



NOTICE OF EFFECTIVE FILING

TO: Kathy Ott
FROM: Nitza Cordero
DATE: October 14, 2025

☒ NEW PROGRAM ☒ FORM ☒ RULE ☒ RATE

BUSINESS UNIT: Programs Division 66

TOI: 17.0 Other Liability-Occ/Claims Made **SUB-TOI:** 17.0022 Other

PROGRAM NAME: Cyber Suite Program – New Program

FILING NUMBER: AIG-25-CYBER-01 **STATE:** Hawaii **EFFECTIVE DATE:** January 1, 2026

CONTENTS INCLUDE: *Please refer to SharePoint for copies of the state specific amendatory, and exception rule pages included in this filing.*

- CYBER SUITE COVERAGE 148503 (01/26)
- SUPPLEMENTAL EXTENDED REPORTING PERIOD ENDORSEMENT 148504 (01/26)
- CYBER SUITE DECLARATIONS 148505 (01/26)
- CYBER SUITE PROGRAM GENERAL APPLICATION 148502 (01/26)
- FRAUD WARNINGS 148193 (11/23)

Rates/Rules:

- Cyber Suite Coverage Rate and Rule Manual CYBER-MU-RU Ed (1/26)

MODIFICATIONS: N/A

COMMENTS: N/A

COMPANY(IES) FILED:

- ☒ AMERICAN HOME ASSURANCE COMPANY
 - ☒ GRANITE STATE INSURANCE COMPANY
 - ☒ ILLINOIS NATIONAL INSURANCE CO.
 - ☒ NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, Pa.
 - ☒ NEW HAMPSHIRE INSURANCE COMPANY
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Tracking Number:

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 This Filing has been marked as public access.
Product Name: Cyber Suite Program / 151-640-288**TOI:** 17.0 Other Liability-Occ/Claims Made**Sub-TOI:** 17.0022 Other**Filing Type:** Form/Rate/Rule**Effective Date Requested (New):** 01/01/2026**Effective Date Requested (Renewal):** 01/01/2026**SERFF Tr Num:** AGNY-134651394**State Tr Num:** 306936**Co Tr Num:** AIG-25-CYBER-01**Date Submitted:** 08/27/2025**Authors:** Veronica Bullock, Jennifer Stonitsch, Milinda Tanner,
Nitza Cordero-Vargas**SERFF Status:** Closed-Approved**State Status:****Co Status:****Disposition Date:** 10/07/2025

| General Information | | Form Schedule | Rate/Rule Schedule | Supporting Documentation | Companies and Contact | Filing Fees | Filing Correspondence | | | | |
|---------------------|---|----------------------|--|--------------------------|-----------------------|-------------|-----------------------|----------------------|-------------------|--|--|
| Form Count: 5 | | | | | | | | | | | |
| Item No. | | Schedule Item Status | Form Name * | Form Number | Edition Date | Form Type * | Action * | Action Specific Data | Readability Score | Attachments | Submitted |
| 1 |  | | Cyber Suite Coverage | 148503 | (01/26) | PCF | New | | |  148503 (1-26) CyberSuite Multistate Coverage Part.pdf | Date Submitted: 08/27/2025 By: Nitza Cordero-Vargas |
| 2 |  | | Supplemental Extended Reporting Period Endorsement | 148504 | (01/26) | END | New | | |  148504 (1-26) CyberSuite SERP MultiState - 1yr.pdf | Date Submitted: 08/27/2025 By: Nitza Cordero-Vargas |
| 3 |  | | CYBER SUITE DECLARATIONS | 148505 | (01/26) | DEC | New | | |  148505 (1-26) Multi State Cyber Suite Dec.pdf | Date Submitted: 08/27/2025 By: Nitza Cordero-Vargas |
| 4 |  | | CYBER SUITE PROGRAM GENERAL APPLICATION | 148502 | (01/26) | ABE | New | | |  148502 (1-26) CYBER SUITE GEN APP.pdf | Date Submitted: 08/27/2025 By: Nitza Cordero-Vargas |
| 5 |  | | FRAUD WARNINGS | 148193 | (11/23) | OTH | New | | |  148193 (11-23) FRAUD WARNINGS - APPLICATION ADDENDUM.pdf | Date Submitted: 08/27/2025 By: Nitza Cordero-Vargas |
| | | | | | | | | | | | |

Disposition for AGNY-134651394

Filing at a Glance

State:

Hawaii

SERFF Tracking Number:

AGNY-134651394

TOI:

17.0 Other Liability-Occ/Claims Made

State Tracking Number:

306936

Sub-TOI:

17.0022 Other

Company Tracking Number:

AIG-25-CYBER-01

Filing Type:

Form/Rate/Rule

Product Name:

Cyber Suite Program / 151-640-288

First Filing Company:

American Home Assurance Company ,...

Project Name:

Cyber Suite Program

Destruction Date:**Disposition Date:** 10/07/2025**Effective Date (New):** 01/01/2026**Effective Date (Renewal):** 01/01/2026**Status:** * Approved**Comments:**

Please note that the approval is not an agreement with the individual techniques used in the filing, but that the requested changes are approved.

The filing is acknowledged. The Hawaii Revised Statutes do not require approval by the Insurance Division of these forms. The responsibility for compliance with the insurance laws rests with the insurer. Any portion of the filing in conflict with Hawaii Insurance laws shall be construed and applied to conform to such laws.

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:

| | | | | | | | |
|---------------------------------|---------|---------|------|---|------|---------|---------|
| Granite State Insurance Company | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|---------------------------------|---------|---------|------|---|------|---------|---------|

Change Period for Approved Rate:

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

Change Period for Approved Rate:

| | | | | | | | |
|--|---------|---------|------|---|------|---------|---------|
| National Union Fire Insurance Company of Pittsburgh, Pa. | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|--|---------|---------|------|---|------|---------|---------|

Change Period for Approved Rate:

| | | | | | | | |
|---------------------------------|---------|---------|------|---|------|---------|---------|
| New Hampshire Insurance Company | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|---------------------------------|---------|---------|------|---|------|---------|---------|

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: | 0 |
|--|---|



Schedule Items

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|--|-------------|---------------|
| Form | 148503 , (01/26), Policy/Coverage Form, Cyber Suite Coverage | | Yes |
| Form | 148504 , (01/26), Endorsement/Amendment/Conditions, Supplemental Extended Reporting Period Endorsement | | Yes |
| Form | 148505 , (01/26), Declarations/Schedule, CYBER SUITE DECLARATIONS | | Yes |
| Form | 148502 , (01/26), Application/Binder/Enrollment, CYBER SUITE PROGRAM GENERAL APPLICATION | | Yes |
| Form | 148193 , (11/23), Other, FRAUD WARNINGS | | Yes |
| Rate | Cyber Suite Coverage Rate and Rule Manual, CYBER-MU-RU Ed (1/26) Pages 1-2 | | Yes |
| Supporting Document | Forms Certification | | Yes |
| Supporting Document | Third Party Authorization | | Yes |
| Supporting Document | Reference Filing Adoption | | Yes |
| Supporting Document | Actuarial Exhibits | | Yes |
| Supporting Document | CYBER SUITE- EXPLANATORY MEMO - | | Yes |
| Supporting Document | Forms Listing | | Yes |
| Supporting Document | Response to 9.4.25 Objection | | Yes |
| <i>Supporting Document</i> | <i>Response to 9.4.25 Objection</i> | | Yes |
| Supporting Document | Response to 9.23.25 Objection | | Yes |

Sincerely,
Roland Teruya

Form Type Legend:

- **ADV** = Advertising
- **BND** = Bond
- **CER** = Certificate
- **DSC** = Disclosure/Notice
- **END** = Endorsement/Amendment/Conditions
- **PCF** = Policy/Coverage Form
- **ABE** = Application/Binder/Enrollment
- **CNR** = Canc/NonRen Notice
- **DEC** = Declarations/Schedule
- **ERS** = Election/Rejection/Supplemental Applications
- **OTH** = Other

Icon Legend:  - Draft Schedule Item  - Open Objection

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