

SERFF Tracking Number: GRTA-125638321 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: IM-AR-0805-WIR2
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: IM-AR-0805-WIR2
Project Name/Number: IM-AR-0805-WIR2/IM-AR-0805-WIR2

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: IM-AR-0805-WIR2 SERFF Tr Num: GRTA-125638321 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-WIR2 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Authors: Christie Mayes, Debbie Stamm Disposition Date: 05/13/2008
Date Submitted: 05/07/2008 Disposition Status: Approved
Effective Date Requested (New): 06/15/2008 Effective Date (New): 06/15/2008
Effective Date Requested (Renewal): 06/15/2008 Effective Date (Renewal): 06/15/2008

State Filing Description:

General Information

Project Name: IM-AR-0805-WIR2 Status of Filing in Domicile:
Project Number: IM-AR-0805-WIR2 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 05/13/2008 Deemer Date:
State Status Changed: 05/13/2008
Corresponding Filing Tracking Number: IM-AR-0805-WIR2
Filing Description:
Great American Insurance Group submits the following form CM 8263 – Nonrenewal Endorsement to be used with our Stay Connected Wireless Communications Program. The purpose of the filing is to amend language in the original policy form, CM 8215, to include nonrenewal verbiage.

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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
 Fee Explanation: \$50.00 per form filing for Arkansas.

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/13/2008	05/13/2008

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Disposition

Disposition Date: 05/13/2008
Effective Date (New): 06/15/2008
Effective Date (Renewal): 06/15/2008
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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 Product Name: IM-AR-0805-WIR2
 Project Name/Number: IM-AR-0805-WIR2/IM-AR-0805-WIR2

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 Memorandum	Approved	Yes
Supporting Document	Supporting Doc	Approved	Yes
Form	Nonrenewal 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	Nonrenewal Endorsement	CM 82 63	01/08	Endorsement/New Amendment/Conditions		0.00	CM 8263.pdf



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

CM 82 63
(Ed. 01 08)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NONRENEWAL ENDORSEMENT

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

This endorsement modifies insurance provided under the following:

STAY CONNECTED WIRELESS COMMUNICATION EQUIPMENT COVERAGE FORM

Under **F. Conditions** in the **Stay Connected Wireless Communication Equipment Coverage Form, 4. Cancellation** is amended to add the following:

i. Nonrenewal

- (1)** If we elect not to continue this Policy, we will mail by certified mail to you, and mail to the agent, if any, written notice of nonrenewal. We will mail this notice to the last mailing addresses known to us at least 60 days prior to the anniversary date of the Policy.
- (2)** If notice is mailed, proof of mailing will be sufficient proof of notice.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 05/13/2008

Comments:

Attachment:

ar pctd1.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 05/13/2008

Comments:

Attachment:

cover letter ar.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 05/13/2008

Comments:

Attachment:

EXPLANATORY MEMORANDUM.pdf

Satisfied -Name: Supporting Doc **Review Status:** Approved 05/13/2008

Comments:

Attachment:

AR pcffs1.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 style="width: 100%; border: none;"> <tr> <td style="border: none;">New Business</td> <td style="border: none; width: 100px;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

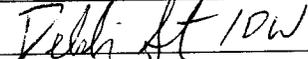
3. Group Name Great American Insurance Group	Group NAIC # 084
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4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Great American Insurance Company	Ohio	16691	31-0501234	
Great American Insurance Company of NY	New York	22136	13-5539046	
Great American Assurance Company	Ohio	26344	15-6020948	
Great American Alliance Ins Company	Ohio	26832	95-1542353	

5. Company Tracking Number	IM-AR-0805-WIR2
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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 Stamm 49 E 4 th St. Suite DN6 Cincinnati, OH 45202	Product Technician	513-333- 5586	513-333- 6996	dstamm@gaic.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Debbie Stamm

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]					
12. Company Program Title (Marketing title)	Stay Connected Wireless Communications Program				
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	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">New:</td> <td style="border: none;">06/15/2008</td> <td style="border: none;">Renewal:</td> <td style="border: none;">06/15/2008</td> </tr> </table>	New:	06/15/2008	Renewal:	06/15/2008
New:	06/15/2008	Renewal:	06/15/2008		

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	05/07/2008	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	IM-AR-0805-WIR2
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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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Great American Insurance Group submits the following form CM 8263 – Nonrenewal Endorsement to be used with our Stay Connected Wireless Communications Program. The purpose of the filing is to amend language in the original policy form, CM 8215, to include nonrenewal verbiage.

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.)**

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



May 7, 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 31-0501234
Great American Alliance Insurance Company 084-26832 95-1542353
Great American Assurance Company 084-26344 15-6020948
Great American Insurance Company of New York 084-22136 13-5539046
Inland Marine – Stay Connected Wireless Communications
Form
Company File # IM-AR-0805-WIR2

To Whom It May Concern:

The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed form filing to be used with our Stay Connected Wireless Communications Program. Please see the explanatory memorandum for additional details.

Please find enclosed, for review, the following:

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

We propose that this filing be applicable to all policies written on or after June 15, 2008. Please return the duplicate of this letter to acknowledge approval and confirm your action. A self-addressed, stamped envelope is enclosed for your convenience.

Sincerely,
Debbie Stamm

Debbie Stamm
Product Technician
Phone: (513) 333-5586
Fax: (513) 333-6996
Email: dstamm@gaic.com

EXPLANATORY MEMORANDUM

STAY CONNECTED WIRELESS COMMUNICATIONS

Great American Insurance Group submits the following form CM 8263 – Nonrenewal Endorsement to be used with our Stay Connected Wireless Communications Program. The purpose of the filing is to amend language in the original policy form, CM 8215, to include nonrenewal verbiage.

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-WIR2			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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	Nonrenewal Endorsement	CM 82 63 Ed. 01/08	<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		