



**NOTICE OF EFFECTIVE FILING**

**TO:** ISO Distribution List  
**DATE:** November 4, 2020  
**FROM:** Milinda Tanner  
**PHONE:** 770-870-2420

**PROGRAM:** ISO'S COMMERCIAL AUTOMOBILE

**ISO CIRCULAR:** NONE

**ISO REFERENCE FILING NUMBER:** NONE

**CONTENTS:** Revision of Commercial Automobile Loss Cost Multiplier

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

**STATE:** Alaska

**EFFECTIVE DATE:** February 1, 2021

**MODIFICATIONS:** None

**COMMENTS:** LCMS 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-AK-20-CA-03

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

## Disposition for AGNY-132472145

## Filing at a Glance

<b>State:</b> Alaska	<b>SERFF Tracking Number:</b> AGNY-132472145
<b>TOI:</b> 20.0 Commercial Auto	<b>State Tracking Number:</b> AGNY-132472145
<b>Sub-TOI:</b> 20.0000 Commercial Auto Combinations	<b>Company Tracking Number:</b> ISO-AK-20-CA-03
<b>Filing Type:</b> Rate	<b>Product Name:</b> Commercial Auto Loss Cost Multiplier--1650-000-602, 019-000-602, 229-000- 010, 102-000-602, 107-000-602, 130-000-602
<b>First Filing Company:</b> American Home Assurance Company ,...	<b>Project Name:</b> Commercial Auto Loss Cost Multiplier
	<b>Destruction Date:</b>

**Disposition Date:**

10/30/2020

**Effective Date (New):**

02/01/2021

**Effective Date (Renewal):** Effective Date (New) changed from 01/01/2021 to 02/01/2021 and Effective Date (Renewal) changed from

02/01/2021

01/01/2021 to 02/01/2021 by Childs, Austin on 11/04/2020.

**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.

## 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 %
<b>Change Period for Approved Rate:</b>							
AIU Insurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %

**Change Period for Approved Rate:**

Commerce and Industry Insurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
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**Change Period for Approved  
Rate:**

Granite State Insurance Company	31.500 %	7.800 %	\$ 21830	43	\$ 281071	0.000 %	0.000 %
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**Change Period for Approved  
Rate:**

Illinois National Insurance Co.	31.500 %	7.800 %	\$ 24754	60	\$ 318710	0.000 %	0.000 %
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**Change Period for Approved  
Rate:**

National Union Fire Insurance Company of Pittsburgh, Pa.	31.500 %	7.800 %	\$ 8891	1	\$ 114474	0.000 %	0.000 %
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**Change Period for Approved  
Rate:**

New Hampshire Insurance Company	31.500 %	7.800 %	\$ 21399	35	\$ 275513	0.000 %	0.000 %
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**Change Period for Approved  
Rate:**

The Insurance Company of the State of Pennsylvania	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
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**Change Period for Approved  
Rate:**

AIG Assurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
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**Change Period for Approved  
Rate:**

AIG Property Casualty Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
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**Change Period for Approved  
Rate:**

#### Overall Rate Information for Multiple Company Filings

**Overall Percentage Rate Indicated For This Filing:**

31.500 %

<b>Overall Percentage Rate Impact For This Filing:</b>	7.800 %
<b>Effect of Rate Filing-Written Premium Change For This Program:</b>	\$ 76,874
<b>Effect of Rate Filing - Number of Policyholders Affected:</b>	139

Schedule Items			
Item Type	Item Name	Item Status	Public Access
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
Supporting Document	Marked Copy		No
<i>Supporting Document</i>	<i>Marked Copy</i>		<i>No</i>
Supporting Document	Third Party Authorization		No
Supporting Document	Exhibit-10 Claim Development		No
Supporting Document	Revises Exhibits 6 & 7		No
Rate	Alaska Company Exception Page_ELR, 1		No
<i>Rate</i>	<i>Alaska Company Exception Page_ELR, 1</i>		<i>No</i>
Rate	Alaska Company Exception Page_LCM, 1		No
<i>Rate</i>	<i>Alaska Company Exception Page_LCM, 1</i>		<i>No</i>



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Tracking Number:

Filings	Messages	Billing	Settings	Filing Rules	Reports	Templates	Alerts
<a href="#">My Workfolder</a>	<a href="#">My Open Filings</a>	<a href="#">My Draft Filings</a>	<a href="#">Search</a>	<a href="#">Create Filing</a>	<a href="#">Create Paper Filing</a>	<a href="#">EFT Report</a>	

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This filing has post submission updates.

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**Product Name:** Commercial Auto Loss Cost Multiplier--1650-000-602, 019-000-602, 229-000-010, 102-000-602, 107-000-602, 130-000-602

**TOI:** 20.0 Commercial Auto

**Sub-TOI:** 20.0000 Commercial Auto Combinations

**Filing Type:** Rate

**Effective Date Requested (New):** 01/01/2021

**Effective Date Requested (Renewal):** 01/01/2021

**SERFF Tr Num:** AGNY-132472145

**State Tr Num:** AGNY-132472145

**Co Tr Num:** ISO-AK-20-CA-03

**Date Submitted:** 07/28/2020

**Authors:** Angel Manus, Milinda Tanner

**SERFF Status:** Closed-Authorized

**State Status:**
**Co Status:**
**Disposition Date:** 10/30/2020

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>						File & Use	
<b>Rate Change Type:</b>						Increase	
<b>Overall Percentage of Last Rate Revision:</b>						4.000 %	
<b>Effective Date of Last Rate Revision:</b>						07/01/2020	
<b>Filing Method of Last Filing:</b>						File & Use	
<b>SERFF Tracking Number of Last Filing:</b>						<a href="#">AGNY-131025163</a>	



## 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 (where required):
American Home Assurance Company	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
AIU Insurance Company	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
Commerce and Industry Insurance Company	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
Granite State Insurance Company	31.500 %	7.800 %	\$21,830.00	43	\$281,071.00	0.000 %	0.000 %
Illinois National Insurance Co.	31.500 %	7.800 %	\$24,754.00	60	\$318,710.00	0.000 %	0.000 %
National Union Fire Insurance Company of Pittsburgh, Pa.	31.500 %	7.800 %	\$8,891.00	1	\$114,474.00	0.000 %	0.000 %
New Hampshire Insurance Company	31.500 %	7.800 %	\$21,399.00	35	\$275,513.00	0.000 %	0.000 %
The Insurance Company of the State of Pennsylvania	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
AIG Assurance Company	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
AIG Property Casualty Company	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %

## Overall Rate Information for Multiple Company Filings

<b>Overall Percentage Rate Indicated For This Filing:</b>	<b>31.500 %</b>
<b>Overall Percentage Rate Impact For This Filing:</b>	<b>7.800 %</b>
<b>Effect of Rate Filing-Written Premium Change For This Program:</b>	<b>\$ 76,874</b>
<b>Effect of Rate Filing - Number of Policyholders Affected:</b>	<b>139</b>

Item No.	Schedule Item Status	Exhibit Name: *	Rule# or Page #:	Rate Action: *	Previous State Filing Number:	Attach Document:	Submitted:
1		Alaska Company Exception Page_ELR	1	Replacement	AGNY-131025163	<a href="#">Alaska Company Exception Page_ELR.pdf</a> (Updated)	Date Submit 09/10/2020 By: Milinda
<b>Previous Version</b>							
		Alaska Company Exception Page_ELR	1	New		<a href="#">Alaska Company Exception Page_ELR.pdf</a>	Date Submit 07/28/2020 By: Milinda
2		Alaska Company Exception Page_LCM	1	Replacement	AGNY-131025163	<a href="#">Alaska Company Exception Page_LCM.pdf</a> (Updated)	Date Submit 09/10/2020 By: Milinda
<b>Previous Version</b>							
		Alaska Company Exception Page_LCM	1	New		<a href="#">Alaska Company Exception Page_LCM.pdf</a>	Date Submit 07/28/2020 By: Milinda

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

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