

SERFF Tracking Number: GRTA-125480735 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: SB-AR-0802-SBAL
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: SB-AR-0802-SBAL
Project Name/Number: SB-AR-0802-SBAL/SB-AR-0802-SBAL

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: SB-AR-0802-SBAL SERFF Tr Num: GRTA-125480735 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-0802-SBAL State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Debbie Stamm Disposition Date: 02/20/2008
Date Submitted: 02/11/2008 Disposition Status: Approved
Effective Date Requested (New): 03/10/2008 Effective Date (New): 03/10/2008
Effective Date Requested (Renewal): 03/10/2008 Effective Date (Renewal): 03/10/2008

State Filing Description:

General Information

Project Name: SB-AR-0802-SBAL Status of Filing in Domicile:
Project Number: SB-AR-0802-SBAL Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 02/20/2008
State Status Changed: 02/20/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed form filing. This filing is for the SBP Enhanced Schedule for additional locations to provide a form for use with our recently approved Select Business Policy Enhance Plus coverage program. Please see the explanatory memorandum for additional details.

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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 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

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Fee Explanation: Form Filing= \$50.00
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Alliance Insurance Company	\$50.00	02/11/2008	17910720
Great American Assurance Company	\$0.00	02/11/2008	
Great American Insurance Company	\$0.00	02/11/2008	
Great American Insurance Company of New York	\$0.00	02/11/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/20/2008	02/20/2008

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Disposition

Disposition Date: 02/20/2008
Effective Date (New): 03/10/2008
Effective Date (Renewal): 03/10/2008
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	Cover letter	Approved	Yes
Supporting Document	Form Transmittal	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Form	Select Business Policy Enhanced Additional Schedule of Locations Declarations Page	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 Enhanced Additional Schedule of Locations Declarations Page	SB 81 18	11 07	Declaration New s/Schedule		0.00	sb 81 18 sbl dec page.pdf



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

SB 81 18 (Ed. 11 07)

**SELECT BUSINESS POLICY
 ENHANCED ADDITIONAL SCHEDULE OF LOCATIONS
 DECLARATIONS PAGE**

Named Insured:	Policy Period: to
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Described Premises: At the locations specified below, insurance is provided for those coverages for which a Limit of Insurance is provided.

Schedule of Locations

Loc. No.	Bldg. No.	Address and Occupancy	C	V	Coin or BI Opt	Limit of Insurance

For additional locations, if any, see the Select Business Policy Enhanced Additional Schedule of Locations attached to this Coverage Part.

Column Heading Key	Column Information Key	
Loc. No. - Location Number	B - Building	EE - Extra Expense Only
Bldg. No. - Building Number	BPP - Business Personal Property	ACV - Actual Cash Value
Address - Risk Location	ST - Stock	FRC - Functional Replacement Cost
C - Coverage Type	PPO - Personal Property of Others	RC - Replacement Cost
V - Valuation	BI - Business Income without Extra Expense	AA - Agreed Amount
Coin - Coinsurance	BI & EE - Business Income and Extra Expense	ML - Monthly Limit of Indemnity
BI Opt - Business Income Optional Coverages		MPI - Maximum Period of Indemnity
Limit - Limit of Insurance		

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Review Status: Approved	02/20/2008
Comments:		
Attachment: PCTD-1 AR.pdf		
Satisfied -Name: Cover letter	Review Status: Approved	02/20/2008
Comments:		
Attachment: Cover letter AR-SBAL_forms_.pdf		
Satisfied -Name: Form Transmittal	Review Status: Approved	02/20/2008
Comments:		
Attachment: AR FFS-1.pdf		
Satisfied -Name: Explanatory Memo	Review Status: Approved	02/20/2008
Comments:		
Attachment: sbl explanatory memo.pdf		

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> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

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

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

5. Company Tracking Number	SB-AR-0802-SBAL
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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
	Deborah Stamm	Product Technician	513-333-5586	513-333-6996	dstamm@gaic.com
	49 East Fourth Street Cincinnati, OH 45201				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Deborah Stamm		

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

9.	Type of Insurance (TOI)	1.0000 Property
10.	Sub-Type of Insurance (Sub-TOI)	1.0001 Commercial Property
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
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: 03/10/2008 Renewal: 03/10/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	02/08/2008
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	SB-AR-0802-SBAL
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed form filing. This filing is for the SBP Enhanced Schedule for additional locations to provide a form for use with our recently approved Select Business Policy Enhance Plus coverage program. Please see the explanatory memorandum for additional details.

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]
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Check #: EFT
Amount: 50.00

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.)**

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
4th Floor
Cincinnati, OH 45202-3803
PO Box 5425
Cincinnati, OH 45201-5425
513.287.8100 ph
513.333.6996 fax



February 8, 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 Property
Form Filing
Our Filing Number: SB-AR-0802-SBAL

To Whom It May Concern:

The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed form filing. This filing is for the SBP Enhanced Schedule for additional locations to provide a form for use with our recently approved Select Business Policy Enhance Plus coverage program. Please see the explanatory memorandum for additional details.

Please find enclosed, for review, the following:

1. Explanatory memorandum.
2. Copies of the form Page.
3. If applicable, all transmittals required by the state.

It is proposed that this filing be applicable to all policies written 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,
Deborah Stamm

Deborah Stamm
Product Technician
Phone: 513-333-5586
Fax: 513-333-6996
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.)

1.	This filing transmittal is part of Company Tracking #	SB-AR-0802-SBAL			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	SB-AR-0802-SBAL			
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	SBP Enhanced Additional Schedule of Locations Dec Page	SB 81 18 (Ed. 11 07)	<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.

**EXPLANATORY MEMO
SELECT BUSINESS POLICY
ENHANCED ADDITIONAL SCHEDULE OF LOCATIONS**

Great American Insurance Group submits the enclosed filing for the SBP Enhanced Schedule for Additional locations to provide a form for use with our recently approved Select Business Policy Enhance Plus coverage program.

The form's only purpose is to provide for listing additional locations and their respective coverage information when the number of locations exceeds the space available on the declarations form.