

SERFF Tracking Number: GRTA-125667912 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$150
Company Tracking Number: GL AR 0805 TELC
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Telephone Directory Liability
Project Name/Number: TELEPHONE DIRECTORY LIABILITY/gl AR 0805 telc

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: Telephone Directory Liability SERFF Tr Num: GRTA-125667912 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$150
Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: GL AR 0805 TELC State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts

Author: Kelli Morress Disposition Date: 06/25/2008

Date Submitted: 06/19/2008 Disposition Status: Approved

Effective Date Requested (New): 07/21/2008 Effective Date (New):

Effective Date Requested (Renewal): 07/21/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: TELEPHONE DIRECTORY LIABILITY

Project Number: gl AR 0805 telc

Reference Organization:

Reference Title:

Filing Status Changed: 06/25/2008

State Status Changed: 06/25/2008

Corresponding Filing Tracking Number:

Filing Description:

telephone directory liability rate/rule and form

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

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Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: RATE PER GROUP = 100.00
 FORMS PER GROUP = 50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Alliance Insurance Company	\$0.00	06/19/2008	
Great American Assurance Company	\$0.00	06/19/2008	
Great American Insurance Company	\$150.00	06/19/2008	20989927
Great American Insurance Company of New York	\$0.00	06/19/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
000405684	\$50.00	05/13/2008
0000405685	\$100.00	05/13/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	06/25/2008	06/25/2008

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Disposition

Disposition Date: 06/25/2008

Effective Date (New):

Effective Date (Renewal):

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	COVER LETTERS	Approved	Yes
Form	telephone directory liability	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	telephone directory liability	cg 84 18	04/08	Endorsement/Amendment/Conditions		0.00	CG8418E1.pdf



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

CG 84 18
(Ed. 04 08)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TELEPHONE DIRECTORY LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

In **SECTION V - DEFINITIONS**, the definition of "personal and advertising injury" is changed by adding the following to the list of offenses out of which "personal and advertising injury" can arise:

publication, by or for you, of a telephone directory that includes a misprint, typographical error, or omission, or that wrongfully publishes a telephone number the telephone subscriber has requested be unlisted.

This endorsement does not change any other provision of the Policy.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 06/25/2008

Comments:

N/A

Attachment:

ARTRANSMITTAL.pdf

Satisfied -Name: COVER LETTERS **Review Status:** Approved 06/25/2008

Comments:

N/A

Attachment:

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

5. Company Tracking Number	GL-AR -0805-TELC
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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
	Kelli Morress 49 East 4 th Street, DTS 4 Cincinnati, OH 45202	Product Technician	513.333.6958	513.333.6996	kmorress@gaic.com
7.	Signature of authorized filer		<i>Kelli Morress</i>		
8.	Please print name of authorized filer		Kelli Morress		

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

9. Type of Insurance (TOI)	17.0001
10. Sub-Type of Insurance (Sub-TOI)	17.0001
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	TELEPHONE DIRECTORY LIABILITY
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: 07/21/2008 Renewal: 07/21/2008
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	06/19/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # GL-AR-0805-TELC

21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

TELEPHONE DIRECTORY LIABILITY FORMS, RATE, AND RULES- NEW PROGRAM

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 #:	0000405684	-----	0000405685
Amount:	50.00		100.00

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.)

