

SERFF Tracking Number: AGNY-125774832 State: Arkansas  
First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AIC-08-GL-23  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: 17.0001 commercial general liability  
Project Name/Number: InnKeepers Liability Coverage Endorsement (Bailment Coverage) 64002 (6/08)/AIC-08-GL-23

## 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: 17.0001 commercial general liability SERFF Tr Num: AGNY-125774832 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-23 State Status: Fees verified and received

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

Author: Lakesha Houser Disposition Date: 09/02/2008

Date Submitted: 08/13/2008 Disposition Status: Approved

Effective Date Requested (New): 09/13/2008

Effective Date (New):

Effective Date Requested (Renewal): 09/13/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: InnKeepers Liability Coverage Endorsement (Bailment Coverage) 64002 (6/08) Status of Filing in Domicile: Not Filed

Project Number: AIC-08-GL-23

Domicile Status Comments:

Reference Organization: NA

Reference Number: NA

Reference Title: NA

Advisory Org. Circular: NA

Filing Status Changed: 09/02/2008

State Status Changed: 09/02/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The referenced companies submit for your review and approval the attached endorsement to be used with ISO's Commercial General Liability Coverage Form on file with your Department.

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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

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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

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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

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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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SERFF Tracking Number: AGNY-125774832 State: Arkansas  
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## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Home Assurance Company	\$50.00	08/13/2008	21924632
American International South Insurance Company	\$0.00	08/13/2008	
AIG Casualty 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	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/02/2008	09/02/2008

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## Disposition

Disposition Date: 09/02/2008

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	Innkeepers Liability Coverage Endorsement (Bailment Coverage)	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Innkeepers Liability Coverage Endorsement (Bailment Coverage)	64002	(6/08)	Endorsement/Amendment/Conditions	New	0.00	64002_6-08_Innkeepers Liability .pdf

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

**ENDORSEMENT #**

This endorsement, effective 12:01 A.M.  
Policy

forms a part of

No. issued to by

**INNKEEPERS LIABILITY COVERAGE ENDORSEMENT  
(BAILMENT COVERAGE)**

*This endorsement modifies insurance provided under the following:*

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

**SCHEDULE**

**Section I - Coverages, Coverage A.- Bodily Injury and Property Damage Liability, 2. - Exclusions, j. - Damage to Property, (4), is deleted and replaced with the following:**

- (4) Personal property in the care, custody or control of the insured except for sums the Insured becomes legally obligated to pay because of liability for damages because of injury to, destruction of or loss of property belonging to a guest at any of your various "premises", as listed in the schedule above, where such property is within the "premises" or in the Insured's possession. This exception does not apply:
  - (a) To any liability the insured assumes under any contract or agreement, other than a contract entered into with the guest, prior to a loss, which increases the Insured's statutory liability to a total amount not in excess of \$1,000;
  - (b) To any loss caused by the spilling, upset or leaking of any food or liquid;
  - (c) To any vehicle, or its equipment, accessories, appurtenances or any property contained therein;
  - (d) To any property in the custody or possession of the insured for laundering or cleaning;
  - (e) To any articles carried or held by a guest as samples or for sale or for delivery after sale.

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

64002 (6/08)

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Insurance Services Office, Inc., with its permission.

8. Subject to 5. above, the Innkeepers Liability Coverage Limit shown in the Declarations is the most we will pay under coverage A for damages because of injury to, destruction of or loss of property belonging to a guest at any of your various "premises".

**Commercial General Liability Declarations page** is amended to add:

Innkeepers Liability Limit of Insurance:

Damages because of the loss of property of any one guest is per occurrence \$\_\_\_\_\_; subject to an aggregate limit of \$\_\_\_\_\_ for all damages because of loss of property during the policy period to the "registered guest", inclusive of all "guests" lodging with the "registered guest".

For purposes of the coverage provided herein **Section V. - Definitions**, is amended to add:

"Guest" means any individual receiving lodging for pay. In multiple person parties each individual is deemed a "guest" of the "premises".

"Registered Guests" means the individual under whose name the lodging is reserved.

"Premises" means that portion of the building described in the Schedule above occupied by you in conducting your business as an innkeeper.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

*SERFF Tracking Number:*      *AGNY-125774832*                      *State:*                      *Arkansas*  
*First Filing Company:*      *American Home Assurance Company, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *AIC-08-GL-23*  
*TOI:*                      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*                      *17.0001 Commercial General Liability*  
*Product Name:*                      *17.0001 commercial general liability*  
*Project Name/Number:*                      *InnKeepers Liability Coverage Endorsement (Bailment Coverage) 64002 (6/08)/AIC-08-GL-23*

## **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 09/02/2008

**Comments:**

**Attachment:**

NAIC Transmittal Doc.\_2\_.pdf

**Satisfied -Name:** forms listing **Review Status:** Approved 09/02/2008

**Comments:**

**Attachment:**

Forms Listing.pdf



## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>AIC-08-GL-23</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 companies referenced in Item 4 submit for your review and approval Form No. 64002 (6/08) to be used with the occurrence version of the ISO's Commercial General Liability Coverage Form.

<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]
<p><b>Check #: N/A</b> <b>Amount: N/A</b></p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>AIC-08-GL-23</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	Innkeepers Liability Coverage Endorsement (Bailment Coverage)	64002 (6/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<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		

Forms Listing

Forms 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
Financial Service Exclusion (Real Estate Operations)	99297 (5/08)	Endorsement	New	n/a	Optional	Clarifies	NO	The endorsement is used to exclude professional services of stock brokers, bankers, investment counselors, and other financial occupations and institutions.

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

Yes or No