

SERFF Tracking Number: GRTA-125774086 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: GL--0808-ASAE
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: American Society of Association Executives
Project Name/Number: AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES/GL-AR-0808-ASAE

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: American Society of Association SERFF Tr Num: GRTA-125774086 State: Arkansas

Executives

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: GL--0808-ASAE State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Kelli Morress

Disposition Date: 09/30/2008

Date Submitted: 08/20/2008

Disposition Status: Approved

Effective Date Requested (New): 10/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 10/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES

Status of Filing in Domicile: Pending

Project Number: GL-AR-0808-ASAE

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/30/2008

State Status Changed: 09/30/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Conversion of MECGL exclusionary forms to regular CG forms for filing in all states. The MECGL forms were created for use on PRO and OnCOre issued policies due to small number of policies per state and need to control filing costs.

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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? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 * 1(form)= \$50.00

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/30/2008	09/30/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Edith Roberts	09/08/2008	09/08/2008	Kelli Morress	09/11/2008	09/11/2008
Industry Response						

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Disposition

Disposition Date: 09/30/2008

Effective Date (New):

Effective Date (Renewal):

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	No
Supporting Document	COVER	Approved	No
Form	CHAPTER OR CLUB ACTIVITIES	Approved	No
Form	DESIGNATED ACTIVITIES	Approved	No
Form	ADDITIONAL INSUREDS	Approved	No
Form	ANTITRUST, RESTRAINT OF TRADE, UNFAIR COMPETITION	Approved	No
Form	ASSOCIATION MEMBER	Approved	No
Form	SETTING OF STANDARDS	Approved	No

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/08/2008

Submitted Date 09/08/2008

Respond By Date

Dear Kelli Morress,

This will acknowledge receipt of the captioned filing.

What is the "American Society of Association Executives"? Is this a purchasing group...if so, what are the qualifications for membership?

Please explain.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

Response Letter

Response Letter Status Submitted to State

Response Letter Date 09/11/2008

Submitted Date 09/11/2008

Dear Edith Roberts,

Comments:

Response 1

Comments: Dear Ms. Roberts:

The following is in response to your concern noted in your September 8th objection:

What is the "American Society of Association Executives"? Is this a purchasing group...if so, what are the qualifications for membership?

The American Society of Association Executives is a professional trade association that caters to the needs of other

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professional trade association executives - it is the trade association of trade associations so to speak. They provide various services to trade association executives, including providing associations with insurance products that service the needs and exposures expressly presented by trade associations.

Great American was approached by Aon Insurance Group, the agency of record, to provide the basic office exposure product for the trade associations including basic property, general liability, inland marine, crime, workers compensation and umbrella lines of insurance. Several liability exposures were specifically excluded from the basic package policy, because these exposures are more appropriately addressed under other insurance products that ASAE provides its insureds through excess & surplus lines markets, D&O coverages, etc..

The American Society of Association Executives is not a purchasing group. Great American issues the policies.

I hope the above is sufficient to obtain approval of this filing. If you find additional information is needed, please do not hesitate to contact me.

Thank you for your assistance with this filing.

Regards,
Kelli Morress

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Kelli Morress

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	CHAPTER OR CLUB ACTIVITIES	CG 84 21	07/06	Endorsement/Amendment/Conditions	New	0.00	CG 84 21 Chapter or Club Activities.pdf
Approved	DESIGNATED ACTIVITIES	CG 84 22	07/06	Endorsement/Amendment/Conditions	New	0.00	CG 84 22 Designated Activities.pdf
Approved	ADDITIONAL INSUREDS	CG 84 23	07/06	Endorsement/Amendment/Conditions	New	0.00	CG 84 23 Association Trustees and Committee Members.pdf
Approved	ANTITRUST, RESTRAINT OF TRADE, UNFAIR COMPETITION	CG 84 24	07/06	Endorsement/Amendment/Conditions	New	0.00	CG 84 24 Antitrust, Restraint of Trade, Unfair...pdf
Approved	ASSOCIATION MEMBER	CG 84 25	07/06	Endorsement/Amendment/Conditions	New	0.00	CG 84 25 Association Member, Chapter, or Club Autos.pdf
Approved	SETTING OF STANDARDS	CG 84 26	07/06	Endorsement/Amendment/Conditions	New	0.00	CG 84 26 Setting of Standards, Warnings, Licenses or Certification. pdf



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

CG 84 21
 (Ed. 07 06)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - CHAPTER OR CLUB ACTIVITIES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following additional exclusion is hereby added to **SECTION I., COVERAGES, Coverage A - Bodily Injury and Property Damage Liability, 2., Exclusions:**

r. Chapter or Club Activities

This insurance does not apply to "bodily injury," or "property damage," arising out of any act, omission, premises, or operations of any one or more of you:

- 1. members,

- 2. affiliates,
- 3. associated chapters,
- 4. clubs, or
- 5. similar entity;

or of any member, officer, director, trustee, shareholder, or manager of 1. through 5., above.

This exclusion does not apply with respect to operations performed by you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - DESIGNATED ACTIVITIES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

A. The following exclusion is hereby added to **SECTION I., COVERAGES, Coverage A - Bodily Injury and Property Damage Liability, 2., Exclusions:**

r. Designated Activities

This insurance does not apply to:

1. "Bodily injury" for any person while practicing or training for, or participating in, any sport or athletic contest or exhibition.
2. "Bodily injury," or "property damage" arising out of any:
 - a. fireworks or pyrotechnic display;
 - b. musical concert;
 - c. ownership, maintenance, use, or entrustment to others of any:
 - i. aircraft,
 - ii. balloon used in, or designed or intended for use in, any balloon ride or ascent, or
 - iii. amusement ride or device powered by any form of electricity, any mechanical or internal combustion engine, or any form of animal power;
 - d. rodeo, animal act, animal show or exhibition, animal ride, or animal-powered ride or device;

e. "auto" or motorcycle ride, race, competition, or stunting activity;

f. bicycle ride, race, competition, or stunting activity;

g. bungee jumping; or

h. event or activity that is conducted or takes place, in whole or in part, in, on, or above any naturally-occurring and/or man-made body of water, including but not limited to any swimming pool.

Exclusion 2.c.iii., above in this endorsement, does not apply to an amusement ride or device powered solely by its human riders, such as a swing or see-saw.

B. The following exclusion is hereby added to **SECTION I., COVERAGES, Coverage C - Medical Payments, 2., Exclusions:**

h. Designated Activities

This insurance does not apply to:

1. Medical expenses for any person injured while practicing or training for, or participating in, any sport or athletic contest or exhibition.
2. Medical expenses arising out of any:
 - a. fireworks or pyrotechnic display;
 - b. musical concert;

c. ownership, maintenance, use, or entrustment to others of any:

i. aircraft,

ii. balloon used in, or designed or intended for use in, any balloon ride or ascent, or

iii. amusement ride or device powered by any form of electricity, any mechanical or internal combustion engine, or any form of animal power;

d. rodeo, animal act, animal show or exhibition, animal ride, or animal-powered ride or device;

e. "auto" or motorcycle ride, race, competition, or stunting activity;

f. bicycle ride, race, competition, or stunting activity;

g. bungee jumping; or

h. event or activity that is conducted or takes place, in whole or in part, in, on, or above any naturally-occurring and/or man-made body of water, including but not limited to any swimming pool.

Exclusion 2.c.iii., above in this endorsement, does not apply to an amusement ride or device powered solely by its human riders, such as a swing or see-saw.



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CG 84 23
(Ed. 07 06)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - ASSOCIATION TRUSTEES AND COMMITTEE MEMBERS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SECTION II. **WHO IS AN INSURED**, paragraph 1., is hereby amended by adding the following two sentences at the end of subparagraph 1.d.:

Your committee members are also insureds, but only with respect to their duties as your committee members. Your trustees are also insureds, but only with respect to their duties as your trustees.

The insurance provided by this endorsement for your committee members and trustees is excess over any and all other insurance that applies to the same "occurrence," claim, or "suit," and is subject to the OTHER INSURANCE condition in the COMMON POLICY CONDITIONS.



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CG 84 24
 (Ed. 07 06)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - ANTITRUST, RESTRAINT OF TRADE, UNFAIR COMPETITION OR SIMILAR LAW OR REGULATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

A. The following exclusion is hereby added to SECTION I., COVERAGES, Coverage A - Bodily Injury and Property Damage Liability, 2. Exclusions:

r. Antitrust, Restraint of Trade, Unfair Competition or Similar Law or Regulation

This insurance does not apply to "bodily injury," "property damage," "personal and advertising injury," or medical expenses arising out of any violation of any federal or state statute, regulation, common law or other law regarding:

1. antitrust,
2. restraint of trade,
3. unfair competition or

4. any similar law or regulation.

B. The following exclusion is hereby added to SECTION I, COVERAGES, Coverage C - Medical Payments, 2. Exclusions:

h. Antitrust, Restraint of Trade, Unfair Competition or Similar Law or Regulation

This insurance does not apply to medical expenses arising out of any violation of any federal or state statute, regulation, common law or other law regarding:

1. antitrust;
2. restraint of trade;
3. unfair competition; or
4. any similar law or regulation.

All other terms and conditions remain unchanged.



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CG 84 25
 (Ed. 07 06)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - ASSOCIATION MEMBER, CHAPTER, OR CLUB "AUTOS"

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

A. The following exclusion is hereby added to SECTION I., COVERAGES, Coverage A - Bodily Injury and Property Damage Liability, 2. Exclusions:

r. Association Member, Chapter, or Club "Autos"

This insurance does not apply to "bodily injury," or "property damage" arising out of the ownership, maintenance, use, or entrustment to others of any "auto" that is owned, leased, hired, rented, or borrowed by, or used in the business of, any person, chapter, club, association, or other entity affiliated with you under any chapter, license, franchise, affiliation, or other arrangement.

This exclusion applies even if the claim against any insured alleges negligence or other wrongdoing in the supervision, hiring, employment, training, or monitoring of others by that Insured.

B. The following exclusion is hereby added to SECTION I., COVERAGES, Coverage C - Medical Payments, 2. Exclusions:

h. Association Member, Chapter, or Club "Autos"

This insurance does not apply to medical expenses arising out of the ownership, maintenance, use, or entrustment to others of any "auto" that is owned, leased, hired, rented, or borrowed by, or used in the business of, any person, chapter, club, association, or other entity affiliated with you under any chapter, license, franchise, affiliation, or other arrangement.

This exclusion applies even if the claim against any insured alleges negligence or other wrongdoing in the supervision, hiring, employment, training, or monitoring of others by that Insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - SETTING OF STANDARDS, WARNINGS, LICENSES OR CERTIFICATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

A. The following exclusion is hereby added to SECTION I, COVERAGES, Coverage A - Bodily Injury and Property Damage Liability, 2., Exclusions:

r. Setting of Standards, Warnings, Licenses or Certification

This insurance does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of any:

1. setting or failure to set, or enforcement or failure to enforce, any standard of performance, safety, or quality;
2. adequacy of or reliance upon any standard of a kind described in 1., above;
3. warning, or failure to give warning, of any danger of any product;
4. giving, or failure to give, direction for the proper use of any product;
5. licensing, certification, guarantee, representation, or warranty that a product is suitable, safe, or effective for any purpose; or
6. activity of any Insured which is alleged or perceived by any other party to be a license, certification, guarantee, representation, or warranty that a product is suitable, safe, or effective for any purpose.

B. The following exclusion is hereby added to SECTION I, COVERAGES, Coverage C - Medical Payments, 2., Exclusions:

h. Setting of Standards, Warnings, Licenses or Certification

This insurance does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of any:

1. setting or failure to set, or enforcement or failure to enforce, any standard of performance, safety, or quality;
2. adequacy of or reliance upon any standard of a kind described in 1., above;
3. warning, or failure to give warning, of any danger of any product;
4. giving, or failure to give, direction for the proper use of any product;
5. licensing, certification, guarantee, representation, or warranty that a product is suitable, safe, or effective for any purpose; or
6. activity of any Insured which is alleged or perceived by any other party to be a license, certification, guarantee, representation, or warranty that a product is suitable, safe, or effective for any purpose.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/30/2008

Comments:

Attachment:

PCTD.pdf

Satisfied -Name: COVER **Review Status:** Approved 09/30/2008

Comments:

Attachments:

LETTER.pdf

FFS-1.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: 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-0808-ASAE
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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</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)	AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES
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: October 1, 2008 Renewal: October 1, 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	August 20, 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-0808-ASAE
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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 American Society of Associate Executive Program form. 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 #:
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.)**

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 #	GL-AR-0808-ASAE			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	GL-AR-0808-ASAE			
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	American Society of Associate Executives Program- Exclusion- Chapter or Club Activities	CG 84 21 (Ed. 07/06)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	American Society of Associate Executives Program- Exclusion - Designated Activities	CG 84 22 (Ed. 07/06)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	American Society of Associate Executives Program- Additional Insureds- Association Trustees and Committee Member	CG 84 23 (Ed. 07/06)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	American Society of Associate Executives Program- Exclusion- Antitrust, Restraint of Trade, Unfair Competition	CG 84 24 (Ed. 07/06)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	American Society of Associate Executives Program- Exclusion- Association Member, Chapter, or Club "Autos	CG 84 25 (Ed. 07/06)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	American Society of Associate Executives Program- Exclusion- Setting of Standards, Warnings, Licenses or Certification	CG 84 26 (Ed. 07/06)	<input checked="" 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		
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PC FFS-1

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.