



NOTICE OF EFFECTIVE FILING

TO: ISO Distribution List

DATE: August 12, 2016

FROM: Angel Manus

PHONE: 770-671-2353

PROGRAM: ISO'S COMMERCIAL AUTO PROGRAM

ISO CIRCULAR / ISO REFERENCE FILING NUMBER:

LI-CA-2016-152 / CA-2016-BRLA1

LI-CA-2015-065 / CA-2015-BRLA1

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CONTENTS: Loss Cost

STATE: Illinois

EFFECTIVE DATE: November 1, 2016

MODIFICATIONS: None

COMMENTS: None

COMPANY(IES) EFFECTIVE:

- AIU INSURANCE COMPANY
- AMERICAN HOME ASSURANCE COMPANY
- AIG ASSURANCE COMPANY
- AIG PROPERTY CASUALTY COMPANY
- COMMERCE AND INDUSTRY INSURANCE COMPANY
- GRANITE STATE INSURANCE COMPANY
- ILLINOIS NATIONAL INSURANCE CO.
- NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
- NEW HAMPSHIRE INSURANCE COMPANY
- THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

FILING NUMBER: ISO-IL-16-CA-01

AIG Property Casualty
State Filings Division
12 Metrotech Center, 27th Floor
Brooklyn, NY 11201

Disposition for AGNY-130671212

SERFF Tracking Number:	AGNY-130671212	State:	Illinois
First Filing Company:	American Home Assurance Company ,...	State Tracking Number:	
Company Tracking Number:	ISO-IL-16-CA-01		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0000 Commercial Auto Combinations
Product Name:	ISO Commercial Auto Loss Cost Revision 019-00602,102-000-602,107-00-602,165-000-602,130-000-602		
Project Name:	ISO Commercial Auto Loss Cost Revision		

Disposition Date:

08/08/2016

Effective Date (New):

11/01/2016

Effective Date (Renewal):

11/01/2016

Effective Date (New) changed from 10/01/2016 to 11/01/2016 and Effective Date (Renewal) changed from 10/01/2016 to 11/01/2016 by Weyhenmeyer, Erica on 08/11/2016.

Status: *

Filed

Comments:

Company Rate Information							
Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
American Home Assurance Company	0.900 %	0.900 %	\$ 0	0	\$ 0	0.000 %	0.000 %
Change Period for Approved Rate:							
Commerce and Industry Insurance Company	0.900 %	0.900 %	\$ 0	0	\$ 0	0.000 %	0.000 %
Change Period for Approved Rate:							
Granite State Insurance Company	0.900 %	0.900 %	\$ 18022	200	\$ 2076033	0.000 %	0.000 %
Change Period for Approved Rate:							
Illinois National Insurance Co.	0.900 %	0.900 %	\$ 120169	99	\$ 13842424	0.000 %	0.000 %

Change Period for Approved

Rate:

National Union Fire Insurance Company of Pittsburgh, Pa.	0.900 %	0.900 %	\$ 4141	41	\$ 477044	0.000 %	0.000 %
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Change Period for Approved

Rate:

New Hampshire Insurance Company	0.900 %	0.900 %	\$ 2139	102	\$ 246375	0.000 %	0.000 %
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Change Period for Approved

Rate:

The Insurance Company of the State of Pennsylvania	0.900 %	0.900 %	\$ 29737	9	\$ 3425484	0.000 %	0.000 %
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Change Period for Approved

Rate:

AIG Assurance Company	0.900 %	0.900 %	\$ 0	0	\$ 0	0.000 %	0.000 %
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Change Period for Approved

Rate:

AIG Property Casualty Company	0.900 %	0.900 %	\$ 0	0	\$ 0	0.000 %	0.000 %
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Change Period for Approved

Rate:

Overall Rate Information for Multiple Company Filings	
Overall Percentage Rate Indicated For This Filing:	0.900 %
Overall Percentage Rate Impact For This Filing:	0.900 %
Effect of Rate Filing-Written Premium Change For This Program:	\$ 174,208
Effect of Rate Filing - Number of Policyholders Affected:	451

Schedule Items			
Item Type	Item Name	Item Status	Public Access
Supporting Document	DO NOT SUBMIT RATES/RULES or the SUMMARY SHEET (RF-3).		No
Supporting Document	Explanatory Memorandum		No
Supporting Document	Request to Maintain Data as Trade Secret Information		No
Supporting Document	RF3		No
Supporting Document	Actuarial Support		No
Rate	Exception Page_LCM, [No rule/page number]		No

Rate

Exception Page_ELR, [No rule/page number]

No



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Illinois

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Product Name: ISO Commercial Auto Loss Cost Revision 019-00602,102-000-602,107-00-602,165-000-602,130-000-602

SERFF Tr Num: AGNY-130671212

SERFF Status: Closed-Filed

TOI: 20.0 Commercial Auto

State Tr Num:

State Status:

Sub-TOI: 20.0000 Commercial Auto Combinations

Co Tr Num: ISO-IL-16-CA-01

Co Status:

Filing Type: Rate

Date Submitted: 07/28/2016

Disposition Date: 08/08/2016

Effective Date Requested (New): 10/01/2016

Effective Date Requested (Renewal): 10/01/2016

Authors: Angel Manus

General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact	Filing Fees	Filing Correspondence
Add Rate Data? Yes							
Filing Method:							Prior Approval
Rate Change Type:							Increase
Overall Percentage of Last Rate Revision:							12.400 %
Effective Date of Last Rate Revision:							01/01/2015
Filing Method of Last Filing:							

Company Rate Information							
Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
American Home Assurance Company	0.900 %	0.900 %	\$0.00	0	\$0.00	0.000 %	0.000 %
Commerce and Industry Insurance Company	0.900 %	0.900 %	\$0.00	0	\$0.00	0.000 %	0.000 %
Granite State Insurance Company	0.900 %	0.900 %	\$18,022.00	200	\$2,076,033.00	0.000 %	0.000 %
Illinois National Insurance Co.	0.900 %	0.900 %	\$120,169.00	99	\$13,842,424.00	0.000 %	0.000 %
National Union Fire Insurance Company of Pittsburgh, Pa.	0.900 %	0.900 %	\$4,141.00	41	\$477,044.00	0.000 %	0.000 %
New Hampshire Insurance Company	0.900 %	0.900 %	\$2,139.00	102	\$246,375.00	0.000 %	0.000 %
The Insurance Company of the State of Pennsylvania	0.900 %	0.900 %	\$29,737.00	9	\$3,425,484.00	0.000 %	0.000 %
AIG Assurance Company	0.900 %	0.900 %	\$0.00	0	\$0.00	0.000 %	0.000 %
AIG Property Casualty Company	0.900 %	0.900 %	\$0.00	0	\$0.00	0.000 %	0.000 %

Overall Rate Information for Multiple Company Filings	
Overall Percentage Rate Indicated For This Filing:	0.900 %
Overall Percentage Rate Impact For This Filing:	0.900 %
Effect of Rate Filing-Written Premium Change For This Program:	\$ 174,208
Effect of Rate Filing - Number of Policyholders Affected:	451

Item No.	Schedule Item Status	Exhibit Name: *	Rule# or Page #:	Rate Action: *	Previous State Filing Number:	Attach Document:	Submitted:
1		Exception Page_LCM		New		Exception Page_LCM.pdf	Date Submitted: 07/28/2016 By: Angel Manus
2		Exception Page_ELR		New		Exception Page_ELR.pdf	Date Submitted: 07/28/2016 By: Angel Manus

Icon Legend: - Draft Schedule Item - Open Objection

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