

SERFF Tracking Number: AGNY-125470584 State: Arkansas  
 First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: AIC-08-GL-06  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
 Product Name: Exclusion - Violation Of Statues In Connection With Sending, Transmitting Or Communicating Any Material or Information  
 Project Name/Number: Exclusion - Violation Of Statues In Connection With Sending, Transmitting Or Communicating Any Material or Information/AIC-08-GL-06

## Filing at a Glance

Companies: American Home Assurance Company, 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: Exclusion - Violation Of Statues SERFF Tr Num: AGNY-125470584 State: Arkansas  
 In Connection With Sending, Transmitting Or  
 Communicating Any Material or Information

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50  
 Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: AIC-08-GL-06 State Status: Fees verified and received

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

Authors: Teresa Mitchell-Alleyne, Disposition Date: 02/11/2008

Christine Wynter

Date Submitted: 02/05/2008 Disposition Status: Approved

Effective Date Requested (New): 03/01/2008 Effective Date (New):

Effective Date Requested (Renewal): 03/01/2008 Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Exclusion - Violation Of Statues In Connection With Sending, Transmitting Or Communicating Any Material or Information Status of Filing in Domicile: Pending

Project Number: AIC-08-GL-06

Domicile Status Comments:

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:

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**Filing Description:**

The companies submit for your review and approval a revised endorsement to be used with ISO's Commercial General Liability Coverage Form currently on file with your department. A blackline of the form illustrating the changes made is included for your reference.

Please refer to the attached forms listing for information concerning this form.

**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 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	
	-----	
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:

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New York, NY 10270 (212) 770-7000 ext. [Phone]	Group Name: FEIN Number: 13-1938623 -----	State ID Number:
Granite State Insurance Company 70 Pine Street New York, NY 10270 (212) 770-7000 ext. [Phone]	CoCode: 23809 Group Code: Group Name: FEIN Number: 02-0140690 -----	State of Domicile: Pennsylvania Company Type: State ID Number:
National Union Fire Insurance Company of Pittsburgh, Pa. 70 Pine Street New York, NY 10270 (212) 770-7000 ext. [Phone]	CoCode: 19445  Group Code: Group Name: FEIN Number: 25-0687550 -----	State of Domicile: Pennsylvania  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 Group.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Home Assurance Company	\$50.00	02/05/2008	17830342
American International South Insurance Company	\$0.00	02/05/2008	
AIG Casualty Company	\$0.00	02/05/2008	
Commerce and Industry Insurance Company	\$0.00	02/05/2008	
Granite State Insurance Company	\$0.00	02/05/2008	
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	02/05/2008	
New Hampshire Insurance Company	\$0.00	02/05/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	02/05/2008	

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## Correspondence Summary

### Dispositions

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

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## 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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Listing	Approved	Yes
Form	Exclusion - Violation Of Statues in Connection With Sending, Transmitting Or Communicating Any Material or Information	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion - Violation Of Statues in Connection With Sending, Transmitting Or Communicating Any Material or Information	87295	1/08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 87295 (12/07) Previous Filing #: AIC-07-GL-11		02-01-08-CAN SPAM _clean version _1.pdf 02-04-08-CAN SPAM _redline version _4.pdf

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

This endorsement, effective 12:01 A.M.

forms part of Policy

No.

issued to

by

**EXCLUSION - VIOLATION OF STATUTES IN CONNECTION WITH  
SENDING, TRANSMITTING OR COMMUNICATING ANY  
MATERIAL OR INFORMATION**

**Paragraph q. Distribution Of Material In Violation Of Statutes, of Item 2.  
Exclusions, of Coverage A, Section I – Coverages; and  
Paragraph p. Distribution Of Material In Violation Of Statutes, of Item 2.  
Exclusions, of Coverage B, Section I – Coverages;**

**are replaced with the following:**

This insurance does not apply to any loss, injury, damage, claim, suit, cost or expense arising out of or resulting from, caused directly or indirectly, in whole or in part by, any act that violates any statute, ordinance or regulation of any federal, state or local government, including any amendment of or addition to such laws, that addresses or applies to the sending, transmitting or communicating of any material or information, by any means whatsoever.

To the extent any coverage may otherwise be available under this Policy, the provisions of this Exclusion shall supercede the same and exclude such coverage.

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

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Authorized Representative

Includes copyrighted material of Insurance Services Office, Inc. with its permission.

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

This endorsement, effective 12:01 A.M.

forms part of Policy

No.

issued to

by

**EXCLUSION - VIOLATION OF STATUTES IN CONNECTION WITH  
SENDING, TRANSMITTING OR COMMUNICATING ANY  
MATERIAL OR INFORMATION**

Paragraph q. Distribution Of Material In Violation Of Statutes, of Item 2.

Exclusions, of Coverage A, of Section I – Coverages; ~~and~~

Paragraph p. Distribution Of Material In Violation Of Statutes, of Item 2.

Exclusions, of Coverage B, Section I – Coverages; -is

~~are deleted in its entirety and~~ replaced with the following:

This insurance does not apply to any loss, injury, damage, claim, suit, cost or expense arising out of or resulting from, caused directly or indirectly, in whole or in part by, any act that violates any statute, ordinance or regulation of any federal, state or local government, including any amendment of or addition to such laws, that addresses or applies to the sending, transmitting or communicating of any material or information, by any means whatsoever.

To the extent any coverage may otherwise be available under this Policy, the provisions of this Exclusion shall supercede the same and exclude such coverage.

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

---

Authorized Representative

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| 87295 (12/078)

Page 1 of 1

*SERFF Tracking Number:*      *AGNY-125470584*                      *State:*                      *Arkansas*  
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*Company Tracking Number:*      *AIC-08-GL-06*  
*TOI:*                      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*                      *17.0001 Commercial General Liability*  
*Product Name:*              *Exclusion - Violation Of Statues In Connection With Sending, Transmitting Or Communicating Any Material or Information*  
*Project Name/Number:*      *Exclusion - Violation Of Statues In Connection With Sending, Transmitting Or Communicating Any Material or Information/AIC-*  
*08-GL-06*

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

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

**Comments:**

**Attachment:**

02-05-08 - PCTD-1. doc.pdf

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

**Comments:**

**Attachment:**

Form Listing.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 border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width: 50%;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

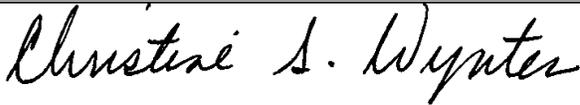
<b>3. Group Name</b>	<b>Group NAIC #</b>
American International Group, Inc.	012

4. Company Name(s)	Domicile	NAIC #	FEIN #
AIG Casualty Company	PA	19402	25-1118791
American Home Assurance Company	NY	19380	13-5124990
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-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
	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	
----------------------------------	--

8. Please print name of authorized filer	Christine S. Wynter
--	---------------------

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

9. Type of Insurance (TOI)	17.0/Other Liability-Claims Made/Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.0001/Commercial General Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Exclusion For Special Events With Limited Exception Endorsement
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: March 1, 2008    Renewal: March 1, 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	February 5, 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-06
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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 a revised endorsement to be used with ISO's Commercial General Liability Coverage Form currently on file with your department. A blackline of the form illustrating the changes made is included for your reference.

Please refer to the attached forms listing for information concerning this form.

<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:** N/A

\*\*\*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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AIC-08-GL-06			
<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	Exclusion – Violation Of Statues In Connection With Sending, Transmitting Or Communicating Any Material or Information.	87295 (1/08))	[ ] New [X] Replacement [ ] Withdrawn	87295 (12/07)	AIC-07-GL-11
02			[ ] New [ ] Replacement [ ] Withdrawn		
03			[ ] New [ ] Replacement [ ] Withdrawn		
04			[ ] New [ ] Replacement [ ] Withdrawn		
05			[ ] New [ ] Replacement [ ] Withdrawn		
06			[ ] New [ ] Replacement [ ] Withdrawn		
07			[ ] New [ ] Replacement [ ] Withdrawn		
08			[ ] New [ ] Replacement [ ] Withdrawn		
09			[ ] New [ ] Replacement [ ] Withdrawn		
10			[ ] New [ ] Replacement [ ] Withdrawn		

PC FFS-1

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	Exclusion Violations of Statues in Connection with Sending, Transmittal or Communications any Material or Information	87295 (1/08)	E	Replacement	87295 (12/07)	Mandatory	Restricts	No	The endorsement is used to exclude liability arising out of an action or omission that violates or is alleged to violate the Telephone Consumer Protection Act (TCPA), the CAN-SPAM Act of 2003 or any other similar statute, ordinance or regulation

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

Yes or No