



**NOTICE OF EFFECTIVE FILING**

**TO:** ISO Distribution List  
**DATE:** February 23, 2021  
**FROM:** Milinda Tanner  
**PHONE:** 770-870-2420

**PROGRAM:** ISO COMMERCIAL GENERAL LIABILITY

**ISO CIRCULAR:** LI-GL-2021-009

**ISO REFERENCE FILING NUMBER:** GL-2020-RELP1

**CONTENTS:** Adoption of ISO's Commercial General Liability Estimated Loss Potentials

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

**STATE:** Massachusetts

**EFFECTIVE DATE:** August 1, 2021

**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-MA-21-GL-01

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

## Disposition for AGNY-132726435

### Filing at a Glance

<b>State:</b> Massachusetts	<b>SERFF Tracking Number:</b> AGNY-132726435
<b>TOI:</b> 17.0 Other Liability-Occ/Claims Made	<b>State Tracking Number:</b>
<b>Sub-TOI:</b> 17.0001 Commercial General Liability	<b>Company Tracking Number:</b> ISO-MA-21-GL-01
<b>Filing Type:</b> Rate	<b>Product Name:</b> Adoption of ISO's Commercial General Liability Estimated Loss Potentials 019-000-602; 229-000-010; 102-000-602; 165-000-602; 107-000-602; 130-000-602
<b>First Filing Company:</b> American Home Assurance Company ,...	<b>Project Name:</b> Adoption of ISO's Commercial General Liability Estimated Loss Potentials
	<b>Destruction Date:</b>

**Disposition Date:**

02/19/2021

**Effective Date (New):**

08/01/2021

**Effective Date (Renewal):**

08/01/2021

**Status:** \*

Placed on File

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

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
Supporting Document	Certification of Compliance		Yes
Supporting Document	Base Checklist(s) - Property and Casualty Insurance		Yes
Supporting Document	Actuarial Memorandum and Abstract Form - Property and Casualty Insurance		Yes
Supporting Document	Letter of Authorization		Yes