

SERFF Tracking Number: CNNB-125759091 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$20
Company Tracking Number: ALL-09-7000-AR
TOI: 35.0 Interline Filings Sub-TOI: 35.0001 Personal Interline Filings
Product Name: ALL Lines - Policy Jacket
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: ALL Lines - Policy Jacket

TOI: 35.0 Interline Filings

Sub-TOI: 35.0001 Personal Interline Filings

Filing Type: Form

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

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

SERFF Tr Num: CNNB-125759091 State: Arkansas

SERFF Status: Closed

Co Tr Num: ALL-09-7000-AR

Co Status:

Author: Matt Terrell

Date Submitted: 08/02/2008

State Tr Num: EFT \$20

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi

Disposition Date: 08/04/2008

Disposition Status: Approved

Effective Date (New): 01/01/2009

Effective Date (Renewal):

01/01/2009

State Filing Description:

All personal lines, HO, DF, DL, watercraft, PIM, PUP, Rental Dwelling pkg.

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 08/04/2008

State Status Changed: 08/04/2008

Corresponding Filing Tracking Number:

Filing Description:

Updated Policy Jacket for all personal lines.

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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Matt Terrell, Senior Filings Analyst matt_terrell@cinfin.com
6200 S. Gilmore Road (513) 603-5264 [Phone]
Fairfield, OH 45014 (513) 881-8885[FAX]

Filing Company Information

The Cincinnati Insurance Company CoCode: 10677 State of Domicile: Ohio
6200 S. Gilmore Rd. Group Code: 244 Company Type:
Fairfield, OH 45014 Group Name: State ID Number:
(513) 870-2000 ext. [Phone] FEIN Number: 31-0542366

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Filing Fees

Fee Required? Yes
Fee Amount: \$0.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$20.00	08/02/2008	21753071

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	08/04/2008	08/04/2008

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Disposition

Disposition Date: 08/04/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal): 01/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Memo	Approved	Yes
Form	Policy Jacket	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policy Jacket	PPJ	7/08	Advertising Replaced	Replaced Form #: PPJ 1/07 Previous Filing #:		PPJ 0708.pdf

Your Personal Insurance Policy



THE CINCINNATI INSURANCE COMPANIES

A Stock Company

MAILING ADDRESS: P.O. Box 145496, Cincinnati, Ohio 45250-5496

HOME OFFICE: 6200 S. Gilmore Road, Fairfield, Ohio 45014-5141

PHONE: 513- 870-2000

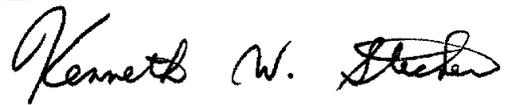
For general inquiries, please call the number shown above.

In witness whereof, the company issuing this policy has caused this policy to be signed by its Secretary and its President, but this policy shall not be valid or effective, where mandated by law, until countersigning on the Declarations page by a duly authorized agent of the Company. This endorsement is executed by the company stated in the declarations.

The Cincinnati Insurance Company



Secretary



President

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/04/2008

Comments:

Attachment:
#P&CTransmittal.pdf

Satisfied -Name: Form Memo **Review Status:** Approved 08/04/2008

Comments:

Attachment:
FoMemo.pdf

18. Company's Date of Filing	8/3/08
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 #	ALL-09-7000-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]
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Updating the Policy Jacket signatures.

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 Amount: 50.00
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**THE CINCINNATI INSURANCE COMPANY
ARKANSAS PERSONAL AUTO PROGRAM
ARKANSAS HOMEOWNER PROGRAM
ARKANSAS DWELLING/LIABILITY PROGRAM
ARKANSAS PERSONAL WATERCRAFT PROGRAM
ARKANSAS PERSONAL MARINE PROGRAM
ARKANSAS PERSONAL UMBRELLA PROGRAM
ARKANSAS RENTAL DWELLING PACKAGE PROGRAM
FORM MEMORANDUM
Filing # ALL-08-7000-AR**

**New or
Revised Form**

Replaced Form

Description of Change

PPJ (7/08)

PPJ (1/07)

Your Personal Insurance Policy - 'A Stock Company' and 'For general inquiries, please call the number shown above.'" added to countrywide jacket. Parenthesis deleted from telephone number. (Your Personal Insurance Policy) back page - 'The Cincinnati Indemnity Company' deleted and signatures updated.