



NOTICE OF EFFECTIVE FILING

TO: ISO Distribution List
DATE: July 8, 2019
FROM: Milinda Tanner
PHONE: 770-870-2420

PROGRAM: ISO COMMERCIAL GENERAL LIABILITY

ISO CIRCULAR: N/A

ISO REFERENCE FILING NUMBER: N/A

CONTENTS: Revision of Commercial General Liability Loss Cost Multiplier

INCLUDED(if applicable) ☒ **Company Exception Page_LCM** ☒ **Company Exception Page_ELR**

STATE: Montana

EFFECTIVE DATE: September 1, 2019

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-MT-19-GL-01

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

Disposition for AGNY-131984368

SERFF Tracking Number:	AGNY-131984368	State:	Montana
Filing Company:	AIU Insurance Company	State Tracking Number:	MK AGNY-131984368
Company Tracking Number:	ISO-MT-19-GL-01		
TOI:	17.0 Other Liability-Occ/Claims Made	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	ISO GENERAL LIABILITY LOST COST MULTIPLIER 165-000-602		
Project Name:	ISO GENERAL LIABILITY LOST COST MULTIPLIER		

Disposition Date:

07/03/2019

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

Rates Reviewed and 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):
AIU Insurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %

Change Period for Approved Rate:

Schedule Items

Item Type	Item Name	Item Status	Public Access
Supporting Document	P&C Rate/Rule Supporting Documentation		Yes
Supporting Document	MT GL ACTUARIAL MEMO		Yes
Rate	Montana_Company Exception Page_AIU_LCM, [No rule/page number]		Yes

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Tracking Number:

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Montana
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Product Name: ISO GENERAL LIABILITY LOST COST MULTIPLIER 165-000-602**SERFF Tr Num:** AGNY-131984368**SERFF Status:** Closed-Rates Reviewed and Filed**TOI:** 17.0 Other Liability-Occ/Claims Made**State Tr Num:** MK AGNY-131984368**State Status:** Closed - Rates Reviewed and Filed**Sub-TOI:** 17.0001 Commercial General Liability**Co Tr Num:** ISO-MT-19-GL-01**Co Status:****Filing Type:** Rate**Date Submitted:** 07/03/2019**Disposition Date:** 07/03/2019**Effective Date Requested (New):** 09/01/2019**Authors:** Milinda Tanner**Effective Date Requested (Renewal):** 09/01/2019

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																														
Filing Method:						Prior Approval																								
Rate Change Type:						Neutral																								
Overall Percentage of Last Rate Revision:						%																								
Effective Date of Last Rate Revision:																														
Filing Method of Last Filing:																														
SERFF Tracking Number of Last Filing:																														
<table border="1"> <thead> <tr> <th colspan="8">Company Rate Information</th> </tr> <tr> <th>Company Name:</th> <th>Overall % Indicated Change:</th> <th>Overall % Rate Impact:</th> <th>Written Premium Change for this Program:</th> <th>Number of Policy Holders Affected for this Program:</th> <th>Written Premium for this Program:</th> <th>Maximum % Change (where required):</th> <th>Minimum % Change (where required):</th> </tr> </thead> <tbody> <tr> <td>AIU Insurance Company</td> <td>0.000 %</td> <td>0.000 %</td> <td>\$0.00</td> <td>0</td> <td>\$0.00</td> <td>0.000 %</td> <td>0.000 %</td> </tr> </tbody> </table>							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):	AIU Insurance Company	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
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AIU Insurance Company	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %																							
Item No.	Schedule Item Status	Exhibit Name: *	Rule# or Page #:	Rate Action: *	Previous State Filing Number:	Attach Document:	Submitted:																							
1		Montana_Company Exception Page_AIU_LCM		New		Montana_Company Exception Page_AIU_LCM.pdf	Date Submitted: 07/03/2019 By: Milinda Tanner																							
Icon Legend: - Draft Schedule Item - Open Objection																														

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