

SERFF Tracking Number: AGNY-125706419 State: Arkansas
First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-GL-15
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Commercial General Liability 102000319
Project Name/Number: Builders Risk/ Additional Insured/AIC-08-GL-15

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: Commercial General Liability SERFF Tr Num: AGNY-125706419 State: Arkansas
102000319

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-15 State Status: Fees verified and received

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

Author: Lakesha Houser Disposition Date: 07/09/2008

Date Submitted: 06/30/2008 Disposition Status: Approved

Effective Date Requested (New): 07/30/2008

Effective Date (New):

Effective Date Requested (Renewal): 07/30/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Builders Risk/ Additional Insured

Status of Filing in Domicile:

Project Number: AIC-08-GL-15

Domicile Status Comments:

Reference Organization: NA

Reference Number: NA

Reference Title: NA

Advisory Org. Circular: NA

Filing Status Changed: 07/09/2008

State Status Changed: 07/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The referenced companies submit for your review and approval three (3) endorsements to be used with the occurrence version of ISO's Commercial General Liability Coverage Form.

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Please refer to the attached Forms Listing for information about the forms 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
 70 Pine Street
 New York, NY 10270
 (212) 770-7000 ext. [Phone]

CoCode: 19380
 Group Code:
 Group Name:
 FEIN Number: 13-5124990

State of Domicile: New York
 Company Type:
 State ID Number:

American International South Insurance
 Company
 70 Pine Street
 New York, NY 10270
 (212) 770-7000 ext. [Phone]

CoCode: 40258
 Group Code:
 Group Name:
 FEIN Number: 02-6008643

State of Domicile: Pennsylvania
 Company Type:
 State ID Number:

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

CoCode: 19402
 Group Code:
 Group Name:
 FEIN Number: 25-1118791

State of Domicile: Pennsylvania
 Company Type:
 State ID Number:

Commerce and Industry Insurance Company
 70 Pine Street
 New York, NY 10270
 (212) 770-7000 ext. [Phone]

CoCode: 19410
 Group Code:
 Group Name:
 FEIN Number: 13-1938623

State of Domicile: New York
 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:

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National Union Fire Insurance Company of CoCode: 19445 State of Domicile: Pennsylvania
Pittsburgh, Pa.
70 Pine Street Group Code:
New York, NY 10270 Group Name: Company Type:
(212) 770-7000 ext. [Phone] FEIN Number: 25-0687550 State ID Number:

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 CoCode: 19429 State of Domicile: Pennsylvania
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-125706419 State: Arkansas
 First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: AIC-08-GL-15
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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 #
Commerce and Industry Insurance Company	\$0.00	06/30/2008	
Granite State Insurance Company	\$0.00	06/30/2008	
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	06/30/2008	
New Hampshire Insurance Company	\$0.00	06/30/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	06/30/2008	
American Home Assurance Company	\$50.00	06/30/2008	21146908
American International South Insurance Company	\$0.00	06/30/2008	
AIG Casualty Company	\$0.00	06/30/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	07/09/2008	07/09/2008

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Disposition

Disposition Date: 07/09/2008

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	Additional Insured- Owners, Lessees, Or Contractors- Completed Operations	Approved	Yes
Form	Additional Insured- Owners, Lessees, Or Contractors- Scheduled Person or Organization	Approved	Yes
Form	Builders Risk Exclusion and Waiver of Claims Subrogation Rights	Approved	Yes

SERFF Tracking Number: AGNY-125706419 State: Arkansas
 First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Insured- Owners, Lessees, Or Contractors- Completed Operations	97837	4/08	Endorsement/Amendment/Conditions	New	0.00	97837 (4-08) Additional Insured Completed Ops. .pdf
Approved	Additional Insured- Owners, Lessees, Or Contractors- Scheduled Person or Organization	97838	4/08	Endorsement/Amendment/Conditions	New	0.00	97838 (4-08) Add'l Insured Sched P or O .pdf
Approved	Builders Risk Exclusion and Waiver of Claims Subrogation Rights	97835	4/08	Endorsement/Amendment/Conditions	New	0.00	97835408 Builders Risk Exclusion and Waiver of Claims Subrogation Rights.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

ADDITIONAL INSURED - OWNERS, LESSEES, OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

NAME OF ADDITIONAL INSURED PERSON OR ORGANIZATION:

LOCATION AND DESCRIPTION OF COMPLETED OPERATIONS:

ADDITIONAL PREMIUM:

(If No entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

SECTION II - WHO IS AN INSURED is amended to include as an insured;

The person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

All other terms and conditions remain unchanged.

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 _____

ADDITIONAL INSURED - OWNERS, LESSEES, OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

NAME OF PERSON OR ORGANIZATION:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

A. SECTION II - WHO IS AN INSURED is amended to include as an insured;

The person or organization shown in the schedule, but only with respect to liability arising out of your ongoing operations performed for that additional insured.

B. With respect to the insurance afforded to these additional insureds, SECTION I - COVERAGES, COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. - Exclusions, is amended to include the following additional exclusion;

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) all work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or,
- (2) that portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

All other terms and conditions remain unchanged.

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

BUILDER'S RISK EXCLUSION AND WAIVER OF CLAIMS SUBROGATION RIGHTS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SECTION I - COVERAGES, COVERAGE A.- BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. - Exclusions, j. - Damage To Property, paragraph (5) is replaced by the following:

- (5) any real property at, in or on the project site (including all land, structures, fixtures, attached equipment, and integrated equipment) arising out of the ongoing operations of you, any subcontractor, or any other contractors working directly or indirectly on their behalf.

Paragraph (5) of this exclusion does not apply to "property damage" included in the "products-completed operations hazard."

In addition, the following paragraph is added to SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS:

WAIVER OF CLAIMS AND SUBROGATION RIGHTS

With respect to any "property damage" to the project site and any and all resultant "property damage" arising out of the ongoing operations of you, any subcontractor, or any other contractors working directly or indirectly on their behalf, each **Insured**, including the **Named Insured**, agree to waive any and all a) claims against any other Insured and b) subrogation rights against us.

All other terms and conditions remain unchanged.

AUTHORIZED REPRESENTATIVE

SERFF Tracking Number: *AGNY-125706419* *State:* *Arkansas*
First Filing Company: *American Home Assurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-GL-15*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Commercial General Liability 102000319*
Project Name/Number: *Builders Risk/ Additional Insured/AIC-08-GL-15*

Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number: AIC-08-GL-15
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Product Name: Commercial General Liability 102000319
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 07/09/2008

Comments:

Attachment:

NAIC Transmittal Doc.pdf

Satisfied -Name: FORMS LISTING **Review Status:** Approved 07/09/2008

Comments:

Attachment:

Copy of Form Listing.pdf

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AIC-08-GL-15
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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 companies referenced in Item 4 submit for your review and approval three (3) endorsements to be used with the occurrence version of ISO's Commercial General Liability Coverage Form.

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-15
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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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	Additional Insured - Owners, Lessees, or Contractors Completed Operations	97837 (4/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Additional Insured - Owners, Lessees, or Contractors - Scheduled Person or Organization	97838 (4/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Builder's Risk Exclusion and Waiver of Claims Subrogation Rights	97835 (4/08)	<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		

Forms Listing

Form Title	Form No.	Form Type	New or Replacement	Mandatory or Optional	Restricts, Broadens or Clarifies	Rate or Premium Impact	Description of Form
Additional Insured - Owners, Lessees, or Contractors - Completed 1 Operations	97837 (4/08)	End	New	Optional	Broadens	NO	The endorsement expands the policy definition of "who is an insured" to include any person or organization identified on the endorsement schedule and only for the location and completed operations identified on the endorsement schedule. Additional insured coverage is limited to liability arising out of the work conducted by the named insured at the described location. This endorsement may be used to provide additional insured coverage to a contractor for work conducted by its subcontractor.
Additional Insured - Owners, Lessees, or Contractors - Scheduled Person or 2 Organization	97838 (4/08)	End	New	Optional	Broadens	NO	This endorsement expands the policy definition of "who is an insured" to include a person or organization identified on the endorsement schedule for which the named insured is performing operations and there is a written contract or agreement to add such persons or organizations as additional insureds. Coverage is limited to liability arising from the acts or omissions of the named insured or those acting on its behalf in the performance of ongoing operations for the additional insured at the location(s) identified on the endorsement schedule.
Builder's Risk Exclusion and Waiver of Claims 3 Subrogation Rights	97385 (4/08)	End	New	Optional	Clarifies	NO	The endorsement is an exclusion in which coverage for damage to real property on the project site incurred during the ongoing operations of the project by the Named Insured is not covered.

A = Application

D = Declarations

E = Endorsement

P = Policy

O = Other (Please explain)

Yes or No