

SERFF Tracking Number: CNLC-125321322 State: Arkansas
Filing Company: CANAL INSURANCE COMPANY State Tracking Number: EFT \$50
Company Tracking Number: CNLC-125321322
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: IM 109 - Coinsurance Condition
Project Name/Number: /

Filing at a Glance

Company: CANAL INSURANCE COMPANY

Product Name: IM 109 - Coinsurance Condition SERFF Tr Num: CNLC-125321322 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: CNLC-125321322

State Status: Fees received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Lisa Flynn

Disposition Date: 11/19/2007

Date Submitted: 11/16/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 12/21/2007

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

12/21/2007

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments: Not required.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/19/2007

State Status Changed: 11/16/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This endorsement modifies the coinsurance clause in the cargo policy to accommodate situations where the insured has purchased excess insurance.

Company and Contact

Filing Contact Information

LISA FLYNN, COMPLIANCE ANALYST
400 EAST STONE AVENUE

LISA.FLYNN@CANAL-INS.COM
(800) 868-7538 [Phone]

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GREENVILLE, SC 29601 (864) 679-2527[FAX]

Filing Company Information

CANAL INSURANCE COMPANY CoCode: 10464 State of Domicile: South Carolina
400 EAST STONE AVENUE Group Code: 262 Company Type: PROPERTY &
CASUALTY

PO BOX 7
GREENVILLE, SC 29690 Group Name: CANAL GROUP State ID Number:
(864) 242-5365 ext. [Phone] FEIN Number: 57-0133332

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Filing fee - 1 form
lgf
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CANAL INSURANCE COMPANY	\$50.00	11/16/2007	16685921

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/19/2007	11/19/2007

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Disposition

Disposition Date: 11/19/2007

Effective Date (New): 12/21/2007

Effective Date (Renewal): 12/21/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Coinsurance Condition When Excess Coverage is Purchased	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Coinsurance Condition When Excess Coverage is Purchased	IM 109 CW 0907	9-2007	Endorsement/Amendment/Conditions	New	0.00	IM 109 CW 0907 -- Coinsurance Condition.pdf

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

11/19/2007

Comments:

Attachment:

P & C Transmittal - IM 109 CW 0907.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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #
Canal Insurance Company	SC	10464	57-0133332

5. Company Tracking Number	CNLC-125321322
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Lisa G Flynn PO Box 7 Greenville, SC 29615	Compliance Associate	800-868-7538 X5464	864-679-2527	lisa.flynn@canal-ins.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Lisa G Flynn

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

9. Type of Insurance (TOI)	9.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	9.0005 Other Commercial Inland Marine
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	IM 109 - Coinsurance Condition
13. Filing Type Forms	<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: 12-21-2007 Renewal: 12-21-2007

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	11-16-2007
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	CNLC-125321322
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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This endorsement modifies the coinsurance clause in the cargo policy to accommodate situations where the insured has purchased excess insurance.

22.	<p>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]</p> <p>Check #: Amount: 50.00 We are submitting the filing fee via EFT. lgf</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>
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*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**