

SERFF Tracking Number: VANL-125642563 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-125642563 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: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Tina Kampwerth Disposition Date: 05/14/2008
Date Submitted: 05/11/2008 Disposition Status: Exempt from Review

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: 05/14/2008

State Status Changed: 05/14/2008

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
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Vanliner Insurance Company	\$50.00	05/11/2008	20261567

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	05/14/2008	05/14/2008

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Disposition

Disposition Date: 05/14/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal): 07/01/2008

Status: Exempt from Review

Comment:

This line is exempt from filing rates/rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rates/rules filing and review requirements.

Rate data does NOT apply to filing.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Supporting Information **Review Status:** Accepted for Informational 05/14/2008
Purposes

Comments:

Please note this filing is for the adoption of the ISO rates and rules for the Commercial Package Line

Thank you!

Attachments:

AR PKG Filing Memor.pdf

AR PKG P & C.pdf

ARK PKG ltr.pdf

Explanatory Memorandum

The Vanliner Insurance Company (Vanliner) hereby files rates, rules and forms and the attached Vanliner declaration pages to support its entry into writing Commercial Package Policies for moving and storage companies. This filing is for Commercial Package. Vanliner is an ISO subscriber for Commercial Package and is adopting the entire ISO Commercial Package program (rules, rates and forms) with minimal or no changes and additions. This filing is also to obtain approval of Vanliner's Declaration Pages and Privacy Act, as attached to this filing.

Proposed Effective Date

The following effective date rule is proposed:

“These rates, rules and forms will be used for policies effective on or after July 1, 2008.”

If approval is not received by the proposed effective date, these changes will become effective upon approval.

Vanliner Insurance Company

The Vanliner Insurance Company (NAIC # 21172) is a commercial lines insurer specializing in the moving and storage industry, Vanliner's state of domicile is Missouri. Vanliner has received an A- rating with a Stable outlook from A.M. Best.

Modification Factor

Upon approval, Vanliner will be using ISO's Package Modification Factors to rate the commercial package policies, as outlined in ISO's rules.

State Filing Forms

A complete set of state filing forms is attached.

Person to Contact

If there any questions about this filing please contact the following:

Ian McKechnie
Chief Actuary and Director of Industry Compliance
(636) 305-4793 or (800) 325-3619 ext 4793
Ian_McKechnie@unigroupinc.com

Vanliner Insurance Company
Arkansas Commercial Lines Manual
Division Nine – Multiple Line – Commercial Package Policy
ISO / Bureau Reference Filing Numbers

Manualholder Notice	Filing Reference #
Multistate:	
MLCP-MU-2005-RU-001	ML-2004-0RU04
MLCP-MU-1998-RU-001	CP-97-O97RU
MLCP-MU-2002-IRPM-001	RP-2001-RIR01
Arkansas	
MLCP-AR-2008-RU-001	ML-2007-RLA1
MLCP-AR-2002-IRPM-001	RP-2001-RIR01

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

1. Reserved for Insurance Dept. Use Only

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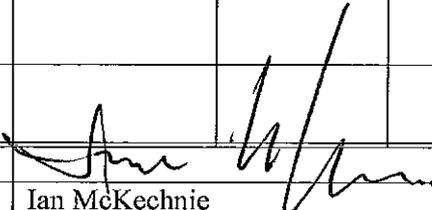
2. Insurance Department Use only

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]
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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 <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	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		



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.