



NOTICE OF EFFECTIVE FILING

TO: Kathleen Ott
FROM: Angela Caraballo
DATE: June 21, 2023

☐ FORM ☒ RULE ☒ RATE

BUSINESS UNIT: PROGRAMS DIVISION

TOI: 17.0 Other Liability

SUB-TOI: 17.0018FLPremises & Operations

PROGRAM NAME: SPORTS AND LEISURE PROGRAM (S&L)

Utilizes the following ISO Coverage Forms:

- Employee Benefits Liability Coverage Endorsement - CG 04 35
- Extended Reporting Period Endorsement For Employee Benefits Liability Coverage - CG 27 15

FILING NUMBER: AIG-23-EBL-02

STATE: FLORIDA

EFFECTIVE DATE: July 20, 2023

CONTENTS INCLUDE: Florida Commercial General Liability Exception Page to ISO Rule 43 –
CMP-FL-RU-11a Edition 4/2023

MODIFICATIONS: None

COMMENTS: None

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



OFFICE OF INSURANCE REGULATION

FINANCIAL SERVICES
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ASHLEY MOODY
ATTORNEY GENERAL

WILTON SIMPSON
COMMISSIONER OF
AGRICULTURE

MICHAEL YAWORSKY
COMMISSIONER

June 20, 2023

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-EBL-02
OIR File Number: FCC 23-024185
PLEASE REFER TO THE OIR FILE NUMBER WHEN CORRESPONDING

Dear Mrs. Caraballo:

This is to acknowledge receipt of your informational rate filing made pursuant to Section 627.062(3)(d), Florida Statutes, and your certification that to the best of your knowledge, this filing is in compliance with all applicable Florida laws and administrative rules.

Our records indicate that this filing is effective 7/20/2023 for new business and 7/20/2023 for renewal business.

Attached for your records is a copy of the original cover letter and a set of manual pages stamped "ACKNOWLEDGED" for the above referenced filing.

Sincerely,

Office of Insurance Regulation

Florida Office of Insurance Regulation

I-File Workflow System

Filing Number: 23-024185

Request Type: Stamped Only



AIG Property Casualty

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ACKNOWLEDGED
Date Received: 06/20/2023 Date Of Action: 06/20/2023
FL OFFICE OF INSURANCE REGULATION

June 20, 2023

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
SPORTS AND LEISURE PROGRAM
FILING NO.: AIG-23-EBL-02

Dear Commissioner Yaworsky:

The referenced companies submit the attached exception page to ISO Rule 43 to be used with the ISO Employee Benefits Liability Coverage Endorsement - CG 04 35 and Extended Reporting Period Endorsement For Employee Benefits Liability Coverage - CG 27 15 for their Sports and Leisure Program approved under Company Filing No. AIG-21-MP-11, OIR File Nos. FCC 22-001919 and FCC 22-003481.

Please refer to the explanatory memorandum and manual page for further details about this submission.

Sincerely,

Angela Caraballo

ACKNOWLEDGED

Date Received: 06/20/2023 Date Of Action: 06/20/2023

SPORTS AND LEISURE PROGRAM
DIVISION SIX – COMMERCIAL GENERAL LIABILITY
EXCEPTION PAGE
FLORIDA

FL OFFICE OF INSURANCE REGULATION

SECTION I – GENERAL RULES

43. Employee Benefits Liability Coverage

Paragraph **B.3.** is deleted in its entirety and replaced with the following:

B. Extended Reporting Period Option

- 3.** We will determine the additional premium in accordance with our rules and rates. In doing so, we may take into account the following:
- a.** The "employee benefit programs" insured;
 - b.** Previous types and amounts of insurance;
 - c.** Limits of insurance available under this endorsement for future payment of damages; and;
 - d.** Other related factors.

The additional premium will not exceed 100% of the annual premium for this endorsement.

Paragraph **D.** is deleted in its entirety and replaced with the following:

D. Company Rates

Rates for Employee Benefits Liability Endorsement at Limits of \$1,000,000/\$2,000,000 *

Rate: \$.50 per employee

(LCMs do not apply)

Minimum Premiums	No. Employees
\$150.00	1-10
\$300.00	11-100
\$500.00	Over 100

Subject to \$1,000 Deductible

*Any use of Limits other than \$1,000,000/\$2,000,000 will be computed through the use of ISO increase limits factors filed for General Liability.