



**NOTICE OF EFFECTIVE FILING**

**TO: ISO Distribution List**

**DATE: May 25, 2017**

**FROM: Angel Manus**

**PHONE: 770-671-2353**

**PROGRAM: ISO COMMERCIAL GENERAL LIABILITY**

**ISO CIRCULAR: LI-GL-2017-036**

**ISO REFERENCE FILING NUMBER: GL-2017-BGL1**

**CONTENTS: Adoption of ISO's Commercial General Liability Loss Costs & ILF Revisions and LCM Revision**

**STATE: Arkansas**

**EFFECTIVE DATE: September 1, 2017**

**MODIFICATIONS: None**

**COMMENTS: This filing is exempt Pursuant to AR Code Anno §23-67-206**

**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-AR-17-GL-01**

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

## Disposition for AGNY-131051469

<b>SERFF Tracking Number:</b>	AGNY-131051469	<b>State:</b>	Arkansas
<b>First Filing Company:</b>	American Home Assurance Company ,...	<b>State Tracking Number:</b>	
<b>Company Tracking Number:</b>	ISO-AR-17-GL-01		
<b>TOI:</b>	17.0 Other Liability-Occ/Claims Made	<b>Sub-TOI:</b>	17.0001 Commercial General Liability
<b>Product Name:</b>	ISO Commercial General Liability Loss Cost & LCM Revision 165000602,019000602,229000010,102000602,107000602,130000602		
<b>Project Name:</b>	ISO Commercial General Liability Loss Cost & LCM Revision		

**Disposition Date:**

05/25/2017

**Effective Date (New):****Effective Date (Renewal):****Status: \***

Exempt from Review

**Comments:**

EXEMPT RATES/RULES: THIS PROGRAM IS "EXEMPT" FROM FILING RATES/RULES:

Pursuant to AR Code Anno §23-67-206, this filing is being accepted for information purposes only, due to these rates/rules being exempt from filing and review. However, exempt from review does not mean the filing is exempt from any applicable code, regulations, etc.... The insurer must maintain complete rate/rules filings and make these files available to the Insurance Commissioner upon request. IT IS THE RESPONSIBILITY OF THE COMPANY/FILER TO SEE THAT THE STATUTORY REQUIREMENTS ARE MADE AND ADDED TO THIS "DESK DRAWER" FILING.

Notes for compliance include but are not limited to the following. If this filing does not comply with any of the following, you must make corrections.

- Rate ranges are not permissible. You must file specific rates. This also includes rate for Extended Reporting Periods if applicable. Please refer to see AR Code Anno § 23-67-505.
- Also, a company may not "A - rate" all risks. These (a-rates) must be reserved for "unusual risks" and those not classed under your rate/rule sections. If the premium determination for any risk is based upon "a-rate", "referral to company", or "consent to rate", you must have available, upon request by the Department, the company worksheet with supporting data/underwriting guidelines for that determination.
- All scheduled rating plans (where there is a percentage range) must show the criteria for debits/credits and may have a minimum/maximum accumulative of +/- 50%.
- Individual Risk Premium Modification Plans - If the premium determination for any risk is based upon a Individual Risk Premium Modification , you must submit the plan to the Department including the company worksheet with supporting data/underwriting guidelines for that determination. Please see AR Code Anno § 23-67-505, Filing of rating information, MALPRACTICE INSURANCE RATES, (a) which states, " Every malpractice insurer shall file with the Insurance Commissioner EVERY manual of classifications, rules, and rates, every rating plan, and every modification of any manual classification, rule, or rate that it proposes to use in this state." (This includes all Professional Liability E&O with the exception of abstractor's Professional Liability pursuant to "Malpractice" definition under ACA 23-62-105 (A) (10).

- Refer to Company rate - If the premium determination for any risk is based upon a Refer to Company basis, you must submit the plan to the Department including the company worksheet with supporting data/underwriting guidelines for that determination. AR Code Anno § 23-67-505, Filing of rating information, MALPRACTICE INSURANCE RATES, (a) which states, " Every malpractice insurer shall file with the Insurance Commissioner EVERY manual of classifications, rules, and rates, every rating plan, and every modification of any manual classification, rule, or rate that it proposes to use in this state." (This includes all Professional Liability E&O with the exception of abstractor's Professional Liability pursuant to "Malpractice" definition under ACA 23-62-105 (A) (10).

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	6.000 %	2.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
<b>Change Period for Approved Rate:</b>							
AIU Insurance Company	6.000 %	2.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
<b>Change Period for Approved Rate:</b>							
Commerce and Industry Insurance Company	6.000 %	2.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
<b>Change Period for Approved Rate:</b>							
Granite State Insurance Company	6.000 %	2.000 %	\$ 19487	152	\$ 976733	0.000 %	0.000 %
<b>Change Period for Approved Rate:</b>							
National Union Fire Insurance Company of Pittsburgh, Pa.	6.000 %	2.000 %	\$ 2254	13	\$ 113001	0.000 %	0.000 %
<b>Change Period for Approved Rate:</b>							
New Hampshire Insurance Company	6.000 %	2.000 %	\$ 2328	39	\$ 116710	0.000 %	0.000 %
<b>Change Period for Approved Rate:</b>							
The Insurance Company of the State of Pennsylvania	6.000 %	2.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %

**Change Period for Approved**

**Rate:**

AIG Assurance Company	6.000 %	2.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
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**Change Period for Approved**

**Rate:**

AIG Property Casualty Company	6.000 %	2.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
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**Change Period for Approved**

**Rate:**

**Overall Rate Information for Multiple Company Filings**

<b>Overall Percentage Rate Indicated For This Filing:</b>	6.000 %
<b>Overall Percentage Rate Impact For This Filing:</b>	2.000 %
<b>Effect of Rate Filing-Written Premium Change For This Program:</b>	\$ 24,069
<b>Effect of Rate Filing - Number of Policyholders Affected:</b>	204

**Schedule Items**

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
Supporting Document	Actuarial Explanatory Memorandum		Yes
Supporting Document	Adoption Form & SSI LCM		Yes
Supporting Document	Supporting Exhibits		Yes
Rate	Arkansas Company Exception Page_LCM, [No rule/page number]		Yes
Rate	Arkansas Company Exception Page_ELR, [No rule/page number]		Yes



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Clone Filing

This Filing has been marked as public access.

**Arkansas**

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**Product Name:** ISO Commercial General Liability Loss Cost & LCM Revision  
165000602,019000602,229000010,102000602,107000602,130000602

**TOI:** 17.0 Other Liability-Occ/Claims Made

**Sub-TOI:** 17.0001 Commercial General Liability

**Filing Type:** Rate

**Effective Date Requested (New):** 09/01/2017

**SERFF Tr Num:** AGNY-131051469

**SERFF Status:** Closed-  
Exempt from Review

**State Tr Num:**

**State Status:**

**Co Tr Num:** ISO-AR-17-GL-01

**Co Status:**

**Date Submitted:** 05/24/2017

**Disposition Date:** 05/25/2017

**Effective Date Requested (Renewal):** 09/01/2017

**Authors:** Angel Manus

- General Information
- Form Schedule
- Rate/Rule Schedule
- Supporting Documentation
- Companies and Contact
- Filing Fees
- Filing Correspondence

The rate schedule has been marked public access.

**Add Rate Data?** Yes

<b>Filing Method:</b>	Prior Approval
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	-4.800 %
<b>Effective Date of Last Rate Revision:</b>	09/01/2015
<b>Filing Method of Last Filing:</b>	Prior Approval

**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	6.000 %	2.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
AIU Insurance Company	6.000 %	2.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
Commerce and Industry Insurance Company	6.000 %	2.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
Granite State Insurance Company	6.000 %	2.000 %	\$19,487.00	152	\$976,733.00	0.000 %	0.000 %
National Union Fire Insurance Company of Pittsburgh, Pa.	6.000 %	2.000 %	\$2,254.00	13	\$113,001.00	0.000 %	0.000 %
New Hampshire Insurance Company	6.000 %	2.000 %	\$2,328.00	39	\$116,710.00	0.000 %	0.000 %
The Insurance Company of the State of Pennsylvania	6.000 %	2.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
AIG Assurance Company	6.000 %	2.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
AIG Property Casualty Company	6.000 %	2.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %

**Overall Rate Information for Multiple Company Filings**

<b>Overall Percentage Rate Indicated For This Filing:</b>	<b>6.000 %</b>
<b>Overall Percentage Rate Impact For This Filing:</b>	<b>2.000 %</b>
<b>Effect of Rate Filing-Written Premium Change For This Program:</b>	<b>\$ 24,069</b>
<b>Effect of Rate Filing - Number of Policyholders Affected:</b>	<b>204</b>

Item No.	Schedule Item Status	Exhibit Name: *	Rule# or Page #:	Rate Action: *	Previous State Filing Number:	Attach Document:	Submitted:
1		Arkansas Company Exception Page_LCM		New		<a href="#">Arkansas Company Exception Page_LCM.pdf</a>	Date Submitted: 05/24/2017 By: Angel Manus
2		Arkansas Company Exception Page_ELR		New		<a href="#">Arkansas Company Exception Page_ELR.pdf</a>	Date Submitted: 05/24/2017 By: Angel Manus

**Icon Legend:** - Draft Schedule Item - Open Objection

- Add Authors
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Clone Filing

