



## NOTICE OF EFFECTIVE FILING

TO: ISO

DATE: January 18, 2023

FROM: Milinda Tanner

---

COMPANY FILING NUMBER: **ISO-ME-22-CR-01** STATE: Maine 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 (FILED FOR CRIME ONLY / NOT LICENSED FOR FIDELITY)
  - ☒ 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-133502974

Filing at a Glance

State:  
Maine

TOI:  
26.0 Burglary and Theft

Sub-TOI:  
26.0001 Commercial Burglary and Theft

Filing Type:  
Rate

First Filing Company:  
American Home Assurance Company ,...

SERFF Tracking Number:  
AGNY-133502974

State Tracking Number:

Company Tracking Number:  
ISO-ME-22-CR-01

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

Project Name:  
Commercial Crime and Fidelity Loss Cost  
Multiplier

Destruction Date:

Disposition Date:  
01/18/2023

Effective Date (New):  
05/01/2023

Effective Date (Renewal):  
05/01/2023

Status: \*

Approved

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

**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:**

|  |         |         |      |   |      |         |         |
|--|---------|---------|------|---|------|---------|---------|
| New<br>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<br>the 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> | -15.100 % |
|---|-----------|

|  |         |
|--|---------|
| <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 |
|-----------|---|-------------|---------------|
| Rate      | Maine Company Exception Page_LCM_Crime, 1 |             | Yes           |

|                     |   |     |
|---------------------|---|-----|
| Rate                | Maine Company Exception Page_ELRL_Crime, 1      | Yes |
| Supporting Document | Actuarial Justification for Rate                | Yes |
| Supporting Document | Advisory Organization Loss Cost Multiplier Form | Yes |
| Supporting Document | Expense Exhibit                                 | Yes |
| Supporting Document | Experience Exhibit                              | Yes |
| Supporting Document | Explanatory Memorandum                          | Yes |
| Supporting Document | Prior Filing Reference                          | Yes |
| Supporting Document | Revised Rate Pages                              | Yes |

Sincerely,  
Sandra Darby



aigdbglegalstatefi

Tracking Number:

|               |                 |                  |          |               |                     |           |            |
|---------------|-----------------|------------------|----------|---------------|---------------------|-----------|------------|
| Filings       | Messages        | Billing          | Settings | Filing Rules  | Reports             | Templates | Alerts (8) |
| 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](#)

This Filing has been marked as public access.

**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-133502974

**State Tr Num:**

**Co Tr Num:** ISO-ME-22-CR-01

**Date Submitted:** 12/21/2022

**Authors:** Angel Manus, Milinda Tanner

**SERFF Status:** Closed-Approved

**State Status:** Approved

**Co Status:**

**Disposition Date:** 01/18/2023

|                     |               |                    |                          |                       |             |                       |
|---------------------|---------------|--------------------|--------------------------|-----------------------|-------------|-----------------------|
| General Information | Form Schedule | Rate/Rule Schedule | Supporting Documentation | Companies and Contact | Filing Fees | Filing Correspondence |
|---------------------|---------------|--------------------|--------------------------|-----------------------|-------------|-----------------------|

The rate schedule has been marked public access.

**Add Rate Data?** Yes

**Filing Method:** Prior Approval

**Rate Change Type:** Neutral

**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                    | 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 Property Casualty Company                      | 0.000 %                     | 0.000 %                | \$0.00                                   | 0   | \$0.00                            | 0.000 %                            | 0.000 %          |

| Overall Rate Information for Multiple Company Filings                 |                  |
|---|------------------|
| <b>Overall Percentage Rate Indicated For This Filing:</b>             | <b>-15.100 %</b> |
| <b>Overall Percentage Rate Impact For This Filing:</b>                | <b>0.000 %</b>   |
| <b>Effect of Rate Filing-Written Premium Change For This Program:</b> | <b>\$ 0</b>      |
| <b>Effect of Rate Filing - Number of Policyholders Affected:</b>      | <b>0</b>         |

| Item No. | Schedule Item Status | Exhibit Name: *                        | Rule# or Page #: | Rate Action: * | Previous State Filing Number: | Attach Document:   | Submitted:                              |
|----------|----------------------|--|------------------|----------------|-------------------------------|--|---|
| 1        |                      | Maine Company Exception Page_LCM_Crime | 1                | New            |                               | <a href="#">Maine Company Exception Page_LCM_Crime.pdf</a> | Date Submi<br>12/21/2022<br>By: Milinda |
| 2        |                      | Maine Company Exception Page_ELR_Crime | 1                | New            |                               | <a href="#">Maine Company Exception Page_ELR_Crime.pdf</a> | Date Submi<br>12/21/2022<br>By: Milinda |

**Icon Legend:** - Draft Schedule Item - Open Objection

Disposition for AGNY-133502978

Filing at a Glance

State:  
Maine

TOI:  
23.0 Fidelity

Sub-TOI:  
23.0000 Fidelity

Filing Type:  
Rate

First Filing Company:  
American Home Assurance Company ,...

SERFF Tracking Number:  
AGNY-133502978

State Tracking Number:

Company Tracking Number:  
ISO-ME-22-CR-01

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

Project Name:  
Commercial Crime and Fidelity Loss Cost  
Multiplier

Destruction Date:

Disposition Date:  
01/18/2023

Effective Date (New):  
05/01/2023

Effective Date (Renewal):  
05/01/2023

Status: \*

Approved

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:**

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

**Change Period for Approved  
Rate:**

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

**Change Period for Approved  
Rate:**

|  |         |         |      |   |      |         |         |
|--|---------|---------|------|---|------|---------|---------|
| New<br>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<br>the State of<br>Pennsylvania | 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> | 6.000 % |
|---|---------|

|  |         |
|--|---------|
| <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 |
|---------------------|---|-------------|---------------|
| Rate                | Maine Company Exception Page_LCM_Fidelity, 1    |             | Yes           |
| Rate                | Maine Company Exception Page_ELRL_Fidelity, 1   |             | Yes           |
| Supporting Document | Actuarial Justification for Rate                |             | Yes           |
| Supporting Document | Advisory Organization Loss Cost Multiplier Form |             | Yes           |
| Supporting Document | Expense Exhibit                                 |             | Yes           |

|                     |                        |     |
|---------------------|------------------------|-----|
| Supporting Document | Experience Exhibit     | Yes |
| Supporting Document | Prior Filing Reference | Yes |
| Supporting Document | Revised Rate Pages     | Yes |
| Supporting Document | Explanatory Memorandum | Yes |

Sincerely,  
Sandra Darby





Alerts (8)

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](#)

 This Filing has been marked as public access.

**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-133502978  
**State Tr Num:**  
**Co Tr Num:** ISO-ME-22-CR-01  
**Date Submitted:** 12/21/2022  
**Authors:** Angel Manus, Milinda Tanner

**SERFF Status:** Closed-Approved  
**State Status:** Approved  
**Co Status:**  
**Disposition Date:** 01/18/2023

General Information

Form Schedule

Rate/Rule Schedule

Supporting Documentation

Companies and Contact

Filing Fees

Filing Correspondence

 The rate schedule has been marked public access.

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 %          |
| 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 %          |

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing:

6.000 %

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

| Item No. | Schedule Item Status  | Exhibit Name: *                           | Rule# or Page #: | Rate Action: * | Previous State Filing Number: | Attach Document:   | Submitted:                       |
|----------|---|---|------------------|----------------|-------------------------------|--|----------------------------------|
| 1        |  | Maine Company Exception Page_LCM_Fidelity | 1                | New            |                               |  <a href="#">Maine Company Exception Page_LCM_Crime.pdf</a> | Date Subm 12/21/2022 By: Milinda |
| 2        |  | Maine Company Exception Page_ELR_Fidelity | 1                | New            |                               |  <a href="#">Maine Company Exception Page_ELR_Crime.pdf</a> | Date Subm 12/21/2022 By: Milinda |

Icon Legend:  - Draft Schedule Item  - Open Objection

Add Authors

Update

Compare Attachments

Create Reminder

Move to Workfolder

PDF Pipeline