

SERFF Tracking Number: AGNY-125293505 State: Arkansas
First Filing Company: Granite State Insurance Company, ... State Tracking Number: AR-PC-07-026158
Company Tracking Number: AIC-07-GL-10
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: General Liability (ISO CGL OCCURENCE)
Project Name/Number: Commercial General Liability Endorsements/AIC-07-GL-10

Filing at a Glance

Companies: Granite State Insurance Company, New Hampshire Insurance Company

Product Name: General Liability (ISO CGL OCCURENCE) SERFF Tr Num: AGNY-125293505 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: AR-PC-07-026158

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: AIC-07-GL-10

Filing Type: Form

Co Status:

State Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Lakesha Houser

Disposition Date: 10/01/2007

Date Submitted: 09/21/2007

Disposition Status: Approved

Effective Date Requested (New): 10/21/2007

Effective Date (New):

Effective Date Requested (Renewal): 10/21/2007

Effective Date (Renewal):

General Information

Project Name: Commercial General Liability Endorsements

Status of Filing in Domicile: Not Filed

Project Number: AIC-07-GL-10

Domicile Status Comments:

Reference Organization: NA

Reference Number: NA

Reference Title: NA

Advisory Org. Circular: NA

Filing Status Changed: 10/01/2007

State Status Changed: 09/21/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The above-referenced companies submit for your review and approval their Your Products Redefined Endorsement, 95152 (7/07) to be used with the occurrence version of the ISO Commercial General Liability Coverage Form on file with your Department.

Please refer to the attached Forms Listing for information about the endorsement included in this submission.

Company and Contact

Filing Contact Information

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Lakesha Houser, lakesha.houser@aig.com
175 Water Street - 17th Floor (212) 458-5950 [Phone]
New York, NY 10038 (212) 458-7077[FAX]

Filing Company Information

Granite State Insurance Company CoCode: 23809 State of Domicile: Pennsylvania
70 Pine Street Group Code: Company Type:
New York, NY 10270 Group Name: State ID Number:
(212) 770-7000 ext. [Phone] FEIN Number: 02-0140690

New Hampshire Insurance Company CoCode: 23841 State of Domicile: Pennsylvania
70 Pine Street Group Code: Company Type:
New York, NY 10270 Group Name: State ID Number:
(212) 770-7000 ext. [Phone] FEIN Number: 02-0172170

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Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
00102776	\$50.00	09/18/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/01/2007	10/01/2007

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Disposition

Disposition Date: 10/01/2007

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

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	YOUR PRODUCTS REDEFINED	95152	7-07	Endorsement/Amendment/Conditions		0.00	95152 Your Product Redefined End.pdf

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective _____ at 12:01 A.M. _____ forms a part of

Policy No. _____ Issued to:

By:

YOUR PRODUCTS REDEFINED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Paragraph 21. of SECTION V. DEFINITIONS, is deleted in its entirety and replaced by the following:

21. "Your product":

a. Means:

(1) Any goods or products, other than real property, manufactured, sold, handled, distributed or disposed of by:

(a) You;

(b) Others trading under your name; or

(c) A person or organization whose business or assets you have acquired; and

(2) Containers (other than vehicles), materials, parts or equipment furnished in connection with such goods or products.

b. Includes

(1) Warranties or representations made at any time with respect to the fitness, quality, durability, performance or use of "your product"; and

(2) The providing of or failure to provide warnings or instructions; and

(3) Goods or products that have been recycled, reconditioned, or reclaimed by you.

c. Does not include vending machines or other property rented to or located for the use of others but not sold.

All other terms, conditions and exclusions of the policy shall remain unchanged.

AUTHORIZED REPRESENTATIVE

SERFF Tracking Number: *AGNY-125293505* *State:* *Arkansas*
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Company Tracking Number: *AIC-07-GL-10*
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/01/2007

Comments:

Attachment:

P&C transmittal.pdf

Satisfied -Name: Forms listing **Review Status:** Approved 10/01/2007

Comments:

Attachment:

AIC-07-GL-10 Form Listing.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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
American International Group Inc.	012

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Granite State Insurance Company	PA	23809	02-140690	
New Hampshire Insurance Company	PA	23841	02-172170	

5. Company Tracking Number	AIC-07-GL-10
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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
	Lakesha Houser 175 Water Street, NY NY 10038	Filings Analyst	212-458-5950	21-458-7077	Lakesha.Houser@aig.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Lakesha Houser		

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

9. Type of Insurance (TOI)	17.0 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.200 Occurrence
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: 11-21-2007 Renewal: 11-21-2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	Na
17. Reference Organization # & Title	Na
18. Company's Date of Filing	9-21-2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AIC-07-GL-10
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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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Please refer to the attached Forms Listing for information about the endorsement included in this submission.

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

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 #	AIC-07-GL-10
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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	Your Products Redefined	95152 (7/07)	<input checked="" 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

**AIC-07-GL-10
Form Listing**

	Form Title	Form No.	Form Type	New or Replacement	Form No. Being Replaced	Mandatory or Optional	Restricts, Broadens or Clarifies	Rate or Premium Impact	Description of Form
1	Your Product Redefined	95152	E	new	none	Optional	Clarifies	No	It clarifies our intent to add <i>goods or products that have been recycled, reconditioned, or reclaimed by the insured</i> in the definition of "your product".

Yes or No

A = Application
D = Declarations
E = Endorsement
P = Policy
O = Other (Please explain)