

SERFF Tracking Number: CNNA-125491531 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CGOP-08-6004-AR
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1002 Businessowners
Portion Only
Product Name: CGOP-08-6004-AR
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CGOP-08-6004-AR

SERFF Tr Num: CNNA-125491531 State: Arkansas

TOI: 05.1 Commercial Multi-Peril - Non-Liability

SERFF Status: Closed

State Tr Num: EFT \$50

Portion Only

Sub-TOI: 05.1002 Businessowners

Co Tr Num: CGOP-08-6004-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 withdraw form(s) per the attached memorandum.

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

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by

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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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Disposition

Disposition Date: 02/28/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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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	ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION	Approved	Yes
Form	ADDITIONAL INSURED - GRANTOR OF FRANCHISE	Approved	Yes
Form	ADDITIONAL INSURED - LESSOR OF LEASED EQUIPMENT	Approved	Yes
Form	ADDITIONAL INSURED - STATE OR POLITICAL SUBDIVISION - PERMITS	Approved	Yes
Form	DELETING FELLOW EMPLOYEE EXCLUSION	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION	AD 401	06 91	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #: N/A		AD401 0691.pdf
Approved	ADDITIONAL INSURED - GRANTOR OF FRANCHISE	AD 402	06 91	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #: N/A		AD402 0691.pdf
Approved	ADDITIONAL INSURED - LESSOR OF LEASED EQUIPMENT	AD 403	06 91	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #: N/A		AD403 0691.pdf
Approved	ADDITIONAL INSURED - STATE OR POLITICAL SUBDIVISION - PERMITS	AD 404	06 91	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #: N/A		AD404 0691.pdf
Approved	DELETING FELLOW EMPLOYEE EXCLUSION	AD 405	07 91	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #: N/A		AD405 0791.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED--DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

GARAGE COVERAGE FORM

SCHEDULE

Name of Person or Organization:

Under Liability Coverage WHO IS AN INSURED is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your garage operations or premises owned by or rented to you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED--GRANTOR OF FRANCHISE

This endorsement modifies insurance provided under the following:

GARAGE COVERAGE FORM

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Under Liability Coverage WHO IS AN INSURED is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as grantor of a franchise to you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED--LESSOR OF LEASED EQUIPMENT

This endorsement modifies insurance provided under the following:

GARAGE COVERAGE FORM

SCHEDULE

Name of Person or Organization:

Under Liability Coverage WHO IS AN INSURED is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the maintenance, operation or use by you of equipment leased to you by such person(s) or organization(s), subject to the following additional exclusions:

This insurance does not apply:

1. To any "occurrence" which takes place after the equipment lease expires;
2. To "bodily injury" or "property damage" arising out of the sole negligence of the person or organization shown in the Schedule.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED--
STATE OR POLITICAL SUBDIVISIONS--PERMITS**

This endorsement modifies insurance provided under the following:

GARAGE COVERAGE FORM

SCHEDULE

State or Political Subdivision:

Under Liability Coverage WHO IS AN INSURED is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to garage operations performed by you or on your behalf for which the state or political subdivision has issued a permit.
2. This insurance does not apply to:
 - a. "Bodily injury," "property damage," "personal injury" or "advertising injury" arising out of operations performed for the state or municipality; or

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DELETING FELLOW EMPLOYEES EXCLUSION

This endorsement modifies insurance provided under the following:

GARAGE COVERAGE FORM

It is hereby agreed and understood that Section II, Liability Coverage, Section B, Exclusion Item 5, of form AA 102 is null and void.

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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 FILNG 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 #	CGOP-08-6004-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
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 #	CGOP-08-6004-AR			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	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	ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION	AD 401 06 91	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	-----	N/A
02	ADDITIONAL INSURED - GRANTOR OF FRANCHISE	AD 402 06 91	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	-----	N/A
03	ADDITIONAL INSURED - LESSOR OF LEASED EQUIPMENT	AD 403 06 91	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	-----	N/A
04	ADDITIONAL INSURED - STATE OR POLITICAL SUBDIVISION - PERMITS	AD 404 06 91	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	-----	N/A
05	DELETING FELLOW EMPLOYEE EXCLUSION	AD 405 07 91	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	-----	N/A
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
GARAGE OPERATORS PACKAGE PROGRAM
FORMS MEMORANDUM**

NEW FORM	OLD FORM	TITLE/DESCRIPTION OF CHANGE
----	AD 401 06 91	ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION
----	AD 402 06 91	ADDITIONAL INSURED – GRANTOR OF FRANCHISE
----	AD 403 06 91	ADDITIONAL INSURED – LESSOR OF LEASED EQUIPMENT
----	AD 404 06 91	ADDITIONAL INSURED – STATE OR POLITICAL SUBDIVISION - PERMITS
----	AD 405 07 91	DELETING FELLOW EMPLOYEE EXCLUSION