

SERFF Tracking Number: CNNA-125491529 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CBOP-08-6008-AR
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1002 Businessowners
Portion Only
Product Name: CBOP-08-6008-AR
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CBOP-08-6008-AR

SERFF Tr Num: CNNA-125491529 State: Arkansas

TOI: 05.1 Commercial Multi-Peril - Non-Liability
Portion Only

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 05.1002 Businessowners

Co Tr Num: CBOP-08-6008-AR

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Sharon Grubbs

Disposition Date: 02/28/2008

Date Submitted: 02/18/2008

Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date (New): 09/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/28/2008

State Status Changed: 02/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file form(s) per the attached memorandum.

Final copies are attached for your review.

Filing fees will be sent through the Electronic Filing Fee System as a (EFT) filing.

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Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by June 1, 2008, for the software to be mailed to our agents on July 1, 2008, for the effective date of September 1, 2008.

Your approval is respectfully requested for use on policies effective on or after September 1, 2008.

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst sharon_grubbs@cinfin.com
 6200 S. Gilmore Road (513) 870-2091 [Phone]
 Fairfield, OH 45014

Filing Company Information

The Cincinnati Insurance Company CoCode: 10677 State of Domicile: Ohio
 6200 S. Gilmore Road Group Code: 244 Company Type:
 Fairfield, OH 45014 Group Name: State ID Number:
 (513) 870-2000 ext. [Phone] FEIN Number: 31-0542366

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	02/18/2008	18021100

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/28/2008	02/28/2008

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	FORM FILING SCHEDULE	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES	Approved	Yes
Form	BUSINESSOWNERS GENERAL CHANGE 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	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES	FA 494	12 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 FA 494 09 04 Previous Filing #: CBOP-06-6014- AR		FA494 12-07.pdf
Approved	BUSINESSOWNERS GENERAL CHANGE ENDORSEMENT	IB 478	03 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 IB 478 05 07 Previous Filing #: CBOP-07-6015- AR		IB478 03-08 ECLAS.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS PACKAGE POLICY
DENTIST'S PACKAGE POLICY**

SCHEDULE

Location Number	Building Number	Windstorm or Hail Deductible Percentage (enter 1%, 2%, 3%, 5%, 7% or 10%)
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SECTION I - PROPERTY, D. Deductibles, is amended to include the following:

The Windstorm or Hail Deductible, as shown in the Schedule, applies to "loss" to Covered Property caused directly or indirectly by Windstorm or Hail, regardless of any other cause or event that contributes concurrently or in any sequence to the "loss". If "loss" from a covered weather condition other than Windstorm or Hail occurs, and that "loss" would not have occurred but for Windstorm or Hail, such "loss" shall be considered to be caused by Windstorm or Hail and therefore part of a Windstorm or Hail occurrence.

With respect to Covered Property at a location identified in the Schedule, no other deductible applies to Windstorm or Hail.

The Windstorm or Hail Deductible applies whenever there is an occurrence of Windstorm or Hail.

WINDSTORM OR HAIL DEDUCTIBLE CLAUSE

In determining the amount, if any, that we will pay for "loss", we will deduct an amount equal to the percentage (as shown in the Schedule) of the Limit(s) of Insurance applicable to the property that has sustained "loss". This Deductible is calculated separately for, and applies separately to:

1. Each building, if two or more buildings sustain "loss";
2. The building and to personal property in that building, if both sustain "loss";
3. Personal property at each building, if personal property at two or more buildings sustains "loss";

4. Personal property in the open.

We will not pay for "loss" until the amount of "loss" exceeds the Deductible. We will then pay the amount of "loss" in excess of the Deductible, up to the applicable Limit(s) of Insurance.

When property is covered under the Coverage Extension for Newly Acquired or Constructed Property: In determining the amount, if any, that we will pay for "loss", we will deduct an amount equal to a percentage of the value(s) of the property at the time of "loss". The applicable percentage for Newly Acquired or Constructed Property is the highest percentage shown in the Schedule for any "premises".

EXAMPLE - APPLICATION OF DEDUCTIBLE:

The amounts of "loss" to the damaged property are \$60,000 (building) and \$40,000 (business personal property in building).

The actual Limits of Insurance on the damaged property are \$80,000 on the building and \$64,000 on the business personal property.

The Deductible is 2%.

Building

Step (1): $\$80,000 \times 2\% = \$1,600$
Step (2): $\$60,000 - \$1,600 = \$58,400$

Business Personal Property

Step (1): $\$64,000 \times 2\% = \$1,280$
Step (2): $\$40,000 - \$1,280 = \$38,720$

The most we will pay is \$97,120 (\$58,400 + \$38,720). The portion of the total loss that is not covered due to the application of the Deductible is \$2,880 (\$1,600 + \$1,280).

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESSOWNERS GENERAL CHANGE ENDORSEMENT

Attached to and forming part of Policy No. _____ Effective Date
of Endorsement _____

Issued to _____

Agent _____

_____ Endorsement # _____

PREMIUM INFORMATION

Due at Endorsement Effective Date _____

Subsequent Installments by \$ _____

Revised Installment Payment(s) \$ _____

It is agreed that the policy is amended as indicated by

Policy Installment Premium amended to:

Named Insured

Mailing Address

Location of Premises (Street, City, State, ZIP Code):

Loc. No. / Bldg. No.

Forms Added

Forms Deleted

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 02/28/2008

Comments:
PROPERTY AND CASUALTY TRANSMITTAL

Attachment:
F777AR_307.pdf

Satisfied -Name: FORM FILING SCHEDULE **Review Status:** Approved 02/28/2008

Comments:
FORM FILING SCHEDULE

Attachment:
F778AR_307.pdf

Satisfied -Name: MEMORANDUM **Review Status:** Approved 02/28/2008

Comments:
MEMORANDUM

Attachment:
MEMOF.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CBOP-08-6008-AR
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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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See Memorandum

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 #: EFT FILING FEE

Amount: \$50

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

*****Refer to the 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 #	CBOP-08-6008-AR			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	CBOP-08-6007-AR			
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	BUSINESSOWNERS GENERAL CHANGE ENDORSEMENT	IB 478 03 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IB 478 05 07	CBOP-07-6015-AR
02	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES	FA 494 12 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	FA 494 09 04	CBOP-06-6014-AR
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		

**ARKANSAS
BUSINESSOWNERS PACKAGE PROGRAM
FORMS MEMORANDUM**

NEW FORM	OLD FORM	TITLE/DESCRIPTION OF CHANGE
IB 478 03 08	IB 478 05 07	BUSINESSOWNERS GENERAL CHANGE ENDORSEMENT The Premium Information section is amended as follows: Deleted pre typed <i>Additional Premium & Return Premium</i> ; Added space just before wording <i>Due at Endorsement Effective Date</i> to type in <i>Additional or Return Premium</i> .
FA 494 12 07	FA 494 09 04	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES Revised form to accommodate for the addition of new percentage deductible options of 3, 7 and 10%.