



NOTICE OF EFFECTIVE FILING

TO: ISO Distribution List
DATE: August 26, 2020
FROM: Milinda Tanner
PHONE: 770-870-2420

PROGRAM: ISO COMMERCIAL AUTOMOBILE

ISO CIRCULAR: LI-CA-2019-217; LI-CA-2016-373

ISO REFERENCE FILING NUMBER: CA-2019-BRLB1: CA-2015-ROCP1

CONTENTS: Adoption of ISO's Commercial Auto Optional Class Plan

INCLUDED (if applicable) ☐ Company Exception Page_LCM ☐ Company Exception Page_ELR

STATE: RHODE ISLAND

EFFECTIVE DATE: April 1, 2021

MODIFICATIONS: None

COMMENTS: Revisions do not apply to Glatfelter Programs

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-RI-20-CA-01

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

Disposition for AGNY-132472235

Filing at a Glance

State:

Rhode Island

TOI:

20.0 Commercial Auto

Sub-TOI:

20.0000 Commercial Auto Combinations

Filing Type:

Rate

First Filing Company:

American Home Assurance Company ,...

SERFF Tracking Number:

AGNY-132472235

State Tracking Number:

Company Tracking Number:

ISO-RI-20-CA-01

Product Name:

Adoption of ISO's Commercial Auto Optional Class Plan-1650-000-602, 019-000-602, 229-000-010, 102-000-602, 107-000-602, 130-000-602

Project Name:

Adoption of ISO's Commercial Auto Optional Class Plan

Destruction Date:

Disposition Date:

08/26/2020

Effective Date (New):

04/01/2021

Effective Date (Renewal):

04/01/2021

Status: *

(02) Approved

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):
American Home Assurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
Change Period for Approved Rate:							
AIU Insurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
Change Period for Approved Rate:							
Commerce and Industry	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %

Insurance
Company

**Change Period for Approved
Rate:**

Granite State Insurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
---------------------------------------	---------	---------	------	---	------	---------	---------

**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

Overall Percentage Rate Indicated For This Filing:

0.000 %

Overall Percentage Rate Impact For This Filing:	0.000 %
--	---------

Effect of Rate Filing-Written Premium Change For This Program:	\$ 0
---	------

Effect of Rate Filing - Number of Policyholders Affected:	0
--	---

Schedule Items

Item Type	Item Name	Item Status	Public Access
Supporting Document	Actuarial Support- RI Rate Procedural Informational Summary Form required for all New (including startups) and revisions to existing rates		Yes