

SERFF Tracking Number: VANL-125583886 State: Arkansas
Filing Company: Vanliner Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: VL6341 04 08
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Department of Defense Contracts - VL6341 04 08
Project Name/Number: Department of Defense Contracts - VL6341 04 08/VL6341 04 08

Filing at a Glance

Company: Vanliner Insurance Company

Product Name: Department of Defense
Contracts - VL6341 04 08

TOI: 09.0 Inland Marine

Sub-TOI: 09.0000 Inland Marine Sub-TOI
Combinations

Filing Type: Form

SERFF Tr Num: VANL-125583886 State: Arkansas

SERFF Status: Closed

Co Tr Num: VL6341 04 08

Co Status:

Author: Tina Kampwerth

Date Submitted: 03/28/2008

State Tr Num: EFT \$50

State Status: Fees verified and
received

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

Disposition Date: 04/07/2008

Disposition Status: Approved

Effective Date Requested (New): 05/01/2008

Effective Date Requested (Renewal): 05/01/2008

Effective Date (New): 05/01/2008

Effective Date (Renewal):
05/01/2008

State Filing Description:

General Information

Project Name: Department of Defense Contracts - VL6341 04 08

Project Number: VL6341 04 08

Reference Organization:

Reference Title:

Filing Status Changed: 04/07/2008

State Status Changed: 04/07/2008

Corresponding Filing Tracking Number:

Filing Description:

Please accept filing for approval of the attached endorsement. The new Replacement Cost Program for the military became effective 3/1/08. This has increased Vanliner's exposure from \$1.25 per pound up to \$4.00 per pound. Due to this change, Vanliner needs to limit this additional exposure through the use of higher deductibles as the endorsement describes. Vanliner Insurance Company would like to begin using this on all Inland Marine – Movers and Warehousemen's Endorsements effective 5/1/08, this includes endorsing some policies mid-term.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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Company and Contact

Filing Contact Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Arkansas filing fee - \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Vanliner Insurance Company	\$50.00	03/28/2008	19089370

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/07/2008	04/07/2008

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Disposition

Disposition Date: 04/07/2008

Effective Date (New): 05/01/2008

Effective Date (Renewal): 05/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: VANL-125583886 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Department of Defense Contracts Deductible Endorsement	VL6341	04 08	Endorsement/Amendment/Conditions New			VL6341 04 08.pdf

VANLINER INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MOVERS' AND WAREHOUSEMEN'S LEGAL LIABILITY POLICY

DEPARTMENT OF DEFENSE CONTRACTS DEDUCTIBLE ENDORSEMENT

(The attaching clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

ENDORSEMENT

Effective Date <div style="text-align: right; margin-right: 50px;">At 12:01 A.M. Standard Time</div>	Policy Number
Named "Insured"	Countersigned by

(Authorized Representative)

It is hereby understood and agreed that a deductible equal to the greater of \$2,500, or the applicable coverage deductible as currently shown on your Movers' and Warehousemen's Legal Liability policy, shall apply to any and all sums that the "Insured" shall become legally obligated to pay as "damages" assumed by the "Insured" under any Department of Defense contract.

All other terms and conditions of the policy remain unchanged.

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 04/07/2008

Comments:

Please accept this letter and the attachments for approval of the above referenced endorsement. The new Replacement Cost Program for the military became effective 3/1/08. This has increased Vanliner's exposure from \$1.25 per pound up to \$4.00 per pound. Due to this change, Vanliner needs to limit this additional exposure through the use of higher deductibles as the endorsement describes. Vanliner Insurance Company would like to begin using this on all Inland Marine – Movers and Warehousemen's Endorsements effective 5/1/08, this includes endorsing some policies mid-term.

Attachments:

AR ltr.pdf
P and C.pdf



March 28, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

RE: Vanliner Insurance Company
NAIC: 000-21172
Federal Employer ID #86-0114294
Department of Defense Contracts Deductible Endorsement – VL6341 04 08
Proposed Effective Date – 05/01/2008

Dear Ms. Bowman:

Please accept this letter and the attachments for approval of the above referenced endorsement. The new Replacement Cost Program for the military became effective 3/1/08. This has increased Vanliner's exposure from \$1.25 per pound up to \$4.00 per pound. Due to this change, Vanliner needs to limit this additional exposure through the use of higher deductibles as the endorsement describes. Vanliner Insurance Company would like to begin using this on all Inland Marine – Movers and Warehousemen's Endorsements effective 5/1/08, this includes endorsing some policies mid-term.

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

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	

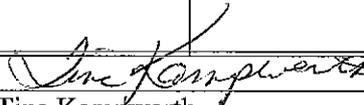
3. Group Name	Group NAIC #

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

5. Company Tracking Number	VL6341 04 08
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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)	Inland Marine Forms
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: 5/1/2008 Renewal: 5/1/2008
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	3/28/2008
19. Status of filing in domicile	<input 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 #	VL6341 04 08
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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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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 #:	n/a
Amount:	n/a

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.)**

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 #		VL6341 04 08		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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	Department of Defense Contracts Deductible Endorsement	VL6341 04 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input checked="" 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		