

SERFF Tracking Number: AGNY-125221717 State: Arkansas  
First Filing Company: American Home Assurance Company, ... State Tracking Number: AR-PC-07-025796  
Company Tracking Number: AIC-07-AV-02  
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft  
Product Name: Gold Medallion Comprehensive Business Aircraft Policy  
Project Name/Number: Gold Medallion Additional Endorsements/AIC-07-AV-02

## Filing at a Glance

Companies: American Home Assurance Company, American International South Insurance Company, Commerce and Industry Insurance Company, Granite State Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania

Product Name: Gold Medallion Comprehensive SERFF Tr Num: AGNY-125221717 State: Arkansas

Business Aircraft Policy

TOI: 22.0 Aircraft

SERFF Status: Closed

State Tr Num: AR-PC-07-025796

Sub-TOI: 22.0000 Aircraft

Co Tr Num: AIC-07-AV-02

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding

Authors: Zack Ray, Monique Myers Disposition Date: 08/16/2007

Date Submitted: 08/15/2007

Disposition Status: Approved

Effective Date Requested (New): 09/20/2007

Effective Date (New): 09/20/2007

Effective Date Requested (Renewal): 09/20/2007

Effective Date (Renewal):  
09/20/2007

## General Information

Project Name: Gold Medallion Additional Endorsements

Status of Filing in Domicile: Authorized

Project Number: AIC-07-AV-02

Domicile Status Comments: Authorized in  
Pennsylvania; Not Filed in New York

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/16/2007

State Status Changed: 08/15/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The filing companies (the Companies) have on file with your Department their Gold Medallion Comprehensive Business Aircraft Program. The Companies submit for your review and approval, two (2) endorsements to be used with their Gold Medallion Comprehensive Business Aircraft Policy Form No. GLD02 (1/05).

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## Company and Contact

### Filing Contact Information

Monique Myers, Filings Analyst Monique.Myers@AIG.com  
 175 Water Street (212) 458-6346 [Phone]  
 New York, NY 10038 (212) 458-7077[FAX]

### Filing Company Information

American Home Assurance Company	CoCode: 19380	State of Domicile: New York
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-5124990	

American International South Insurance Company	CoCode: 40258	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: 02-6008643	

Commerce and Industry Insurance Company	CoCode: 19410	State of Domicile: New York
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-1938623	

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	

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	

New Hampshire Insurance Company	CoCode: 23841	State of Domicile: Pennsylvania
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70 Pine Street  
New York, NY 10270  
(212) 770-7000 ext. [Phone]

Group Code:  
Group Name:  
FEIN Number: 02-0172170  
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Company Type:  
State ID Number:

The Insurance Company of the State of  
Pennsylvania  
70 Pine Street  
New York, NY 10270  
(212) 770-7000 ext. [Phone]

CoCode: 19429  
Group Code:  
Group Name:  
FEIN Number: 13-5540698  
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State of Domicile: Pennsylvania

Company Type:  
State ID Number:

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TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft  
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## Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
00100039	\$50.00	06/29/2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/16/2007	08/16/2007

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## Disposition

Disposition Date: 08/16/2007  
Effective Date (New): 09/20/2007  
Effective Date (Renewal): 09/20/2007  
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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Form	Non-Owned Aircraft Liability Amendatory Endorsement (Fractionally Owned Aircraft)	Approved	Yes
Form	Amendment - Definition of Passenger	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Non-Owned Aircraft Liability Amendatory Endorsement (Fractionally Owned Aircraft)	GLD1027	11/06	Endorsement/Amendment/Conditions		0.00	Gld1027.pdf
Approved	Amendment - Definition of Passenger	GLD1040	05/07	Endorsement/Amendment/Conditions		0.00	Gld1040.pdf

**NON-OWNED AIRCRAFT LIABILITY AMENDATORY ENDORSEMENT  
(FRACTIONALLY OWNED AIRCRAFT )**

It is agreed that only with respect to **Coverage C Liability for the use of Non Owned Aircraft** the definition of **Non-Owned Aircraft** is amended as set forth below:

"**Non-Owned Aircraft**" means any **aircraft** except:

1. an **Aircraft** owned in whole or in part by or registered to the **Named Insured**;
2. a **scheduled aircraft**;
3. an **Aircraft** having a seating configuration exceeding the "maximum number of seats" shown in the Declarations for Coverage C (regardless of the actual number of **passengers** on the aircraft).

Paragraph 1. above shall not apply to the **Aircraft** partially or fractionally owned by the **Named Insured** as set forth below:

**Aircraft Registration**  
Number

**Make & Model**

**Year Built**

All other provisions of this policy remain the same.

This endorsement becomes effective \_\_\_\_\_ to be attached to and hereby made a part of  
Policy No. \_\_\_\_\_ issued to \_\_\_\_\_

By \_\_\_\_\_

Endorsement No. \_\_\_\_\_

Date of Issue \_\_\_\_\_

GLD1027 (11/06)

By  \_\_\_\_\_  
(Authorized Representative)

**AMENDMENT - DEFINITION OF PASSENGER**

This policy is amended as follows:

The definition of "**Passenger**" as set forth on page 4 of the Policy Provisions is amended to read as follows:

**Passenger** means any person in, on, or boarding the **Aircraft** for the purpose of riding, flying in, or exiting from it after a ride, flight or attempted flight.

All other provisions of this policy remain the same.

This endorsement becomes effective \_\_\_\_\_ to be attached to and hereby made a part of Policy No. \_\_\_\_\_ issued to \_\_\_\_\_

By \_\_\_\_\_

Endorsement No. \_\_\_\_\_

Date of Issue \_\_\_\_\_

GLD1040 (5/07)

By  \_\_\_\_\_  
(Authorized Representative)

*SERFF Tracking Number:*      *AGNY-125221717*                      *State:*                      *Arkansas*  
*First Filing Company:*      *American Home Assurance Company, ...*      *State Tracking Number:*      *AR-PC-07-025796*  
*Company Tracking Number:*      *AIC-07-AV-02*  
*TOI:*                      *22.0 Aircraft*                      *Sub-TOI:*                      *22.0000 Aircraft*  
*Product Name:*                      *Gold Medallion Comprehensive Business Aircraft Policy*  
*Project Name/Number:*              *Gold Medallion Additional Endorsements/AIC-07-AV-02*

## **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 08/16/2007

**Comments:**

**Attachment:**

8-15-07 - PCTD - AR.pdf

**Satisfied -Name:** Forms Listing **Review Status:** Approved 08/16/2007

**Comments:**

**Attachment:**

Forms Listing.pdf

**Property & Casualty Transmittal Document (Revised 1/1/06)**

**1. Reserved for Insurance Dept. Use Only**

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**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	

<b>3. Group Name</b>	<b>Group NAIC #</b>
American International Group, Inc.	012

4. Company Name(s)	Domicile	NAIC #	FEIN #
American Home Assurance Company	NY	19380	13-5124990
American International South Insurance Company	PA	40258	02-6008643
Commerce and Industry Insurance Company	NY	19410	13-1938623
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
The Insurance Company of the State of Pennsylvania	PA	19429	13-5540698

<b>5. Company Tracking Number</b>	<b>AIC-07-AV-02</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #	Fax #	e-mail
Monique Myers 175 Water Street, 17 <sup>th</sup> Floor New York, NY 10038	Filings Analyst	212-458-6346	212-458-7077	Monique.Myers@aig.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Monique Myers		

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

9. Type of Insurance (TOI)	22.0 Aircraft
10. Sub-Type of Insurance (Sub-TOI)	22.0000 Aircraft
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Gold Medallion Comprehensive Business Aircraft Program
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
14. Effective Date(s) Requested	New: September 20, 2007      Renewal: September 20, 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	August 15, 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---

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>AIC-07-AV-02</b>
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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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This filing consists of nine (2) endorsements to be used with the Gold Medallion Comprehensive Business Aircraft Policy – Form No. GLD02 (1/05).

<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]
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<b>Check #:</b>	00100039
<b>Amount:</b>	\$50.00

\$50.00 per Form Filing
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**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.)**

GOLD MEDALLION ADDITIONAL ENDORSEMENTS

FORM NO.	REVISION DATE	TITLE	INTENT	MANDATORY RATE /OPTIONAL	IMPACT?
GLD1027	11/6	NON OWNED AIRCRAFT LIABILITY AMENDATORY ENDORSEMENT	Amending the definition of Non Owned Aircraft in coverage C	O	N
GLD1040	5/7	DEFINITION OF PASSENGER	To amend the definition of Passenger to include exiting	O	N