

SERFF Tracking Number: GRTA-125815370 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: EC-AR-0808-ECOM
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: E-Commerce
Project Name/Number: E-Commerce/EC-AR-0808-ECOM

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, Great American Security Insurance Company, Great American Spirit Insurance Company

Product Name: E-Commerce SERFF Tr Num: GRTA-125815370 State: Arkansas
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: EC-AR-0808-ECOM State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Author: Kelli Morress Disposition Date: 09/24/2008
Date Submitted: 09/15/2008 Disposition Status: Approved
Effective Date Requested (New): 10/23/2008 Effective Date (New):
Effective Date Requested (Renewal): 10/23/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: E-Commerce Status of Filing in Domicile: Pending
Project Number: EC-AR-0808-ECOM Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/24/2008 Deemer Date:
State Status Changed: 09/24/2008
Corresponding Filing Tracking Number:
Filing Description:
Filing to adopt ISO's loss costs for ECommerce. Filing for approval two independent forms for the ECommerce program.

SERFF Tracking Number: GRTA-125815370 State: Arkansas
 First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: EC-AR-0808-ECOM
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: E-Commerce
 Project Name/Number: E-Commerce/EC-AR-0808-ECOM

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	

Great American Security Insurance Company	CoCode: 31135	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: 31-1209419	

Great American Spirit Insurance Company	CoCode: 33723	State of Domicile: Ohio
580 Walnut Street	Group Code: 84	Company Type: P&C

SERFF Tracking Number: GRTA-125815370 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: EC-AR-0808-ECOM
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: E-Commerce
Project Name/Number: E-Commerce/EC-AR-0808-ECOM

Cincinnati, OH 45202
(513) 369-5000 ext. [Phone]

Group Name:
FEIN Number: 31-1237970

State ID Number:

SERFF Tracking Number: GRTA-125815370 State: Arkansas
 First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: EC-AR-0808-ECOM
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: E-Commerce
 Project Name/Number: E-Commerce/EC-AR-0808-ECOM

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Alliance Insurance Company	\$0.00	09/15/2008	
Great American Assurance Company	\$0.00	09/15/2008	
Great American Insurance Company	\$50.00	09/15/2008	22497256
Great American Insurance Company of New York	\$0.00	09/15/2008	
Great American Security Insurance Company	\$0.00	09/15/2008	
Great American Spirit Insurance Company	\$0.00	09/15/2008	

SERFF Tracking Number: GRTA-125815370 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: EC-AR-0808-ECOM
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: E-Commerce
Project Name/Number: E-Commerce/EC-AR-0808-ECOM

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/24/2008	09/24/2008

SERFF Tracking Number: GRTA-125815370 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: EC-AR-0808-ECOM
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: E-Commerce
Project Name/Number: E-Commerce/EC-AR-0808-ECOM

Disposition

Disposition Date: 09/24/2008

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

SERFF Tracking Number: GRTA-125815370 State: Arkansas
 First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: EC-AR-0808-ECOM
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: E-Commerce
 Project Name/Number: E-Commerce/EC-AR-0808-ECOM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Internet Liability and Network Protection Policy	Approved	Yes
Form	Businesspro	Approved	Yes

SERFF Tracking Number: GRTA-125815370 State: Arkansas
 First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: EC-AR-0808-ECOM
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: E-Commerce
 Project Name/Number: E-Commerce/EC-AR-0808-ECOM

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Internet Liability and Network Protection Policy	EC 71 00	03/08	Declaration New s/Schedule			EC7100DI.pdf
Approved	Businesspro	EC 88 01	03/08	Endorsement/Amendment/Conditions			EC8801FE.pdf



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

EC 71 00 (Ed. 03/08)

Policy No. _____

**INTERNET LIABILITY AND NETWORK PROTECTION POLICY
 DECLARATIONS PAGE**

NAMED INSURED:

POLICY PERIOD:
 to

RETROACTIVE DATE (Insuring Agreements A. and B. only):

POLICY AGGREGATE LIMIT OF INSURANCE: \$

INSURING AGREEMENTS, LIMITS OF INSURANCE, AND DEDUCTIBLES:

<u>Insuring Agreement</u>	<u>Aggregate Limit of Insurance</u>	<u>Deductible Amount</u>
A. Web Site Publishing Liability	A. \$	A. \$
B. Network Security Liability	B. \$	B. \$
C. Replacement Or Restoration Of Electronic Data	C. \$	C. \$
D. Cyber Extortion	D. \$	D. \$
E. Business Income And Extra Expense	E. \$	E. \$

**Waiting Period Hours
 (Insuring Agreement E. Only)**

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference to it in this policy is deleted.

TOTAL ESTIMATED PREMIUM: \$

FORM OF BUSINESS:

WEB SITE ADDRESS(ES):

NAME OF SECURITY FIRM, IF APPLICABLE:

FORMS AND ENDORSEMENTS applicable to this Coverage Part and made a part of this Policy at the time of issue are listed on the attached Forms and Endorsements Schedule EC 88 01 (03/08).



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

FORMS AND ENDORSEMENTS SCHEDULE

It is hereby understood and agreed the following forms and endorsements are attached to and are a part of this policy:

	Form and Edition	Date Added*	Form Description
		or ST Date Deleted	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			

*If not at inception

SERFF Tracking Number: GRTA-125815370 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: EC-AR-0808-ECOM
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: E-Commerce
Project Name/Number: E-Commerce/EC-AR-0808-ECOM

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/24/2008

Comments:

Attachments:

PTCD.pdf

FFS-1.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 09/24/2008

Comments:

Attachment:

Forms Cover Letter.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	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 Company	OH	26832	95-1542353	
	Great American Spirit Insurance Company	OH	31135	31-1209419	
	Great American Security Insurance Company	OH	33723	31-1237970	

5.	Company Tracking Number	EC-AR-0808-ECOM
-----------	--------------------------------	------------------------

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	
8.	Please print name of authorized filer	Kelli Morress/ SMS

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)	E-Commerce
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: October 23, 2008 Renewal: October 23, 2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	ISO
17.	Reference Organization # & Title	E-Commerce Loss Costs, EC-2004-RILLC
18.	Company's Date of Filing	09/15/2008
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 #	EC-AR-0808-ECOM
------------	--	-----------------

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

FILING TO ADOPT ISO'S LOSS COSTS FOR ECOMMERCE. FILING FOR APPROVAL TWO INDEPENDENT FORMS FOR THE E-COMMERCE PROGRAM. PLEASE SEE THE EXPLANATORY MEMORANDUM FOR ADDITIONAL DETAILS.

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 #:
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.)**

Effective March 1, 2007

FORM FILING SCHEDULE

(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 #	EC-AR-0808-ECOM			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	EC-AR-0808-ECOM			
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	INTERNET LIABILITY AND NETWORK PROTECTION POLICY DECLARATIONS PAGE	EC 71 00 (03/08)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> NEITHER		
02	BUSINESSPRO FORMAS AND ENDORSEMENT SCHEDULE	EC 88 01 (03/08)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> NEITHER		
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		

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 15, 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
	Great American Insurance Company of New York	#084-22136
	Great American Assurance Company	#084-26344
	Great American Alliance Insurance Company	#084-26832
	Great American Spirit Insurance Company	#084-33723
	Great American Security Insurance Company	#084-31135
	Introduction of E-Commerce	
	Independent Forms	
	Company File No. <u>EC-AR-0808-ECOM</u>	

Dear Commissioner:

Great American Insurance Group, consisting of the aforementioned companies hereby places on file our E-Commerce Loss Cost Filing Designation **EC-2004-RILLC**. We are submitting for approval independent forms for the E-Commerce Program.

The required transmittals are enclosed. Also enclosed is an explanatory memorandum discussing the forms portion of this filing.

We ask that this filing be approved for all new and renewal business written on or after October 23, 2008.

Please return the enclosed duplicate letter to acknowledge approval and confirm your action. A self-addressed, stamped envelope is enclosed for your convenience.

Sincerely,

Kelli Morress/ sms
Product Technician
Product Development and Compliance
Ph: (513) 333-6958 or kmorress@gaic.com
Fax: (513) 333-6996