

SERFF Tracking Number: GRTA-125731272 State: Arkansas
Filing Company: Great American Assurance Company State Tracking Number: EFT \$50
Company Tracking Number: CA AR 0807 LOSS
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: LOSS endorsement filing
Project Name/Number: /

Filing at a Glance

Company: Great American Assurance Company

Product Name: LOSS endorsement filing	SERFF Tr Num: GRTA-125731272	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0004 Truckers	Co Tr Num: CA AR 0807 LOSS	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Jackie Bisbe	Disposition Date: 07/14/2008
	Date Submitted: 07/11/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 07/14/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 07/14/2008

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: 07/14/2008	
State Status Changed: 07/14/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

This endorsement is intended to mitigate our losses should we be able to prove that the insured has.

Company and Contact

Filing Contact Information

Jackie Bisbe, Mrs. jbisbe@gaic.com

SERFF Tracking Number: GRTA-125731272 State: Arkansas
Filing Company: Great American Assurance Company State Tracking Number: EFT \$50
Company Tracking Number: CA AR 0807 LOSS
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: LOSS endorsement filing
Project Name/Number: /

49 East 4th Street (513) 369-5000 [Phone]
Cincinnati, OH 47202 (513) 333-6996[FAX]

Filing Company Information

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

SERFF Tracking Number: GRTA-125731272 State: Arkansas
Filing Company: Great American Assurance Company State Tracking Number: EFT \$50
Company Tracking Number: CA AR 0807 LOSS
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: LOSS endorsement filing
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per filing X 1 = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Assurance Company	\$50.00	07/11/2008	21370648

SERFF Tracking Number: GRTA-125731272 State: Arkansas
Filing Company: Great American Assurance Company State Tracking Number: EFT \$50
Company Tracking Number: CA AR 0807 LOSS
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: LOSS endorsement filing
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07/14/2008	07/14/2008

SERFF Tracking Number: GRTA-125731272 State: Arkansas
Filing Company: Great American Assurance Company State Tracking Number: EFT \$50
Company Tracking Number: CA AR 0807 LOSS
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: LOSS endorsement filing
Project Name/Number: /

Disposition

Disposition Date: 07/14/2008

Effective Date (New): 07/14/2008

Effective Date (Renewal): 07/14/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRTA-125731272 State: Arkansas
 Filing Company: Great American Assurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CA AR 0807 LOSS
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
 Product Name: LOSS endorsement filing
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter and Transmittal	Approved	Yes
Form	Loss Payee Endorsement	Approved	Yes

SERFF Tracking Number: GRTA-125731272 State: Arkansas
 Filing Company: Great American Assurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CA AR 0807 LOSS
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
 Product Name: LOSS endorsement filing
 Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Loss Payee Endorsement	CA 85 00	07/08	Endorsement/New Amendment/Conditions		0.00	CA 85 00 0708.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYEE ENDORSEMENT

This endorsement modifies insurance provided under the following:

**NON-TRUCKING LIABILITY AND PHYSICAL DAMAGE COVERAGE FORM
NON-TRUCKING LIABILITY AND PHYSICAL DAMAGE COVERAGE FORM (DEALER)**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The following is added to **Part IV - PHYSICAL DAMAGE INSURANCE, D. LOSS PAYEE – WHO WE WILL PAY FOR LOSSES:**

4. We will not pay or cover the interest of any **insured, Listed Lienholder**, titled owner, or loss payee, if the **loss** is caused by any intentional, fraudulent or dishonest act or omission of any:
 - a. **insured**;
 - b. driver or operator under contract or lease to any **insured**;
 - c. member of an **insured's** household;
 - d. person in an **insured's** service or employment; or
 - e. person or organization for the act or omission of which an **insured** may be liable.

If this insurance cancelled for any reason, by you or by us, that cancellation applies to any coverage we would otherwise afford to any **insured, Listed Lienholder**, titled owner, or loss payee.

All other provisions of the policy remain unchanged by this endorsement.

SERFF Tracking Number: *GRTA-125731272* *State:* *Arkansas*
Filing Company: *Great American Assurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CA AR 0807 LOSS*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0004 Truckers*
Product Name: *LOSS endorsement filing*
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GRTA-125731272 State: Arkansas
Filing Company: Great American Assurance Company State Tracking Number: EFT \$50
Company Tracking Number: CA AR 0807 LOSS
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: LOSS endorsement filing
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 07/14/2008

Comments:

Attachment:

AR trans doc..pdf

Satisfied -Name: Cover Letter and Transmittal **Review Status:** Approved 07/14/2008

Comments:

Attachments:

AR Cover Letter.pdf

AR Property & Casualty Trans..pdf

AR Form Filing Schedule.pdf

Exhibit A.pdf

Forms Memorandum.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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; 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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
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 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: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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 #:
Amount:

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.)

PC TD-1 pg 2 of 2

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 #	
-----------	--	--

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

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			<input 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		

PC FFS-1

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 #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)						
------------	---	--	--	--	--	--	--

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						
------------	--	--	--	--	--	--	--

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)			
---	--	--	--

		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	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	---	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	

Specialty Operations
49 East Fourth Street
Dixie Terminal South Building
4th Floor
Cincinnati, OH 45202-3803
PO Box 5425
Cincinnati, OH 45201-5425
1-800-605-6713
513.333.6996 fax



July 11, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: **Great American Assurance Company 084-26344**
Commercial Automobile – Trucking Division
Form Filing – Towing and Storage Endorsements
CA 85 00 Ed. 07/08
GAI Filing # CA AR 0807 LOSS

Dear Sir or Madam:

The above captioned company wishes to place on file the above captioned forms. Please find enclosed all necessary transmittals and explanatory memorandums for a form only filing.

Please note all filed forms apply only to the Trucking program.

Please use the enclosed duplicate letter to indicate your receipt and acknowledgement. We request that this filing be available for use as soon as possible within the guidelines of your state.

Thank you and please contact me with any further questions.

Sincerely,

Jackie Bisbe/js
Product Analyst
Product Development & Compliance
Phone: 513.333.6927
Fax: 513.333.6996
Email: jbisbe@gaic.com

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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 Assurance Company	OH	26344	15-6020948	

5. Company Tracking Number	CA AR 0807 LOSS
-----------------------------------	------------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jackie Bisbe	Product Analyst	513.333.6927	513.333.6996	jbisbe@gaic.com
	49 E. 4 th Street, DTN 6 Cincinnati, OH 45202				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Jackie Bisbe		

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

9.	Type of Insurance (TOI)	Commercial Auto 20.0000
10.	Sub-Type of Insurance (Sub-TOI)	Truckers 20.0004
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: ASAP Renewal: ASAP

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	07/11/2008
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 #	CA AR 0807 LOSS
------------	--	-----------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

This is a filing of one (1) endorsement, CA 85 00, initially in the 23 States that have approved the 2008 version of the CA 82 47 and CA 84 32 PD/NTL coverage forms. This endorsement is intended to mitigate our losses should we be able to prove that the insured has.

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 #:
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.)**

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. 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.

21. Filing Description: This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

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 #	CA AR 0807 LOSS			
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	Loss Payee Endorsement	CA 85 00 Ed. 07/08	<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.

LONG HAUL TRUCKING

FORMS LIST – EXHIBIT A

<u>NAME</u>	<u>FORM NUMBER</u>	<u>EDITION</u>
Loss Payee Endorsement	CA 85 00	(07/08)

LONG HAUL TRUCKING

FORMS MEMORANDUM

Great American's Trucking Division hereby files an endorsement for the Great American Long Haul Trucking Program.

Under this program, we provide a wide array of property and casualty insurance products to trucking owner-operators and small fleets. Our customers are primarily Truckers leased onto a motor carrier using the motor carrier's authority. This customer segment needs Non-Trucking Liability (Non Business Use) and Physical Damage coverage. We currently offer this coverage using a company filed package policy with company endorsements.

See Forms List *Exhibit A* for a list of forms included in this filing.

This filing comprises of one (1) endorsement to our company Physical Damage and Non-Trucking Liability form (CA8247 and the Dealer version, CA 8432) which relates to the loss payee.

Similar competitor filings include language that prohibits payment to the loss payee if the loss is caused by an intentional dishonest or fraudulent act or omission by the insured. Therefore, with this mandatory endorsement to our Physical Damage and Non-Trucking Liability policy, we'd be in line with our competitors.