

SERFF Tracking Number: AGNY-125357132 State: Arkansas
First Filing Company: Granite State Insurance Company, ... State Tracking Number: #? \$?
Company Tracking Number:
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations
Product Name: Exclusion For Special Events Exception Endorsement
Project Name/Number: Broadcasters Program/

Filing at a Glance

Companies: Granite State Insurance Company, New Hampshire Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa.

Product Name: Exclusion For Special Events Exception Endorsement SERFF Tr Num: AGNY-125357132 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: #? \$?
Sub-TOI: 17.2000 Other Liability Sub-TOI Co Tr Num: State Status: Fees not received

Combinations

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Christine Wynter Disposition Date: 12/07/2007

Date Submitted: 11/14/2007 Disposition Status: Approved

Effective Date Requested (New): 12/18/2007

Effective Date (New):

Effective Date Requested (Renewal): 12/18/2007

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Broadcasters Program

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments: This filing is being submitted simultaneously in all states.

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 12/07/2007

State Status Changed: 11/15/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The companies submit for your review and approval, their Exclusion For Special Events With Limited Exception Endorsement, Form No. 96285 (10/07) to be used with the occurrence version of the ISO Commercial General Liability Coverage form, currently on file with your Department.

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

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Company and Contact

Filing Contact Information

Christine Wynter, Filings Analyst Christine.wynter@aig.com
 175 Water Street, 17th Floor (212) 458-7066 [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	

National Union Fire Insurance Company of Pittsburgh, Pa.	CoCode: 19445	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: 25-0687550	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per Group (1) = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	11/14/2007	

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Granite State Insurance Company	\$0.00	11/14/2007
New Hampshire Insurance Company	\$0.00	11/14/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/07/2007	12/07/2007

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Project Name/Number: Broadcasters Program/

Disposition

Disposition Date: 12/07/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: As of this date, have not received fees, please submit. Thanks.

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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Exclusion For Special Events With Limited Exception 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	Exclusion For Special Events With Limited Exception Endorsement	96285	(10/07)	Endorsement/New Amendment/Conditions		0.00	96285 Exclusion for Certain Special Events with Exception (10-07).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:

EXCLUSION FOR SPECIAL EVENTS WITH LIMITED EXCEPTION

This endorsement modifies insurance under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following exclusion is added to both Subparagraph 2., Exclusions of **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY (SECTION I COVERAGES)** and Subparagraph 2., Exclusions of **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY (SECTION I COVERAGES)**:

This insurance does not apply to "bodily injury", "property damage", or "personal and advertising injury" arising out of any event which includes any of the following:

- a. contests or stunts with physical challenges,
- b. fireworks, explosives, pyrotechnic devices, or incendiary devices,
- c. motor sports activities, or
- d. theatrical or musical performances where alcohol is consumed (whether or not furnished by you).

However, this exclusion does not apply if you provide us with at least seven (7) days prior written notice of such event, and we agree to cover such event by adding an endorsement to this policy specifically stating that such event is covered.

All other terms and conditions of the policy remain the same.

Authorized Representative

SERFF Tracking Number: *AGNY-125357132* *State:* *Arkansas*
First Filing Company: *Granite State Insurance Company, ...* *State Tracking Number:* *#? \$?*
Company Tracking Number:
TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2000 Other Liability Sub-TOI Combinations*
Product Name: *Exclusion For Special Events Exception Endorsement*
Project Name/Number: *Broadcasters Program/*

Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number:
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 12/07/2007

Comments:

Attachment:

11 14 07 -AR- PCTD-1. doc.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					

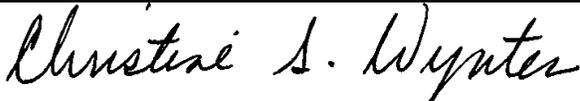
3. Group Name	Group NAIC #
American International Group, Inc.	012

4. Company Name(s)	Domicile	NAIC #	FEIN #
Granite State Insurance Company	PA	23809	02-0140690
National Union Fire Insurance Company of Pittsburgh, PA	PA	19445	25-0687550
New Hampshire Insurance Company	PA	23841	02-0172170

5. Company Tracking Number	AIC-07-GL-12
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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
	Christine Wynter 175 Water St., 17 th Fl New York, NY 10038	Filings Analyst	(212) 458-7066	(212) 458-7077	Christine.wynter@aig.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Christine S. Wynter
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Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	17.2/Other Liability-Occurrence Only
10.	Sub-Type of Insurance (Sub-TOI)	17.2000/Other Liability
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Exclusion For Special Events With Limited Exception Endorsement
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[] Other (give description)
14.	Effective Date(s) Requested	New: December 18, 2007 Renewal: December 18, 2007
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	November 16, 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-12
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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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This filing consists of One (1) Exclusion For Special Events With Limited Exception Endorsement, Form No. 96285 (10/07) to be used with the occurrence version of the ISO Commercial General Liability Coverage form, currently on file with your Department.

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 #: N/A
Amount: N/A

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

PC TD-1 pg 2 of 2

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-12			
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	Exclusion For Special Events With Limited Exception	96285 (10/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	
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	