



**NOTICE OF EFFECTIVE FILING**

**TO:** ISO  
**DATE:** August 30, 2019  
**FROM:** Angel Manus  
**PHONE:** 770-671-2353

**PROGRAM:** COMMERCIAL PROPERTY

**ISO CIRCULAR:** LI-CF-2018-113; LI-CF-2018-112

**ISO REFERENCE FILING NUMBER:** CF-2018-RDEQR; CF-2018-ODEQF

**CONTENTS:** Delay Adoption of ISO's Commercial Property Form and Rule Revisions

**INCLUDED**(if applicable) ☐ Company Exception Page\_LCM ☐ Company Exception Page\_ELRL

**STATE:** Wyoming

**EFFECTIVE DATE:** November 1, 2019

**MODIFICATIONS:** None

**COMMENTS:** Rule exempt pursuant to Insurance Code §26-14-107

**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-CW-19-CP-01

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

## Disposition for AGNY-131903973

|                                 |  |                               |   |
|---------------------------------|--|-------------------------------|---|
| <b>SERFF Tracking Number:</b>   | AGNY-131903973   | <b>State:</b>                 | Wyoming   |
| <b>First Filing Company:</b>    | American Home Assurance Company ,...   | <b>State Tracking Number:</b> |   |
| <b>Company Tracking Number:</b> | ISO-CW-19-CP-01  |                               |   |
| <b>TOI:</b>                     | 01.0 Property  | <b>Sub-TOI:</b>               | 01.0001 Commercial Property (Fire and Allied Lines) |
| <b>Product Name:</b>            | ISO Delay Adopt of Commercial Property Forms & Rules 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>            | ISO Delay Adopt of Commercial Property Forms & Rules   |                               |   |

**Disposition Date:**

05/23/2019

**Effective Date (New):**

11/01/2019

**Effective Date (Renewal):**

11/01/2019

Effective Date (New) changed from 10/01/2019 to 11/01/2019 and Effective Date (Renewal) changed from 10/01/2019 to 11/01/2019 by Feurt, D'Anna on 07/12/2019.

**Status:** \*

Approved

**Comments:**

PLEASE NOTE: The indicated documents associated with this filing are approved. Every effort has been made to thoroughly review the approved documents for compliance with applicable state law. However, in the event that any portion of the approved documents is not in compliance, your company remains responsible for assuring that coverage provided to Wyoming citizens fully complies with all applicable statutes and regulations. For any item that is found subsequently to be non-compliant with applicable law, the company will be responsible for taking any steps necessary to come into compliance, which may include submitting new policy forms for approval. Also note, approval at this time is not a guarantee that future filings will be approved.

**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         | 0.000 %                            | 0.000 %                       | \$ 0  | 0  | \$ 0                                     | 0.000 %                                   | 0.000 %                                   |
| <b>Change Period for Approved Rate:</b> |                                    |                               |   |  |  |   |   |
| Commerce and Industry Insurance Company | 0.000 %                            | 0.000 %                       | \$ 0  | 0  | \$ 0                                     | 0.000 %                                   | 0.000 %                                   |
| <b>Change Period for Approved Rate:</b> |                                    |                               |   |  |  |   |   |
|   | 0.000 %                            | 0.000 %                       | \$ 0  | 0  | \$ 0                                     | 0.000 %                                   | 0.000 %                                   |

Granite State  
Insurance  
Company

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

|                                 |         |         |      |   |      |         |         |
|---------------------------------|---------|---------|------|---|------|---------|---------|
| Illinois National Insurance Co. | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|---------------------------------|---------|---------|------|---|------|---------|---------|

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

|  |         |         |      |   |      |         |         |
|--|---------|---------|------|---|------|---------|---------|
| National Union Fire Insurance Company of Pittsburgh, Pa. | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|--|---------|---------|------|---|------|---------|---------|

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

|                                 |         |         |      |   |      |         |         |
|---------------------------------|---------|---------|------|---|------|---------|---------|
| New Hampshire Insurance Company | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|---------------------------------|---------|---------|------|---|------|---------|---------|

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

|  |         |         |      |   |      |         |         |
|--|---------|---------|------|---|------|---------|---------|
| The Insurance Company of the State of Pennsylvania | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|--|---------|---------|------|---|------|---------|---------|

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

|                       |         |         |      |   |      |         |         |
|-----------------------|---------|---------|------|---|------|---------|---------|
| AIG Assurance Company | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|-----------------------|---------|---------|------|---|------|---------|---------|

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

|                               |         |         |      |   |      |         |         |
|-------------------------------|---------|---------|------|---|------|---------|---------|
| AIG Property Casualty Company | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|-------------------------------|---------|---------|------|---|------|---------|---------|

**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> | \$ 0    |
| <b>Effect of Rate Filing - Number of Policyholders Affected:</b>      | 0       |

**Schedule Items**

| Item Type           | Item Name                                 | Item Status | Public Access |
|---------------------|---|-------------|---------------|
| Supporting Document | Forms Index                               |             | Yes           |
| Supporting Document | Rate and Form Certification of Compliance |             | Yes           |