

SERFF Tracking Number: GRTA-125641766 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: IM-AR-0805-LOJA
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: IM-AR-0805-LOJA
Project Name/Number: IM-AR-0805-LOJA/IM-AR-0805-LOJA

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-LOJA SERFF Tr Num: GRTA-125641766 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-LOJA 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: 05/14/2008
Date Submitted: 05/09/2008 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-AR-0805-LOJA Status of Filing in Domicile:
Project Number: IM-AR-0805-LOJA Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 05/14/2008
State Status Changed: 05/14/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

Great American Insurance Group submits form CM 82 67 (Ed.04 08) - Theft Deductible Waiver Endorsement for LoJack Tracking Device to be used with the Contractor's Equipment Program. The purpose of this endorsement is to add a deductible section for LoJack tracking devices. Rates and Rules are not affected by this endorsement therefore no rate is impacted.

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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: The state Requires a \$50 filing fee for Form Filing.

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/14/2008	05/14/2008

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Disposition

Disposition Date: 05/14/2008
Effective Date (New): 06/03/2008
Effective Date (Renewal): 06/03/2008
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	Additional Documentations	Approved	Yes
Form	Theft Deductible Waiver Endorsement for LoJack Tracking Device	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Theft Deductible Waiver Endorsement for LoJack Tracking Device	CM 82 67	04/08	Endorsement/Amendment/Conditions New		0.00	Form.pdf



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

CM 82 67
(Ed. 04 08)

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

THEFT DEDUCTIBLE WAIVER ENDORSEMENT FOR LOJACK TRACKING DEVICE

This endorsement modifies coverage provided by your
CONTRACTOR'S EQUIPMENT COVERAGE FORM

The following is added to paragraph **C. Deductible:**

With respect to "loss" caused by theft of covered property from a State and County within the LoJack Coverage Area (as listed in the LoJack website, www.LoJack.com), if the Covered Property is equipped with a "Ruggedized LoJack" tracking device, we will waive the deductible amount up to \$10,000, provided that:

1. Such device is:
 - a. professionally installed by LoJack or their certified installer; and
 - b. maintained in good working order; and
 - c. inspected and tested in accordance with the manufacturer's recommendation; and
2. The Covered Property is not recovered within 30 days; and
3. The theft is reported as soon as possible to law enforcement authorities, as well as to the LoJack Corporation, in accordance with their recommended procedures.

All other terms and conditions remain unchanged.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/14/2008

Comments:

Attachment:

PCTD.pdf

Satisfied -Name: Additional Documentations **Review Status:** Approved 05/14/2008

Comments:

Attachments:

Cover letter .pdf

form filing schedual.pdf

Form.pdf

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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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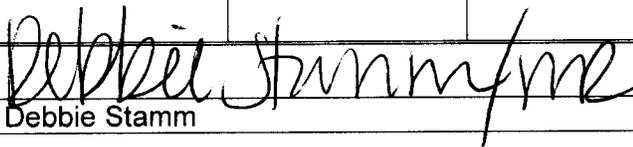
3. Group Name	Group NAIC #
Great American Insurance Group	084

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

5. Company Tracking Number	IM-AR-0805-LOJA
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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 East and 4 th St. Suite DN6 Cincinnati, OH 45202	Product Technician	513-333-5589	513-3336996	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)	09.0000
10.	Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
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: 06/03/2008 Renewal: 06/03/2008

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	05/09/2008	
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-LOJA
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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 Groups submits form CM 82 67 (Ed. 04 08)- Theft Deductible Waiver Endorsement for Lojack Tracking Device to be used with the Contractor's Equipment Program. The purpose of this endorsement is to add a deductible section for Lojack Tracking devices.

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 #:
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.)**

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 9, 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		
	Form		
	Company File # <u>IM-AR-0804-LOJA</u>		

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 Contractors Equipment 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.
3. Any Appropriate State Transmittals.

We propose that this filing be applicable to all policies written on or after June 3, 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 / MR

Debbie Stamm
Product Technician
Phone: (513) 333-5586
Fax: (513) 333-6996
Email: 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 #	IM-AR-0805-LOJA			
2.	This filing corresponds to rate/rule filing number <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	Theft Deductible Waiver Endorsement for Lojack Tracking Device	CM 82 67 04/08	<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		

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.



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

CM 82 67
(Ed. 04 08)

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 - c. inspected and tested in accordance with the manufacturer's recommendation; and
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3. The theft is reported as soon as possible to law enforcement authorities, as well as to the LoJack Corporation, in accordance with their recommended procedures.

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Explanatory Memorandum

Contractor's Equipment

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Rates and Rules are not affected by this endorsement therefore no rate is impacted.