

SERFF Tracking Number: GRTA-125494019 State: Arkansas  
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$100  
Company Tracking Number: WC AR 0802 DEDU  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0001 Alternative WC  
Product Name: Workers Compensation  
Project Name/Number: Work Comp Large Deductible Minimum Aggregate Limit/WC AR 0802 DEDU

## 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: Workers Compensation SERFF Tr Num: GRTA-125494019 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$100  
Sub-TOI: 16.0001 Alternative WC Co Tr Num: WC AR 0802 DEDU State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding  
Author: Donna Lansing Disposition Date: 02/22/2008  
Date Submitted: 02/19/2008 Disposition Status: Approved  
Effective Date Requested (New): 04/01/2008 Effective Date (New): 04/01/2008  
Effective Date Requested (Renewal): 04/01/2008 Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Work Comp Large Deductible Minimum Aggregate Limit Status of Filing in Domicile: Not Filed  
Project Number: WC AR 0802 DEDU Domicile Status Comments: NA  
Reference Organization: NA Reference Number: NA  
Reference Title: NA Advisory Org. Circular: NA  
Filing Status Changed: 02/22/2008  
State Status Changed: 02/22/2008 Deemer Date:  
Corresponding Filing Tracking Number:

Filing Description:

The Great American Insurance Group consisting of the above captioned companies hereby submits for your approval the:

1. Large Deductible Minimum Aggregate Limit Form - WC 99 06 95 (Ed. 4-00)
2. Rule revisions to our previously approved Large Deductible Rating Plan incorporating the above new form. The

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revisions apply to our Table of Contents and to Section IV: Large Deductible Form.

Enclosed are copies of the proposed endorsement, rule revisions and an explanatory memorandum outlining the purpose and intended use of the form. Also enclosed is the required filing fee.

The filing will be applicable to all new and renewal business written on or after April 1, 2008.

Please return the enclosed duplicate of this letter to indicate your receipt and approval. A self-addressed, stamped envelope is enclosed for your convenience.

If you have any questions or comments regarding this filing please contact me directly (513) 333-6948 or via email at dlansing@gaic.com

## Company and Contact

### Filing Contact Information

Donna Lansing, Filing analyst  
49 east 4th street  
Cincinnati, OH 45202  
dlansing@gaic.com  
(513) 369-5000 [Phone]

### 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

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Cincinnati, OH 45202 Group Name: State ID Number:  
(513) 369-5000 ext. [Phone] FEIN Number: 31-0501234  
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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  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: \$100 per filing - all companies same  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Alliance Insurance Company	\$0.00	02/19/2008	
Great American Assurance Company	\$0.00	02/19/2008	
Great American Insurance Company	\$100.00	02/19/2008	18039191
Great American Insurance Company of New York	\$0.00	02/19/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	02/22/2008	02/22/2008

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## Disposition

Disposition Date: 02/22/2008  
Effective Date (New): 04/01/2008  
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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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
	Large Deductible Minimum Aggregate Limit	WC 99 06 95	4/00	Endorsement/Amendment/Conditions	New	0.00	WC 99 06 95 (4-00).pdf

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Insured		Policy No.	
Company	Effective Date	Premium \$	Endorsement No.
Authorized Representative			

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY**  
**LARGE DEDUCTIBLE PROGRAM - MINIMUM AGGREGATE ENDORSEMENT**

The **LARGE DEDUCTIBLE PROGRAM ENDORSMENT** attached to your policy is revised as follows:

Item 6 –**DEDUCTIBLE AGGREGATE LIMIT** is amended by adding the following:

The total amount to be reimbursed by you is subject to the Minimum Aggregate Deductible Limit listed below:

**MINIMUM AGGREGATE LIMIT**                      \$ \_\_\_\_\_ (Dollar Amount)





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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

02/19/2008

#### Comments:

#### Attachment:

AR Trans - DEDU.pdf

### Review Status:

**Satisfied -Name:** Explanatory Memorandum

02/19/2008

#### Comments:

#### Attachment:

Explanatory Memorandum - Min Aggregate.pdf

## Property & Casualty Transmittal Document

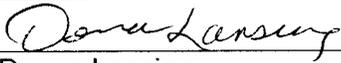
<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="border: none; padding: 2px;">New Business</td> <td style="border: none; width: 100px;"></td> </tr> <tr> <td style="border: none; padding: 2px;">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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Great American Insurance Group	084

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

<b>5. Company Tracking Number</b>	WC AR 0802 DEDU
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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
	Donna Lansing	Product Analyst	513.333.6948	513.333.6996	dlansing@gaic.com
	49 East 4 <sup>th</sup> Street Cincinnati, OH 45202				
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Donna Lansing		

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

<b>9.</b>	Type of Insurance (TOI)	16.0001
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	Alternative Workers Compensation
<b>11.</b>	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
<b>12.</b>	Company Program Title (Marketing title)	Large Deductible Program - Minimum Aggregate
<b>13.</b>	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)
<b>14.</b>	Effective Date(s) Requested	New: 4/1/08      Renewal: 4/1/08

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>16.</b>	<b>Reference Organization (if applicable)</b>	N/A		
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	N/A		
<b>18.</b>	<b>Company's Date of Filing</b>	2/19/08		
<b>19.</b>	<b>Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed	<input type="checkbox"/> Pending	<input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	WC AR 0802 DEDU
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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1. Large Deductible Minimum Aggregate Limit Form - WC 99 06 95 (Ed. 4-00)
2. Rule revisions to our previously approved Large Deductible Rating Plan incorporating the above new form. The revisions apply to our Table of Contents and to Section IV: Large Deductible Form.

Enclosed are copies of the proposed endorsement, rule revisions and an explanatory memorandum outlining the purpose and intended use of the form.

The filing will be applicable to all new and renewal business written on or after April 1, 2008.

Please return the enclosed duplicate of this letter to indicate your receipt and approval. A self-addressed, stamped envelope is enclosed for your convenience.

If you have any questions or comments regarding this filing please contact me directly (513) 333-6948 or via email at [dlansing@gaic.com](mailto:dlansing@gaic.com)

<b>22.</b>	<b>Filing Fees</b> (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]
<p><b>Check #: EFT</b>  <b>Amount: \$100</b></p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

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

# EXPLANATORY MEMORANDUM

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## **WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE LARGE DEDUCTIBLE PLAN – COVERAGE FORM WC 99 06 95 (4/00) MINIMUM AGGREGATE LIMIT FORM**

(To become effective 12:01 am on or after April 1, 2008 for new and renewal business.)

### **PURPOSE**

The purpose of this filing is to introduce the above Workers Compensation and Employers Liability Policy endorsement. The Minimum Aggregate Deductible Limit establishes a minimum aggregate reimbursement required in the Large Deductible Plan.

### **BACKGROUND**

The form is being introduced in order to enable a minimum aggregate limit be added to the Large Deductible Plan. By selecting a minimum aggregate, insureds can avoid paying additional premium charges if they experience a reduction in annual payroll. The minimum aggregate provides a lower threshold limit for the aggregate reimbursement option.

Under the current plan, the premium charge for an aggregate limit is based on total expected losses above the aggregate amount. The final aggregate limit is determined by applying the “aggregate limit rate” to the final audited payroll. Premium charges are lower with higher aggregate limits since fewer losses are expected to exceed the limit.

The current rating formula requires the aggregate limit be reduced if there is a reduction in payroll. The reduction of the aggregate limit then necessitates a revision in charges based on the greater amount of expected losses above the aggregate limit. As a result, an additional premium charge is made when a reduction in payroll occurs.

The proposed minimum aggregate prevents a reduction in the aggregate limit and, subsequently, no additional premium charge is required.

### **PROPOSAL**

We propose to make the optional Minimum Aggregate Limit available to all policyholders who select the large deductible coverage option.

### **IMPACT**

No additional premium will be charged for the endorsement. The premium impact to state premiums will vary depending upon how many insureds select the minimum aggregate option.

### **IMPLEMENTATION**

We propose this filing to become effective on or after April 1, 2008 at 12:01 a.m., for new and renewal business.

