

SERFF Tracking Number: GRTA-125713238 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: IM-AR-0806-OOPR
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: IM-AR-0806-OOPR
Project Name/Number: IM-AR-0806-OOPR/IM-AR-0806-OOPR

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-0806-OOPR	SERFF Tr Num: GRTA-125713238	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-0806-OOPR	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Christie Mayes	Disposition Date: 06/27/2008
	Date Submitted: 06/26/2008	Disposition Status: Approved
Effective Date Requested (New): 08/15/2008		Effective Date (New): 08/15/2008
Effective Date Requested (Renewal): 08/15/2008		Effective Date (Renewal): 08/15/2008

State Filing Description:

General Information

Project Name: IM-AR-0806-OOPR	Status of Filing in Domicile:
Project Number: IM-AR-0806-OOPR	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/27/2008	
State Status Changed: 06/27/2008	Deemer Date:
Corresponding Filing Tracking Number: IM-AR-0806-OOPR	

Filing Description:

The purpose of the forms is to provide coverage to an owner/ operator who is under lease to a motor carrier, but who is required, as a condition of the lease, to carry cargo liability insurance for loss to cargo in his custody. This coverage is provided at no extra charge.

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Company and Contact

Filing Contact Information

Christie Mayes, Sr. Product Analyst cmayes@gaic.com
 49 E Fourth St. Dts-4 (513) 412-3963 [Phone]
 Cincinnati, OH 45202

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 per form filing.

SERFF Tracking Number: *GRTA-125713238* *State:* *Arkansas*
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Per Company: *No*

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/27/2008	06/27/2008

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Disposition

Disposition Date: 06/27/2008
Effective Date (New): 08/15/2008
Effective Date (Renewal): 08/15/2008
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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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 Docs	Approved	Yes
Form	Owner/ Operator Under Lease To A Motor Carrier Coverage Endorsement	Approved	Yes
Form	Owner/ Operator Under Lease Additional Insured 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	Owner/ Operator Under Lease To A Motor Carrier Coverage Endorsement	CM 82 65	05/08	Endorsement/Amendment/Conditions		0.00	cm 82 65.pdf
Approved	Owner/ Operator Under Lease Additional Insured Endorsement	CM 82 66	05/08	Endorsement/Amendment/Conditions		0.00	cm 82 66.pdf



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

CM 82 65
 (Ed. 05 08)

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ CAREFULLY.

**OWNER/OPERATOR UNDER LEASE TO A MOTOR
 CARRIER COVERAGE ENDORSEMENT**

This endorsement modifies coverage provided by your

MOTOR TRUCK CARGO COVERAGE FORM (Carrier's Liability)

The following changes apply only for shipments that you transport on behalf of a motor carrier, and while you are under a written lease agreement with that motor carrier:

Paragraph **A. Coverage**, subparagraph **1.** is amended to read as follows:

- 1. Covered Property** means while you are under a written lease agreement with a motor carrier and operating under that motor carrier's authority, property of others that you accept for transportation on behalf of that motor carrier and which is accepted under a motor carrier's tariff, bill of lading or other written transportation contract to which the motor carrier is a party.

We cover property only while it is:

- a. Contained in or on a land vehicle while in "transit" and/or during "loading" and "unloading," or

- b. At premises scheduled under the Limits of Insurance in the **Motor Truck Cargo Declarations**

- (1) that is held at the premises for a period of less than 31 days; and
- (2) for which no storage charge is made.

Paragraph **A. Coverage**, subparagraph **3.** is amended to read as follows:

3. Covered Causes of Loss

Covered Causes of Loss means while you are under a written lease agreement with a motor carrier and operating under that motor carrier's authority, legal liability that you assume in a written lease agreement with that motor carrier, to reimburse or indemnify that motor carrier for Direct Physical Loss to Covered Property, while in your care custody or control, except those causes of "loss" listed in the Exclusions.

All other terms remain unchanged.



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

CM 82 66
(Ed. 05 08)

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

**OWNER/OPERATOR UNDER LEASE
ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies coverage provided by your

MOTOR TRUCK CARGO COVERAGE FORM (Carriers Liability)

The following motor carrier shown below is added as an additional insured under this Policy, but only with respect to owned or hired vehicles being operated by you and/or your employees, in your business of transporting property of others and covered property that you have accepted from that motor carrier and are transporting on their behalf under a written lease agreement with that motor carrier.

Additional Insured:

If your policy is written on a "gross receipts" reporting basis, "gross receipts" includes all sums to which you and the additional insured shown above are entitled for shipment of the Covered Property in the operations described above.

All other terms remain unchanged.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	06/27/2008
Comments:				
Attachment:	ar pctd1.pdf			
Satisfied -Name:	Cover Letter	Review Status:	Approved	06/27/2008
Comments:				
Attachment:	cover letter ar.pdf			
Satisfied -Name:	Explanatory Memorandum	Review Status:	Approved	06/27/2008
Comments:				
Attachment:	exp memo oopr.pdf			
Satisfied -Name:	Supporting Docs	Review Status:	Approved	06/27/2008
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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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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-0806-OOPR
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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
Christie Mayes, AFIS 49 E 4th St. Suite DN6 Cincinnati, OH 45202	Sr. Product Analyst	513-412-3963	513-333-6996	cmayes@gaic.com

7. Signature of authorized filer	<i>Christie Mayes DMW</i>
8. Please print name of authorized filer	Christie Mayes

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)	Motor Truck Cargo
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: 08/15/2008 Renewal: 08/15/2008

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	06/26/2008	
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-0806-OOPR
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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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The purpose of the forms is to provide coverage to an owner/ operator who is under lease to a motor carrier, but who is required, as a condition of the lease, to carry cargo liability insurance for loss to cargo in his custody. This coverage is provided at no extra charge.

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



June 26, 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 – Motor Truck Cargo Form Company File # <u>IM-AR-0806-OOPR</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 Motor Truck Cargo 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 August 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,
Christie M. Mayes

Christie M. Mayes, AFIS
Sr. Product Analyst
Phone: (513) 412-3963
Fax: (513) 333-6996
Email: cmayes@gaic.com

**EXPLANATORY MEMORANDUM
MOTOR TRUCK CARGO**

The purpose of the forms is to provide coverage to an owner/operator who is under lease to a motor carrier, but who is required, as a condition of the lease, to carry cargo liability insurance for loss to cargo in his custody. This coverage is provided at no extra charge.

CM 8265 (05/08) – Owner/Operator Under Lease To A Motor Carrier Coverage Endorsement
CM 8266 (05/08) – Owner/Operator Under Lease Additional Insured Endorsement

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-0806-OOPR			
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	Owner/ Operator Under Lease To A Motor Carrier Coverage Endorsement	CM 82 65 (Ed. 05/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Owner/ Operator Under Lease Additional Insured Endorsement	CM 82 66 (Ed. 05/08)	<input checked="" 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		