

SERFF Tracking Number: AGNY-125658351 State: Arkansas  
First Filing Company: AIG Casualty Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AIC-08-GL-08  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: Commercial General Liability 102000016  
Project Name/Number: Forest Supression/AIC-08-GL-08

## Filing at a Glance

Companies: AIG Casualty Company, Commerce and Industry Insurance Company, Granite State Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., The Insurance Company of the State of Pennsylvania

Product Name: Commercial General Liability SERFF Tr Num: AGNY-125658351 State: Arkansas  
102000016

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: AIC-08-GL-08

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: Lakesha Houser

Disposition Date: 05/21/2008

Date Submitted: 05/20/2008

Disposition Status: Approved

Effective Date Requested (New): 06/20/2008

Effective Date (New):

Effective Date Requested (Renewal): 06/20/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Forest Supression

Status of Filing in Domicile:

Project Number: AIC-08-GL-08

Domicile Status Comments:

Reference Organization: NA

Reference Number: NA

Reference Title: NA

Advisory Org. Circular: NA

Filing Status Changed: 05/21/2008

State Status Changed: 05/21/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

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

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

<i>SERFF Tracking Number:</i>	<i>AGNY-125658351</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>AIG Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-GL-08</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability 102000016</i>		
<i>Project Name/Number:</i>	<i>Forest Suppression/AIC-08-GL-08</i>		

## 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

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:
(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	

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	

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIG Casualty Company	\$50.00	05/20/2008	20409892
Commerce and Industry Insurance Company	\$0.00	05/20/2008	
Granite State Insurance Company	\$0.00	05/20/2008	
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	05/20/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	05/20/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	05/21/2008	05/21/2008

SERFF Tracking Number: AGNY-125658351 State: Arkansas  
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## Disposition

Disposition Date: 05/21/2008

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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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Forest Fire Supression Costs Endorsement	91296	4-08	Endorsement/New Amendment/Conditions		0.00	91296 (4-08).PDF
Approved	Live Stock Endorsement	91269	4-08	Endorsement/New Amendment/Conditions		0.00	91269 (4-08).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:

**FOREST FIRE SUPPRESSION COSTS ENDORSEMENT**

*This endorsement modifies insurance provided under the following:*

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

- I. The Declarations are hereby amended to include the following "forest fire suppression costs" limits:

Each Event Limit \$ 1,000,000  
Aggregate Limit \$ 1,000,000

- II. **SECTION I – COVERAGES** is amended to include the following:

**COVERAGE D FOREST FIRE SUPPRESSION COSTS**

**1. Insuring Agreement**

(a) We will pay "forest fire suppression costs" arising out of an "occurrence" to which this insurance applies and for which you become legally obligated to pay pursuant to a government permit. But:

(1) The amount we will pay for "forest fire suppression costs" is limited as described in Section III – Limits Of Insurance as amended below; and,

(b) Coverage for "forest fire suppression costs" applies only if:

(1) The "forest fire suppression costs" result from an "occurrence" that takes place in the "coverage territory"; and

(2) The "occurrence" takes place during the policy period.

**2. Exclusions**

We will not pay "forest fire suppression costs" :

(a) that are otherwise covered under Coverage A, Coverage B, or Coverage C.

III. **SECTION III – LIMITS OF INSURANCE** is amended to include the following:

8. Subject to 2. above, the Each Event Limit is the most we will pay under Coverage D for "forest fire suppression costs" arising out of any one "occurrence".
9. Subject to 2. above, the Aggregate Limit is the most we will pay under Coverage D for the sum of all "forest fire suppression costs".

IV. **SECTION V – DEFINITIONS** is amended to include the following:

23. "Forest fire suppression costs" means all costs or expenses incurred by you to bring a forest fire under control, and includes your costs to engage a person other than an insured to act on your behalf to bring a forest fire under control.

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

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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:

**LIVESTOCK DAMAGE ENDORSEMENT**

*This endorsement modifies insurance provided under the following:*

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

- I. The Declarations are hereby amended to include the following "livestock damage" limits:

Per Any One Animal Damage Limit: \$ 5,000  
Each Occurrence Limit: \$ 25,000

- II. **SECTION I – COVERAGES** is amended to include the following:

**COVERAGE E LIVESTOCK DAMAGE**

**1. Insuring Agreement**

(a) We will pay for injury to or the destruction of "livestock" belonging to others as a result of burns or shock caused by electric power lines owned or controlled by the insured which have been broken or have fallen solely and exclusively as a result of violence of nature, provided that the insured would not otherwise be liable for such injury or destruction. But:

(1) The amount we will pay for "livestock" damage is limited as described in Section III – Limits Of Insurance as amended below; and,

(2) At our own election, we may pay for the "livestock" damage by monetary terms or we may replace the injured or destroyed animal. Any animal so paid for or replaced shall become our property.

(b) Coverage for "livestock" damage applies only if:

(1) The "livestock" damage results from an "occurrence" that takes place in the "coverage territory"; and

(2) The "occurrence" takes place during the policy period.

**2. Exclusions**

We will not pay "livestock" damage:

- (a) that is otherwise covered under any of the other Coverage Sections of this policy.

III. **SECTION III – LIMITS OF INSURANCE** is amended to include the following:

- 8. Subject to 2. above, the Any One Animal Damage Limit is the most we will pay under Coverage E for injury to or destruction of any one animal.
- 9. Subject to 2. above, the Per Occurrence Limit is the most we will pay under Coverage E for "livestock" damage arising out of any one "occurrence" at any one location.
- 10. Subject to 2. and 8. above, the most we will pay under Coverage E for injury to or destruction of any one animal shall not exceed the actual cash value of any similar "livestock" at the time of loss, nor what it would then cost to replace the injured or destroyed "livestock" with other of the nearest obtainable kind and quality.

IV. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended as follows:

**Item 4. Other Insurance, b. Excess Insurance** is amended to include the following:

- (3) any other valid and collectible insurance that would apply to such loss with respect to Coverage E.

**Item 8. Transfer Of Rights Of Recovery Against Others To Us** is amended to include the following:

The insured shall execute and deliver instruments and papers and do whatever is necessary to secure our right of subrogation to all of the insured's rights of recovery against any person or organization.

V. **SECTION V – DEFINITIONS** is amended to include the following:

- 23. "Livestock" means all domestic animals raised for profit.

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

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Authorized Representative

*SERFF Tracking Number:*      *AGNY-125658351*                      *State:*                      *Arkansas*  
*First Filing Company:*      *AIG Casualty Company, ...*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *AIC-08-GL-08*  
*TOI:*                      *17.2 Other Liability - Occurrence Only*                      *Sub-TOI:*                      *17.2001 Commercial General Liability*  
*Product Name:*                      *Commercial General Liability 102000016*  
*Project Name/Number:*                      *Forest Supression/AIC-08-GL-08*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125658351 State: Arkansas  
First Filing Company: AIG Casualty Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AIC-08-GL-08  
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Product Name: Commercial General Liability 102000016  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 05/21/2008

**Comments:**

**Attachment:**

NAIC Transmittal Doc.pdf

**Satisfied -Name:** Forms Listing **Review Status:** Approved 05/21/2008

**Comments:**

**Attachment:**

forms listing.pdf

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

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

<b>3. Group Name</b>	American International Group, Inc.			<b>Group NAIC #</b>	012
<b>4. Companies Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN#</b>		
1	AIG Casualty Company	PA	012-19402	25-1118791	
2	Commerce and Industry Insurance Company	NY	012-19410	13-1938623	
3	Granite State Insurance Company	PA	012-23809	02-0140690	
4	National Union Fire Insurance Company of Pittsburgh, Pa.	PA	012-19445	25-0687550	
5	The Insurance Company of the State of Pennsylvania	PA	012-19429	13-5540698	

<b>5. Company Tracking Number</b>	AIC-08-GL-08
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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 <sup>th</sup> 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.	<b>Type of Insurance (TOI)</b>	17.2 Other Liability – Occ Only
10.	<b>Sub-Type of Insurance (Sub-TOI)</b>	17.2000/Other Liability Sub-TOI Combinations
11.	<b>State Specific Product Code(s)</b> (if applicable)[See State Specific Requirements]	
12.	<b>Company Program Title</b> (Marketing title)	
13.	<b>Filing Type</b>	<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.	<b>Effective Date(s) Requested</b>	New: 07-20-2008                      Renewal: 07-20-2008
15.	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	<b>Reference Organization</b> (if applicable)	N/A
17.	<b>Reference Organization # &amp; Title</b>	N/A
18.	<b>Company's Date of Filing</b>	May 20, 2008
19.	<b>Status of filing in domicile</b>	<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>	<b>AIC-08-GL-08</b>
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<b>21.</b>	<b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
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The referenced companies submit for your review and approval two (2) endorsements to be used with the occurrence version of ISO's Commercial General Liability Coverage Form.

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

<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 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.)**

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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>AIC-08-GL-08</b>
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A
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<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	Forest Fire Suppression Costs Endorsement	91296 (4-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Livestock Damage Endorsement	91269 (4-08)	<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		

Effective January 1, 2006

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 Forest Fire Suppression Costs Endorsement	91296	Endorsement	New	N/A	Optional	Broadens	No	Broadens coverage by allowing costs for forest fire suppression. Restricts coverage for property damage by setting a limit for livestock damage.
2 Livestock Damage Endorsement	91269	Endorsement	New	N/A	Optional	Restricts	No	
3								
4								
5								

Yes or No

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