



## NOTICE OF EFFECTIVE FILING

**TO:** PROGRAMS DIVISION 66  
Kathleen Ott  
**DATE:** November 20, 2017  
**FROM:** Angela Caraballo  
**PHONE:** 718 250-1732

**PROGRAM:** COMMERCIAL PROPERTY  
Form attaches to the following ISO's Coverage Forms:  
Building and Personal Property Coverage Form – CP 00 10  
Business Income (And Extra Expense) Coverage Form – CP 00 30  
Causes of Loss – Special Form – CP 10 30

**CONTENTS:** Property Program Performance<sup>SM</sup> Endorsement – 121895 (10/17)  
  
Commercial Lines Manual Division Five - Fire and Allied Lines Exception Page –  
Property Program Performance Endorsement - DIV-CP-CW-RU (10/17)

**STATE:** OHIO

**EFFECTIVE DATE:** August 1, 2018

**MODIFICATIONS:** None

**COMMENTS:** None

**COMPANY(IES) EFFECTIVE:**  
☒ GRANITE STATE INSURANCE COMPANY  
☒ ILLINOIS NATIONAL INSURANCE CO.  
☒ NEW HAMPSHIRE INSURANCE COMPANY

**FILING NUMBER: AIG-17-CP-11**

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**Ohio**
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**Product Name:** Commercial Property / 151-640-288**SERFF Tr Num:** AGNY-131259537**SERFF Status:** Closed-FILED**TOI:** 01.0 Property**State Tr Num:** AGNY-131259537**State Status:** FILED**Sub-TOI:** 01.0001 Commercial Property (Fire and Allied Lines)**Co Tr Num:** AIG-17-CP-11**Co Status:****Filing Type:** Form/Rule**Date Submitted:** 11/09/2017**Disposition Date:** 11/20/2017**Effective Date Requested (New):** 08/01/2018**Authors:** Angela Caraballo**Effective Date Requested (Renewal):** 08/01/2018

General Information		Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact	Filing Fees	Filing Correspondence		
Form Count: 1										
Item No.	Schedule Item Status	Form Name *	Form Number	Edition Date	Form Type *	Action *	Action Specific Data	Readability Score	Attachments	Submitted
1	Filed 11/20/2017	Property Program Performance Endorsement	121895	(10/17)	END	New		0	 <a href="#">121895 (10-17) Property Program Performance Endorsement.docx.pdf</a>	Date Submitted: 11/09/2017 By: Angela Caraballo
Form Type Legend:										
<div><div><ul style="list-style-type: none"><li>• <b>ADV</b> = Advertising</li><li>• <b>BND</b> = Bond</li><li>• <b>CER</b> = Certificate</li><li>• <b>DSC</b> = Disclosure/Notice</li><li>• <b>END</b> = Endorsement/Amendment/Conditions</li><li>• <b>PCF</b> = Policy/Coverage Form</li></ul></div><div><ul style="list-style-type: none"><li>• <b>ABE</b> = Application/Binder/Enrollment</li><li>• <b>CNR</b> = Canc/NonRen Notice</li><li>• <b>DEC</b> = Declarations/Schedule</li><li>• <b>ERS</b> = Election/Rejection/Supplemental Applications</li><li>• <b>OTH</b> = Other</li></ul></div></div>										
<div>Icon Legend:  - Draft Schedule Item  - Open Objection</div>										

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**Ohio**
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**Product Name:** Commercial Property / 151-640-288**TOI:** 01.0 Property**Sub-TOI:** 01.0001 Commercial Property (Fire and Allied Lines)**Filing Type:** Form/Rule**Effective Date Requested (New):** 08/01/2018**Effective Date Requested (Renewal):** 08/01/2018**SERFF Tr Num:** AGNY-131259537**State Tr Num:** AGNY-131259537**Co Tr Num:** AIG-17-CP-11**Date Submitted:** 11/09/2017**Authors:** Angela Caraballo**SERFF Status:** Closed-FILED**State Status:** FILED**Co Status:****Disposition Date:** 11/20/2017

General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact	Filing Fees	Filing Correspondence	
Add Rate Data?    Yes								
Filing Method:						Prior Approval		
Rate Change Type:						Neutral		
Overall Percentage of Last Rate Revision:						%		
Effective Date of Last Rate Revision:								
Filing Method of Last Filing:						N/A - New Endorsement		
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):
Granite State Insurance Company	0.000 %	0.000 %	\$0.00		0	\$0.00	0.000 %	0.000 %
Illinois National Insurance Co.	0.000 %	0.000 %	\$0.00		0	\$0.00	0.000 %	0.000 %
New Hampshire Insurance 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:							0	
Item No.	Schedule Item Status	Exhibit Name: *	Rule# or Page #:	Rate Action: *	Previous State Filing Number:	Attach Document:	Submitted:	
1	Filed 11/20/2017	Commercial Lines Manual Division Five - Fire and Allied Lines Exception Page - Property Program Performance Endorsement	DIV-CP-CW-RU (10/17)	New		 <a href="#">DIV-CP-CW-RU (10-17) Exception Page - Property Plus.pdf</a>	Date Submitted: 11/09/2017 By: Angela Caraballo	
<b>Icon Legend:</b>  - Draft Schedule Item  - Open Objection								

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## Disposition for AGNY-131259537

<b>SERFF Tracking Number:</b>	AGNY-131259537	<b>State:</b>	Ohio
<b>First Filing Company:</b>	Granite State Insurance Company ,...	<b>State Tracking Number:</b>	AGNY-131259537
<b>Company Tracking Number:</b>	AIG-17-CP-11		
<b>TOI:</b>	01.0 Property	<b>Sub-TOI:</b>	01.0001 Commercial Property (Fire and Allied Lines)
<b>Product Name:</b>	Commercial Property / 151-640-288		
<b>Project Name:</b>	Property Program Performance Endorsement		

**Disposition Date:**

11/20/2017

**Effective Date (New):**

08/01/2018

**Effective Date (Renewal):**

08/01/2018

**Status: \***

FILED

**Comments:**

This filing, as submitted or as amended herein, is Approved under Chapter 3935, or Accepted under Chapter 3937, of the Ohio Revised Code.

EFFECTIVE DATES: Our records indicate you did/will implement this filing on the Effective Date(s) shown herein. If the effective dates are incorrect or you need to revise the effective date(s), submit a Post-Submission Update with the revised dates.

PUBLIC RECORD: Since filings become public record as of the effective date, changes of effective date(s) should be submitted PRIOR TO the effective date(s) originally requested.

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):
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:							

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**

<b>Overall Percentage Rate Indicated For This Filing:</b>	0.000 %
<b>Overall Percentage Rate Impact For This Filing:</b>	0.000 %
<b>Effect of Rate Filing-Written Premium Change For This Program:</b>	\$ 0
<b>Effect of Rate Filing - Number of Policyholders Affected:</b>	0

**Schedule Items**

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
Supporting Document	Filing Requirements Summary - P&C	Filed	No
Supporting Document	Forms Listing	Filed	No
Supporting Document	Side by Side Comparison	Filed	No
Supporting Document	Coverage Comparison	Filed	No
Form	121895, (10/17), Endorsement/Amendment/Conditions, Property Program Performance Endorsement	Filed	No
Rate	Commercial Lines Manual Division Five - Fire and Allied Lines Exception Page - Property Program Performance Endorsement, DIV-CP-CW-RU (10/17)	Filed	No