

SERFF Tracking Number: AGNY-125533508 State: Arkansas
First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-GL-09
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: CCC SELF STORAGE102000319
Project Name/Number: Care, Custody or Control- Self Storage Items- 97307 (2/08)/AIC-08-GL-09

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: CCC SELF STORAGE102000319 SERFF Tr Num: AGNY-125533508 State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: AIC-08-GL-09 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Lakesha Houser Disposition Date: 03/14/2008
Date Submitted: 03/12/2008 Disposition Status: Approved
Effective Date Requested (New): 04/12/2008 Effective Date (New):
Effective Date Requested (Renewal): 04/12/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Care, Custody or Control- Self Storage Items- 97307 (2/08) Status of Filing in Domicile:
Project Number: AIC-08-GL-09 Domicile Status Comments:
Reference Organization: NA Reference Number: NA
Reference Title: NA Advisory Org. Circular: NA
Filing Status Changed: 03/14/2008
State Status Changed: 03/14/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
The above-referenced companies submit for your review and approval their Care, Custody or Control Self-Storage Items Endorsement No. 97307 (2/08) to be used with ISO's Commercial Liability Coverage Form on file with your department.

SERFF Tracking Number: AGNY-125533508 State: Arkansas
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Please refer to the attached Forms Listing for information about the form included in this submission.

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 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:
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:

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(212) 770-7000 ext. [Phone]

FEIN Number: 02-0140690

National Union Fire Insurance Company of
Pittsburgh, Pa.

CoCode: 19445

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: 25-0687550

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

The Insurance Company of the State of
Pennsylvania

CoCode: 19429

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: 13-5540698

SERFF Tracking Number: AGNY-125533508 State: Arkansas
 First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: AIC-08-GL-09
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 Project Name/Number: Care, Custody or Control- Self Storage Items- 97307 (2/08)/AIC-08-GL-09

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIG Casualty Company	\$0.00	03/12/2008	
Commerce and Industry Insurance Company	\$0.00	03/12/2008	
Granite State Insurance Company	\$0.00	03/12/2008	
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	03/12/2008	
New Hampshire Insurance Company	\$0.00	03/12/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	03/12/2008	
American Home Assurance Company	\$50.00	03/12/2008	18551208
American International South Insurance Company	\$0.00	03/12/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/14/2008	03/14/2008

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Disposition

Disposition Date: 03/14/2008

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	Care, Custody, or Control Self-Storage Items	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Care, Custody, or Control Self-Storage Items	97307	2/08	Endorsement/Amendment/Conditions		0.00	Care Custody form 3.4.pdf

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

ENDORSEMENT #

This endorsement, effective 12:01 A.M.
issued to _____ by _____

forms a part of Policy No. _____

**CARE, CUSTODY OR CONTROL
SELF-STORAGE ITEMS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

I. SECTION I - COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. - Exclusions, j. Damage To Property, (4), is hereby deleted in its entirety and replaced with the following:

- (4) Personal property in the care, custody or control of the insured; *provided, however,* that this exclusion does not apply to "property damage" to a renter's personal property that is being stored in the insured's self-storage location arising from the insured's wrongful or negligent act, error or omission in (i) removing any such items of personal property from self-storage; (ii) selling or disposing of any such items; and/or (iii) ordering a "lockout".

II. With respect to the coverage provided by this endorsement, **Section III - Limits of Insurance** is hereby amended to add:

- 8.** Subject to **4.** above, the Care, Custody or Control Maximum Item Value of \$ _____ within an Occurrence Limit of \$ _____ and an Aggregate Limit of \$ _____ is the most we will pay under Coverage **A.** for damages to personal property while in your care, custody or control. The Care, Custody or Control Occurrence Limit will be subject to a \$ _____ deductible at each occurrence.

III. The following definition is added to **Section V – Definitions**:

"Lockout" means depriving a renter access to any of his/her/its personal property.

IV. **Commercial General Liability Declarations** page is hereby amended to add:

CARE, CUSTODY OR CONTROL MAXIMUM ITEM VALUE OF \$ _____ WITHIN AN
OCCURRENCE LIMIT OF \$ _____ AND AN AGGREGATE LIMIT OF
\$ _____.

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

AUTHORIZED REPRESENTATIVE

SERFF Tracking Number: *AGNY-125533508* *State:* *Arkansas*
First Filing Company: *American Home Assurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-GL-09*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *CCC SELF STORAGE102000319*
Project Name/Number: *Care, Custody or Control- Self Storage Items- 97307 (2/08)/AIC-08-GL-09*

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 03/14/2008

Comments:

Attachment:

Universal Transmittal Form.pdf

Satisfied -Name: forms listing **Review Status:** Approved 03/14/2008

Comments:

Attachment:

Form Listing.pdf

Property & Casualty Transmittal Document (Revised 1/1/05)

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:
	f. State Filing #:
	g. SERFF Filing #:

3. Group Name	American International Group, Inc.			Group NAIC #	012
4. Companies Name(s)	Domicile	NAIC #			
1. AIG Casualty Company	PA	19402	25-1118791		
2. American Home Assurance	NY	19380	13-5124990		
3. American International South Insurance Company	PA	40258	02-6008643		
4. Commerce and Industry Insurance Company	NY	19410	13-1938623		
5. Granite State Insurance Company	PA	23809	02-0140690		
6. Illinois National Insurance Co.	IL	23817	37-0344310		
7. National Union Fire Insurance Company of Pittsburgh, Pa.	PA	19445	25-0687550		
8. New Hampshire Insurance Company	PA	23841	02-0172170		
9. The Insurance Company of the State of Pennsylvania	PA	19429	13-5540698		

5. Company Tracking Number	AIC-08-GL-09
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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
	Lakesha Houser 175 Water Street 17 th Floor New York, NY 10038	Filings Analyst	(212) 458-5950	(212) 458-7077	Lakesha.Houser@aig.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Lakesha Houser		

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)	17.0001 Commercial General Liability
11. State Specific Product Code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
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	<u>New:</u> 3-12-2008 <u>Renewal:</u> 3-12-2006
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	4-12-2008
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-09
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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The above-referenced companies submit for your review and approval their Care, Custody or Control Self-Storage Items Endorsement No. 97307 (2/08) to be used with ISO's Commercial Liability Coverage Form on file with your department.

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

We wish to make this filing effective for all policies effective on or after April 12, 2008 or the earliest date permitted by your Department.

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]
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Check #: EFT
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to 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.)

1.	This filing transmittal is part of Company Tracking #	AIC-08-GL-09
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A

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	Care, Custody or Control Self Storage Items Endorsements	97307 (2/08)	<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		
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
Care Custody or Control Self- 1 Storage	97307 (2/08/)	Endorsement	New	n/a	Optional	Restricts	NO	The endorsement is an exclusion which relieves the insurer of any responsibility for property damage to a renter's personal property that is being stored in the insured's self-storage location arising from the Insured's wrongful or negligent act.

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

Yes or No