

SERFF Tracking Number: GRTA-125835253 State: Arkansas
Filing Company: Great American Assurance Company State Tracking Number: EFT \$50
Company Tracking Number: CA AR 0809 RFGD
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: PD/NTL Reference Guide
Project Name/Number: /

Filing at a Glance

Company: Great American Assurance Company

Product Name: PD/NTL Reference Guide	SERFF Tr Num: GRTA-125835253	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0004 Truckers	Co Tr Num: CA AR 0809 RFGD	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Jackie Bisbe	Disposition Date: 09/29/2008
	Date Submitted: 09/26/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 09/29/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 09/29/2008

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/29/2008	
State Status Changed: 09/29/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

This filing updates the F32129 as the underlying Physical Damage and Non Trucking Liability policy form has changed, and previously been approved.

Company and Contact

Filing Contact Information

SERFF Tracking Number: GRTA-125835253 State: Arkansas
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Jackie Bisbe, Mrs. jbisbe@gaic.com
49 East 4th Street (513) 369-5000 [Phone]
Cincinnati, OH 47202 (513) 333-6996[FAX]

Filing Company Information

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

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per form filing X 1 = 50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Assurance Company	\$50.00	09/26/2008	22760395

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/29/2008	09/29/2008

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Disposition

Disposition Date: 09/29/2008

Effective Date (New): 09/29/2008

Effective Date (Renewal): 09/29/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *GRTA-125835253* *State:* *Arkansas*
Filing Company: *Great American Assurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CA AR 0809 RFGD*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0004 Truckers*
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR Cover Letter	Approved	Yes
Form	PD/NTL Reference Guide	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	PD/NTL Reference Guide	F32129C	09/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 F32129B Previous Filing #:		F32129C (9-08).pdf



www.GreatAmericanInsurance.com



Non-Trucking Liability and Physical Damage Auto Coverage

underwritten by GREAT AMERICAN INSURANCE COMPANIES

REFERENCE GUIDE

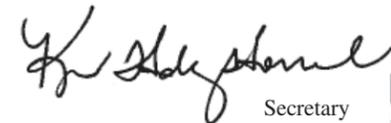
(Continued from previous page of Jacket)

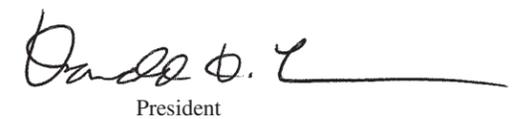
**GREAT AMERICAN®
NON-TRUCKING LIABILITY AND
PHYSICAL DAMAGE AUTO COVERAGE**

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In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.


Secretary


President

(Continued on next page of jacket)

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/29/2008

Comments:

Attachment:

AR trans..pdf

Satisfied -Name: AR Cover Letter **Review Status:** Approved 09/29/2008

Comments:

Attachment:

AR 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
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
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 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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

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 the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input 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		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	

Specialty Operations
49 East Fourth Street
Dixie Terminal South Building
4th Floor
Cincinnati, OH 45202-3803
PO Box 5425
Cincinnati, OH 45201-5425
1-800-605-6713
513.333.6996 fax



September 19, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: **Great American Assurance Company 084-26344**
Commercial Automobile – Trucking Division
Updated Form Filing
GAI Filing # CA AR 0809 RFGD

Dear Sir or Madam:

The above captioned company wishes to place on file updated forms for our Long Haul Trucking program. Please find enclosed a forms list with all filed form, any necessary transmittals and explanatory memorandums.

Please note all filed forms apply only to the Trucking program.

Please use the enclosed duplicate letter to indicate your receipt and acknowledgement. We request that this filing be available for use as soon as possible within the guidelines of your state.

Thank you and please contact me with any further questions.

Sincerely,

Jackie Bisbe
Product Analyst
Product Development & Compliance
Phone: 513.333.6927
Fax: 513.333.6996
Email: jbisbe@gaic.com