

SERFF Tracking Number: VANL-125260060 State: Arkansas
Filing Company: Vanliner Insurance Company State Tracking Number: AR-PC-07-025833
Company Tracking Number:
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Inland Marine Dec Page
Project Name/Number: Movers and Warehousemen's Declaration Page/VIC IMCDEC00 01 07

Filing at a Glance

Company: Vanliner Insurance Company
Product Name: Inland Marine Dec Page SERFF Tr Num: VANL-125260060 State: Arkansas
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: AR-PC-07-025833
Sub-TOI: 09.0005 Other Commercial Inland Marine Co Tr Num: State Status:
Marine
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Tina Kampwerth Disposition Date: 08/20/2007
Date Submitted: 08/19/2007 Disposition Status: Approved
Effective Date Requested (New): 10/01/2007 Effective Date (New): 10/01/2007
Effective Date Requested (Renewal): 10/01/2007 Effective Date (Renewal):
10/01/2007

General Information

Project Name: Movers and Warehousemen's Declaration Page Status of Filing in Domicile: Authorized
Project Number: VIC IMCDEC00 01 07 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/20/2007
State Status Changed: 08/20/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Vanliner Mover's and Warehousemen's Declaration Filing

Company and Contact

Filing Contact Information

Tina Kampwerth, Senior Compliance Coordinator Tina_Kampwerth@Vanliner.com
One Premier Drive (800) 325-3619 [Phone]

SERFF Tracking Number: VANL-125260060 State: Arkansas
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St. Louis, MO 63026

(636) 305-4270[FAX]

Filing Company Information

Vanliner Insurance Company

CoCode: 21172

State of Domicile: Arizona

One Premier Drive

Group Code: -99

Company Type:

St Louis, MO 63026

Group Name:

State ID Number:

(636) 343-9889 ext. [Phone]

FEIN Number: 86-0114294

SERFF Tracking Number: VANL-125260060 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
87720	\$50.00	08/14/2007

State Specific

Check_No: 87720
Check_Amt: 50.00
Check_Rec: 08-19-2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/20/2007	08/20/2007

SERFF Tracking Number: VANL-125260060 *State:* Arkansas
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Product Name: Inland Marine Dec Page
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Disposition

Disposition Date: 08/20/2007
Effective Date (New): 10/01/2007
Effective Date (Renewal): 10/01/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: VANL-125260060 State: Arkansas
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 Company Tracking Number:
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Cargo Dec Page	VIC IMCDEC0 0 01 07	01 07	Declaration New s/Schedule		0.00	Full Movers Dec Pages.pdf

Vanliner Insurance Company

One Premier Drive
St. Louis, MO 63026

MOVERS' & WAREHOUSEMEN'S LEGAL LIABILITY DECLARATIONS

Policy Number	Policy Period
	From To
12:01 A.M. Standard Time at the described location	

Transaction	
POLICY DECLARATION	
Named Insured and Address	Agent
	Telephone:
Business Description MOVING & STORAGE	Type of Business CORPORATION

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.

COVERAGE

PREMIUM

MOVERS' AND WAREHOUSEMAN'S LEGAL LIABILITY

TERRORISM RISK INSURANCE ACT \$
TAXES AND SURCHARGES \$
TOTAL POLICY PREMIUM \$

Forms and Endorsements Applicable to this Policy See Attached Schedule

These Declarations together with the common policy conditions, coverage declarations, coverage form(s) and form(s) and endorsements, if any, issued , complete the above numbered policy.

Countersigned this _____ Day of _____, _____
Authorized Representative

Issued Date:
VIC IMCDEC00 01 07

Vanliner Insurance Company

One Premier Drive
 St. Louis, MO 63026
 636-343-9889

MOVERS' & WAREHOUSEMEN'S LEGAL LIAB

Policy Number:
Named Insured:
Agent:

LIMITS OF LIABILITY AND DEDUCTIBLES

Coverage A (Insured's Legal Liability As a Warehouseman)						
1. At the following locations:	Legal Liability as a Warehouseman					
ADDRESS	Total Limit of Liability per Location	Increased Obligation Sub Limit	Government Storage Limit	Sub Limit Per Storage Receipt	Deductible Per Claim	Deductible Per Occurrence
	\$	\$	\$	\$	\$	\$
Total Limit of Liability includes sublimits shown above						

Vanliner Insurance Company

One Premier Drive
St. Louis, MO 63026
636-343-9889

MOVERS' & WAREHOUSEMEN'S LEGAL LIAB

Policy Number:

Named Insured:

Agent:

LIMITS OF LIABILITY AND DEDUCTIBLES

Coverage B (Insured's Legal Liability as a Carrier)

Limits

\$	in or on any one motor truck, excluding electronics
\$	in or on any one motor truck, electronic shipments only
\$	air freight
\$	storage-in-transit
	per office/industrial move
	per individual shipment, bill of lading, and/or workorder
\$	any one occurrence or disaster

Deductible

\$	any one occurrence
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Coverage C (Insured's Uncollectible Charges)

Limits

charges due from any one customer
all charges due to any one occurrence

Vanliner Insurance Company

One Premier Drive
 St. Louis, MO 63026
 636-343-9889

MOVERS' & WAREHOUSEMEN'S LEGAL LIAB

Policy Number:
Named Insured:
Agent:

LIMITS OF LIABILITY AND DEDUCTIBLES

Coverage D (Customers' Accounts)					
1. <u>Household Goods In Transit</u>		Transit Rates Per \$100 Value		Subject to Minimum Premium of \$250 per Certificate	
		Actual Cash Value	Replacement Cost		
Intrastate or "Commercial Zone" shipments via insured's vehicle					
Within City Limits or "Commercial Zone" or Hourly Work					
Other shipments					
2. <u>Household Goods In Storage At Specified Locations</u>					
Limits Of Liability			Monthly Rate Per \$100 Value		Subject to Minimum Premium of \$250 Per Certificate
LOCATION/ADDRESS	Limits Any One Occurrence		Actual Cash Value	Replacement Cost	
3. <u>Insured's Reimbursement to Company</u>					
	per claim				
	aggregate per occurrence				

Vanliner Insurance Company

One Premier Drive
St. Louis, MO 63026
636-343-9889

MOVERS' & WAREHOUSEMEN'S LEGAL LIAB

Policy Number:

Named Insured:

Agent:

LIMITS OF LIABILITY AND DEDUCTIBLES

Coverage E (Moving Equipment)	
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	limit per occurrence
--	----------------------

	Deductible per occurrence
--	---------------------------

Coverage F (Miscellaneous - See Endorsement)	
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	limit per pound per article
--	-----------------------------

	limit per shipment
--	--------------------

	limit per occurrence
--	----------------------

	deductible per claim
--	----------------------

	aggregate deductible per occurrence
--	-------------------------------------

Issued Date:

VIC IMCDEC00 01 07

Vanliner Insurance Company

One Premier Drive
St. Louis, MO 63026
636-343-9889

MOVERS' & WAREHOUSEMEN'S LEGAL LIAB

Policy Number:

Named Insured:

Agent:

LIMITS OF LIABILITY AND DEDUCTIBLES

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\$	any one occurrence or disaster

Deductible

\$	any one occurrence
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Coverage C (Insured's Uncollectible Charges)

Limits

charges due from any one customer
all charges due to any one occurrence

Vanliner Insurance Company

One Premier Drive
St. Louis, MO 63026
636-343-9889

MOVERS' & WAREHOUSEMEN'S LEGAL LIAB

Policy Number:
Named Insured:
Agent:

LIMITS OF LIABILITY AND DEDUCTIBLES

Coverage E (Moving Equipment)

	limit per occurrence
	Deductible per occurrence

Coverage F (Miscellaneous - See Endorsement)

	limit per pound per article
	limit per shipment
	limit per occurrence
	deductible per claim
	aggregate deductible per occurrence

Issued Date:

VIC IMCDEC00 01 07

SERFF Tracking Number: VANL-125260060 *State:* Arkansas
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TOI: 09.0 Inland Marine *Sub-TOI:* 09.0005 Other Commercial Inland Marine
Product Name: Inland Marine Dec Page
Project Name/Number: Movers and Warehousemen's Declaration Page/VIC IMCDEC00 01 07

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: VANL-125260060 State: Arkansas
Filing Company: Vanliner Insurance Company State Tracking Number: AR-PC-07-025833
Company Tracking Number:
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Inland Marine Dec Page
Project Name/Number: Movers and Warehousemen's Declaration Page/VIC IMCDEC00 01 07

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 08/20/2007

Comments:

Cargo Dec Page

Attachments:

AR check.pdf

AR filing doc.pdf

AR ltr.pdf



Vanliner Insurance Company, Inc.
One Premier Drive
St. Louis Missouri 63026

DATE
08/14/07

CHECK #
87720

PAY COMPANY
2200

VENDOR NUMBER
500517

DATE	DESCRIPTION	GROSS	DISCOUNT	NET
081307	VICIMCDEC000107 0000554944 MOVERS AND WAREHOUSEMEN'S DEC	5000	00	5000 H

5000 000 5000

00005 074300

THIS DOCUMENT HAS A RED BACKGROUND & A MICRO-PRINT BOTTOM BORDER



Vanliner Insurance Company, Inc.
One Premier Drive
St. Louis Missouri 63026

US Bank NA
Memphis MO

CHECK NO.
87720

80-1769(3)
0815

VOID AFTER 180 DAYS

DATE 08/14/07 CHECK AMOUNT *****50.00

PAY Fifty and NO/100 Dollars

TO THE ORDER OF ARKANSAS INSURANCE DEPT
1200 WEST THIRD STREET
LITTLE ROCK AR 72201-1904

James J. Powers

⑈087720⑈ ⑆081517693⑆ 3500703354⑈

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	VIC IMCEC00 01 07			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Movers' and Warehousemen's Declaration Page	VIC IMCEC00 01 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only

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2. Insurance Department Use only

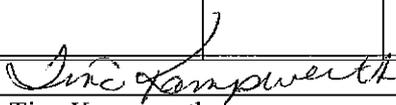
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3.	Group Name	Group NAIC #

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Vanliner Insurance Company	MO	21172	86-0114294

5.	Company Tracking Number	VIC IMCEC00 01 07
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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
	Vanliner Insurance Company Tina Kampwerth	Senior Compliance Coordinator	800-325-3619	636-305-4270	Tina_Kampwerth@Vanliner.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Tina Kampwerth		

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

9.	Type of Insurance (TOI)	09.0
10.	Sub-Type of Insurance (Sub-TOI)	09.0000
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Cargo Declaration Page
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
14.	Effective Date(s) Requested	New: 10/1/2007 Renewal: 10/1/2007
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	8/19/2007
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document---

20.	This filing transmittal is part of Company Tracking #	VIC IMCEC00 01 07
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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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Please accept this letter and the attachments for approval of the above referenced form. The attached declaration will be used for Inland Marine – Movers' and Warehousemens' policies.

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]
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Check #:	87720
Amount:	50.00

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

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



August 19, 2007

Commissioner Julie Benafield Bowman
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

RE: Vanliner Insurance Company
NAIC: 000-21172
Federal Employer ID #86-0114294
Movers' and Warehousemen's Declaration Pages
Form Number - VIC IMCDEC00 01 07
Proposed Effective Date – 10/01/2007

Dear Ms. Bowman:

Please accept this letter and the attachments for approval of the above referenced form. The attached declaration will be used for Inland Marine – Movers' and Warehousemen's policies.

Should you have any questions or require additional information, please call me at 800-325-3619 extension 4609 or email me at Tina_Kampwerth@Vanliner.com.

Sincerely,

Tina Kampwerth
Senior Compliance Coordinator

Enc.