



NOTICE OF EFFECTIVE FILING

TO: ISO

DATE: February 2, 2024

FROM: Milinda Tanner

COMPANY FILING NUMBER: ISO-NY-24-IM-01 **STATE:** New York **EFFECTIVE DATE:** May 1, 2024

ISO CIRCULAR: LI-CM-2023-045

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

TOI: 09.0 Inland Marine / **SUB-TOI:** 09.0 Inland Marine Sub-TOI Combinations

☒ **FORM** ☒ **RULE** ☐ **RATE**

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

PROGRAM: Inland Marine

CONTENTS INCLUDE: Adoption of Forms Addressing CM 9908 Cyber Incident Exclusion and Rule 27

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.
 - ☒ NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
 - ☒ NEW HAMPSHIRE INSURANCE COMPANY
 - ☒ THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA
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Disposition for AGNY-133954565

Filing at a Glance	
State: New York	SERFF Tracking Number: AGNY-133954565
TOI: 09.0 Inland Marine	State Tracking Number: R2024000140
Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations	Company Tracking Number: ISO-NY-24-IM-01
Filing Type: Form/Rule	Product Name: Adoption of ISO's Commercial Inland Marine Form and Rule Revision-1650-000-602, 019-000-602, 229-000- 010, 102-000-602, 107-000-602, 130-000-602
First Filing Company: American Home Assurance Company ,...	Project Name: Adoption of ISO's Commercial Inland Marine Form and Rule Revision
	Destruction Date:

Disposition Date:

02/01/2024

Effective Date (New):

05/01/2024

Effective Date (Renewal):

Status: *

Acknowledged

Comments:

This is in reference to the submission of the captioned filing.

We note that the company is adopting the forms under ISO filing designation number CM-2020-OCYFR and rules under ISO filing designation number CM-2020-RCYRU. We hereby acknowledge these adoptions.

Very truly yours,

Michael Adinolfi Jr.
Insurance Examiner Trainee 2
Property Bureau
(212)480-5127
michael.adinolfijr@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	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %

Change Period for Approved Rate:

Change Period for Approved Rate:

Change Period for Approved Rate:

Change Period for Approved Rate:

Change Period for Approved Rate:

Change Period for Approved Rate:

Change Period for Approved Rate:

Change Period for Approved Rate:

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:	449

Schedule Items			
Item Type	Item Name	Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Commercial Inland Marine Insurance Review Standards Checklist		Yes
Supporting Document	Inland Marine -all filings must conform to Nationwide Inland Marine Definition, section 2310(b) and (c).		Yes
Supporting Document	Side-By-Side Comparisons		Yes
Supporting Document	Rates and/or Rating Plans		Yes
Supporting Document	Consent-to-rate requirements		Yes

Sincerely,
Michael Adinolfi



Filings	Messages	Billing	Settings	Filing Rules	Reports	Templates	Alerts
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Product Name: Adoption of ISO's Commercial Inland Marine Form and Rule Revision-1650-000-602, 019-000-602, 229-000-010, 102-000-602, 107-000-602, 130-000-602

TOI: 09.0 Inland Marine

Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Filing Type: Form/Rule

Effective Date Requested (New): 05/01/2024

Effective Date Requested (Renewal): 05/01/2024

SERFF Tr Num: AGNY-133954565

State Tr Num: R2024000140

Co Tr Num: ISO-NY-24-IM-01

Date Submitted: 01/17/2024

Authors: Angel Manus, Milinda Tanner

SERFF Status: Closed-Acknowledged

State Status: Closed

Co Status:

Disposition Date: 02/01/2024

General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact	Filing Fees	Filing Correspondence
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 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: -39.100 %

Effective Date of Last Rate Revision: 03/01/2014

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 % Change (where required):
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	395	\$1,785,144.00	0.000 %	0.000 %
Illinois National Insurance Co.	0.000 %	0.000 %	\$0.00	17	\$171,171.00	0.000 %	0.000 %
National Union Fire Insurance Company of Pittsburgh, Pa.	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
New Hampshire Insurance Company	0.000 %	0.000 %	\$0.00	37	\$449,101.00	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

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: 449

Item No.	Schedule Item Status	Exhibit Name: *	Rule# or Page #:	Rate Action: *	Previous State Filing Number:	Attach Document:	Submitted:
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Icon Legend:  - Draft Schedule Item  - Open Objection

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