

SERFF Tracking Number: GRTA-125466695 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: #399412 \$25
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-125466695 State: Arkansas
TOI: 01.0 Property SERFF Status: Closed State Tr Num: #399412 \$25
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: SB-AR-0712-PLUS State Status: Fees pending
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Debbie Caccavari Disposition Date: 02/19/2008
Date Submitted: 01/30/2008 Disposition Status: Exempt from Review
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: 02/19/2008
State Status Changed: 02/19/2008 Deemer Date:
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	

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? No
 Retaliatory? No
 Fee Explanation:

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Per Company: No

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Disposition

Disposition Date: 02/19/2008

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

Status: Exempt from Review

Comment:

This line is exempt from filing rates/rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rate/rules filing and review requirements.

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

SERFF Tracking Number: *GRTA-125466695* *State:* *Arkansas*
First Filing Company: *Great American Alliance Insurance Company, ...* *State Tracking Number:* *#399412 \$25*
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.

SERFF Tracking Number: GRTA-125466695 State: Arkansas
 First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: #399412 \$25
 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
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	Select Business Policy	SBP BID-1	New	(AR) SBP Business Income Changes - Time Period Rule Page.pdf

SELECT BUSINESS POLICY
BUSINESS INCOME CHANGES – TIME PERIOD

ARKANSAS
Page SBP BID - 1
Original Printing

Effective **March 1, 2008**

SELECT BUSINESS POLICY

BUSINESS INCOME CHANGES – TIME PERIOD

- a. Select Business Policy Business Income (And Extra Expense) Coverage Form SB 8605 may be amended to provide a 24- or 72-hour time period deductible by amending the "period of restoration" definition within the coverage form. The deductible in the Civil Authority Additional Coverage is also amended.
- b. Use Select Business Policy Business Income Changes -Time Period endorsement SB 8114.

SERFF Tracking Number: GRTA-125466695 State: Arkansas
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Supporting Document Schedules

Satisfied -Name: SB-AR-0712-PLUS **Review Status:** Accepted for Informational Purposes 02/19/2008

Comments:

Attached is our cover letter, explanatory memorandum and transmittals PC TD-1 and PC RRFS-1.

Attachments:

Letter (Rule).pdf
SBP Changes - Time Period Explanatory Memo.pdf
PC TD-1 (03-01-07) Rule.pdf
PC RRFS-1 (03-01-07).pdf

Specialty Operations
49 East Fourth Street
Dixie Terminal North Building
6th 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 Rule – SB 81 14 (Ed. 11/07)
GAI Filing # SB AR 0712 PLUS

Dear Ms. Bowman:

The above captioned companies hereby submit for your approval the introduction of rule for endorsement, **SB 81 14 (Ed. 11/07) – Select Business Policy Business Income Changes-Time Period**, which will be used with our Commercial Property Select Business Policy product.

Please find attached for your review our explanatory memorandum along with our new rule page.

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

The form 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

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.

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	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:				
	<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>	New Business		Renewal Business	
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	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

5. Company Tracking Number	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		<i>Debbie Caccavari</i>		
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 checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New: 03/01/08</td> <td style="width: 50%;">Renewal: 03/01/08</td> </tr> </table>	New: 03/01/08	Renewal: 03/01/08
New: 03/01/08	Renewal: 03/01/08			

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	SB-AR-0712-PLUS
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	SB-AR-0712-PLUS

Rate Increase Rate Decrease Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a. Rate Change by Company (As Proposed) N/A							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Great American Insurance Company							
Great American Insurance Company of New York							
Great American Assurance Company							
Great American Alliance Insurance Company							

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	N/A	
5b.	Overall percentage rate impact for this filing	0%	
5c.	Effect of Rate Filing – Written premium change for this program	N/A	
5d.	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	N/A
7.	Effective Date of last rate revision	N/A
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Select Business Policy Business Income Changes – Time Period SBP BID-1 (Ed. 03/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A

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	

PC RRF5-1

These pages are informational only and do not need to be submitted with your filings!

Notes for Rate/Rule Filing Transmittal

DESCRIPTION OF ITEMS IN THE RATE FILING SCHEDULE

RATE/RULE 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 form 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. **Use check boxes to indicate if this is a rate increase, a rate decrease or rate neutral.**

3. Filing Method (Prior Approval, File & Use, Flex Band, etc): This is the review method for which the filing is being submitted. See State Specific Requirements.

4. Rate Change by Company: Complete all fields for each company included in the filing.

- **Overall % Indicated Change (when applicable)** - This field is only to be completed when an actuarial indication is included in the filing submission.
- **Overall % Rate Impact** - This is the statewide average percentage change to the accepted rates for the coverages included for each company.
- **Written premium change for this program** - This is the statewide change in written premium based on the proposed overall percentage rate impact for each company.
- **# of policyholders affected for this program** - This is the number of policyholders affected by the overall percentage rate impact for each company.
- **Written premium for this program** - This is the statewide written premium for each company.
- **Maximum % Change & Minimum % Change** – This information should be completed if required by the state to which the filing is being submitted.
 - If all the policyholders get increases, then the maximum change is the largest increase and the minimum change is the smallest increase.
 - If all the policyholders get decreases, then the maximum change is the smallest decrease and the minimum change is the largest decrease.
 - If some of the policyholders get increases and others get decreases, then the maximum change is the largest increase and the minimum change is the largest decrease.

5a. Overall percentage rate indication (when applicable): These fields are only to be completed when an actuarial indication is included in the filing submission.

5b. Overall percentage rate impact for this filing: This is the statewide average percentage change to the accepted rates for the coverages included in the filing. This field only needs to be completed for group filings.

5c. Effect of Rate Filing—Written Premium Change for this program: This is the statewide change in written premium based on the proposed overall percentage rate impact. This field only needs to be completed for group filings.

5d. Effect of Rate Filing—Number of policyholders affected: This is the number of policyholders affected by the overall percentage rate impact. This field only needs to be completed for group filings.

6. Overall percentage of last rate revision: This is the statewide average of the last percentage change implemented in the state.

7. Effective Date of last rate revision: This is the implementation date of the last overall percentage rate impact.

8. Filing Method of Last Filing (Prior Approval, File & Use, Flex Band, etc): This is the review method for which the last filing was submitted. See State Specific Requirements.

9. Rule # or Page # Submitted for Review: This is the list of changes to the rate/rule manual.

To be complete a filing must include the following:

- A completed Property & Casualty Transmittal Document (PC TD-1).
- A completed Form Filing Schedule Document (PC FFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- A completed Rate/Rule Filing Transmittal document (PC RRFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- The appropriate state specific requirements.
- The appropriate filing fees, when required.
- A postage-paid, self-addressed envelope large enough to accommodate the return of acknowledgement, as required by state.
- You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)