Filing at a Glance

Company: Great American Assurance Company

Product Name: Trucking Towing & Storage Endorsement Filing	SERFF Tr Num: GRTA-125592046	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT $50
Sub-TOI: 20.0004 Truckers	Co Tr Num: CA AR 0804 TWST	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Jackie Bisbe	Disposition Date: 04/16/2008
	Date Submitted: 04/09/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 04/16/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 04/16/2008

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/16/2008	
State Status Changed: 04/16/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Form filing to update Towing & Storage benefits for Physical Damage Trucking policies.

Company and Contact

Filing Contact Information

Jackie Bisbe, Mrs.
49 East 4th Street
Cincinnati, OH 47202

jbisbe@gaic.com
(513) 369-5000 [Phone]
(513) 333-6996[FAX]

Filing Company Information

Great American Assurance Company
580 Walnut Street
Cincinnati, OH 45202
(513) 369-5000 ext. [Phone]

CoCode: 26344
Group Code: 84
Group Name:
FEIN Number: 15-6020948

State of Domicile: Ohio
Company Type: P&C
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	$50.00 per filing x1 filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Assurance Company	$50.00	04/09/2008	19394663

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/16/2008	04/16/2008

SERFF Tracking Number:	*GRTA-125592046*	*State:*	*Arkansas*
Filing Company:	*Great American Assurance Company*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*CA AR 0804 TWST*		
TOI:	*20.0 Commercial Auto*	*Sub-TOI:*	*20.0004 Truckers*
Product Name:	*Trucking Towing & Storage Endorsement Filing*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 04/16/2008

Effective Date (New): 04/16/2008

Effective Date (Renewal): 04/16/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*GRTA-125592046*	*State:*	*Arkansas*
Filing Company:	*Great American Assurance Company*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*CA AR 0804 TWST*		
TOI:	*20.0 Commercial Auto*	*Sub-TOI:*	*20.0004 Truckers*
Product Name:	*Trucking Towing & Storage Endorsement Filing*		
Project Name/Number:	*/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Towing & Storage Limit Change Endorsement	Approved	Yes

SERFF Tracking Number:	*GRTA-125592046*	*State:*	*Arkansas*
Filing Company:	*Great American Assurance Company*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*CA AR 0804 TWST*		
TOI:	*20.0 Commercial Auto*	*Sub-TOI:*	*20.0004 Truckers*
Product Name:	*Trucking Towing & Storage Endorsement Filing*		
Project Name/Number:	*/*		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Towing & Storage Limit Change Endorsement	CA 84 78	03/08	Endorsement/Amendment/Conditions	New		0.00	CA8478 0308[1].doc CA8478 0308[1].pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TOWING AND STORAGE LIMIT CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

NON-TRUCKING LIABILITY AND PHYSICAL DAMAGE COVERAGE FORM
NON-TRUCKING LIABILITY AND PHYSICAL DAMAGE COVERAGE FORM (DEALER)

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

SCHEDULE

Towing and Storage Limit (The most we will pay):

The following paragraph **a.** replaces paragraph **a.** under **Part III - PHYSICAL DAMAGE INSURANCE**, **A. COVERAGE**, 2. Supplemental Payments in the Non-Trucking Liability and Physical Damage Coverage Form.

a. We will pay reasonable towing and storage charges for a covered **auto** that result from a covered **loss**, subject to the applicable physical damage deductible. The most we will pay for the combination of towing and storage charges is provided under the Schedule above.

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Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	04/16/2008

Comments:

Attachments:

AR Form Filing Schedule.pdf

AR Property & Casualty Trans..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 #**	CA AR 0804 TWST
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	Towing & Storage limit change endorsement	CA 84 78 Ed. 03/08	☒ New ☐ Replacement ☐ Withdrawn		
02	Towing & Storage limit change endorsement	CA 84 79 Ed. 03/08	☒ 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		

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.

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	OH	26344	15-6020948	

5.	**Company Tracking Number**	**CA AR 0804 TWST**

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jackie Bisbe	Product Analyst	513.333.6927	513.333.6996	jbisbe@gaic.com
	49 E. 4th Street, DTN 6 Cincinnati, OH 45202				

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Jackie Bisbe

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

9.	**Type of Insurance (TOI)**	Commercian Auto 20.0000			
10.	**Sub-Type of Insurance (Sub-TOI)**	**Truckers 20.0004**			
11.	**State Specific Product code(s)(if applicable)[See State Specific Requirements]**				
12.	**Company Program Title** (Marketing title)				
13.	**Filing Type**	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☒ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)			
14.	**Effective Date(s) Requested**	New:	ASAP	Renewal:	ASAP

Property & Casualty Transmittal Document---

15.	**Reference Filing?**	☐ Yes ☒ No
16.	**Reference Organization** (if applicable)	
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	04/01/2008
19.	**Status of filing in domicile**	☐ Not Filed ☒ Pending ☐ Authorized ☐ Disapproved

20.	**This filing transmittal is part of Company Tracking #**	CA AR 0804 TWST

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

This filing introduces two new forms to be used by our Trucking Division.

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.)**

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 Filling #: 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.