

SERFF Tracking Number: GRTA-125466694 State: Arkansas  
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: SB-AR-0712-PLUS  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Select Business Policy  
Project Name/Number: SB-AR-0712-PLUS/SB-AR-0712-PLUS

## 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: Select Business Policy SERFF Tr Num: GRTA-125466694 State: Arkansas  
TOI: 01.0 Property SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: SB-AR-0712-PLUS State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
Author: Debbie Caccavari Disposition Date: 02/12/2008  
Date Submitted: 01/30/2008 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: SB-AR-0712-PLUS Status of Filing in Domicile: Pending  
Project Number: SB-AR-0712-PLUS Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 02/12/2008 Deemer Date:  
State Status Changed: 02/12/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
Introduction of rule and endorsements SB 81 14 and SB 81 15 to be used with our Commercial Property Select Business Policy product.

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## Company and Contact

### Filing Contact Information

Debbie Caccavari, Filer dcaccavari@gaic.com  
 49 East 4th street (513) 333-6954 [Phone]  
 Cincinnati, OH 45202

### 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	

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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	

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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	

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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	

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No

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*Fee Explanation:* \$50 per filing (per group)  
*Per Company:* No



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/12/2008	02/12/2008

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## Disposition

Disposition Date: 02/12/2008  
Effective Date (New): 03/01/2008  
Effective Date (Renewal): 03/01/2008  
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	SB-AR-0712-PLUS	Approved	Yes
Form	Select Business Policy Business Income Changes - Time Period	Approved	Yes
Form	Select Business Policy Changes	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Select Business Policy Business Income Changes - Time Period	SB 81 14	11/07	Endorsement/Amendment/Conditions	New	0.00	SB 81 14 (11-07).pdf
Approved	Select Business Policy Changes	SB 81 15	11/07	Endorsement/Amendment/Conditions	New	0.00	SB 81 15 (11-07).pdf



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

**SELECT BUSINESS POLICY  
BUSINESS INCOME CHANGES - TIME PERIOD**

This endorsement modifies insurance provided under the following:

SELECT BUSINESS POLICY BUSINESS INCOME AND EXTRA EXPENSE COVERAGE FORM

The **Select Business Policy Business Income and Extra Expense Coverage Form** is amended as follows:

- A. Under section E. **Additional Coverages**, item 1. **Civil Authority**, the second paragraph is deleted in its entirety and replaced with the following:  
  
The coverage for Business Income will begin \_\_\_\_\_ hours after the time of that action and will apply for a period of up to three consecutive weeks after coverage begins.
- B. Under section H. **Optional Coverages**, item 1. **Dependent Property Business Income**, paragraph d., **(2)**, **(a)** is deleted in its entirety and replaced with the following:  
  
**(a)** begins \_\_\_\_\_ hours after the time of direct physical loss or damage caused by or resulting from any Covered Cause of Loss at the premises of the "dependent property"; and
- C. Under section H. **Optional Coverages**, item 2. **Ordinance or Law - Increased Period of Restoration**, paragraph c., **3.**, **a.** is deleted in its entirety and replaced with the following:  
  
**a.** begins \_\_\_\_\_ hours after the time of direct physical loss or damage caused by or resulting from any Covered Cause of Loss at the described premises; and
- D. Under section I. **Definitions**, item 3. **"Period of Restoration,"** paragraph a. is deleted in its entirety and replaced with the following:  
  
**a.** begins \_\_\_\_\_ hours after the time of direct physical loss or damage for Business Income or Extra Expense Coverage caused by or resulting from any Covered Cause of Loss at the described premises; and



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

**SB 81 15**  
 (Ed. 11 07)

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

**SELECT BUSINESS POLICY CHANGES**

Named Insured:

Effective Date of Change:

The following items are changed if an "X" is shown in the parentheses in the Schedule Below:

<input type="checkbox"/> Additional Interested Parties (Mortgagee, Loss Payee)	<input type="checkbox"/> Coinsurance
<input type="checkbox"/> Named Insured	<input type="checkbox"/> Deductibles
<input type="checkbox"/> Insured's Mailing Address	<input type="checkbox"/> Covered Property/Locations
<input type="checkbox"/> Limits/Exposures	<input type="checkbox"/> Other
<input type="checkbox"/> Coverage Forms and Endorsements	

The above amendments result in a change in premium as follows:

<input type="checkbox"/> <b>NO CHANGES</b>	<b>ADDITIONAL PREMIUM</b> \$	<b>RETURN PREMIUM</b> \$
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**DESCRIPTION OF POLICY CHANGES**

*SERFF Tracking Number:*      *GRTA-125466694*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Great American Alliance Insurance Company, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *SB-AR-0712-PLUS*  
*TOI:*                      *01.0 Property*                      *Sub-TOI:*                      *01.0001 Commercial Property (Fire and Allied Lines)*  
  
*Product Name:*                      *Select Business Policy*  
*Project Name/Number:*              *SB-AR-0712-PLUS/SB-AR-0712-PLUS*

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 02/12/2008

**Comments:**

Attached are transmittals PC TD-1 and PC FFS-1.

**Attachments:**

PC TD-1 (03-01-07) Forms.pdf  
PC FFS-1 (03-01-07).pdf

**Satisfied -Name:** SB-AR-0712-PLUS **Review Status:** Approved 02/12/2008

**Comments:**

Attached is our cover letter and explanatory memorandum.

**Attachments:**

Letter (Forms).pdf  
SBP Changes - Time Period Explanatory Memo.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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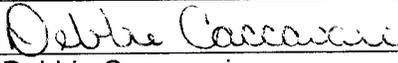
<b>3.</b>	<b>Group Name</b> Great American Insurance Group	<b>Group NAIC #</b> 084
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4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Great American Insurance Company	Ohio	16691	31-0501234
	Great American Insurance Company of New York	New York	22136	13-5539046
	Great American Assurance Company	Ohio	26344	15-6020948
	Great American Alliance Insurance Company	Ohio	26832	95-1542353

<b>5.</b>	<b>Company Tracking Number</b>	SB-AR-0712-PLUS
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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
	Debbie Caccavari	Product Technician	513-333-6954	513-333-6996	dcaccavari@gaic.com
	49 East Fourth Street, DTN-6 Cincinnati, Ohio 45202-3803				

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Debbie Caccavari

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

9.	Type of Insurance (TOI)	Property - 1.0000
10.	Sub-Type of Insurance (Sub-TOI)	Commercial - 1.0001
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Select Business Policy
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 (give description)
14.	Effective Date(s) Requested	New: 03/01/08      Renewal: 03/01/08

## 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 (if applicable)</b>	N/A
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	N/A
<b>18.</b>	<b>Company's Date of Filing</b>	January 30, 2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	SB-AR-0712-PLUS
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<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]
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With this filing, we are introducing endorsements, SB 81 14 (Ed. 11/07) – Select Business Policy Business Income Changes – Time Period and SB 81 15 (Ed. 11/07) – Select Business Policy Changes, for use with our Commercial Property Select Business Policy product.

We are requesting that this filing be applicable to all policies written on or after March 1, 2008.

<b>22.</b>	<p><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> <p><b>Check #: EFT</b>  <b>Amount: \$50.00</b></p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>
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**\*\*\*Refer to 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	SB-AR-0712-PLUS			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	SB-AR-0712-PLUS			
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	Select Business Policy Business Income Changes – Time Period	SB 81 14 (Ed. 11/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
02	Select Business Policy Changes	SB 81 15 (Ed. 11/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
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.

Specialty Operations  
49 East Fourth Street  
Dixie Terminal North Building  
6<sup>th</sup> Floor  
Cincinnati, OH 45202-3803  
PO Box 5425  
Cincinnati, OH 45201-5425  
1-800-605-6713  
513.333.6996 fax



January 30, 2008

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Re: **Great American Insurance Company (084 – 16691)**  
**Great American Insurance Company of New York (084 – 22136)**  
**Great American Assurance Company (084 – 26344)**  
**Great American Alliance Insurance Company (084 – 26832)**  
**Commercial Property Select Business Policy**  
**Introduction of Forms – SB 81 14 & SB 81 15 (Ed. 11/07)**  
**GAI Filing # SB AR 0712 PLUS**

Dear Ms. Bowman:

The above captioned companies hereby submit for your approval the introduction of optional endorsements, **SB 81 14 (Ed. 11/07) – Select Business Policy Business Income Changes-Time Period** and **SB 81 15 (Ed. 11/07) – Select Business Policy Changes**, for use with our Commercial Property Select Business Policy product.

Please find attached for your review our explanatory memorandum along with the new endorsements.

We request that this filing be applicable to all policies written on or after **March 1, 2008**.

The rule portion of this filing is being submitted under separate cover.

Sincerely,

A handwritten signature in cursive script that reads "Debbie Caccavari".

Debbie Caccavari  
Product Technician  
Product Development and Compliance  
Phone: (513) 333-6954  
Email: [dcaccavari@gaic.com](mailto:dcaccavari@gaic.com)

## **EXPLANATORY MEMO**

We are requesting approval for the two new forms listed below for use with our Select Business Policy product.

### **SB 8115 (11-07)**

#### **SELECT BUSINESS POLICY CHANGES**

Select Business Policy Changes Endorsement SB 8115 is used to change various items in the SBP coverage part such as the insured's name, mailing address, deductibles and limits of insurance. The change endorsement lists the specific types of changes for which the endorsement may be used.

The endorsement may not be used to change coverage or as a renewal certificate.

### **SB 8114 (11-07)**

#### **SELECT BUSINESS POLICY BUSINESS INCOME CHANGES – TIME PERIOD**

The SB 8114 (11-07) is an optional form used to add a time deductible by amending the waiting period within the "period of restoration" definition on the SB8605 - SBP Business Income and Extra Expense Coverage Form. The time deductible is also applicable to the Civil Authority Additional coverage.

The standard time deductible in our SBP Business Income forms is 0 hours. The proposed SB 8114 provides a method for revising the time deductible from zero to 24- or 72- hours.