

SERFF Tracking Number: GRTA-125902110 State: Arkansas  
 First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: SB-AR-0811-WATR  
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
 Product Name: SB-AR-0811-WATR  
 Project Name/Number: SB-AR-0811-WATR/SB-AR-0811-WATR

## Filing at a Glance

Companies: Great American Alliance Insurance Company, Great American Assurance Company, Great American Insurance Company, Great American Insurance Company of New York

Product Name: SB-AR-0811-WATR SERFF Tr Num: GRTA-125902110 State: Arkansas  
 TOI: 01.0 Property SERFF Status: Closed State Tr Num: EFT \$50  
 Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: SB-AR-0811-WATR State Status: Fees verified and received  
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins  
 Authors: Julie Seaton, Christie Mayes Disposition Date: 11/18/2008  
 Date Submitted: 11/17/2008 Disposition Status: Approved  
 Effective Date Requested (New): 01/01/2009 Effective Date (New): 01/01/2009  
 Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal): 01/01/2009

State Filing Description:

## General Information

Project Name: SB-AR-0811-WATR Status of Filing in Domicile:  
 Project Number: SB-AR-0811-WATR Domicile Status Comments:  
 Reference Organization: Reference Number:  
 Reference Title: Advisory Org. Circular:  
 Filing Status Changed: 11/18/2008  
 State Status Changed: 11/18/2008 Deemer Date:  
 Corresponding Filing Tracking Number:  
 Filing Description:

After considering issues raised in recent litigation surrounding the Water Exclusion and to reinforce the scope of the provision, we are introducing Select Business Policy Water Exclusion Endorsement – SB 8123, which will replace the current Water Exclusions found in the Select Business Policy.

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## Company and Contact

### Filing Contact Information

Christie Mayes, Sr. Product Analyst cmayes@gaic.com  
 49 E Fourth St. Dts-4 (513) 412-3963 [Phone]  
 Cincinnati, OH 45202

### Filing Company Information

Great American Alliance Insurance Company	CoCode: 26832	State of Domicile: Ohio
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 95-1542353	

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Great American Assurance Company	CoCode: 26344	State of Domicile: Ohio
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 15-6020948	

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Great American Insurance Company	CoCode: 16691	State of Domicile: Ohio
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 31-0501234	

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Great American Insurance Company of New York	CoCode: 22136	State of Domicile: New York
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 13-5539046	

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## Filing Fees

Fee Required? Yes



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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Alliance Insurance Company	\$0.00	11/17/2008	
Great American Assurance Company	\$0.00	11/17/2008	
Great American Insurance Company	\$50.00	11/17/2008	23980902
Great American Insurance Company of New York	\$0.00	11/17/2008	

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## Correspondence Summary

### Dispositions

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

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## Disposition

Disposition Date: 11/18/2008  
Effective Date (New): 01/01/2009  
Effective Date (Renewal): 01/01/2009  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0



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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Select Business Policy Water Exclusion Endorsement	SB 81 23	08/08	Endorsement/New Amendment/Conditions		0.00	SB8123 08 08 Final Version.pdf



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

SB 81 23  
(Ed. 08 08)

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

**SELECT BUSINESS POLICY  
WATER EXCLUSION ENDORSEMENT**

The endorsement modifies insurance provided under the following:

**SELECT BUSINESS POLICY BUILDING AND PERSONAL PROPERTY COVERAGE FORM**

**A.** The exclusion in paragraph **C.** replaces the **Water Exclusion** in this Coverage Part or Policy.

**B. Water**

1. flood, surface water, waves (including tidal wave and tsunami), tides, tidal water, overflow of any body of water, or spray from any of these, all whether or not driven by wind (including storm surge);
2. mudslide or mudflow;
3. waterborne material carried or otherwise moved by any of the water referred to in paragraph 1. and 2., or material carried or otherwise moved by mudslide or mudflow.

This exclusion applies regardless of whether any of the above, in paragraphs 1. and 2., is caused by an act of nature or is otherwise caused. An example of a situation to which this exclusion applies is the situation where a dam, levee, seawall or other boundary or containment system fails in whole or in part, for any reason, to contain the water.

But if any of the above, in paragraphs 1. and 2., results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage (if sprinkler leakage is a Covered Cause of Loss).



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 11/18/2008

**Comments:**

**Attachment:**

ar-watr-pctd1.pdf

**Satisfied -Name:** Supporting Documentation **Review Status:** Approved 11/18/2008

**Comments:**

**Attachments:**

cover letter \_form\_.pdf  
FORM FILING SCHEDULE.pdf  
Explanatory Memorandum.pdf

## Property & Casualty Transmittal Document

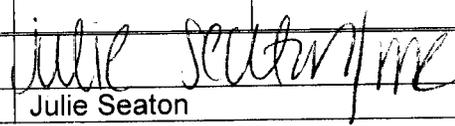
<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b> Great American Insurance Group	<b>Group NAIC #</b> 084
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4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Great American Insurance Company	Ohio	16691	31-0501234	
Great American Insurance Company of New York	New York	22136	13-5539046	
Great American Assurance Company	Ohio	26344	15-6020948	
Great American Alliance Insurance Company	Ohio	26832	95-1542353	

<b>5. Company Tracking Number</b>	<b>SB-AR-0811-WATR</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Julie Seaton 49 East and 4 <sup>th</sup> St. Suite DN6 Cincinnati, OH 45202	Product Analyst	513-763-7914	513-333-6996	jseton@gaic.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Julie Seaton		

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

9.	Type of Insurance (TOI)	1.0000 Property
10.	Sub-Type of Insurance (Sub-TOI)	1.0001 Commercial Property
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	<b>Select Business Policy</b>
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: 1/1/2009      Renewal: 1/1/2009



Specialty Operations  
49 East Fourth Street  
Dixie Terminal South Building  
4<sup>th</sup> Floor  
Cincinnati, OH 45202-3803  
PO Box 5425  
Cincinnati, OH 45201-5425  
513.287.8100 ph  
513.333.6996 fax



November 17, 2008

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

RE:	Great American Insurance Company	084-16691	31-0501234
	Great American Alliance Insurance Company	084-26832	95-1542353
	Great American Assurance Company	084-26344	15-6020948
	Great American Insurance Company of New York	084-22136	13-5539046
	<b>Select Business Policy - Commercial Property Form Company File # <u>SB-AR-0811-WATR</u></b>		

To Whom It May Concern:

The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed rule to be used with our **Select Business Policy**. Please see the explanatory memorandum for additional details.

Please find enclosed, for review, the following:

1. An Explanatory Memorandum.
2. Copies of the Form Pages.
3. Any Appropriate State Transmittals.

We propose that this filing be applicable to all policies written on or after **January 1, 2009**. Please return the duplicate of this letter to acknowledge approval and confirm your action. A self-addressed, stamped envelope is enclosed for your convenience.

Sincerely,  
*Julie Seaton / MR*

Julie Seaton  
Product Analyst  
Phone: (513) 763-7914  
Fax: (513) 333-6996  
Email: jseaton@gaic.com

### 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>	SB-AR-0811-WATR			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Select Business Policy Water Exclusion Endorsement	SB 81 23 (Ed. 08/08) XS	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Effective March 1, 2007

**This page is informational only and do not need to be submitted with your filings!**

**Notes for Form Filing Transmittal  
DESCRIPTION OF ITEMS IN THE FORM FILING SCHEDULE**

**FORM FILING SCHEDULE**

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

## **Select Business Policy Form Explanatory Memorandum**

After considering issues raised in recent litigation surrounding the Water Exclusion and to reinforce the scope of the provision, we are introducing Select Business Policy Water Exclusion Endorsement – SB 8123, which will replace the current Water Exclusions found in the Select Business Policy.

This endorsement introduces:

- ϕ Language reinforcing the scope of the water exclusion regardless of the cause, that is, water damage caused by an act of nature or otherwise caused. Specific mention is made of various boundary or containment systems such as dams and levees to further highlight this point;
- ϕ Additional references including references to tsunami and storm surge, in order to reinforce the application of the exclusion with respect to such events; and
- ϕ Reference to waterborne material, which has been positioned to apply uniformly to all aspects of the exclusion.

Additionally, we are:

- ϕ Revising the exclusionary provision relating to sump backup and overflow, to also refer to sump pumps and related equipment, and to reinforce that such provision applies regardless of the means or direction of discharge. The revised language comports with current language in ISO personal lines property policies; and
- ϕ Making minor editorial changes.