



NOTICE OF EFFECTIVE FILING

TO: Melissa Jacobson

FROM: Andrea Connell

DATE: 4/28/23

FORM **RULE** **RATE**

BUSINESS UNIT: Programs Division

TOI: 01.0 Property **SUB-TOI:** 01.0001 Commercial Property (Fire and Allied Lines)

PROGRAM NAME: Commercial Property

FILING NUMBER: AIG-23-CP-07

STATE: FLORIDA

EFFECTIVE DATE: 01/01/24

CONTENTS INCLUDE: Commercial Property Declaration (142172 03/23)

MODIFICATIONS: Commercial Property Declaration (FL) (142172 03/23)

COMMENTS: None

COMPANY(IES) FILED:

- GRANITE STATE INSURANCE COMPANY
 - ILLINOIS NATIONAL INSURANCE CO.
 - NEW HAMPSHIRE INSURANCE COMPANY
-

Florida Office of Insurance Regulation

I-File Workflow System

Filing Number: 23-016862

Request Type: Stamped Only



AIG Property Casualty

State Filings Division
28 Liberty Street
22nd Floor
New York, NY 10005
www.aig.com

Andrea Connell
Filing Analyst
718 250-1769
andrea.connell@aig.com

FOR INFORMATIONAL PURPOSES ONLY

Date Received: 04/28/2023 Date Of Action: 04/28/2023
FL OFFICE OF INSURANCE REGULATION

April 24, 2023

Michael Yaworsky
Interim 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

Commercial Property Declaration Page

FILING NO: AIG-23-CP-07

Dear Commissioner Yaworsky:

The referenced companies submit for your review and approval Commercial Property Declaration Page – 142172 (03/23) which will be attached to property policies written pursuant to a program administrator agreement.

Please refer to the attached form listing for information about the form included in this submission.

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

Sincerely,

Andrea Connell



FOR INFORMATIONAL PURPOSES ONLY

Date Received: 04/28/2023 Date Of Action: 04/28/2023

[COMPANY NAME] FL OFFICE OF INSURANCE REGULATION

A stock company
1271 Ave of the Americas, FL 37, New York, NY 10020

COMMERCIAL PROPERTY DECLARATION

POLICY NO.
NEW or RENEWAL OF:

NAMED INSURED AND MAILING ADDRESS

[Empty box for Named Insured and Mailing Address]

PRODUCER MAILING ADDRESS

[Empty box for Producer Mailing Address]

POLICY PERIOD: FROM TO AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

THE NAMED INSURED IS :

BUSINESS DESCRIPTION :

[NOTICE:

Your Policy Provides Coverage For A Catastrophic Ground Cover Collapse That Results In The Property Being Condemned And Uninhabitable. Otherwise, Your Policy Does Not Provide Coverage For Sinkhole Losses. You May Purchase Additional Coverage For Sinkhole Losses For An Additional Premium.]

PREMISES No.:

BUILDING No.:

DESCRIPTION OF PROPERTY AT YOUR PREMISES
ADDRESS:
OCCUPANCY:
PROTECTION CLASS: CONSTRUCTION:

COVERAGES PROVIDED

INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH AN AMOUNT OF INSURANCE IS SHOWN

Table with columns: COVERAGE, COVERED CAUSE OF LOSS, DEDUCTIBLE, COINSURANCE, LIMIT OF INSURANCE. Includes rows for Prem. No. / Bldg. No., Building, and [Applicable Building Coverages].

[COMPANY NAME] FOR INFORMATIONAL PURPOSES ONLY

**COMMERCIAL PROPERTY
DECLARATION**

Date Received: Date Of Action:
04/28/2023 04/28/2023
FL OFFICE OF INSURANCE REGULATION

**POLICY
INSURED:**

**EFFECTIVE DATE:
PRODUCER:**

PERSONAL PROPERTY COVERAGE(S)				
Business Personal Property	[Covered Cause of Loss]	[Deductible]	[Coinsurance]	[Limit of Insurance]
[Applicable Business Personal Property Coverages]				
Business Income (With Extra Expense)	[Covered Cause of Loss]	[Deductible]	[Coinsurance]	[Limit of Insurance]
[Applicable Business Income Coverages]				
Extra Expense	[Covered Cause of Loss]	[Deductible]	[Coinsurance]	[Limit of Insurance]
[Applicable Extra Expense Coverages]				
SPECIAL CLASS COVERAGE	[Covered Cause of Loss]	[Deductible]	[Coinsurance]	[Limit of Insurance]
[Applicable Special Class Coverages]				

[GLASS COVERAGE]		
Additional Interest	Name	Address
Prem. No. / Bldg. No. [Mortgageholders]		
MORTGAGEHOLDERS E&O COVERAGE	# of Mortgages no	Limit Per Mortgage \$

[COMPANY NAME] FOR INFORMATIONAL PURPOSES ONLY

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[OPTIONAL COVERAGES]		
[BUILDING]	LIMIT	FORM
Prem. No. / Bldg. No. [Applicable Optional Building Coverages]		
[PERSONAL PROPERTY]	LIMIT	FORM
[Applicable Optional Personal Property Coverages]		
[BUSINESS INCOME]	LIMIT	FORM
[Applicable Optional Business Income Coverages]		
[EXTRA EXPENSE]	LIMIT	FORM
[Applicable Optional Extra Expense Coverage]		

[WINDSTORM AND HAIL]		
Minimum Per Occurrence Deductible:		
Annual Aggregate Deductible :		
PREM No.	BUILDING No.	DEDUCTIBLE
BUSINESS INCOME	Increased Waiting Period of Restoration:	<
EXTRA EXPENSE	Increased Waiting Period of Restoration:	

[PROPERTY ONE COVERAGE]	[LIMIT]

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[EQUIPMENT BREAKDOWN COVERAGE – PROPERTY PROGRAM PERFORMANCE]

Equipment Breakdown Limit:

Deductibles

Combined, All Coverages	Comb Ded – All Cvg
Direct Coverages	Ded – Direct Coverages
Indirect Coverages	Ded – Indirect Coverages <i>or Ded - Hours hrs.</i> <i>or DedADV times ADV</i>
Spoilage	Spoilage_Limit <i>or Spoilage_%_Loss% of loss,</i> <i>Spoilage_Limit_Min minimum</i>

Other Conditions

Other Deductible:
Other Description:

Other Conditions Information :

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[EARTHQUAKE - VOLCANIC ERUPTION COVERAGE SCHEDULE]	
Property Damage Deductible	\$
Earthquake Sprinkler Leakage Only	<input type="checkbox"/> <input checked="" type="checkbox"/>
Earthquake Sub-Limit	\$

Earthquake – Volcanic Eruption Limits and Deductibles apply to all premises/buildings on this policy except for the following

Premises _____, Building _____

The premises/buildings listed above are excluded from Earthquake Coverage

Earthquake Sprinkler Leakage only applies to all premises/buildings on the policy listed below

Premises _____, Building _____

The premises/building listed above are included with Earthquake Sprinkler Leakage Only coverage

[BLANKET SUMMARY] -					
BLANKET ID:		LIMIT:	\$	COVERED CAUSE OF LOSS:	
PREMISES No,	BUILDING No.	COVERAGE		COINSURANCE:	

[EARTHQUAKE SUB-LIMIT BLANKET SUMMARY:]					
BLANKET ID:		LIMIT:	\$		
PREMISES No.	BUILDING No.	COVERAGE			

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PRODUCER:**

[FLOOD COVERAGE]	
Inception Date	
NOTE: There is no coverage for a Flood that begins before or within 72 hours after this date. Refer to Section D.5.a. of the Endorsement for additional information.	
Flood Deductible	\$
No-Coinsurance Option	<input type="checkbox"/> <input checked="" type="checkbox"/>
Annual Aggregate Limit	\$
NOTE: Refer to the Limit of Insurance provisions in the Endorsement for an explanation	
Underlying Insurance Waiver	<input type="checkbox"/> <input checked="" type="checkbox"/>
NOTE: Refer to Section I.1. of the Endorsement for an explanation of this option.	
Other Flood Insurance Description:	NFIP
Description Of Covered Personal Property In The Open:	

Flood Limits and Deductibles apply to all premises/buildings on this policy except for the following
Premises , Building
The premises/buildings listed above are excluded from Flood Coverage

[ELECTRONIC COMMERCE ENDORSEMENT]	[AMOUNT]
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[FUNGUS, WET ROT, DRY ROT AND BACTERIA]	[AMOUNT]
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[ELECTRONIC DATA]	[LIMIT OF INSURANCE]

[MISCELLANEOUS COVERAGE – POLICY]		
COVERAGE	DEDUCTIBLE	LIMIT OF INSURANCE

[COMPANY NAME] FOR INFORMATIONAL PURPOSES ONLY

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[TERRORISM RISK INSURANCE ACT IS INCLUDED] [Amount]

[MINE SUBSIDENCE PREMIUM:]	[Amount]
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TOTAL COMMERCIAL PROPERTY PREMIUM	\$
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[State Specific Taxes, Fees or Surcharge description]	[Amount]
TOTAL PREMIUM	\$

FORMS AND ENDORSEMENTS

APPLYING TO COMMERCIAL PROPERTY AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION.

THESE DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY



AIG Property Casualty
28 Liberty Street, 22nd Fl
New York, NY 10006
www.aig.com
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Date Received: 04/28/2023
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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

2/27/23

Date

Subscribed and sworn to before me
This 27 day of February, 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

