



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 (complete A-C below):	OR	Division-wide:
A. Program Administrator Name:		
B. Program Name:	C. Division/Section/PUC:	

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. Categories 4, 5 & 6 also require a Light (4a & 4b) or Full (5 & 6) Business Case submission to the Division 66, Specialty Tower and Global Commercial Product Development Committees. Z:\ProductDevelopment\ProductDevelopmentForms\BusinessCaseForm				
<u>INCREMENTAL PRODUCT</u>		<u>BREAKTHROUGH PRODUCT</u>		
Enhancement to existing Product (1)		Substantial Change to existing Product that materially changes fundamental risk characteristics of original Product (5)		
Blending/combining or embedding products (2)		New Product - coverage not previously offered by AIG (6)		
Replication of Product – new distribution/same market (3)				
Replication of Product – new market/same distribution (4a)				
Enhancement – new market & new distribution (4b)				
3. How is this product intended to be used?	ADMITTED	SURPLUS LINES	BOTH	CANADIAN
4. Identify lines of business involved. Check all that apply.				
General Liability (15)	Professional Liability (29)	Medical Malpractice (29)		
Property (11)	Crime (25,34)	Inland Marine (13)		
Commercial Auto (20,22)	Umbrella/Excess (37)	Lawyers Non-Bureau (36)		
Other:				
5. 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: _____		
6. List all <u>BASE POLICY FORM #'S AND EDITION DATES</u> to be amended by this project:				
7. How does the PA intend to launch this product, what policy issuance system will be used and what is PA contact's email address?				
Single launch date	Staggered launch date as approvals are received			
CoverAll	PA Proprietary System & contact's email			
8. If a filing is required, does anything in this filing replace or update an existing filing? Identify previous Company filing number(s).			Yes	No
9. Identify where this filing will be made.		Countrywide	Yes	No
All States, except:		N/A		
File only:				
10. Do any forms in this project have a premium charge?		Yes	No	



REQUIRED SIGN-OFFS

Product Line Manager Signature:

Comments:

Product Line Officer Signature:

Comments:

Division Counsel Signature:

Division Counsel Comments:

Product Development Signature:

Product Development Comments:

GENERAL COMMENTS