

SERFF Tracking Number: GRTA-125803154 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: IM-AR-0809-POLL
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: IM-AR-0809-POLL
Project Name/Number: IM-AR-0809-POLL/IM-AR-0809-POLL

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-0809-POLL	SERFF Tr Num: GRTA-125803154	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-0809-POLL	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Christie Mayes	Disposition Date: 09/08/2008
	Date Submitted: 09/04/2008	Disposition Status: Approved
Effective Date Requested (New): 12/30/2008		Effective Date (New): 11/10/2008
Effective Date Requested (Renewal): 12/30/2008		Effective Date (Renewal): 11/10/2008

State Filing Description:

General Information

Project Name: IM-AR-0809-POLL
Project Number: IM-AR-0809-POLL
Reference Organization:
Reference Title:
Filing Status Changed: 09/08/2008
State Status Changed: 09/08/2008
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:
Deemer Date:

Great American Insurance Groups submits two pollution exclusion which will clarify our intent to exclude loss form pollutants except as offered in the Additional Coverage section of the primary coverage forms.

Company and Contact

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Filing Contact Information

Christie Mayes, Sr. Product Analyst cmayes@gaic.com
 49 E Fourth St. Dts-4 (513) 412-3963 [Phone]
 Cincinnati, OH 45202

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: The State Requires a \$50 Filing Fee for Form Filing.
 Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/08/2008	09/08/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Change in Effective Date	Note To Filer	Llyweyia Rawlins	09/15/2008	09/15/2008
Change in Effective Date	Note To Reviewer	Christie Mayes	09/15/2008	09/15/2008

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Project Name/Number: IM-AR-0809-POLL/IM-AR-0809-POLL

Disposition

Disposition Date: 09/08/2008

Effective Date (New): 11/10/2008

Effective Date (Renewal): 11/10/2008

- Effective Date (New) changed from 12/30/2008 to 11/10/2008 and Effective Date (Renewal) changed from 12/30/2008 to 11/10/2008 by Rawlins, Llyweyia on 09/15/2008.

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-125803154* State: *Arkansas*
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 TOI: *09.0 Inland Marine* Sub-TOI: *09.0005 Other Commercial Inland Marine*
 Product Name: *IM-AR-0809-POLL*
 Project Name/Number: *IM-AR-0809-POLL/IM-AR-0809-POLL*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Supporting Documentation	Approved	Yes
Form	Pollutant Exclusion Endorsement	Approved	Yes
Form	Pollutant Exclusion Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Pollutant Exclusion Endorsement	82 75	08/08	Endorsement/New Amendment/Conditions		0.00	CM 82 75 - Pollutant Exclusion Endorsement.pdf
Approved	Pollutant Exclusion Endorsement	82 76	08/08	Endorsement/New Amendment/Conditions		0.00	CM 82 76 - Pollutant Exclusion Endorsement.pdf



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

CM 82 75
(Ed. 08 08)

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

POLLUTANT EXCLUSION ENDORSEMENT

This endorsement modifies coverage provided by your

DIFFERENCE IN CONDITIONS COVERAGE FORM

The following is added to **B. Exclusions**, subparagraph 3.

Except for coverage provided in **A.4.b "Pollutant" Clean Up and Removal**, we will not pay for "loss" caused by or resulting from discharge, dispersal, seepage, migration, release or escape of "pollutants," unless the discharge, dispersal, seepage, migration, release or escape is itself caused by a collapse of a building (not otherwise excluded).

All other terms and conditions remain unchanged

CM 82 75 (Ed. 08/08) XS



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

CM 82 76
(Ed. 08 08)

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

POLLUTANT EXCLUSION ENDORSEMENT

This endorsement modifies coverage provided by your

BUILDERS RISK PLUS[®] COVERAGE FORM
BUILDERS RISK PLUS[®] RENOVATION PROJECT COVERAGE FORM
INSTALLATION FLOATER COVERAGE FORM

The following is added to **B. Exclusions**, subparagraph **2**.

Except for coverage provided in **A.4.b. "Pollutant" Clean Up and Removal**, we will not pay for "loss" caused by or resulting from discharge, dispersal, seepage, migration, release or escape of "pollutants," unless the discharge, dispersal, seepage, migration, release or escape is itself caused by a "specified cause of loss."

But if the discharge, dispersal, seepage, migration, release, or escape of "pollutants" results in a "specified cause of loss," we will

pay for the loss or damage caused by that "specified cause of loss."

The following is added to **Definitions**:

"Specified Causes of Loss" means the following: Fire; lightning; explosion; windstorm or hail; smoke; aircraft or vehicles; riot or civil commotion; vandalism; leakage from fire extinguishing equipment; "sinkhole collapse"; volcanic action; falling objects; weight of snow, ice or sleet; water damage (not otherwise excluded).

All other terms and conditions remain unchanged

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/08/2008

Comments:

Attachment:

pctd1_1.pdf

Satisfied -Name: Supporting Documentation **Review Status:** Approved 09/08/2008

Comments:

Attachments:

cover letter.pdf

FORM FILING SCHEDULE.pdf

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
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3. Group Name Great American Insurance Group	Group NAIC # 084
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4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Great American Insurance Company	Ohio	16691	31-0501234	
Great American Insurance Company of New York	New York	22136	13-5539046	
Great American Assurance Company	Ohio	26344	15-6020948	
Great American Alliance Insurance Company	Ohio	26832	95-1542353	

5. Company Tracking Number	IM-AR-0809-POLL
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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
	Christie Mayes 49 East and 4 th St. Suite DN6 Cincinnati, OH 45202	Sr. Product Analyst	513-412-3963	513-333-6996	cmayes@gaic.com

7. Signature of authorized filer	<i>Christie Mayes /mr</i>
8. Please print name of authorized filer	Christie Mayes

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

9.	Type of Insurance (TOI)	09.0000
10.	Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine
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: 12/30/2008 Renewal: 12/30/2008

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	09/04/2008	
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed	<input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	IM-AR-0809-POLL
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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 Groups submits two pollution exclusion which will clarify our intent to exclude loss from pollutants except as offered in the Additional Coverage section of the primary coverage forms.

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.)**

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



September 4, 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 Assurance Company	084-26344	15-6020948
	Great American Insurance Company of New York	084-22136	13-5539046

**Inland Marine
Form
Company File # IM-AR-0809-POLL**

To Whom It May Concern:

The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed form to be used with our **Commercial Inland Marine**. Please see the explanatory memorandum for additional details.

Please find enclosed, for review, the following:

1. An Explanatory Memorandum.
2. Copies of the Form Pages.
3. Any Appropriate State Transmittals.

We propose that this filing be applicable to all policies written on or after **December 30, 2008**. Please return the duplicate of this letter to acknowledge approval and confirm your action. A self-addressed, stamped envelope is enclosed for your convenience.

Sincerely,
Christie Mayes / MR

Christie Mayes
Sr. Product Analyst
Phone: (513) 412-3963
Fax: (513) 333-6996
Email: cmayes@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-0809-POLL			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
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	Pollutant Exclusion Endorsement	CM 82 75 (Ed. 08/08) XS	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Pollutant Exclusion Endorsement	CM 82 76 (Ed. 08/08) XS	<input checked="" 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.

**EXPLANATORY MEMORANDUM
POLLUTANT EXCLUSION ENDORSEMENTS**

The purpose of this filing is to introduce two pollution exclusions which will clarify our intent to exclude loss from pollutants except as offered in the Additional Coverage section of the primary coverage forms.