

SERFF Tracking Number: VANL-125642562 State: Arkansas
Filing Company: Vanliner Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR PKG 0708
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Arkansas Commercial Package New Program Filing
Project Name/Number: Arkansas Commercial Package New Program Filing/ARK PKG 0708

Filing at a Glance

Company: Vanliner Insurance Company

Product Name: Arkansas Commercial Package SERFF Tr Num: VANL-125642562 State: Arkansas

New Program Filing

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 05.0003 Commercial Package Co Tr Num: AR PKG 0708 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Tina Kampwerth
Date Submitted: 05/11/2008 Disposition Date: 05/15/2008
Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date Requested (Renewal): 07/01/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):
07/01/2008

State Filing Description:

General Information

Project Name: Arkansas Commercial Package New Program Filing

Project Number: ARK PKG 0708

Reference Organization:

Reference Title:

Filing Status Changed: 05/15/2008

State Status Changed: 05/15/2008

Corresponding Filing Tracking Number:

Filing Description:

Arkansas Commercial Package New Program Filing

Status of Filing in Domicile: Authorized

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? Yes
 Fee Explanation: MO - State of domicile - \$50/filing fee
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Vanliner Insurance Company	\$50.00	05/11/2008	20261566

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/15/2008	05/15/2008

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Disposition

Disposition Date: 05/15/2008

Effective Date (New): 07/01/2008

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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	Commercial Package Declaration Page	Approved	Yes
Form	Privacy Policy	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Package Declaration Page 0	VIC CPPDEC0	0708	Declaration New s/Schedule			COMMERCIAL PACKAGE DEC PAGE.pdf
Approved	Privacy Policy	14344	0601	Endorsement/Amendment/Conditions			PRIVACY POLICY.pdf

Vanliner Insurance Company

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

COMMERCIAL PACKAGE

Policy Number	Policy Period From	To

12:01 A.M. Standard Time at the described location

Transaction		
Named Insured and Address	Agent	
	Telephone: 636-343-9889	
Business Description	Type of Business	Audit Period

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.

	PREMIUM
Commercial Property Coverage Part	\$
Commercial General Liability Coverage Part	\$
Commercial Crime Coverage Part	\$
Commercial Inland Marine Coverage Part	\$
Boiler and Machinery Coverage Part	\$
Commercial Auto Coverage Part	\$
Total	\$
POLICY PREMIUM	\$
TAXES AND SURCHARGES	\$

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 CPPDEC00 07 08

Vanliner Insurance Company

One Premier Drive
St. Louis, MO 63026

FORM INVENTORY SCHEDULE

Policy Number:
Named Insured:
Agent:

FORMS INVENTORY

PRIVACY POLICY

A. INTRODUCTION

We are sending this Privacy Policy to explain how Vanliner Group, Inc., Vanliner Insurance Company and TransProtection Service Company (hereinafter referred to as Vanliner) handle and protect personal information about you. Be assured that at Vanliner, keeping personal information secure is a priority. This Privacy Policy will explain how we utilize personal information, including the possible disclosure of that information to third parties.

At Vanliner, we strive to meet your expectations for privacy while still managing information to properly conduct our business and to serve you to our fullest potential. There are occasions when information must be disclosed to fulfill your requests, to deliver products and services, to administer and update policies and to comply with laws and regulations. Keep in mind that information sharing can be very important for meeting your needs and providing you with excellent and consistent quality service.

Please take a few minutes to review the contents of this brochure. If you have any questions concerning this Privacy Policy and how it may affect you, please write us at: One Premier Drive, Fenton, MO 63026.

B. INFORMATION SECURITY IS A PRIORITY

The security of personal information is one of Vanliner priorities. You may be assured that we regularly review our security practices to protect against unauthorized access to information. We restrict access to your personal information to those employees who need to know that information in the course of performing their jobs. We maintain physical, electronic and procedural safeguards that further protect your personal information.

C. PERSONAL INFORMATION COVERED BY THIS PRIVACY POLICY

Our Privacy Policy applies to all personal information that is obtained by Vanliner in connection with providing insurance coverage. Specifically, this includes individually identifiable information about your character, habits, finances, occupation, general reputation, credit, health, or other personal characteristics, including your name, address and medical information.

D. PERSONAL INFORMATION WE COLLECT

In order to properly serve you and to effectively and efficiently operate, we collect certain types of personal information about you, which may come from the following sources:

1. Information that you provide us, whether on applications, forms, in writing, over the telephone, electronically or by other means. This information may include your name, address, employment information, financial information, and claim information. It may also include health information such as individual medical records or information about an illness, disability or injury. This information could concern your application for an insurance policy or your utilization of an existing insurance policy, either through the claims process or otherwise.

2. Information that we receive from other sources about you. This may include information received from your employer, your health care providers and other third parties. Again, the information received from other sources may include individual medical records or information about an illness, disability or injury. This information could concern your application for an insurance policy or your utilization of an existing insurance policy, either through the claims process or otherwise. Note that information obtained from a report by an insurance support organization may be retained by that organization and disclosed to other persons.
3. Information that we receive from public sources, which may include telephone numbers, addresses, court records or other public records.

At Vanliner, we do not disclose personal information except as permitted or required by law.

E. TYPES OF INFORMATION DISCLOSURE DONE BY VANLINER

(1.) DISCLOSURE WITHIN THE VANLINER AFFILIATED FAMILY

We may disclose personal information to our affiliates in accordance with law.

(2.) DISCLOSURE TO NON - AFFILIATED THIRD PARTIES

To serve you and to properly administer our business, we may also disclose personal information to non-affiliated third parties, including other insurance companies, agents, brokers, administrators and service providers. We may also disclose personal information to non-affiliated third parties who are assisting us by performing services or functions, such as marketing our products and services, conducting surveys or performing audits.

(3.) OTHER INFORMATION DISCLOSURE

We may disclose personal information to companies or organizations outside the Vanliner family as required or permitted by law. For example, we may disclose personal information as required to respond to a subpoena, to respond to insurance regulatory authorities, or to service your policy.

F. PERMITTED DISCLOSURES OF PERSONAL INFORMATION

Vanliner is permitted by law to disclose some personal information obtained in connection with an insurance transaction without your prior authorization. Such permitted disclosures could occur in the context of claims adjusting, van line qualification or when revising or changing an agency contract. These permitted disclosures include:

- a. Disclosure to a third party other than an insurance institution, agent or insurance support organization if reasonably necessary for that person to perform a business, professional or insurance function for Vanliner and that person agrees not to further disclose the personal information without your written authorization. (However, further disclosure without your written authorization is permitted if it is reasonably necessary for the business, professional or insurance function that person is performing for Vanliner or if further disclosure would be permissible if made by an insurance institution, agent or insurance support organization.)

- b. Disclosure to a third party other than an insurance institution, agent or insurance support organization which enables the third party to provide Vanliner information it requires to determine your eligibility for an insurance benefit or payment.
- c. Disclosure to a third party other than an insurance institution, agent or insurance support organization for the purpose of detecting or preventing criminal activity, fraud, material misrepresentation or material nondisclosure in connection with an insurance transaction.
- d. Disclosure to an insurance institution, agent, insurance support organization or self-insurer if the information is reasonably necessary to detect or prevent criminal activity, fraud, material misrepresentation or material nondisclosure concerning an insurance transaction.
- e. Disclosure to an insurance institution, agent, insurance support organization or self-insurer if the information is reasonably necessary for either Vanliner or the other party receiving the information to perform their job with regards to an insurance transaction.
- f. Disclosure to a medical professional or medical institution to verify insurance coverage or benefits, informing an individual of a medical problem of which they may be unaware, or conducting operations audit or service audit. However, Vanliner is limited to only disclose enough information reasonably needed to accomplish these purposes.
- g. Disclosure to an insurance regulatory authority.
- h. Disclosure to a law enforcement or related governmental authority to protect Vanliner interests in preventing or prosecuting fraud or if Vanliner reasonably believes you may have broken the law in some other way.
- i. Disclosure to conduct actuarial or research studies provided no individual information is identified in the actuarial or research report. Materials which identify you must be returned to Vanliner or destroyed when no longer needed. The actuarial or research institution must agree not to further disclose the information unless further disclosure would be permitted if done by an insurance institution, agent or insurance support organization.
- j. Disclosure to a person or business for the sole purpose of marketing a product or service as long as no medical information is disclosed. Further, personal information concerning your character, personal habits, general reputation, mode of living or a classification derived from the information may not be disclosed. Further, an opportunity must be given for you to tell us you do not want personal information disclosed for this purpose and have not done so.
- k. Disclosure to an affiliate who will use the information in auditing Vanliner.
- l. Disclosure of nonmedical personal information to an affiliate who will use the information in marketing an insurance product or service. The affiliate must agree not to further disclose the information. Medical information may be disclosed for this purpose only with your written permission.
- m. Disclosure to a group insurance policyholder to report claims experience or audit Vanliner services. Only information reasonably needed for this review or audit may be disclosed.

- n. Disclosure pursuant to your written authorization.
- o. Disclosure pursuant to your written authorization but submitted by another insurance institution, agent or insurance support organization, if this authorization meets legal guidelines imposed on the insurance industry.
- p. Disclosure pursuant to a written authorization signed by you but submitted by someone other than that noted in subsection (o.) immediately above, if this authorization is dated and disclosure is sought within one year of the authorization date .

G. YOUR PRIVACY OPTIONS

For Vanliner to obtain additional personal information other than that listed previously, we need your prior authorization.

For Vanliner to disclose personal information other than that listed previously, we also need your authorization.

H. ACCESS TO PERSONAL INFORMATION

If you request in writing access to specific and reasonably retrievable personal information about yourself, and you have identified yourself in such a way so that we believe no unauthorized party is fraudulently attempting to review your personal information we, or another entity authorized to act on our behalf, will:

- (1) Inform you of the nature and substance of the requested personal information. We may do this in writing, by telephone or by another means of communication.
- (2) Allow you to personally inspect and copy the requested personal information or send to you via U.S. Mail a copy of the requested personal information. We may charge a reasonable fee for this service, and we may employ an insurance support organization to perform the copying and requested disclosure of your personal information.
- (3) Tell you to whom Vanliner has disclosed the requested personal information in the preceding two (2) years. If this is not discernible, we will tell you who normally would receive this type of information.
- (4) Tell you from where Vanliner obtained the requested personal information if from an institutional source.
- (5) Provide to you a summary of the procedures used to correct, amend or delete the requested personal information.

** Note: If the information you request is medical information which has been supplied to Vanliner by a medical professional or institution, we may give the information and the source of the information either directly to you or to a medical professional designated by you if this medical professional is licensed to provide medical care with respect to the medical condition to which the personal information relates. If we choose to provide the information to your designated medical professional, we will give you notice the requested information has been so disclosed.

** Note: The rights of access noted within this section only apply to information concerning natural persons which has been collected and maintained in connection with an insurance transaction. This section does not apply to personal information collected concerning possible or existing claims, civil proceedings or criminal proceedings.

I. CORRECTION OF PERSONAL INFORMATION

If you request in writing that we correct, amend or delete specific personal information about you that we have in our possession, we will:

- (1) Correct, amend or delete the personal information as requested. If we do this, we will notify you in writing of the change. We will also send notice of the correction, amendment or deletion to:
 - a. any person you designate who may have received this particular information within the preceding two years,
 - b. any insurance support organization that mainly receives personal information from insurance institutions if this support organization has been provided the prior version of the personal information within the preceding seven (7) years and if this support organization currently maintains recorded personal information about you,
 - c. any insurance support organization that furnished to Vanliner the information which has now been corrected, amended or deleted.

- (2) Notify you in writing of our refusal to correct, amend or delete the personal information within Vanliner possession, explain to you the reasons for this refusal, and inform you of your right to file with Vanliner a concise statement clearly illustrating what you believe is the correct information and why you disagree with Vanliner refusal to correct, amend or delete certain information. If you file such a statement, Vanliner shall:
 - a. file the statement along with the disputed personal information and make the statement available to those seeking access to the disputed personal information,
 - b. when subsequently disclosing the disputed personal information, clearly identify the disputed matter and provide your statement along with the disputed personal information,
 - c. provide your statement to any person you designate who may have received this particular information within the preceding two (2) years,
 - d. provide your statement to any insurance support organization that mainly receives personal information from insurance institutions if this support organization has been provided the disputed personal information within the preceding seven (7) years and if this support organization currently maintains recorded personal information about you,
 - e. provide your statement to any insurance support organization that furnished to Vanliner the disputed information.

** Note: The rights discussed in this section apply to information concerning natural persons which has been collected and maintained in connection with an insurance transaction. This section does not apply to personal information collected concerning possible or existing claims, civil proceedings or criminal proceedings.

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Liability
Product Name: Arkansas Commercial Package New Program Filing
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Rate Information

Rate data does NOT apply to filing.

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Liability
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 05/15/2008

Comments:

Please note, this filing is for the forms, however, I will file separately for the rate and rule.

Thank you!

Attachments:

AR PKG P & C.pdf

AR PKG P & C.pdf

ARK PKG ltr.pdf

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

1. Reserved for Insurance Dept. Use Only

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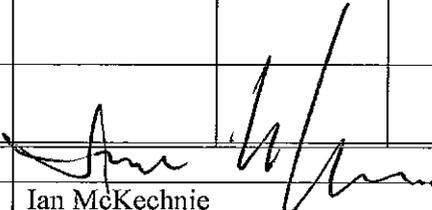
2. Insurance Department Use only

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	AR PKG 0708
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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 Ian McKechnie	Chief Actuary, Director of Industry Compliance	800-325-3619 ext. 4793	636-305- 4270	Ian_McKechnie@UniGroupinc.com
7.	Signature of authorized filer 				
8.	Please print name of authorized filer Ian McKechnie				

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

9. Type of Insurance (TOI)	5.0003
10. Sub-Type of Insurance (Sub-TOI)	5.0003
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	AR PKG 0708
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" 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: 7/1/2008 Renewal: 7/1/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	I.S.O
17. Reference Organization # & Title	Division Nine – Multiple Line – Commercial Package Policy ML-2007-RLA1, RP-2001-RIR01
18. Company's Date of Filing	4/21/2008

19. Status of filing in domicile	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending	<input type="checkbox"/> Authorized	<input type="checkbox"/> Disapproved
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PC TD-1 pg 1 of 2

Property & Casualty Transmittal Document---

20.	This filing transmittal is part of Company Tracking #	AR PGK 0708
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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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Vanliner Insurance Company hereby files to adopt ISO Commercial Lines – Division Nine – Multiple Line – Commercial Package Policy as a new program. Vanliner is requesting an implementation date of July 1, 2008.

Also with this filing is the declaration page, VIC CPPDEC00 07 08, which is being filed for approval.

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 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 #	AR PKG 0708			
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	Commercial Package Declaration Page	VIC CPPDEC00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Privacy Policy	14344 0601	<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		

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

1. Reserved for Insurance Dept. Use Only

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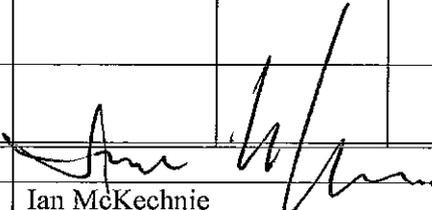
2. Insurance Department Use only

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 #
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Vanliner Insurance Company	MO	21172	86-0114294	

5. Company Tracking Number	AR PKG 0708
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6.	Name and address	Title	Telephone #s	Fax #	e-mail
	Vanliner Insurance Company Ian McKechnie	Chief Actuary, Director of Industry Compliance	800-325-3619 ext. 4793	636-305- 4270	Ian_McKechnie@UniGroupinc.com
7.	Signature of authorized filer 				
8.	Please print name of authorized filer Ian McKechnie				

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

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10. Sub-Type of Insurance (Sub-TOI)	5.0003
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
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14. Effective Date(s) Requested	New: 7/1/2008 Renewal: 7/1/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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17. Reference Organization # & Title	Division Nine – Multiple Line – Commercial Package Policy ML-2007-RLA1, RP-2001-RIR01
18. Company's Date of Filing	4/21/2008

19. Status of filing in domicile	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending	<input type="checkbox"/> Authorized	<input type="checkbox"/> Disapproved
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PC TD-1 pg 1 of 2

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02	Privacy Policy	14344 0601	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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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		



April 30, 2008

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

RE: Vanliner Insurance Company
Commercial Lines
Division Nine – Multiple Line – Commercial Package Policy
NAIC: 000-21172
Federal Employer ID #86-0114294
Proposed Effective Date: July 1, 2008

Dear Honorable Bowman:

Vanliner Insurance Company hereby files to adopt ISO Commercial Lines – Division Nine – Multiple Line – Commercial Package Policy as a new program. Vanliner is requesting an implementation date of July 1, 2008.

Should you have any questions or require additional information, please call me at 800-325-3619 extension 4793 or e-mail me at Ian_McKechnie@unigroupinc.com.

Sincerely,

Ian McKechnie
Chief Actuary, Director of Industry Compliance

Enc.

IM/tk

Enc.