Filing at a Glance

Company: Great American Assurance Company

Product Name: Sports and Leisure Program	SERFF Tr Num: GRTA-125468592	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-0802-ZARD	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Christie Mayes	Disposition Date: 02/14/2008
	Date Submitted: 02/04/2008	Disposition Status: Approved
Effective Date Requested (New): 03/15/2008		Effective Date (New): 03/15/2008
Effective Date Requested (Renewal): 03/15/2008		Effective Date (Renewal): 03/15/2008

State Filing Description:

General Information

Project Name: PK-AR-0802-ZARD	Status of Filing in Domicile:
Project Number: PK-AR-0802-ZARD	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 02/14/2008	
State Status Changed: 02/14/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Great American Assurance Company is amending a currently filed and approved endorsement. GAI 3051 (12/07) has been amended for clarification purposes. The previous edition of the endorsement did not contain a section for scheduling covered activities or devices.

A copy of the endorsement is attached showing the changes. A final printed copy is also attached for your records.

Rates and rules are not affected by this editorial change.

Company and Contact

Filing Contact Information

Christie Mayes, Sr. Product Analyst
49 E Fourth St. Dts-4
Cincinnati, OH 45202
cmayes@gaic.com
(513) 412-3963 [Phone]

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 per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Assurance Company	$50.00	02/04/2008	17798278

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/14/2008	02/14/2008

Disposition

Disposition Date: 02/14/2008

Effective Date (New): 03/15/2008

Effective Date (Renewal): 03/15/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*GRTA-125468592*	*State:*	*Arkansas*
Filing Company:	*Great American Assurance Company*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*PK-AR-0802-ZARD*		
TOI:	*05.0 Commercial Multi-Peril - Liability & Non-Liability*	*Sub-TOI:*	*05.0003 Commercial Package*
Product Name:	*Sports and Leisure Program*		
Project Name/Number:	*PK-AR-0802-ZARD/PK-AR-0802-ZARD*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Exclusion - Described Hazards	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion - Described Hazards	GAI 3051	12/07	Endorsement/Amendment/Conditions Replaced	Replaced Form #: GAI 3051 01/02 Previous Filing #: PK-0111-SPRT	0.00	GAI 3051 Marked Version.pdf GAI 3051 _12-07_ Exclusion Described Hazards.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - DESCRIBED HAZARDS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

This insurance does not apply to “bodily injury”, “property damage”, or “personal and advertising injury” arising out of:

a. the use or operation of any aircraft, hang glider, parachute, hot air balloon, airfield or airport facility, including any duty to defend with respect to any claims or suits for damages arising out of the operations, maintenance, use, leasing, hiring, renting, borrowing, lending, loading or unloading of an aircraft, hang glider, parachute or hot air balloon whether owned by you or others, unless specifically ~~[endorsed hereon~~] scheduled below;

b. any racing or stunting activities or events (including, but not limited to automobiles, motorcycles, snowmobiles, watercrafts or powerboats), unless specifically ~~[endorsed hereon]~~ scheduled below;

c. any mechanical or stationary device limited to trampolines, water trampolines and attachments, water slides in excess of 15’ in height, mechanical amusement rides and/or bungee jumping operations, unless specifically ~~[endorsed hereon]~~ scheduled below;

d. any fireworks, pyrotechnics, or any similar explosive material, but only with respect to fireworks used by or at the direction of the insured, unless specifically endorsed hereon.

Schedule of covered activities or devices:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - DESCRIBED HAZARDS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

This insurance does not apply to “bodily injury”, “property damage”, or “personal and advertising injury” arising out of:

a. the use or operation of any aircraft, hang glider, parachute, hot air balloon, airfield or airport facility, including any duty to defend with respect to any claims or suits for damages arising out of the operations, maintenance, use, leasing, hiring, renting, borrowing, lending, loading or unloading of an aircraft, hang glider, parachute or hot air balloon whether owned by you or others, unless specifically scheduled below;

b. any racing or stunting activities or events (including, but not limited to automobiles, motorcycles, snowmobiles, watercrafts or powerboats), unless specifically scheduled below;

c. any mechanical or stationary device limited to trampolines, water trampolines and attachments, water slides in excess of 15’ in height, mechanical amusement rides and/or bungee jumping operations, unless specifically scheduled below;

d. any fireworks, pyrotechnics, or any similar explosive material, but only with respect to fireworks used by or at the direction of the insured, unless specifically endorsed hereon.

Schedule of covered activities or devices:

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	02/14/2008

Comments:

Attachments:

ar ffs-1.pdf

ar PCTD-1[1].pdf

Explanatory Memo Excl Described Hazards 2007.pdf

zard = ar.pdf

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 #**	PK-AR-0802-ZARD
2.	**This filing corresponds to rate/rule filing number** (Company tracking number of rate/rule filing, if applicable)	

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	Exlusion - Described Hazards	GAI 3051 12/07	☐ New ☒ Replacement ☐ Withdrawn	GAI 3051 01/02	PK-AR-0201-SPRT
02			☐ New ☐ Replacement ☐ Withdrawn		
03			☐ New ☐ Replacement ☐ Withdrawn		
04			☐ New ☐ Replacement ☐ Withdrawn		
05			☐ New ☐ Replacement ☐ Withdrawn		
06			☐ New ☐ Replacement ☐ Withdrawn		
07			☐ New ☐ Replacement ☐ Withdrawn		
08			☐ New ☐ Replacement ☐ Withdrawn		
09			☐ New ☐ Replacement ☐ Withdrawn		
10			☐ New ☐ Replacement ☐ Withdrawn		

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:	
	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 #**	**State #**
	Great American Assurance Company	Ohio	26344	15-6020948	Ohio

5.	**Company Tracking Number**	**PK-AR-0802-ZARD**

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Christie M. Mayes, AFIS	Sr. Product Analyst	513-412-3963	513-333-6996	cmayes@gaic.com
	49 East 4th Street Cincinnati, OH 45202				

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Christie M. Mayes

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

9.	**Type of Insurance (TOI)**	05.0 CMP Liability and Non-Liability			
10.	**Sub-Type of Insurance (Sub-TOI)**	**05.0 CMP Liability and Non-Liability**			
11.	**State Specific Product code(s)(if applicable)[See State Specific Requirements]**				
12.	**Company Program Title** (Marketing title)	**Sports and Leisure Program**			
13.	**Filing Type**	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☒ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)			
14.	**Effective Date(s) Requested**	New:	3/15/08	Renewal:	3/15/08

Property & Casualty Transmittal Document---

15.	**Reference Filing?**	☐ Yes ☒ No
16.	**Reference Organization** (if applicable)	
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	2/4/08
19.	**Status of filing in domicile**	☐ Not Filed ☒ Pending ☐ Authorized ☐ Disapproved

20.	**This filing transmittal is part of Company Tracking #**	PK-AR-0802-ZARD

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

Great American Assurance Company is amending a currently filed and approved endorsement. GAI 3051 (12/07) has been amended for clarification purposes. The previous edition of the endorsement did not contain a section for scheduling covered activities or devices.

A copy of the endorsement is attached showing the changes. A final printed copy is also attached for your records.

Rates and rules are not affected by this editorial change.

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 #:
Amount:

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.)**

COMMERCIAL MULTI-LINE INSURANCE
EXPLANATORY MEMORANDUM
December 2007

SPORTS & LEISURE PROGRAM

Great American Assurance Company is amending a currently filed and approved endorsement. GAI 3051 (12/07) has been amended for clarification purposes. The previous edition of the endorsement did not contain a section for scheduling covered activities or devices.

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Rates and rules are not affected by this editorial change.

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

GREAT AMERICAN INSURANCE GROUP

February 4, 2008

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

RE: Great American Assurance Company 084-26344 15-6020948
Sports and Leisure Program
Commercial Multi-Peril
Form
Company File # PK-AR-0802-ZARD

To Whom It May Concern:

The Great American Assurance Company hereby submits for your approval the enclosed revised form filing for our Sports and Leisure Program. Please see the explanatory memorandum for additional details.

Please find enclosed, for review, the following:

1. An Explanatory Memorandum.
2. Copies of the Form Pages.
3. Any Appropriate State Transmittals.

We propose that this filing be applicable to all policies written on or after March 15, 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,
Christie M. Mayes

Christie M. Mayes, AFIS
Sr. Product Analyst
Phone: (513) 412-3963
Fax: (513) 333-6996
Email: cmayes@gaic.com