



**NOTICE OF EFFECTIVE FILING**

**TO: ISO Distribution List**

**DATE: August 17, 2017**

**FROM: Angel Manus**

**PHONE: 770-671-2353**

**PROGRAM: ISO COMMERCIAL GENERAL LIABILITY**

**ISO CIRCULAR: LI-GL-2016-108**

**ISO REFERENCE FILING NUMBER: GL-2016-BGL1**

**CONTENTS: Adoption of ISO's Commercial General LOSS Cost Revision**

**STATE: Alaska**

**EFFECTIVE DATE: October 23, 2017**

**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-AK-17-GL-02**

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

## Disposition for AGNY-130977891

<b>SERFF Tracking Number:</b>	AGNY-130977891	<b>State:</b>	Alaska
<b>First Filing Company:</b>	American Home Assurance Company ,...	<b>State Tracking Number:</b>	AGNY-130977891
<b>Company Tracking Number:</b>	ISO-AK-17-GL-02		
<b>TOI:</b>	17.0 Other Liability-Occ/Claims Made	<b>Sub-TOI:</b>	17.0001 Commercial General Liability
<b>Product Name:</b>	ISO General Liability Loss Costs Adoption 165-000-602,019-000-602, 229-000-010,102-000-602, 107-000-602, 165-640-602, 130-000-602		
<b>Project Name:</b>			

**Disposition Date:**

08/11/2017

**Effective Date (New):**

10/23/2017

**Effective Date (Renewal):**

10/23/2017

Effective Date (New) changed from 08/11/2017 to 10/23/2017 and Effective Date (Renewal) changed from 08/11/2017 to 10/23/2017 by Bennett, Joanne on 08/17/2017.

**Status:** \*

Authorized

**Comments:**

If you would like to change the effective date, please submit a revised effective date via e-mail to insurance@alaska.gov. The subject line should include the tracking number and the name of the Primary Reviewer assigned to review the filing. A request to change the effective date must be received by the division prior to the effective date noted above.

Thank you, Joanne Bennett

## Company Rate Information

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b>Number of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>
American Home Assurance Company	3.000 %	3.000 %	\$ 0	0	\$ 0	%	%
<b>Change Period for Approved Rate:</b>							
Commerce and Industry Insurance Company	3.000 %	3.000 %	\$ 0	0	\$ 0	%	%
<b>Change Period for Approved Rate:</b>							
Granite State Insurance Company	3.000 %	3.000 %	\$ 15446	33	\$ 514842	%	%

**Change Period for Approved****Rate:**

Illinois National Insurance Co.	3.000 %	3.000 %	\$ 26627	21	\$ 887499	%	%
---------------------------------	---------	---------	----------	----	-----------	---	---

**Change Period for Approved****Rate:**

National Union Fire Insurance Company of Pittsburgh, Pa.	3.000 %	3.000 %	\$ 1252	2	\$ 41718	%	%
--	---------	---------	---------	---	----------	---	---

**Change Period for Approved****Rate:**

New Hampshire Insurance Company	3.000 %	3.000 %	\$ 9006	13	\$ 300193	%	%
---------------------------------	---------	---------	---------	----	-----------	---	---

**Change Period for Approved****Rate:**

The Insurance Company of the State of Pennsylvania	3.000 %	3.000 %	\$ -11	0	\$ -371	%	%
--	---------	---------	--------	---	---------	---	---

**Change Period for Approved****Rate:**

AIG Assurance Company	3.000 %	3.000 %	\$ 0	0	\$ 0	%	%
-----------------------	---------	---------	------	---	------	---	---

**Change Period for Approved****Rate:**

AIG Property Casualty Company	3.000 %	3.000 %	\$ 0	0	\$ 0	%	%
-------------------------------	---------	---------	------	---	------	---	---

**Change Period for Approved****Rate:****Overall Rate Information for Multiple Company Filings**

<b>Overall Percentage Rate Indicated For This Filing:</b>	0.000 %
<b>Overall Percentage Rate Impact For This Filing:</b>	0.000 %
<b>Effect of Rate Filing-Written Premium Change For This Program:</b>	\$ 52,320
<b>Effect of Rate Filing - Number of Policyholders Affected:</b>	69

**Schedule Items**

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
Supporting Document	P&C Checklist		No
Supporting Document	Loss Cost Multiplier		No
<i>Supporting Document</i>	<i>Loss Cost Multiplier</i>		<i>No</i>
<i>Supporting Document</i>	<i>Loss Cost Multiplier</i>		<i>No</i>
Supporting Document	Explanatory Info - Rates		No

<i>Supporting Document</i>	<i>Explanatory Info - Rates</i>	<i>No</i>
Supporting Document	Marked Copy and Clean Manual Pages	No
Supporting Document	Third Party Authorization	No
Supporting Document	Support for INIC & NUHIC	No
<i>Supporting Document</i>	<i>Support for INIC &amp; NUHIC</i>	<i>No</i>
Supporting Document	Alaska Certs 1995-2017 - name change	No
Rate	Alaska State Exception Page (LCM), [No rule/page number]	No
<i>Rate</i>	<i>Alaska State Exception Page (LCM), [No rule/page number]</i>	<i>No</i>
Rate	Alaska State Exception Page (ELR), [No rule/page number]	No
<i>Rate</i>	<i>Alaska State Exception Page (ELR), [No rule/page number]</i>	<i>No</i>



Welcome, Angel Manus.  
aigdblegalstatefilingsny  
Help | Logoff

Tracking Number:

Search...

Filings	Messages	Billing	Settings	Filing Rules	Templates	Alerts
My Workfolder	My Open Filings	My Draft Filings	Search	Create Filing		

Add Authors

Update

Create Reminder

Move to Workfolder

PDF Pipeline

Clone Filing

This filing has post submission updates.

Alaska

[View General Instructions](#) [View Filing Log](#)

**Product Name:** ISO General Liability Loss Costs Adoption 165-000-602,019-000-602, 229-000-010,102-000-602, 107-000-602, 165-640-602, 130-000-602

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

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

**Filing Type:** Rate

**SERFF Tr Num:** AGNY-130977891

**State Tr Num:** AGNY-130977891

**Co Tr Num:** ISO-AK-17-GL-02

**Date Submitted:** 03/30/2017

**Effective Date Requested**  
(Renewal): 08/07/2017

**SERFF Status:** Closed-Authorized

**State Status:**



**Co Status:**

**Disposition Date:**  
08/11/2017

**Authors:** Angel Manus

**Effective Date Requested (New):** 08/07/2017

General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact	Filing Fees	Filing Correspondence
<b>Add Rate Data?</b> Yes							
<b>Filing Method:</b>							
<b>Rate Change Type:</b>							
<b>Overall Percentage of Last Rate Revision:</b> %							
<b>Effective Date of Last Rate Revision:</b>							
<b>Filing Method of Last Filing:</b>							
<b>Company Rate Information</b>							
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	3.000 %	3.000 %	\$0.00	0	\$0.00	%	%
Commerce and Industry Insurance Company	3.000 %	3.000 %	\$0.00	0	\$0.00	%	%
Granite State Insurance Company	3.000 %	3.000 %	\$15,446.00	33	\$514,842.00	%	%
Illinois National Insurance Co.	3.000 %	3.000 %	\$26,627.00	21	\$887,499.00	%	%
National Union Fire Insurance Company of Pittsburgh, Pa.	3.000 %	3.000 %	\$1,252.00	2	\$41,718.00	%	%
New Hampshire Insurance Company	3.000 %	3.000 %	\$9,006.00	13	\$300,193.00	%	%
The Insurance Company of the State of Pennsylvania	3.000 %	3.000 %	(\$11.00)	0	(\$371.00)	%	%
AIG Assurance Company	3.000 %	3.000 %	\$0.00	0	\$0.00	%	%
AIG Property Casualty Company	3.000 %	3.000 %	\$0.00	0	\$0.00	%	%
<b>Overall Rate Information for Multiple Company Filings</b>							
<b>Overall Percentage Rate Indicated For This Filing:</b> %							
<b>Overall Percentage Rate Impact For This Filing:</b> %							
<b>Effect of Rate Filing-Written Premium Change For This Program:</b> \$ 52,320							
<b>Effect of Rate Filing - Number of Policyholders Affected:</b> 69							
Item No.	Schedule Item Status	Exhibit Name: *	Rule# or Page #:	Rate Action: *	Previous State Filing Number:	Attach Document:	Submitted:
1		Alaska State Exception Page (LCM)		New		<a href="#">Alaska State Exception Page LCM 5.18.17.pdf</a>	Date Submitted: 05/18/2017 By: Angel Manus
<b>Previous Version</b>							
		Alaska State Exception Page (LCM)		New		<a href="#">Alaska State Exception Page (LCM).pdf</a>	Date Submitted: 03/30/2017 By: Walter Murphy
2		Alaska State Exception Page (ELR)		New		<a href="#">Alaska State Exception Page ELR 5.18.17.pdf</a>	Date Submitted: 05/18/2017 By: Angel Manus
<b>Previous Version</b>							
		Alaska State Exception Page (ELR)		New		<a href="#">Alaska State Exception Page (ELR).pdf</a>	Date Submitted: 03/30/2017 By: Walter Murphy

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

[Add Authors](#)[Update](#)[Create Reminder](#)[Move to Workfolder](#)[PDF Pipeline](#)[Clone Filing](#)

SERFF Release 7.11 © Copyright 1997-2017, National Association of Insurance Commissioners. All Rights Reserved.

[Terms and Conditions](#)