

SERFF Tracking Number: AGNY-125259807 State: Arkansas
 First Filing Company: American Home Assurance Company, ... State Tracking Number: AR-PC-07-025778
 Company Tracking Number: AIC-07-GL-06
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations
 Product Name: Other Liability- Occurrence
 Project Name/Number: Products Completed Operations Liability Coverage Form/AIC-07-GL-06

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, AIG Casualty Company

Product Name: Other Liability- Occurrence SERFF Tr Num: AGNY-125259807 State: Arkansas
 TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: AR-PC-07-025778
 Sub-TOI: 17.2000 Other Liability Sub-TOI Co Tr Num: AIC-07-GL-06 State Status:
 Combinations
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
 Author: Lakesha Houser Disposition Date: 08/16/2007
 Date Submitted: 08/13/2007 Disposition Status: Approved
 Effective Date Requested (New): 09/13/2007 Effective Date (New):
 Effective Date Requested (Renewal): 09/13/2007 Effective Date (Renewal):

General Information

Project Name: Products Completed Operations Liability Coverage Form Status of Filing in Domicile:
 Project Number: AIC-07-GL-06 Domicile Status Comments:
 Reference Organization: ISO Reference Number:
 Reference Title: 2007 General Liability Multistate Forms Revision Advisory Org. Circular: LI-GL-2007-111
 Filing Status Changed: 08/16/2007
 State Status Changed: 08/14/2007 Deemer Date:
 Corresponding Filing Tracking Number:
 Filing Description:

The above-referenced companies submit for your review and approval fifteen (15) endorsements to be used with the occurrence version of the ISO Products/Completed Operations Coverage Form on file with your Department.

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

SERFF Tracking Number: AGNY-125259807 State: Arkansas
 First Filing Company: American Home Assurance Company, ... State Tracking Number: AR-PC-07-025778
 Company Tracking Number: AIC-07-GL-06
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations
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 Project Name/Number: Products Completed Operations Liability Coverage Form/AIC-07-GL-06

Company and Contact

Filing Contact Information

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

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

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

State of Domicile: Pennsylvania

Company Type:
State ID Number:

AIG Casualty Company
70 Pine Street
New York, NY 10270
(212) 770-7000 ext. [Phone]

CoCode: 19402
Group Code:
Group Name:
FEIN Number: 25-1118791

State of Domicile: Pennsylvania

Company Type:
State ID Number:

SERFF Tracking Number: AGNY-125259807 *State:* Arkansas
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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

State Specific

Check_No: 00101985
Check_Amt: 50.00
Check_Rec: 8-7-2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/16/2007	08/16/2007

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Disposition

Disposition Date: 08/16/2007

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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Form	ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT	Approved	Yes
Form	ANTI-STACKING ENDORSEMENT	Approved	Yes
Form	NEWLY ACQUIRED ENTITY COVERAGE EXTENDED	Approved	Yes
Form	FUNGUS EXCLUSION	Approved	Yes
Form	UNINTENTIONAL ERRORS AND OMISSIONS ENDORSEMENT	Approved	Yes
Form	WHEN WE DO NOT RENEW AMENDED	Approved	Yes
Form	UNINTENTIONAL ERRORS AND OMISSIONS ENDORSEMENT	Approved	Yes
Form	ASBESTOS AND SILICA EXCLUSION ENDORSEMENT	Approved	Yes
Form	TOTAL LEAD EXCLUSION	Approved	Yes
Form	AMENDMENT OF DUTIES IN THE EVENT OF OCCURRENCE, OFFENSE, CLAIM OR SUIT	Approved	Yes
Form	ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT	Approved	Yes
Form	ADDITIONAL INSURED - PRIMARY INSURANCE	Approved	Yes
Form	AMENDMENT OF THE COVERAGE TERRITORY	Approved	Yes
Form	AMENDMENT OF INSURING AGREEMENT	Approved	Yes
Form	RADIOACTIVE MATTER EXCLUSION	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT	94932	07-07	Endorsement/Amendment/Conditions New		0.00	94932_7-07_.pdf
Approved	ANTI-STACKING ENDORSEMENT	94933	07-07	Endorsement/Amendment/Conditions New		0.00	94933_7-07_.pdf
Approved	NEWLY ACQUIRED ENTITY COVERAGE EXTENDED	94934	07-07	Endorsement/Amendment/Conditions New		0.00	94934_7-07_.pdf
Approved	FUNGUS EXCLUSION	94935	07-07	Endorsement/Amendment/Conditions New		0.00	94935_7-07_.pdf
Approved	UNINTENTIONAL ERRORS AND OMISSIONS ENDORSEMENT	94936	07-07	Endorsement/Amendment/Conditions New		0.00	94936_7-07_.pdf
Approved	WHEN WE DO NOT RENEW AMENDED	94937	07-07	Endorsement/Amendment/Conditions New		0.00	94937_7-07_.pdf
Approved	UNINTENTIONAL ERRORS AND OMISSIONS ENDORSEMENT	94938	07-07	Endorsement/Amendment/Conditions New		0.00	94938_7-07_.pdf
Approved	ASBESTOS AND	94939	07-07	Endorsement New		0.00	94939_7-

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Approval	Description	Policy No	Effective Date	Description	Amount	Attachment
	SILICA EXCLUSION ENDORSEMENT			nt/Amendm ent/Condi tions		07_.pdf
Approved	TOTAL LEAD EXCLUSION	94952	07-07	Endorseme New nt/Amendm ent/Condi tions	0.00	94952 _7-07_.pdf
Approved	AMENDMENT OF DUTIES IN THE EVENT OF OCCURRENCE, OFFENSE, CLAIM OR SUIT	94953	07-07	Endorseme New nt/Amendm ent/Condi tions	0.00	94953 _7-07_.pdf
Approved	ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT	94954	07-07	Endorseme New nt/Amendm ent/Condi tions	0.00	94954 _7-07_.pdf
Approved	ADDITIONAL INSURED - PRIMARY INSURANCE	94955	07-07	Endorseme New nt/Amendm ent/Condi tions	0.00	94955 _7-07_.pdf
Approved	AMENDMENT OF THE COVERAGE TERRITORY	94956	07-07	Endorseme New nt/Amendm ent/Condi tions	0.00	94956 _7-07_.pdf
Approved	AMENDMENT OF INSURING AGREEMENT	94957	07-07	Endorseme New nt/Amendm ent/Condi tions	0.00	94957 _7-07_.pdf
Approved	RADIOACTIVE MATTER EXCLUSION	94958	07-07	Endorseme New nt/Amendm ent/Condi tions	0.00	94958 (7-07).pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT #

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

No. issued to by

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

SECTION II - WHO IS AN INSURED, 1., is amended to add:

Any person or organization to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of your operations or premises owned by or rented to you. However, the insurance provided will not exceed the lesser of:

1. The coverage and/or limits of this policy, or
2. The coverage and/or limits required by said contract or agreement.

As respects to an "occurrence", claim or "suit" involving the persons or organizations listed in the above schedule **Section IV - Products/Completed Operations Liability Conditions, 4. - Other Insurance, a. - Primary Insurance,** is amended to read:

a. Primary Insurance

This insurance is primary except where **b.** below applies. There will be no contribution from any other insurance available to the persons or organizations listed in the attached schedule.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT #

This endorsement, effective 12:01 A.M. forms a
part of Policy No. issued to by

ANTI-STACKING ENDORSEMENT

This endorsement modifies insurance provided under the following:

PRODUCTS COMPLETED OPERATIONS LIABILITY COVERAGE FORM

SECTION IV. – PRODUCTS COMPLETED OPERATIONS LIABILITY CONDITIONS, is amended to add:

10. Anti-Stacking

If this Coverage Form and any other Coverage Form or policy issued to you by us or any of our affiliated companies apply to the same "occurrence" or offense, the maximum limit of insurance under all the Coverage Forms or policies will not exceed the highest applicable limit of insurance available under any one Coverage Form or policy. This condition does not apply to any other Coverage Form or policy issued by us or any of our affiliated companies specifically to apply as excess insurance over this Coverage Form.

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT #

This endorsement, effective 12:01 A.M. forms a part
of Policy No. issued to by

NEWLY ACQUIRED ENTITY COVERAGE EXTENDED

This endorsement modifies insurance provided under the following:

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

Section II - Who is an Insured, 3. a. is deleted and replaced by:

3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:
 - a. Coverage under this provision is afforded only until the ___ day after you acquire or form the organization or the end of the policy period, whichever is earlier;

AUTHORIZED REPRESENTATIVE

ENDORSEMENT #

This endorsement, effective 12:01 A. M. forms a part of Policy
No. issued to by

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FUNGUS EXCLUSION

This endorsement modifies insurance provided under the following:

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

SECTION I. – COVERAGES PRODUCTS/COMPLETED OPERATIONS - BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. - Exclusions is amended to add the following exclusion:

This insurance does not apply to "bodily injury", "property damage", "personal and advertising injury", or any other loss, cost or expense, including but not limited to, losses, costs or expenses related to, arising from or associated with clean-up, remediation, containment, removal or abatement, caused directly or indirectly, in whole or in part, by:

- a. Any "fungus(i)", "mold(s)", mildew or yeast, or
- b. Any "spore(s)" or toxins created or produced by or emanating from such "fungus(i)", "mold(s)", mildew or yeast, or
- c. Any substance, vapor, gas, or other emission or organic or inorganic body or substance produced by or arising out of any "fungus(i)", "mold(s)", mildew or yeast, or
- d. Any material, product, building component, building or structure, or any concentration of moisture, water or other liquid within such material, product, building component, building or structure, that contains, harbors, nurtures or acts as a medium for any "fungus(i)", "mold(s)", mildew, yeast, or "spore(s)" or toxins emanating therefrom,

regardless of any other cause, event, material, product and/or building component that contributed concurrently or in any sequence to that "bodily injury", "property damage", "personal and advertising injury", loss, cost or expense.

For the purposes of this exclusion, **SECTION V – DEFINITIONS**, is amended to include:

- "Fungus(i)" includes, but is not limited to, any of the plants or organisms belonging to the major group fungi, lacking chlorophyll, and including "mold(s)", rusts, mildews, smuts, and mushrooms.
- "Mold(s)" includes, but is not limited to, any superficial growth produced on damp or decaying organic matter or on living organisms, and "fungi" that produce molds.
- "Spore(s)" means any dormant or reproductive body produced by or arising or emanating out of any "fungus(i)", "mold(s)", mildew, plants, organisms or microorganisms.

It is understood that to the extent any coverage may otherwise be provided under this policy or any of its other endorsements, the provisions of this exclusion will supercede.

This exclusion will not apply to Legionnaires' disease.

ALL OTHER TERMS AND CONDITIONS SHALL REMAIN UNCHANGED.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT #

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

No. issued to by

UNINTENTIONAL ERRORS AND OMISSIONS ENDORSEMENT

This endorsement modifies insurance provided under the following:

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

Section IV - Products/Completed Operations Liability Conditions, 6. - Representations is amended by adding:

- d. The unintentional failure by you or any Insured to provide accurate and complete representations as of the inception of the policy will not prejudice the coverages afforded by this policy.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT #

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

No. issued to by

WHEN WE DO NOT RENEW AMENDED

This endorsement modifies insurance provided under the following:

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

Section IV - Products/Completed Operations Liability Conditions, 9. - When We Do Not Renew is deleted and replaced by:

9. If we decide not to renew this Coverage Part, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than _____ () days before the expiration date to the extent permitted by law.

If notice is mailed, proof of mailing will be sufficient proof of notice.

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT #

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

No. issued to by

UNINTENTIONAL ERRORS AND OMISSIONS ENDORSEMENT

This endorsement modifies insurance provided under the following:

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

Section IV - Products/Completed Operations Liability Conditions, 6. - Representations is amended by adding:

- d. The unintentional failure by you or any Insured to provide accurate and complete representations as of the inception of the policy, absent gross negligence, will not prejudice the coverages afforded by this policy.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT #

This endorsement, effective 12:01 A.M. forms a part of
Policy
No. issued to by

ASBESTOS AND SILICA EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

Section I. – Coverages Products/Completed Operations- Bodily Injury and Property Damage Liability, 2. - Exclusions, is amended to add the following exclusions:

m. Asbestos

“Bodily injury” or “Property damage” arising out of the manufacture of, mining of, use of, sale of, installation of, removal of, distribution of, or exposure to asbestos products, asbestos fibers or asbestos dust, or to any obligation of the insured to indemnify any party because of “bodily injury” or “property damage” arising out of the manufacture of, mining of, use of, sale of, installation of, removal of, distribution of, or exposure to asbestos products, asbestos fibers or asbestos dust.

n. Silica

“Bodily injury” or “property damage” or any other loss, cost or expense arising out of the presence, ingestion, inhalation or absorption of or exposure to silica products, silica fibers, silica dust or silica in any form, or to any obligation of the insured to indemnify any party because of “bodily injury” or “property damage” arising out of the presence, ingestion, inhalation or absorption of or exposure to silica products, silica fibers, silica dust or silica in any form.

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

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ENDORSEMENT #

This endorsement, effective 12:01 A.M. forms part of Policy No. _____ issued

to _____ By: _____

TOTAL LEAD EXCLUSION

This endorsement modifies insurance provided under the following:

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

SECTION I. – COVERAGES PRODUCTS/COMPLETED OPERATIONS - BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. - Exclusions is amended to add the following exclusion:

Total Lead

This insurance does not apply to any "bodily injury", "property damage" or any other loss, cost or expense arising out of presence, ingestion, inhalation, or absorption of or exposure to lead in any form of products containing lead.

All other terms and conditions remain the same.

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT #

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

No. issued to by

AMENDMENT OF DUTIES IN THE EVENT OF OCCURRENCE, OFFENSE, CLAIM OR SUIT

This endorsement modifies insurance provided under the following:

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

Section IV - Products/Completed Operations Liability Conditions, 2. - Duties in the Event of Occurrence, Offense, Claim or Suit, a. is hereby deleted and replaced with the following:

- a. You must see to it that we are notified as soon as practicable of any "occurrence" or an offense which may result in a claim. Knowledge of an "occurrence" or an offense by your agent, your servant, or your employee will not in itself constitute knowledge to you unless the Director of Risk Management (or one with similar or equivalent title) or his/her designee, at the address shown in the policy declarations, will have received such notice. To the extent possible notice should include:
- (1) How, when and where the "occurrence" or offense took place;
 - (2) The names and addresses of any injured persons and witnesses; and
 - (3) The nature and location of any injury or damage arising out of the "occurrence" or offense.

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT #

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

No. issued to by

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

SECTION II - WHO IS AN INSURED, 1., is amended to add:

Any person or organization to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of your operations or premises owned by or rented to you. However, the insurance provided will not exceed the lesser of:

1. The coverage and/or limits of this policy, or
2. The coverage and/or limits required by said contract or agreement.

AUTHORIZED REPRESENTATIVE

ENDORSEMENT #

This endorsement, effective **12:01 A.M.**

forms a part of

Policy No.

issued to

by

ADDITIONAL INSURED - PRIMARY INSURANCE

This endorsement modifies insurance provided under the following:

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

Section IV – Products/Completed Operations Liability Conditions, 4. – Other Insurance, a. Primary Insurance, is amended by the addition of the following:

However, coverage under this policy afforded to an additional insured will apply as primary insurance where required by contract, and any other insurance issued to such additional insured shall apply as excess and noncontributory insurance.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT #

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

No. issued to by

AMENDMENT OF THE COVERAGE TERRITORY

This endorsement modifies insurance provided under the following:

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

Section V - DEFINITIONS, 3. – Coverage Territory, c., is amended to read:

c. All parts of the world if the injury or damage arises out of:

- (1) Goods or products made or sold by you; or
- (2) The activities of a person whose home is in the territory described in a. above, but is away for a short time on your business

Provided the insured's responsibility to pay damages is determined in a "suit" on the merits, in the territory described in a. above or in a settlement we agree to.

If however, coverage for an "occurrence", offense, claim, "suit" or loss, under this policy, in any part of the world, is in violation of any United States of America economic or trade sanctions, including but not limited to, sanctions administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"), then coverage for that "occurrence", offense, claim, "suit" or loss, shall be null and void.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT #

This endorsement, effective 12:01 A.M. forms a part of
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AMENDMENT OF INSURING AGREEMENT

This endorsement modifies insurance provided under the following:

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

SECTION 1 – COVERAGES PRODUCTS/COMPLETED OPERATIONS

BODILY INJURY AND PROPERTY DAMAGE LIABILITY

1. Insuring Agreement a. is deleted in its entirety and replaced by the following:

1 Insuring Agreement

a. We will reimburse those sums that the insured has paid as damages because of "bodily injury" or "property damage" to which this insurance applies. We will have the right but not the duty to defend any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "bodily injury" or "property damage" to which this insurance does not apply. We may, at our discretion, investigate any "occurrence" and settle any claim or "suit" that may result. But:

(1) The amount we will pay for damages is limited as described in Section III - - Limits Of Insurance; and

(2) Our right to defend ends when we have used up the applicable limit of insurance in the payment of judgements or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided under Supplementary Payments.

SERFF Tracking Number: *AGNY-125259807* *State:* *Arkansas*
First Filing Company: *American Home Assurance Company, ...* *State Tracking Number:* *AR-PC-07-025778*
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TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2000 Other Liability Sub-TOI Combinations*
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125259807 State: Arkansas
First Filing Company: American Home Assurance Company, ... State Tracking Number: AR-PC-07-025778
Company Tracking Number: AIC-07-GL-06
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations
Product Name: Other Liability- Occurrence
Project Name/Number: Products Completed Operations Liability Coverage Form/AIC-07-GL-06

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/16/2007

Comments:

Attachment:

AR P&C transmittal.pdf

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

Comments:

Attachment:

08-01-2007 Form Listing Operations Liability Coverage.pdf

Property & Casualty Transmittal Document

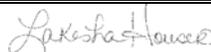
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New 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 Companies	012

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Home Assurance Company	NY	19380	13-5124990	
American International South Insurance Company	PA	40258	02-6008643	
AIG Casualty Company	PA	19402	25-1118791	
Commerce and Industry Insurance Company	NY	19410	13-1938623	
Granite State Insurance Company	PA	23809	02-140690	
National Union Fire Insurance Company of Pittsburgh, PA	PA	19445	25-0687550	
New Hampshire Insurance Company	PA	23841	02-172170	
The Insurance Company of the State of Pennsylvania	PA	19429	13-5540698	

5. Company Tracking Number	AIC-07-GL-06
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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	Filings Analyst	212-458-5950	212-458-7077	Lakesha.Houser@aig.com
	175 Water Street- 17 th Floor New York, NY 10038				
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)	Products/ Completed Operations Liability Coverage Endorsements

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: 9-13-2007	Renewal: 9-13-2007
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16.	Reference Organization (if applicable)	ISO	
17.	Reference Organization # & Title		
18.	Company's Date of Filing	August 13, 2007	
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

PC TD-1 pg 1 of 2

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AIC-07-GL-06
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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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- Additional Insured- Where Required Under Contract or Agreement- Primary – Form No. 94932 (7/07)
- Anti- Stacking – Form No. 94933 (7/07)
- New Acquired Entity Coverage Extended – Form No. 94934 (7/07)
- Fungus Exclusion – Form No. 94935 (7/07)
- Unintentional Errors and Omissions – Form No. 94936 (7/07)
- When we do not Renew Amended – Form No. 94937 (7/07)
- Unintentional Errors and Omissions- Gross Negligence – Form No. 94938 (7/07)
- Asbestos and Silica Exclusion – Form No. 94939 (7/07)
- Total Lead Exclusion – Form No. 94952 (7/07)
- Amendment of Duties in the Event of Occurrence, Offence Claim or Suit – Form No. 94953 (7/07)
- Additional Insured- where Required Under Contract or Agreement – Form No. 94954 (7/07)
- Additional Insured- Primary Insured – Form No. 94955 (7/07)
- Amendment of Coverage Territory – Form No. 94956 (7/07)
- Amendment of Insuring Agreement – Form No. 94957 (7/07)
- Radioactive Matter Exclusion – Form No. 94958 (7/07)

The above-referenced companies submit for your review and approval fifteen (15) endorsements to be used with the occurrence version of the ISO Products/Completed Operations Coverage Form 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 #: 00101985
Amount: \$50.00

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-06			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	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	Additional Insured-Where Required Under Contract or Agreement-Primary	94932 (07-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Anti-Stacking	94933 (7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	New Acquired Entity Coverage Extended	94934 (7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Fungus Exclusion	94935 (7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Unintentional Errors and Omissions	94936 (7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	When we don't Renew Amended	94937 (7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Unintentional Errors and Omissions- Gross Negligence	94938 (7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Asbestos and Silica Exclusion	94939 (7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Total Lead Exclusion	94952 (7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Amendment of Duties in the Event of Occurrence, Offence Claim or Suit	94953 (7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11	Additional Insured-Where Required Under Contract or Agreement	94954 (7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12	Additional Insured-Primary Insured	94955 (7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13	Amendment of Coverage Territory	94956 (7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14	Amendment of Insuring Agreement	94957 (7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
15	Radioactive Matter Exclusion	94958 (7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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	Additional Insured-Where Required Under Contract or Agreement	94932 (7/07)	Endorsement	New	n/a	Optional	Clarifies	No	This endorsement amends who is an Insured.
2	Anti-Stacking	94933 (7/07)	Endorsement	New	n/a	Optional	Clarifies	No	Amends the limits of more than one policy to occurrence, loss or claim.
3	New Acquired Entity Coverage Extended	94934 (7/07)	Endorsement	New	n/a	Optional	Broadens	No	Deleting and replacing an newly acquire organization other than a partnership or joint venture.
4	Fungus Exclusion	94935(7/07)	Endorsement	New	n/a	Optional	Restricts	No	This endorsement amends bodily injury, property damage or any other cost or expensed from loss arising or associated with clean-up or remediation caused directly or indirectly by fungus.
5	Unintentional Errors and Omissions Endorsement	94936 (7/07)	Endorsement	New	n/a	Optional	Clarifies	No	This endorsement provides coverage for unintentional failure by the Insured to provide accurate and complete representations as of the inception of the policy.
6	When we do not Renew Amended	94937 (7/07)	Endorsement	New	n/a	Optional	Clarifies	No	This Endorsement amends when Carrier decides not to renew Coverage Part .

Form Listing

7	Unintentional Errors and Omissions- Gross Negligence	94938 (7/07)	Endorsement	New	n/a	Optional	Clarifies	No	This endorsement amends the unintentional failure by the Insured to provide accurate and complete representations as of the inception of the policy.
8	Asbestos and Silica Exclusion	94939 (7/07)	Endorsement	New	n/a	Mandatory	Restricts	No	This endorsement excludes bodily injury and property damage liability arising out of the manufacture of mining use of , installation of , removal of asbestos.
9	Total Lead Exclusion	94952 (7/07)	Endorsement	New	n/a	Mandatory	Restricts	No	This endorsement excludes bodily injury, property damage or any other loss, cost or expense arising out of presences or exposures to lead in any form of precuts containing lead.
10	Amendment of Duties in the Event of Occurrence, Offence Claim or Suit	94953 (7/07)	Endorsement	New	n/a	Optional	Clarifies	No	This endorsement provides notice to the Insured that they must notify the carrier as soon as practicable of any occurrence or an offense which may result in a claim
11	Additional Insured-Where Required Under Contract or Agreement	94954 (7/07)	Endorsement	New	n/a	Optional	Clarifies	No	Amends who an Insured.
12	Additional Insured - Primary Insurance	94955 (7/07)	Endorsement	New	n/a	Optional	Broadens	No	This endorsement is used when the coverage under the policy afforded to an additional insured will apply as primary insurance where required by contract.

Form Listing

13	Amendment of Coverage Territory	94956 (7/07)	Endorsement	New	n/a	Optional	Broadens	No	This amends coverage territory to include all parts of the world.
14	Amendment of Insuring Agreement	94957 (7/07)	Endorsement	New	n/a	Optional	Broadens	No	This endorsement is used when the Insured might pursue a suit against the carrier.
15	Radioactive Matter Exclusion	94958 (7/07)	Endorsement	New	n/a	Optional	Mandatory	No	This endorsement excludes any liability for bodily injury or property damage arising out of the actual threatened exposure of person(s) or property to any radioactive matter or any form of radiation.
			A = Application D = Declarations E = Endorsement P = Policy O = Other (Please explain)			Yes or No			