AIG PROGRAMS PRODUCT DEVELOPMENT REQUEST FORM

Please complete all sections that apply to this request.
If you have any questions please contact AIG Programs Product Development Team.

Date Referred:	Date Needed By:
Requestor Name:	

PROGRAM INFORMATION

Program Specific or Division-wide	Division/Section/PUC:
Program Name:	
Program Administrator Name:	

PRODUCT DEVELOPMENT INFORMATION

1. **Provide a complete description of this Product Development Project including your underwriting intent and GWP projections.**

2. **Select type of Product Development Request.**

   New program   New coverage to an existing program or product   Coverage revisions to an existing program or product

3. **List ALL BASE POLICY FORM #'S & EDITION DATES to be amended by this project:**

4. **How is this product intended to be used?**   **ADMITTED**   **SURPLUS LINES**   **BOTH**   **CANADIAN**

5. **Identify the companies for which this filing should be made.**

   American Home Assurance Company (AHAC)   Granite State Insurance Company (GSIC)
   Commerce and Industry Insurance Company (CIIC)   Illinois National Insurance Co. (INIC)
   National Union Fire Insurance Company Of Pittsburgh, PA. (NUFIC)   New Hampshire Insurance Company (NHIC)
   Other: ALL NEW HAMPSHIRE INSURANCE COMPANIES (GSIC/INIC/NHIC)

6. **If a filing is required, does anything in this filing replace or update an existing filing?**   Yes   No

   Identify previous Company filing number(s):

7. **Identify lines of business involved. Check all that apply.**

   General Liability   Professional Liability   Medical Malpractice
   Property   Crime   Inland Marine
   Commercial Auto   Umbrella/Excess   Lawyers Non-Bureau
   Other:

8. **What type of development project is requested? Check all that apply and enter the number of items in each category.**

   Application(s)   Declarations   Coverage Form(s)

   Endorsement(s)   Policyholder Notice(s)   State Amendatory Form(s)

   Form Rules   *Rate Rules   Countrywide Rate Pages   *State Specific Rate Pages

   Other:
                    Total Forms: **Total Items Requested:**

9. **Do any forms in this project have a premium charge?**   Yes   No

10. **When is the projected launch of the product?**

11. **What policy issuance system will be used to support the product?**
    CoverAll/NexGen   PA Proprietary System

12. **Identify where this filing will be made.**   Countrywide   Yes   No   N/A
    All States, except:
    File only:
    Identify top 10 priority states.
    __Maryland Medical Malpractice Rate Filings require Policyholder Notice to be included with filing pursuant to Maryland Insurance Code §11211(b).__

13. **Is there anything else we need to know or comments you believe are material to this request? Please provide below.**

AIG

Product Line Manager Signature:

Comments:

Product Line Officer Signature:

Comments:

Division Counsel Signature:

Division Counsel Comments:

Product Development Signature:

Product Development Comments:

GENERAL COMMENTS