

SERFF Tracking Number: AGNY-125828928 State: Arkansas
 First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: AIC-08-AV-05/06
 TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
 Product Name: Gold Medallion - LAD Aviation Program
 Project Name/Number: Gold Medallion - LAD Aviation Program/AIC-08-AV-05/06

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

Product Name: Gold Medallion - LAD Aviation Program SERFF Tr Num: AGNY-125828928 State: Arkansas

TOI: 22.0 Aircraft	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 22.0000 Aircraft	Co Tr Num: AIC-08-AV-05/06	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Authors: Monique Myers, Ronald Colaninno	Disposition Date: 10/01/2008
	Date Submitted: 09/30/2008	Disposition Status: Approved
Effective Date Requested (New): 10/30/2008		Effective Date (New): 10/30/2008
Effective Date Requested (Renewal): 10/30/2008		Effective Date (Renewal): 10/30/2008

State Filing Description:

General Information

Project Name: Gold Medallion - LAD Aviation Program	Status of Filing in Domicile: Pending
Project Number: AIC-08-AV-05/06	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/01/2008	
State Status Changed: 10/01/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The referenced companies (the "Companies") have on file with your Department the captioned Aviation Programs. The Companies submit, for your review and approval the following:

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- Gold Medallion Comprehensive Business Aircraft Program (AIC-05-AV-01)

Eight (8) new and three (3) revised endorsements to be used with this program. We have also included three (3) blackline endorsements for your reference.

- Light Aviation Division Program (AIC-05-AV-04)

Four (4) new endorsements to be used with this program.

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

Company and Contact

Filing Contact Information

Ronald Colaninno, Director - State Filings Ronald.Colaninno@AIG.com
 175 Water Street (212) 458-7462 [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	

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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 CoCode: 19445 State of Domicile: Pennsylvania
Pittsburgh, Pa. Group Code: Company Type:
70 Pine Street Group Name: State ID Number:
New York, NY 10270 FEIN Number: 25-0687550
(212) 770-7000 ext. [Phone]

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

The Insurance Company of the State of CoCode: 19429 State of Domicile: Pennsylvania
Pennsylvania Group Code: Company Type:
70 Pine Street Group Name: State ID Number:
New York, NY 10270 FEIN Number: 13-5540698
(212) 770-7000 ext. [Phone]

SERFF Tracking Number: AGNY-125828928 State: Arkansas
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Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 Per form filing-flat fee.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Home Assurance Company	\$50.00	09/30/2008	22833152
American International South Insurance Company	\$0.00	09/30/2008	
Commerce and Industry Insurance Company	\$0.00	09/30/2008	
Granite State Insurance Company	\$0.00	09/30/2008	
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	09/30/2008	
New Hampshire Insurance Company	\$0.00	09/30/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	09/30/2008	

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Project Name/Number: Gold Medallion - LAD Aviation Program/AIC-08-AV-05/06

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/01/2008	10/01/2008

SERFF Tracking Number: AGNY-125828928 State: Arkansas
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TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Gold Medallion - LAD Aviation Program
Project Name/Number: Gold Medallion - LAD Aviation Program/AIC-08-AV-05/06

Disposition

Disposition Date: 10/01/2008
Effective Date (New): 10/30/2008
Effective Date (Renewal): 10/30/2008
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
Form	Excluded Pilots	Approved	Yes
Form	Good Experience Return Upon Renewal	Approved	Yes
Form	Diminution in Value Coverage Endorsement	Approved	Yes
Form	Managed Aircraft Endorsement	Approved	Yes
Form	Good Experience Return	Approved	Yes
Form	Charter Customer Endorsement	Approved	Yes
Form	Hold Harmless Clause	Approved	Yes
Form	Supplementary Payments Extension - Search and Rescue, Wreck Removal, Runway and Aircraft Foaming	Approved	Yes
Form	Defense, Settlement and Supplementary Payments of Liability Claims Amendatory Endorsement - Wages	Approved	Yes
Form	Good Experience Return	Approved	Yes
Form	Good Experience Return Upon Renewal (Excluding War Premium)	Approved	Yes
Form	Aerial Photography, Aerial Survey, Powerline Patrol or Pipeline Patrol Exclusion Endorsement	Approved	Yes
Form	Named Insured Endorsement	Approved	Yes
Form	Liability Amendment Endorsement	Approved	Yes
Form	Physical Damage Amendment 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	Excluded Pilots	GLD48	(2-08)	Endorsement/Amendment/Conditions New		0.00	GLD48(2-08).pdf
Approved	Good Experience Return Upon Renewal	GLD121	(3-08)	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 GLD121 (1-05) Previous Filing #:		GLD121(3-08).pdf GLD121 (1-05).pdf
Approved	Diminution in Value Coverage Endorsement	GLD873	(4-08)	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 GLD873 (1-05) Previous Filing #:		GLD873(4-08).pdf GLD873 (1-05).pdf
Approved	Managed Aircraft Endorsement	GLD946	(3-08)	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 GLD946 (3-05) Previous Filing #:		GLD946(3-08).pdf GLD946 (3-05).pdf
Approved	Good Experience Return	GLD1006	(4-08)	Endorsement/Amendment/Conditions New		0.00	GLD1006(4-08).pdf
Approved	Charter Customer Endorsement	GLD1072	(4-08)	Endorsement/Amendment/Conditions New		0.00	GLD1072.pdf
Approved	Hold Harmless Clause	GLD1074	(4-08)	Endorsement/Amendment/Conditions New		0.00	GLD1074.pdf
Approved	Supplementary Payments Extension - Search and Rescue, Wreck	GLD1085	(5-08)	Endorsement/Amendment/Conditions New		0.00	GLD1085.pdf

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Removal,
 Runway and
 Aircraft Foaming

Approved	Defense, Settlement and Supplementary Payments of Liability Claims Amendatory Endorsement - Wages	GLD1090 (5-08)	Endorsement New/Amendment/Conditions	0.00	GLD1090.pdf
Approved	Good Experience Return	GLD1098 (5-08)	Endorsement New/Amendment/Conditions	0.00	GLD1098.pdf
Approved	Good Experience Return Upon Renewal (Excluding War Premium)	GLD1099 (5-08)	Endorsement New/Amendment/Conditions	0.00	GLD1099.pdf
Approved	Aerial Photography, Aerial Survey, Powerline Patrol or Pipeline Patrol Exclusion Endorsement	LAD1063 (3-08)	Endorsement New/Amendment/Conditions	0.00	LAD1063.pdf
Approved	Named Insured Endorsement	NOLAD35 (3-08) 3	Endorsement New/Amendment/Conditions	0.00	NOLAD353.pdf
Approved	Liability Amendment Endorsement	NOLAD10 (3-08) 70	Endorsement New/Amendment/Conditions	0.00	NOLAD1070.pdf
Approved	Physical Damage Amendment Endorsement	NOLAD10 (3-08) 71	Endorsement New/Amendment/Conditions	0.00	NOLAD1071.pdf

SERFF Tracking Number: *AGNY-125828928* *State:* *Arkansas*
First Filing Company: *American Home Assurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-AV-05/06*
TOI: *22.0 Aircraft* *Sub-TOI:* *22.0000 Aircraft*
Product Name: *Gold Medallion - LAD Aviation Program*
Project Name/Number: *Gold Medallion - LAD Aviation Program/AIC-08-AV-05/06*

ONS

EXCLUDED PILOTS

This policy is amended as follows:

This policy does not apply to any **Named Insured** while the **Aircraft** is **In-Flight** where any person scheduled below is acting as **Crew Member**, receiving flight instruction or manipulating the controls in any manner whatsoever.

Schedule:

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 _____

By  _____
(Authorized Representative)

GOOD EXPERIENCE RETURN UPON RENEWAL

This policy is amended as follows:

We shall return to the **Named Insured** upon renewal of this policy by the **Named Insured** for a twelve (12) month period an amount equal to _____ of the following:

_____ of the earned premium less paid claims, reserves, and claims expenses. Such return premium shall be provisional only and shall be subject to further adjustment when the reserves and expenses have been finalized.

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 _____

GLD121 (3/08)

By  _____
(Authorized Representative)

~~PROFIT COMMISSION CLAUSE~~



GOOD EXPERIENCE RETURN UPON RENEWAL

This policy is amended as follows:

We shall return to the **Named Insured** upon renewal of this policy by the **Named Insured** for a twelve (12) month period an amount equal to _____ of the following:

_____ of the earned premium less paid claims, reserves, and claims expenses. Such return premium shall be provisional only and shall be subject to further adjustment when the reserves and expenses have been finalized.

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 _____

By _____
(Authorized Representative)

GLD121 ~~(1/05)~~



(3/08)

DIMINUTION IN VALUE COVERAGE ENDORSEMENT

We shall pay the **Named Insured** for **Diminution in Value** resulting from a **Physical Damage** loss to **Aircraft** where the percentage of **Aircraft Damage** exceeds the retention amount scheduled in the Declarations of this endorsement. Coverage for **Diminution in Value** shall be limited to the payment of **Diminution in Value** resulting from one **Physical Damage** loss per **Aircraft** per policy period.

As set forth in this endorsement, the percentage of **Aircraft Damage** shall determine the percentage of the **Maximum Indemnity Amount** to be paid under this endorsement for **Diminution in Value**.

Description of **Aircraft** and **Diminution in Value** Coverage hereunder:

FAA CERT. NO.	MAKE AND MODEL	YEAR BUILT	AIRCRAFT VALUE	MAXIMUM INDEMNITY AMOUNT	RETENTION AMOUNT

Diminution in Value Payment

PERCENTAGE OF AIRCRAFT DAMAGE	PERCENTAGE OF MAXIMUM INDEMNITY AMOUNT PAID FOR DIMINUTION IN VALUE
5% subject to a minimum of \$250,000.	0 %
6 to 15%	20 %
16 to 30%	40 %
31 to 45%	60 %
46 to 60%	80 %
61 to 80%	100 %

ENDORSEMENT PREMIUM: \$ _____

The coverage provided by this endorsement shall not apply to any claim:

- A. Resulting from **Ingestion**;
- B. For any **Physical Damage** loss to **Aircraft** where the percentage of **Aircraft Damage** is greater than or equal to 80% of the **Aircraft** value, or if settled as a **Total Loss**;
- C. For a **Physical Damage** loss where the damage is confined solely to the propulsion system; or
- D. For damage to an aircraft not scheduled in this endorsement.

The following terms when used in this endorsement shall mean:

"**Aircraft Damage**" means the percentage of **Physical Damage** to the **Aircraft**, as determined by us by settlement, by arbitration, or other means of alternate dispute resolution or by a court of appropriate jurisdiction.

"**Diminution in Value**" means the residual depreciation in market value of the **Aircraft** resulting from **Physical Damage** to the **Aircraft** for which the Company shall pay a percentage of the **Maximum Indemnity Amount** to the **Named Insured** in accordance with this endorsement. **Diminution in Value** does not include the actual **Physical Damage** to the **Aircraft**.

"**Maximum Indemnity Amount**" means the maximum dollar amount scheduled in the Declarations for payment of **Diminution in Value** resulting from a **Physical Damage** loss to **Aircraft**.

"**Retention Amount**" means the amount scheduled in the Declarations of this endorsement upon which the **Aircraft Damage** must exceed before the Company shall pay the **Named Insured**, as set forth in the Description of **Aircraft** and **Diminution in Value** Coverage shown above, for **Diminution in Value** resulting from a **Physical Damage** loss to **Aircraft**.

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 _____



By _____
(Authorized Representative)

DIMINUTION IN VALUE COVERAGE ENDORSEMENT

ADDED:
RETENTION
AMOUNT
column

We shall pay the **Named Insured** for **Diminution in Value** resulting from a **Physical Damage** loss to **Aircraft** where the percentage of **Aircraft Damage** exceeds the retention amount scheduled in the Declarations of this endorsement. Coverage for **Diminution in Value** shall be limited to the payment of **Diminution in Value** resulting from one **Physical Damage** loss per **Aircraft** per policy period.

As set forth in this endorsement, the percentage of **Aircraft Damage** shall determine the percentage of the **Maximum Indemnity Amount** to be paid under this endorsement for **Diminution in Value**.

Description of **Aircraft** and **Diminution in Value** Coverage hereunder:

FAA CERT. NO.	MAKE AND MODEL	YEAR BUILT	AIRCRAFT VALUE	MAXIMUM INDEMNITY AMOUNT

Diminution in Value Payment

PERCENTAGE OF AIRCRAFT DAMAGE	PERCENTAGE OF MAXIMUM INDEMNITY AMOUNT PAID FOR DIMINUTION IN VALUE
5% subject to a minimum of \$250,000.	0 %
6 to 15%	20 %
16 to 30%	40 %
31 to 45%	60 %
46 to 60%	80 %
61 to 80%	100 %

ENDORSEMENT PREMIUM: \$ _____

The coverage provided by this endorsement shall not apply to any claim:

- A. Resulting from **Ingestion**;
- B. For any **Physical Damage** loss to **Aircraft** where the percentage of **Aircraft Damage** is greater than or equal to 80% of the **Aircraft** value, or if settled as a **Total Loss**;
- C. For a **Physical Damage** loss where the damage is confined solely to the propulsion system; or
- D. For damage to an aircraft not scheduled in this endorsement.

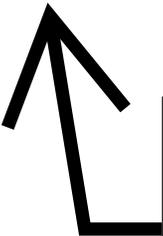
(4/08)

The following terms when used in this endorsement shall mean:

"**Aircraft Damage**" means the percentage of **Physical Damage** to the **Aircraft**, as determined by us by settlement, by arbitration, or other means of alternate dispute resolution or by a court of appropriate jurisdiction.

"**Diminution in Value**" means the residual depreciation in market value of the **Aircraft** resulting from **Physical Damage** to the **Aircraft** for which the Company shall pay a percentage of the **Maximum Indemnity Amount** to the **Named Insured** in accordance with this endorsement. **Diminution in Value** does not include the actual **Physical Damage** to the **Aircraft**.

"**Maximum Indemnity Amount**" means the maximum dollar amount scheduled in the Declarations for payment of **Diminution in Value** resulting from a **Physical Damage** loss to **Aircraft**.



ADDED:
"Retention Amount" means the amount scheduled in the Declarations of this endorsement upon which the Aircraft Damage must exceed before the Company shall pay the Named Insured, as set forth in the Description of Aircraft and Diminution in Value Coverage shown above, for Diminution in Value resulting from a Physical Damage loss to Aircraft.

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 _____ (4/08)

GLD873 ~~(1/05)~~ Page 2

By _____
(Authorized Representative)

MANAGED AIRCRAFT ENDORSEMENT

This policy is amended as follows:

- 1) The "Management Company" scheduled in Item 1. has entered into an Aircraft Management Agreement with the person(s) or organization(s) described below and referred to an "Insured Owner":

"Management Company"

"Insured Owner"

- 2) The "Insured Owner" (referred to as you and your below) is included as an Insured for all coverage and if designated in Item 1 as:
 - a. An individual, you and your spouse are Insureds, but only with respect to the conduct of a business of which you are the sole owner.
 - b. A partnership or joint venture, you are an Insured. Your members, your partners, and their spouses are also Insureds, but only with respect to the conduct of your business.
 - c. A limited liability company, you are an Insured. Your members are also Insureds, but only with respect to the conduct of your business. Your managers are Insureds, but only with respect to their duties as your managers.
 - d. An organization other than a partnership, joint venture, or limited liability company, you are an Insured. Your executive officers and directors are Insureds, but only with respect to their duties as your officers or directors. Your stockholders are also Insureds, but only with respect to their liability as stockholders.
 - e. A trust, you are an Insured. Your trustees are also Insureds, but only with respect to their duties as trustees.

The Insured status granted to the "Insured Owner" shall be further qualified to apply solely as respects to the Coverage and Limits as described in this endorsement and:

- a. With respect to any **Non-Owned Aircraft** shall be an Insured only if:
 1. The **Aircraft** is being operated by the "Management Company" on behalf of the "Insured Owner" or the flight is arranged by the "Management Company" on behalf of the "Insured Owner", and
 2. The **Aircraft** being operated on behalf of the "Insured Owner" is not owned in whole or in part by or registered to the "Insured Owner", and

Coverage B: Liability for the Use of Non-Owned Aircraft and Temporary Substitute Aircraft

\$ Each Occurrence

Maximum Number of Seats:

Reporting Grace Period: consecutive days

Coverage C: Liability for Property Damage to Non-Owned Aircraft

\$ Each Occurrence

Reporting Grace Period: consecutive days

This limit is part of, and not in addition to, the limit provided for Coverage B.

Coverage D: Liability for Property Damage to Temporary Substitute Aircraft

\$ Each Occurrence

This limit is part of, and not in addition to, the limit provided for Coverage B.

Coverage E: Liability for Aviation Premises

\$ Each Occurrence

\$ Any One Fire

Coverage F: Hangarkeepers' Liability

\$ Each Aircraft / Each Auto

\$ Each Occurrence

Deductible: \$ Each Occurrence

Coverage G: Liability for Non-Owned Hangars and Their Contents

\$ Each Occurrence

This limit is part of, and not in addition to, the limit provided for Coverage A, B, or E, whichever applies to the loss.

Coverage H: Liability for the Sale of Aircraft and Aircraft Products and Services

\$ Each Occurrence

Coverage I: Liability for the Operation of Mobile Equipment

\$ Each Occurrence

This limit is part of, and not in addition to, the limit provided for Coverage E.

Coverage J: Liability for Personal and Advertising Injury

\$ Each Offense and in the annual aggregate

This limit is part of, and not in addition to, the limit provided for Coverage A, B, or E, whichever applies to the loss.

Coverage K: Cargo Liability

\$ Each Occurrence

Deductible: \$ Each Occurrence

This limit is part of, and not in addition to, the limit provided for Coverage A, B, or E, whichever applies to the loss.

Coverage L: Personal Effects and Baggage Expense

\$ Each Passenger and Crew Member

This limit is part of, and not in addition to, the limit provided for Coverage A, B, or E, whichever applies to the loss.

Coverage M: Passenger Voluntary Settlements

Settlement Limits:

A) With respect to any **Scheduled Aircraft** or **Temporary Substitute Aircraft**:

Each **Non-Crew Member Passenger**: \$ Each Occurrence

Each **Crew Member**: \$ Each Occurrence

B) With respect to any **Non-Owned Aircraft** except a **Temporary Substitute Aircraft**:

Each **Non-Crew Member Passenger**: \$ Each Occurrence

Each **Crew Member**: \$ Each Occurrence

Total All Non-Owned Aircraft Crew Members and Non-Crew Member Passengers Combined: \$ Each Occurrence

Maximum Weekly Indemnity Limit: \$ Each Passenger

Maximum Indemnity Period: consecutive weeks

These limits are part of, and not in addition to, the limit provided for Coverage A or B, whichever applies to the loss.

Coverage T: Search and Rescue Expenses

\$ _____ Each Loss

Coverage U: Runway / Aircraft Foaming, Airport Crash Fire & Rescue and Emergency or Unexpected Landing

\$ _____ Each Loss

Coverage V: Trip Interruption Expense

\$ _____ Each **Crew Member** or **Passenger** Each Loss

Coverage W: Lay-Up Credit for Scheduled Aircraft

A pro-rated return of _____ % of the applicable premium at policy expiration if the **Scheduled Aircraft** is laid up for _____ or more consecutive days.

PART FOUR - MEDICAL EXPENSES

Coverage X: Medical Expenses

A) With respect to any **Scheduled Aircraft** or **Temporary Substitute Aircraft**:

Each **Non-Crew Member Passenger**: \$ _____ Each **Occurrence**
Each **Crew Member**: \$ _____ Each **Occurrence**

B) With respect to any **Non-Owned Aircraft**:

Each **Non-Crew Member Passenger**: \$ _____ Each **Occurrence**
Each **Crew Member**: \$ _____ Each **Occurrence**

C) With respect to any **Aviation Premises**:

\$ _____ Each Person
\$ _____ Each **Occurrence**

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 _____



By _____
(Authorized Representative)

MANAGED AIRCRAFT ENDORSEMENT

This policy is amended as follows:

- 1) The "Management Company" scheduled in Item 1. has entered into an Aircraft Management Agreement with the person(s) or organization(s) described below and referred to an "Insured Owner":

"Management Company"

"Insured Owner"

- 2) The "Insured Owner" (referred to as you and your below) is included as an Insured for all coverage and if designated in Item 1 as:
 - a. An individual, you and your spouse are Insureds, but only with respect to the conduct of a business of which you are the sole owner.
 - b. A partnership or joint venture, you are an Insured. Your members, your partners, and their spouses are also Insureds, but only with respect to the conduct of your business.
 - c. A limited liability company, you are an Insured. Your members are also Insureds, but only with respect to the conduct of your business. Your managers are Insureds, but only with respect to their duties as your managers.
 - d. An organization other than a partnership, joint venture, or limited liability company, you are an Insured. Your executive officers and directors are Insureds, but only with respect to their duties as your officers or directors. Your stockholders are also Insureds, but only with respect to their liability as stockholders.
 - e. A trust, you are an Insured. Your trustees are also Insureds, but only with respect to their duties as trustees.

The Insured status granted to the "Insured Owner" shall be further qualified to apply solely as respects to the Coverage and Limits as described in this endorsement and:

- a. With respect to any **Non-Owned Aircraft** shall be an Insured only if:

1. The **Aircraft** is being operated by the "Management Company" on behalf of the "Insured Owner" or the flight is arranged by the "Management Company" on behalf of the "Insured Owner", and
2. The **Aircraft** being operated on behalf of the "Insured Owner" is not owned in whole or in part by or registered to the "Insured Owner", and

(3/08)

3. The seating capacity of the **Aircraft** does not exceed the "maximum number of seats shown in the Declarations" for Coverage B: **Non-Owned Aircraft** (regardless of the number of **Passengers** on board the **Non Owned Aircraft**).

b. With respect to Coverage H: Liability for the Sale of **Aircraft** and Aircraft Products and Services shall be Insured only for:

from an exclusive written lease by you, of any aircraft; or

1. The sale or relinquishment ~~for an exclusive written lease of a **Scheduled Aircraft** described in this endorsement, or;~~ **3.**

2. The furnishing to others by the "Insured Owner" food or beverage in connection with the operation of an **Aircraft** scheduled in this endorsement or another **Aircraft** insured by this policy but only while operated or arranged by the "Management Company" on behalf of the "Insured Owner".

ADDED: Aviation Premises or

3) The insurance afforded by this policy for the interest of the "Insured Owner" described in Item 1. of this endorsement shall not be invalidated by any act or neglect of the "Management Company" listed in Item 1.

of this endorsement consent to such act that the "Insured O neglect to which the

ADDED AS 2.
2. The furnishing to others by you of any materials, parts, equipment, fuel, lubricants, maintenance, or services used for or in connection with aircraft, Aviation Premises, or Mobile Equipment, but only if the Bodily Injury or Property Damage occurs away from your Aviation Premises after physical possession of such aircraft, materials, parts, equipment, fuel, or lubricants have been relinquished to others and any maintenance or services have been completed.

The insurance afforded this endorsement shall of this endorsement did not consent to policy.

4) The Limits of Insurance as scheduled in this endorsement shall apply:

- a. For the interest of the "Insured Owner" at all times;
- b. For the interest of the "Management Company" but only while operating a **Scheduled Aircraft, Non-Owned Aircraft** or **Temporary Substitute Aircraft** on behalf of the "Insured Owner".

Such limits as scheduled in this endorsement are part of and not in addition to the limits described elsewhere in the policy for the same coverage. The total limit of our liability shall not exceed the greater of the limits scheduled in this endorsement or the limits described elsewhere in the policy for the same coverage.

5) Schedule of Limits and Coverage:

PART ONE - LIABILITY COVERAGES

Coverage A: Liability Coverage for **Scheduled Aircraft**

§ Each Occurrence

(3/08)

Coverage B: Liability for the Use of **Non-Owned Aircraft** and **Temporary Substitute Aircraft**

§ Each Occurrence

Maximum Number of Seats:

Reporting Grace Period: consecutive days

Coverage B. moved to next page

Coverage C: Liability for Property Damage to Non-Owned Aircraft

\$ Each Occurrence

Reporting Grace Period: consecutive days

This limit is part of, and not in addition to, the limit provided for Coverage B.

Coverage D: Liability for Property Damage to Temporary Substitute Aircraft

\$ Each Occurrence

This limit is part of, and not in addition to, the limit provided for Coverage B.

Coverage E: Liability for Aviation Premises

\$ Each Occurrence

\$ Any One Fire

Coverage F: Hangarkeepers' Liability

\$ Each Aircraft / Each Auto

\$ Each Occurrence

Deductible: \$ Each Occurrence

Coverage G: Liability for Non-Owned Hangars and Their Contents

\$ Each Occurrence

This limit is part of, and not in addition to, the limit provided for Coverage A, B, or E, whichever applies to the loss.

Coverage H: Liability for the Sale of Aircraft and Aircraft Products and Services

\$ Each Occurrence

Coverage I: Liability for the Operation of Mobile Equipment

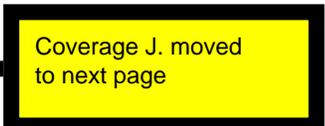
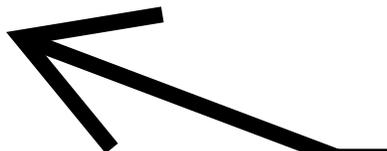
\$ Each Occurrence

This limit is part of, and not in addition to, the limit provided for Coverage E.

Coverage J: Liability for Personal and Advertising Injury

\$ Each Offense and in the annual aggregate

This limit is part of, and not in addition to, the limit provided for Coverage A, B, or E, whichever applies to the loss.



Coverage K: Cargo Liability

\$ Each Occurrence

Deductible: \$ Each Occurrence

This limit is part of, and not in addition to, the limit provided for Coverage A, B, or E, whichever applies to the loss.

Coverage L: Personal Effects and Baggage Expense

\$ Each Passenger and Crew Member

This limit is part of, and not in addition to, the limit provided for Coverage A, B, or E, whichever applies to the loss.

Coverage M: Passenger Voluntary Settlements

Settlement Limits:

A) With respect to any **Scheduled Aircraft** or **Temporary Substitute Aircraft**:

Each **Non-Crew Member Passenger**: \$ Each Occurrence

Each **Crew Member**: \$ Each Occurrence

B) With respect to any **Non-Owned Aircraft** except a **Temporary Substitute Aircraft**:

Each **Non-Crew Member Passenger**: \$ Each Occurrence

Each **Crew Member**: \$ Each Occurrence

Total All Non-Owned Aircraft Crew Members and Non-Crew Member Passengers Combined: \$ Each Occurrence

Maximum Weekly Indemnity Limit: \$ Each Passenger

Maximum Indemnity Period: consecutive weeks

These limits are part of, and not in addition to, the limit provided for Coverage A or B, whichever applies to the loss.

PART TWO - PHYSICAL DAMAGE COVERAGES

Coverage N: Physical Damage Coverage for Scheduled Aircraft

(3/08)

FAA Cert. Number	Make & Model	Year Built	Seats Crew / Pass	Insured Value	Deductibles Not In-Motion	In-Motion/Ingestion
				\$	\$	\$

PART TWO moved to next page

Coverage O: Physical Damage Coverage for **Spare Engines, Spare Parts** and **Mechanic's Tools**

\$ _____ Each **Occurrence**

Deductible: \$ _____ Each **Occurrence**

Coverage P: Automatic Insurance for Newly Acquired Aircraft

Maximum **Physical Damage** Limit: \$ _____
any one **Aircraft** without prior approval.

Maximum number of seats: _____

Reporting Grace Period: _____ consecutive days

Coverage Q: Physical Damage Coverage for Increased Value of **Scheduled Aircraft**

Scheduled Aircraft Maximum Automatic **Physical Damage** Limit:

\$ _____ any one **Aircraft** without prior approval

PART THREE - ADDITIONAL COVERAGES

Coverage R: Temporary Replacement Parts Rental Expense

\$ _____ Each **Loss**

Minimum required repair period: _____ days

Coverage S: Replacement Aircraft Rental Expense

\$ _____ Each day for no more than a maximum coverage period of _____
consecutive days, not to exceed:

\$ _____ Each **Loss**

Minimum required repair period: _____ days

Coverage T: Search and Rescue Expenses

\$ _____ Each **Loss**

Coverage U: Runway / Aircraft Foaming, Airport Crash Fire & Rescue and Emergency or Unexpected Landing

\$ _____ Each **Loss**

Coverage V: Trip Interruption Expense

\$ _____ Each **Crew Member** or **Passenger** Each **Loss**

(3/08)

Coverages T, U, V
moved to next page

GOOD EXPERIENCE RETURN

This policy is amended as follows:

The Company shall return to the **Named Insured** for a twelve (12) month period an amount equal to _____ of the following:

_____ of the earned premium that is not associated with the purchase of any War Physical Damage or War Liability coverages provided by this policy, less paid claims, reserves, and claims expenses. Such return premium shall be provisional only and shall be subject to further adjustment when the reserves and expenses have been finalized.

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 _____



By _____
(Authorized Representative)

CHARTER CUSTOMER ENDORSEMENT

This policy is amended as follows:

1. The Charter Customer is included as additional Insured under liability coverages, but only as respects operations of the **Named Insured**.

Workmanship Exclusion - The insurance extended by this endorsement shall not apply to, and no person or organization named in the schedule shall be insured for **Bodily Injury** or **Property Damage** which arises from the design, manufacture, modification, repair, sale, or servicing of the **Aircraft** by that person or organization.

2. We hereby waive our right of subrogation against the Charter Customer as respects loss arising under **Physical Damage** Coverage as set forth under this policy; provided, however, that this waiver shall not prejudice our right of recourse for damages arising from the design, manufacture, modification, repair, sale or servicing of the **Aircraft**.
3. This policy may not be cancelled nor materially changed affecting the requirements of the Charter Customer by us without thirty (30) days prior notice (10 days for non-payment of premium) of such cancellation or material change to the Charter Customer.
4. Only to the extent as stated within a written contract between the **Named Insured** and the Charter Customer, coverage hereunder is primary and non-contributory with any insurance, co-insurance, or self insurance maintained by the Charter Customer.

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 _____

GLD1072 (4/08)

By  _____
(Authorized Representative)

HOLD HARMLESS CLAUSE

The policy is amended as follows:

As respects Liability Coverages, we agree to indemnify the **Named Insured** for its hold harmless obligations for any loss arising under the policy, but only as respects your ownership, maintenance or use of **Scheduled Aircraft** and only to such extent as agreed to by written contract or agreement with you provided such contract or agreement is on file and approved by the **Aviation Managers**:

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 _____

By  _____
(Authorized Representative)

**SUPPLEMENTARY PAYMENTS EXTENSION - SEARCH AND RESCUE,
WRECK REMOVAL, RUNWAY AND AIRCRAFT FOAMING**

In consideration of an additional premium of \$ _____ , this policy is amended as follows:

The **DEFENSE, SETTLEMENT AND SUPPLEMENTARY PAYMENTS** section is extended to include the following reasonable and necessary expenses incurred:

- G. by you, or for reasonable and necessary expenses incurred by you at our request, or for reasonable and necessary expenses that you become legally liable for search and rescue operations for an **Aircraft** insured under this policy and its **Passengers** that has been determined to be missing and unreported after the computed maximum endurance of its flight has been exceeded; or
- H. for any attempted or actual raising, removal, disposal or destruction or the wreck of an **Aircraft** insured under this policy and the contents of the **Aircraft**; or
- I. for the foaming of a runway or **Aircraft** for the purpose of minimizing a **Physical Damage** loss under this policy;

provided, however, with respects G, H, and I, above, our Limit of Liability for G, H, and I combined shall not exceed \$ _____ any one **Occurrence**; however, coverage above shall not apply to expenses:

- 1. for which you would be reimbursed otherwise; or
- 2. which are payable under any other insurance policy of the **Insured**.

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 _____


By _____
(Authorized Representative)

**DEFENSE, SETTLEMENT AND SUPPLEMENTARY PAYMENTS OF
LIABILITY CLAIMS AMENDATORY ENDORSEMENT - WAGES**

In consideration of an additional premium of \$ _____, this policy is amended as follows:

It is agreed that only with respect to **PART 1 - DEFENSE, SETTLEMENT AND SUPPLEMENTARY PAYMENTS OF LIABILITY CLAIMS** - Item E is deleted and replaced with the following:

- E. All reasonable expenses incurred by an Insured at our request. However, we will not pay more than \$ _____ per day for each of an Insured's employees for the loss of earnings, wages or salaries; or

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 _____



By _____

(Authorized Representative)

GOOD EXPERIENCE RETURN

In consideration of an additional premium of \$ _____, it is agreed that this policy is amended as follows:

We shall return to the **Named Insured** an amount equal to _____ of the following:

_____ of the earned premium less paid claims, reserves, and claims expenses. Such return premium shall be provisional only and shall be subject to further adjustment when the reserves and expenses have been finalized.

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 _____



By _____
(Authorized Representative)

**GOOD EXPERIENCE RETURN UPON RENEWAL
(EXCLUDING WAR PREMIUM)**

In consideration of an additional premium of \$ _____, it is agreed that this policy is amended as follows:

We shall return to the **Named Insured** upon renewal of this policy by the **Named Insured** for a twelve (12) month period an amount equal to _____ of the following:

_____ of the earned premium that is not associated with the purchase of any War Physical Damage or War Liability coverages provided by this policy, less paid claims, reserves, and claims expenses. Such return premium shall be provisional only and shall be subject to further adjustment when the reserves and expenses have been finalized.

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 _____



By _____
(Authorized Representative)

**AERIAL PHOTOGRAPHY, AERIAL SURVEY, POWERLINE PATROL
OR PIPELINE PATROL EXCLUSION ENDORSEMENT**

This policy is amended as follows in the event the Purpose of Use includes aerial photography, aerial survey, powerline patrol or pipeline patrol.

1. Coverages afforded by this policy shall not apply to the following equipment:

Photographic, Video, Motion Picture or Survey Equipment

2. As respects any **flight** where the purpose of use involves aerial photography, aerial survey, powerline patrol or pipeline patrol:

Coverage afforded by this policy shall not apply to any **flight** requiring a special permit or waiver from the Federal Aviation Administration.

3. As respects any **flight** involving aerial photography, aerial survey, powerline patrol or pipeline patrol, coverage afforded by this policy shall not apply to:

- A. any indirect or consequential loss or damage of any kind whatsoever; or
- B. **property damage** to premises or property owned, occupied or rented by, or in the care, custody or control of any person or organization for whom aerial photography, aerial survey, powerline patrol or pipeline patrol services are provided to by any **insured**.

Powerline patrol or pipeline patrol shall mean the patrol, examination or surveillance of any powerlines or pipelines by **aircraft**.

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 _____

By  _____
(Authorized Representative)

NAMED INSURED ENDORSEMENT

This policy is amended as follows:

Your Name and/or Address set forth on the Coverage Summary page is _____ as follows:

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 _____

By  _____
(Authorized Representative)

LIABILITY AMENDMENT ENDORSEMENT

In consideration of _____ premium of \$ _____ item 3. A. set forth in the Coverage Summary Page is amended as follows:

Item 3. Coverage only applies as indicated by a specific limit and premium.

	Limits of Liability	Premium
A. Non-Owned Aircraft Liability Single Limit for Bodily Injury and Property Damage _____ cluding Passengers , but Passenger Bodily Injury Limited within the Single Limit to	\$ _____ each occurrence	\$ _____
	\$ _____ each passenger	

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 _____

By  _____
(Authorized Representative)

PHYSICAL DAMAGE AMENDMENT ENDORSEMENT

In consideration of _____ premium of \$ _____ item 3. B. set forth in the Coverage Summary Page is amended as follows:

Item 3. Coverage only applies as indicated by a specific limit and premium.

	Limits of Liability	Premium
B. Physical Damage to Your Non-Owned Aircraft	\$ _____ each non-owned aircraft	\$ _____

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 _____

By  _____
(Authorized Representative)

SERFF Tracking Number: *AGNY-125828928* *State:* *Arkansas*
First Filing Company: *American Home Assurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-AV-05/06*
TOI: *22.0 Aircraft* *Sub-TOI:* *22.0000 Aircraft*
Product Name: *Gold Medallion - LAD Aviation Program*
Project Name/Number: *Gold Medallion - LAD Aviation Program/AIC-08-AV-05/06*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125828928 State: Arkansas
First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-AV-05/06
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Gold Medallion - LAD Aviation Program
Project Name/Number: Gold Medallion - LAD Aviation Program/AIC-08-AV-05/06

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/01/2008

Comments:

Attachment:

P&C Transmittal Document - AR.pdf

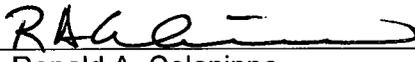
Property & Casualty Transmittal Document

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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3.	Group Name	Group NAIC #		
4.	Company Name(s)	Domicile	NAIC #	FEIN #
	American Home Assurance Company	NY	012-19380	13-5124990
	American International South Insurance Company	PA	012-40258	02-6008643
	Commerce and Industry Insurance Company	NY	012-19410	13-1938623
	Granite State Insurance Company	PA	012-23809	02-0140690
	National Union Fire Insurance Company of Pittsburgh, Pa.	PA	012-19445	25-0687550
	New Hampshire Insurance Company	PA	012-23841	02-0172170
	The Insurance Company of the State of Pennsylvania	PA	012-19429	13-5540698

5.	Company Tracking Number	AIC-08-AV-05/06
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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
	Ronald A. Colaninno	Director	(212) 458-7462	(212)458-7077	ronald.colaninno@aig.com
	175 Water Street, 17 th Floor New York, NY 10038				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Ronald A. Colaninno		

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 (give description)			
14.	Effective Date(s) Requested	New:	October 30, 2008	Renewal:	October 30, 2008
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	September 30, 2008			
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-08-AV-05/06
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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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The referenced companies (the “Companies”) have on file with your Department the captioned Aviation Programs. The Companies submit, for your review and approval the following:

- **Gold Medallion Comprehensive Business Aircraft Program (AIC-05-AV-01)**

Eight (8) new and three (3) revised endorsements to be used with this program. We have also included three (3) blackline endorsements for your reference.

- **Light Aviation Division Program (AIC-05-AV-04)**

Four (4) new endorsements to be used with this program.

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]

Check #: EFT
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-08-AV-05/06			
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	Charter Customer Endorsement	GLD1072 (4/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Defense, Settlement and Supplementary Payments of Liability Claims Amendatory Endorsements – Wages	GLD1090 (5/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Diminution in Value Coverage Endorsement	GLD873 (4/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GLD873 (1/05)	AIC-05-AV-01
04	Excluded Pilots	GLD48 (2/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Good Experience Return	GLD1098 (5/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Good Experience Return (Excluding War Premium)	GLD1006 (5/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Good Experience Return Upon Renewal	GLD121 (5/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GLD121 (1/05)	AIC-05-AV-01
08	Good Experience Return (Excluding War Premium) Upon Renewal	GLD1099 (5/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Hold Harmless Clause	GLD1074 (4/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Managed Aircraft Endorsement	GLD946 (3/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GLD946 (3/05)	AIC-98-AV-02

11	Supplementary Payments Extension – Search and Rescue, Wreck Removal, Runway and Aircraft Foaming	GLD1085 (5/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12	Aerial Photography, Aerial Survey, Powerline Patrol or Pipeline Patrol Exclusion Endorsement	LAD1063 (3/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13	Liability Amendment Endorsement	NOLAD1070 (3/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14	Named Insured Endorsement	NOLAD353 (3/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
15	Physical Damage Amendment Endorsement	NOLAD1071 (3/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1