

Filing at a Glance

Companies: Granite State Insurance Company, New Hampshire Insurance Company
Product Name: Commercial Property SERFF Tr Num: AGNY-125177970 State: Arkansas
TOI: 01.0 Property SERFF Status: Closed State Tr Num: AR-PC-07-025452
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: AIC-07-AGOP-01 State Status:
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Authors: Joan Baskerville, Floreen Disposition Date: 07-17-2007
Cox, Joseph Russo, Janine
Graham
Date Submitted: 07-13-2007 Disposition Status: Approved
Effective Date Requested (New): 09-01-2007 Effective Date (New): 09-01-2007
Effective Date Requested (Renewal): 09-01-2007 Effective Date (Renewal): 09-01-2007

General Information

Project Name: Agriculture Output Program Status of Filing in Domicile: Authorized
Project Number: AIC-07-AGOP-01 Domicile Status Comments:
Reference Organization: American Association of Insurance Services, Reference Number: AAIS-2001-21F
Inc.
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 07-17-2007
State Status Changed: 07-13-2007 Deemer Date:
Corresponding Filing Tracking Number: N/A
Filing Description:
Adoption of American Association of Insurance Services Agricultural Output Program rates, rules and forms.

Company and Contact

Filing Contact Information

Joan Baskerville, joan.baskerville@aig.com
175 Water Street, 17th Floor (212) 458-7084 [Phone]
New York, NY 10038 () -[FAX]

Filing Company Information

Granite State Insurance Company CoCode: 23809 State of Domicile: Pennsylvania
70 Pine Street Group Code: Company Type:
New York, NY 10270 Group Name: State ID Number:
(212) 770-7000 ext. [Phone] FEIN Number: 02-0140690

New Hampshire Insurance Company
70 Pine Street
New York, NY 10270
(212) 770-7000 ext. [Phone]

CoCode: 23841
Group Code:
Group Name:
FEIN Number: 02-0172170

State of Domicile: Pennsylvania
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 - Form filing per group
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
00100448	\$50.00	07-09-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-17-2007	07-17-2007

Disposition

Disposition Date: 07-17-2007

Effective Date (New): 09-01-2007

Effective Date (Renewal): 09-01-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Form	Agribusiness Change of Limits or Conditions Supplemental Declarations	Approved	Yes
Form	Agribusiness Schedule of Supplemental Coverages, Coverage Extensions, and Additional Coverages Declarations	Approved	Yes
Form	Common Policy Declarations	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Agribusiness Change of Limits or Conditions Supplemental Declarations	94354	06/07	Declaration New s/Schedule		0.00	94354 (607) Agribusiness Endt for Schedule of Coverage Limitsdec page.pdf
Approved	Agribusiness Schedule of Supplemental Coverages, Coverage Extensions, and Additional Coverages Declarations	94355	06/07	Declaration New s/Schedule		0.00	94355 (607) Agribusiness Schedule of Coverage dec page.pdf
Approved	Common Policy Declarations	94858	06/07	Declaration New s/Schedule		0.00	94858 (607) - Common Policy Dec page.pdf

Forms a part of Policy Number:
Issued to:

Effective at 12:01 a.m.
By:

Granite State Insurance Company Illinois National Insurance Co. New Hampshire Insurance Company
(Each of the above being a capital stock company)

Agribusiness Change of Limits or Conditions Supplemental Declarations

In consideration of the premium charged, it is hereby agreed that the limit for Additional Coverages, Coverage Extensions, and Supplemental Coverages is amended as shown below. If no limit is shown, the limit provided in the Schedule of Supplemental Coverages, Coverage Extensions, and Additional Coverages shall apply.

Additional Coverages:	Limit	Conditions
Additional Debris Removal Expense	\$	
Emergency Removal Expense	\$	
Fire Department Service Charges	\$	
Glass Repair or Replacement Expense	\$	
Inventory Appraisal Expense	\$	
Pollutant Clean Up and Removal	\$	Deductible: \$
Recharge of Fire Protection Equipment	\$	

Coverage Extensions:	Limit	Conditions
Fraud and Deceit	\$	
Newly Acquired Computers	\$	
Newly Acquired or Constructed Buildings	\$	
Newly Acquired Mobile Equipment	\$	
Personal Effects	\$	
Personal Property – Acquired Locations	\$	
Property Away from a Covered Location	\$	
Stock – Acquired Locations	\$	
Trees, Shrubs, Plants, and Lawns	\$	

Supplemental Coverages:	Limit	Conditions
Accounts Receivable	\$	
Brands or Labels Expense	\$	
Carrier Liability	\$	
Fine Arts, Furs, Guns, Jewelry, Metals	\$	
Loss of Use of Dwelling	\$	
Ordinance or Law: Increased Costs	\$	
Overseas Transit and Location	\$	
Property in Transit	\$	
Property on Exhibition	\$	
Property Sold under Installment Sales Plan	\$	
Sales Representative Samples	\$	
Sewer Backup and Water Below the Surface	\$	
Spoilage	\$	
Surface Water Runoff	\$	
Tank Leakage	\$	
Utility Service Interruption – excluding overhead transmission & distribution lines	\$	
Valuable Papers and Records – Cost of Research	\$	
Watercraft	\$	
Wrongful Delivery of Liquid Property	\$	

**70 Pine Street
New York, NY 10270
(212) 770-7000**

Forms a part of Policy Number:
Issued to:

Effective at 12:01 a.m.
By:

Granite State Insurance Company Illinois National Insurance Co. New Hampshire Insurance Company
(Each of the above being a capital stock company)

Agribusiness Schedule of Supplemental Coverages, Coverage Extensions, and Additional Coverages Declarations

The limit shown in this schedule for Additional Coverages, Coverage Extensions, and Supplemental Coverages is the applicable limit of insurance unless otherwise indicated on the Declarations, Supplemental Declarations, or by endorsement hereto.

Additional Coverages:	Limit	Conditions
Additional Debris Removal Expense	\$ 25,000	
Emergency Removal Expense	\$ 5,000	
Fire Department Service Charges	\$ 10,000	
Glass Repair or Replacement Expense	\$ 5,000	
Inventory Appraisal Expense	\$ 10,000	
Pollutant Clean Up and Removal	\$ 25,000	Deductible: \$1,000
Recharge of Fire Protection Equipment	\$ 5,000	

Coverage Extensions:	Limit	Conditions
Fraud and Deceit	\$ 25,000	
Newly Acquired Computers	\$ 25,000	
Newly Acquired or Constructed Buildings	\$500,000	
Newly Acquired Mobile Equipment	\$100,000	
Personal Effects	\$ 5,000	
Personal Property – Acquired Locations	\$500,000	
Property Away from a Covered Location	\$ 25,000	
Stock – Acquired Locations	\$500,000	
Trees, Shrubs, Plants, and Lawns	\$ 5,000	

Supplemental Coverages:	Limit	Conditions
Accounts Receivable	\$ 25,000	
Brands or Labels Expense	\$ 5,000	
Carrier Liability	\$100,000	
Fine Arts, Furs, Guns, Jewelry, Metals	\$ 5,000	
Loss of Use of Dwelling	\$ 5,000	
Ordinance or Law: Increased Costs	\$250,000	
Overseas Transit and Location	\$ 5,000	
Property in Transit	\$100,000	
Property on Exhibition	\$ 10,000	
Property Sold under Installment Sales Plan	\$ 5,000	
Sales Representative Samples	\$ 10,000	
Sewer Backup and Water Below the Surface	\$ 10,000	
Spoilage	\$ 5,000	
Surface Water Runoff	\$ 5,000	
Tank Leakage	\$ 5,000	
Utility Service Interruption – excluding overhead transmission & distribution lines	\$ 5,000	
Valuable Papers and Records – Cost of Research	\$ 25,000	
Watercraft	\$ 5,000	
Wrongful Delivery of Liquid Property	\$ 5,000	

COMMERCIAL LINES POLICY COMMON POLICY DECLARATIONS

AIG AMERICAN INTERNATIONAL COMPANIES®
70 Pine Street
New York, NY 10270
(212) 770-7000

Granite State Insurance Company Illinois National Insurance Co. New Hampshire Insurance Company
(Each of the above being a capital stock company)

RENEWAL OF NUMBER

POLICY NO.

NAMED INSURED

MAILING ADDRESS

POLICY PERIOD: From _____ to _____
at 12:01 A.M. Standard Time at your mailing address shown above.

PRODUCER:

BUSINESS DESCRIPTION

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part	\$ _____
Commercial General Liability Coverage Part	\$ _____
Commercial Crime Coverage Part	\$ _____
Commercial Inland Marine Coverage Part	\$ _____
Boiler and Machinery Coverage Part	\$ _____
Commercial Auto Coverage Part	\$ _____
TOTAL	\$ _____
Premium shown is payable: \$ _____ at inception. \$ _____ 1st Anniversary. \$ _____ 2nd Anniversary	

Form(s) and Endorsement(s) made part of this policy at time of issue*:

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

Countersigned: _____ By _____
Authorized Representative

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

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-17-2007
Comments:			
Attachment:			
AR - PC TD-1.pdf			
Satisfied -Name:	Forms Listing	Review Status: Approved	07-17-2007
Comments:			
Attachment:			
Form Listing Template AgOp.pdf			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only

--

2. Insurance Department Use Only

a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of Disposition of the filing:	
e. Effective date of the filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3.	Group Name American International Companies	Group NAIC No. 012
-----------	--	---------------------------

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Granite State Insurance Company	Pennsylvania	23809	02-0140690
	New Hampshire Insurance Company	Pennsylvania	23841	02-0172170

5.	Company Tracking Number	AIC-07-AGOP-01
-----------	--------------------------------	----------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and Address	Title	Telephone #s	Fax #	E-mail
	Joan D. Baskerville State Filings Department 175 Water Street, 17th Floor New York, New York 10038	Filings Analyst	212-458-7084	212-458-7077	joan.baskerville@aig.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Joan D. Baskerville

Filing information

9.	Type of Insurance (TOI)	01.0 Property
10.	Sub-Type of Insurance (Sub-TOI)	
11.	State Specific Product code(s) (if applicable)	
12.	Company Program Title	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 9/1/2007 Renewal: 9/1/2007
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization	American Association of Insurance Services, Inc.
17.	Reference Organization # & Title	AAIS-2001-21F
18.	Company's Date of Filing	7/13/2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
20.	This filing transmittal is associated with Company Tracking No.	AIC-07-AGOP-01
21.	Filing Description: Adoption of American Association of Insurance Services Agricultural Output Program rates, rules and forms.	
22.	Filing Fees (Filer must provide check # and fee amount if applicable) (If state requires you to show how you calculated your filing fees, place that calculation below)	
	Check Number: 00100448 Amount: \$50.00	

Form Listing - Filing No. AIC-07-AGOP-01

	Form Title	Form No.	Form Type	New or Replacement	Form No. Being Replaced	Mandatory or Optional	Restricts, Broadens or Clarifies	Rate or Premium Impact	Description of Form
1	Agribusiness Change of Limits or Conditions Supplemental Declarations	94354 (6/07)	Dec Page	New	N/A	O		no	Supplemental Declarations
2	Agribusiness Schedule of Supplemental Coverages, Coverage Extensions, and Additional Coverages Declarations	94355 (6/07)	Dec Page	New	N/A	M		no	Supplemental Declarations
3	Common Policy Declarations	94858 (6/07)	Dec Page	New	N/A	M		no	Common Policy Declarations