

SERFF Tracking Number: GRTA-125952773 State: Arkansas
 First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: IM-AR-0812-INPL
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: IM-AR-0812-INPL
 Project Name/Number: IM-AR-0812-INPL/IM-AR-0812-INPL

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-0812-INPL	SERFF Tr Num: GRTA-125952773	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-0812-INPL	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Authors: Christie Mayes, Debbie Stamm	Disposition Date: 12/19/2008
	Date Submitted: 12/19/2008	Disposition Status: Approved
Effective Date Requested (New): 03/01/2009		Effective Date (New): 03/01/2009
Effective Date Requested (Renewal): 03/01/2009		Effective Date (Renewal): 03/01/2009

State Filing Description:

General Information

Project Name: IM-AR-0812-INPL
 Project Number: IM-AR-0812-INPL
 Reference Organization:
 Reference Title:
 Filing Status Changed: 12/19/2008
 State Status Changed: 12/19/2008
 Corresponding Filing Tracking Number:
 Filing Description:

Status of Filing in Domicile:
 Domicile Status Comments:
 Reference Number:
 Advisory Org. Circular:
 Deemer Date:

The purpose of this filing is to introduce a revised form for our Installation Floater Coverage. Form CM 8002 has been revised to replace the term "Contract Penalties" with "Liquidated Damages" as one of the additional coverages being offered. The definition for "Period of Restoration" has also been moved to a separate definition section.

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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	

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:

SERFF Tracking Number: *GRTA-125952773* *State:* *Arkansas*
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Per Company: *No*

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/19/2008	12/19/2008

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Disposition

Disposition Date: 12/19/2008
Effective Date (New): 03/01/2009
Effective Date (Renewal): 03/01/2009
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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Supporting Documentation	Approved	Yes
Form	Installation Plus Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Installation Plus Endorsement	CM 80 02	12/08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 CM 80 02 (Ed. 11/00) Previous Filing #:		CM 8002.pdf



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INSTALLATION PLUS ENDORSEMENT

Various provisions in this Policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this Policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we," "us" and "our" refer to the Company providing this insurance.

This endorsement modifies and is subject to the insurance provided under the following:

INSTALLATION FLOATER COVERAGE FORM

The following is a summary of the Limits of Insurance and additional coverage provided by this endorsement. For complete details on specific coverages, consult the Policy contract wording.

Limits	Subject of Insurance
\$ 25,000	Service Work
\$ 10,000	Liquidated Damages
\$ 10,000	Plans and Records
\$100,000	Inflation Protection
\$ 25,000	Extra Expense
\$ 2,500	Fire Protection Equipment
\$ 1,000	Crime Reward
\$ included	Building Ordinance for Undamaged Property

The coverages listed in the summary are provided as additions to your insurance program. These coverages apply separately to each of your installation sites described in the Declarations.

A. Policy Additions

The **Installation Floater Coverage Form** is amended by the addition of the following:

1. Service Work

We will pay up to \$25,000 for your "loss" to Covered Property upon which you are performing diagnostic, maintenance or repair service work.

For Service Work coverage only, **A. Coverage**, paragraph 1. **Covered Property** is deleted and replaced by the following:

1. Covered Property, as used in this Coverage Form, means:

machinery, equipment, fixtures, electrical apparatus, materials and supplies intended for installation by you or your subcontractors, or which you originally installed and upon which you are performing diagnostic, maintenance or repair service, at the location(s) shown on the Declarations.

This may be your property or the property of others for which you are legally liable.

2. Liquidated Damages

We will pay up to \$10,000 for the reasonable monetary damages you are contractually obligated to pay your customer as the result of a job completion date for which you were late, including the reasonable extra costs necessary to expedite the reduction or elimination of this penalty.

This coverage applies only if such late completion is the direct result of, and solely due to, a "loss" caused by a Covered Cause of Loss to Covered Property.

This coverage is subject to a waiting period deductible of 3 days.

3. Plans and Records

We will pay up to \$10,000 to reproduce, replace or restore valuable papers or records (such as blueprints, plans, drawings, or data processing media).

4. Inflation Protection

We will pay up to \$100,000 for your actual increased cost of labor and/or substantially identical materials to repair or replace covered property lost or damaged by a Covered Cause of Loss.

We will pay this additional amount only:

- a. if the jobsite limit is insufficient at the time of loss, but was in compliance with the Coinsurance condition, if applicable, when coverage began; and
- b. to the extent that the increase in cost is the direct result of inflation of your costs and not changes in the job.

This coverage does not apply to any structure that existed before the construction job insured by this Policy began, even if coverage for "loss" to such structure is provided by endorsement to the Coverage Form.

5. Extra Expense

We will pay up to \$25,000 for your actual, necessary, extra expense to continue normal installation operations at an installation jobsite, which is incurred as a direct result of a "loss" to covered property from a Covered Cause of Loss, at such jobsite.

Extra Expense means necessary expenses you incur during the "period of restoration" that you would not have incurred if there had been no direct physical loss or damage to property caused by or resulting from a Covered Cause of Loss.

The expiration date of this Policy will not cut short the "period of restoration."

a. Loss Determination

The amount of Extra Expense will be determined based on:

- (1) All expenses that exceed the normal operating expenses that would have been incurred during the "period of restoration" if no direct physical loss or damage had occurred. We will deduct from the total of such expenses the salvage value that remains of any property bought for temporary use during the "period of restoration," once installation is resumed.
- (2) All necessary expenses that reduce the Extra Expense otherwise incurred.

b. Resumption of Operations

We will reduce the amount of your Extra Expense loss to the extent you can return to normal operations and discontinue such Extra Expense.

6. Fire Protection Equipment

We will pay up to \$2,500 for your:

- a. "loss" to your fire protection equipment from a Covered Cause of Loss; and
- b. actual expense to recharge such equipment which was discharged while fighting a fire at, or while in transit to, an installation jobsite.

7. Crime Reward

We will reimburse you up to \$1,000 for a reward you pay to any individual(s) who provides information leading to the arrest and conviction of the person(s) who committed a crime that resulted in a Covered Cause of Loss to your Covered Property.

This coverage does not apply in any state that does not consider crime rewards a matter of insurance, and thereby disallow them as part of insurance policies.

8. Building Ordinance for Undamaged Property

If there is a direct physical loss or damage to Covered Property from a Covered Cause of Loss, we will pay for the loss in value of the undamaged Covered Property which is a consequence of enforcement of any ordinance of law that:

- a. requires demolition of jobsite property containing your undamaged work;
- b. regulates the construction or repair of buildings, or establishes zoning or land use requirements at the jobsite premises; and
- c. is in force at the time of the "loss."

We will not pay under this coverage for any costs associated with the enforcement of any law or ordinance which requires anyone to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to or assess the effects of "pollutants."

9. Definitions

"Period of Restoration" means the period of time that:

- a. begins with the date of direct physical loss or damage caused by or resulting from any Covered Cause of Loss at the covered premises; and
- b. ends on the date when the property at the covered premises should be repaired, rebuilt or replaced with reasonable speed and similar quality.

"Period of restoration" does not include any increased period required due to the enforcement of any ordinance or law that:

- a. regulates the construction, use or repair, or requires the tearing down of any property; or
- b. requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants."

All other terms and conditions remain unchanged.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 12/19/2008

Comments:

Attachments:

pctd1.pdf
FORM FILING SCHEDULE.pdf

Satisfied -Name: Supporting Documentation **Review Status:** Approved 12/19/2008

Comments:

Attachments:

cover letter.pdf
EXPLANATORY MEMORANDUM.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
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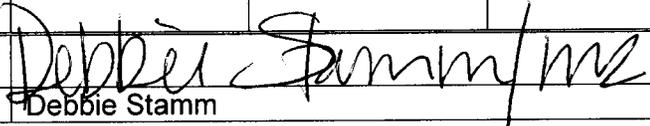
3. Group Name	Group NAIC #
Great American Insurance Group	084

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Great American Insurance Company	Ohio	16691	31-0501234	
Great American 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	

5. Company Tracking Number	IM-AR-0812-INPL
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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
Debbie Stamm 49 East and 4 th St. Suite DN6 Cincinnati, OH 45202	Product Technician	513-333-5586	513-333-6996	dstamm@gaic.com

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

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

9. Type of Insurance (TOI)	09.0000
10. Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
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: 03/01/2009 Renewal: 03/01/2009

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	12/19/2008	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	IM-AR-0812-INPL
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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 purpose of this filing is to introduce a revised form for our Installation Floater Coverage. Form CM 8002 has been revised to replace the term "Contract Penalties" with "Liquidated Damages" as one of the additional coverages being offered. The definition for "Period of Restoration" has also been moved to a separate definition section.

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 #:
Amount:

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.)**

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-0812-INPL			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	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	Installation Plus Endorsement	CM 80 02 (Ed. 12/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CM 80 02 (Ed. 11/00)	IM-AR-0311- INFL
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		

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



December 19, 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
	Inland Marine		
	Form		
	Company File # <u>IM-AR-0812-INPL</u>		

To Whom It May Concern:

The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed form to be used with our **Commercial Inland Marine**. 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 **March 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,
Debbie Stamm / MR

Debbie Stamm
Product Technician
Phone: (513) 333-5586
Fax: (513) 333-6996
Email: dstamm@gaic.com

**INSTALLATION FLOATER COVERAGE
INSTALLATION PLUS**

EXPLANATORY MEMORANDUM

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