

SERFF Tracking Number: GRTA-125451693 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: IM-AR-0801-EQFL
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Occurrence and Policy Year Limit Endorsements
Project Name/Number: /

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: Occurrence and Policy Year SERFF Tr Num: GRTA-125451693 State: Arkansas

Limit Endorsements

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: IM-AR-0801-EQFL

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: Julie Seaton

Disposition Date: 02/06/2008

Date Submitted: 01/24/2008

Disposition Status: Approved

Effective Date Requested (New): 04/01/2008

Effective Date (New): 04/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal): 04/01/2008

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/06/2008

Deemer Date:

State Status Changed: 02/06/2008

Corresponding Filing Tracking Number:

Filing Description:

Please see explanatory memorandum

Company and Contact

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Filing Contact Information

Julie Seaton, State Filing Technician jseaton@gaic.com
 49 East 4th street (513) 763-7914 [Phone]
 Cincinnati, OH 45202 (513) 333-6996[FAX]

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

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Alliance Insurance Company	\$0.00	01/24/2008	
Great American Assurance Company	\$0.00	01/24/2008	
Great American Insurance Company	\$50.00	01/24/2008	17644712
Great American Insurance Company of New York	\$0.00	01/24/2008	

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 02/06/2008
Effective Date (New): 04/01/2008
Effective Date (Renewal): 04/01/2008
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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	letter	Approved	Yes
Form	EQFL Exp Memo	Approved	Yes
Form	Occurrence and Policy Year Limit Endorsement-For Earthquake & Volcanic Eruption	Approved	Yes
Form	Occurrence and Policy Year Limit Endorsement-For Limited Flood	Approved	Yes
Form	Occurrence and Policy Year Limit Endorsement-For Flood & Surface Water	Approved	Yes
Form	Occurrence and Policy Year Limit Endorsement-For Brad Form Flood & Water Damage	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	EQFL Exp Memo			Other	Replaced	Replaced Form #:0.00 Previous Filing #:		EXPLANATORY MEMORANDUM.pdf
Approved	Occurrence and Policy Year Limit Endorsement-For Earthquake & Volcanic Eruption	CM 80 76	11/07	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 CM 80 76 08/03 Previous Filing #:		CM8076 1107.PDF
Approved	Occurrence and Policy Year Limit Endorsement-For Limited Flood	CM 80 77	11/07	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 CM 80 77 08/03 Previous Filing #:		CM8077 1107.PDF
Approved	Occurrence and Policy Year Limit Endorsement-For Flood & Surface Water	CM 80 78	11/07	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 CM 80 78 08/03 Previous Filing #:		CM8078 1107.PDF
Approved	Occurrence and Policy Year Limit Endorsement-For Brad Form Flood & Water Damage	CM 80 79	11/07	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 CM 80 79 08/03 Previous Filing #:		CM8079 1107.PDF

EXPLANATORY MEMORANDUM

The purpose of this filing is to clarify that the limit of insurance applies on both a policy year and occurrence limit basis. The endorsements listed below are being updated to clarify this limit of insurance.

CM 80 76 (Ed. 11/07) – Occurrence and Policy Year Limit Endorsement – For Earthquake & Volcanic Eruption

CM 80 77 (Ed. 11/07) – Occurrence and Policy Year Limit Endorsement – For Limited Flood

CM 80 78 (Ed. 11/07) – Occurrence and Policy Year Limit Endorsement – For Flood & Surface Water

CM 80 79 (Ed. 11/07) – Occurrence and Policy Year Limit Endorsement – For Broad Form Flood & Water Damage



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

CM 80 76
(Ed. 11 07)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**OCCURRENCE AND POLICY YEAR LIMIT ENDORSEMENT
FOR EARTHQUAKE AND VOLCANIC ERUPTION**

This endorsement modifies coverage provided by:

EARTHQUAKE AND VOLCANIC ERUPTION COVERAGE ENDORSEMENT

The following is added to **C. Additional Conditions, 1. Limit of Insurance**, of your **Earthquake and Volcanic Eruption Coverage Endorsement**.

The most we will pay in any one occurrence and in any one "policy year" for direct physical "loss" and time element loss (if time element loss is covered by this Policy), including all coverage extensions and additional coverages at all covered locations, caused by the Covered Causes of Loss added by your **Earthquake and Volcanic Eruption Coverage Endorsement** is \$.

All other terms remain unchanged.



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

CM 80 77
(Ed. 11 07)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**OCCURRENCE AND POLICY YEAR LIMIT ENDORSEMENT
FOR LIMITED FLOOD**

This endorsement modifies coverage provided by:

LIMITED FLOOD COVERAGE ENDORSEMENT

The following is added to **C. Additional Conditions, 1. Limit of Insurance**, of your **Limited Flood Coverage Endorsement**.

The most we will pay in any one occurrence and in any one "policy year" for direct physical "loss" and time element loss (if time element loss is covered by this Policy), including all coverage extensions and additional coverages at all covered locations, caused by the Covered Causes of Loss added by your **Limited Flood Coverage Endorsement** is \$

All other terms remain unchanged.



Administrative Offices
580 Walnut Street
Cincinnati, Ohio 45202
Tel: 1-513-389-5000

CM 80 78
(Ed. 11 07)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**OCCURRENCE AND POLICY YEAR LIMIT ENDORSEMENT
FOR FLOOD AND SURFACE WATER**

This endorsement modifies coverage provided by:

FLOOD AND SURFACE WATER COVERAGE ENDORSEMENT

The following is added to **C. Additional Conditions, 1. Limit of Insurance**, of your **Flood and Surface Water Coverage Endorsement**.

The most we will pay in any one occurrence and in any one "policy year" for direct physical "loss" and time element loss (if time element loss is covered by this Policy), including all coverage extensions and additional coverages at all covered locations, caused by the Covered Causes of Loss added by your **Flood and Surface Water Coverage Endorsement** is \$

All other terms remain unchanged.



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

CM 80 79
(Ed. 11 07)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**OCCURRENCE AND POLICY YEAR LIMIT ENDORSEMENT
FOR BROAD FORM FLOOD AND WATER DAMAGE**

This endorsement modifies coverage provided by:

BROAD FORM FLOOD AND WATER DAMAGE COVERAGE ENDORSEMENT

The following is added to **C. Additional Conditions, 1. Limit of Insurance**, of your **Broad Form Flood and Water Damage Coverage Endorsement**.

The most we will pay in any one occurrence and in any one "policy year" for direct physical "loss" and time element loss (if time element loss is covered by this Policy), including all coverage extensions and additional coverages at all covered locations, caused by the Covered Causes of Loss added by your **Broad Form Flood and Water Damage Coverage Endorsement** is \$.

All other terms remain unchanged.

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Rate Information

Rate data does NOT apply to filing.

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Project Name/Number: /

Supporting Document Schedules

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

Comments:

Attachment:

ar pcta.PDF

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

Comments:

Attachment:

ar letter.PDF

Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only

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2. Insurance Department Use only

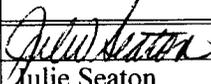
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #
Great American Insurance Group	084

4. Company Name(s)	Domicile	NAIC #	FEIN #
Great American Insurance Company	OH	16691	31-0501234
Great American Assurance Company	OH	26344	15-6020948
Great American Alliance Insurance Company	OH	26832	95-1542353
Great American Insurance Company of NY	NY	22136	13-5539046

5. Company Tracking Number	IM-AR-0801-EQFL
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	Fax #	e-mail
	Julie Seaton	Product Analyst	513.763.7914	513.333.6996	jseaton@gaic.com
	49 East 4 th Street Cincinnati, OH 45202				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Julie Seaton		

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

9.	Type of Insurance (TOI)	Other Commercial Inland Marine
10.	Sub-Type of Insurance (Sub-TOI)	9.0005
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Occurrence and Policy Year Limit Endorsement
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
14.	Effective Date(s) Requested	New: 4/1/08 Renewal: 4/1/08
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	1/24/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document---

20. This filing transmittal is part of Company Tracking # IM-AR-0801-EQFL

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

The purpose of this filing is to clarify that the limit of insurance applies on both a policy year and occurrence limit basis. The endorsements listed below are being updated to clarify this limit of insurance.

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CM 80 79 (Ed. 11/07) – Occurrence and Policy Year Limit Endorsement – For Broad Form Flood & Water Damage

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
Amount: \$50

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.)**

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



January 24, 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

Commercial Inland Marine
Form Revision Filing
Our Filing Number: IM-AR-0801-EQFL

Dear Commissioner,

The Great American Insurance Group, consisting of the aforementioned companies, hereby submit for approval the enclosed form filing revising our Occurrence Limit Endorsements. Please see the enclosed 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 effective on or after April 1, 2008. Please return the duplicate of this letter to acknowledge approval and confirm your action. A self-addressed, stamped envelope is enclosed for your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie Seaton".

Julie Seaton

Product Analyst

Phone: 513-743-7914

Fax: 513-333-6996

jseaton@gaic.com