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-0808-MTFM	SERFF Tr Num: GRTA-125779988	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-0808-MTFM	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Debbie Stamm	Disposition Date: 09/02/2008
	Date Submitted: 08/28/2008	Disposition Status: Approved
Effective Date Requested (New): 10/15/2008		Effective Date (New): 10/15/2008
Effective Date Requested (Renewal): 10/15/2008		Effective Date (Renewal): 10/15/2008

State Filing Description:

General Information

Project Name: IM-AR-0808-MTFM	Status of Filing in Domicile:
Project Number: IM-AR-0808-MTFM	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/02/2008	
State Status Changed: 09/02/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed form filing. This filing is for Commercial Inland Marine- Motor Truck Cargo Program. We are providing certain additional coverages to our Motor Truck Cargo Coverage Form. Please see the enclosed explanatory Memorandum for details as to the purpose of this filing.

Company and Contact

Filing Contact Information

Debbie Stamm, Product Tech
49 east 4th street
Cincinnati, OH 45202

Dstamm@gaic.com
(513) 369-5000 [Phone]
(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?	Yes
Fee Explanation:	

SERFF Tracking Number:	*GRTA-125779988*	*State:*	*Arkansas*
First Filing Company:	*Great American Alliance Insurance Company, ...*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*IM-AR-0808-MTFM*		
TOI:	*09.0 Inland Marine*	*Sub-TOI:*	*09.0005 Other Commercial Inland Marine*
Product Name:	*IM-AR-0808-MTFM*		
Project Name/Number:	*IM-AR-0808-MTFM/IM-AR-0808-MTFM*		

Per Company: No

SERFF Tracking Number:	*GRTA-125779988*	*State:*	*Arkansas*
First Filing Company:	*Great American Alliance Insurance Company, ...*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*IM-AR-0808-MTFM*		
TOI:	*09.0 Inland Marine*	*Sub-TOI:*	*09.0005 Other Commercial Inland Marine*
Product Name:	*IM-AR-0808-MTFM*		
Project Name/Number:	*IM-AR-0808-MTFM/IM-AR-0808-MTFM*		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Alliance Insurance Company	$50.00	08/28/2008	22187996
Great American Assurance Company	$0.00	08/28/2008	
Great American Insurance Company	$0.00	08/28/2008	
Great American Insurance Company of New York	$0.00	08/28/2008	

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/02/2008	09/02/2008

Disposition

Disposition Date: 09/02/2008

Effective Date (New): 10/15/2008

Effective Date (Renewal): 10/15/2008

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

SERFF Tracking Number:	*GRTA-125779988*	*State:*	*Arkansas*
First Filing Company:	*Great American Alliance Insurance Company, ...*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*IM-AR-0808-MTFM*		
TOI:	*09.0 Inland Marine*	*Sub-TOI:*	*09.0005 Other Commercial Inland Marine*
Product Name:	*IM-AR-0808-MTFM*		
Project Name/Number:	*IM-AR-0808-MTFM/IM-AR-0808-MTFM*		

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	Form Schedule	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Form	Scheduled Motor Vehicles Endorsement	Approved	Yes
Form	Motor Truck Cargo Additional Coverages Plus Endorsement	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Scheduled Motor Vehicles Endorsement	CM 76 86	06/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #: Previous Filing #: CM 76 86 (Ed. 01 06)	0.00	CM7686 - Scheduled Motor Vehicles.pdf
Approved	Motor Truck Cargo Additional Coverages Plus Endorsement	CM 82 74	06/08	Endorsement/Amendment/Conditions New		0.00	CM 8274 - MTC Additiional Coverages Plus.pdf

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

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

SCHEDULED MOTOR VEHICLES ENDORSEMENT

This endorsement modifies coverage provided by your:

MOTOR TRUCK CARGO COVERAGE FORM (CARRIERS LIABILITY)

Coverage

If the premium for your policy is determined on a scheduled motor vehicle basis, we will pay for "loss" to Covered Property from a Covered Cause of Loss only if such "loss" occurs while Covered Property is in "transit":

1. in or on a motor vehicle (truck or tractor) listed below, or
2. in or on a trailer (trailer includes container on a chassis type vehicle) used with and to be pulled by a motor vehicle listed below, or
3. while "loading" or "unloading" a motor vehicle listed below or trailer used with and to be pulled by a motor vehicle listed below,

and is otherwise covered by the Motor Truck Cargo Coverage Form.

This endorsement does not change any coverage provided by **A.1.b** at premises scheduled.

Scheduled of Motor Vehicles

Model Year	Manufacturer	Body Type	Identification Number	Limit of Insurance

Additionally Acquired Motor Vehicles

The above Schedule of Motor Vehicles includes the following other motor vehicles for a period not exceeding 30 days from the date acquired:

1. any similar motor vehicle that you acquire after the policy inception date by purchase or a long term lease (of at least 12 months),

2. any motor vehicle that is a substitute for a motor vehicle scheduled above, when the scheduled motor vehicle is being withdrawn from service because of accident, breakdown, repair, loss or damage to or sale of the motor vehicle.

All such motor vehicles must be reported to us within the 30 day coverage period and for newly leased or purchased motor vehicles, premium paid from the date acquired.

If you fail to report a newly acquired motor vehicle within the 30 period, coverage does not and will not apply to "loss" to Covered Property in or on (and during "loading" or "unloading" of) such unreported vehicle and any trailer used with/pulled by such motor vehicle.

Limits of Insurance

The most we will pay for loss of damage to Covered Property in or on:

1. any newly purchased or leased motor vehicle (including a trailer used with and to be pulled by such motor vehicle) is the largest Limit of Insurance shown above for any one scheduled motor vehicle;

2. any substitute motor vehicle (including a trailer used with and to be pulled by such motor vehicle) is the Limit of Insurance shown above for the scheduled motor vehicle that was withdrawn from service.

All other terms and conditions remain unchanged

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

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

MOTOR TRUCK CARGO ADDITIONAL COVERAGES PLUS ENDORSEMENT

This endorsement modifies coverage provided by your

MOTOR TRUCK CARGO (Carriers Liability) COVERAGE FORM

Paragraph **A. Coverage, 4. Additional Coverages** is replaced by the following:

4. Additional Coverages

The Deductible shown in the Declarations does not apply to the following Additional Coverages; the Limits of Insurance for the following Additional Coverages are separate from the Limits of Insurance shown in the Declarations:

a. Debris Removal - Reloading - Towing - Traffic Control & Security

The most we will pay for the sum of your expenses for Debris Removal, Reloading, Towing, Traffic Control & Safety in any one occurrence is $25,000.

Debris Removal – We will pay your actual, necessary expenses to remove debris of Covered Property caused by or resulting from a Covered Cause of Loss that occurs during the policy period. These expenses will be paid only if they are reported to us in writing within 180 days of the date of the direct physical "loss."

This Additional Coverage does not apply to the cost to:

(1) extract "pollutants" from land or water;

(2) remove, restore or replace polluted land or water.

Reloading – We will pay your actual, necessary expense to reload covered property, whether or not it has been damaged, if the Covered Property is spilled, dislocated, exposed to weather or immobilized as a direct result of an accident to the conveying vehicle.

Towing – We will pay our proportion of your expense to tow a vehicle containing Covered Property, following a "loss" to Covered Property and/or the conveying vehicle from a Covered Cause of Loss, taking into account reimbursements from other sources.

Traffic Control & Security – We will pay our proportion of your expense to control traffic and provide security necessary to oversee and/or gather up the cargo in an occurrence that requires reloading or towing as described above, taking into account reimbursements from other sources.

b. Earned Freight

We will pay your earned freight charges that you are unable to collect as a result of a "loss" to Covered Property from a Covered Cause of Loss. The most we will pay for uncollectable earned freight charges in any one occurrence is $10,000.

c. Fire Department Service Charge

We will pay for fire department service charges that are your legal obligation, when the fire department is called to save or protect Covered Property from a Cov-

ered Cause of Loss. The most we will pay for Fire Department Service charges in any one occurrence is $25,000.

d. Reward Coverage

We will reimburse you up to $2,500 for a reward that you pay to an individual who provides information that leads to the arrest and conviction of a person or persons who committed a crime that resulted in a "loss" to Covered Property that we paid under this Coverage Form. (Rewards coverage does not apply in the state of New York, where rewards are not permitted as a subject of insurance.)

e. Loss Data Preparation Coverage

We will pay up to $1,000 for your actual cost of preparing a Statement of Loss or any other exhibits required in connection with any claim under this Coverage Form. This Additional Coverage does not apply to public adjuster or attorney fees.

All other terms and conditions remain unchanged.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status: Approved 09/02/2008

Comments:

Attachment:

AR PCTD-1 MTFM Form.pdf

Satisfied -Name: Cover Letter

Review Status: Approved 09/02/2008

Comments:

Attachment:

Cover letter AR-F MTFM.pdf

Satisfied -Name: Form Schedule

Review Status: Approved 09/02/2008

Comments:

Attachment:

AR FFS-1 form.pdf

Satisfied -Name: Explanatory Memo

Review Status: Approved 09/02/2008

Comments:

Attachment:

Explanatory 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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
	h. Subject Codes	

3.	**Group Name**	**Group NAIC #**
	Great American Insurance Group	084

4.	**Company Name(s)**	**Domicile**	**NAIC #**	**FEIN #**	**State #**
	Great American Insurance Company	Ohio	16691	31-0501234	
	Great American Assurance Company	Ohio	26344	15-6020948	
	Great American Alliance Insurance Company	Ohio	26832	95-1542353	
	Great American Insurance Company of NY	New York	22136	13-5539046	

5.	**Company Tracking Number**	**IM-AR-0808-MTFM**

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Deborah Stamm 49 East Fourth Street Cincinnati, Ohio 45202	Product Technician	513-333-5586	513-333-6996	dstamm@gaic.com

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

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)**	**9.0005 Other Commercial Inland Marine**			
11.	**State Specific Product code(s)(if applicable)[See State Specific Requirements]**				
12.	**Company Program Title** (Marketing title)	**Motor Truck Cargo Program**			
13.	**Filing Type**	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☒ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)			
14.	**Effective Date(s) Requested**	New:	10/15/2008	Renewal:	10/15/2008

Property & Casualty Transmittal Document---

15.	**Reference Filing?**	☐ Yes ☒ No
16.	**Reference Organization** (if applicable)	
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	08/28/2008
19.	**Status of filing in domicile**	☐ Not Filed ☒ Pending ☐ Authorized ☐ Disapproved

20.	**This filing transmittal is part of Company Tracking #**	IM-AR-0808-MTFM

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

The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed form filing. This filing is for Commercial Inland Marine- Motor Truck Cargo Program. We are providing certain additional coverages to our Motor Truck Cargo Coverage Form. Please see the enclosed explanatory Memorandum for details as to the purpose of 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]

Check #: EFT
Amount: **50.00**

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.)**

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

GREAT AMERICAN INSURANCE GROUP

August 28, 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 Insurance Company of New York	084-22136	13-5539046
	Great American Assurance Company	084-26344	15-6020948
	Commercial Inland Marine		
	Form Filing		
	Our Filing Number: IM-AR-0808-MTFM		

Dear Sir or Madam:

The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed form filing. This filing is for Commercial Inland Marine- Motor Truck Cargo Program. We are providing certain additional coverages to our Motor Truck Cargo Coverage Form. Please see the enclosed explanatory Memorandum for details as to the purpose of this filing.

Please find enclosed for your review the following:
1. An Explanatory Memorandum a
2. Copies of the Forms Pages
3. All transmittals required by the state.

It is proposed that these forms become acknowledged by the state written on or after October 15, 2008. Please return the duplicate of this letter to acknowledge approval and confirm your action.

Sincerely,
Deborah Stamm

Deborah Stamm
Product Technician
Phone: 513-333-5586
Fax: 513-333-6996
dstamm@gaic.com

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-0808-MTFM
2.	**This filing corresponds to rate/rule filing number** (Company tracking number of rate/rule filing, if applicable)	IM-AR-0808-MTFM

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	Scheduled Motor Vehicles Endorsement	CM 76 86 (Ed. 06 08)	☐ New ☒ Replacement ☐ Withdrawn	CM 76 86 (Ed. 01 06)	
02	Motor Truck Cargo Additional Coverage Plus Endorsement	CM 82 74 (Ed. 06 08)	☒ New ☐ Replacement ☐ Withdrawn		
03			☐ New ☐ Replacement ☐ Withdrawn		
04			☐ New ☐ Replacement ☐ Withdrawn		
05			☐ New ☐ Replacement ☐ Withdrawn		
06			☐ New ☐ Replacement ☐ Withdrawn		
07			☐ New ☐ Replacement ☐ Withdrawn		
08			☐ New ☐ Replacement ☐ Withdrawn		
09			☐ New ☐ Replacement ☐ Withdrawn		
10			☐ New ☐ Replacement ☐ 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.

EXPLANATORY MEMORANDUM
MOTOR TRUCK CARGO (Carriers Liability)

The purpose of this filing is to provide certain Additional Coverages to our Motor Truck Cargo Coverage Form. The changes and additions are outlined below.

CM 7686 (06/08) – Scheduled Motor Vehicles Endorsement

This form is optional and has been revised to clarify language and to add 30 days automatic coverage for insureds to report a newly acquired motor vehicle to be scheduled.

There is no additional premium associated with the use of this form.

CM 8274 (06/08) – Motor Truck Cargo Additional Coverages Plus Endorsement

This is a new, optional form. This new endorsement provides Additional Coverages to the Motor Truck Cargo (Carriers Liability) Coverage Form including coverage for Fire Department Service Charges, Reward Coverage, and Loss Data Preparation Expense. The endorsement also increases the limits for Earned Freight and Debris Removal & Reloading. Debris Removal & Reloading is further expanded to include coverage for Towing and Traffic Control & Safety expenses.

The additional charge for this expanded coverage is 5% if the policy is rated on Gross Receipts or $50 per unit if rated on a per unit basis.