



## AIG Programs

### PROGRAM UNDERWRITING AUTHORITY STATEMENT ADDENDUM

#### Recycleguard Program

Addendum Date: 12/30/2017

Program Administrator: AmWINS Program Underwriters  
Pease International Tradeport  
1 New Hampshire Ave, S-200  
Portsmouth, NH 03801

This Addendum amends your Underwriting Authority Statement, effective as of the date set forth above. Such changes will be integrated in to future Underwriting Authority Statements or superseded by future Addenda

#### AMENDMENTS TO AUTHORITY (as follows):

6.2.1 Rates/Loss Costs/Loss Cost Multipliers - General Liability is amended as follows:

Where Refer to Company or "A" rates are specified, either the greater of suggested ELPs and rates in Nexgen or the attached approved A rates should be applied.



Recycleguard - AIG  
A Rate Schedule.xls

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ONLY**



- Where ELPs are used, no authority is granted to implement a negative deviation from the ISO ELPs. **Please refer downward deviation requests to your Program Manager.** There are no limitations for positive deviations subject to clear documentation supports the rate deviation. Deviations must be based on the individual risk characteristics. How the final ELP was arrived at must be clearly documented in the file. Schedule rating does not apply to ELPs.

All other terms and conditions remain unchanged.

## ACKNOWLEDGEMENT AND ACCEPTANCE

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*This Underwriting Authority Statement Addendum and the authority granted within attaches to the most current document outlining underwriting requirements and authority. Only the terms of this written statement apply to the conduct of your underwriting responsibility. Verbal expressions of underwriting authority do not alter the terms of this Statement. Please sign below and return an executed copy of this Underwriting Authority Statement to your Program Manager within 30 days. If AIG Programs does not receive the executed copy within such time, this Underwriting Authority Statement will automatically go into effect on 01/30/2018.*

**Acknowledged By:**

**Delegated By:**

\_\_\_\_\_  
Name of Recipient/Designee

\_\_\_\_\_  
Name and Title of Grantor



_____	_____
Date	Date