



NOTICE OF EFFECTIVE FILING

TO: ISO

DATE: December 28, 2022

FROM: Milinda Tanner

COMPANY FILING NUMBER: ISO-AK-22-CR-01 **STATE:** Alaska **EFFECTIVE DATE:** May 1, 2023

TOI: 26.0 Burglary & Theft / **SUB-TOI:** 26.0001 Commercial Burglary & Theft

TOI: 23.0 Fidelity / **SUB-TOI:** 23.0000 Fidelity

FORM **RULE** **RATE**

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

PROGRAM: Commercial Burglary & Theft / Fidelity

CONTENTS INCLUDE: Loss Cost Multipliers and Expected Loss Ratios

MODIFICATIONS: NONE

COMMENTS: NONE

COMPANY(IES) FILED:

- AIG ASSURANCE COMPANY
 - AIG PROPERTY CASUALTY COMPANY
 - AIU INSURANCE COMPANY
 - AMERICAN HOME ASSURANCE COMPANY
 - COMMERCE AND INDUSTRY INSURANCE COMPANY
 - GRANITE STATE INSURANCE COMPANY
 - ILLINOIS NATIONAL INSURANCE CO.
 - NEW HAMPSHIRE INSURANCE COMPANY
 - THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA
-

Disposition for AGNY-133488870

Filing at a Glance

| | |
|--|---|
| State: Alaska | SERFF Tracking Number: AGNY-133488870 |
| TOI: 26.0 Burglary and Theft | State Tracking Number: AGNY-133488870 |
| Sub-TOI: 26.0001 Commercial Burglary and Theft | Company Tracking Number: ISO-AK-22-CR-01 |
| Filing Type: Rate | Product Name: Commercial Crime and Fidelity Loss Cost Multiplier-165-000-602, 019-000-602, 229- 000- 010, 102-000-602, 107-000-602, 130- 000-602 |
| First Filing Company: American Home Assurance Company ,... | Project Name: Commercial Crime and Fidelity Loss Cost Multiplier |
| | Destruction Date: |

Disposition Date:

12/28/2022

Effective Date (New):

05/01/2023

Effective Date (Renewal):

05/01/2023

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 | -15.100 % | -27.100 % | \$ -2059 | 11 | \$ 7591 | -27.100 % | -27.100 % |
|---------------------------------|-----------|-----------|----------|----|---------|-----------|-----------|

Change Period for Approved**Rate:**

| | | | | | | | |
|---------------------------------|-----------|-----------|----------|---|---------|-----------|-----------|
| Illinois National Insurance Co. | -15.100 % | -27.100 % | \$ -1039 | 6 | \$ 3831 | -27.100 % | -27.100 % |
|---------------------------------|-----------|-----------|----------|---|---------|-----------|-----------|

Change Period for Approved**Rate:**

| | | | | | | | |
|---------------------------------|-----------|-----------|----------|---|---------|---------|---------|
| New Hampshire Insurance Company | -15.100 % | -27.100 % | \$ -1489 | 8 | \$ 5489 | 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: | -15.100 % |
| Overall Percentage Rate Impact For This Filing: | -27.100 % |
| Effect of Rate Filing-Written Premium Change For This Program: | \$ -4,587 |
| Effect of Rate Filing - Number of Policyholders Affected: | 25 |

Schedule Items

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|--|--------------------|----------------------|
| Rate | Alaska Company Exception Page_LCM_Crime, 1 | | No |
| Rate | Alaska Company Execption Page_ELRCrime, 1 | | No |
| Supporting Document | P&C Checklist | | No |
| Supporting Document | Loss Cost Multiplier | | No |
| <i>Supporting Document</i> | <i>Loss Cost Multiplier</i> | | <i>No</i> |
| Supporting Document | Explanatory Info - Rates | | No |
| Supporting Document | Marked Copy | | No |
| Supporting Document | Third Party Authorization | | No |

Sincerely,
Chad Bennett



aigdbglegalstatefi

Tracking Number:

| | | | | | | | |
|-------------------------------|---------------------------------|----------------------------------|------------------------|-------------------------------|-------------------------------------|-----------|--------------------|
| Filings | Messages | Billing | Settings | Filing Rules | Reports | Templates | Alerts (11) |
| My Workfolder | My Open Filings | My Draft Filings | Search | Create Filing | Create Paper Filing | | |

| | | | | | |
|-----------------------------|------------------------|-------------------------------------|---------------------------------|------------------------------------|------------------------------|
| Add Authors | Update | Compare Attachments | Create Reminder | Move to Workfolder | PDF Pipeline |
|-----------------------------|------------------------|-------------------------------------|---------------------------------|------------------------------------|------------------------------|

[View Associated Filings](#) [View General Instructions](#)

Product Name: Commercial Crime and Fidelity Loss Cost
 Multiplier-165-000-602, 019-000-602, 229-000- 010, 102-000-602, 107-000-602, 130-000-602
TOI: 26.0 Burglary and Theft
Sub-TOI: 26.0001 Commercial Burglary and Theft
Filing Type: Rate
Effective Date Requested (New): 05/01/2023
Effective Date Requested (Renewal): 05/01/2023

SERFF Tr Num: AGNY-133488870
State Tr Num: AGNY-133488870
Co Tr Num: ISO-AK-22-CR-01
Date Submitted: 12/09/2022
Authors: Angel Manus, Milinda Tanner

SERFF Status: Closed-Approved
State Status:
Co Status:
Disposition Date: 12/28/2022

| General Information | Form Schedule | Rate/Rule Schedule | Supporting Documentation | State Specific | Companies and Contact | Filing Fees | Filing Correspondence |
|--|---------------|--------------------|--------------------------|----------------|-----------------------|-------------|-----------------------|
| Add Rate Data? Yes | | | | | | | |
| Filing Method: | | | | | | | Prior Approval |
| Rate Change Type: | | | | | | | Decrease |
| Overall Percentage of Last Rate Revision: | | | | | | | -25.000 % |
| Effective Date of Last Rate Revision: | | | | | | | 06/01/2014 |
| Filing Method of Last Filing: | | | | | | | Prior Approval |
| SERFF Tracking Number of Last Filing: | | | | | | | |

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 (where r |
|--|-----------------------------|------------------------|--|---|-----------------------------------|------------------------------------|------------------|
| American Home Assurance Company | 0.000 % | 0.000 % | \$0.00 | 0 | \$0.00 | 0.000 % | 0.000 % |
| AIU Insurance Company | 0.000 % | 0.000 % | \$0.00 | 0 | \$0.00 | 0.000 % | 0.000 % |
| Commerce and Industry Insurance Company | 0.000 % | 0.000 % | \$0.00 | 0 | \$0.00 | 0.000 % | 0.000 % |
| Granite State Insurance Company | -15.100 % | -27.100 % | (\$2,059.00) | 11 | \$7,591.00 | -27.100 % | -27.100 % |
| Illinois National Insurance Co. | -15.100 % | -27.100 % | (\$1,039.00) | 6 | \$3,831.00 | -27.100 % | -27.100 % |
| New Hampshire Insurance Company | -15.100 % | -27.100 % | (\$1,489.00) | 8 | \$5,489.00 | 0.000 % | 0.000 % |
| The Insurance Company of the State of Pennsylvania | 0.000 % | 0.000 % | \$0.00 | 0 | \$0.00 | 0.000 % | 0.000 % |
| AIG Assurance Company | 0.000 % | 0.000 % | \$0.00 | 0 | \$0.00 | 0.000 % | 0.000 % |
| AIG Property Casualty Company | 0.000 % | 0.000 % | \$0.00 | 0 | \$0.00 | 0.000 % | 0.000 % |

Overall Rate Information for Multiple Company Filings

| | |
|---|------------------|
| Overall Percentage Rate Indicated For This Filing: | -15.100 % |
| Overall Percentage Rate Impact For This Filing: | -27.100 % |
| Effect of Rate Filing-Written Premium Change For This Program: | \$ -4,587 |
| Effect of Rate Filing - Number of Policyholders Affected: | 25 |

| Item No. | Schedule Item Status | Exhibit Name: * | Rule# or Page #: | Rate Action: * | Previous State Filing Number: | Attach Document: | Submitted: |
|----------|----------------------|---|------------------|----------------|-------------------------------|---|---------------------------------------|
| 1 | | Alaska Company Exception Page_LCM_Crime | 1 | New | | Alaska Company Exception Page_LCM_Crime.pdf | Date Submit 12/09/2022 By: Milinda |
| 2 | | Alaska Company Exception Page_ELR_Crime | 1 | New | | Alaska Company Exception Page_ELR_Crime.pdf | Date Submit 12/09/2022 By: Milinda |

Icon Legend: - Draft Schedule Item - Open Objection

Disposition for AGNY-133488835

Filing at a Glance

| | |
|--|---|
| State: Alaska | SERFF Tracking Number: AGNY-133488835 |
| TOI: 23.0 Fidelity | State Tracking Number: AGNY-133488835 |
| Sub-TOI: 23.0000 Fidelity | Company Tracking Number: ISO-AK-22-CR-01 |
| Filing Type: Rate | Product Name: Commercial Crime and Fidelity Loss Cost Multiplier-165-000-602, 019-000-602, 229- 000- 010, 102-000-602, 107-000-602, 130- 000-602 |
| First Filing Company: American Home Assurance Company ,... | Project Name: Commercial Crime and Fidelity Loss Cost Multiplier |
| | Destruction Date: |

Disposition Date:

12/28/2022

Effective Date (New):

05/01/2023

Effective Date (Renewal):

05/01/2023

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:**

| | | | | | | | |
|--|---------|---------|------|---|------|---------|---------|
| 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: | 6.500 % |
| 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 |
|----------------------------|---|--------------------|----------------------|
| Rate | Alaska Company Exception Page_LCM_Fidelity, 1 | | No |
| Rate | Alaska Company Exception Page_ELR_Fidelity, 1 | | No |
| Supporting Document | P&C Checklist | | No |
| Supporting Document | Loss Cost Multiplier | | No |
| <i>Supporting Document</i> | <i>Loss Cost Multiplier</i> | | <i>No</i> |
| Supporting Document | Explanatory Info - Rates | | No |
| Supporting Document | Marked Copy | | No |
| Supporting Document | Third Party Authorization | | No |

Sincerely,
Chad Bennett



aigdbglegalstatefi

Tracking Number:

| | | | | | | | |
|-------------------------------|---------------------------------|----------------------------------|------------------------|-------------------------------|-------------------------------------|-----------|--------------------|
| Filings | Messages | Billing | Settings | Filing Rules | Reports | Templates | Alerts (11) |
| My Workfolder | My Open Filings | My Draft Filings | Search | Create Filing | Create Paper Filing | | |

| | | | | | |
|-----------------------------|------------------------|-------------------------------------|---------------------------------|------------------------------------|------------------------------|
| Add Authors | Update | Compare Attachments | Create Reminder | Move to Workfolder | PDF Pipeline |
|-----------------------------|------------------------|-------------------------------------|---------------------------------|------------------------------------|------------------------------|

[View Associated Filings](#) [View General Instructions](#)

Product Name: Commercial Crime and Fidelity Loss Cost
 Multiplier-165-000-602, 019-000-602, 229-000- 010, 102-000-602, 107-000-602, 130-000-602
TOI: 23.0 Fidelity
Sub-TOI: 23.0000 Fidelity
Filing Type: Rate
Effective Date Requested (New): 05/01/2023
Effective Date Requested (Renewal): 05/01/2023

SERFF Tr Num: AGNY-133488835
State Tr Num: AGNY-133488835
Co Tr Num: ISO-AK-22-CR-01
Date Submitted: 12/09/2022
Authors: Angel Manus, Milinda Tanner

SERFF Status: Closed-Approved
State Status:
Co Status:
Disposition Date: 12/28/2022

| General Information | Form Schedule | Rate/Rule Schedule | Supporting Documentation | State Specific | Companies and Contact | Filing Fees | Filing Correspondence |
|--|---------------|--------------------|--------------------------|----------------|-----------------------|-------------|-----------------------|
| Add Rate Data? Yes | | | | | | | |
| Filing Method: | | | | | | | Prior Approval |
| Rate Change Type: | | | | | | | Neutral |
| Overall Percentage of Last Rate Revision: | | | | | | | -10.000 % |
| Effective Date of Last Rate Revision: | | | | | | | 06/01/2014 |
| Filing Method of Last Filing: | | | | | | | Prior Approval |
| SERFF Tracking Number of Last Filing: | | | | | | | |

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 (where r |
|--|-----------------------------|------------------------|--|---|-----------------------------------|------------------------------------|------------------|
| American Home Assurance Company | 0.000 % | 0.000 % | \$0.00 | 0 | \$0.00 | 0.000 % | 0.000 % |
| AIU Insurance Company | 0.000 % | 0.000 % | \$0.00 | 0 | \$0.00 | 0.000 % | 0.000 % |
| Commerce and Industry Insurance Company | 0.000 % | 0.000 % | \$0.00 | 0 | \$0.00 | 0.000 % | 0.000 % |
| Granite State Insurance Company | 0.000 % | 0.000 % | \$0.00 | 0 | \$0.00 | 0.000 % | 0.000 % |
| Illinois National Insurance Co. | 0.000 % | 0.000 % | \$0.00 | 0 | \$0.00 | 0.000 % | 0.000 % |
| New Hampshire Insurance Company | 0.000 % | 0.000 % | \$0.00 | 0 | \$0.00 | 0.000 % | 0.000 % |
| The Insurance Company of the State of Pennsylvania | 0.000 % | 0.000 % | \$0.00 | 0 | \$0.00 | 0.000 % | 0.000 % |
| AIG Assurance Company | 0.000 % | 0.000 % | \$0.00 | 0 | \$0.00 | 0.000 % | 0.000 % |
| AIG Property Casualty Company | 0.000 % | 0.000 % | \$0.00 | 0 | \$0.00 | 0.000 % | 0.000 % |

Overall Rate Information for Multiple Company Filings

| | |
|---|----------------|
| Overall Percentage Rate Indicated For This Filing: | 6.500 % |
| 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 |

| Item No. | Schedule Item Status | Exhibit Name: * | Rule# or Page #: | Rate Action: * | Previous State Filing Number: | Attach Document: | Submitted: |
|----------|----------------------|--|------------------|----------------|-------------------------------|--|--------------------------------------|
| 1 | | Alaska Company Exception Page_LCM_Fidelity | 1 | New | | Alaska Company Exception Page_LCM_Fidelity.pdf | Date Submi 12/09/2022 By: Milinda |
| 2 | | Alaska Company Exception Page_ELR_Fidelity | 1 | New | | Alaska Company Exception Page_ELR_Fidelity.pdf | Date Submi 12/09/2022 By: Milinda |

Icon Legend: 📄 - Draft Schedule Item 🚩 - Open Objection

| | | | | | |
|-----------------------------|------------------------|-------------------------------------|---------------------------------|------------------------------------|------------------------------|
| Add Authors | Update | Compare Attachments | Create Reminder | Move to Workfolder | PDF Pipeline |
|-----------------------------|------------------------|-------------------------------------|---------------------------------|------------------------------------|------------------------------|