

SERFF Tracking Number: GRTA-125683198 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: #? \$?
Company Tracking Number: GL AR 0806 CEDU
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Custom Education General Liability Broadening Endorsement
Project Name/Number: /gl ar 0806 cedu

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: Custom Education General SERFF Tr Num: GRTA-125683198 State: Arkansas

Liability Broadening Endorsement

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #? \$?

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: GL AR 0806 CEDU State Status: Fees verified and received

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

Author: Kelli Morress

Disposition Date: 06/25/2008

Date Submitted: 06/10/2008

Disposition Status: Exempt from Review

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

Effective Date (New):

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

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: gl ar 0806 cedu

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/25/2008

State Status Changed: 06/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Custom Education General Liability Broadening Endorsement

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Company and Contact

Filing Contact Information

Kelli Morress, Sr. State Filing Technician kmorress@gaic.com
 49 East 4th street (513) 333-6958 [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? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Alliance Insurance Company	\$0.00	06/10/2008	
Great American Assurance Company	\$0.00	06/10/2008	
Great American Insurance Company	\$0.00	06/10/2008	
Great American Insurance Company of New York	\$0.00	06/10/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	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: Exempt from Review

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	Explanatory	Accepted for Informational Purposes	Yes
Supporting Document	PTCD1 and Rule Filing Schedule	Accepted for Informational Purposes	Yes
Rate	Rule Form	Accepted for Informational Purposes	Yes

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
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Accepted for Informational Purposes	Rule Form		New	gl ar cedu rule form_1.pdf
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**SPECIALTY HUMAN SERVICES
CUSTOM EDUCATION GENERAL LIABILITY BROADENING
ENDORSEMENT**

The Custom Education General Liability Broadening Endorsement is an optional form which, when added to a policy, provides additional coverages and broadens some existing coverages. It is added to the General Liability Coverage Part.

The endorsement is CG 83 87

The premium charge for this endorsement is a flat premium of \$125.00.

Great American Insurance Company
Great American Insurance Company of New York
Great American Assurance Company
Great American Alliance Insurance Company

GL **AR** Custom Education General Liability Broadening Endorsement 12/06

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Supporting Document Schedules

Satisfied -Name: Explanatory

Review Status:

Accepted for Informational 06/25/2008
Purposes

Comments:

Attachment:

GL CEDU Explanatory.pdf

Satisfied -Name: PTCD1 and Rule Filing Schedule

Review Status:

Accepted for Informational 06/25/2008
Purposes

Comments:

Attachment:

gl ar cedu rule and ptcd1.pdf

EXPLANATORY MEMO

CG 83 87

CUSTOM EDUCATION GENERAL LIABILITY BROADENING ENDORSEMENT

Great American Insurance Group submits the enclosed filing for the purpose of offering enhanced coverages and limits for risks occupied as educational institutions or organization.

This endorsement will modify insurance provided under the following ISO forms:

Commercial General Liability Coverage Part CG 0001

Since this is a new endorsement, there is no rate impact on existing policyholders.

The premium charge for this endorsement is a flat premium of \$125.00.

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="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Great American Insurance Group	084

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
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-0806-CEDU
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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	Product Technician	513.333.6958	513.333.6996	kmorress@gaic.com

7. Signature of authorized filer	<i>Kelli Morress /AMW</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)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: June 5, 2008 Renewal: June 5, 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	July 7, 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 #	GL-AR-0806-CEDU
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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, consisting of the aforementioned companies hereby submits for your approval our Custom Education General Liability Broadening Endorsement Coverage Form and Rate. You will find the explanatory memorandum and all the necessary components required for this filing.

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 #: N/A
 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.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	GL-AR-0806-CEDU
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	GL-AR-0806-CEDU
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Custom Education General Liability Broadening Endorsement	<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	