

SERFF Tracking Number: TWRG-125427277 State: Arkansas
Filing Company: Tower Insurance Company of New York State Tracking Number: #117189 \$150
Company Tracking Number: 08-AR-3-GL-002
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Initial Adoption of ISO Commercial General Liability Forms
Project Name/Number: Initial Adoption of ISO Commercial General Liability Forms/08-AR-3-GL-002

Filing at a Glance

Company: Tower Insurance Company of New York

Product Name: Initial Adoption of ISO SERFF Tr Num: TWRG-125427277 State: Arkansas

Commercial General Liability Forms

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #117189 \$150

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 08-AR-3-GL-002 State Status: Fees verified and received

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

Author: Faye Storch Disposition Date: 01/23/2008

Date Submitted: 01/11/2008 Disposition Status: Approved

Effective Date Requested (New): 02/15/2008 Effective Date (New):

Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Initial Adoption of ISO Commercial General Liability Forms Status of Filing in Domicile: Authorized

Project Number: 08-AR-3-GL-002

Domicile Status Comments:

Reference Organization: ISO

Reference Number: GL-2006-OCTFR

Reference Title: 2007 GL Multistate Form Revision

Advisory Org. Circular: LI-GL-2007-111

Filing Status Changed: 01/23/2008

State Status Changed: 01/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Tower Insurance Company of New York is a subscriber of the Insurance Services Office, Inc. (ISO) for Commercial General Liability. At this time, we wish to adopt as our own filing, the forms as noted in the above referenced ISO Filings.

We wish to make this filing effective for all policies effective on or after February 15, 2008, or the earliest date permitted

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by your state. Your favorable consideration and approval are respectfully requested.

Our initial loss cost and rule filing is being simultaneously filed with your Department under separate cover.

Please contact me if you should have any questions or comments. Thank you for your attention in this matter.

Company and Contact

Filing Contact Information

Faye Storch, Senior Business Analyst fstorch@twrgroup.com
 120 Broadway, 31st Floor (212) 655-2189 [Phone]
 New York, NY 10271-3199 (631) 824-9203[FAX]

Filing Company Information

| | | |
|-------------------------------------|-----------------------------------|-----------------------------------|
| Tower Insurance Company of New York | CoCode: 44300 | State of Domicile: New York |
| 120 Broadway, 31st Floor | Group Code: 3703 | Company Type: Property & Casualty |
| New York, NY 10271-3199 | Group Name: Tower Group Companies | State ID Number: |
| (212) 655-2000 ext. [Phone] | FEIN Number: 13-3548249 | ----- |

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: \$100.00 = Rates/Rules - submitted in SERFF # TWRG-125426926
 \$50.00 = Forms
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|--------|----------------|---------------|
| Tower Insurance Company of New York | \$0.00 | 01/11/2008 | |

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| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 117189 | \$150.00 | 10/17/2007 |

SERFF Tracking Number: TWRG-125427277 State: Arkansas
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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Edith Roberts | 01/23/2008 | 01/23/2008 |

SERFF Tracking Number: *TWRG-125427277* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *#117189 \$150*
Company Tracking Number: *08-AR-3-GL-002*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Initial Adoption of ISO Commercial General Liability Forms*
Project Name/Number: *Initial Adoption of ISO Commercial General Liability Forms/08-AR-3-GL-002*

Disposition

Disposition Date: 01/23/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *TWRG-125427277* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *#117189 \$150*
Company Tracking Number: *08-AR-3-GL-002*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/23/2008

Comments:

Please see attached.

Attachment:

01-11-08 ARPCTD-1.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 01/23/2008

Comments:

Please see attached.

Attachment:

01-11-08 Cover letter.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: 50%;">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 Tower Group Companies | Group NAIC # 3703 |
|---|-----------------------------|

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|-------------------------------------|----------|--------|------------|---------|
| Tower Insurance Company of New York | New York | 44300 | 13-3548249 | |
| | | | | |

| | |
|-----------------------------------|-----------------------|
| 5. Company Tracking Number | 08-AR-3-GL-002 |
|-----------------------------------|-----------------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|--|-------------------------------|--------------|--------------|--------------------|
| | Faye V. Storch Tower Group Companies 120 Broadway, 31 st Floor New York, N.Y. 10271-3199 | Senior Business Analyst | 212-655-2189 | 631-824-9203 | fstorch@twrgrp.com |
| | | | | | |

| | |
|---|--|
| 7. Signature of authorized filer |  |
| 8. Please print name of authorized filer | Faye V. Storch |

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

| | |
|---|--|
| 9. Type of Insurance (TOI) | 17.0 Other Liability-Occ/Claims Made |
| 10. Sub-Type of Insurance (Sub-TOI) | 17.0001 Commercial General Liability |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | 17.2 Other Liability-Occ Only |
| 12. Company Program Title (Marketing title) | N/A |
| 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: 02/15/2008 Renewal: |

Property & Casualty Transmittal Document---

| | | |
|------------|---|--|
| 15. | Reference Filing? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | Reference Organization (if applicable) | Insurance Services Office, Inc. |
| 17. | Reference Organization # & Title | GL-2006-OCTFR; CL-2006-OTF01; GL-2003-OFR03; CL-2004-OTERP; GL-2004-OSIEF; CL-2004-OTIPC; GL-2004-OFGLA; CL-2003-ORTFR; CL-2002-OTRFO; CL-2002-OWLE1; CL-2001-OMOFR; GL-2001-OFR01; CL-2001-OWTFO & GL-2000-OMF00. |
| 18. | Company's Date of Filing | 01/11/2008 |
| 19. | Status of filing in domicile | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

| | | |
|------------|--|----------------|
| 20. | This filing transmittal is part of Company Tracking # | 08-AR-3-GL-002 |
|------------|--|----------------|

| | |
|------------|--|
| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|------------|--|

Tower Insurance Company of New York is a subscriber of the Insurance Services Office, Inc. (ISO) for Commercial General Liability. At this time, we wish to adopt as our own filing, the forms as noted in the above referenced ISO Filings.

We wish to make this filing effective for all policies effective on or after February 15, 2008, or the earliest date permitted by your state. Your favorable consideration and approval are respectfully requested.

Our initial loss cost and rule filing is being simultaneously filed with your Department under separate cover.

Please contact me if you should have any questions or comments. Thank you for your attention in this matter.

| | |
|---|---|
| 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] |
| <p>Check #: 117189 Amount: \$150.00 \$100 = Rates/Rules \$50 = Forms</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> | |

*****Refer to 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



120 BROADWAY, 31ST FLOOR
NEW YORK, NEW YORK 10271-3199

Faye V. Storch
Senior Business Analyst
Home Office Underwriting

Telephone: (212) 655-2189
Facsimile: (631) 824-9203
E-mail: fstorch@twrgrp.com

January 11, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Tower Insurance Company of New York
NAIC # 3703-44300 FEIN # 13-3548249
Commercial General Liability
Initial Adoption of ISO Commercial General Liability Forms
Company Filing Number: 08-AR-3-GL-002

FORMS

ISO Filing Designation Numbers: GL-2006-OCTFR; CL-2006-OTF01; GL-2003-OFR03; CL-2004-OTERP; GL-2004-OSIEF; CL-2004-OTIPC; GL-2004-OFGLA; CL-2003-ORTFR; CL-2002-OTRFO; CL-2002-OWLE1; CL-2001-OMOFR; GL-2001-OFR01; CL-2001-OWTFO & GL-2000-OMF00.

Dear Commissioner Bowman:

Tower Insurance Company of New York is a subscriber of the Insurance Services Office, Inc. (ISO) for Commercial General Liability. At this time, we wish to adopt as our own filing, the forms as noted in the above referenced ISO Filings.

We wish to make this filing effective for all policies effective on or after February 15, 2008, or the earliest date permitted by your state. Your favorable consideration and approval are respectfully requested.

Our initial loss cost and rule filing is being simultaneously filed with your Department under separate cover.

Please contact me if you should have any questions or comments. Thank you for your attention in this matter.

Yours very truly,

A handwritten signature in black ink, appearing to read 'Faye V. Storch', with a long horizontal flourish extending to the right.

Faye V. Storch