

SERFF Tracking Number: TWRG-125453211 State: Arkansas
Filing Company: Tower Insurance Company of New York State Tracking Number: EFT \$100
Company Tracking Number: 08-AR-4-GL-030
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Independent GL Rating Rule Filing
Project Name/Number: Independent GL Rating Rule Filing/08-AR-4-GL-030

Filing at a Glance

Company: Tower Insurance Company of New York

Product Name: Independent GL Rating Rule SERFF Tr Num: TWRG-125453211 State: Arkansas

Filing

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$100

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: 08-AR-4-GL-030 State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status: Pending

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

Author: Faye Storch

Disposition Date: 02/11/2008

Date Submitted: 01/24/2008

Disposition Status: Exempt from Review

Effective Date Requested (New): 02/29/2008

Effective Date (New):

Effective Date Requested (Renewal): 02/29/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Independent GL Rating Rule Filing

Status of Filing in Domicile: Authorized

Project Number: 08-AR-4-GL-030

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:

Filing Description:

Tower Insurance Company of New York submits for your Department's review and approval, two (2) endorsements to be used in conjunction with ISO's Commercial General Liability Coverage Form(s), currently on file with your Department.

This filing corresponds to the rating rules associated with those forms.

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The forms associated with this filing are being simultaneously submitted under separate cover.

We wish to make this filing effective for all policies effective on or after February 29, 2008, or the earliest date permitted by your state.

Your favorable consideration and approval are respectfully requested.

Company and Contact

Filing Contact Information

Faye Storch, Senior Business Analyst fstorch@twrgrp.com
 120 Broadway, 31st Floor (212) 655-2189 [Phone]
 New York, NY 10271-3199 (631) 824-9203[FAX]

Filing Company Information

Tower Insurance Company of New York	CoCode: 44300	State of Domicile: New York
120 Broadway, 31st Floor	Group Code: 3703	Company Type: Property & Casualty
New York, NY 10271-3199	Group Name: Tower Group Companies	State ID Number:
(212) 655-2000 ext. [Phone]	FEIN Number: 13-3548249	-----

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$100 per Rate/Rule Filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Tower Insurance Company of New York	\$100.00	01/24/2008	17651176

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Edith Roberts	02/11/2008	02/11/2008

SERFF Tracking Number: *TWRG-125453211* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *08-AR-4-GL-030*
TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2001 Commercial General Liability*
Product Name: *Independent GL Rating Rule Filing*
Project Name/Number: *Independent GL Rating Rule Filing/08-AR-4-GL-030*

Disposition

Disposition Date: 02/11/2008

Effective Date (New):

Effective Date (Renewal):

Status: Exempt from Review

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TWRG-125453211 State: Arkansas
 Filing Company: Tower Insurance Company of New York State Tracking Number: EFT \$100
 Company Tracking Number: 08-AR-4-GL-030
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
 Product Name: Independent GL Rating Rule Filing
 Project Name/Number: Independent GL Rating Rule Filing/08-AR-4-GL-030

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	NAIC Transmittal	Accepted for Informational Purposes	Yes
Rate	Manual Rules	Accepted for Informational Purposes	Yes

SERFF Tracking Number: *TWRG-125453211* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *08-AR-4-GL-030*
TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2001 Commercial General Liability*
Product Name: *Independent GL Rating Rule Filing*
Project Name/Number: *Independent GL Rating Rule Filing/08-AR-4-GL-030*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TWRG-125453211 State: Arkansas
 Filing Company: Tower Insurance Company of New York State Tracking Number: EFT \$100
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	Manual Rules	Page 1 - 1/08 Edition	New	Manual Rules.pdf

COMMERCIAL GENERAL LIABILITY MANUAL RULES

1. When Errors and Omissions Liability Insurance Temporary Help Service, Form No. CG9 04 26 12 07 is selected, the following charge will apply:

Limit of Liability	Charge
\$300,000/\$600,000	\$30.00
\$500,000/\$1,000,000	\$40.00
\$1,000,000/\$2,000,000	\$50.00

2. When Damage to Property of Temporary Employer, Form No. CG9 04 27 12 07 is selected, the following charge will apply:

Limit of Liability	Charge
\$200,000	\$15.00
Each additional \$50,000	\$5.00

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Supporting Document Schedules

Satisfied -Name: Cover Letter

Review Status:

Accepted for Informational 02/11/2008
Purposes

Comments:

Please see attached.

Attachment:

01-24-08 Cover letter-R.pdf

Satisfied -Name: NAIC Transmittal

Review Status:

Accepted for Informational 02/11/2008
Purposes

Comments:

Please see attached.

Attachment:

01-24-08 ARPCTD-1.pdf



120 BROADWAY, 31ST FLOOR
NEW YORK, NEW YORK 10271-3199

Faye V. Storch
Senior Business Analyst
Home Office Underwriting

Telephone: (212) 655-2189
Facsimile: (631) 824-9203
E-mail: fstorch@twrgrp.com

January 24, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Tower Insurance Company of New York
NAIC # 3703-44300 FEIN # 13-3548249
Commercial General Liability
Rating Rule Filing
Company Filing Number: 08-AR-4-GL-030

Dear Commissioner Bowman:

Tower Insurance Company of New York submits for your Department's review and approval, two (2) endorsements to be used in conjunction with ISO's Commercial General Liability Coverage Form(s), currently on file with your Department.

This filing corresponds to the rating rules associated with those forms.

The forms associated with this filing are being simultaneously submitted under separate cover.

We wish to make this filing effective for all policies effective on or after February 29, 2008, or the earliest date permitted by your state.

Your favorable consideration and approval are respectfully requested.

Yours very truly,

A handwritten signature in black ink, appearing to read "Faye V. Storch", with a long horizontal flourish extending to the right.

Faye V. Storch

Property & Casualty Transmittal Document

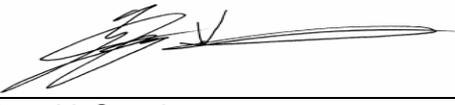
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></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					

3. Group Name	Group NAIC #
Tower Group Companies	3703

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Tower Insurance Company of New York	New York	44300	13-3548249	

5. Company Tracking Number	08-AR-4-GL-030
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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
	Faye V. Storch Tower Group Companies 120 Broadway, 31 st Floor New York, N.Y. 10271-3199	Senior Business Analyst	212-655-2189	631-824-9203	fstorch@twrgroup.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Faye V. Storch		

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

9.	Type of Insurance (TOI)	17.0 Other Liability-Occ/Claims Made
10.	Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	17.2 Other Liability-Occ Only
12.	Company Program Title (Marketing title)	N/A
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input 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: 02/29/08 Renewal: 02/29/2008

Property & Casualty Transmittal Document---

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	01/24/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
20.	This filing transmittal is part of Company Tracking #	08-AR-4-GL-030

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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Your favorable consideration and approval are respectfully requested.

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]
<p>Check #: EFT Amount: \$100.00 \$100 = Rates/Rules</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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