



**NOTICE OF EFFECTIVE FILING**

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

**PROGRAM:** ISO COMMERCIAL GENERAL LIABILITY

**ISO CIRCULAR:** LI-GL-2021-122

**ISO REFERENCE FILING NUMBER:** GL-2021-BGL1

**CONTENTS:** Adoption of ISO's Commercial General Liability Loss Costs Revision

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

**STATE:** Massachusetts

**EFFECTIVE DATE:** October 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-02

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

## Disposition for AGNY-132849487

## Filing at a Glance

## State:

Massachusetts

## SERFF Tracking Number:

AGNY-132849487

## TOI:

17.0 Other Liability-Occ/Claims Made

## State Tracking Number:

## Company Tracking Number:

ISO-MA-21-GL-02

## Sub-TOI:

17.0001 Commercial General Liability

## Product Name:

ADOPTION ISO'S COMMERCIAL GENERAL  
LIABILITY LOSS COSTS REVISION  
019000602, 102000602, 165000602,  
107000602, 229000010, 130000602

## Filing Type:

Rate

## First Filing Company:

American Home Assurance Company ,...

## Project Name:

ADOPTION ISO'S COMMERCIAL GENERAL  
LIABILITY LOSS COSTS REVISION

## Destruction Date:

## Disposition Date:

05/26/2021

## Effective Date (New):

10/01/2021

## Effective Date (Renewal):

10/01/2021

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 %                            |
| 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<br>Insurance<br>Company | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|---------------------------------------|---------|---------|------|---|------|---------|---------|

**Change Period for Approved  
Rate:**

|                                    |         |         |      |   |      |         |         |
|------------------------------------|---------|---------|------|---|------|---------|---------|
| Illinois National<br>Insurance Co. | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|------------------------------------|---------|---------|------|---|------|---------|---------|

**Change Period for Approved  
Rate:**

|   |         |         |      |   |      |         |         |
|---|---------|---------|------|---|------|---------|---------|
| National Union<br>Fire Insurance<br>Company of<br>Pittsburgh, Pa. | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|---|---------|---------|------|---|------|---------|---------|

**Change Period for Approved  
Rate:**

|                                       |         |         |      |   |      |         |         |
|---------------------------------------|---------|---------|------|---|------|---------|---------|
| New Hampshire<br>Insurance<br>Company | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|---------------------------------------|---------|---------|------|---|------|---------|---------|

**Change Period for Approved  
Rate:**

|   |         |         |      |   |      |         |         |
|---|---------|---------|------|---|------|---------|---------|
| The Insurance<br>Company of the<br>State of<br>Pennsylvania | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|---|---------|---------|------|---|------|---------|---------|

**Change Period for Approved  
Rate:**

|                                     |         |         |      |   |      |         |         |
|-------------------------------------|---------|---------|------|---|------|---------|---------|
| AIG Property<br>Casualty<br>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

| Item Type           | Item Name  | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| 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           |