

SERFF Tracking Number: AGNY-125918315 State: Arkansas  
First Filing Company: American International South Insurance State Tracking Number: EFT \$50  
Company, ...  
Company Tracking Number: AIC-08-GL-34  
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0002 Completed Operations  
Product Name: Products/Completed Operations Coverage - 102000319  
Project Name/Number: Products/Completed Operations Coverage/AIC-08-GL-34

## Filing at a Glance

Companies: American International South Insurance Company, AIG Casualty 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: Products/Completed Operations SERFF Tr Num: AGNY-125918315 State: Arkansas  
Coverage - 102000319

TOI: 17.0 Other Liability-Occ/Claims Made	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.0002 Completed Operations	Co Tr Num: AIC-08-GL-34	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: Christine Wynter	Disposition Date: 12/23/2008
	Date Submitted: 12/02/2008	Disposition Status: Approved
Effective Date Requested (New): 01/05/2009		Effective Date (New):
Effective Date Requested (Renewal): 01/05/2009		Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Products/Completed Operations Coverage	Status of Filing in Domicile: Pending
Project Number: AIC-08-GL-34	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 12/23/2008	
State Status Changed: 12/23/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
The companies submit for your review and approval eight (8) new endorsements to be used with ISO's Products/Completed Operations Liability Coverage Form.	

Please refer to the attached forms listing for information about the forms included in this filing.

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Your favorable consideration and approval are respectfully requested.

## Company and Contact

### Filing Contact Information

Christine Wynter, Filings Analyst Christine.wynter@aig.com  
 175 Water Street, 17th Floor (212) 458-7066 [Phone]  
 New York, NY 10038 (212) 458-7077[FAX]

### Filing Company Information

American International South Insurance CoCode: 40258 State of Domicile: Pennsylvania  
 Company

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  
 -----

AIG Casualty Company CoCode: 19402 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: 25-1118791  
 -----

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 CoCode: 19445 State of Domicile: Pennsylvania  
 Pittsburgh, Pa.

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

Group Code:  
Group Name:  
FEIN Number: 25-0687550  
-----

Company Type:  
State ID Number:

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

CoCode: 23841  
Group Code:  
Group Name:  
FEIN Number: 02-0172170  
-----

State of Domicile: Pennsylvania  
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:

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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 International South Insurance Company	\$50.00	12/02/2008	24259447
AIG Casualty Company	\$0.00	12/02/2008	
Commerce and Industry Insurance Company	\$0.00	12/02/2008	
Granite State Insurance Company	\$0.00	12/02/2008	
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	12/02/2008	
New Hampshire Insurance Company	\$0.00	12/02/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	12/02/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/23/2008	12/23/2008

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## Disposition

Disposition Date: 12/23/2008

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	Self-Insured Retention Endorsement	Approved	Yes
Form	Bodily Injury Definition Extension	Approved	Yes
Form	Erisa Exclusion	Approved	Yes
Form	SEC Liability Exclusion	Approved	Yes
Form	Additional Insured - Controlling Interest	Approved	Yes
Form	Broad Form Named Insured	Approved	Yes
Form	Waiver Of Transfer Of Rights Of Recovery Against Others To Us	Approved	Yes
Form	Employment - Related Practices 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	Self-Insured Retention Endorsement	100564	(10/08)	Endorsement/Amendment/Conditions	New	0.00	100564_10.08_Self Insured Retention ALAE Retention Endorsement.pdf
Approved	Bodily Injury Definition Extension	100565	(10/08)	Endorsement/Amendment/Conditions	New	0.00	100565_10.08_Bodily Injury definition Extention Endorsement..pdf
Approved	Erisa Exclusion	100566	(10/08)	Endorsement/Amendment/Conditions	New	0.00	100566_10-08_Erisa Exclusion Endorsement.pdf
Approved	SEC Liability Exclusion	100567	(10/08)	Endorsement/Amendment/Conditions	New	0.00	100567_10-08_SEC Liability Exclusion Endorsement.pdf
Approved	Additional Insured - Controlling Interest	100568	(10/08)	Endorsement/Amendment/Conditions	New	0.00	100568_10-08 Additional Insured-Controlling Interest Endorsement

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Approval	Description	Policy No	Effective Date	Endorsement/Condition	Amount	Attachment
Approved	Broad Form Named Insured	100569	(10/08)	Endorsement/Amendment/Conditions	0.00	t.doc.pdf 100569_10-08_ Broad Form Named Insured Endorsement.pdf
Approved	Waiver Of Transfer Of Rights Of Recovery Against Others To Us	100570	(10/08)	Endorsement/Amendment/Conditions	0.00	100570_10-08_ Waiver of Right of Recovery 11 24doc.pdf
Approved	Employment - Related Practices Exclusion	100571	(10/08)	Endorsement/Amendment/Conditions	0.00	100571_10-08_ Employment -Related Practices Exclusion Endorsement.pdf



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ENDORSEMENT NO.**

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

Forms a part of Policy No.:

Issued to:

By:

**SELF-INSURED RETENTION ENDORSEMENT**

*This endorsement modifies insurance provided under the following:*

**PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM**

**I. INSURING AGREEMENTS**

SECTION I – COVERAGES PRODUCTS/COMPLETED OPERATION COVERAGES, BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 1. - INSURING AGREEMENT, paragraph a. is deleted in its entirety and replaced with the following:

- a. We will pay on behalf of the Insured those sums in excess of the "Retained Limit" that the Insured becomes legally obligated to pay 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. We may at our discretion and expense, participate with you in the investigation of any "occurrence" and the defense or settlement of 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, if we so exercise it, ends when we have exhausted the applicable limit of insurance in the payment of judgments or settlements under PRODUCTS/COMPLETED OPERATION COVERAGES.
- (3) No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under ALLOCATED LOSS ADJUSTMENT EXPENSES – PRODUCTS/COMPLETED OPERATION COVERAGES

**II. ALLOCATED LOSS ADJUSTMENT EXPENSES – COVERAGES A**

SECTION I - COVERAGES, SUPPLEMENTARY PAYMENTS - PRODUCTS/COMPLETED OPERATION COVERAGES is deleted in its entirety and replaced with the following:

ALLOCATED LOSS ADJUSTMENT EXPENSES - PRODUCTS/COMPLETED OPERATION COVERAGES

"Allocated Loss Adjustment Expenses" we pay will not reduce the Limits of Insurance. You are responsible for the payment of "Allocated Loss Adjustment Expenses" incurred according to the election indicated by an "X" below.

- A. 100% of the total "Allocated Loss Adjustment Expenses" up to the "Retained Limit." However, the most you are responsible for with respect to damages and "Allocated Loss Adjustment Expenses" combined shall not exceed the "Retained Limit."
- B. 100% of the total "Allocated Loss Adjustment Expenses".
- C. All or part of the "Allocated Loss Adjustment Expenses" determined according to the following:
- i. If we incur NO obligation under the policy to pay damages resulting from a claim, you are responsible for all "Allocated Loss Adjustment Expenses" up to the applicable "Retained Limit" plus 100.0% of all remaining "Allocated Loss Adjustment Expenses."
  - ii. If we DO incur an obligation under the policy(ies) to pay damages resulting from a claim, you will be responsible for a percentage of "Allocated Loss Adjustment Expenses". That percentage shall be determined by dividing the "Retained Limit" paid by the total damages paid, subject to the Limits of Insurance.
- D. No "Allocated Loss Adjustment Expenses".

Your duty to pay for "Allocated Loss Adjustment Expenses" applies separately to each "occurrence" for "bodily injury" or "property damage".

### III. LIMITS OF INSURANCE

SECTION III - Limits of Insurance is amended to add the following:

The Limits of Insurance for each of the Coverages provided by this policy will apply in excess of a Self-Insured Retention (referred throughout as the "Retained Limit").

The "Retained Limit", applying only to damages for "occurrences" or offenses covered under this policy, is \$ \_\_\_\_\_ per "occurrence" or offense.

### IV. BANKRUPTCY

**SECTION IV – PRODUCTS/COMPLETED OPERATIONS LIABILITY CONDITIONS , 1. Bankruptcy** is amended to include the following:

Your bankruptcy, insolvency, inability to pay, failure to pay, or refusal to pay the "Retained Limit" will not increase our obligations under the policy. In the event there is insurance, whether or not applicable to an "occurrence", claim or "suit" within the "Retained Limit", you will continue to be responsible for the full amount of the "Retained Limit" before the limits of insurance under this policy apply. In no case will we be required to pay the "Retained Limit" or any portion thereof. Our obligations will attach only when the entire amount of the "Retained Limit" has been paid and then only in excess of the "Retained Limit" and not in excess of the Limits of Insurance adjusted for any reduction in the aggregate limit of our liability.

### V. NOTICE PROVISIONS

**Section IV - PRODUCTS/COMPLETED OPERATIONS LIABILITY CONDITIONS, 2. - Duties in the Event of Occurrence, Claim or Suit** is deleted in its entirety and replaced with the following:

a. **Periodic Notices:** on a \_\_\_\_\_ basis, you must provide us with a written summary (loss run) of all "occurrences", offenses, claims, or "suits" which have or may result in payments within the "Retained Limit".

This written summary must show:

1. The date and location of the "occurrence"; and
2. The name(s) and address(es) of the injured person(s) or identification of the damaged property, and
3. A description of the injury or damage, and
4. The amount paid or reserved, including "Allocated Loss Adjustment Expense", resulting from the "occurrence", offense, claim or "suit".

b. **Individual Notices** of an offense or an "occurrence": in addition to the periodic notices provided for in section a. above, you must see to it that we are notified as soon as practicable of any "occurrence" or 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, including but not limited to:

- (a) a fatality;
- (b) paralysis of any part of the body;
- (c) a major extremity or multiple minor extremity amputations;
- (d) a brain or brain stem injury;
- (e) severe burns or disfigurement;
- (f) partial or total blindness;
- (g) loss or impairment of hearing;
- (h) a heart attack;
- (i) reserves that exceed 50% of the "Retained Limit".

As respects the above categories, You must provide us with any and all additional information, material and/or data, subsequent to the original notice, as it becomes available.

**VI. SPECIAL CONDITIONS**

**SECTION IV – PRODUCTS/COMPLETED OPERATIONS LIABILITY CONDITIONS, 2. – Duties in the Event of Occurrence, Claim or Suit** is amended to add the following:

a. You will employ and pay, without any reimbursement from us, a firm acceptable to us for the purpose of providing claim services (the "Claims Administrator"). In the event of cancellation, expiration or revision of the contract between you and the Claims Administrator, you will notify us within ten (10) days of such cancellation, expiration or revision.

- b. Loss settlements made by you or the Claims Administrator will be within the terms, conditions and limits of the policy.
- c. There will be no reduction of the "Retained Limit" because of payment of claims or "suits" arising from claims or "suits" for which coverage is not afforded by the policy.

## VII. DEFINITIONS

The **DEFINITIONS Section** is amended to include the following additional definitions:

"Allocated Loss Adjustment Expenses" means all fees for service of process and court costs and court expenses; pre- and post-judgment interest; attorneys' fees; cost of undercover operative and detective services; costs of employing experts; costs for legal transcripts, copies of any public records, and costs of depositions and court-reported or recorded statements; costs and expenses of subrogation; and any similar fee, cost or expense reasonably chargeable to the investigation, negotiation, settlement or defense of a loss or a claim or "suit" against you, or to the protection and perfection of your or our subrogation rights.

"Allocated Loss Adjustment Expenses" shall not include our general overhead, the salary and employee benefits of any of our employees, nor the fees of any attorney who is our employee or under our permanent retainer; nor the fees of any attorney we retain to provide counsel to us about our obligations, if any, under any policy issued by us or our affiliated company (ies), with respect to a claim or "suit" against you, or to exercise our right to participate in the investigation of any "occurrence" subject to this endorsement and the defense of any claim or "suit" that may result.

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

**AUTHORIZED REPRESENTATIVE**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ENDORSEMENT #**

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

forms a part

No

issued to

by

**BODILY INJURY DEFINITION EXTENSION**

*This endorsement modifies insurance provided under the following:*

**PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM**

**The Definitions Section, 2. - "Bodily injury" is amended to read:**

2. "Bodily injury" means physical injury, sickness or disease, including death resulting from any of these; or the following when accompanied by physical injury, sickness or disease: mental anguish; shock; or emotional distress.

All other terms, conditions and exclusions shall remain the same.

**AUTHORIZED REPRESENTATIVE**

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**ERISA EXCLUSION**

*This endorsement modifies insurance provided under the following:*

**PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM**

**Section I. - Coverages, Coverage A.- Bodily Injury and Property Damage Liability, 2. - Exclusions,** is amended to add:

“Bodily injury” or “property damage”, arising out of any obligation you incur under the Employee Retirement Income Security Act of 1974, Public Law 93-406, any law amendatory thereof or any regulation pertaining thereto.

All other terms, conditions and exclusions shall remain the same.

**AUTHORIZED REPRESENTATIVE**

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

**SEC LIABILITY EXCLUSION**

*This endorsement modifies insurance provided under the following:*

**PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM**

**Section I. - Coverages, Coverage A.- Bodily Injury and Property Damage Liability, 2. - Exclusions,** is amended to add:

“Bodily injury” or “property damage”, arising out of the intentional or unintentional violations of any provision or provisions of the Securities Act of 1933 or any similar amendments thereof or the Securities Exchange Act of 1934 or any amendments thereof or any similar law, common or statutory, or regulation or ruling of any state or of the United States.

All other terms, conditions and exclusions shall 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

**ADDITIONAL INSURED – CONTROLLING INTEREST**

*This endorsement modifies insurance provided under the following:*

**PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM.**

**SCHEDULE**

**Name of Person or Organization:**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

1. Who is an Insured (Section II) is amended to include as an insured the person (s) or organizations (s) shown in the Schedule, but only with respect to their liability arising out of:
  - a. Their financial control of you: or
  - b. Premises they own, maintain or control while you lease or occupy these premises.
  
2. The insurance does not apply to structural alterations, new construction and demolition operations performed by or for person or organization.

All other terms, conditions and exclusions shall remain the same.

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**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

**BROAD FORM NAMED INSURED**

*This endorsement modifies insurance provided under the following:*

**PRODUCTS/COMPLETED OPERATIONS COVERAGE FORM**

**Policy Declarations, "Named Insured"** is revised to include:

"Named Insured" means the person or organization first named as the Named Insured on the Declarations Page of this policy (the "First Named Insured"). Named Insured also includes (1) any other person or organization named as a Named Insured on the Declarations Page; (2) any subsidiary, associated, affiliated, allied or acquired company or corporation (including subsidiaries thereof) of which any insured named as the Named Insured on the Declarations Page has more than 50% ownership interest in or exercises management or financial control over at the inception date of this policy, provided such subsidiary, associated, affiliated, allied or acquired company or corporation and their operations have been declared to Us prior to the inception date of this policy.

All other terms, conditions and exclusions shall remain the same.

**AUTHORIZED REPRESENTATIVE**

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issued to

by

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US**

*This endorsement modifies insurance provided under the following:*

**PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM.**

**SCHEDULE**

**Name of Person or Organization:**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section **IV** – PRODUCTS/COMPLETED OPERATIONS LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

All other terms, conditions and exclusions shall remain the same.

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**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

**EMPLOYMENT-RELATED PRACTICES EXCLUSION**

*This endorsement modifies insurance provided under the following:*

**PRODUCTS/COMPLETED OPERATIONS COVERAGE FORM**

A. The following exclusion is added to Paragraph 2., Exclusions of Section I – **Coverage A – Bodily Injury And Property Damage Liability**: This insurance does not apply to:

"Bodily injury" to:

- (1) A person arising out of any:
  - (a) Refusal to employ that person;
  - (b) Termination of that person's employment; or
  - (c) Employment-related practices, policies, acts or omissions, such as coercion, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination or malicious prosecution directed at that person; or
- 2) The spouse, child, parent, brother or sister of that person as a consequence of "bodily injury" to that person at whom any of the employment-related practices described in Paragraphs (a), (b), or (c) above is directed.

This exclusion applies:

- (1) Whether the injury-causing event described in Paragraphs (1) (a), (b) or (c) above occurs before employment, during employment or after employment of that person;
- (2) Whether the insured may be liable as an employer or in any other capacity; and
- (3) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

All other terms, conditions and exclusions shall remain the same.

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**AUTHORIZED REPRESENTATIVE**



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First Filing Company: American International South Insurance State Tracking Number: EFT \$50  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 12/23/2008

**Comments:**

**Attachment:**

12-02-08 - PCTD-1. doc.pdf

**Satisfied -Name:** Forms Listing **Review Status:** Approved 12/23/2008

**Comments:**

**Attachment:**

Forms Listing Products Completed Operations.pdf

### Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

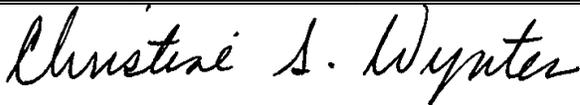
<b>3. Group Name</b>	<b>Group NAIC #</b>
American International Group, Inc.	012

4. Company Name(s)	Domicile	NAIC #	FEIN #
AIG Casualty Company	PA	19402	25-1118791
American International South Insurance Company	PA	40258	02-6008643
Commerce and Industry Insurance Company	NY	19410	13-1938623
Granite State Insurance Company	PA	23809	02-0140690
National Union Fire Insurance Company of Pittsburgh, Pa.	PA	19445	25-0687550
New Hampshire Insurance Company	PA	23841	02-0172170
The Insurance Company of the State of Pennsylvania	PA	19429	13-5540698

<b>5. Company Tracking Number</b>	AIC-08-GL-34
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Christine Wynter 175 Water St., 17 <sup>th</sup> Fl New York, NY 10038	Filings Analyst	(212) 458-7066	(212) 458-7077	christine.wynter@aig.com

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

9. Type of Insurance (TOI)	17.0/Other Liability-Occurrence/Claims-Made
10. Sub-Type of Insurance (Sub-TOI)	17.0002/Completed Operations
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Products/Completed Operations Coverage
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: January 5, 2009    Renewal: January 5, 2009
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	December 2, 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—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AIC-08-GL-34
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<b>21.</b>	<b>Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]</b>
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The companies submit for your review and approval eight (8) new endorsements to be used with ISO's Products/Completed Operations Liability Coverage Form.

Please refer to the attached forms listing for information about the forms included in this filing.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:** N/A  
**Amount:** \$50.00

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

PC TD-1 pg 2 of 2

## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AIC-08-GL-34			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Self-Insured Retention Endorsement	100564 (10/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	
02	Bodily Injury Definition Extension	100565 (10/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	
03	Erisa Exclusion	100566 (10/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	
04	Sec Liability Exclusion	100567 (10/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	
05	Additional Insured – Controlling Interest	100568 (10/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	
06	Broad Form Named Insured	100569 (10/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	
07	Waiver Of Transfer Of Rights Of Recovery Against Others To Us	100570 (10/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	
08	Employment – Related Practices Exclusion	100571 (10/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Products Completed Operations Forms Listing

	<b>Forms Title</b>	<b>Form No.</b>	<b>Form Type</b>	<b>New or Replacement</b>	<b>Form No. Being Replaced</b>	<b>Mandatory or Optional</b>	<b>Restricts, Broadens or Clarifies</b>	<b>Rate or Premium Impact</b>	<b>Description of Form</b>
1	Self-Insured Retention Endorsement	100564 (10/08)	Endorsement	New	n/a	Optional	Clarify	no	This endorsement states that we will pay on behalf of the Insured those sums in excess of the "retained limit" that the insured becomes legally obligated to pay as damages because of "bodily damage" or "property injury" to which this insurance applies.
2	Bodily Injury Definition Extension Endorsement	100565 (10/08)	Endorsement	New	n/a	Optional	Broadens	no	This endorsement expands the definition of Bodily injury to include "Physical injury, sickness or disease and death resulting from them". It also covers mental anguish, shock, or emotional distress.
3	ERISA Exclusion Endorsement	100566 (10/08)	Endorsement	New	n/a	Optional	Restricts	no	The endorsement excludes all liability under ERISA for the exposure arising out of the responsibility as an officer or fiduciary of a company for the handling of pension funding and other employee benefit plans.
4	Sec Liability Exclusion Endorsement	100567 (10/08)	Endorsement	New	n/a	Optional	Restricts	no	The endorsement adds an exclusion for intentional or unintentional violations of any provision for the Securities Act of 1933 and Securities Exchange Act of 1934.

Products Completed Operations Forms Listing

	<b>Forms Title</b>	<b>Form No.</b>	<b>Form Type</b>	<b>New or Replacement</b>	<b>Form No. Being Replaced</b>	<b>Mandatory or Optional</b>	<b>Restricts, Broadens or Clarifies</b>	<b>Rate or Premium Impact</b>	<b>Description of Form</b>
5	Additional Insured-Controlling Interest	100568 (10/08)	Endorsement	New	n/a	Optional	Broadens	no	The endorsement expands the policy definition of "who is an insured" to include a person or organization having financial control over the named insured or financial control over the premises leased or occupied by the named insured. Financial control is greater than 50% ownership. Additional insured coverage is limited to liability arising from the financial control or the premises, but does not include structural alterations, demolition or new construction performed by or for the additional insured.
6	Broad Form Named Insured Endorsement	100569 (10/08)	Endorsement	New	n/a	Optional	Clarify	no	The endorsement states out who is a "Named Insured". It includes as a "Named Insured" any entity where the "Named Insured" has more than a 50% ownership interest, or where the "Named Insured" has management or financial control of that entity as long as we are notified of this prior to the policy effective date.
7	Waiver of Transfer of Rights of Recovery	100570 (10/08)	Endorsement	New	n/a	Optional	Broadens	no	The endorsement is used to waive the insurance company's right of recovery for its payment of a loss against a responsible third party.

Products Completed Operations Forms Listing

	<b>Forms Title</b>	<b>Form No.</b>	<b>Form Type</b>	<b>New or Replacement</b>	<b>Form No. Being Replaced</b>	<b>Mandatory or Optional</b>	<b>Restricts, Broadens or Clarifies</b>	<b>Rate or Premium Impact</b>	<b>Description of Form</b>
8	Employment- Related Practices Exclusion	100571 (10/08)	Endorsement	New	n/a	Mandatory	Restricts	no	This endorsement excludes coverage for Employment-related practices for example, claims alleging mental or emotional pain from wrongful termination or harassment.

A = Application  
D = Declarations  
E = Endorsement  
P = Policy  
O = Other (Please explain)

Yes or No