



NOTICE OF EFFECTIVE FILING

TO: ISO
DATE: February 26, 2021
FROM: ANGEL MANUS
PHONE: 770-671-2353

PROGRAM: COMMERCIAL GENERAL LIABILITY

HIB CIRCULAR: 200037

HIB REFERENCE FILING NUMBER: GL-2018-OFR18; GL-2018-RRU18; GL-2018-RLC18

CONTENTS: Adoption of HIB Loss Costs, Forms and Rules

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

STATE: Hawaii

EFFECTIVE DATE: 06/01/2021

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-HI-20-GL-01

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

Disposition for AGNY-132639343

Filing at a Glance

State:

Hawaii

SERFF Tracking Number:

AGNY-132639343

TOI:

17.0 Other Liability-Occ/Claims Made

State Tracking Number:

258269

Sub-TOI:

17.0001 Commercial General Liability

Company Tracking Number:

ISO-HI-20-GL-01

Filing Type:

Form/Rate/Rule

Product Name:

Adoption of HIB Commercial General Liability

First Filing Company:

American Home Assurance Company ,...

Loss Costs, Forms and Rule Revisions -

165000602,019000602,229000010,102000602,107000

Project Name:

Adoption of HIB Commercial General Liability

Loss Costs, Forms and Rule Revisions

Destruction Date:

Disposition Date:

02/25/2021

Effective Date (New):

06/01/2021

Effective Date (Renewal):

06/01/2021

Status: *

Approved

Comments:

Please note that the approval is not an agreement with the individual techniques used in the filing, but that the requested changes are approved.

The Hawaii Revised Statutes do not require approval by the Insurance Division of these forms. The responsibility for compliance with the insurance laws rests with the insurer. Any portion of the filing in conflict with Hawaii Insurance laws shall be construed and applied to conform to such laws.

Reminder: The Insurance Commissioner asks for insurers transacting business in Hawaii to keep current with all Commissioner's Memoranda issued in response to the COVID-19 crisis. Three memoranda are highlighted below:

Commissioner's Memorandum 2020-3I requests that insurers take extra measures to prevent policyholder lapses and cancellations.

Commissioner's Memorandum 2020-4A provides to insurers who take extra measures the following: instructions; guidelines; and waivers of certain requirements.

Commissioner's Memorandum 2020-9A extends the application and effective periods of specific Insurance Commissioner's Memoranda.

To view additional Commissioner's Memoranda, go to <https://cca.hawaii.gov/ins/commissioners-memorandum-2020/>

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 Insurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
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 %
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Change Period for Approved**Rate:****Overall Rate Information for Multiple Company Filings**

Overall Percentage Rate Indicated For This Filing:	0.000 %
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Overall Percentage Rate Impact For This Filing:	0.000 %
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Effect of Rate Filing-Written Premium Change For This Program:	\$ 0
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Effect of Rate Filing - Number of Policyholders Affected:	0
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Schedule Items

Item Type	Item Name	Item Status	Public Access
Supporting Document	Forms Certification		Yes
Supporting Document	Third Party Authorization		Yes
Supporting Document	Reference Filing Adoption		Yes
<i>Supporting Document</i>	<i>Reference Filing Adoption</i>		Yes
Supporting Document	Supporting Documents in response to Obj. dated 2.11.21		Yes