

SERFF Tracking Number: GRTA-125636703 State: Arkansas
Filing Company: Great American Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: IM-AR-0805-HBB2
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Homebuilders Builders Risk
Project Name/Number: IM-CO-0805-HBB2/IM-CO-0805-HBB2

Filing at a Glance

Company: Great American Insurance Company

Product Name: Homebuilders Builders Risk SERFF Tr Num: GRTA-125636703 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-AR-0805-HBB2 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Debbie Caccavari Disposition Date: 05/28/2008
Date Submitted: 05/15/2008 Disposition Status: Approved
Effective Date Requested (New): 06/03/2008 Effective Date (New): 06/03/2008
Effective Date Requested (Renewal): 06/03/2008 Effective Date (Renewal): 06/03/2008

State Filing Description:

General Information

Project Name: IM-CO-0805-HBB2 Status of Filing in Domicile: Authorized
Project Number: IM-CO-0805-HBB2 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 05/28/2008 Deemer Date:
State Status Changed: 05/27/2008
Corresponding Filing Tracking Number:
Filing Description:
Introduction of additional optional forms for our Commercial Inland Marine Homebuilders Builders Risk Program.

Company and Contact

Filing Contact Information

Debbie Caccavari, Filer dcaccavari@gaic.com

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49 East 4th street (513) 333-6954 [Phone]
Cincinnati, OH 45202

Filing Company Information

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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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per filing (total)
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Insurance Company	\$50.00	05/15/2008	20342744

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/28/2008	05/28/2008

SERFF Tracking Number: *GRTA-125636703* *State:* *Arkansas*
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Disposition

Disposition Date: 05/28/2008

Effective Date (New): 06/03/2008

Effective Date (Renewal): 06/03/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRTA-125636703 State: Arkansas
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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	Explanatory Memo	Approved	Yes
Form	Homebuilders Model Homes And Contents	Approved	Yes
Form	Homebuilders Reporting Endorsement (Per Start Basis)	Approved	Yes
Form	Homebuilders Wind And Weather Related Causes Of Loss Exclusion	Approved	Yes
Form	Homebuilders Trade-In Homes	Approved	Yes
Form	Homebuilders Homes In Inventory	Approved	Yes
Form	Multiple Deductible Form (Fixed Dollar Deduction)	Approved	Yes
Form	Wind And Weather Related Causes Of Loss Deductible Endorsement	Approved	Yes
Form	Additional Living Expense Coverage Endorsement	Approved	Yes
Form	Homebuilders Builders Risk Profit And Overhead Exclusion	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Homebuilders Model Homes And Contents	CM 77 85	01/07	Endorsement/Amendment/Conditions	New	0.00	CM 77 85 (01-07).pdf
Approved	Homebuilders Reporting Endorsement (Per Start Basis)	CM 77 86	01/07	Endorsement/Amendment/Conditions	New	0.00	CM 77 86 (01-07).pdf
Approved	Homebuilders Wind And Weather Related Causes Of Loss Exclusion	CM 78 95	01/07	Endorsement/Amendment/Conditions	New	0.00	CM 78 95 (01-07).pdf
Approved	Homebuilders Trade-In Homes	CM 78 98	01/07	Endorsement/Amendment/Conditions	New	0.00	CM 78 98 (01-07).pdf
Approved	Homebuilders Homes In Inventory	CM 78 99	01/07	Endorsement/Amendment/Conditions	New	0.00	CM 78 99 (01-07).pdf
Approved	Multiple Deductible Form (Fixed Dollar Deduction)	CM 79 53	02/00	Endorsement/Amendment/Conditions	New	0.00	CM 79 53 (02-00).pdf
Approved	Wind And Weather Related Causes Of Loss Deductible Endorsement	CM 79 54	02/07	Endorsement/Amendment/Conditions	New	0.00	CM 79 54 (02-07).pdf
Approved	Additional Living Expense Coverage	CM 82 18	01/07	Endorsement/Amendment/Conditions	New	0.00	CM 82 18 (01-07).pdf

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	Endorsement		ons			
Approved	Homebuilders Builders Risk Profit And Overhead Exclusion	CM 82 23	01/07	Endorseme New nt/Amendm ent/Condi ons	0.00	CM 82 23 (01-07).pdf



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HOMEBUILDERS
MODEL HOMES AND CONTENTS

The endorsement extends insurance provided by:

HOMEBUILDERS – BUILDER’S RISK COVERAGE FORM

Paragraph **A.1. Covered Property** is amended to include:

- d. Model homes and their contents, including model homes leased by you under a written contract, from a purchaser.

Limits of Insurance

The most we will pay for "loss" to model homes and their contents is:

Model Homes

- 1. \$ at
- 2. \$ at
- 3. \$ at
- 4.a. \$ any one model home;
- b. \$ any one "loss" to model homes.

Contents of Model Homes

- 1. \$ at
- 2. \$ at
- 3. \$ at
- 4.a. \$ in any one model home;
- b. \$ any one "loss" to model homes contents.
- 5. \$ any one item of personal property.

Rates and Premium Schedule

- () Flat Annual
- () Reporting (see reporting conditions)
 - 1. Deposit Premium: \$
 - 2. Minimum Premium: \$
 - 3. Reporting Period:
 - 4. Premium Adjustment Period:
 - 5. Rates: \$ per \$100

Additional Conditions

With respect to Model Homes Coverage, the Additional Condition, **Coinsurance** is amended to read as follows:

a. Coinsurance

All property covered by this endorsement must be insured for at least 90% of its total value as of the time of "loss" or you will incur a penalty.

The penalty is that we will pay only the proportion of any loss that the Limit of Insurance for the location where the "loss" occurs bears to 90% of the total value at that location at the time of "loss."

b. Reporting (applies if indicated on the Rates and Premium Schedule above)

(1) Reports

Within 30 days of the end of each reporting period, you will report to us the replacement cost value of each model home and the replacement cost value of the contents of each model home on the last day of that reporting period.

(2) Rates and Premium

(a) Premium Computation.

We will compute the premium:

- (i)** as of each Premium Adjustment Period shown above; and
- (ii)** the rate shown in the Schedule of Rates and Premiums shall be multiplied times the total replacement cost values.

(b) Premium Adjustment

We will apply the computed premium to the Deposit Premium until the deposit is used up. You will pay us all premiums that exceed the Deposit Premium.

(c) Cancellation

If this Policy is cancelled, you will report to us the total value of property covered by this endorsement on the date of cancellation; we will compute premium for less than the full reporting period on a pro rata basis.

(d) Minimum Premium

You must pay at least the minimum premium shown in the Schedule of Rates and Premiums, if:

- i.** if the computed premium for the policy period is less than the Minimum Premium; or
- ii.** if you cancel this Policy after it has taken effect.

(3) Coinsurance/Value Reporting

If at the time of "loss" your last report prior to the "loss" is less than the value you are required to report, you will incur a penalty.

The penalty applies separately to each model home and its contents involved in the "loss." The penalty is that we will pay only the proportion of the "loss" that the reported value for that model home and its contents bears to 90% of the total replacement value of the model home and its contents as of the date for which the report was made.

(4) Failure to Submit Reports

If you have failed to submit, as of the time of "loss":

- i. the first required report of values, we will not pay for "loss" at any location that you failed to report within 30 days of the end of the reporting period;
- ii. any required report of values after the first required report, we will not pay more for "loss" at any location the values you last reported for that location.

(5) Reports in Excess of the Limit of Insurance

Although the values reported will be used to compute premium, the reported values will not increase the Limits of Insurance. We will not pay more than the Limits of Insurance shown above in this endorsement for "loss" to Model Homes and their contents.

All other terms remain unchanged.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HOMEBUILDERS
REPORTING ENDORSEMENT
("Per Start" Basis)

This endorsement modifies insurance provided under the following:

HOMEBUILDERS – BUILDER’S RISK COVERAGE FORM

Schedule of Rates and Premiums

1. Deposit Premium: \$
2. Minimum Premium: \$
3. Reporting Period:
4. Premium Adjustment Period:
5. Rate \$ per \$100 of "completed value" (Public Protection Class 1 through 8)
\$ per \$100 of "completed value" (Public Protection Class 9 through 10)

E. Additional Conditions

Additional Condition 1. **Coinsurance** of the Homebuilders - Builder’s Risk Coverage Form is deleted and replaced by the following:

a. Reports and Premiums

- (1) **Reports.** Within 30 days after the end of each Reporting Period, you will file a report with us stating the total amount of the estimated "Completed Value" of each structure under construction that you "started" during the reporting period.

For purposes of this report, when Covered Property for a structure is first at your risk, and no later than when Covered Property is first put on the construction jobsite, the structure is considered to be under construction.

(2) Rates and Premiums.

(a) Premium Computation. We will compute the premium:

- (i) as of each Premium Adjustment Period shown in the Schedule of Rates and Premiums; and
- (ii) the rate shown in the Schedule of Rates and Premiums shall be multiplied times the "Completed Value."

(b) Premium Adjustment

We will apply the computed premium to the Deposit Premium until it is used up. You will pay us all premiums that exceed the Deposit Premium.

- (c)** If this Coverage Form is cancelled, or the policy policy expires, you will file a report with us stating the total "Completed Value" of each structure "started" during the reporting period (up to the cancellation or expiration date).

Upon cancellation of this Coverage Form, or expiration of this policy, we will return premiums to you on a pro rata basis (at the rate of 15% per month) for all structures reported to us as "started" during the final 3 months that coverage was in force.

- (d) Minimum Premium.** You must pay at least the Minimum Premium shown in the Schedule of Rates and Premiums.

This Minimum Premium will only apply:

- (i)** when the computed premium for the policy period is less than this Minimum Premium; or
- (ii)** if this coverage is cancelled.

b. Coinsurance

If at the time of "loss" your last report prior to "loss" is less than the value you are required to report, you will incur a penalty.

The penalty applies separately to each building or structure involved in the "loss." The penalty is that we will pay only the proportion of the "loss" that the reported value for that building or structure bears to the estimated "completed value" of Covered Property for that building or structure as of the date for which the report was made.

This provision does not apply to "loss" of Covered Property while in transit nor while stored at "temporary" locations.

c. Failure to Submit Reports

If you have failed to submit the required reports of value as of the time of "loss":

- (1)** we will not pay more than the value stated in a report filed before the "loss"; and
- (2)** we will pay for "loss" only to buildings or structures reported in a report filed before the "loss."

d. Reports in Excess of Limit of Insurance

Although the reported "completed value" will be used in computing premium, we will not pay more than the applicable Limit of Insurance shown in the Declarations.

e. When Coverage Begins and Ends

The **Homebuilders - Builder's Risk Coverage Form**, paragraph E.5., **When Coverage Begins and Ends**, includes:

- h.** after the end of twelve months from the month when you first reported the structure to us as "started."

F. Definitions

"Started" means from the time Covered Property is first at your risk and no later than when Covered Property is first put on the construction jobsite.

All other terms remain unchanged.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HOMEBUILDERS

WIND AND WEATHER RELATED CAUSES OF LOSS EXCLUSION

This endorsement modifies insurance provided under the following:

HOMEBUILDERS – BUILDER’S RISK COVERAGE FORM

Section B. **EXCLUSIONS**, item 1., is amended to include the following:

Windstorm Related Causes of "Loss"

- (1) Wind, windstorm, hurricane, tornado; and/or hail, sleet, sand, dust or rain all whether or not driven by wind to property in any county **except** Harris County, Texas
 - (a) located within _____ mile(s) of the Atlantic Ocean, the Gulf of Mexico or any contiguous bay or sound thereof;

OR

 - (b) located:
 - (i) within 1,000 feet of any lake, bayou, river, creek, stream or any other water course or body of water; and
 - (ii) within _____ mile(s) of the Atlantic Ocean, the Gulf of Mexico, or any contiguous bay or sound thereof.

- (2) Wind, windstorm, hurricane, tornado and/or hail, sleet, sand, dust or rain, all whether or not driven by wind to property in Harris County, Texas
 - (a) located within _____ mile(s) of the Gulf of Mexico or any contiguous bay or sound thereof;

OR

 - (b) located:
 - (i) within 1,000 feet of any lake, bayou, river, creek, stream or any other water course or body of water; and
 - (ii) within _____ mile(s) of the Gulf of Mexico or any contiguous bay or sound thereof.

All other terms remain unchanged.



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

CM 78 98
 (Ed. 01 07)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HOMEBUILDERS
TRADE-IN HOMES

The endorsement extends insurance provided by:

HOMEBUILDERS – BUILDER’S RISK COVERAGE FORM

Section **A.1. Covered Property** is amended to include: "Trade-In Homes"

Limits of Insurance

The most we will pay for "loss" to "Trade-in Homes" is:

Trade-in Homes

- 1. \$ at
- 2. \$ at
- 3. \$ at
- 4.a. \$ any one "Trade-in Home"
- b. \$ any one "loss" to "Trade-in Homes"

Rates and Premium Schedule

- () Flat Annual
- () Reporting (see reporting conditions)
 - 1. Deposit Premium: \$
 - 2. Minimum Premium: \$
 - 3. Reporting Period:
 - 4. Premium Adjustment Period:
 - 5. Rates: \$ per \$100 of "value" (Public Protection Class 1 through 8)
 \$ per \$100 of "value" (Public Protection Class 9 through 10)

Other Amendments

1. Section **A.2.h.** is deleted as respects this endorsement.
2. Section **E., paragraph 5. When Coverage Begins and Ends** is deleted and replaced by the following:

We cover the "Trade-In Homes" from the date that it first becomes at your risk as the result of having been purchased for renovation and sale or having been taken in trade by you for credit on a new house constructed by you.

The coverage will end on each structure when any of the following occurs:

- a. The property has been sold.
 - b. The title transferred to a purchaser.
 - c. Your interest in the covered property ceases.
 - d. You abandon the structure.
 - e. Any other insurance applies to the structure.
 - f. If a covered property has been occupied in whole or in part without our written consent.
 - g. This coverage form is cancelled, or;
 - h. At the end of the policy period.
3. Section **E. Additional Conditions 1. Coinsurance** is amended as respects "Trade-in Homes" to read as follows:

a. Coinsurance

All property covered by this endorsement must be insured for at least 90% of its total value as of the time of "loss" or you will incur a penalty.

The penalty is that we will pay only the proportion of any "loss" that the Limit of Insurance for the location where the "loss" occurs bears to 90% of the total value at that location at the time of the "loss."

b. Reporting (applies if indicated above)

(1) **Reports.** Within 30 days after the end of each Reporting Period, you will report to us the actual cash value of each "home in inventory" on the last day of that reporting period.

(2) Rates and Premiums.

(a) **Premium Computation.** We will compute the premium:

- (i) as of each Premium Adjustment Period shown in the Schedule of Rates and Premiums; and
- (ii) the rate shown in the Schedule of Rates and Premiums shall be multiplied times the "Actual Cash Value."

(b) Premium Adjustment

We will apply the computed premium to the Deposit Premium until it is used up. You will pay us all premiums that exceed the Deposit Premium.

(c) If this Coverage Form is cancelled, you will file a report with us stating the total "Actual Cash Value" of each structure as of the date of cancellation.

We will compute the premium for less than a full reporting period on a pro rata basis.

- (d) Minimum Premium. You must pay at least the Minimum Premium shown in the Schedule of Rates and Premiums.

This Minimum Premium will only apply:

- (i) when the computed premium for the policy period is less than this Minimum Premium; or
- (ii) if you cancel this coverage after it has taken effect.

(3) Coinsurance/Value Reporting Requirement

If at the time of "loss" your last report prior to "loss" is less than the value you are required to report, you will incur a penalty.

The penalty applies separately to each building or structure involved in the "loss." The penalty is that we will pay only the proportion of the "loss" that the reported value for that building or structure bears to 90% of the actual cash value of Covered Property for that building or structure as of the date for which the report was made.

(4) Failure to Submit Reports

If you have failed to submit the required reports of value as of the time of "loss":

- (a) we will not pay more than the value stated in a report filed before the "loss"; and
- (b) we will pay for "loss" only to buildings or structures reported in a report filed before the "loss."

(5) Reports in Excess of Limit of Insurance

Although the reported amount will be used in computing premium, we will not pay more than the applicable Limit of Insurance shown in the Declarations.

- 4. With respect to "Trade-In Homes," the following is added to section E. **Additional Conditions 2. Valuation, a.:**

Except, we will adjust "loss" to Buildings or Structures that are "trade-in homes" and Household Appliances that are to be sold as part of "trade-in homes" on the basis of their actual cash value at the time of "loss," but not including contractor's profit and overhead.

- 5. Section F., **Definitions** is amended to include:

"Trade-In Homes" means vacant and unoccupied completed dwellings, the property of the Insured, purchased for renovation and sale or having been taken in trade for credit on a new house constructed by the Insured.

All other terms remain unchanged.



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 Cincinnati, Ohio 45202
 Tel: 1-513-369-5000

CM 78 99
 (Ed. 01 07)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**HOMEBUILDERS
 HOMES IN INVENTORY**

The endorsement extends insurance provided by:

HOMEBUILDERS – BUILDER’S RISK COVERAGE FORM

Section **A.1. Covered Property** is amended to include: "Homes in Inventory"

Limits of Insurance

The most we will pay for "loss" to "Homes in Inventory" is:

Homes

- 1. \$ _____ at _____
- 2. \$ _____ at _____
- 3. \$ _____ at _____
- 4.a. \$ _____ any one "Home in Inventory"
- b. \$ _____ any one "loss" to "Home in Inventory"

Rates and Premium Schedule

- () Flat Annual
- () Reporting (see reporting conditions)
 - 1. Deposit Premium: \$ _____
 - 2. Minimum Premium: \$ _____
 - 3. Reporting Period: _____
 - 4. Premium Adjustment Period: _____
 - 5. Rates: \$ _____ per \$100 of "Completed Value" (Public Protection Class 1 through 8)
 \$ _____ per \$100 of "Completed Value" (Public Protection Class 9 through 10)

Other Amendments

1. Section **A.2.h.** is deleted as respects this endorsement.
2. Section **E.5. When Coverage Begins and Ends** is deleted and replaced by the following:

We cover the "Homes in Inventory" from the date the dwelling has been completed and/or is no longer covered under the **Builder's Risk Coverage Form**.

The coverage will end on each structure when any of the following occurs:

- a. The property has been sold.
 - b. The title transferred to a purchaser.
 - c. Your interest in the covered property ceases.
 - d. You abandon the structure.
 - e. Any other insurance applies to the structure.
 - f. If a covered property has been occupied in whole or in part without our written consent.
 - g. This coverage form is cancelled, or;
 - h. At the end of the policy period.
3. Section **E. Additional Conditions 1. Coinsurance** is amended with respect to "Homes in Inventory" to read as follows:

a. **Coinsurance**

All property covered by this endorsement must be insured for at least 90% of its total value as of the time of "loss" or you will incur a penalty.

The penalty is that we will pay only the proportion of any "loss" that the Limit of Insurance for the location where the "loss" occurs bears to 90% of the total value at that location as of the time of the "loss."

b. **Reporting** (applies if indicated above)

- (1) **Reports.** Within 30 days after the end of each Reporting Period, you will report to us the "Completed Value" of each "Home in Inventory" on the last day of that Reporting Period.

(2) **Rates and Premiums**

(a) **Premium Computation.** We will compute the premium:

- (i) as of each Premium Adjustment Period shown in the Schedule of Rates and Premiums; and
- (ii) the rate shown in the Schedule of Rates and Premiums shall be multiplied times the "Completed Value."

(b) **Premium Adjustment**

We will apply the computed premium to the Deposit Premium until it is used up. You will pay us all premiums that exceed the Deposit Premium.

- (c) If this Coverage Form is cancelled, or the policy expires, you will file a report with us stating the total "Completed Value" of each structure as of the date of cancellation.

We will compute the premium for less than a full reporting period on a pro rata basis.

- (d) **Minimum Premium.** You must pay at least the Minimum Premium shown in the Schedule of Rates and Premiums.

This Minimum Premium will only apply:

- (i) when the computed premium for the policy period is less than this Minimum Premium; or
- (ii) if you cancel this coverage after it has taken effect.

(3) Coinsurance/Value Reporting Requirement

If at the time of "loss" your last report prior to "loss" is less than the value you are required to report, you will incur a penalty.

The penalty applies separately to each building or structure involved in the "loss." The penalty is that we will pay only the proportion of the "loss" that the reported value for that building or structure bears to 90% of value of Covered Property for that building or structure as of the date for which the report was made.

(4) Failure to Submit Reports

If you have failed to submit the required reports of value as of the time of "loss":

- (a) we will not pay more than the value stated in your last report filed before the "loss"; and
- (b) we will pay for "loss" only to buildings or structures reported in your last report filed before the "loss."

(5) Reports in Excess of Limit of Insurance

Although the reported amount will be used in computing premium, we will not pay more than the applicable Limit of Insurance shown in the Declarations.

4. SECTION F., DEFINITIONS is amended to include:

"Homes In Inventory" means vacant and unoccupied completed dwellings, property of the Insured, which are being held for sale.

All other terms remain unchanged.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MULTIPLE DEDUCTIBLE FORM
(Fixed Dollar Deductibles)

This endorsement modifies insurance provided under the following:

HOMEBUILDERS RISK COVERAGE FORM

Schedule*

The deductibles applicable to any one occurrence are shown below:

Locations	Deductible	Covered Causes of Loss**
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* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

** For each deductible listed in this Schedule, enter the number corresponding to the Covered Causes(s) of Loss to which that deductible applies (or enter the description):

- (1) All Covered Causes of Loss
- (2) All Covered Causes of Loss except Windstorm or Hail
- (3) All Covered Causes of Loss except Theft
- (4) All Covered Causes of Loss except Windstorm or Hail and Theft
- (5) Windstorm or Hail
- (6) Theft

The following is added to the **DEDUCTIBLE** section:

- A. In the event that loss or damage occurs to Covered Property at more than one location as a result of one occurrence, the largest applicable deductible for that Covered Cause of Loss, shown in the Schedule above or in the Declarations, will apply.
- B. The terms of this endorsement do not apply to any Earthquake Deductible or to any Windstorm or Hail Percentage Deductible provided elsewhere in this policy, by endorsement.

All other terms remain unchanged.



THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

WIND AND WEATHER-RELATED CAUSES OF LOSS DEDUCTIBLE ENDORSEMENT

This endorsement modifies coverage provided by your:

COMMERCIAL INLAND MARINE COVERAGE PART
HOMEBUILDERS BUILDER'S RISK COVERAGE FORM

A separate deductible applies to wind and weather-related causes of "loss."

The clause(s) below with an (X) applies to your Policy:

For direct physical "loss" to Covered Property caused by or resulting from wind, windstorm, hurricane, tornado, hail, rain, sleet and/or snow (whether or not hail, rain, sleet and snow are driven by wind), the deductible amount in any one occurrence is amended to:

() \$

() % of the applicable Limit of Insurance for the property that sustained loss or damage.

() The above wind and weather-related causes deductible applies at the following location only:

() % of the values of the property that have sustained loss or damage (values are the amounts shown in the most recent schedule of values or report of values on file with us; with respect to property for which a report of values is not yet due, the values are the amounts that would appear in the next report of values).

The wind and weather-related causes deductible does not apply to "loss" from collapse of Covered Property that is caused by the weight of rain, sleet and/or snow.

If two or more deductibles would apply in any one occurrence, only the largest single deductible will apply and that amount will be deducted.

All other terms remain unchanged.



THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL LIVING EXPENSE COVERAGE ENDORSEMENT

This endorsement modifies coverage provided by your:

HOMEBUILDERS BUILDER'S RISK COVERAGE FORM

The following is added to paragraph **A. Coverage, 4. Additional Coverage:**

Additional Living/Rental Expense Coverage

We will pay your expenses paid to a purchaser for rental of substitute premises during the "period of delay in completion" that are your obligation under a written contract. Such rental expense must arise from a direct "loss" to the Covered Property (a residential building being constructed under a contract with the purchaser) from a Covered Cause of Loss. The direct physical "loss" to the Covered Property must cause a delay in completion of the residential building beyond the "planned completion date."

The following are added to paragraph **B. Exclusions:**

We will not pay for any expense that is directly or indirectly due to an increase in the "post-loss period of construction" caused by any of the following:

1. interference by strikers or other persons affecting the construction or repair of the Covered Property;
2. irregularities in production, shipment or transportation of any property to be used in the construction or repair of the Covered Property;
3. suspension, lapse or cancellation of any lease, permit, license, contract or order;
4. weather conditions;

5. breach of contract, late or noncompliance with orders or penalties of any nature;
6. lack of funds or lack of workforce;
7. enforcement of any ordinance or law which:
 - a. regulates the construction, use or repair, or requires demolition of any property;
 - b. requires you or others to test for, monitor, clean up, remove, contain, treat, detoxify, or neutralize, or any way respond to, or assess the effects of "pollutants," "fungus," wet rot, dry rot or bacteria;
 - c. you were required to comply with before the "loss," even if the building was undamaged, and you failed to comply with such ordinance or law.

Limits of Insurance

The most we will pay for additional rental expense in any one "loss" is \$5,000. Any payment made under this Additional Coverage Endorsement is in addition to applicable Limits of Insurance shown elsewhere in the Policy.

The following is added to paragraph **E. Additional Conditions:**

In the event of "loss" to Covered Property, you have a duty to make a reasonable effort to meet the "planned completion date."

The following are added to paragraph **F. Definitions:**

"Period of delay in completion" means a period of time that begins with the "planned completion

date" and ends on the date when the Covered Property that experienced loss or damage should be completed using reasonable speed and using similar materials and workmanship.

"Planned completion date" means the date the Covered Property that experienced loss or damage would be put into operation or use in the normal course of construction if the "loss" from a Covered Cause of Loss had not occurred.

"Post-loss period of construction" means a period of time that begins with the "planned completion date" and ends on the date when the Covered Property that experienced loss or damage should be completed using reasonable speed and using similar materials and workmanship.

All other terms remain unchanged.



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

CM 82 23
(Ed. 01 07)

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

**HOMEBUILDERS BUILDER'S RISK
PROFIT AND OVERHEAD EXCLUSION ENDORSEMENT**

This endorsement modifies coverage provided by your:

HOMEBUILDERS BUILDER'S RISK COVERAGE FORM

Homebuilders Builder's Risk Coverage Form, paragraph F. Definitions,

Completed Value definition is amended as per the following:

The second sentence is amended to read: "Completed Value" includes the cost of labor and the cost of materials.

The following is added to "**Completed Value**" **does not include:**

4. the contractor's profit and overhead.

All other terms remain unchanged.

SERFF Tracking Number: *GRTA-125636703* *State:* *Arkansas*
Filing Company: *Great American Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *IM-AR-0805-HBB2*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *Homebuilders Builders Risk*
Project Name/Number: *IM-CO-0805-HBB2/IM-CO-0805-HBB2*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GRTA-125636703 State: Arkansas
Filing Company: Great American Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: IM-AR-0805-HBB2
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Homebuilders Builders Risk
Project Name/Number: IM-CO-0805-HBB2/IM-CO-0805-HBB2

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/28/2008

Comments:
Attached are transmittals PC TD-1 and PC FFS-1 for your reference.

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

Satisfied -Name: Cover Letter **Review Status:** Approved 05/28/2008

Comments:
Attached is our cover letter.

Attachment:
Letter (Forms).pdf

Satisfied -Name: Explanatory Memo **Review Status:** Approved 05/28/2008

Comments:
Attached is our Explanatory Memorandum which also contains a list of the forms.

Attachment:
HBBR Explanatory Memo - Forms List (Forms).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: 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

5. Company Tracking Number	IM-AR-0805-HBB2
-----------------------------------	------------------------

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)	Homebuilders Builders Risk
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: 06/03/08 Renewal: 06/03/08

Property & Casualty Transmittal Document---

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

20.	This filing transmittal is part of Company Tracking #	IM-AR-0805-HBB2
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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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With this filing, we are introducing nine optional forms for use with our Commercial Inland Marine Homebuilders Builders Risk Program. This program is used to insure single dwellings of less than 5,000 square feet for the account of the homeowner or small homebuilder contractor who may build one or several homes per year.

The forms have already been filed and approved by your department under our Great American Assurance Company. Further details concerning this filing are included in our cover letter and Explanatory Memorandum.

We are requesting that this filing be applicable to all policies written on or after June 3, 2008.

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]
<p>Check #: EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</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.)

1.	This filing transmittal is part of Company Tracking #	IM-AR-0805-HBB2			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	IM-AR-0805-HBB2			
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	Homebuilders Model Homes And Contents	CM 77 85 (Ed. 01/07)	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
02	Homebuilders Reporting Endorsement (Per Start Basis)	CM 77 86 (Ed. 01/07)	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
03	Homebuilders Wind And Weather Related Causes Of Loss Exclusion	CM 78 95 (Ed. 01/07)	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
04	Homebuilders Trade-In Homes	CM 78 98 (Ed. 01/07)	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
05	Homebuilders Homes In Inventory	CM 78 99 (Ed. 01/07)	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
06	Multiple Deductible Form (Fixed Dollar Deduction)	CM 79 53 (Ed. 02/00)	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
07	Wind And Weather Related Causes Of Loss Deductible Endorsement	CM 79 54 (Ed. 02/07)	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
08	Additional Living Expense Coverage Endorsement	CM 82 18 (Ed. 01/07)	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
09	Homebuilders Builders Risk Profit And Overhead Exclusion	CM 82 23 (Ed. 01/07)	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
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
6th Floor
Cincinnati, OH 45202-3803
PO Box 5425
Cincinnati, OH 45201-5425
1-800-605-6713
513.333.6996 fax



May 15, 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)**
Commercial Inland Marine – Homebuilders Builders Risk
Introduction of Forms
GAI Filing # IM AR 0805 HBB2

Dear Ms. Benafield Bowman:

Thank you for your recent approval of our Commercial Inland Marine Homebuilders Builders Risk Program filing, AR File Number AR-PC-07-025458, GAI File Number IM-AR-0707-HBBR. At this time we would like to introduce additional optional forms, which were previously approved under GAI File Number IM-AR-0706-HOME.

Please find enclosed for your review our explanatory memorandum including a forms list along with copies of the new forms.

We request that this filing be applicable to all policies written on or after **June 3, 2008** or upon your department's approval.

Sincerely,

A handwritten signature in black ink that reads "Debbie Caccavari". The signature is written in a cursive, flowing style.

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

**Homebuilders Builders Risk
Great American Insurance Company**

EXPLANATORY MEMORANDUM

ARKANSAS

The purpose of this filing is to introduce additional optional forms for Homebuilders Builders Risk Coverage. The original submission of this program was approved under our file number IM-AR-0707-HBBR, AR DOI # AR-PC-07-025458.

The program will be used to insure single dwellings of less than 5,000 square feet for the account of the homeowner or a small homebuilder contractor who may build one or several homes per year.

The following forms are included in this filing and have previously been filed and approved by your department under our Great American Assurance Company, our file number IM-AR-0706-HOME:

CM 7785 (01/07)	Homebuilders Model Homes and Contents
CM 7786 (01/07)	Homebuilders Reporting Endorsement (Per Start Basis)
CM 7895 (01/07)	Homebuilders Wind And Weather Related Causes of Loss Exclusion
CM 7898 (01/07)	Homebuilders Trade-In Homes
CM 7899 (01/07)	Homebuilders Homes In Inventory
CM 7953 (02/00)	Multiple Deductible Form (Fixed Dollar Deduction)
CM 7954 (02/07)	Wind And Weather Related Causes of Loss Deductible Endorsement
CM 8218 (01/07)	Additional Living Expense Coverage Endorsement
CM 8223 (01/07)	Homebuilders Builders Risk Profit And Overhead Exclusion