

SERFF Tracking Number: VKNG-125916236 State: Arkansas
Filing Company: Viking Insurance Company of WI State Tracking Number: EFT \$50
Company Tracking Number: VIK-02-16-09-FORM-AR
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: VIK-02-16-09-Form-AR
Project Name/Number: VIK-02-16-09-Form-AR/VIK-02-16-09-Form-AR

Filing at a Glance

Company: Viking Insurance Company of WI

Product Name: VIK-02-16-09-Form-AR

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Filing Type: Form

SERFF Tr Num: VKNG-125916236 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num: VIK-02-16-09-FORM-AR

State Status: Fees verified and received

Co Status:

Reviewer(s): Alexa Grissom, Betty Montesi

Authors: Sue Pierce, Monica

Disposition Date: 12/18/2008

Rogers, Kay Woods, Nichol Brown

Date Submitted: 12/03/2008

Disposition Status: Approved

Effective Date Requested (New): 02/16/2009

Effective Date (New): 02/16/2009

Effective Date Requested (Renewal): 04/01/2009

Effective Date (Renewal):

04/01/2009

State Filing Description:

General Information

Project Name: VIK-02-16-09-Form-AR

Project Number: VIK-02-16-09-Form-AR

Reference Organization:

Reference Title:

Filing Status Changed: 12/18/2008

State Status Changed: 12/04/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

- 1.) The application has been updated. Please see the transmittal in the Supporting Documentation tab for details.
- 2.) Updated the Towing and Labor endorsement. The changes are for clarification only. Please see the side by side provided in the Supporting Documentation tab for details.
- 3.) For 'informational purposes only', providing a copy of a back used for all billings. This is to advise the state of wording being added to the billing backs. See copy of this in the Supporting Documentation tab for the details.

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Looking forward to your approval of the application the the TL1 (3/09) endorsements. If you should have any questions, please feel free to contact me.

Thanks.

Kay Woods

VIKING INSURANCE COMPANY OF WISCONSIN

815-599-3287

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: \$0.00
 Retaliatory? No
 Fee Explanation: \$50 fee:
 1.) Application
 2.) Towing & Labor Endorsement
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Viking Insurance Company of WI	\$50.00	12/03/2008	24298790

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	12/18/2008	12/18/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Alexa Grissom	12/18/2008	12/18/2008	Kay Woods	12/18/2008	12/18/2008
Pending Industry Response	Alexa Grissom	12/18/2008	12/18/2008	Kay Woods	12/18/2008	12/18/2008
Pending Industry Response	Alexa Grissom	12/04/2008	12/04/2008	Kay Woods	12/12/2008	12/12/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Selection/Rejection Form	Note To Reviewer	Kay Woods	12/18/2008	12/18/2008

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Disposition

Disposition Date: 12/18/2008

Effective Date (New): 02/16/2009

Effective Date (Renewal): 04/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: VKNG-125916236 State: Arkansas
 Filing Company: Viking Insurance Company of WI State Tracking Number: EFT \$50
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Side by Side - TL1	Approved	Yes
Supporting Document	Informational Only Document	Approved	Yes
Supporting Document	A1208AR (8/08)	Approved	Yes
Form	Application	Approved	Yes
Form	Towing and Labor Endorsement	Approved	Yes

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Project Name/Number: VIK-02-16-09-Form-AR/VIK-02-16-09-Form-AR

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/18/2008
Submitted Date 12/18/2008
Respond By Date
Dear Kay F Woods,

This will acknowledge receipt of the captioned filing. I will approve it pending another filing if you will put in writing you acknowledge the UM selection/rejection form is part of the application which becomes a part of the policy. Also, per our telephone conversation, please explain your intent of the wording,

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/18/2008
Submitted Date 12/18/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: The intent of the Selection/Rejection form is for the insured to advise what coverage they want or what will be rejected. Based on how the insured completes this form will let us know what coverage they selected/rejected. This form would not be part of the policy when it is issued. The next time I have to update and file this form I will removed this wording. As we discussed, this wording does not provide or take away coverage. Looking forward to your approval.

Thank you.
Kay Woods

Changed Items:

SERFF Tracking Number: VKNG-125916236 State: Arkansas
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/18/2008
Submitted Date 12/18/2008
Respond By Date
Dear Kay F Woods,

This will acknowledge receipt of the captioned filing. Ark. Code Ann. 23-89-4039c)(i) requires the offering of this coverage to be on the application, and the application becomes a part of the policy. Therefore, the statement at the bottom of the selection/rejection page should be removed as it does add or delete coverage.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/18/2008
Submitted Date 12/18/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: The Selection/Rejection was previously approved with this wording. Since the Selection/Rejection notice was not part of this form filing and had previously been approved, can I changed this the next time I have to touch this form?

Thank you.

Kay Woods

Changed Items:

No Supporting Documents changed.

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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Kay Woods, Monica Rogers, Nichol Brown, Sue Pierce

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 12/04/2008

Submitted Date 12/04/2008

Respond By Date

Dear Kay F Woods,

This will acknowledge receipt of the captioned filing. Please advise where the applicant/insured is offered umbi in limits equal to their elected liability limits per Ark. Code Ann. 23-89-403(C)(1).

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status Submitted to State

Response Letter Date 12/12/2008

Submitted Date 12/12/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: The Insured is provided with the UM/UIM/PIP Rejection form indicating the offered limits. This is our form #A1208AR (8/08) previously approved 7-1-08 under Serff #VKNG-125601675. There was no change to this form with this current form filing, so the form was not attached. I've added this as for your review.

Looking forward to your review and approval of the the form filing for 02-16-09. If you have any questions, please give me a call.

Thanks,

Kay Woods

815-599-3287

Changed Items:

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Supporting Document Schedule Item Changes

Satisfied -Name: A1208AR (8/08)

Comment: Attached the A1208AR (8/08) indicating the limits per Ark. Code Ann. 23-89-403(C)(1).

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Kay Woods, Monica Rogers, Nichol Brown, Sue Pierce

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Project Name/Number: VIK-02-16-09-Form-AR/VIK-02-16-09-Form-AR

Note To Reviewer

Created By:

Kay Woods on 12/18/2008 02:28 PM

Subject:

Selection/Rejection Form

Comments:

The intent of the Selection/Rejection form is for the insured to advise what coverage they want or what will be rejected. Based on how the insured completes this form will let us know what coverage they selected/rejected. This form would not be part of the policy when it is issued. The next time I have to update and file this form I will removed this wording. As we discussed, this wording does not provide or take away coverage. Looking forward to your approval.

Thank you.

Kay Woods

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Application	L1101AR	0209	Application/ Replaced Binder/Enrollment	Replaced Form #: Previous Filing #:		L1101AR (2-09).pdf
Approved	Towing and Labor Endorsement	TL1	0308	Endorsement/ Replaced Amendment/Conditions	Replaced Form #: Previous Filing #:		TL1 (3-08) Towing Labor Costs Endt- Final DocuMerge.pdf

ARKANSAS AUTOMOBILE INSURANCE APPLICATION
VIKING INSURANCE COMPANY OF WISCONSIN
 Program:



Policy Number Policy Effective Date Time Policy Type Policy Term Pay Plan Selected

Named Insured Information

Agent Information

Business Phone:
 Home Phone:
 Residency:
 Years@Residence:
 Occupation:
 Prior Carrier / # Yrs:

Agency Code:
 Agency Sub-Code:

 Phone:

 Employer/Years@Employer:
 Prior Policy #/Exp Dt:

Coverage Information

Vehicle	Limits	Veh 1	Ded 1	Veh 2	Ded 2	Veh 3	Ded 3	Veh 4	Ded 4
Rated Driver									
BI-PD									
UM-BI*									
UIM-BI*									
UM-PD*									
Medical Payments									
PIP Medical Payments*									
PIP Wage Loss*									
PIP Death Benefit*									
Comprehensive									
Collision									
Rental Reimbursement									
Special Equipment									
Towing And Labor									
Premium Subtotals									

Policy Fee:

Total Premium Submitted:

Policy Premium:

* Please sign corresponding rejection on application.

Discounts Applied

Surcharges Applied

Lienholder / Additional Insured Lessor Information

Veh#	Type	Name	Address	City	State	Zip
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Vehicle Information

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Vin Number				
Year				
Make				
Model				
Vehicle Specifics				
Symbol				
Cost				
Vehicle Use				
Garage Zip/Terr				
Existing Damage (Please complete vehicle inspection form)				

Driver Information

List all persons in household (including non-driving children/persons age 14 and over) and all operators. (If more than 4 persons, please contact Customer Care.)

	Driver 1	Driver	Driver	Driver
Name				
DOB				
Gender				
Marital Status				
License #				
Date Lic./Years Lic.				
D.L. State				
Non Driver				
Excluded Driver				
SR-22				

EXCLUSION OF NAMED DRIVERS: Corresponding Named Driver Exclusion Endorsement form must be completed and signed.

Motor Vehicle Record

The following is a complete list of ALL ACCIDENTS and traffic violation convictions for all operators. Please Note: It is assumed that ALL ACCIDENTS LISTED ARE CHARGEABLE, UNLESS A POLICE REPORT OR PROOF OF OTHER CARRIER'S PAYMENT IS PROVIDED. (If more than 6 occurrences, please contact Customer Care.)

Driver #	Date of Occurrence	Type	Points	Description of Occurrence
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Additional Information

1. Is the NAMED INSURED the registered owner of the vehicles? Y N

If **NO**, who is? _____ Relationship _____

2. Are any owned vehicles not insured with Viking? Y N

If **YES**, explain? _____

NOTE: Please be advised uninsured motorist bodily injury limits are available up to the liability limits for which you applied.

Special Equipment

This policy covers the following equipment. Everything else is considered "Special Equipment".

- (A) Any permanently installed equipment, parts, or accessories which were purchased as standard or optional equipment from the manufacturer of the vehicle.
- (B) Up to the maximum of \$500, any permanently installed device designed for the recording or reproduction of sound, provided the device is installed in the opening of the dash or console normally used by the manufacturer for the installation of a radio.

I have had Special Equipment Coverage explained to me and fully understand it. I understand that my policy will not contain this coverage when it is issued or renewed unless I have purchased the Special Equipment Endorsement. If I have purchased it, the physical damage deductibles for comprehensive/collision will apply. I understand that I may add this coverage to my policy at any future date.

Signature of Insured/Applicant

Date

EXCLUSION OF NAMED DRIVERS: Form #NDE1 must be submitted to exclude named individuals

EXCLUSION ON UNLISTED HOUSEHOLD MEMBERS (IF NOT SIGNED COVERAGE IS NOT BOUND)

It is agreed that the coverages afforded by the policy shall not apply to any loss or damage arising from any accident which occurs while the automobile is being driven, operated, manipulated, maintained, serviced, or used in any manner by an unlisted driver who resides in the same household as the named insured. This exclusion shall apply whether or not the named insured is occupying the vehicle at the time said driver is using it in any manner whatsoever. Nothing contained in this endorsement shall vary, waive, alter or extend any other condition of the policy. This endorsement shall supersede any policy provisions to the contrary and shall take effect simultaneously with such policy.

* _____
Signature of Insured/Applicant _____ Date

Applicant Initials

I hereby apply to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. I understand and agree that such policy shall be cancelled and the benefits available under such policy may be denied if such information is known to be false and would affect acceptance of the risk or would in any way affect the rating of the risk by the Company. Further:

Applicant
Initials _____ * I also certify that all persons age 14 or over who live with me temporarily or permanently and all persons who are regular operators of any vehicle to be insured have been listed on this application and reported to the Company. I declare that there are no operators of the vehicle(s) described in this application unless their names and ages are shown within or are provided in writing to the Company within 14 days of when they begin driving the vehicle(s) described in this application.

Applicant
Initials _____ * I also certify that the garaging address listed on this application is my current full-time vehicle garaging location. I understand and agree that it is my responsibility to report any change of garaging location to the Company within 14 days of the change.

Applicant
Initials _____ * I fully understand and agree that no coverage can be bound unless a premium deposit accompanies this application. If such deposit does accompany this application, coverage is bound no earlier than the time and date the application is signed by both the applicant and agent, as shown below, provided the application is postmarked within 72 hours of that time and date.

Applicant
Initials _____ * I also fully understand and agree that if any premium remittance by me, or on my behalf, is not honored by the Payor (Bank), it will be deemed non-payment of premium and no coverage will have been bound, or afforded under this application and subsequent binder or policy. However, I may be charged a fee by the Company.

Applicant
Initials _____ * I understand and agree that, in the event of a lapse in coverage due to failure to make payment to the Company on any date specified by the Company, any reinstatement of such coverage will reflect the coverages, limits and deductibles in force at the time of lapse of coverage.

Applicant
Initials _____ * I understand and agree that when I have purchased physical damage coverage, damages to stereo and sound producing equipment is limited to a maximum of \$500. I understand that I must purchase special equipment coverage in order to obtain a higher limit of coverage for stereo and sound producing equipment. I also understand that no coverage will exist for equipment that has not been factory installed unless Special Equipment coverage has been purchased.

Applicant
Initials _____ * 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. Insurance law ARH1413

Applicant
Initials _____ * Per AR statute 27-50-908, by acknowledgement and by signature within this document, I hereby grant consent for the Company to obtain a copy of the driving record of all operators of the vehicle for which insurance is being requested. If the record for the rated driver differs from the information provided by me, my premium will be adjusted. I will receive written notice showing the adjusted premium term or a billing for the required premium.

Applicant
Initials _____ * I understand in connection with this application for insurance, the Company may review my credit report or obtain or use a credit based insurance score based on the information contained in that credit report. The Company may use a third party in connection with the development of this insurance score

TOWING AND LABOR COSTS ENDORSEMENT

With respect to **your insured car** for which a premium is shown on the Declarations Page for this coverage, **we** will reimburse **you** for towing and road service costs incurred each time **your insured car** is disabled, up to the amount per disablement, subject to

the maximum aggregate amount, shown on the Declarations Page.

We will pay for labor performed at the place of disablement.

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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 12/18/2008

Comments:

The transmittal explains the changes.

Attachment:

P&C Transmittal AR 02-16-09.pdf

Satisfied -Name: Side by Side - TL1 **Review Status:** Approved 12/18/2008

Comments:

This 'side by side' indicates the changes.

Attachment:

Side by side TL1 (3-08) (10-07 to 3-08).pdf

Satisfied -Name: Informational Only Document **Review Status:** Approved 12/18/2008

Comments:

The attached if for informational purpose only. Advising the state of what is being added to all billing backs.

"If you provide a check as payment, you authorize us to electronically process as a one-time electronic funds transfer. Funds may be withdrawn from your account as soon as the same day we receive your payment. Checks are not returned to you. Call 1-800-334-0090 with questions regarding this process."

Attachment:

EF3500 (11-08) Offer Back.pdf

Satisfied -Name: A1208AR (8/08) **Review Status:** Approved 12/18/2008

Comments:

Attached the A1208AR (8/08) indicating the limits per Ark. Code Ann. 23-89-403(C)(1).

Attachment:

A1208AR Rejection (8-08) final.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	Wisconsin	13137	39-1150917	

5. Company Tracking Number	VIK-02-16-09-Form-AR
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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
	Kay Woods 1125 S. Kiwanis Drive 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 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, (remove if no PIP ->) 21.1000
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 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: 02-16-2009 Renewal: 04-01-2009

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	
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 #	VIK-02-16-09-Form-AR
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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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<p>1. Arkansas Automobile Insurance Application L1101AR (2/09)</p> <ul style="list-style-type: none"> • Replaces previously approved form L1101AR (8/08) • Changes include: <ul style="list-style-type: none"> ▪ Pg. 1 Wording changes for PIP coverages ▪ Pg. 2 Vehicle section; language revised ▪ Pg. 3 Motor Vehicle Record section; language revised ▪ Pg. 4 Removed embedded rejection—now is stand alone form, previously approved, A1208AR (8/08) ▪ Pg. 5 Removed agent remarks <p>2. Towing & Labor Costs Endorsement TL1 (3/08)</p> <ul style="list-style-type: none"> • Replaces previously approved form TL (10/07) • Changes, clarification only, see 'Side by Side 03 08 via Supporting Documentation tab for specific changes <p>3. Back of Billing Notices</p> <ul style="list-style-type: none"> • For informational purpose only. The following will be added to the back of all bills: "If you provide a check as payment, you authorize us to electronically process as a one-time electronic funds transfer. Funds may be withdrawn from your account as soon as the same day we receive your payment. Checks are not returned to you. Call 1-800-334-0090 with questions regarding this process."

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 #: EFT
Amount: \$50.00

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.)**

SIDE BY SIDE POLICY COMPARISON
PERSONAL AUTO POLICY
TOWING AND LABOR ENDORSEMENT

If no language appears in the "REVISED" column, the language in the CURRENT column will remain, unchanged, in the REVISED column.

<u>CURRENT</u>	<u>REVISED</u>	<u>COMMENTS</u>
TL1 (10/07)	TL1 (3/08)	
With respect to your insured car for which a premium is shown on the Declarations Page for this coverage, we will reimburse you for towing and labor costs incurred each time your insured car is disabled, up to the amount per disablement, subject to the maximum aggregate amount, shown on the Declarations Page.	With respect to your insured car for which a premium is shown on the Declarations Page for this coverage, we will reimburse you for towing and road service costs incurred each time your insured car is disabled, up to the amount per disablement, subject to the maximum aggregate amount, shown on the Declarations Page.	"Labor" changed to "road service"
We will only pay for labor performed at the place of disablement.	We will pay for labor performed at the place of disablement.	Removed "only".

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



ARKANSAS REJECTION OF:
Uninsured/Underinsured Motorists and Personal Injury Protection Coverage

Bodily Injury limits available to me are: \$25,000/50,000 or \$50,000/100,000

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 of \$50,000/100,000. My policy will be issued with UM-BI limits as indicated on the application or 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