

SERFF Tracking Number: VKNG-125310190 State: Arkansas
Filing Company: Viking Insurance Company of WI State Tracking Number: AR-PC-07-026324
Company Tracking Number:
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: AR 12 17 07 Form
Project Name/Number: AR 12 17 07 Form/AR 12 17 07 Form

Filing at a Glance

Company: Viking Insurance Company of WI

Product Name: AR 12 17 07 Form

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Filing Type: Form

SERFF Tr Num: VKNG-125310190 State: Arkansas

SERFF Status: Closed

Co Tr Num:

Co Status:

Authors: Sue Pierce, Monica

Rogers, Kay Woods, Nichol Brown

Date Submitted: 10/03/2007

State Tr Num: AR-PC-07-026324

State Status:

Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding

Disposition Date: 10/04/2007

Disposition Status: Approved

Effective Date Requested (New): 12/17/2007

Effective Date Requested (Renewal): 01/30/2008

Effective Date (New): 10/21/2007

Effective Date (Renewal):

General Information

Project Name: AR 12 17 07 Form

Project Number: AR 12 17 07 Form

Reference Organization:

Reference Title:

Filing Status Changed: 10/04/2007

State Status Changed: 10/04/2007

Corresponding Filing Tracking Number:

Filing Description:

- 1.) PHN1-AR (5/01) is replaced with PHN1-AR (12/07) due to removing Guaranty National Insurance Company as a servicing company. No other content change.
- 2.) A1208AR (9/06) is replaced with A1208AR (12/07) due to updating the company names in the upper left portion of the form. Also changing the logo from Viking Insurance to Dairyland Auto.
- 3.) NDE1-(3/99) is replaced with NDE1 (3/07) due to updating the company names in the upper left portion of the form. Also changing the logo from Viking Insurance to Dairyland Auto.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: VKNG-125310190 State: Arkansas
 Filing Company: Viking Insurance Company of WI State Tracking Number: AR-PC-07-026324
 Company Tracking Number:
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: AR 12 17 07 Form
 Project Name/Number: AR 12 17 07 Form/AR 12 17 07 Form

Company and Contact

Filing Contact Information

Kay F Woods, Forms & Compliance Specialist Kay.Woods@Sentry.com
 1125 Kiwanis Dr (800) 435-7230 [Phone]
 Freeport, IL 61032 (815) 599-3100[FAX]

Filing Company Information

Viking Insurance Company of WI CoCode: 13137 State of Domicile: Wisconsin
 1800 North Point Drive Group Code: 169 Company Type:
 Stevens Point, WI 54481 Group Name: State ID Number:
 (608) 836-3000 ext. 8263116[Phone] FEIN Number: 39-1150917

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: 3 forms filed @ \$20.00 each.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Viking Insurance Company of WI	\$60.00	10/03/2007	15933775

SERFF Tracking Number: VKNG-125310190

State: Arkansas

Filing Company: Viking Insurance Company of WI

State Tracking Number: AR-PC-07-026324

Company Tracking Number:

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR 12 17 07 Form

Project Name/Number: AR 12 17 07 Form/AR 12 17 07 Form

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	10/04/2007	10/04/2007

SERFF Tracking Number: VKNG-125310190

State: Arkansas

Filing Company: Viking Insurance Company of WI

State Tracking Number: AR-PC-07-026324

Company Tracking Number:

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR 12 17 07 Form

Project Name/Number: AR 12 17 07 Form/AR 12 17 07 Form

Disposition

Disposition Date: 10/04/2007

Effective Date (New): 10/21/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: VKNG-125310190 State: Arkansas
 Filing Company: Viking Insurance Company of WI State Tracking Number: AR-PC-07-026324
 Company Tracking Number:
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: AR 12 17 07 Form
 Project Name/Number: AR 12 17 07 Form/AR 12 17 07 Form

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Policyholder Information Notice	Approved	Yes
Form	Rejection	Approved	Yes
Form	Driver Exclusion Endorsement	Approved	Yes

SERFF Tracking Number: VKNG-125310190 State: Arkansas
 Filing Company: Viking Insurance Company of WI State Tracking Number: AR-PC-07-026324
 Company Tracking Number:
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: AR 12 17 07 Form
 Project Name/Number: AR 12 17 07 Form/AR 12 17 07 Form

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Information Notice	PHN1-AR	12/07	Disclosure/ Notice	Replaced Previous Filing #:	0.00	PHN1-AR (12-07) AR Policyholder Information.pdf
Approved	Rejection	A1208AR	12/07	Election/Rejection/Supplemental Application	Replaced Previous Filing #:	0.00	A1208AR Rejection (12-07).pdf
Approved	Driver Exclusion Endorsement	NDE1	3/07	Endorsement/Amendment/Conditions	Replaced Previous Filing #:	0.00	A3083 NDE1 (3-07) DairylandAuto logo.pdf

ARKANSAS POLICYHOLDER INFORMATION

This information is provided in accordance with Arkansas law.

Your policy is serviced by:

Viking Insurance Company of Wisconsin
P.O. Box 1080
Freeport, IL 61032-1080
Telephone Toll Free: 800-334-0090

If we fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Service Division
1200 West Third Street
Little Rock, AR 72204
Telephone: 501-371-2640
Toll-free: 800-852-5494

PHN1-AR (12/07)

- Viking Insurance Company of Wisconsin
- Peak Property & Casualty Insurance Corporation
- Dairyland Insurance Company
- Patriot General Insurance Company

DAIRYLAND AUTO

ARKANSAS REJECTION OF:

Uninsured/Underinsured Motorists and Personal Injury Protection Coverage

Uninsured/Underinsured Motorists Rejection:

I have had Uninsured Motorists Bodily Injury (UM-BI), Uninsured Motorists Property Damage (UM-PD) and Underinsured Motorists Bodily Injury (UIM-BI) Coverages explained to me and I fully understand them. My policy will be issued with UM-BI and UIM-BI coverages with limits equal to my BI Liability limits unless I reject or reduce them.

- I reject increased UM-BI limits that match my increased Bodily Injury Liability limits. My policy will be issued with UM-BI limits as indicated on the change request.

(Check one)

- I reject UM-BI, UM-PD and UIM-BI coverages in their entirety.
- I reject only UM-PD coverage (UM-PD cannot be purchased without UM-BI).
- I reject UIM-BI coverage in its entirety (UIM-BI cannot be purchased without UM-BI).

I also understand that my policy will not contain these rejected coverages when issued or renewed, but I may request to add the above coverages to my policy at any future date.

Personal Injury Protection Coverage Rejection:

I have had No-Fault Personal Injury Protection coverages explained to me and I fully understand them. I fully understand that my policy when issued or renewed will **not** provide (*check all that apply*):

- \$5,000 Medical Payments
- Work Loss Benefits
- \$5,000 Accidental Death Benefits

I also understand that, upon written request, I may request to add any of the above coverages to my policy at any future date.

This form is not part of your policy and does not provide coverage.

Signature of Applicant

Print Applicant's Name

Date

Policy Number

- Viking Insurance Company of Wisconsin
- Peak Property & Casualty Insurance Corporation
- Dairyland Insurance Company
- Patriot General Insurance Company

DAIRYLAND AUTO

NAMED DRIVER EXCLUSION ENDORSEMENT

Policy Number: _____

THIS ENDORSEMENT MODIFIES *YOUR* POLICY IN THE FOLLOWING WAY:

This policy will not provide any insurance coverage when a vehicle is being driven, either with or without any insured's permission, by the following excluded drivers:

Excluded Driver	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

If **we** are required to make any payments under this policy because of an accident which involves a vehicle that is being driven by an excluded driver, **you** must repay **us** for those payments and any expenses. This endorsement applies to this policy and any continuation, renewal, change or reinstatement of this policy by the named insured, or the reissuance of the policy by the Company.

By signing this Named Driver Exclusion Endorsement form, **you** agree to this change in **your** policy. All other terms and conditions of **your** policy remain in full force and effect.

Named Insured's Signature
Date

SERFF Tracking Number: VKNG-125310190

State: Arkansas

Filing Company: Viking Insurance Company of WI

State Tracking Number: AR-PC-07-026324

Company Tracking Number:

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR 12 17 07 Form

Project Name/Number: AR 12 17 07 Form/AR 12 17 07 Form

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: VKNG-125310190

State: Arkansas

Filing Company: Viking Insurance Company of WI

State Tracking Number: AR-PC-07-026324

Company Tracking Number:

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR 12 17 07 Form

Project Name/Number: AR 12 17 07 Form/AR 12 17 07 Form

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

10/04/2007

Comments:

Attachment:

P&C Transmittal #PC TD-1 (12-17-07).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 filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

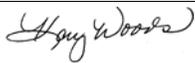
3. Group Name	Group NAIC #
Sentry Insurance Company	0169

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Viking Insurance Company of Wisconsin		13137	39-11590917	

5. Company Tracking Number	VIK-12172007-Form-AR
-----------------------------------	-----------------------------

Contact Info of Filer(s) or Corporate Officer(s) [1-800-435-7230 ext 5993287]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Kay Woods P O Box 1080 Freeport, IL 61032	Compliance/ Development SR. Analyst	(815)599-3287	(715)346-8908	Kay.Woods@Sentry.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Kay F. Woods

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.0.21.1
10. Sub-Type of Insurance (Sub-TOI)	19.0001, 19.0002
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> X Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 12/17/2007 Renewal: 01/30/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	NA
19. Status of filing in domicile	X Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	
--	--

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
--

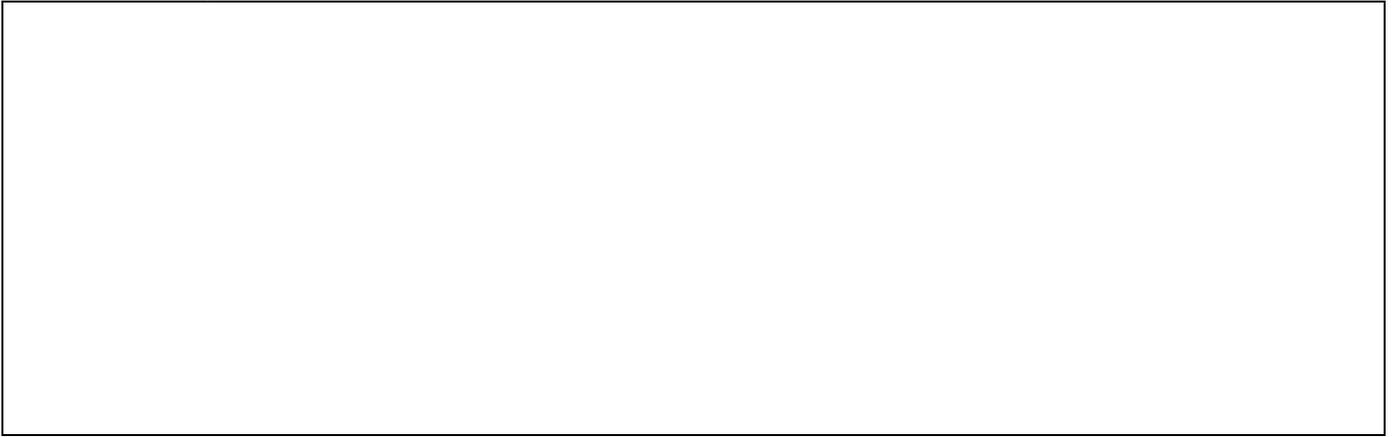
- 1.) **Policyholder Information Notice** - HN1-AR (5/01) is replaced with PHN1-AR (12/07) due to removing Guaranty National Insurance Company as a servicing company. No other content change.
- 2.) **Rejection** – A1208AR (9/06) is replaced with A1208AR (12/07) due to updating the company names in the upper left portion of the form. Also changing the log from Viking Insurance to Dairyland Auto. No other content change.
- 3.) **Named Driver Exclusion** - NDE1-(3/99) is replaced with NDE1 (3/07) due to updating the company names in the upper left portion of the form. Also changing the logo from Viking Insurance to Dairyland Auto. No other content change.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

This would be via EFT is needed.

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.



*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**