

SERFF Tracking Number: AGNY-125928652 State: Arkansas  
First Filing Company: American International South Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AIC-08-GL-26  
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0014 Liquor Liability  
Product Name: Liquor Liability Endorsement Filing  
Project Name/Number: commercial liability endorsement 102000219/AIC-08-GL-26

## 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: Liquor Liability Endorsement SERFF Tr Num: AGNY-125928652 State: Arkansas  
Filing

TOI: 17.0 Other Liability-Occ/Claims Made

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0014 Liquor Liability

Co Tr Num: AIC-08-GL-26

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Lakesha Houser

Disposition Date: 12/22/2008

Date Submitted: 12/08/2008

Disposition Status: Approved

Effective Date Requested (New): 01/19/2009

Effective Date (New):

Effective Date Requested (Renewal): 01/19/2009

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: commercial liability endorsement 102000219

Status of Filing in Domicile:

Project Number: AIC-08-GL-26

Domicile Status Comments:

Reference Organization: NA

Reference Number: NA

Reference Title: NA

Advisory Org. Circular: NA

Filing Status Changed: 12/22/2008

State Status Changed: 12/22/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The referenced companies submit for your review and approval the attached endorsement to be used with ISO's Liquor Liability Coverage Form on file with your department.

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

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## Company and Contact

### Filing Contact Information

Lakesha Houser, lakesha.houser@aig.com  
 175 Water Street - 17th Floor (212) 458-5950 [Phone]  
 New York, NY 10038 (212) 458-7077[FAX]

### Filing Company Information

American 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  
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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  
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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  
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National Union Fire Insurance Company of CoCode: 19445 State of Domicile: Pennsylvania  
 Pittsburgh, Pa.

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

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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] -----



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/22/2008	12/22/2008

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## Disposition

Disposition Date: 12/22/2008

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	Amendment of Other Insurance (Liquor Liability)	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendment of Other Insurance (Liquor Liability)	99567	(7/08)	Endorsement/New Amendment/Conditions		0.00	99567 (7-08) Amendment of Other Insurance.pdf

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

**ENDORSEMENT #**

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

No. issued to by

**AMENDMENT OF OTHER INSURANCE  
[LIQUOR LIABILITY]**

*This endorsement modifies insurance provided under the following:*

**LIQUOR LIABILITY COVERAGE FORM**

**Section IV – Liquor Liability Conditions, 4. Other Insurance**, is hereby modified as follows:

Subparagraph **a. Primary Insurance** is deleted in its entirety and replaced with the following:

**a. Excess Insurance**

- (1) This insurance is excess over any other valid and collectible insurance available to the insured including, but not limited to, each of your tenant's primary insurance that would provide coverage for damages because of "injury" to which this insurance applies.

We will have no duty under this Coverage Part to defend any claim or "suit" that any other insurer has a duty to defend. If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

We will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (b) The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

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

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AUTHORIZED REPRESENTATIVE



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 12/22/2008

**Comments:**

**Attachment:**

NAIC Transmittal Doc.\_2\_.pdf

**Satisfied -Name:** FORMS LISTING **Review Status:** Approved 12/22/2008

**Comments:**

**Attachment:**

Forms Listing.pdf



**Property & Casualty Transmittal Document—**

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>AIC-08-GL-26</b>
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<b>21.</b>	<b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
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The companies referenced in Item 4 submit for your review and approval one endorsement to be used with ISO's Liquor Liability Coverage Form on file with your department.

<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]
<p><b>Check #: eft payment</b> <b>Amount: N/A</b></p> <p>INIC charges \$50 per endorsement for re fees</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></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

**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>	<b>AIC-08-GL-26</b>
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A
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<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	Amendment of Other Insurance (Liquor Liability)	99567 (7/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Effective January 1, 2006

Forms Listing

Forms Title	Form No.	Form Type	New or Replacement	Form No. Being Replaced	Mandatory or Optional	Restricts, Broadens or Clarifies	Rate or Premium Impact	Description of Form
Amendment of Other Insurance (Liquor Liability)	99567 (7/08)	Endorsement	New	n/a	Optional	Broadens	NO	This endorsement broadens the Excess Insurance provision of the Other Insurance Condition of the Liquor Liability Policy. It provides Excess General Liability coverage over any other valid and collectible insurance available, unless such insurance is specifically purchased to apply excess of the policy, or the insured is obligated by contract to provide primary insurance.