



**NOTICE OF EFFECTIVE FILING**

**TO:** ISO  
**DATE:** July 22, 2019  
**FROM:** Angel Manus  
**PHONE:** 770-671-2353

**PROGRAM:** COMMERCIAL GENERAL LIABILITY

**ISO CIRCULAR:** N/A

**ISO REFERENCE FILING NUMBER:** N/A

**CONTENTS:** Addition of Commercial General Liability Loss Cost Multiplier for AIU

**INCLUDED**(if applicable)  **Company Exception Page\_LCM**  **Company Exception Page\_ELR**

**STATE:** Alabama

**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-AL-19-GL-01

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

## Disposition for AGNY-132002119

<b>SERFF Tracking Number:</b>	AGNY-132002119	<b>State:</b>	Alabama
<b>Filing Company:</b>	AIU Insurance Company	<b>State Tracking Number:</b>	
<b>Company Tracking Number:</b>	ISO-AL-19-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 GENERAL LIABILITY LOST COST MULTIPLIER 165-000-602		
<b>Project Name:</b>	ISO GENERAL LIABILITY LOST COST MULTIPLIER		

**Disposition Date:**

07/18/2019

**Effective Date (New):**

09/01/2019

**Effective Date (Renewal):**

09/01/2019

**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):
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	Actuarial Memorandum	Filed	No
Supporting Document	Property and Casualty Certificate of Compliance	Filed	No
Supporting Document	Tool Exhibit	Bypassed	No
Supporting Document	Predictive Analytics or GLM Questionnaire (Rate-Rule)	Bypassed	No
Supporting Document	Marked up Manual Pages	Bypassed	No
	Supporting Documents	Bypassed	No

Supporting  
Document

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Rate	ALABAMA COMPANY EXCEPTION PAGE_AIU_LCM, [No rule/page number]	Bypassed	Yes
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This Filing has been marked as public access.

**Alabama**

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<p><b>Product Name:</b> ISO GENERAL LIABILITY LOST COST MULTIPLIER 165-000-602</p> <p><b>TOI:</b> 17.0 Other Liability-Occ/Claims Made</p> <p><b>Sub-TOI:</b> 17.0001 Commercial General Liability</p> <p><b>Filing Type:</b> Rate</p> <p><b>Effective Date Requested (New):</b> 09/01/2019</p> <p><b>Effective Date Requested (Renewal):</b> 09/01/2019</p>	<p><b>SERFF Tr Num:</b> AGNY-132002119</p> <p><b>State Tr Num:</b></p> <p><b>Co Tr Num:</b> ISO-AL-19-GL-01</p> <p><b>Date Submitted:</b> 07/03/2019</p> <p><b>Authors:</b> Angel Manus</p>
<p><b>SERFF Status:</b> Closed-Filed</p> <p><b>State Status:</b> Filed</p> <p><b>Co Status:</b></p> <p><b>Disposition Date:</b> 07/18/2019</p>	

General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact	Filing Fees	Filing Correspondence
<p><b>Add Rate Data?</b> Yes</p> <p><b>Filing Method:</b> Prior Approval</p> <p><b>Rate Change Type:</b> Neutral</p> <p><b>Overall Percentage of Last Rate Revision:</b> %</p> <p><b>Effective Date of Last Rate Revision:</b></p> <p><b>Filing Method of Last Filing:</b></p> <p><b>SERFF Tracking Number of Last Filing:</b></p>							

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 %

Item No.	Schedule Item Status	Exhibit Name: *	Rule# or Page #:	Rate Action: *	Previous State Filing Number:	Attach Document:	Submitted:
1	Bypassed 07/18/2019	ALABAMA COMPANY EXCEPTION PAGE_AIU_LCM		New		<a href="#">Alabama Company Exception Page AIU_LCM.pdf</a>	Date Submitted: 07/03/2019 By: Angel Manus

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

- Add Authors
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