

SERFF Tracking Number: GRTA-125446112 State: Arkansas  
Filing Company: Great American Assurance Company State Tracking Number: EFT \$50  
Company Tracking Number: PK-AR-0801-GARG  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
Liability  
Product Name: PK-AR-0801-GARG  
Project Name/Number: PK-AR-0801-GARG/PK-AR-0801-GARG

## Filing at a Glance

Company: Great American Assurance Company

Product Name: PK-AR-0801-GARG

SERFF Tr Num: GRTA-125446112 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability &  
Non-Liability

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 05.0003 Commercial Package

Co Tr Num: PK-AR-0801-GARG

State Status: Fees verified and  
received

Filing Type: Form

Co Status:

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

Author: Debbie Stamm

Disposition Date: 02/06/2008

Date Submitted: 01/23/2008

Disposition Status: Approved

Effective Date Requested (New): 03/01/2008

Effective Date (New): 03/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (Renewal):  
03/01/2008

State Filing Description:

## General Information

Project Name: PK-AR-0801-GARG

Status of Filing in Domicile:

Project Number: PK-AR-0801-GARG

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/06/2008

State Status Changed: 02/06/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The Great American Assurance Company hereby submits for your approval, the enclosed form filing. This filing is an introduction of a new form, Garage Coverage Form Extension; it is to be used with the Sports and Leisure Program. Please see the Explanatory Memorandum for additional details.

SERFF Tracking Number: GRTA-125446112 State: Arkansas  
 Filing Company: Great American Assurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: PK-AR-0801-GARG  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
 Liability  
 Product Name: PK-AR-0801-GARG  
 Project Name/Number: PK-AR-0801-GARG/PK-AR-0801-GARG

## Company and Contact

### Filing Contact Information

Debbie Stamm, Product Tech Dstamm@gaic.com  
 49 east 4th street (513) 369-5000 [Phone]  
 Cincinnati, OH 45202 (513) 333-6996[FAX]

### Filing Company Information

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  
 -----

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Assurance Company	\$50.00	01/23/2008	17623888

SERFF Tracking Number: GRTA-125446112 State: Arkansas  
Filing Company: Great American Assurance Company State Tracking Number: EFT \$50  
Company Tracking Number: PK-AR-0801-GARG  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
Liability  
Product Name: PK-AR-0801-GARG  
Project Name/Number: PK-AR-0801-GARG/PK-AR-0801-GARG

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/06/2008	02/06/2008

SERFF Tracking Number: GRTA-125446112 State: Arkansas  
Filing Company: Great American Assurance Company State Tracking Number: EFT \$50  
Company Tracking Number: PK-AR-0801-GARG  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
Liability  
Product Name: PK-AR-0801-GARG  
Project Name/Number: PK-AR-0801-GARG/PK-AR-0801-GARG

## Disposition

Disposition Date: 02/06/2008

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRTA-125446112 State: Arkansas  
 Filing Company: Great American Assurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: PK-AR-0801-GARG  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
 Liability  
 Product Name: PK-AR-0801-GARG  
 Project Name/Number: PK-AR-0801-GARG/PK-AR-0801-GARG

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Supporting Document</b>	Form Schedule	Approved	Yes
<b>Supporting Document</b>	Explanatory Memo	Approved	Yes
<b>Form</b>	Garage Coverage Form Extension	Approved	Yes

SERFF Tracking Number: GRTA-125446112 State: Arkansas  
 Filing Company: Great American Assurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: PK-AR-0801-GARG  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
 Liability  
 Product Name: PK-AR-0801-GARG  
 Project Name/Number: PK-AR-0801-GARG/PK-AR-0801-GARG

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Garage Coverage Form Extension	GAC 36 58 CA	Ed. 01 08)	Policy/CoveNew rage Form			0.00	GAC3658CA _01-08_.pdf

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

**GARAGE COVERAGE FORM EXTENSION**

This endorsement modifies coverage provided under the following:

GARAGE COVERAGE FORM

**A. SECTION II - LIABILITY COVERAGE, B. Exclusions, 11. Watercraft or Aircraft** is replaced by the following:

**11. Aircraft**

Any aircraft.

**B. SECTION VI - DEFINITIONS** is amended as follows:

1. Definition B., "Auto" is replaced with the following:

"Auto" means a land motor vehicle, watercraft, "trailer" or semitrailer.

Includes copyrighted material of ISO Properties, Inc., with its permission.



SERFF Tracking Number: GRTA-125446112 State: Arkansas  
Filing Company: Great American Assurance Company State Tracking Number: EFT \$50  
Company Tracking Number: PK-AR-0801-GARG  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
Liability  
Product Name: PK-AR-0801-GARG  
Project Name/Number: PK-AR-0801-GARG/PK-AR-0801-GARG

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 02/06/2008

**Comments:**  
**Attachment:**  
PCTD-1 AR.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 02/06/2008

**Comments:**  
**Attachment:**  
Cover letter AR-GARG.pdf

**Satisfied -Name:** Form Schedule **Review Status:** Approved 02/06/2008

**Comments:**  
**Attachment:**  
INFFS-AR.pdf

**Satisfied -Name:** Explanatory Memo **Review Status:** Approved 02/06/2008

**Comments:**  
**Attachment:**  
Explanatory memo Garage extension\_watercraft.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Great American Insurance Group	084

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Great American Assurance Company	Ohio	26344	15-6020948	

<b>5. Company Tracking Number</b>	<b>PK-AR-0801-GARG</b>
-----------------------------------	------------------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Deborah Stamm	Product Technician	513-333-5586	513-333-6996	dstamm@gaic.com
	49 East Fourth Street Cincinnati, OH 45201				
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Deborah Stamm		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	5.0000 Commercial Multi Peril
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	<b>5.0003 Package</b>
<b>11.</b>	<b>State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title</b> (Marketing title)	
<b>13.</b>	<b>Filing Type</b>	<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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 03/01/2008      Renewal: 03/01/2008

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	01/23/2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	PK-AR-0801-GARG
------------	--	-----------------

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

The Great American Assurance Company hereby submits for your approval, the enclosed form filing. This filing is an introduction of a new form, Garage Coverage Form Extension; it is to be used with the Sports and Leisure Program. Please see the Explanatory Memorandum for additional details.

<b>22.</b>	<b>Filing Fees</b> (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]
<p><b>Check #:</b> EFT  <b>Amount:</b> 50.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

**\*\*\*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.

Specialty Operations  
49 East Fourth Street  
Dixie Terminal South Building  
4<sup>th</sup> Floor  
Cincinnati, OH 45202-3803  
PO Box 5425  
Cincinnati, OH 45201-5425  
513.287.8100 ph  
513.333.6996 fax



January 23, 2007

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 Assurance Company 084-26344 15-6020948  
Commercial Package  
Form Filing  
Our Filing Number: PK-AL-0801-GARG

To Whom It May Concern:

The Great American Assurance Company hereby submits for your approval, the enclosed form filing. This filing is an introduction of a new form, Garage Coverage Form Extension; it is to be used with the Sports and Leisure 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. Any appropriate State Transmittals.

We request that this filing be applicable to all policies written on or after March 1, 2008. Please return the duplicate of this letter to acknowledge your receipt and confirm your action. A stamped, self-addressed envelope is enclosed for your convenience.

Sincerely,  
*Deborah Stamm*

Deborah Stamm  
Product Technician  
Phone: 513-333-5586  
Fax: 513-333-6996  
[dstamm@gaic.com](mailto:dstamm@gaic.com)

### 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	PK-AR-0801-GARG			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	PK-AR-0801-GARG			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Garage Coverage Form Extension	GAC 36 58 CA (Ed. 01 08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

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.

COMMERCIAL MULTI-LINE INSURANCE  
EXPLANATORY MEMORANDUM  
January 2008

**SPORTS & LEISURE PROGRAM**

Great American Assurance Company has developed GAC 3658 CA (01/08). The purpose of the endorsement is to remove watercraft from the aircraft or watercraft exclusion in the garage coverage liability exclusion.

A copy of the endorsement is attached for your records.

Rates and rules are not affected by this endorsement.