



## NOTICE OF EFFECTIVE FILING

**TO:** PROGRAMS DIVISION 66  
Kathleen Ott  
**DATE:** April 5, 2018  
**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:** CALIFORNIA

**EFFECTIVE DATE:** April 5, 2018

**MODIFICATIONS:** None

**COMMENTS:** None

**COMPANY(IES) EFFECTIVE:**  
 GRANITE STATE INSURANCE COMPANY  
 NEW HAMPSHIRE INSURANCE COMPANY

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



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Tracking Number:

 

Filings	Messages	Billing	Settings	Filing Rules	Templates	Alerts
<a href="#">My Workfolder</a>	<a href="#">My Open Filings</a>	<a href="#">My Draft Filings</a>	<a href="#">Search</a>	<a href="#">Create Filing</a>	<a href="#">EFT Report</a>	

<b>Add Authors</b>	<b>Update</b>	<b>Create Reminder</b>	<b>Move to Workfolder</b>	<b>PDF Pipeline</b>	<b>Clone Filing</b>
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## California

[View General Instructions](#) [View Filing Log](#)

**Product Name:** Commercial Property / 151-640-288

**SERFF Tr Num:** AGNY-131259460

**SERFF Status:** Closed-Approved

**TOI:** 01.0 Property

**State Tr Num:** 17-7864; 17-7865

**State Status:** Approved

**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:** 11/28/2017

**Disposition Date:** 04/05/2018

**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	
<b>Form Count:</b> 1									
Item No.	Schedule Item Status	Form Name *	Form Number	Edition Date	Form Type *	Action *	Action Specific Data	Readability Score	Attachments
1		Property Program Performance Endorsement	121895	(10/17)	END	New		0	<a href="#">121895 (10-17) Property Performance Endorsement</a>

**Form Type Legend:**

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

- **PCF** = Policy/Coverage Form

**Icon Legend:**  - Draft Schedule Item  - Open Objection

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The rate schedule has been marked public access.

**Add Rate Data?** No

Item No.	Schedule Item Status	Exhibit Name: *	Rule# or Page #:	Rate Action: *	Previous State Filing Number:	Attach Docum
1		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-17) Exc Property</a>

**Icon Legend:** - Draft Schedule Item - Open Objection



<b>Add Authors</b>	<b>Update</b>	<b>Create Reminder</b>	<b>Move to Workfolder</b>	<b>PDF Pipeline</b>	<b>Clone Filing</b>
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## Disposition for AGNY-131259460

<b>SERFF Tracking Number:</b>	AGNY-131259460	<b>State:</b>	California
<b>First Filing Company:</b>	Granite State Insurance Company ,...	<b>State Tracking Number:</b>	17-7864; 17-7865
<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:**

04/05/2018

**Effective Date (New):**

**Effective Date (Renewal):**

**Status:** \*

Approved

**Comments:**

Only the changes specifically indicated in the application set forth above, as it may have been amended, are approved. Nothing in this letter shall constitute approval of any other application, whether incorporated by reference, or filed prior or subsequent to the application set forth above. The insurer shall begin issuing policies pursuant to this approval within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. The insurer may implement this approval earlier if it is able to do so. Regardless of the implementation date, the insurer shall implement this approval with the same effective date for both new and renewal business and shall offer this product to all eligible applicants as of the implementation date. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced lines or programs may be approved or ordered by the Insurance Commissioner.

If the approved rate change is different than originally submitted, please be reminded that you must submit copies of rate pages at the approved level within 30 days.

If any portion of the application or related documentation conflicts with California law, that portion is specifically not approved. Policy forms and underwriting guidelines included in this filing were reviewed only insofar as they relate to rates contained in this filing or currently on file with the California Department of Insurance. This approval does not constitute an approval of underwriting guidelines nor the specific language, coverages, terms, covenants and conditions contained in any forms, or the forms themselves. The Commissioner may at any time take any action allowed by law if he determines that any underwriting guidelines, forms or procedures for application of rates, or any other portions of the application conflict with any applicable laws or regulations.

**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

**Change Period for Approved**

**Rate:**

New	%	%	\$	\$	%	%
Hampshire						
Insurance						
Company						

**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	New Prior Approval Rate Application		Yes
Supporting Document	Side by Side Comparison		Yes
Supporting Document	Coverage Comparison		Yes
Supporting Document	Exhibit 18		Yes
Supporting Document	Explanatory Memo		Yes
Supporting Document	Rating Support		Yes
Supporting Document	Copy of Commercial Extension Program - Rating Rules		Yes
Supporting Document	Side by Side Comparison - Rule		Yes
Form	121895, (10/17), Endorsement/Amendment/Conditions, Property Program Performance Endorsement		Yes
Rate	Commercial Lines Manual Division Five - Fire and Allied Lines Exception Page - Property Program Performance Endorsement, DIV-CP-CW-RU (10/17)		Yes