



NOTICE OF EFFECTIVE FILING

TO: Kathleen Ott
FROM: Angela Caraballo
DATE: January 23, 2024

☒ **FORM** ☐ **RULE** ☐ **RATE**

BUSINESS UNIT: PROGRAMS DIVISION

TOI: 170 Other Liability

SUB-TOI: 17.0018FL Premises & Operations

PROGRAM NAME: Commercial General Liability - Certificate of Insurance
Attaching to Master Policies that are written by the Companies pursuant to a program administrator agreement.

FILING NUMBER: AIG-23-GL-03

STATE: FLORIDA

EFFECTIVE DATE: February 11, 2024

CONTENTS INCLUDE: Subscribing Member's Certificate – General Liability – 148186 (11/23)

MODIFICATIONS: None

COMMENTS: Filing was submitted as informational pursuant to Florida Insurance Code Section 627.4102.

As per the Dept.: Florida law requires informational filings to be made at least 30 days prior to use, the effective date has been changed to 02/11/2024.

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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OFFICE OF INSURANCE REGULATION

FINANCIAL SERVICES
COMMISSION

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GOVERNOR

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CHIEF FINANCIAL OFFICER

ASHLEY MOODY
ATTORNEY GENERAL

WILTON SIMPSON
COMMISSIONER OF
AGRICULTURE

MICHAEL YAWORSKY
COMMISSIONER

January 12, 2024

Mrs. Angela Caraballo
Senior Filing Analyst
Granite State Insurance Company
28 Liberty Street, 22nd Fl
New York, NY 10005-1445

RE: GRANITE STATE INSURANCE COMPANY
ILLINOIS NATIONAL INSURANCE COMPANY
NEW HAMPSHIRE INSURANCE COMPANY
Other Liability / Premises & Operations (170 + 17.0018FL)
Company File Number: AIG-23-GL-03
OIR File Number: FCC 24-001152

Dear Mrs. Caraballo:

Thank you for your recent form filing. This filing and attached notarized certification have been submitted for informational purposes only, as provided under Section 627.4102, Florida Statutes. The required certification states the form within the filing has been thoroughly and diligently reviewed and each form is in compliance with all applicable Florida Laws. Pursuant to your request, this filing is considered to be an informational filing.

The action taken on this filing applies only to the form stamped "INFORMATIONAL" contained herein as of the date stamped. Any corresponding rate or rule filing must be submitted as a separate filing.

The proposed effective date of this filing is less than 30 days from the date the filing was made. Since Florida law requires informational filings to be made at least 30 days prior to use, the effective date has been changed to 02/11/2024.

Sincerely,

Office of Insurance Regulation

Florida Office of Insurance Regulation

I-File Workflow System

Filing Number: 24-001152

Request Type: Stamped Only



AIG Property Casualty

State Filings Division
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FOR INFORMATIONAL PURPOSES ONLY

Date Received: 01/12/2024 Date Of Action: 01/12/2024
FL OFFICE OF INSURANCE REGULATION

January 12, 2024

Honorable Michael Yaworsky
Insurance Commissioner
Office of Insurance Regulation
Florida Department of Financial Services
Property and Casualty Forms and Rates
Room 233-A, Larson Building, 200 East Gaines Street
Tallahassee, Florida 32399-0330

RE: GRANITE STATE INSURANCE COMPANY
NAIC #012-23809 FEIN# 02-0140690
ILLINOIS NATIONAL INSURANCE CO.
NAIC #012-23817 FEIN# 37-0344310
NEW HAMPSHIRE INSURANCE COMPANY
NAIC #012-23841 FEIN# 02-0172170
Subscribing Member's Certificate – General Liability
FILING NO: AIG-23-GL-03

Dear Commissioner Yaworsky:

The referenced companies (the "Companies") submit for informational purposes their Subscribing Member's Certificate – General Liability - Form No. 148186. The member certificate may be used with General Liability Master Policies written pursuant to a program administrator agreement. The certificate will be issued to group members as documentation of their coverage under the master policy.

Pursuant to Florida Insurance Code, Section 627.4102, please refer to the attached Florida Informational Form Certification.

The Company(ies) wish to implement this filing on the requested effective date or the date of disposition, whichever is earlier.

Sincerely,

Angela Caraballo



FOR INFORMATIONAL PURPOSES ONLY

Date Received: 01/12/2024 Date Of Action: 01/12/2024

FL OFFICE OF INSURANCE REGULATION

[COMPANY NAME]

A stock company
1271 Ave of the Americas, FL 37, New York, NY 10020
800-225-5244

SUBSCRIBING MEMBER'S CERTIFICATE – GENERAL LIABILITY

THIS SUBSCRIBING MEMBER'S CERTIFICATE FORMS A PART OF THE MASTER POLICY FOR:

Master Policy Number:

Term: to

Subscribing Member's Certificate Number:

Renewal of Number:

Item 1: Subscribing Member Named Insured & Mailing Address

Producer/Agent Name and Address

Item 2. Certificate Coverage Period

From: To:

At 12:01 AM Standard Time at the Mailing Address of the Subscribing Member Named Insured shown above.

Item 3. Form of Business:

Item 4. Description of Business:

Locations of All Premises You Own, Rent or Occupy:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS CERTIFICATE, THIS POLICY, AND THE MASTER POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE(S) AS INDICATED IN ITEM 5. BELOW. THE PREMIUMS SHOWN MAY BE SUBJECT TO ADJUSTMENT.

Estimated General Liability Premium: \$

Terrorism Premium (if accepted) \$

State Taxes, Fees And Surcharges (if applicable): \$

Estimated Total Member Premium: \$

Deposit Premium: \$

Payment Plan:

Item 5. Coverage(s) and Limit(s) of Insurance

FOR INFORMATIONAL PURPOSES ONLY

COMMERCIAL GENERAL LIABILITY

COVERAGE SPECIFICATIONS: YOUR POLICY CONSISTS OF THE FOLLOWING COVERAGE(S) WITH A LIMIT OF INSURANCE IS INDICATED BELOW. IF A LIMIT OF INSURANCE IS NOT SHOWN, THERE IS NO COVERAGE PROVIDED.

Date Received: 01/12/2024 Date of Action: 01/12/2024

FL OFFICE OF INSURANCE REGULATION

LIMITS AND DEDUCTIBLES	
General Aggregate Limit	\$
Products-Completed Operations Aggregate Limit	\$
Each Occurrence Limit	\$
Damage To Premises Rented To You Limit	\$ Any one premises
Medical Expense Limit	\$ Any one person
Personal & Advertising Injury Limit	\$ Any one person or organization
{Include any additional coverages, limits, retroactive dates, and deductibles as needed}	

Item 6. Classification and Premium

Location Number/Classification /Code No.	Premium Basis	Rate	Premium
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total Estimated Premium			\$

The TOTAL PREMIUM shown above includes charges for endorsements which may not be listed in the CLASSIFICATION AND PREMIUM section above.

Audit Period (If Applicable)	<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
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Item 7. Endorsements Attached to This Policy: As Listed On The Master Policy And Any Additional Forms Listed Here Adding, Deleting, or Amending Coverage (if applicable)

Issued Date

Authorized Representative

THIS IS TO CERTIFY THAT THE COVERAGE OF INSURANCE LISTED ABOVE HAS BEEN ISSUED TO THE MEMBER INSURED NAMED ABOVE FOR THE COVERAGE PERIOD INDICATED. THIS CERTIFICATE, TOGETHER WITH ANY FORM(S) AND ENDORSEMENT(S) MADE PART OF THIS POLICY, AND THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S) MADE PART OF THE MASTER POLICY, COMPLETE THE ABOVE NUMBERED CERTIFICATE.

THE INSURANCE AFFORDED BY THE POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE MASTER POLICY AND ANY PROVISIONS AND ENDORSEMENTS LISTED ABOVE.



AIG General Insurance
20 Liberty Street, 10th Floor
New York, NY 10005
Date Received: 01/12/2024 Date Of Action: 01/12/2024
FOR INFORMATIONAL PURPOSES ONLY

FL OFFICE OF INSURANCE REGULATION

FLORIDA CERTIFICATION

(Pursuant to FL Ins. Code, Section 627.4102: Informational Form Filing)

I, Jennifer Stonitsch, as Associate General Counsel of

Granite State Insurance Company, Illinois National Insurance Co., New Hampshire

Insurance Company

affiliates of AIG, do hereby certify that this form filing has been thoroughly and diligently reviewed by me and by all appropriate company personnel, as well as company consultants, if applicable, and certify that each form contained within the filing is in compliance with all applicable Florida laws and rules. Should a form be found not to be in compliance with Florida laws and rules, I acknowledge that the Office of Insurance Regulation shall disapprove the form.

Jennifer Stonitsch

Signature

October 18, 2023

Date

Subscribed and sworn to before me
This 18 day of October, 2023.

Vincent J. Patalano

Notary Public

VINCENT J. PATALANO
Notary Public, State of New York
No. 01PA4987423
Qualified in New York County
Commission Expires October 15, 2025