



NOTICE OF EFFECTIVE FILING

TO: ISO Distribution List
DATE: September 21, 2021
FROM: Milinda Tanner
PHONE: 770-870-2420

PROGRAM: ISO'S COMMERCIAL PROPERTY

ISO CIRCULAR: LI-CF-2020-085

ISO REFERENCE FILING NUMBER: CF-2020-OCYFR; CF-2020-RCYRU

CONTENTS: Delay Adoption of ISO's Commercial Property Forms and Rule Revisions

INCLUDED(if applicable) Company Exception Page_LCM Company Exception Page_ELR

STATE: Alaska

EFFECTIVE DATE: January 1, 2022

MODIFICATIONS: None

COMMENTS: Revisions 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-21-CP-01

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

Disposition for AGNY-132970979

Filing at a Glance

| | |
|--|--|
| State: Alaska | SERFF Tracking Number: AGNY-132970979 |
| TOI: 01.0 Property | State Tracking Number: AGNY-132970979 |
| Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) | Company Tracking Number: ISO-AK-21-CP-01 |
| Filing Type: Form | Product Name: ISO Delay Adopt of Commercial Fire & Allied Form Revisions 165-000-602,019-000-602, 229-000-010,102-000-602, 107-000-602, 165-640-602, 130-000-602 |
| First Filing Company: American Home Assurance Company ,... | Project Name: ISO Delay Adopt of Commercial Fire & Allied Form Revisions |
| | Destruction Date: |

Disposition Date:

09/13/2021

Effective Date (New):

01/01/2022

Effective Date (Renewal): Effective Date (New) changed from 12/01/2021 to 01/01/2022 and Effective Date (Renewal) changed from 12/01/2021 to 01/01/2022 by Hegland, Katie on 09/20/2021.

01/01/2022

Status: *

Approved

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 % |

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 % |
|--------------------------|---------|---------|------|---|------|---------|---------|

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

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

Schedule Items

| Item Type | Item Name | Item Status | Public Access |
|---------------------|---------------------------|--------------------|----------------------|
| Supporting Document | P&C Checklist | | No |
| Supporting Document | Certification Form | | No |
| Supporting Document | Explanatory Info - Forms | | No |
| Supporting Document | Marked Copy | | No |
| Supporting Document | Third Party Authorization | | No |

Sincerely,
Katie Hegland

Disposition for AGNY-132970980

Filing at a Glance

| | |
|--|--|
| State: Alaska | SERFF Tracking Number: AGNY-132970980 |
| TOI: 01.0 Property | State Tracking Number: AGNY-132970980 |
| Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) | Company Tracking Number: ISO-AK-21-CP-01 |
| Filing Type: Rule | Product Name: ISO Delay Adopt of Commercial Fire & Allied Rule Revisions 165-000-602,019-000-602, 229-000-010,102-000-602, 107-000-602, 165-640-602, 130-000-602 |
| First Filing Company: American Home Assurance Company ,... | Project Name: ISO Delay Adopt of Commercial Fire & Allied Rule Revisions |
| | Destruction Date: |

Disposition Date:

09/07/2021

Effective Date (New):

01/01/2022

Effective Date (Renewal): Effective Date (New) changed from 12/01/2021 to 01/01/2022 and Effective Date (Renewal) changed from

01/01/2022

12/01/2021 to 01/01/2022 by Hegland, Katie on 09/20/2021.

Status: *

Authorized

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Schedule Items

| Item Type | Item Name | Item Status | Public Access |
|---------------------|---------------------------|-------------|---------------|
| Supporting Document | P&C Checklist | | No |
| Supporting Document | Loss Cost Multiplier | | No |
| Supporting Document | Explanatory Info - Rates | | No |
| Supporting Document | Marked Copy | | No |
| Supporting Document | Third Party Authorization | | No |

Sincerely,
Katie Hegland