

SERFF Tracking Number: GRTA-125500781 State: Arkansas  
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: IM-CW-0802-WIND  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Commercial Inland Marine  
Project Name/Number: IM-CW-0802-WIND/IM-CW-0802-WIND

## 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: Commercial Inland Marine	SERFF Tr Num: GRTA-125500781	State: Arkansas
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-CW-0802-WIND	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Debbie Caccavari	Disposition Date: 02/29/2008
	Date Submitted: 02/22/2008	Disposition Status: Approved
Effective Date Requested (New): 04/01/2008		Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): 04/01/2008		Effective Date (Renewal): 04/01/2008

State Filing Description:

## General Information

Project Name: IM-CW-0802-WIND	Status of Filing in Domicile: Authorized
Project Number: IM-CW-0802-WIND	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 02/29/2008	
State Status Changed: 02/29/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Filing as informational the revision of endorsement, CM 81 64, for use with our Inland Marine program. The only change to the endorsement is the addition of Homebuilders Builder's Risk Coverage Form to the coverages being modified.	

## Company and Contact

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### 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  
Fee Explanation: \$50.00 per filing  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Alliance Insurance Company	\$50.00	02/22/2008	18109077
Great American Assurance Company	\$0.00	02/22/2008	
Great American Insurance Company	\$0.00	02/22/2008	
Great American Insurance Company of New York	\$0.00	02/22/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/29/2008	02/29/2008

SERFF Tracking Number: GRTA-125500781 State: Arkansas  
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: IM-CW-0802-WIND  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Commercial Inland Marine  
Project Name/Number: IM-CW-0802-WIND/IM-CW-0802-WIND

## Disposition

Disposition Date: 02/29/2008  
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

SERFF Tracking Number: *GRTA-125500781* State: *Arkansas*  
 First Filing Company: *Great American Alliance Insurance Company, ...* State Tracking Number: *EFT \$50*  
 Company Tracking Number: *IM-CW-0802-WIND*  
 TOI: *09.0 Inland Marine* Sub-TOI: *09.0005 Other Commercial Inland Marine*  
 Product Name: *Commercial Inland Marine*  
 Project Name/Number: *IM-CW-0802-WIND/IM-CW-0802-WIND*

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	IM-CW-0802-WIND	Approved	Yes
<b>Form</b>	Wind-Related Loss Exclusion Endorsement	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Wind-Related Loss Exclusion Endorsement	CM 81 64	01/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CM 81 64 (01/06) Previous Filing #: IM-GA-0603-MISC		CM 81 64 (01-08).pdf



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

**CM 81 64**  
(Ed. 01 08)

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

**WIND-RELATED LOSS EXCLUSION ENDORSEMENT**

This endorsement modifies coverage provided by the following:

BUILDER'S RISK PLUS<sup>®</sup> COVERAGE FORM  
BUILDER'S RISK PLUS<sup>®</sup> RENOVATION PROJECT COVERAGE FORM  
HOMEBUILDERS BUILDER'S RISK COVERAGE FORM

The following is added to the section **B. Exclusions**, paragraph 1.:

Wind; windstorm; hurricane; tornado; and/or hail, sleet, snow, sand, dust or rain, all whether or not driven by wind.

But if Covered Property collapses from the weight of sleet, snow or rain, we will pay that resulting "loss" to Covered Property.

**All other terms remain unchanged.**

CM 81 64 (Ed. 01/08) XS



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 02/29/2008

**Comments:**

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

**Attachments:**

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

**Satisfied -Name:** IM-CW-0802-WIND **Review Status:** Approved 02/29/2008

**Comments:**

Attached is our cover letter along with the current version of endorsement CM 81 64.

**Attachments:**

Letter.pdf  
CM 81 64 (01-06) Mock Up.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. Group Name</b>	<b>Group NAIC #</b>
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

<b>5. Company Tracking Number</b>	<b>IM-CW-0802-WIND</b>
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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)	Inland Marine – 9.0000
10. Sub-Type of Insurance (Sub-TOI)	Other Commercial Inland Marine - 9.0005
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	N/A
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: 04/01/08      Renewal: 04/01/08

## 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>	February 22, 2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	IM-CW-0802-WIND
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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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This is an informational filing of form, **CM 81 64 (Ed. 01/08) – Wind-Related Loss Exclusion Endorsement**, which will be used with our Commercial Inland Marine Program. The only change to this form from its previous 01/06 edition is the addition of **Homebuilders Builder’s Risk Coverage Form** to the coverages being modified.

This filing will be applicable to all policies written on or after April 1, 2008.

<b>22.</b>	<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><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>	

**\*\*\*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>	IM-CW-0802-WIND			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
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	Wind-Related Loss Exclusion Endorsement	CM 81 64 (Ed. 01/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CM 81 64 (Ed. 01/06)	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		
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



February 22, 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 Inland Marine**  
**Revision of Form – CM 81 64 (Ed. 01/08)**  
**GAI Filing # IM CW 0802 WIND**

Dear Ms. Bowman:

The above captioned companies hereby place on file as informational the revision of endorsement, **CM 81 64 (Ed. 01/08) – Wind-Related Loss Exclusion Endorsement**, for use with our Commercial Inland Marine program.

The only change to the endorsement, which is replacing the 01/06 edition, is the addition of **Homebuilders Builder's Risk Coverage Form** to the coverages being modified.

Please find attached for your records the revised endorsement.

This filing will be applicable to all policies written on or after **April 1, 2008**.

Please use the enclosed duplicate to indicate your receipt and acknowledgement.

Sincerely,

A handwritten signature in black ink that reads "Debbie Caccavari".

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



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

CM 81 64  
(Ed. 01 06)

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

~~BUILDER'S RISK PLUS~~<sup>®</sup> REMOVE

**WIND-RELATED LOSS EXCLUSION ENDORSEMENT**

This endorsement modifies coverage provided by the following:

- BUILDER'S RISK PLUS<sup>®</sup> COVERAGE FORM
- BUILDER'S RISK PLUS<sup>®</sup> RENOVATION PROJECT COVERAGE FORM
- HOMEBUILDERS BUILDER'S RISK COVERAGE FORM

The following is added to the section **B. Exclusions**, paragraph 1.:

Wind; windstorm; hurricane; tornado; and/or hail, sleet, snow, sand, dust or rain, all whether or not driven by wind.

But if Covered Property collapses from the weight of sleet, snow or rain, we will pay that resulting "loss" to Covered Property.

**All other terms remain unchanged.**