

SERFF Tracking Number: GRTA-125906785 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: IM-AR-0811-MTDT
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: IM-AR-0811-MTDT
Project Name/Number: IM-AR-0811-MTDT/IM-AR-0811-MTDT

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: IM-AR-0811-MTDT	SERFF Tr Num: GRTA-125906785	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: IM-AR-0811-MTDT	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Debbie Stamm	Disposition Date: 11/19/2008
	Date Submitted: 11/18/2008	Disposition Status: Approved
Effective Date Requested (New): 01/15/2009		Effective Date (New): 01/15/2009
Effective Date Requested (Renewal): 01/15/2009		Effective Date (Renewal): 01/15/2009

State Filing Description:

General Information

Project Name: IM-AR-0811-MTDT	Status of Filing in Domicile:
Project Number: IM-AR-0811-MTDT	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/19/2008	
State Status Changed: 11/19/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The Great American Insurance Group, consisting of the aforementioned companies, hereby submit for your approval the enclosed form filing. This filing is for your approval the enclosed form filing. This filing is for Commercial Inland Marine - Motor Truck Cargo Program. We are filing a Diminishing Deductible Endorsement and a Trailer Theft Exclusion Endorsement. Please see the enclosed Explanatory Memorandum for details as to the purpose of this filing.

SERFF Tracking Number: GRTA-125906785 State: Arkansas
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Company and Contact

Filing Contact Information

Debbie Stamm, Product Tech Dstamm@gaic.com
 49 east 4th street (513) 369-5000 [Phone]
 Cincinnati, OH 45202 (513) 333-6996[FAX]

Filing Company Information

Great American 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	

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	

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	

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	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00= 1 filing

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/19/2008	11/19/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Uniform Transmittal Document-Property & Casualty	Supporting Document	Debbie Stamm	11/19/2008	11/19/2008

SERFF Tracking Number: GRTA-125906785 State: Arkansas
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Disposition

Disposition Date: 11/19/2008
Effective Date (New): 01/15/2009
Effective Date (Renewal): 01/15/2009
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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Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	No
Supporting Document	Explanatory Memo	Approved	Yes
Supporting Document	Form Schedule	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Detached Trailer Theft Exclusion- Cities Endorsement	Approved	Yes
Form	Diminishing Deductible Endorsement For Loss- Free Experience	Approved	Yes

SERFF Tracking Number: GRTA-125906785 State: Arkansas
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Amendment Letter

Amendment Date:
Submitted Date: 11/19/2008

Comments:

Changed Effective Date on the PCTD-1. Thank you.
Debbie Stamm

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:
AR PCTD-1 MTDT Form.pdf

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Detached Trailer Theft Exclusion-Cities Endorsement	CM 82 80	10/08	Endorsement/Amendment/Conditions		0.00	CM 8280.pdf
Approved	Diminishing Deductible Endorsement For Loss- Free Experience	CM 82 82	11/08	Endorsement/Amendment/Conditions		0.00	CM 8282.pdf



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

CM 82 80
(Ed. 10 08)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DETACHED TRAILER THEFT EXCLUSION - CITIES ENDORSEMENT

This endorsement modifies coverage provided under the following:

MOTOR TRUCK CARGO COVERAGE FORM (Carriers' Liability)

The following wording applies to vehicles you own or operate while in, or within 50 miles of the city limits of the following cities:

Los Angeles, CA
Miami, FL
New York City, NY
Newark, NJ

We will not pay for "loss" caused by theft of Covered Property from a "detached" trailer or a "detached" "intermodal" container or theft of an entire "detached" trailer or container. Also, if the trailer or container is Covered Property, we will not pay for "loss" caused by theft of such property when it is "detached."

Definitions

"Detached" means:

1. a trailer that is not physically connected to a truck/tractor; and/or
2. an "intermodal" container which is not on a container chassis that is physically connected to a truck/tractor.

The physical connection referred to above is the connection required for the truck or tractor to pull the trailer or container chassis in the normal course of transportation over the road.

Other terms and conditions remain the same



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

CM 82 82
(Ed. 11 08)

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

DIMINISHING DEDUCTIBLE ENDORSEMENT FOR LOSS-FREE EXPERIENCE

This endorsement modifies coverage provided by your

MOTOR TRUCK CARGO (CARRIERS LIABILITY) COVERAGE FORM

The Deductible amount shown in the Declarations at the attachment date of this endorsement will decrease by 25% at each renewal date, beginning with the first renewal date following the attachment of this endorsement to your policy and each policy year thereafter in which you do not have a "loss" covered by this insurance policy that results in payment by us, until the deductible amount is \$0.

Should you incur a "loss" covered by this insurance policy that results in a payment by us, immediately following any such "loss," the deductible will be reinstated to the amount shown in the Declarations on the attachment date (i.e. \$ _____).

For the purpose of implementing this endorsement:

the attachment date is _____ ;

the first renewal date thereafter is _____ .

All other terms and conditions remain unchanged.

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Product Name: IM-AR-0811-MTDT
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 11/19/2008

Comments:

Attachment:

AR PCTD-1 MTDT Form.pdf

Satisfied -Name: Explanatory Memo **Review Status:** Approved 11/19/2008

Comments:

Attachment:

Explanatory Memorandum.pdf

Satisfied -Name: Form Schedule **Review Status:** Approved 11/19/2008

Comments:

Attachment:

AR S-1 form MTDT.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 11/19/2008

Comments:

Attachment:

Cover letter AR-F MTDT.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Great American Insurance Group	084

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Great American Insurance Company	Ohio	16691	31-0501234	
Great American Assurance Company	Ohio	26344	15-6020948	
Great American Alliance Insurance Company	Ohio	26832	95-1542353	
Great American Insurance Company of NY	New York	22136	13-5539046	

5. Company Tracking Number	IM-AR-0811-MTDT
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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
	Deborah Stamm 49 East Fourth Street Cincinnati, Ohio 45202	Product Technician	513-333-5586	513-333-6996	dstamm@gaic.com

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

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

9.	Type of Insurance (TOI)	Inland Marine 9.0000
10.	Sub-Type of Insurance (Sub-TOI)	9.0005 Other Commercial Inland Marine
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Motor Truck Cargo Program (Carriers Liability)
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: 01/15/2009 Renewal: 01/15/2009

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	11/18/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	IM-AR-0811-MTDT
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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]
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The Great American Insurance Group, consisting of the aforementioned companies, hereby submit for your approval the enclosed form filing. This filing is for your approval the enclosed form filing. This filing is for Commercial Inland Marine - Motor Truck Cargo Program. We are filing a Diminishing Deductible Endorsement and a Trailer Theft Exclusion Endorsement. Please see the enclosed Explanatory Memorandum for details as to the purpose of this filing.

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]
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Check #: EFT
Amount: 50.00

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

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

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. 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.

21. Filing Description: This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

EXPLANATORY MEMORANDUM
MOTOR TRUCK CARGO (Carriers Liability)

The purpose of this filing is to introduce two new forms to be used with the Motor Truck Cargo program.

CM 8280 (10/08) – Detached Trailer Theft Exclusion – Cities Endorsement

This new endorsement is identical to the previously filed and approved form CM 8113. The new version preselects crime areas of highest concern for theft of cargo. The endorsement would be attached if there is any possible exposure in these high crime areas.

CM 8282 (11/08) – Diminishing Deductible Endorsement For Loss-Free Experience

This new endorsement will be attached to all new and renewal policies with Motor Truck Cargo coverage. The purpose of the endorsement is to provide a diminishing deductible to the insured at renewal for each year in which there are no losses that result in a payment by us. The deductible amount will decrease by 25% at each renewal date until the deductible amount is \$0.

There is no additional premium associated with the use of this form.

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 #	IM-AR-0811-MTDT			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	IM-AR-0811-MTDT			
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	Detached Trailer Theft Exclusion- Cities Endorsement	CM 82 80 (Ed. 10 08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Diminishing Deductible Endorsement For Loss- Free Experience	CM 82 82 (Ed. 11 08)	<input checked="" 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.

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



November 18, 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 Insurance Company of New York	084-22136	13-5539046
	Great American Assurance Company	084-26344	15-6020948
	Commercial Inland Marine		
	Form Filing		
	<u>Our Filing Number: IM-AR-0811-MTDT</u>		

Dear Sir or Madam:

The Great American Insurance Group, consisting of the aforementioned companies, hereby submit for your approval the enclosed form filing. This filing is for your approval the enclosed form filing. This filing is for Commercial Inland Marine - Motor Truck Cargo Program. We are filing a Diminishing Deductible Endorsement and a Trailer Theft Exclusion Endorsement. Please see the enclosed Explanatory Memorandum for details as to the purpose of this filing.

Please find enclosed for your review the following:

1. An Explanatory Memorandum a
2. Copies of the Form Pages
3. All transmittals required by the state.

It is proposed that the form pages become acknowledged by the state written on or after January 15, 2009. Please return the duplicate of this letter to acknowledge approval and confirm your action.

Sincerely,
Deborah Stamm

Deborah Stamm
Product Technician
Phone: 513-333-5586
Fax: 513-333-6996
dstamm@gaic.com

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Great American Insurance Group	084

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Great American Insurance Company	Ohio	16691	31-0501234	
Great American Assurance Company	Ohio	26344	15-6020948	
Great American Alliance Insurance Company	Ohio	26832	95-1542353	
Great American Insurance Company of NY	New York	22136	13-5539046	

5. Company Tracking Number	IM-AR-0811-MTDT
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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
	Deborah Stamm 49 East Fourth Street Cincinnati, Ohio 45202	Product Technician	513-333-5586	513-333-6996	dstamm@gaic.com

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

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

9.	Type of Insurance (TOI)	Inland Marine 9.0000
10.	Sub-Type of Insurance (Sub-TOI)	9.0005 Other Commercial Inland Marine
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Motor Truck Cargo Program (Carriers Liability)
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: 01/15/2008 Renewal: 01/15/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	11/18/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	IM-AR-0811-MTDT
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Check #: EFT
Amount: 50.00

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

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