

SERFF Tracking Number: CNNA-125495039 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CBM-08-6007-AR
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery
Product Name: CBM-08-6007-AR
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CBM-08-6007-AR

TOI: 27.0 Boiler & Machinery

Sub-TOI: 27.0000 Boiler & Machinery

Filing Type: Form

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

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: CNNA-125495039 State: Arkansas

SERFF Status: Closed

Co Tr Num: CBM-08-6007-AR

Co Status:

Author: Sharon Grubbs

Date Submitted: 02/19/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

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

Disposition Date: 02/28/2008

Disposition Status: Approved

Effective Date (New): 09/01/2008

Effective Date (Renewal):

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 02/28/2008

State Status Changed: 02/28/2008

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.

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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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	02/19/2008	18043762

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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	MEMOFRANDUM	Approved	Yes
Form	MACHINERY AND EQUIPMENT COVERAGE FORM DECLARATIONS	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	MACHINERY AND EQUIPMENT COVERAGE FORM DECLARATIONS	BE 501	08 07	Declaration Replaced s/Schedule	Replaced Form #:0.00 BE 501 12 99 Previous Filing #: CBM-00-6006-AR		BE501 08- 07.pdf

THE CINCINNATI INSURANCE COMPANY
CINCINNATI, OHIO

A Stock Insurance Company

**MACHINERY AND EQUIPMENT
COVERAGE FORM DECLARATIONS**

Attached to POLICY NUMBER: _____		
<p>Named Insured is the same as it appears in the Common Policy Declarations unless another entry is made here.</p>		
<p>Policy Period: From _____ to _____ at 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.</p>		
<p>Limit of Insurance \$ _____ Deductible \$ _____</p>		
<p>Total Premium \$ _____ Payable \$ _____ at inception \$ _____ on each anniversary</p>		
SCHEDULE		
INSURED LOCATION(S) FOR "OBJECTS" SHOWN BELOW:		
"OBJECT" DEF. NO. & SECTION NO.	GROUP DESCRIPTION OR DESCRIPTION OF "OBJECT"	COVERAGE
FORMS AND / OR ENDORSEMENTS APPLICABLE TO THE MACHINERY AND EQUIPMENT COVERAGE FORM		
SPECIAL PROVISIONS (if any)		

**QUICK REFERENCE
MACHINERY AND EQUIPMENT COVERAGE FORM**

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGES

Named Insured
Coverages and Limits of Insurance
Deductible
Schedule

COVERAGES

Covered Property
Defense
Expediting Expenses
Automatic Coverage for a Newly Acquired Location
Supplementary Payments

Beginning on Page

1
1
1
1
1

EXCLUSIONS

Earth Movement
Nuclear Hazard
War and Military Action
Other Exclusions

2
2
2
2

LIMITS OF INSURANCE

Limit of Insurance
Expediting Expenses Limitation
Hazardous Substance Limitation
Ammonia Contamination Limitation
Water Damage Limitation
Data, Media and Software Restoration Limitation
Ordinance or Law Limitation

3
3
3
3
3
3
3

DEDUCTIBLE

4

MACHINERY AND EQUIPMENT CONDITIONS

Loss Conditions

Abandonment
Appraisal
Duties in the Event of Loss or Damage
Insurance Under Two or More Coverages
Legal Action Against Us
Loss Payable Clause
Other Insurance
Privilege to Adjust With Owner
Transfer of Rights of Recovery Against Others to Us
Valuation

4
4
4
4
4
5
5
5
5
5

General Conditions

Additional Insured
Bankruptcy
Liberalization
No Benefit to Bailee
Object Group
Policy Period, Coverage Territory
Concealment, Misrepresentation or Fraud
Suspension

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6
6
6
6
6
6
7

DEFINITIONS

7

COMMON POLICY CONDITIONS

Cancellation
Changes
Examination of Your Books and Records
Inspections and Surveys
Premiums
Transfer of Your Rights and Duties under this Policy

ENDORSEMENTS (If Any)

SERFF Tracking Number: *CNNA-125495039* *State:* *Arkansas*
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Rate Information

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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[1].pdf

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

Comments:

FORM FILING SCHEDULE

Attachment:

F778IN_307.pdf

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

Comments:

MEMORANDUM

Attachment:

MEMOF.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CBM-08-6007-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 #	CBM-08-6007-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	MACHINERY AND EQUIPMENT COVERAGE FORM DECLARATIONS	BE 501 08 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BE 501 12 99	CBM-00-6006-AR
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		

**ARKANSAS
DIVISION TWO - MACHINERY AND EQUIPMENT
FORMS MEMORANDUM**

NEW FORM	OLD FORM	TITLE/DESCRIPTION OF CHANGE
BE 501 08 07	BE 501 12 99	MACHINERY AND EQUIPMENT COVERAGE FORM DECLARATIONS The form is amended to provide space to list the location of equipment and the index on page two is updated for the revised coverage part.