

<i>SERFF Tracking Number:</i>	<i>AGNY-125449169</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Granite State Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-GL-01</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Commerical General Liability</i>		
<i>Project Name/Number:</i>	<i>Welding Distributors Partnering Group Program/AIC-08-GL-01</i>		

Filing at a Glance

Companies: Granite State Insurance Company, New Hampshire Insurance Company

Product Name: Commerical General Liability SERFF Tr Num: AGNY-125449169 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 17.2000 Other Liability Sub-TOI Co Tr Num: AIC-08-GL-01 State Status: Fees verified and received

Combinations

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Janine Graham

Disposition Date: 02/11/2008

Date Submitted: 01/25/2008

Disposition Status: Approved

Effective Date Requested (New): 02/27/2008

Effective Date (New):

Effective Date Requested (Renewal): 02/27/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Welding Distributors Partnering Group Program

Status of Filing in Domicile: Pending

Project Number: AIC-08-GL-01

Domicile Status Comments: This filing is being submitted simultaneously in all states.

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 02/11/2008

State Status Changed: 02/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The Companies submit for your review and approval two (2) endorsements to be used with the occurrence version of the ISO Commercial General Liability Coverage Form on file with your Department.

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

SERFF Tracking Number: AGNY-125449169 State: Arkansas
 First Filing Company: Granite State Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: AIC-08-GL-01
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations
 Product Name: Commerical General Liability
 Project Name/Number: Welding Distributors Partnering Group Program/AIC-08-GL-01

Company and Contact

Filing Contact Information

Janine Graham, Filings Analyst Janine.Graham@AIG.com
 175 Water Street (212) 458-7463 [Phone]
 New York, NY 10038 (212) 458-7077[FAX]

Filing Company Information

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

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: (\$50 X 1 Form Filing) X 1 Group = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Granite State Insurance Company	\$50.00	01/25/2008	17673748
New Hampshire Insurance Company	\$0.00	01/25/2008	

SERFF Tracking Number: AGNY-125449169 State: Arkansas
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Product Name: Commerical General Liability
Project Name/Number: Welding Distributors Partnering Group Program/AIC-08-GL-01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/11/2008	02/11/2008

SERFF Tracking Number: AGNY-125449169 State: Arkansas
First Filing Company: Granite State Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-GL-01
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Product Name: Commerical General Liability
Project Name/Number: Welding Distributors Partnering Group Program/AIC-08-GL-01

Disposition

Disposition Date: 02/11/2008

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

SERFF Tracking Number: AGNY-125449169 State: Arkansas
 First Filing Company: Granite State Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: AIC-08-GL-01
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations
 Product Name: Commercial General Liability
 Project Name/Number: Welding Distributors Partnering Group Program/AIC-08-GL-01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Welding Supply and Industrial Gas Distributors Total Pollution Exclusion With Exceptions For: (1) Hostile Fire and (2) Scheduled Escaped Gases	Approved	Yes
Form	Welding Supply and Industrial Gas Distributors General Liability Extension Endorsement	Approved	Yes

SERFF Tracking Number: AGNY-125449169 State: Arkansas
 First Filing Company: Granite State Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: AIC-08-GL-01
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations
 Product Name: Commerical General Liability
 Project Name/Number: Welding Distributors Partnering Group Program/AIC-08-GL-01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Welding Supply and Industrial Gas Distributors Total Pollution Exclusion With Exceptions For: (1) Hostile Fire and (2) Scheduled Escaped Gases	97108	(1/08)	Endorsement/Amendment/Conditions		0.00	97108 (1-08) - Total Pollution Exclusion With Exception.pdf
Approved	Welding Supply and Industrial Gas Distributors General Liability Extension Endorsement	97109	(1/08)	Endorsement/Amendment/Conditions		0.00	97109 (1-08) - General Liability Extension End't.pdf

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

Policy No. Issued to:

By:

WELDING SUPPLY AND INDUSTRIAL GAS DISTRIBUTORS TOTAL POLLUTION EXCLUSION WITH EXCEPTIONS FOR: (1) HOSTILE FIRE AND (2) SCHEDULED ESCAPED GASES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE OF GASES

Any Gas Sold or Distributed by the Named Insured

- I. Subparagraph f., **Pollution** of Paragraph 2., **Exclusions** of **COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY (SECTION I – COVERAGES)** is deleted in its entirety and replaced by the following:

[This insurance does not apply to:]

f. Pollution

- (1) "Bodily injury" or "property damage" caused by, arising out of, or resulting directly or indirectly, in whole or in part from actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants" at any time.

However, this exclusion does not apply to "bodily injury" or "property damage":

- (a) Arising out of heat, smoke or fumes from a "hostile fire" unless that "hostile fire" occurred or originated:
- i. At any premises, site or location which is or was at any time used by or for any insured or others for the handling, storage, disposal, processing or treatment of waste; or
 - ii. At any premises, site or location on which any insured or any contractors or subcontractors working directly or indirectly on any insured's behalf are performing operations to test for, monitor, clean up, remove, contain, treat, detoxify, neutralize or in any way respond to, or assess the effects of, "pollutants".
- (b) Arising out of an "escaped gas incident" in which one or more of the gases shown in the above Schedule of Gases is released, provided that, all of the following conditions are met:
- i. The "escaped gas incident" commenced on a specific, demonstrable date and time during the policy period of this policy,
 - ii. You discover the "escaped gas incident" within thirty (30) days of such commencement and take reasonable action to contain, control or mitigate such "escaped gas incident"; and

- iii. You provide us written notice of such "escaped gas incident" within ninety (90) days after the commencement of such "escaped gas incident". Compliance with this subparagraph iii shall be a condition precedent to the coverage provided by this exception, whether or not we are prejudiced by your failure to provide such written notice.

"Bodily injury" or "property damage", arising out of or resulting from the same, related or continuous "escaped gas incident", shall be considered one "occurrence", and shall be deemed to have taken place in its entirety only during the policy period in which the "escaped gas incident" commenced. The Limits of Insurance applicable to the policy period in which the "escaped gas incident" commenced shall apply to all such "bodily injury" or "property damage".

Notwithstanding the foregoing, the coverage provided by this exception does not apply to any "bodily injury", "property damage", loss, cost, damage, or expense, arising out of or in any way related to contamination or pollution of the air, land, water or watercourse caused in whole or in part by:

- i. Chemical waste or residue of any kind, including residue from cleaning, repairing, storing or disposing of cylinders, cryogenic containers or tanks, and including substances which are to be reused, reclaimed or recycled; or
- ii. Cylinders, cryogenic containers or tanks which have been removed from use, discarded or abandoned, including any which are to be reclaimed or recycled.

(2) Any loss, cost or expense arising out of any:

- (a) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants"; or
- (b) Claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying for neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

II. The following definitions are added to **SECTION V – DEFINITIONS**:

- 1. "Escaped gas incident" means an unintentional and "sudden" escape of a gaseous substance shown in the Schedule of Gases:
 - a. From a cylinder, cryogenic container, or tank that is on your premises; or
 - b. From a cylinder, cryogenic container or tank that you distributed which is off your premises, but only if the escape is due to the failure of valves, hoses, equipment, cylinders, cryogenic containers, or tanks that you provided to your customers; or
 - c. From a cylinder, cryogenic container or tank at a site where you are "loading or unloading" (but only from an "auto"), installing, connecting, filling, charging, or servicing cylinders, cryogenic containers or tanks if the gases escape as a result of your activities.

"Escaped gas incident" does not include:

- a. any accumulation of gases or any exposure to gases over a period of more than 96 hours, or
- b. any series of two or more escapes extending or causing exposure to gases over a period of more than 96 hours.

- 2. "Sudden" means abrupt or instantaneous.

All other terms and conditions of the policy remain the same.

Authorized Representative

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

Policy No. Issued to:

By:

WELDING SUPPLY AND INDUSTRIAL GAS DISTRIBUTORS GENERAL LIABILITY EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

A. EMPLOYMENT RELATED PRACTICES EXCLUSION

The following exclusion is added to paragraph 2., Exclusions of COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I-Coverages) and to paragraph 2., Exclusions of COVERAGE B – PERSONAL AND ADVERTISING INJURY LIABILITY (Section I-Coverages):

This insurance does not apply to:

“Bodily injury” or “Personal and advertising injury” to: A person arising out of any:

- (1) Refusal to employ a person;
- (2) Termination of a person’s employment;
- (3) Coercion, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation or discrimination directed at a person; or
- (4) Consequential “bodily injury” or “personal an advertising injury” as a result of (1) through (3) above.

This exclusion applies:

- (1) Whether the insured may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

B. EXCLUSIONS

The following paragraphs are added to Section I – Coverage A – 2. Exclusions:

r. Asbestos

- (1) The manufacture of, mining of, use of, sale of, installation of, removal of, distribution of or exposure to asbestos, asbestos products, asbestos fibers or asbestos dust;
- (2) Any obligation of the insured to indemnify any party because of damages arising out of such “bodily injury”, “property damage”, “personal and advertising injury” as a result of the manufacture of, mining of, use of, sale of, installation of, removal of, distribution of or exposure to asbestos, asbestos products, fibers or asbestos dust;
- (3) Any obligation to defend any claim or suit against the insured alleging “bodily injury”, “property damage”, “personal and advertising injury” and seeking damages, if such claim or suit arises from “bodily injury”, “property damage”, “personal and advertising injury” as a result of the manufacture of, mining of, use of, sales of, installation of, removal of, distribution of or exposure to asbestos, asbestos, asbestos products, asbestos or asbestos dust; or
- (4) To any loss, cost, expense, fine, or penalty arising out of any of the foregoing items 1., 2., or 3.

s. Fungus

This insurance does not apply to “bodily injury”, “property damage”, “personal and advertising injury”, or any other loss, cost or expense, including, but not limited to losses, costs or expenses related to, arising from or

associated with clean-up, remediation, containment, removal or abatement, caused directly or indirectly, in whole or in part, by:

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

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

For purposes of this exclusion, the following definitions are added to the Policy:

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

This fungus exclusion DOES NOT apply in the States of Alaska, California, Louisiana, New York or Washington.

C. KNOWLEDGE OF OCCURRENCE

As respects any loss reporting requirements under this policy, it is understood and agreed that knowledge of an accident or incident by an agent, servant or employee of yours or any other person shall not in itself constitute knowledge by you, unless a corporate officer of yours shall have received notice from said agent, servant, employee or any other person.

D. LIBERALIZATION CLAUSE

If we adopt a change in our forms or rules which would broaden your coverage without an additional premium charge, your policy will automatically provide the additional coverages as of the date the revision is effective in your state.

E. NON-OWNED WATERCRAFT EXCLUSION

Paragraph **g.(2) of Section I – Coverage A – 2. Exclusions** is deleted and replaced by the following:

- (2) A watercraft you do not own that is:
 - (a) Less than 52 feet long; and
 - (b) Not being used to carry persons or property for a charge.

F. NOTICE OF OCCURRENCE

Your failure to give first report of a claim to us shall not invalidate coverage under this policy if the loss was inadvertently reported to another Insurer. However, you shall report any such "Occurrence" to us within a reasonable time once you become aware of such error.

G. SUPPLEMENTARY PAYMENTS

1. Paragraph 1. b. of **SUPPLEMENTARY PAYMENTS – COVERAGES A and B (SECTION I)** is deleted and replaced by the following:

97109 (1/08)

- b. Up to \$2,500 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.
- 2. Paragraph 1. d. of **SUPPLEMENTARY PAYMENTS – COVERAGES A and B (SECTION I)** is deleted and replaced by the following:
 - d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or “suit,” including actual loss of earnings up to \$350 a day because of time off from work.

H. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

The following is added to paragraph 6., Representations of Section IV – Commercial General Liability Conditions:

Your failure to disclose all hazards existing as of the inception date of the policy shall not prejudice you with respect to the coverage afforded by this policy provided such failure or any omission is not intentional.

All other terms and conditions of the policy remain the same.

AUTHORIZED REPRESENTATIVE

SERFF Tracking Number: *AGNY-125449169* *State:* *Arkansas*
First Filing Company: *Granite State Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-GL-01*
TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2000 Other Liability Sub-TOI Combinations*
Product Name: *Commerical General Liability*
Project Name/Number: *Welding Distributors Partnering Group Program/AIC-08-GL-01*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125449169 State: Arkansas
First Filing Company: Granite State Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-GL-01
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations
Product Name: Commerical General Liability
Project Name/Number: Welding Distributors Partnering Group Program/AIC-08-GL-01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 02/11/2008

Comments:

Attachment:

01-25-08 AR PCTD-1 -Welding.pdf

Satisfied -Name: Forms Listing **Review Status:** Approved 02/11/2008

Comments:

Attachment:

Form Listing - Welding.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 02/11/2008

Comments:

Attachment:

01-25-08 AR - Cover Letter - Welding.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
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3.	Group Name	Group NAIC #			
	American International Group	012			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Granite State Insurance Company	PA	23809	02-0140690	
	New Hampshire Insurance Company	PA	23841	02-0172170	

5. Company Tracking Number	AIC-08-GL-01
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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
	Janine Graham 175 Water Street, 17 th Floor New York, New York 10038	Filing Analyst	(212) 458-7463	(212) 458-7077	janine.graham@aig.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Janine Graham		

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

9.	Type of Insurance (TOI)	17.2 Other Liability – Occurrence Only
10.	Sub-Type of Insurance (Sub-TOI)	17.2000 Other Liability Sub-TOI Combinations
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Commercial General Liability
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: February 27, 2008 Renewal: February 27, 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	January 25, 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-GL-01
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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 companies listed in Item No. 4 submit for your review and approval two (2) endorsements to be used with the occurrence version of the ISO Commercial General Liability Coverage Form on file with your Department.

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

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

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.)

1.	This filing transmittal is part of Company Tracking #	AIC-08-GL-01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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	Welding Supply and Industrial Gas Distributors Total Pollution Exclusion with Exceptions For: (1) Hostile Fire and (2) Scheduled Escaped Gases	97108 (1/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Welding Supply and Industrial Gas Distributors General Liability Extension Endorsement	97109 (1/08)	<input checked="" 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		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Form Listing

	Form Title	Form No.	Form Type	New or Replacement	Form No. Being Replaced	Mandatory or Optional	Restricts, Broadens or Clarifies	Rate or Premium Impact	Description of Form
1	Welding Supply and Industrial Gas Distributors - Total Pollution Exclusion with Exceptions for: (1) Hostile Fire and (2) Scheduled Escaped Gases	97108 (1/08)	E	N	N/A	M	R	No	This is a mandatory endorsement to be attached to all policies written in our Welding Distributors Partnering Group program. The form will replace ISO form CG 21 55 (Pollution Exclusion with Hostile Fire Exception). Additionally, the form provides a limited exception to the pollution exclusion for bodily injury or property damage resulting from the release of escaped gases scheduled on the endorsement.
2	Welding Supply and Industrial Gas Distributors - General Liability Extension Endorsement	97109 (1/08)	E	N	N/A	M	B/C	No	This is a mandatory endorsement to be attached to all policies written in our Welding Distributors Partnering Group program. The form incorporates several commonly used exclusions and provides several coverage extensions.

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

Yes or No



American International Companies®

DBG Legal Services
State Filings Department
175 Water Street, 17th Floor
New York, NY 10038

January 25, 2008

Honorable Mike Pickens
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: GRANITE STATE INSURANCE COMPANY
NAIC #012-23809 FEIN # 02-0140690
NEW HAMPSHIRE INSURANCE COMPANY
NAIC #012-23841 FEIN # 02-0172170

Commercial General Liability

Welding Supply and Industrial Gas Distributors Total Pollution Exclusion with Exceptions For:

(1) Hostile Fire and (2) Scheduled Escaped Gases – 97108 (1/08)

Welding Supply and Industrial Gas Distributors General Liability Extension Endorsement – 97109 (1/08)

Our Filing Number: AIC-08-GL-01

Dear Commissioner Pickens:

The above-referenced companies submit for your review and approval two (2) endorsements to be used with the occurrence version of the ISO Commercial General Liability Coverage Form on file with your Department.

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

We wish to make this filing effective for all policies effective on or after February 27, 2008 or the earliest date permitted by your Department.

Your favorable consideration and approval are respectfully requested.

Sincerely,

Janine Graham
Filings Analyst
State Filings Department
Phone: (212) 458-7463
Fax: (212) 458-7077
Email: janine.graham@aig.com