



**NOTICE OF EFFECTIVE FILING**

**TO:** ISO Distribution List  
**DATE:** March 26, 2021  
**FROM:** Milinda Tanner  
**PHONE:** 770-870-2420

**PROGRAM:** ISO COMMERCIAL PROPERTY (Fire and Allied Lines)

**ISO CIRCULAR:** LI-CF-2020-042

**ISO REFERENCE FILING NUMBER:** CL-2019-OMJF2

**CONTENTS:** ISO Commercial Property (Fire and Allied Lines) Form Revision

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

**STATE:** New York

**EFFECTIVE DATE:** May 31, 2021

**MODIFICATIONS:** None

**COMMENTS:** LCM's 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-NY-21-CP-01

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

## Disposition for AGNY-132682125

Filing at a Glance	
<b>State:</b> New York	<b>SERFF Tracking Number:</b> AGNY-132682125
<b>TOI:</b> 01.0 Property	<b>State Tracking Number:</b> R2021000746
<b>Sub-TOI:</b> 01.0001 Commercial Property (Fire and Allied Lines)	<b>Company Tracking Number:</b> ISO-NY-21-CP-01
<b>Filing Type:</b> Form	<b>Product Name:</b> Adoption of ISO's Commercial Property Form Revisions - 165000602,019000602,229000010,102000602,107000602
<b>First Filing Company:</b> American Home Assurance Company ,...	<b>Project Name:</b> Adoption of ISO's Commercial Property Form Revisions
	<b>Destruction Date:</b>

**Disposition Date:**

03/26/2021

**Effective Date (New):**

05/31/2021

**Effective Date (Renewal):**

05/31/2021

**Status: \***

Acknowledged

**Comments:**

This is in reference to the submission of the captioned filing. Reference is also made to your subsequent correspondence providing additional information and amending same.

We note that the company is adopting the forms under ISO filing designation number CL-2019-OMJF2 for all commercial property programs except the Glatfelter programs. We hereby acknowledge the adoption.

Very truly yours,  
 Jackson Wong  
 Insurance Examiner  
 Property Bureau  
 (212)709-3882  
 jackson.wong@dfs.ny.gov

**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 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	Explanatory Memorandum		Yes
Supporting Document	Side-By-Side Comparisons		Yes
Supporting Document	Property Review Standards Checklist		Yes
Supporting Document	Forced Fire Insurance Filing Compliance Questionnaire		Yes
Supporting Document	Consent-to-rate requirements		Yes