

SERFF Tracking Number: AGNY-125767924 State: Arkansas
 First Filing Company: American International South Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: AIC-08-AV-09
 TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
 Product Name: Aerial Applicator's Program
 Project Name/Number: Aerial Applicator's Program/AIC-08-AV-09

Filing at a Glance

Companies: American International South Insurance 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, American Home Assurance Company

Product Name: Aerial Applicator's Program	SERFF Tr Num: AGNY-125767924	State: Arkansas
TOI: 22.0 Aircraft	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 22.0000 Aircraft	Co Tr Num: AIC-08-AV-09	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Ronald Colaninno	Disposition Date: 08/13/2008
	Date Submitted: 08/13/2008	Disposition Status: Approved
Effective Date Requested (New): 09/12/2008		Effective Date (New): 09/12/2008
Effective Date Requested (Renewal): 09/12/2008		Effective Date (Renewal): 09/12/2008

State Filing Description:

General Information

Project Name: Aerial Applicator's Program	Status of Filing in Domicile: Pending
Project Number: AIC-08-AV-09	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/13/2008	
State Status Changed: 08/13/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The referenced companies (the "Companies") have on file with your Department their Aerial Applicator's Program (AIC-03-AV-03). The Companies submit, for your review and approval, three (3) endorsements to be used with this program.

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

SERFF Tracking Number: AGNY-125767924 State: Arkansas
 First Filing Company: American International South Insurance State Tracking Number: EFT \$50
 Company, ...
 Company Tracking Number: AIC-08-AV-09
 TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
 Product Name: Aerial Applicator's Program
 Project Name/Number: Aerial Applicator's Program/AIC-08-AV-09

Company and Contact

Filing Contact Information

Ronald Colaninno, Director - State Filings Ronald.Colaninno@AIG.com
 175 Water Street (212) 458-7462 [Phone]
 New York, NY 10038 (212) 458-7077[FAX]

Filing Company Information

American International South Insurance CoCode: 40258 State of Domicile: Pennsylvania
 Company

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

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

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

SERFF Tracking Number: AGNY-125767924 State: Arkansas
First Filing Company: American International South Insurance State Tracking Number: EFT \$50
Company, ...
Company Tracking Number: AIC-08-AV-09
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Aerial Applicator's Program
Project Name/Number: Aerial Applicator's Program/AIC-08-AV-09

The Insurance Company of the State of CoCode: 19429 State of Domicile: Pennsylvania
Pennsylvania
70 Pine Street Group Code:
New York, NY 10270 Group Name: Company Type:
(212) 770-7000 ext. [Phone] FEIN Number: 13-5540698 State ID Number:

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

SERFF Tracking Number: AGNY-125767924 State: Arkansas
 First Filing Company: American International South Insurance State Tracking Number: EFT \$50
 Company, ...
 Company Tracking Number: AIC-08-AV-09
 TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
 Product Name: Aerial Applicator's Program
 Project Name/Number: Aerial Applicator's Program/AIC-08-AV-09

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per form filing flat fee.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American International South Insurance Company	\$0.00	08/13/2008	
Commerce and Industry Insurance Company	\$0.00	08/13/2008	
Granite State Insurance Company	\$0.00	08/13/2008	
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	08/13/2008	
New Hampshire Insurance Company	\$0.00	08/13/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	08/13/2008	
American Home Assurance Company	\$50.00	08/13/2008	21916606

SERFF Tracking Number: AGNY-125767924 State: Arkansas
First Filing Company: American International South Insurance State Tracking Number: EFT \$50
Company, ...
Company Tracking Number: AIC-08-AV-09
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Aerial Applicator's Program
Project Name/Number: Aerial Applicator's Program/AIC-08-AV-09

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/13/2008	08/13/2008

SERFF Tracking Number: AGNY-125767924 State: Arkansas
First Filing Company: American International South Insurance State Tracking Number: EFT \$50
Company, ...
Company Tracking Number: AIC-08-AV-09
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Aerial Applicator's Program
Project Name/Number: Aerial Applicator's Program/AIC-08-AV-09

Disposition

Disposition Date: 08/13/2008
Effective Date (New): 09/12/2008
Effective Date (Renewal): 09/12/2008
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

SERFF Tracking Number: AGNY-125767924 State: Arkansas
 First Filing Company: American International South Insurance State Tracking Number: EFT \$50
 Company, ...
 Company Tracking Number: AIC-08-AV-09
 TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
 Product Name: Aerial Applicator's Program
 Project Name/Number: Aerial Applicator's Program/AIC-08-AV-09

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Duplicate Policy Exclusion	UE1077	(4-08)	Endorsement/Amendment/Conditions		0.00	UE1077.pdf
Approved	Port Authority of New York and New Jersey	UE1051	(10-07)	Endorsement/Amendment/Conditions		0.00	UE1051(10-07).pdf
Approved	Good Experience Return	AV1098	(5-08)	Endorsement/Amendment/Conditions		0.00	AV1098.pdf

DUPLICATE POLICY EXCLUSION

The Named Insured has _____ policies in force issued by Aviation Managers.

In the event of a claim cover under Policy No(s). _____ , no coverage shall be afforded to the Named Insured under the policy to which this endorsement is attached.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____



By _____

(Authorized Representative)

PORT AUTHORITY OF NEW YORK AND NEW JERSEY ENDORSEMENT

This policy is amended as follows:

It is agreed the Company shall not, without obtaining the express advance written permission from the General Counsel of the Port Authority of New York and New Jersey raise any defense involving in any way the jurisdiction of the tribunal over the person of the Port Authority of New York and New Jersey, the immunity of the Port Authority of New York and New Jersey, its Commissioners, officers, agents or employees, the governmental nature of the Port Authority of New York and New Jersey or the provisions of any statutes respecting suits against the Port Authority of New York and New Jersey.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____



By _____

(Authorized Representative)

GOOD EXPERIENCE RETURN

In consideration of an additional premium of \$ _____, it is agreed that this policy is amended as follows:

The Company shall return to the **Named Insured** an amount equal to _____ of the following:

_____ of the earned premium less paid claims, reserves, and claims expenses. Such return premium shall be provisional only and shall be subject to further adjustment when the reserves and expenses have been finalized.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____



By _____
(Authorized Representative)

SERFF Tracking Number: AGNY-125767924 State: Arkansas
First Filing Company: American International South Insurance State Tracking Number: EFT \$50
Company, ...
Company Tracking Number: AIC-08-AV-09
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Aerial Applicator's Program
Project Name/Number: Aerial Applicator's Program/AIC-08-AV-09

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 08/13/2008

Comments:
Attachment:
PC_DOC.pdf

Property & Casualty Transmittal Document

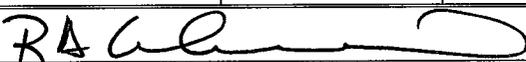
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
	012

4. Company Name(s)	Domicile	NAIC #	FEIN #
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-AV-09
-----------------------------------	--------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Ronald A. Colaninno 175 Water Street New York, NY 10038	Director	212-458-7462	212-458-7077	ronald.colaninno@aig.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Ronald A. Colaninno			

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

9. Type of Insurance (TOI)	22.0 Aircraft			
10. Sub-Type of Insurance (Sub-TOI)	22.0000 Aircraft			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)	Aerial Applicator's Program			
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:	September 12, 2008	Renewal:	September 12, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title	N/A			
18. Company's Date of Filing	August 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-AV-09
------------	--	---------------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

The referenced companies (the "Companies") have on file with your Department their Aerial Applicator's Program (AIC-03-AV-03). The Companies submit, for your review and approval, three (3) endorsements to be used with this program.

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

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: \$50.00</p> <p>\$50.00 Per Form Filing</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***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-AV-09
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	AIC-08-AV-09

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	Duplicate Policy Exclusion	UE1077 (4/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Port Authority of New York and New Jersey	UE1051 (10/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Good Experience Return	AV1098 (5/08)	<input checked="" 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12			<input type="checkbox"/> New		

			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1