

SERFF Tracking Number: CNNA-125815302 State: Arkansas
First Filing Company: The Cincinnati Casualty Company, ... State Tracking Number: EFT \$50
Company Tracking Number: WC-08-6015-AR
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WC-08-6015-AR
Project Name/Number: /

Filing at a Glance

Companies: The Cincinnati Casualty Company, The Cincinnati Indemnity Company, The Cincinnati Insurance Company

Product Name: WC-08-6015-AR	SERFF Tr Num: CNNA-125815302	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC	Co Tr Num: WC-08-6015-AR	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: Sharon Whitaker	Disposition Date: 09/15/2008
	Date Submitted: 09/15/2008	Disposition Status: Approved
Effective Date Requested (New): 11/01/2008		Effective Date (New): 01/01/2009
Effective Date Requested (Renewal): 11/01/2008		Effective Date (Renewal):

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments: WC N/A IN OH
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/15/2008	
State Status Changed: 09/15/2008	Deemer Date:
Corresponding Filing Tracking Number: WC-08-6014-AR	

Filing Description:

At this time, we wish to file the Electronic Funds Transfer Authorizations form per the attached explanatory memorandum.

Corresponding rules are being filed under separate transmittal WC-08-6014-AR.

Final printed copies are attached for your review.

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Your approval is respectfully requested for use on policies effective on or after November 1, 2008.

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst sharon_grubbs@cinfin.com
 6200 S. Gilmore Road (513) 870-2091 [Phone]
 Fairfield, OH 45014

Filing Company Information

The Cincinnati Casualty Company	CoCode: 28665	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0826946	

The Cincinnati Indemnity Company	CoCode: 23280	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-1241230	

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Casualty Company	\$50.00	09/15/2008	22495906

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The Cincinnati Indemnity Company	\$0.00	09/15/2008
The Cincinnati Insurance Company	\$0.00	09/15/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/15/2008	09/15/2008

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Disposition

Disposition Date: 09/15/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal):

- Effective Date (New) changed from 11/01/2008 to 01/01/2009 by Stiffler, Carol on 09/17/2008.

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	memorandum	Approved	Yes
Form	INSURED ELECTRONIC FUNDS TRANSFER AUTHORIZATION	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	INSURED ELECTRONIC FUNDS TRANSFER AUTHORIZATIO N	WC 99 06 142		Other	New		0.00	WC9906142.pdf



- THE CINCINNATI INSURANCE COMPANY
 - THE CINCINNATI CASUALTY COMPANY
 - THE CINCINNATI INDEMNITY COMPANY
- P.O. BOX 145496, CINCINNATI, OHIO 45250-5496

INSURED ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I, the undersigned, hereby authorize the Company indicated above by an (hereinafter, "the Company") to make withdrawals by automatic debit entry on my account each month for the purpose of paying premiums for the policy number or numbers indicated below, including any subsequent renewal or replacement policy.

INSURED'S NAME AND MAILING ADDRESS:

POLICY NUMBER(s) (Excluding Prefix):

The Company is authorized to use automatic debit entry each month to make withdrawals on the account indicated below:

SAVINGS ACCOUNT
 CHECKING ACCOUNT
(Select One Account Type)

(Bank Account Number)

(Routing Number)

(Name of Bank and Name of Branch, if any)

(Address of Bank or Branch)

IF YOU WOULD LIKE FUNDS TO BE WITHDRAWN FROM YOUR CHECKING ACCOUNT, YOU MUST INCLUDE A VOIDED SAMPLE CHECK FROM YOUR ACCOUNT.

By signing below, I agree that:

- The Company may withdraw money from the account listed above.
- I must have enough money in my account to pay the premium before a withdrawal is made.
- **Notice of Varying Amounts:** If these regular payments will vary in amount, the Company will send me a billing statement to the above address approximately 15 days before a withdrawal.
- The first time a premium payment is returned due to Non-Sufficient Funds for a policy, either by an insured's personal check or electronic funds transfer, the premium due is the installment amount. For each succeeding return of payment due to Non-Sufficient Funds, while continuously insured with the Company, a service charge will be added to my installment.
- The Company may make a withdrawal prior to the policy effective date or installment date, but will always notify me on my billing statement.
- This agreement shall remain in effect unless it is cancelled by the Company or my financial institution, or I withdraw this Authorization in writing.
- To cancel this agreement, I must send notice of cancellation in writing and allow 30 days to process my request.

(Name of Policyholder)

X _____

(Signature of Policyholder)

(Date)

- Upon completion of this form, please return it to your agent •

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/15/2008

Comments:

Attachments:

F777AR_307 WC-08-6015-AR.pdf

F778AR_307 WC-08-6015-FL .pdf

Satisfied -Name: memorandum **Review Status:** Approved 09/15/2008

Comments:

Attachment:

WC-08-6015-AR FSMEMO1.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	WC-08-6015-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]

SEE MEMORANDUM

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 #: EFT FILING
Amount: \$50.00

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.)**

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 #	WC-08-6015-AR			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	WC-08-6014-AR			
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	INSURED ELECTRONIC FUNDS TRANSFER AUTHORIZATION	WC 99 06 142	<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		

**ARKANSAS
WORKERS COMPENSATION
FORMS MEMORANDUM**

NEW FORM	OLD/WITHDRAWN FORM	TITLE/DESCRIPTION OF CHANGE
WC 99 06 142	-----	INSURED ELECTRONIC FUNDS TRANSFER AUTHORIZATION