

SERFF Tracking Number: GRTA-125952807 State: Arkansas
 First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: AP-AR-0812-UCUP
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0006 Commercial Farm and Ranch
 Liability
 Product Name: AP-AR-0812-UCUP
 Project Name/Number: AP-AR-0812-UCUP/AP-AR-0812-UCUP

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: AP-AR-0812-UCUP SERFF Tr Num: GRTA-125952807 State: Arkansas
 TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50
 Sub-TOI: 05.0006 Commercial Farm and Ranch Co Tr Num: AP-AR-0812-UCUP State Status: Fees verified and received
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
 Author: Christie Mayes Disposition Date: 12/19/2008
 Date Submitted: 12/19/2008 Disposition Status: Approved
 Effective Date Requested (New): 02/01/2009 Effective Date (New): 02/01/2009
 Effective Date Requested (Renewal): 02/01/2009 Effective Date (Renewal): 02/01/2009

State Filing Description:

General Information

Project Name: AP-AR-0812-UCUP Status of Filing in Domicile:
 Project Number: AP-AR-0812-UCUP Domicile Status Comments:
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 12/19/2008
 State Status Changed: 12/19/2008 Deemer Date:
 Corresponding Filing Tracking Number:

Filing Description:

A new form, AP 8777 11/08 – Waiver of Unoccupancy and Vacancy Loss Condition, is being introduced in this filing. This form is optional that waives the vacancy/unoccupancy clause in our policy. This is a new form that does not replace any existing forms.

Form AP 7223 11/08 – Unoccupancy and Vacancy Permit replaces the existing form and is modified to mimic ISO form

SERFF Tracking Number: GRTA-125952807 State: Arkansas
 First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: AP-AR-0812-UCUP
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0006 Commercial Farm and Ranch
 Liability
 Product Name: AP-AR-0812-UCUP
 Project Name/Number: AP-AR-0812-UCUP/AP-AR-0812-UCUP
 FP 0475.

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

SERFF Tracking Number: GRTA-125952807 *State:* Arkansas
First Filing Company: Great American Alliance Insurance Company, ... *State Tracking Number:* EFT \$50
Company Tracking Number: AP-AR-0812-UCUP
TOI: 05.0 Commercial Multi-Peril - Liability & Non- *Sub-TOI:* 05.0006 Commercial Farm and Ranch
Liability
Product Name: AP-AR-0812-UCUP
Project Name/Number: AP-AR-0812-UCUP/AP-AR-0812-UCUP

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

SERFF Tracking Number: GRTA-125952807 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AP-AR-0812-UCUP
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0006 Commercial Farm and Ranch
Liability
Product Name: AP-AR-0812-UCUP
Project Name/Number: AP-AR-0812-UCUP/AP-AR-0812-UCUP

Correspondence Summary

Dispositions

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

SERFF Tracking Number: GRTA-125952807 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AP-AR-0812-UCUP
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0006 Commercial Farm and Ranch
Liability
Product Name: AP-AR-0812-UCUP
Project Name/Number: AP-AR-0812-UCUP/AP-AR-0812-UCUP

Disposition

Disposition Date: 12/19/2008
Effective Date (New): 02/01/2009
Effective Date (Renewal): 02/01/2009
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

SERFF Tracking Number: GRTA-125952807 State: Arkansas
 First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: AP-AR-0812-UCUP
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0006 Commercial Farm and Ranch
 Liability
 Product Name: AP-AR-0812-UCUP
 Project Name/Number: AP-AR-0812-UCUP/AP-AR-0812-UCUP

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	WAIVER OF UNOCCUPANCY LOSS CONDITION	Approved	Yes
Form	UNOCCUPANCY AND VACANCY PERMIT	Approved	Yes

SERFF Tracking Number: GRTA-125952807 State: Arkansas
 First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: AP-AR-0812-UCUP
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0006 Commercial Farm and Ranch
 Liability
 Product Name: AP-AR-0812-UCUP
 Project Name/Number: AP-AR-0812-UCUP/AP-AR-0812-UCUP

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	WAIVER OF UNOCCUPANCY LOSS CONDITION	AP 8777	11/08	Endorsement/New Amendment/Conditions		0.00	AP8777LI.pdf
Approved	UNOCCUPANCY AND VACANCY PERMIT	AP 7223	11/08	Endorsement/Replacement/Amendment/Conditions	Replaced Form #:0.00 AP 7223 02/05 Previous Filing #:		AP7223LI.PDF



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF UNOCCUPANCY LOSS CONDITION

This endorsement modifies insurance provided under the following:

- FARM PROPERTY – FARM DWELLINGS, APPURTENANT STRUCTURES, HOUSEHOLD PERSONAL PROPERTY AND LOSS OF USE COVERAGE FORM
- FARM PROPERTY – BARNs, OUTBUILDINGS AND OTHER FARM STRUCTURES COVERAGE FORM
- FARM PROPERTY – OTHER FARM PROVISIONS FORM – EXCLUSIONS, ADDITIONAL COVERAGES, LIMITS OF INSURANCE, DEDUCTIBLES, FARM PROPERTY CONDITIONS AND DEFINITIONS
- CAUSES OF LOSS FORM – BASIC
- CAUSES OF LOSS FORM – BROAD
- CAUSES OF LOSS FORM – SPECIAL

SCHEDULE

1. Waiver Of Unoccupancy Condition	
"Insured Location" Number	Covered Property Description

For only those properties shown above in the **SCHEDULE** for the **Waiver Of Unoccupancy Condition**, Section **G. FARM PROPERTY CONDITIONS AND VALUATIONS**, Number 11. **Unoccupancy and Vacancy** is removed and replaced with the following:

- a. If a "dwelling," building or structure is "vacant" beyond a period of 120 consecutive days, the Limits of Insurance applicable to the "dwelling," building or structure and its contents will be automatically reduced by 50%, unless we extend the period of "vacancy" by written endorsement made a part of the applicable Coverage Form.
- b. In addition to the action described in a. above, "vacancy" results in certain exclusions or limitations applicable to certain causes of loss. See Farm Property – Causes of Loss – **Basic, Broad and Special**.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UNOCCUPANCY AND VACANCY PERMIT

This endorsement modifies insurance provided under the following:

- FARM PROPERTY – FARM DWELLINGS, APPURTENANT STRUCTURES AND HOUSEHOLD PERSONAL PROPERTY COVERAGE FORM
- FARM PROPERTY – BARNs, OUTBUILDINGS AND OTHER FARM STRUCTURES COVERAGE FORM
- FARM PROPERTY – OTHER FARM PROVISIONS FORM – EXCLUSIONS, ADDITIONAL COVERAGES, LIMITS OF INSURANCE, DEDUCTIBLES, FARM PROPERTY CONDITIONS AND DEFINITIONS
- CAUSES OF LOSS FORM – BASIC
- CAUSES OF LOSS FORM – BROAD
- CAUSES OF LOSS FORM – SPECIAL

SCHEDULE

1. Waiver Of Unoccupancy And Vacancy Loss Condition			
"Insured Location" Number	Covered Property Description	Permit Period	
		First Day	Last Day

2. Waiver Of Vacancy Restriction			
"Insured Location" Number	Covered Property Description	Permit Period	
		First Day	Last Day

A. The Unoccupancy and Vacancy Loss Condition in the Farm Property – Other Farm Provisions Form – Exclusions, Additional Coverages, Limits of Insurance, Deductibles, Farm Property Conditions and Definitions, (which reduces the applicable limit of insurance by 50% if a building or structure is "unoccupied" or "vacant" beyond a period of 120 consecutive days) is waived with respect to loss or damage to each building or structure (including furnishings or other property customary to its intended use or occupancy) indicated in Item 1. of the Schedule, if the loss or damage occurs during the Permit Period shown for that building or structure.

- B. The "vacancy" restriction in the Causes of Loss Form – (Broad, Basic or Special), (which excludes coverage if a building or structure is "vacant for more than 30 consecutive days) is waived with respect to loss or damage to each building or structure (including furnishings or other property customary to its intended use or occupancy) indicated in Item 2. of the Schedule, if the loss or damage occurs during the Permit Period shown for that building or structure.

SERFF Tracking Number: GRTA-125952807 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AP-AR-0812-UCUP
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0006 Commercial Farm and Ranch
Liability
Product Name: AP-AR-0812-UCUP
Project Name/Number: AP-AR-0812-UCUP/AP-AR-0812-UCUP

Supporting Document Schedules

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

Comments:

Attachments:

arPCTD-1.pdf

ArFFS-1.pdf

ar-ucup.pdf

Explanatory Memorandum v2.pdf

mockup ap 7223.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 Great American Insurance Group	Group NAIC # 084																												
4. Company Name(s) Great American Insurance Company Great American Assurance Company Great American Alliance Insurance Comp Great American Ins Comp of New York	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Domicile</th> <th style="width: 15%;">NAIC #</th> <th style="width: 15%;">FEIN #</th> <th style="width: 10%;">State #</th> </tr> </thead> <tbody> <tr> <td>Ohio</td> <td>16691</td> <td>31-0501234</td> <td></td> </tr> <tr> <td>Ohio</td> <td>26344</td> <td>15-6020948</td> <td></td> </tr> <tr> <td>Ohio</td> <td>26832</td> <td>95-1542353</td> <td></td> </tr> <tr> <td>New York</td> <td>22136</td> <td>13-5539046</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Domicile	NAIC #	FEIN #	State #	Ohio	16691	31-0501234		Ohio	26344	15-6020948		Ohio	26832	95-1542353		New York	22136	13-5539046									
Domicile	NAIC #	FEIN #	State #																										
Ohio	16691	31-0501234																											
Ohio	26344	15-6020948																											
Ohio	26832	95-1542353																											
New York	22136	13-5539046																											
5. Company Tracking Number AP-AR-0812-UCUP																													
Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]																													
6. Name and address Christie M.Mayes, AFIS 49 East 4 th Street, Cincinnati, OH 45202	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Title</th> <th style="width: 20%;">Telephone #s</th> <th style="width: 20%;">FAX #</th> <th style="width: 40%;">e-mail</th> </tr> </thead> <tbody> <tr> <td>Sr. Product Analyst</td> <td>513-412-3963</td> <td>513-333-6996</td> <td>cmayes@gaic.com</td> </tr> </tbody> </table>	Title	Telephone #s	FAX #	e-mail	Sr. Product Analyst	513-412-3963	513-333-6996	cmayes@gaic.com																				
Title	Telephone #s	FAX #	e-mail																										
Sr. Product Analyst	513-412-3963	513-333-6996	cmayes@gaic.com																										
7. Signature of authorized filer																													
8. Please print name of authorized filer	Christie M. Mayes																												
Filing information (see General Instructions for descriptions of these fields)																													
9. Type of Insurance (TOI)	05.0 CMP Liability and Non-Liability																												
10. Sub-Type of Insurance (Sub-TOI)	05.0006 Commercial Farm and Ranch																												
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]																													
12. Company Program Title (Marketing title)	AgriPak Farm and Ranch																												
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: 2/1/09 Renewal: 2/1/09																												

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	12/19/08	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AP-AR-0812-UCUP
------------	--------------------------------------------------------------	-----------------

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

A new form, AP 8777 11/08 – Waiver of Unoccupancy and Vacancy Loss Condition, is being introduced in this filing. This form is optional that waives the vacancy/unoccupancy clause in our policy. This is a new form that does not replace any existing forms.
 Form AP 7223 11/08 – Unoccupancy and Vacancy Permit replaces the existing form and is modified to mimic ISO form FP 0475.

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 #:
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.)**

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.

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 #	AP-AR-0812-UCUP			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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	WAIVER OF UNOCCUPANCY LOSS CONDITION	AP 87 77 (Ed. 11/08) PRO	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	UNOCCUPANCY AND VACANCY PERMIT	AP 72 23 (Ed. 11/08) PRO	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AP 72 23 (Ed. 02/05)	AP-AR-0601-FORM
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



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 GROUP
Great American Insurance Company 084-16691 31-0501234
Great American Assurance Company 084-26344 15-6020948
Great American Alliance Insurance Company 084-26832 95-1542353
Great American Insurance Company of New York 084-22136 13-5539046
AgriPak Farm and Ranch
Form Filing
Our Filing Number: AP-AR-0812-UCUP

To Whom It May Concern:

The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for approval the enclosed form filing for our AgriPak Farm and Ranch Program. Please see the Explanatory Memorandum for additional details.

Please find enclosed, for review, the following:

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

It is proposed that this filing be applicable to all policies written on or after February 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

Sincerely,
Christie Mayes

Christie M. Mayes, AFIS
Sr. Product Analyst
513-412-3963
513-333-6996
cmayes@gaic.com

Explanatory Memorandum

A new form, AP 8777 11/08 – Waiver of Unoccupancy and Vacancy Loss Condition, is being introduced in this filing. This form is optional that waives the vacancy/unoccupancy clause in our policy. This is a new form that does not replace any existing forms.

Form AP 7223 11/08 – Unoccupancy and Vacancy Permit replaces the existing form and is modified to mimic ISO form FP 0475.

[Added] Deleted



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

AP 72 23
(Ed. 02-05)
11/08

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

~~AGRIPAK FARM AND RANCH POLICY~~
UNOCCUPANCY OR VACANCY PERMIT

This endorsement modifies insurance provided under the following:

- FARM PROPERTY - FARM DWELLINGS, APPURTENANT STRUCTURES, HOUSEHOLD PERSONAL PROPERTY AND LOSS OF USE COVERAGE FORM
- FARM PROPERTY - BARNs, OUTBUILDINGS AND OTHER FARM STRUCTURES COVERAGE FORM
- FARM PROPERTY - OTHER FARM PROVISIONS FORM - EXCLUSIONS, ADDITIONAL COVERAGES, LIMITS OF INSURANCE, DEDUCTIBLES, FARM PROPERTY CONDITIONS AND DEFINITIONS
- ~~FARM PROPERTY - CAUSES OF LOSS FORM - BASIC~~
- ~~FARM PROPERTY - CAUSES OF LOSS FORM - BROAD~~
- [CAUSES OF LOSS FORM - SPECIAL]

SCHEDULE

[1. Waiver of Unoccupancy and Vacancy Loss Condition]

"Insured Location" Number	Covered Property Description	Permit Period	
		First Day	Last Day
[2. Waiver of Vacancy Restriction]	[Covered Property Description]	[First Day]	[Last Day]

~~The period of permitted "unoccupancy" or "vacancy" for the Covered Property described in the above Schedule is extended for the Permit Period. The Permit Period for each item is separately shown in the above Schedule. The Permit Periods are in effect from 12:01 AM Standard Time of the First Day to 12:01 AM Standard Time of the Last Day.~~

A. The Unoccupancy and Vacancy Loss Condition in the Farm Property - Other Farm Provisions Form - Exclusions, Additional Coverages, Limits of Insurance, Deductibles, Farm Property Conditions and Definitions, (which reduces the applicable limit of insurance by 50% if a building or structure is "unoccupied" or "vacant" beyond a period of 120 consecutive days) is waived with respect to loss or damage to each building or structure (including furnishings or other property customary to its intended use or occupancy) indicated in Item 1. of the Schedule, if the loss or damage occurs during the Permit Period shown for that building or structure.

B. The "vacancy" restriction in the Causes of Loss Form - (Broad, Basic or Special), (which excludes coverage if a building or structure is "vacant for more than 30 consecutive days) is waived with respect to loss or damage to each building or structure (including furnishings or other property customary to its intended use or occupancy) indicated in Item 2. of the Schedule, if the loss or damage occurs during the Permit Period shown for that building or structure.