Liability)
Division Six - General Liability
Division Seven - Professional Liability
Division Eight - Inland Marine
Commercial Umbrella