

SERFF Tracking Number: GRTA-125908971 State: Arkansas  
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$25  
Company Tracking Number: EC AR 0811 MISC  
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0022 Other  
Product Name: E Commerce Misc Filing  
Project Name/Number: /

## 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, Great American Security Insurance Company, Great American Spirit Insurance Company

Product Name: E Commerce Misc Filing SERFF Tr Num: GRTA-125908971 State: Arkansas  
TOI: 17.0 Other Liability-Occ/Claims Made SERFF Status: Closed State Tr Num: EFT \$25  
Sub-TOI: 17.0022 Other Co Tr Num: EC AR 0811 MISC State Status: Fees verified and received  
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Edith Roberts  
Author: Jackie Bisbe Disposition Date: 12/11/2008  
Date Submitted: 11/18/2008 Disposition Status: Approved  
Effective Date Requested (New): On Approval Effective Date (New):  
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Authorized  
Project Number: Domicile Status Comments:  
Reference Organization: ISO Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 12/11/2008 Deemer Date:  
State Status Changed: 12/11/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
To adopt the ISO filing designations EC 2004 OILRU, RP 2004 REC04, EC 2006 OTR01, and EC 2007 RTL1.

## Company and Contact

### Filing Contact Information

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Jackie Bisbe, Mrs. jbisbe@gaic.com  
 49 East 4th Street (513) 369-5000 [Phone]  
 Cincinnati, OH 47202 (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  
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Great American Security Insurance Company CoCode: 31135 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: 31-1209419  
 -----

Great American Spirit Insurance Company CoCode: 33723 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: 31-1237970  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: \$25 per rule filing  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Alliance Insurance Company	\$25.00	11/18/2008	24007066
Great American Assurance Company	\$0.00	11/18/2008	
Great American Insurance Company	\$0.00	11/18/2008	
Great American Insurance Company of New York	\$0.00	11/18/2008	
Great American Security Insurance Company	\$0.00	11/18/2008	
Great American Spirit Insurance Company	\$0.00	11/18/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/11/2008	12/11/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Explanatory Memo	Supporting Document	Jackie Bisbe	11/18/2008	11/18/2008

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## Disposition

Disposition Date: 12/11/2008

Effective Date (New):

Effective Date (Renewal):

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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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Supporting Document</b>	Circular List	Approved	Yes
<b>Supporting Document</b>	Transmittals	Approved	Yes
<b>Supporting Document</b>	Explanatory Memo	Approved	Yes

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**Amendment Letter**

Amendment Date:

Submitted Date: 11/18/2008

**Comments:**

Explanatory Memorandum was left out of original submission

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Explanatory Memo**

Comment:

Forms and Rules EXPLANATORY MEMORANDU1.pdf

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Satisfied -Name:</b> Cover Letter	<b>Review Status:</b> Approved	12/11/2008
<b>Comments:</b>		
<b>Attachment:</b> Cover Lette.pdf		
<b>Satisfied -Name:</b> Circular List	<b>Review Status:</b> Approved	12/11/2008
<b>Comments:</b>		
<b>Attachment:</b> Circular List.pdf		
<b>Satisfied -Name:</b> Transmittals	<b>Review Status:</b> Approved	12/11/2008
<b>Comments:</b>		
<b>Attachments:</b> PCTD-1.pdf RRFS-1.pdf		
<b>Satisfied -Name:</b> Explanatory Memo	<b>Review Status:</b> Approved	12/11/2008
<b>Comments:</b>		
<b>Attachment:</b> Forms and Rules EXPLANATORY MEMORANDU1.pdf		

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 18, 2008

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

**RE: Great American Insurance Group**

<b>Great American Insurance Company</b>	<b>084-16691</b>	<b>31-0501234</b>
<b>Great American Alliance Insurance Company</b>	<b>084-26832</b>	<b>95-1542353</b>
<b>Great American Assurance Company</b>	<b>084-26344</b>	<b>15-6020948</b>
<b>Great American Insurance Company of New York</b>	<b>084-22136</b>	<b>13-5539046</b>
<b>Great American Contemporary Insurance Company</b>	<b>084-10646</b>	<b>36-4079497</b>
<b>Great American Security Insurance Company</b>	<b>084-31135</b>	<b>31-1209419</b>
<b>Great American Spirit Insurance Company</b>	<b>084-33723</b>	<b>31-1237970</b>
<b><u>E Commerce Division 17</u></b>		
<b><u>GAI Filing # EC AR 0811 MISC</u></b>		

Dear Sir or Madam:

The above captioned companies place on file adoption of ISO's filing designation numbers: EC 2004 OILRU, RP 2004 REC04, EC 2006 OTR01, and EC 2007 RTLRL1.

We wish to use the program as ISO filed and received approval with your state effective for all policies written on or after January 15, 2009.

Please use the enclose duplicate to indicate your receipt and acknowledgement and please contact me if you need further information.

Sincerely,

Jackie Bisbe  
Product Analyst  
Product Development and Compliance  
Phone: 513.333.6927  
Email: [jbisbe@gaic.com](mailto:jbisbe@gaic.com)

**Circular List**  
**EC AR 0811 MISC**

<u>Circular</u>	<u>ISO Filing Designation</u>	<u>Action</u>
LI EC 2004 004		Filed
LI EC 2005 002	EC 2004 OILRU	Approved
LI EC 2005 042	RP 2004 REC04 (IRPM)	Approved
LI EC 2004 002		Filed
LI EC 2005 005	EC 2004 OILRU (AR Supp)	Approved
LI EC 2006 020		Filed
LI EC 2006 022	EC 2006 OTR01	Approved
LI EC 2007 024		Filed
LI EC 2008 005	EC 2007 RTRL1	Approved

## 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: <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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Great American Insurance Group	084

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Great American Insurance Company	OH	16691	31-0501234	
Great American Insurance of New York	NY	22136	13-5539046	
Great American Assurance Company	OH	26344	15-6020948	
Great American Alliance Insurance Co	OH	26832	95-1542353	
Great American Security Insurance Co	OH	31135	31-1209419	
Great American Spirit Insurance Co	OH	33723	31-1237970	

<b>5. Company Tracking Number</b>	<b>EC AR 0811 MISC</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
	Jackie Bisbe	Product Analyst	513.333.6927	513.333.6996	jbisbe@gaic.com
	49 E. 4 <sup>th</sup> Street DTN 6 Cincinnati OH 45202				
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Jackie Bisbe		

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

<b>9.</b>	Type of Insurance (TOI)	E Commerce 17.0000
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	
<b>11.</b>	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
<b>12.</b>	Company Program Title (Marketing title)	
<b>13.</b>	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14.</b>	Effective Date(s) Requested	New: 1/15/2009      Renewal: 1/15/2009



## **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.

**RATE/RULE FILING SCHEDULE**

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

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

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	EC AR 0811 MISC
<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	

Rate Increase                       Rate Decrease                       Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
See Cover Letter	0%	0%	NA	NA	NA		

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
<b>5a.</b>	<b>Overall percentage rate indication (when applicable)</b>	0%	
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
<b>7.</b>	<b>Effective Date of last rate revision</b>	
<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	ISO Filing Designation numbers EC 2004 OILRU, RP 2004 REC04, EC 2006 OTR01, and EC 2007 RTL1.	<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	
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PC RRF5-1

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

**Notes for Rate/Rule Filing Transmittal**

**DESCRIPTION OF ITEMS IN THE RATE FILING SCHEDULE**

**RATE/RULE 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 form 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. **Use check boxes to indicate if this is a rate increase, a rate decrease or rate neutral.**

**3. Filing Method (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the filing is being submitted. See State Specific Requirements.

**4. Rate Change by Company:** Complete all fields for each company included in the filing.

- **Overall % Indicated Change (when applicable)** - This field is only to be completed when an actuarial indication is included in the filing submission.
- **Overall % Rate Impact** - This is the statewide average percentage change to the accepted rates for the coverages included for each company.
- **Written premium change for this program** - This is the statewide change in written premium based on the proposed overall percentage rate impact for each company.
- **# of policyholders affected for this program** - This is the number of policyholders affected by the overall percentage rate impact for each company.
- **Written premium for this program** - This is the statewide written premium for each company.
- **Maximum % Change & Minimum % Change** – This information should be completed if required by the state to which the filing is being submitted.
  - If all the policyholders get increases, then the maximum change is the largest increase and the minimum change is the smallest increase.
  - If all the policyholders get decreases, then the maximum change is the smallest decrease and the minimum change is the largest decrease.
  - If some of the policyholders get increases and others get decreases, then the maximum change is the largest increase and the minimum change is the largest decrease.

**5a. Overall percentage rate indication (when applicable):** These fields are only to be completed when an actuarial indication is included in the filing submission.

**5b. Overall percentage rate impact for this filing:** This is the statewide average percentage change to the accepted rates for the coverages included in the filing. This field only needs to be completed for group filings.

**5c. Effect of Rate Filing—Written Premium Change for this program:** This is the statewide change in written premium based on the proposed overall percentage rate impact. This field only needs to be completed for group filings.

**5d. Effect of Rate Filing—Number of policyholders affected:** This is the number of policyholders affected by the overall percentage rate impact. This field only needs to be completed for group filings.

**6. Overall percentage of last rate revision:** This is the statewide average of the last percentage change implemented in the state.

**7. Effective Date of last rate revision:** This is the implementation date of the last overall percentage rate impact.

**8. Filing Method of Last Filing (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the last filing was submitted. See State Specific Requirements.

**9. Rule # or Page # Submitted for Review:** This is the list of changes to the rate/rule manual.

### **To be complete a filing must include the following:**

- A completed Property & Casualty Transmittal Document (PC TD-1).
- A completed Form Filing Schedule Document (PC FFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- A completed Rate/Rule Filing Transmittal document (PC RRFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- The appropriate state specific requirements.
- The appropriate filing fees, when required.
- A postage-paid, self-addressed envelope large enough to accommodate the return of acknowledgement, as required by state.
- You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

## EXPLANATORY MEMORANDUM

We are adopting the forms and rules filed on our behalf by ISO on March 1, 2008, for the E-Commerce program, Division 17. This is a new product designed to provide coverage for companies with an internet presence.

While some companies use the internet to supplement their business by advertising their product or services via their website, others actually conduct business online. This program will protect companies using the internet from a variety of rapidly evolving exposures inherent with the use of the internet as a business tool.

This program is comprised of five insuring agreements. Because no two companies' exposures are identical, this menu-based policy provides flexibility by allowing companies to tailor coverage to fit their individual business needs.

- **Insuring Agreement A - Website Publishing Liability.** This insuring agreement applies to liability arising out of claims for wrongful acts associated with the content posted to an insured's web site. Wrongful act is defined to include actual or alleged errors, misstatements or misleading statements that result in an infringement of another's copyright, trademark, trade dress, service mark, defamation, or violation of a person's right to privacy.
- **Insuring Agreement B - Network Security Liability.** This insuring agreement applies to liability arising out of claims for wrongful acts associated with actual or alleged neglect, breach of duty or omission in maintaining the security of the insured's computer system. For coverage to apply, these acts mentioned above must allow a third party to gain unauthorized access to the insured's computer system resulting in the publication of an insured's client's personal information or result in the insured inadvertently transmitting a computer virus to another.
- **Insuring Agreement C - Replacement or Restoration of Electronic Data.** This insuring agreement provides coverage for the costs to replace or restore electronic data or computer programs that are damaged or destroyed as a direct result of an E-Commerce incident.
- **Insuring Agreement D - Cyber Extortion.** This insuring agreement provides coverage for the reimbursement of extortion expenses and ransom payments incurred as a direct result of a cyber extortion threat.
- **Insuring Agreement E - Business Income and Extra Expense.** This insuring agreement provides coverage for the actual loss of business income and/or extra expense incurred by the insured as a direct result of an E-Commerce incident or cyber extortion threat.

This program will be written by our profit centers using the already approved forms and rules. We are filing our declarations page and form and endorsement schedule in conjunction with this reference filing.

EC 71 00 (03/08) INTERNET LIABILITY AND NETWORK PROTECTION  
POLICY DECLARATIONS PAGE

EC 88 01 (03/08) Businesspro Forms and Endorsements Schedule  
\*\*\*DO NOT FILE THIS FORM IN TEXAS\*\*\*