

SERFF Tracking Number: CNNA-125701060 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CBOP-08-6013-AR
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: CBOP-08-6013-AR
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CBOP-08-6013-AR

SERFF Tr Num: CNNA-125701060 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability &
Non-Liability

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 05.0002 Businessowners

Co Tr Num: CBOP-08-6013-AR

State Status: Fees verified and
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Sharon Whitaker

Disposition Date: 06/20/2008

Date Submitted: 06/19/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2009

Effective Date (New): 01/01/2009

Effective Date Requested (Renewal): 01/01/2009

Effective Date (Renewal):
01/01/2009

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: 06/20/2008

State Status Changed: 06/20/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file forms per the attached memorandum.

Final copies are attached for your review.

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/20/2008	06/20/2008

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	ABESTOS EXCLUSION	Withdrawn	Yes
Form	ENDORSEMENT		
Form	EXCLUSION - TANNING DEVICE	Withdrawn	Yes
Form	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Withdrawn	ABESTOS EXCLUSION ENDORSEMENT	US 366	12/94	Endorsement/Amendment/Conditions	Withdrawn	Replaced Form #:0.00 Previous Filing #: ?		US366 12-94.pdf
Withdrawn	EXCLUSION - TANNING DEVICE	US 376	12/94	Other	Withdrawn	Replaced Form #:0.00 Previous Filing #: ?		US376 12-94.pdf
Approved	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES	FA 494	03 08	Other	Replaced	Replaced Form #:0.00 FA 494 12 07 Previous Filing #: ?		FA494 03-08.pdf

ASBESTOS EXCLUSION ENDORSEMENT

It is agreed that this policy does not apply to and the Company shall have no duty to investigate or defend claims for **Personal Injury** or **Property Damage** which arise out of, are attributable to or are any way related to asbestos, in any form or which may be transmitted in any manner.

(Signature of the Insured)

EXCLUSION--TANNING DEVICE

In consideration of the premium at which this policy is written, it is hereby agreed and understood that this policy shall not apply to:

Any liability arising out of the ownership, maintenance or use of any tanning booth, tanning bed, tanning equipment or tanning device.

All other terms and conditions of this policy remain unchanged.

Signature of Insured or Legal Representative and Title

Date

Agent's Signature

Date

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS PACKAGE POLICY

SCHEDULE

Location Number	Building Number	Windstorm or Hail Deductible Percentage
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SECTION I - PROPERTY, D. Deductibles, is amended to include the following:

The Windstorm or Hail Deductible, as shown in the Schedule, applies to "loss" to Covered Property caused directly or indirectly by Windstorm or Hail, regardless of any other cause or event that contributes concurrently or in any sequence to the "loss". If "loss" from a covered weather condition other than Windstorm or Hail occurs, and that "loss" would not have occurred but for Windstorm or Hail, such "loss" shall be considered to be caused by Windstorm or Hail and therefore part of a Windstorm or Hail occurrence.

With respect to Covered Property at a location identified in the Schedule, no other deductible applies to Windstorm or Hail.

The Windstorm or Hail Deductible applies whenever there is an occurrence of Windstorm or Hail.

WINDSTORM OR HAIL DEDUCTIBLE CLAUSE

In determining the amount, if any, that we will pay for "loss", we will deduct an amount equal to the percentage (as shown in the Schedule) of the Limit(s) of Insurance applicable to the property that has sustained "loss". This Deductible is calculated separately for, and applies separately to:

1. Each building, if two or more buildings sustain "loss";
2. The building and to personal property in that building, if both sustain "loss";
3. Personal property at each building, if personal property at two or more buildings sustains "loss";

4. Personal property in the open.

We will not pay for "loss" until the amount of "loss" exceeds the Deductible. We will then pay the amount of "loss" in excess of the Deductible, up to the applicable Limit(s) of Insurance.

When property is covered under the Coverage Extension for Newly Acquired or Constructed Property: In determining the amount, if any, that we will pay for "loss", we will deduct an amount equal to a percentage of the value(s) of the property at the time of "loss". The applicable percentage for Newly Acquired or Constructed Property is the highest percentage shown in the Schedule for any "premises".

EXAMPLE - APPLICATION OF DEDUCTIBLE:

The amounts of "loss" to the damaged property are \$60,000 (building) and \$40,000 (business personal property in building).

The actual Limits of Insurance on the damaged property are \$80,000 on the building and \$64,000 on the business personal property.

The Deductible is 2%.

Building

Step (1): $\$80,000 \times 2\% = \$1,600$
Step (2): $\$60,000 - \$1,600 = \$58,400$

Business Personal Property

Step (1): $\$64,000 \times 2\% = \$1,280$
Step (2): $\$40,000 - \$1,280 = \$38,720$

The most we will pay is \$97,120 (\$58,400 + \$38,720). The portion of the total loss that is not covered due to the application of the Deductible is \$2,880 (\$1,600 + \$1,280).

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 06/20/2008

Comments:

Attachments:

F777AR_307[1].pdf

F778AR_307[1].pdf

Satisfied -Name: MEMORANDUM **Review Status:** Approved 06/20/2008

Comments:

Attachment:

MEMOF.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CBOP-08-6013-AR
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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]

SEE MEMORANDUM

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 #: EFT FILING

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the 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 #	CBOP-08-6013-AR			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	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	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES	FA 494 03 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	FA 494 12 07	CBOP-08-6008-AR
02	ASBESTOS EXCLUSION ENDORSEMENT	US 366 12 94	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
03	EXCLUSION - TANNING DEVICE	US 376 12 94	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" 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		

**ARKANSAS
BUSINESSOWNERS PACKAGE PROGRAM
FORMS MEMORANDUM**

NEW FORM	OLD FORM	TITLE/DESCRIPTION OF CHANGE
FA 494 03 08	FA 494 12 07	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES Deleted reference to Dentist's Package Policy as respects what this endorsement modifies. Forms filed under the Businessowners Package Policy, which amend the Businessowners Coverage Form, automatically apply to the Dentist's Package Policy; Deleted pre-printed percentage deductible options in the SCHEDULE.
-----	US 366 (12/94)	ASBESTOS EXCLUSION ENDORSEMENT Form no longer needed.
-----	US 376 (12/94)	EXCLUSION – TANNING DEVICE Form no longer needed.