

SERFF Tracking Number: AGNY-125584225 State: Arkansas
First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IL-01
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Introduction of Notice of Cancellation and Nonrenewal Endorsement - 102000319
Project Name/Number: Notice of Cancellation and Nonrenewal Endorsement/AIC-08-IL-01

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: Introduction of Notice of Cancellation and Nonrenewal Endorsement - 102000319
SERFF Tr Num: AGNY-125584225 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: AIC-08-IL-01

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Christine Wynter

Disposition Date: 05/01/2008

Date Submitted: 04/24/2008

Disposition Status: Approved

Effective Date Requested (New): 05/24/2008

Effective Date (New): 05/24/2008

Effective Date Requested (Renewal): 05/24/2008

Effective Date (Renewal): 05/24/2008

State Filing Description:

General Information

Project Name: Notice of Cancellation and Nonrenewal Endorsement
Project Number: AIC-08-IL-01

Status of Filing in Domicile: Pending

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: 05/01/2008

State Status Changed: 05/01/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

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The companies submit for your review and approval three (3) endorsements to be used with the following ISO forms on file with your Department:

- Commercial General Liability Coverage Form;
- Business Auto Coverage Form;
- Truckers Coverage Form;and
- Garage Coverage Form.

Please refer to the attached forms listing for information concerning these endorsements.

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
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70 Pine Street
New York, NY 10270
(212) 770-7000 ext. [Phone]

Group Code:
Group Name:
FEIN Number: 13-1938623

Company Type:
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:

SERFF Tracking Number: *AGNY-125584225* *State:* *Arkansas*
First Filing Company: *American Home Assurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-IL-01*
TOI: *35.0 Interline Filings* *Sub-TOI:* *35.0002 Commercial Interline Filings*
Product Name: *Introduction of Notice of Cancellation and Nonrenewal Endorsement - 102000319*
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Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per group (1).
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Home Assurance Company	\$0.00	04/24/2008	
American International South Insurance Company	\$0.00	04/24/2008	
AIG Casualty Company	\$50.00	04/24/2008	19889667
Commerce and Industry Insurance Company	\$0.00	04/24/2008	
Granite State Insurance Company	\$0.00	04/24/2008	
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	04/24/2008	
New Hampshire Insurance Company	\$0.00	04/24/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	04/24/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/01/2008	05/01/2008

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Disposition

Disposition Date: 05/01/2008
Effective Date (New): 05/24/2008
Effective Date (Renewal): 05/24/2008
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	Notice of Non-renewal/(Business Auto Coverage Form)	Approved	Yes
Form	Notice of Non-renewal /(Commercial General Liability Coverage Form)	Approved	Yes
Form	Notice of Cancellation/ (Commercial General Liability Coverage Form, Business Auto Coverage Form, Truckers Coverage Form, and Garage Coverage Form)	Approved	Yes

SERFF Tracking Number: AGNY-125584225 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Notice of Non-renewal/(Business Auto Coverage Form)	97283	(2/08)	Endorsement/Amendment/Conditions	New	0.00	97283__2_08_(001).pdf
Approved	Notice of Non-renewal/(Commercial General Liability Coverage Form)	97284	(2/08)	Endorsement/Amendment/Conditions	New	0.00	97284__2_08_(001).pdf
Approved	Notice of Cancellation/(Commercial General Liability Coverage Form, Business Auto Coverage Form, Truckers Coverage Form, and Garage Coverage Form)	97285	(2/08)	Endorsement/Amendment/Conditions	New	0.00	97285__2_08_(001).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

NOTICE OF NONRENEWAL
[SCHEDULED NOTICE]

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

NOTICE WILL BE MAILED TO:

TO THE ATTENTION OF:

SECTION IV – BUSINESS AUTO CONDITIONS, B. General Conditions, is hereby amended to add the following condition:

When Do We Not Renew

If we decide not to renew this Coverage Form, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than _____ ()* days before the expiration date.

In the event this policy is nonrenewed for any reason other than non-payment of premium, notice will be provided as set out in this endorsement to those Scheduled entities.

If notice is mailed, proof of mailing will be sufficient proof of notice.

* The notice period provided shall not be less than that required by applicable state law(s).

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

AUTHORIZED REPRESENTATIVE

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

NOTICE OF NONRENEWAL
[SCHEDULED NOTICE]

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

NOTICE WILL BE MAILED TO:

TO THE ATTENTION OF:

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 9. – When We Do Not Renew, is amended to read:

If we decide not to renew this Coverage Form, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than _____ ()* days before the expiration date.

in the event this policy is nonrenewed for any reason other than non-payment of premium, notice will be provided as set out in this endorsement to those Scheduled entities.

If notice is mailed, proof of mailing will be sufficient proof of notice.

* The notice period provided shall not be less than that required by applicable state law(s).

AUTHORIZED REPRESENTATIVE

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

NOTICE OF CANCELLATION
[SCHEDULED NOTICE]

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
GARAGE COVERAGE FORM**

SCHEDULE

NOTICE WILL BE MAILED TO:

TO THE ATTENTION OF:

COMMON POLICY CONDITIONS, A. - Cancellation, 2. is amended to read:

2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
- a. _____ ()* days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. _____ ()* days before the effective date of cancellation if we cancel for any other reason

in the event this policy is cancelled for any reason other than non-payment of premium, notice will be provided as set out in this endorsement to those Scheduled entities.

*** The notice period provided shall not be less than that required by applicable state law(s).**

AUTHORIZED REPRESENTATIVE

SERFF Tracking Number: *AGNY-125584225* *State:* *Arkansas*
First Filing Company: *American Home Assurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-IL-01*
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Product Name: *Introduction of Notice of Cancellation and Nonrenewal Endorsement - 102000319*
Project Name/Number: *Notice of Cancellation and Nonrenewal Endorsement/AIC-08-IL-01*

Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number: AIC-08-IL-01
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/01/2008

Comments:

Attachment:

04-24-08 - AR-PCTD-1. doc.pdf

Satisfied -Name: Forms Listing **Review Status:** Approved 05/01/2008

Comments:

Attachment:

Form Listing.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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">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					

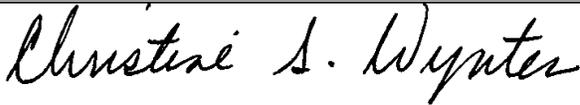
3. Group Name	Group NAIC #
AIIG Commercial Insurance	012

4. Company Name(s)	Domicile	NAIC #	FEIN #
AIIG 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

5. Company Tracking Number	AIC-08-IL-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
	Christine Wynter 175 Water St., 17 th Fl New York, NY 10038	Filings Analyst	(212) 458-7066	(212) 458-7077	christine.wynter@aig.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Christine S. Wynter
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	35.0002/Commercial Interline Filings
10. Sub-Type of Insurance (Sub-TOI)	35.0002//Commercial Interline Filings
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: May 24, 2008 Renewal: May 24, 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	April 24, 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-IL-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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This filing consists of three (3) endorsements to be used with ISO's:

- Commercial General Liability Coverage Form;
- Business Auto Coverage Form;
- Truckers Coverage Form; and
- Garage Coverage Form.

Please refer to the attached forms listing for information concerning these endorsements.

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]

Check #: N/A
Amount: \$50.00

*****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.)

1.	This filing transmittal is part of Company Tracking #	AIC-08-IL-01			
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	Notice of Nonrenewal (Business Auto)	97283 (2/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	
02	Notice of Nonrenewal (Commercial General Liability)	97284 (2/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	
03	Notice of Cancellation	97285 (2/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	
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	Notice of Nonrenewal	97283 (2/08)	Endorsement	New	n/a	Optional	Clarifies	No	This endorsement details how notice will be given to the parties specified by the named insured in the event the insurer decides not to renew the Business Auto Coverage Form.
2	Notice of Nonrenewal	97284 (2/08)	Endorsement	New	n/a	Optional	Clarifies	No	This endorsement details how notice will be given to the parties specified by the named insured in the event the insurer decides not to renew the Commercial General Liability Coverage Form.
3	Notice of Cancellation	97285 (2/08)	Endorsement	New	n/a	Optional	Clarifies	No	This endorsement details how notice will be given to the parties specified by the named insured in the event the insurer decides to cancel the Coverage Forms listed on this form - Business Auto, CGL, Truckers and Garage.

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

Yes or No