

SERFF Tracking Number: CNLC-125438901 State: Arkansas  
Filing Company: CANAL INSURANCE COMPANY State Tracking Number: EFT \$50  
Company Tracking Number: CNLC-125438901  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: A-101 AR (12-2007)  
Project Name/Number: /

## Filing at a Glance

Company: CANAL INSURANCE COMPANY

Product Name: A-101 AR (12-2007)

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

SERFF Tr Num: CNLC-125438901 State: Arkansas

SERFF Status: Closed

Co Tr Num: CNLC-125438901

Co Status:

Author: Lisa Flynn

Date Submitted: 01/18/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

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

Disposition Date: 01/29/2008

Disposition Status: Approved

Effective Date (New): 01/29/2008

Effective Date (Renewal):

01/29/2008

State Filing Description:

## General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 01/29/2008

State Status Changed: 01/29/2008

Corresponding Filing Tracking Number:

Filing Description:

Canal Insurance Company has made the decision to revise our UM Selection/Rejection form in the state of Arkansas, which is contained on the A-101 AR form. This form is attached to the application. Due to this revision, we are submitting our new offer for approval. The revised form now discloses the limit and premium amounts for the insured to choose or reject, whereas the last offer did not. We believe this will clarify the coverage being offered and the premium charged for such coverage. Please note that there are no rate changes; we are merely adding the information to the

Status of Filing in Domicile: Not Filed

Domicile Status Comments: Filing not required.  
lgf

Reference Number:

Advisory Org. Circular:

Deemer Date:

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document in an effort to help the insured better understand his options. We believe this offer is in compliance with Arkansas regulatory and statutory provisions and would like to have this approved as soon as possible.

## Company and Contact

### Filing Contact Information

Lisa Flynn, COMPLIANCE ANALYST LISA.FLYNN@CANAL-INS.COM  
 400 EAST STONE AVENUE (800) 868-7538 [Phone]  
 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: Forms filing fee.  
 lgf  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CANAL INSURANCE COMPANY	\$50.00	01/18/2008	17565358

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/29/2008	01/29/2008

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## Disposition

Disposition Date: 01/29/2008

Effective Date (New): 01/29/2008

Effective Date (Renewal): 01/29/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Arkansas Supplemental Application	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Supplemental Application	A-101 AR	12-2007	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 A-101 AR (9-2005) Previous Filing #:		A-101 AR (12-2007)--AR Supplemental Application.pdf

INSURANCE COMPANY  
 INDEMNITY COMPANY

**MUST be completed** in conjunction with the ALL STATES Form A-101

1. Applicant Name \_\_\_\_\_

2. DBA, if any \_\_\_\_\_

### ARKANSAS FRAUD WARNING

**WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

### AUTHORIZATION FOR MOTOR VEHICLE REPORTS

I hereby authorize Canal Insurance Company and/or the Producing Agent to obtain from the **Arkansas Office of Driver Services** a copy of my Motor Vehicle Report for the use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be used by the insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting; and I hereby certify that the information above is true and agree that a misrepresentation of any of the facts by me will constitute reason for the company to void or cancel any policy issued on the basis of this application, and will hold the company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any restrictive and/or Exclusion Endorsement Text, which is included on the application and signed by me, shall become a part of the policy.

Date Application Completed \_\_\_\_\_

Signature of Agent of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ **X**

Address of Agent \_\_\_\_\_

\_\_\_\_\_

Continued Next Page

\_\_\_\_\_  
(Applicant's Initials)



**Uninsured Motorist – Bodily Injury and \$50,000 Property Damage Limit**

\*UMPD has a \$200 deductible

Initial	Limit – BI per person/per accident/ PD per accident (000)	Other Commercial (\$)	Gasoline or Petroleum Haulers (\$)
_____	25/50/50	64	97
_____	50/50/50	69	107
_____	25/100/50	105	161
_____	50/100/50	114	175
_____	100/100/50	124	187
_____	100/300/50	139	212
_____	300/300/50	194	302
_____	400/400/50	229	357
_____	500/500/50	269	419
_____	600/600/50	354	552
_____	750/750/50	434	672
_____	1,000/1,000/50	479	752

**Uninsured Motorist – Bodily Injury and \$100,000 Property Damage**

\*UMPD has a \$200 deductible

Initial	Limit – BI per person/per accident/ PD per accident (000)	Other Commercial (\$)	Gasoline or Petroleum Haulers (\$)
_____	25/50/100	72	111
_____	50/50/100	77	121
_____	25/100/100	113	175
_____	50/100/100	122	189
_____	100/100/100	132	201
_____	100/300/100	147	226
_____	300/300/100	202	316
_____	400/400/100	237	371
_____	500/500/100	277	433
_____	600/600/100	362	566
_____	750/750/100	442	686
_____	1,000/1,000/100	487	766

**Please initial your choice below that corresponds with your choice made in one of the above tables.**

- \_\_\_\_\_ I am rejecting all offers of Uninsured Motorist Coverage; or
- \_\_\_\_\_ I am selecting Uninsured Motorist Bodily Injury Coverage only; or
- \_\_\_\_\_ I am selecting Uninsured Motorist Bodily Injury Coverage with \$25,000 Property Damage; or
- \_\_\_\_\_ I am selecting Uninsured Motorist Bodily Injury Coverage with \$50,000 Property Damage; or
- \_\_\_\_\_ I am selecting Uninsured Motorist Bodily Injury Coverage with \$100,000 Property Damage.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Continued Next Page**

**Applicant's Acknowledgement**

The undersigner hereby acknowledges they have read, or have had read to them and understand, the above explanations and offers of Uninsured Bodily Injury Coverage and Uninsured Motorist Property Damage Coverage. Selections have been made by initialing the appropriate lines above. The signature appearing below is that of the named insured or authorization has been given to the signer of this Offer of Uninsured Bodily Injury Coverage and Uninsured Motorist Property Damage Coverage to select or reject coverage and limits on the behalf of the named insured.

**YOUR SELECTION OR REJECTION OF COVERAGE IS BINDING ON ALL PERSONS INSURED UNDER THIS POLICY.**

Applicant /Named Insured: \_\_\_\_\_ Date: \_\_\_\_\_  
By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature of Agent of Insured: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**

Approved

01/29/2008

**Comments:**

**Attachment:**

PCTD A-101 AR (12-2007).pdf

## Property & Casualty Transmittal Document

<p><b>1. Reserved for Insurance Dept. Use Only</b></p>	<p><b>2. Insurance Department Use only</b></p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> 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]

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:

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.)

PC TD-1 pg 2 of 2

## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input 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		

PC FFS-1