

SERFF Tracking Number: VANL-125641871 State: Arkansas
Filing Company: Vanliner Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: GL 0708
TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2003 Commercial Package
Only
Product Name: General Liability Rate/Rule/Form Filing
Project Name/Number: General Liability Rate/Rule/Form Filing/GL 0708

Filing at a Glance

Company: Vanliner Insurance Company
Product Name: General Liability Rate/Rule/Form Filing SERFF Tr Num: VANL-125641871 State: Arkansas
TOI: 05.2 Commercial Multi-Peril - Liability Portion Only SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 05.2003 Commercial Package Co Tr Num: GL 0708 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Author: Tina Kampwerth Disposition Date: 06/12/2008
Date Submitted: 06/09/2008 Disposition Status: Approved
Effective Date Requested (New): 07/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 07/01/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: General Liability Rate/Rule/Form Filing Status of Filing in Domicile:
Project Number: GL 0708 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 06/12/2008 Deemer Date:
State Status Changed: 06/12/2008
Corresponding Filing Tracking Number:
Filing Description:
Vanliner Insurance Company hereby files to adopt ISO Commercial Lines - Division Six - General Liability revised Program. Vanliner is requesting an implementation date of July 1, 2008

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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: AR - Form Filing = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Vanliner Insurance Company	\$50.00	06/09/2008	20733614

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	06/12/2008	06/12/2008

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Disposition

Disposition Date: 06/12/2008

Effective Date (New):

Effective Date (Renewal):

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	General Liability Declarations	Approved	Yes
Form	Supplemental Application for Property and General Liability	Approved	Yes
Form	Manuscript Endorsement	Approved	Yes
Form	Animal Actions Exclusion	Approved	Yes
Form	Section IV - Commercial General Liability Conditions	Approved	Yes
Form	Lead Liability Exclusion	Approved	Yes
Form	Asbestos Exclusion	Approved	Yes
Form	Exclusion of Prior Incident(s) and Prior Construction Defects	Approved	Yes
Form	Blanket Additional Insured Endorsement - Commercial General Liability Coverage Part	Approved	Yes
Form	Mold Exclusion	Approved	Yes
Form	Punitive Damages Exclusion	Approved	Yes
Form	Limitation of Coverage to Specific Business Activity	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	General Liability Declarations	VIC GLDEC00	07 08	Declaration New s/Schedule			VIC GLDEC00 0708 GL Declaration .pdf
Approved	Supplemental Application for Property and General Liability	VL9326	07 08	Endorsement New nt/Amendment/Conditions			VL9326 0708 Supplemental Application.p df
Approved	Manuscript Endorsement	VL0000	08 89	Endorsement New nt/Amendment/Conditions			VL0000 08 89 Script Endorsemen t.pdf
Approved	Animal Actions Exclusion	VL5035	07 08	Endorsement New nt/Amendment/Conditions			VL5035 07 08 Animal Exclusion.pd f
Approved	Section IV - Commercial General Liability Conditions	VL5036	07 08	Endorsement New nt/Amendment/Conditions			VL5036 07 08 Supplment to Section IV.pdf
Approved	Lead Liability Exclusion	VL5037	07 08	Endorsement New nt/Amendment/Conditions			VL5037 0708 Lead Exclusion.pd f
Approved	Asbestos Exclusion	VL5038	07 08	Endorsement New nt/Amendment/Conditions			VL5038 0708 Asbestos Exclusion.pd

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Approval	Description	Policy No.	Effective Date	Endorsement/Condition	File Name
Approved	Exclusion of Prior Incident(s) and Prior Construction Defects	VL5039	07 08	Endorsement/Amendment/Conditions	VL5039 0708 Exclusion of Prior Incidents.pdf
Approved	Blanket Additional Insured Endorsement - Commercial General Liability Coverage Part	VL5040	07 08	Endorsement/Amendment/Conditions	VL5040 Blanket Additional Insured Endorsement.pdf
Approved	Mold Exclusion	VL5042	07 08	Endorsement/Amendment/Conditions	VL5042 07 08 Mold Exclusion.pdf
Approved	Punitive Damages Exclusion	VL5043	07 08	Endorsement/Amendment/Conditions	VL5043 0708 Punitive damages exclusion.pdf
Approved	Limitation of Coverage to Specific Business Activity	VL5044	07 08	Endorsement/Amendment/Conditions	VL5044 0708 Limitation of coverage to designated business.pdf
Approved	Privacy Policy	14344	06 01	Other New	Doc. No. 14344 Privacy Policy.pdf

Vanliner Insurance Company

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

GENERAL LIABILITY DECLARATIONS

Policy Number	Policy Period From	To

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

Transaction		
Named Insured and Address		Agent
Business Description	Form 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.

LIMITS OF INSURANCE

General Aggregate Limit (Other than Products-Completed Operations)	\$
Products - Completed Operations Aggregate Limit	\$
Each Occurrence Limit	\$
Personal and Advertising Injury Limit	\$
Medical Expense Limit, any one person	\$
Fire Damage Limit, any one fire	\$

LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

Refer to attached schedule.

CLASSIFICATIONS

Refer to attached Commercial General Liability Classification Schedule

COMMERCIAL GENERAL LIABILITY SUMMARY OF CHARGES:	POLICY PREMIUM	\$
	DEPOSIT PREMIUM	\$
	TAXES AND SURCHARGES	\$
	TOTAL DEPOSIT PREMIUM	\$

Forms and Endorsements Applicable to this Policy
See Attached Forms Inventory

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 GLDEC00 07 08

Vanliner Insurance Company

One Premier Drive
St. Louis, MO 63026

GENERAL LIABILITY DECLARATIONS

Policy Number:
Named Insured:
Agent:

COMMERCIAL GENERAL LIABILITY CLASSIFICATION SCHEDULE

Summary of Activity by Location

Vanliner Insurance Company

One Premier Drive
St. Louis, MO 63026

GENERAL LIABILITY DECLARATIONS

Policy Number:
Named Insured:
Agent:

LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

Vanliner Insurance Company

One Premier Drive
St. Louis, MO 63026

FORM INVENTORY SCHEDULE

Policy Number:
Named Insured:
Agent:

FORMS INVENTORY

VANLINER INSURANCE COMPANY
SUPPLEMENTAL APPLICATION FOR PROPERTY AND GENERAL LIABILITY

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH WAREHOUSE LOCATION

Location _____

Hours of Operation _____

OPERATION

1. What percent of total receipts are from: Household moving _____% Commercial moving (other than HHG tariff) _____%
2. Are empty wood pallets stored in areas away from warehoused goods? Yes No
3. Are criminal background checks performed on all employees upon hire? Yes No
4. Does the Insured have monthly / quarterly safety meetings with all employees and part time workers? Yes No
Are all new employees and part time Workers advised of safety protocol during any orientation of new Workers? Yes No
5. Does the Insured document all safety meetings and procedures discussed with employees and part time workers? Yes No
Are all employees and part time workers required to sign a document, which states that they have received safety training and understand the rules? Yes No
6. What types of items will be accepted for storage in the warehouse? Include items in space leased to others, too. Check all that apply and describe in more detail all items marked with a *, and list anything else not shown in the space provided:
 - Household Goods Office Furniture & Fixtures Retail Furniture (Stock) Refrigerated Goods Chemicals* Rolled Paper* Paper Files in Boxes Industrial or Construction Equipment* Computers and Related Equipment Plastic Goods* Packing Materials Propane or other Fuels* Ammunition, Fireworks or other Explosives*
 - Class I – Noncombustible products on combustible pallets, in corrugated cartons or in paper wrappings
 - Class II Products – Class I products in slatted wooden crates or boxes, multiple-thickness paperboard cartons, or other combustible packaging
 - Class III*-- Wood, paper, natural fiber cloth and a limited amount of plastics
 - Unexpanded & Expanded Plastics* -- Unexpanded plastics are solid high-density products; expanded plastics are generally low-density “foam” products. Generally, the heat release rate for expanded plastics is greater than for unexpanded plastics.
 - Class IV* -- Classes I, II or III products containing no more than 25% by volume of expanded plastic, or 15% by weight of unexpanded plastic in the product and/or packaging.
 - Class I Flammable Liquids – Flash points below 100° F (such as alcohol, octane, turpentine)
 - Class II Flammable Liquids – Flash points at or above 100° F and below 140° F (such as kerosene, mineral spirits)
 - Class IIIA Flammable Liquids – Flash points at or above 140° F and below 200° F (like nitrobenzene, pine oil)
 - Class IIIB Flammable Liquids – Flash points at or above 200° F (such as animal & vegetable oils, ethylene glycol)
 - Level I Aerosols – Products containing more than 75% water
 - Level II Aerosols – Water-miscible products and products composed of 25 – 55% non-water-miscible flammable components
 - Level III Aerosols – Non-water-miscible products containing more than 55% of non-water-miscible flammable component
 - Other (list all): _____
7. Does the insured perform rigging? Yes No
If yes, please complete the Rigging Section of this supplemental.
8. Does the insured do any cold storage? Yes No
9. Does the insured use trailers or temporary storage “pods”? Yes No
If yes, please list each with its value on the property application. Yes No
10. Does anyone at your premises do any heat activated shrink-wrapping? Yes No
If yes, is the area for this operation completely separated from storage areas by walls? Yes No

VANLINER INSURANCE COMPANY
SUPPLEMENTAL APPLICATION FOR PROPERTY AND GENERAL LIABILITY

LIABILITY

1. Are there any unusual exposures adjacent to your building? (Example: Machine shop, welding shop, factory) Yes No
If so, indicate building number, describe the exposure, its location and distance from your building: _____

2. Do any other companies (not affiliated with yours) occupy part of your building? Yes No
If so, please list the location number, and describe the occupancy and its operations.

3. Does the insured lease warehouse space to others? Yes No
If yes, is a certificate of insurance required naming the insured as an additional insured on the tenant's
policy(ies)? Yes No
What is/are the tenant's business(es) _____
4. Does the insured own any other business or any rental properties? Yes No
If yes, please provide a complete description of all businesses or rental properties, including who insures them:

5. Is the warehouse ever used for warehouse sales? Yes No
If not operated by the insured, is a certificate of insurance required naming the insured as an additional insured on the operator's
policy(ies)? Yes No
If yes, also provide details about the frequency, what is being sold, how many people usually attend the sales, how is parking
controlled and who operates and sponsors the sales:

6. Does the insured install and/or hook up appliances for customers? Yes No
If yes, is the installer trained in appliance installation and/or hook up? Yes No
Is there a quality control procedure in place to prevent losses from incorrect installations and hook ups? Yes No
7. Does the insured use any third party facilities for overflow storage? Yes No
If yes, do they get a certificate of insurance from the third party facility? Yes No
8. Does the insured sell boxes and/or packaging materials? Yes No
If yes, do they always instruct the customers about proper use of the materials? Yes No
Sales \$ _____
9. Does anyone at your premises manufacture crates? Yes No
If yes, are they made of: Wood or Plastic or Other (describe) _____
If yes, is there a quality control procedure in place to assure no splinters or protrusions exist? Yes No
10. Does the insured set up &/or install exhibits and/or booths at conventions or trade shows? Yes No
If yes, list the annual payroll applicable to this operations: \$ _____
If yes, is there a quality control procedure in place? Yes No
11. Does the insured set up &/or install office or retail furniture, fixtures or built-ins like cubicles, etc? Yes No
If yes, list the annual payroll applicable to this operation: \$ _____
If yes, is there a quality control procedure in place? Yes No

VANLINER INSURANCE COMPANY
SUPPLEMENTAL APPLICATION FOR PROPERTY AND GENERAL LIABILITY

12. Do all forklift operators receive formal training? Yes No
If no, describe training provided:

13. Are forklifts equipped with the following: Yes No
Backing alarms? Yes No
Lights? Yes No

14. In multi-story warehouses over 20 years old, is the insured aware of floor load limitations to prevent collapse? Yes No

RACK STORAGE

1. Do you utilize racking for storage of goods or products? Yes No
If Yes, how are racks attached? Permanent to Floor or Walls
 Moveable

2. Are double deep storage configurations used? (i.e. when pallets are stacked two per space with one in front of another) Yes No

3. Are lower storage racks protected from lift truck damage? Yes No
If yes, indicate protection: structural nose guards high impact-resistant frames rack guarding
 other (describe)

4. Are storage racks inspected after every collision with a lift truck?: Yes No
Are records kept of all collisions? Yes No

5. Please indicate type of storage and maximum heights for each:
 Bulk _____ ft.
 Solid Piling _____ ft.
 Palletized Pile _____ ft.
 Rack _____ ft.

6. Are rack loads in compliance with standards recommended by the rack manufacturers? Yes No

7. Does the Insured store large pieces of furniture on elevated storage racks, which are higher than 6 feet tall? Yes No
If so, how are the pieces of furniture lifted to each shelf? Yes No

Does the Insured attach a furniture platform with safety rails (aka a "cage") to forklifts for all elevated placements? Yes No

Are workers always required to use the "cage" for elevated placements? Yes No

Are strict rules against workers climbing on the elevated storage racks in place? Yes No

PROTECTION

1. Is smoking allowed in the warehouse? Yes No
If yes, explain the smoking policy and how smoking materials are disposed of: _____

2. Have any of the buildings been vacant for a period of time? Yes No
If yes, please describe length of vacancy and circumstances.

3. If the building is sprinklered:
Is the sprinkler system an ESFR (Early Suppression Fast Response) system? Yes No
Are in-rack sprinkler heads installed? Yes No

Is the system designed for the highest fire load that could be in the warehouse? Yes No

Is there at least 18 inches of clearance below all sprinkler heads? Yes No

Is the system inspected and tested at least annually by a qualified sprinkler inspector? Yes No

4. Is there clear access to all fire extinguishers and fire alarms? Yes No

5a. Is the warehouse protected by security guards? Yes No

If yes, are they armed? Yes No

Are they Employees of the insured or Independent Contractors?

VANLINER INSURANCE COMPANY
SUPPLEMENTAL APPLICATION FOR PROPERTY AND GENERAL LIABILITY

- Do independent contractors provide the insured with certificates of insurance? Yes No
- 5b. Are the premises surrounded by fencing? Yes No
If yes, are the gates secured against unauthorized access? Yes No
Is there an outside perimeter surveillance system in place? Yes No
6. Do firewalls separate shipping areas, garages, machine shops & boiler rooms from the rest of the facility? Yes No
7. Are flammables and combustibles (including aerosols) stored separately from the rest of the warehoused goods? Yes No
8. Is there sufficient space in the aisles to allow for fire control and firefighter access and easy movement of goods? Yes No
9. Are chemicals stored? If yes, is there a Material Safety Data Sheet (MSDS) for each chemical stored? Yes No

VALUATION

1. The total value of your building must include, but not be limited to the value of items, such as: permanently attached rack storage, permanently attached machinery and equipment, signs "attached" to the building and personal property used to maintain or service the building. Please complete the attached Building Valuation Worksheet
2. Do you have a detached sign? Yes No
If yes, what is the approximate distance in feet from your building? _____ feet
Do you know the replacement cost of this sign? _____

MINI-WAREHOUSES (Please attach a copy of the contract and hold-harmless agreement all customers must sign)

1. Is access to storage lockers controlled? Yes No
If yes, how? _____
2. Are all rules, regulations and a list of forbidden items included on the contract and signed by the mini-storage customer? Yes No
3. Does the insured require the customer sign an agreement holding the mini-storage facility harmless? Yes No

ADDITIONAL REMARKS:

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

VANLINER INSURANCE COMPANY
 SUPPLEMENTAL APPLICATION FOR PROPERTY AND GENERAL LIABILITY

Moving and Storage Program – Rigging Supplement
 Complete this section if the insured performs rigging.

Insured's Name: _____

1. What percent of total receipts from all operations is from rigging? _____ % What is the payroll associated with rigging? \$ _____
2. Is any rigging done on board ships? Yes No
3. How many years' experience does the insured have doing rigging? _____ years.
4. What training does the insured have in rigging? _____
 - a. Does the insured provide the crane for rigging jobs? Yes No
 If no see Question #6. If yes, please answer the following:
 - b. Is the crane owned or leased ? If leased, is the insured responsible for damage to the crane? Yes No
 - c. How long is the boom? _____ ft. What is the maximum load capacity? _____
 - d. Is the crane protected from vandalism? Yes No
 If yes, how? _____
 - e. Is each crane equipped with an insulated link and a proximity warning device? Yes No
 - f. Does the insured provide the operator for the crane for rigging jobs? Yes No
 - i. Are all crane operators 18 years old or older? Yes No
 - ii. Are operators certified by the National Commission for the Certification of Crane Operators? Yes No
 - iii. If not certified, what training do the crane operators have? Yes No
 - iv. Are all operators fluent in universal crane operation hand signals? Yes No
 - v. Are all cranes inspected for safety prior to every lift? Yes No
 - vi. Does the insured clear an area around the lift site in a perimeter at least equal to the height of the boom? Yes No
 - g. Does the insured ever lease the crane to others without providing the operators? Yes No
 If yes, is a certificate of insurance required from the lessee naming the insured as an additional insured on their policy? Yes No
5. If cranes aren't used, describe the lifting method used: _____
6. What is the maximum number of stories the insured will perform rigging &/or lifting jobs for? _____ stories
7. What is the maximum weight of items the insured will rig? _____ pounds or tons
8. Is a "test lift" always done before the actual lift? Yes No
9. Do all chains, ropes & slings have the original manufacturers' tags or labels that clearly state how they should be used & the maximum weight they can safely hold? Yes No
10. Is all rigging equipment inspected prior to lifts? Yes No
 If yes, who inspects the rigging equipment? _____
 Are they trained to recognize worn or damaged gear & discard it immediately? Yes No
11. Do workers ever alter, modify or "retro-fit" equipment? Yes No
12. Will the insured cancel a job based on wind conditions? Yes No
13. Will the insured ever handle highly valuable objects, including artwork? Yes No
14. List types of rigging jobs the insured will perform

15. Will the insured ever install any machinery they've rigged? Yes No
 If yes, what is the payroll associated with this operation? \$ _____
 If yes, describe the types of machinery they will install _____
 What training do the machinery installers (millwrights) have?

VANLINER INSURANCE COMPANY
SUPPLEMENTAL APPLICATION FOR PROPERTY AND GENERAL LIABILITY

ADDITIONAL REMARKS:

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld.

Applicant's Signature: _____ **Date:** _____

Producer's Signature: _____ **Date:** _____

VANLINER INSURANCE COMPANY
SUPPLEMENTAL APPLICATION FOR PROPERTY AND GENERAL LIABILITY

BUILDING VALUATION WORKSHEET

Building/Structure	\$ _____
Machinery & Equipment (permanently installed):	
Racking (storage)	\$ _____
Fire Extinguishing Systems (sprinklers, etc.)	\$ _____
Climate Control Devices (HVAC)	\$ _____
Overhead Cranes	\$ _____
Other	\$ _____
Signage:	
Attached	\$ _____
Fencing	\$ _____
Personal Property Owned by You or Service Building	
(i.e. service tractors, miscellaneous small equipment)	\$ _____
TOTAL ESTIMATED BUILDING VALUE:	\$ _____

This information will be used solely as a guide in establishing an estimated total building value. Individual values will assist us in ensuring that your building is being properly insured to value.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VANLINER INSURANCE COMPANY

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

ENDORSEMENT

Effective Date At 12:01 A.M. Standard Time	Policy Number
Named Insured	Countersigned By

(AUTHORIZED REPRESENTATIVE)

VANLINER INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ANIMAL ACTIONS EXCLUSION

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

It is hereby understood and agreed the following is added to, and made part of:

SECTION I - COVERAGES

COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY

2. Exclusions

and

COVERAGE B - PERSONAL AND ADVERTISING INJURY LIABILITY

2. Exclusions

and

COVERAGE C - MEDICAL PAYMENTS

2. Exclusions

This insurance does not apply to any loss arising out of the actions of any animal(s) owned by the insured, owned by anyone living with the insured, or owned by anyone visiting the insured.

We shall have no duty to defend or indemnify the insured in the event of any such loss.

This exclusion is applicable regardless of whether the insured knew, or should have known, that there were animals present.

All other terms and conditions of the policy remain unchanged.

VANLINER INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS

SUPPLEMENT

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This endorsement modifies insurance provided as follows:

Knowledge of "Occurrence" - The knowledge of an "occurrence" by your agent, servant or "employee" will not be treated as knowledge by you until one of them notifies an officer of your corporation, the partner of any partnership insured or the owner.

Notice of "Occurrence" - Failure to notify Vanliner Insurance Company of an "occurrence" does not jeopardize your policy coverage unless such failure is that of an executive officer, partner, or the owner.

If an accident reported to your workers' compensation insurer later becomes a liability claim, failure to report such accident to Vanliner Insurance Company when it happened, will not be a violation of your "Duties in the Event of 'Occurrence', Claim or Suit". However, you must give notice of that accident to Vanliner Insurance Company as soon as you realize it is a liability case.

Unintentional Errors or Omissions: If you do not inform Vanliner Insurance Company of all hazards existing as of the inception date of this policy, it will not jeopardize coverage afforded by this policy unless your failure or omission is intentional.

This endorsement does not apply with respect to any "occurrence" involving sexual abuse or sexual molestation.

All other terms and conditions remain the same.

VANLINER INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LEAD LIABILITY EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
GARAGE COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS COVERAGE PART

This insurance does not apply to, nor should we have any duty to defend any loss arising out of:

a. Claim, suit, or "occurrence" alleging or arising out of any "bodily injury", "property damage", "personal injury and advertising injury" actually or allegedly arising out of or resulting from, or in any way directly or indirectly caused by or related to any actual or alleged:

- (1) Ingestion, use, inhalation, handling or absorption of lead in any form from any source;
or
- (2) Contact with or exposure to lead in any form and from any source, including paint containing lead.

b. Damages, loss, cost, expense, liability or other obligation of any nature arising out of, from, or in any way related to, any:

- (1) Claim, suit, request, demand, directive or order by or on behalf of any person, entity or governmental authority that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify, neutralize, abate or in any way respond to, or assess the presence or effects of lead in any form from any source, including paint containing lead; or
- (2) Claim or suit by or on behalf of any person entity or governmental authority for damages or any other relief or remedy because of testing for, monitoring, cleaning up, removing, containing, abating, treating or detoxifying or neutralizing, or in any way responding to, or assessing the effects of lead in any form.

The addition of this endorsement does not imply that other provisions, including but not limited to any pollution exclusion, do not also exclude coverage for lead - related injury, damage, expense, cost, loss, liability or legal obligation.

This exclusion applies despite any legal form a claim may take. For instance, there is no coverage for a claim alleging that any insured was negligent or in breach of contract by maintaining premises where the insured knew, or should have known, lead exposure existed.

All other terms and conditions remain the same.

VANLINER INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ASBESTOS EXCLUSION

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This insurance does not apply to:

1. "Bodily Injury", "property damage", or "personal and advertising injury" arising out of, resulting from, caused by, or contributed to by asbestos, exposure to asbestos or the use of asbestos;
2. Any damages or any loss, cost or expense arising out of any (i) claim or suit by or on behalf of any governmental authority or any other alleged responsible party because of, or (ii) request, demand, order or statutory or regulatory requirement that any insured or any other person or entity should be responsible for;
 - a. Assessing the presence, absence or amount of effects or asbestos;
 - b. Identifying, sampling or testing for, detecting, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, or abating, disposing or mitigating asbestos; or
 - c. Responding to asbestos in any way other than as described in 2.a. and b. above;
3. Any supervision, instructions, recommendations, warnings or advice given or which should have been given in connection with any of the subsections above; or
4. Any obligation to share damages with or repay someone else in connection with any of the subsections above.

The following definitions are added to the **Definitions** Section:

"Asbestos" means any type or form of asbestos, asbestos fibers, asbestos products, or asbestos materials, including any products, goods, or materials containing asbestos or asbestos fibers, products or materials and any gases, vapors, scents or by-products produced or released by asbestos.

"Reduction in value" means any claim, demand or "suit" that alleges diminution, impairment or devaluation of property.

VANLINER INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

EXCLUSION OF PRIOR INCIDENT(S) AND PRIOR CONSTRUCTION DEFECTS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following is added to SECTION 1,2.Exclusions, under Coverage A, B, and C

This insurance does not apply to:

Any incident(s) which first occurred, or is alleged to have begun to occur, prior to the effective date of this policy. This exclusion applies regardless of whether repeated or continued exposure occur during the period of this policy and causes additional, progressive or further "bodily injury", "property damage", "personal and advertising injury" or claims or "suits", all of which are excluded from coverage; or,

A named insured, if there is no coverage for a named insured under the policy in effect at the time the injury or damage first occurred or alleged to have begun to occur. Subsequently, there is no coverage for any additional insured under the policy for a loss to which this endorsement would apply.

Whether or not the insureds legal obligation to pay damages has been established as of the inception date of this policy.

Defending any insured for a claim or "suit" to which this exclusion applies.

All other terms and conditions remain the same.

VANLINER INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**BLANKET ADDITIONAL INSURED ENDORSEMENT
COMMERCIAL GENERAL LIABILITY COVERAGE PART**

SECTION II - WHO IS AN INSURED is amended to include, as an additional insured, any person or organization whom you are required to add as an additional insured on this policy under a written contract, agreement, or permit. Such written contract, agreement or permit must be:

- f. Currently in effect or becoming effective during the coverage term of the policy; and
- g. Executed prior to any "bodily injury," "property damage" or "personal and advertising injury" associated with the additional insured.

The insurance provided to this additional insured is limited as follows:

1. That person or organization is an additional insured only with respect to liability for "bodily injury," "property damage," or "personal and advertising injury" caused in whole, or in part, by:
 - a. Your acts or omissions; or
 - b. The acts or omissions of those acting on your behalf.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

2. The limits of insurance applicable to the additional insured are those specified in the written contract, agreement, permit, or in the Declarations of this policy, whichever is less. These limits of insurance are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations of the policy.

3. Coverage is not provided for "bodily injury," "property damage," or "personal and advertising injury" arising out of the sole negligence of the additional insured.

The insurance provided to the additional insured does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of an architect's, engineer's, or surveyor's rendering, or failure to render, any professional services, including:

1. The preparation, approval, or failure to approve maps, drawings, opinions, reports, surveys, change orders, designs, or specifications; or
2. Supervisory, inspection, or engineering services.

Any coverage provided hereunder will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent, or on any other basis, unless a written contract specifically requires that this insurance be primary.

When this insurance is excess, we will have no duty, under Coverage A or B, to defend the additional insured against any "suit" if any other insurer has a duty to defend the additional insured against that "suit." If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured's rights against all those other insurers.

All other terms and conditions of the policy remain unchanged.

VANLINER INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MOLD EXCLUSION

COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL GENERAL LIABILITY EXTENSION
ENDORSEMENT GARAGE COVERAGE PART
COMMERCIAL UMBRELLA LIABILITY POLICY

The following pertains to Exclusions in all sections of the Commercial General Liability Coverage Form, Garage Coverage Form and the Commercial Umbrella Liability Policy. This endorsement will be attached to any of the applicable Coverage Forms.

As used with this endorsement, the following term has the following meaning.

"Mold" means any permanent or transient fungus, mold, mildew or mycotoxin, or any of the spores, scents or by-products resulting there from regardless of whether they are proven to cause disease, injury or damage.

- A.** With respects to the Commercial General Liability Coverage Part, Commercial General Liability Extension Endorsement and Garage Coverage Form, this insurance does not apply to:
1. "Bodily injury", "property damage" and/or "personal and advertising injury" which would not have transpired in whole or in part but for the actual, alleged or threatened contact with, exposure to, existence of, or inhalation, ingestion, absorption, discharge, dispersal, seepage, migration, release, escape, presence, growth or reproduction of "mold" on or within a building or structure, including its contents, regardless of whether any other cause, event, material or product contributed concurrently or in any sequence to such injury or damage.
- B.** With respects to the Commercial Umbrella Liability Policy, this insurance does not apply to:
1. "Ultimate net loss" arising from "bodily injury", "property damage", "personal injury" or "advertising injury" which would not have transpired in whole or in part but for the actual, alleged or threatened contact with, exposure to, or inhalation, ingestion, absorption, discharge, dispersal, seepage, migration, release, escape, presence, growth or reproduction of "mold".
- C.** With respects to all coverages in **A.** and **B.** above, this insurance does not apply to:
1. Costs and expenses to investigate or defend any claim or "suit" or payment of any fine or penalty for **A.1** or **B.1.**, above.

2. Any loss, cost, expense, fine or penalty developed out of any:

- a. Claim, "suit" request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, abate, mitigate, remediate, dispose of, contain, treat, detoxify or neutralize, or in any way respond to, or assess the concentration or effects of "mold" or
- b. Claim or "suit" for damages because of testing for, monitoring, cleaning up, removing, abating, mitigating, remediating, disposing of, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the concentration or effects of "mold".

This exclusion **2.a.** and **2.b.** applies to any actual or alleged supervision, instructions, recommendations, warnings or advice given or which should have been given by any insured or others.

Exclusions **A.1.**, **C.1.** and **C.2.** above apply to:

- (a) "bodily injury", "property damage" and "personal and advertising injury" whether or not such is included within the "products-completed operations hazard".

Exclusions **B.1.**, **C.1.** and **C.2.** above apply to:

- (a) "Ultimate net loss" arising from "bodily injury", "property damage", "personal injury" or "advertising injury", whether such is included within the "products-completed operations hazard".

All exclusions in **A.**, **B.**, and **C.** apply to:

- (a) any obligations to share damages with or repay someone else who must pay damages; and
- (b) "mold" existing, emanating from or moving anywhere indoors or outdoors.

All other terms and conditions remain the same.

VANLINER INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PUNITIVE DAMAGES EXCLUSION

COMMERCIAL GENERAL LIABILITY COVERAGE PART

In consideration of the premiums charged, it is hereby understood and agreed that the policy is amended as follows:

SECTION I - COVERAGES

COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY,

2. Exclusions

The following exclusion is added:

- r. Punitive or Exemplary Damages**

SECTION I - COVERAGES

COVERAGE B - PERSONAL AND ADVERTISING INJURY LIABILITY,

2. Exclusions

The following exclusion is added:

- q. Punitive or Exemplary Damages**

SECTION I - COVERAGES

COVERAGE C - MEDICAL PAYMENTS,

2. Exclusions

The following exclusion is added:

- h. Punitive or Exemplary Damages**

SECTION V - DEFINITIONS

The following is added:

- 23. "Punitive or Exemplary Damages"** are defined as damages that may be imposed to punish a wrongdoer and to deter others from similar conduct.

Regardless of any other provision, coverage under this policy does not apply to punitive or exemplary damages, the cost of defense related to such damages, or any penalties, fines or sanctions imposed by law.

All other terms and conditions of the policy remain unchanged.

VANLINER INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIMITATION OF COVERAGE TO SPECIFIC BUSINESS
ACTIVITY**

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

It is hereby understood and agreed that the coverage provided under this policy, as relates to bodily injury, property damage, personal and advertising injury and medical expenses, applies only to losses arising out of activities related to businesses as described in the schedule of this policy.

All other terms and conditions of the policy remain unchanged.

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.

SERFF Tracking Number: VANL-125641871 *State:* Arkansas
Filing Company: Vanliner Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: GL 0708
TOI: 05.2 Commercial Multi-Peril - Liability Portion *Sub-TOI:* 05.2003 Commercial Package
Only
Product Name: General Liability Rate/Rule/Form Filing
Project Name/Number: General Liability Rate/Rule/Form Filing/GL 0708

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: VANL-125641871 State: Arkansas
Filing Company: Vanliner Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: GL 0708
TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2003 Commercial Package
Only
Product Name: General Liability Rate/Rule/Form Filing
Project Name/Number: General Liability Rate/Rule/Form Filing/GL 0708

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 06/12/2008

Comments:
Commercial General Liability Rate/Rule/Form Filing

Attachments:
AR CGL 0708 P & C Forms.pdf
AR CGL 0708 ltr.pdf
AR CGL 0708 Ex Memo.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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
----------------------	---------------------

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Vanliner Insurance Company	Missouri	21172	86-0114294	24

5. Company Tracking Number	AR CGL 07 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 Ian McKechnie	Chief Actuary, Director of Industry Compliance	800-325-3619 ext. 4793	636-305-4270	Ian_McKechnie@unigr oupinc.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)	5.2
10.	Sub-Type of Insurance (Sub-TOI)	05.2003
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	AR CGL 07 08
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input checked="" 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: 07/01/2008 Renewal: 07/01/2008

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 CGL 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	General Liability Declarations	VIC GLDEC00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Privacy Policy	Doc. No. 14344 06 01	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Supplemental Application for Property and General Liability	VL9326 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Manuscript Endorsement	VL0000 08 89	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Animal Actions Exclusions	VL5035 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Section IV - Commercial General Liability Conditions	VL5036 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Lead Liability Exclusion	VL5037 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Asbestos Exclusion	VL5038 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Exclusion of Prior Incident(s) and Prior Construction Defects	VL5039 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Blanket Additional Insured Endorsement - Commercial General Liability Coverage Part	VL5040 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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 CGL 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	Mold Exclusion	VL5042 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Punitive Damages Exclusion	VL5043 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Limitation of Coverage to Specific Business Activity	VL5044 07 08	<input checked="" 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		



May 12, 2008

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

RE: Vanliner Insurance Company
Commercial Lines
Division Six – General Liability
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 Six – General Liability 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

Explanatory Memorandum

The Vanliner Insurance Company (Vanliner) hereby files General Liability rates, rules and forms to support its entry into writing Commercial Package Policies for moving and storage companies. This filing is for business primarily to be written as Commercial Multiple Peril (Liability). Vanliner is an ISO subscriber for both General Liability and Commercial Multiple Peril and is adopting the entire ISO program for Commercial Multiple Peril for both Property and Liability coverages with minimal changes and additions.

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.

Expense Experience

The Vanliner Insurance Company has not written Commercial Multiple Peril (Liability) coverage in past. We have written a minimal amount of General Liability coverage on a monoline basis (see Exhibit IV). Our statutory Other Liability experience is primarily for a unique Mover's and Warehouseman's legal liability coverage that has different characteristics than traditional general liability coverage. As such we have very little historical expense experience for this line of business. After review, we believe the industry expense experience for Commercial Multiple Peril (Liability Portion) line of business is the best proxy we can find for our expected expense provisions.

Exhibit 1 is a summary of the entire US P&C industry's expense experience for this line of business. This is direct data is taken from Part III of the prior three years' IEE's. The bottom half of Exhibit 1 displays a number of direct expense ratios. This data was drawn from A.M. Best's Aggregates and Averages – Property/Casualty

Investment Income

The Vanliner Insurance Company has not written Commercial Multiple Peril (Liability) coverage in past. As such we have very little historical investment income experience for this line of business. After review, we believe the industry investment income experience for Commercial Multiple Peril (Liability Portion) line of business is the best proxy we can find for

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our expected investment income results. This data was drawn from A.M. Best's Aggregates and Averages – Property/Casualty.

Exhibit II Page 1 is a summary of the entire US P&C industry's investment income experience for this line of business. This exhibit displays an allocation of policyholder's surplus to line of business calculation, calculates an investment gain ratio, a prepaid expense ratio and eventually develops an expected investment income by line of business attributable to insurance transactions provision.

Exhibit II Page 2 develops Vanliner's selected Profit and Contingency provision. The figures shown reflect our approach to developing the profit provision which is intended to generate the same average return the entire US P&C industry has experienced in the latest three period (2004-2006) for which data is available. See the notes for details about data sources and calculations. We are subtracting Investment Income Attributable to Insurance Transactions (Exhibit 2 page 1) from our Target Return as % of Direct Written Premium to get Vanliner's selected Profit & Contingency Provision.

Exhibit II Page 3 develops the three average industry return on surplus based upon figures drawn from A.M. Best's Aggregates and Averages – Property/Casualty.

Loss Cost Multiplier Calculations

Vanliner's Loss Cost Multiplier calculations are displayed in Exhibit III. Our selected Commission and Brokerage expense provision is based upon our agency commission schedule. The selected Other Acquisition and General Expense provisions three year averages taken from Exhibit 1. The Tax provisions listed are a state premium tax plus a miscellaneous taxes, licenses and fees provision to coverage various miscellaneous and payroll taxes. The selected Profit and Contingency provision is developed in Exhibit II Page 2.

Vanliner's Commercial General Liability Experience

Vanliner as written a very limited amount of monoline Commercial General Liability business as an adjunct to its core Commercial Auto and Workers Compensation business. Until one large account was written in 2007, Vanliner's countrywide written premium was always less than \$240,000. The calendar year results the last 5 years are displayed for both this state and for the entire country on Exhibit V Page 1. Note that this business has not been profitable for Vanliner as evidenced by a five year case incurred loss and DCC ratio of 97%. These results have not been developed, trended, brought on-level and do not include any provision for Adjusting and Other expense.

Vanliner's Commercial General Liability historical business on a calendar accident year basis is displayed on Exhibit IV Page 2. These results are also unprofitable as evidenced by a five year case incurred loss and DCC ratio of 87.4%. Basic limits results are presented on lines 13 to 15 for this data. The five year countrywide results develop a dismal 138.5% loss ratio before loss development and before trend. These results have not been developed, trended, brought on-level

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and do not include any provision for Adjusting and Other expense. As shown, these results represent 71 claims (on a per claimant basis).

ISO Filings Being Adopted

With this filing Vanliner is adopting the entire current ISO General Liability Manual as currently filed and approved in this state. Exhibit V Page 1 contains a list of all the manual holder notices, ISO's reference filing numbers and the state filing reference numbers (if any). Please note that it is our intention to adopt the entire ISO program for General Liability including:

- Multistate State Insurance Manual (including rules, estimated loss potentials, etc.)
- State Insurance Manual (including loss costs, state specific rules, territories, etc.)
- Class table
- Class Table Reference
- Composite Rating Plan
- Retrospective Rating Plan
- Commercial General Liability Experience and Schedule Rating Plan
- Terrorism Supplement to the CLM

Vanliner's General Liability rates and rules will be based on the ISO program with only minimal exceptions. Vanliner is also adopting the entire ISO forms portfolio for Commercial General Liability. A few additional forms are also being filed, a listing of Vanliner Commercial General Liability forms is attached as Exhibit V Page 2.

Vanliner Exception Pages

Vanliner's proposed state exception pages are attached as Exhibit VI. These are built to work with ISO's Commercial Lines Manual. The Vanliner state exception pages also display the Loss Cost Multiplier developed and supported in this filing. For selected classes that are (a) rated in the ISO manual and are also "refer to company" in the ISO Estimated Loss Potentials supplement we have filed supplemental ELPs. These are in addition to the ELPs shown in the ISO manual.

Vanliner Implementation Rule

As shown in Exhibit IV we have written a very small volume of General Liability business in the past on a monoline basis which has been reported as Other Liability in the Annual Statement on line 17. These policyholders would be affected by the revised rates and rules contained in this filing. To reduce the impact of this filing on these insureds (if any in this state) we will limit the amount of rate increase any policyholder would experience as a result of this filing to no more than 15% annually. Please note that this limitation is a rate limitation only and would be applied after the expiring premium is adjusted for any exposure and/or coverage changes applicable to the renewal policy. Thus, if an insured's exposure (as measured by payroll or sales for example) has increased from one policy term to another, the insured's renewal premium limitation would be applied to the exposure adjusted premium, not the original premium.

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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:

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Chief Actuary and Director of Industry Compliance
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State Filing Forms

Total US PC Industry
Insurance Expense Exhibit (000) Omitted
Commercial Multiple Peril (Liability Portion)
As reported in Best's Aggregates & Averages - Property/Casualty

Col.	Item	2003	2004	2005	2006	Latest 3 yr 2004-06
Part III - Allocation to Lines of Direct Business Written						
1	Premiums Written	12,487,219	13,060,115	13,848,905	14,710,131	41,619,151
3	Premiums Earned	11,836,996	12,711,591	13,621,864	14,384,453	40,717,908
5	Dividends to Policyholders	5,121	5,269	6,070	285,112	296,451
7	Incurred Loss	6,784,995	6,385,455	6,179,997	6,165,353	18,730,805
9	Defense and Cost Containment Expenses Incurred	2,808,650	2,447,875	2,520,654	2,579,848	7,548,377
11	Adjusting and Other Expenses Incurred	691,341	759,707	815,683	771,736	2,347,126
13	Unpaid Losses	19,390,163	19,885,803	21,064,617	22,123,793	63,074,213
15	Defense and Cost Containment Expenses Unpaid	6,479,892	6,772,129	7,236,177	7,777,585	21,785,891
17	Adjusting and Other Expenses Unpaid	967,477	1,064,488	1,233,739	1,283,128	3,581,355
19	Unearned Premium Reserves	5,767,814	6,021,852	6,334,534	6,771,607	19,127,993
21	Agent's Balances	2,677,206	2,948,280	3,065,070	3,249,847	9,263,197
23	Commission and Brokerage Expenses Incurred	2,180,976	2,335,864	2,319,864	2,491,115	7,146,843
25	Taxes, Licenses & Fees Incurred	274,912	303,732	307,257	314,360	925,349
27	Other Acquisitions, Field Supervision, and Collection Expenses Incurred	720,604	740,271	811,325	916,715	2,468,311
29	General Expenses Incurred	699,610	705,686	760,976	864,888	2,331,550
31	Other Income Less Expenses	(36,513)	(7,686)	(13,237)	(6,312)	(27,235)
33	Pre-Tax Profit or Loss Excluding All Investment Gain	(2,365,706)	(979,974)	(113,194)	(10,981)	(1,104,149)
	Paid Loss		5,889,815	5,001,183	5,106,177	15,997,175
	Defense and Cost Containment Expenses Paid		2,155,638	2,056,606	2,038,440	6,250,684
	Adjusting and Other Expenses Paid		662,696	646,432	722,347	2,031,475

Direct Expense Ratios

Inc. Loss / Earned Premium Ratio	= (7) / (3)	57.3%	50.2%	45.4%	42.9%	46.0%
Inc. ALAE / Earned Premium Ratio	= (9) / (3)	23.7%	19.3%	18.5%	17.9%	18.5%
Inc. ULAE / Earned Premium Ratio	= (11) / (3)	5.8%	6.0%	6.0%	5.4%	5.8%
Inc. Loss & LAE / Earned Premium Ratio	subtotal	86.9%	75.5%	69.9%	66.2%	70.3%
Inc LAE / Inc Loss Ratio	= ((9)+(11))/(7)	51.6%	50.2%	54.0%	54.4%	52.8%
Inc Loss & LAE / Inc Loss & ALAE Ratio	= ((7)+(9)+(11))/((7)+(9))	107.2%	108.6%	109.4%	108.8%	108.9%
Inc Loss & LAE / Inc Loss Ratio	= ((7)+(9)+(11)) / (7)	151.6%	150.2%	154.0%	154.4%	152.8%
Paid Loss Ratio to DEP			46.3%	36.7%	35.5%	39.3%
Paid ALAE Ratio to DEP			17.0%	15.1%	14.2%	15.4%
Paid ULAE Ratio to DEP			5.2%	4.7%	5.0%	5.0%
Change in ALAE O/S to DEP			2.3%	3.4%	3.8%	
Change in ULAE O/S to DEP			0.8%	1.2%	0.3%	
Commission Ratio to DWP	= (23) / (1)	17.5%	17.9%	16.8%	16.9%	17.2%
T. L. & F Ratio to DWP	= (25) / (1)	2.2%	2.3%	2.2%	2.1%	2.2%
Other Acq Ratio to DEP	= (27) / (3)	6.1%	5.8%	6.0%	6.4%	6.1%
General Exp Ratio to DEP	= (29) / (3)	5.9%	5.6%	5.6%	6.0%	5.7%
U/W Expense Ratio to DEP	sum((23):(29)) / (3)	32.7%	32.1%	30.8%	31.9%	31.6%

Total US PC Industry
Allocation of Investment Income by Line of Business (000) Omitted
As Reported in A.M. Best's Aggregates and Averages

	Total US PC Industry			Line - CMP-Liability			Notes:
	(a) 2005	(b) 2006	(c) Mean	(d) 2005	(e) 2006	(f) Mean	
Allocation of Policyholder Surplus to Line of Business							
Direct Earned Premium (1)	475,744,787	484,089,549	479,917,168	13,621,864	14,384,453	14,003,159	
Net Earned Premium (2)	425,631,427	440,531,383	433,081,405	11,727,768	13,092,067	12,409,918	
Net Loss Reserves (3)	435,546,639	444,012,015	439,779,327	17,285,212	18,812,648	18,048,930	
Net LAE Reserves (4)	88,037,369	93,017,782	90,527,576	7,585,435	8,149,598	7,867,517	
Net Loss & LAE Reserves (5)	523,584,008	537,029,797	530,306,903	24,870,647	26,962,246	25,916,447	= (3) + (4)
Net Unearned Premium Reserves (6)	192,545,236	199,911,689	196,228,463	5,689,416	6,340,086	6,014,751	
Mean Reserves & Current Premium (7)			1,167,066,748			45,023,265	= (2) + (5) + (6)
Policyholder's Surplus (8)	438,730,167	501,207,293	469,968,730				
Policyholder Surplus Ratio (9)			40.27%			40.27%	= (8) / (7)
Allocated Policyholder Surplus (10)			469,968,730			18,130,520	= (7) * (9)
Premium / Surplus Ratio (11)			0.94			0.72	= (2) / (10)
Calculation of Investment Gain Ratio							
Net Investment Income Earned (12)	51,734,584	54,646,113					
Net Realized Capital Gains or (Losses) (13)	12,194,108	3,587,228					
Net Investment Gain or (Loss) (14)	63,928,692	58,233,341					= (12) + (13)
Net Loss & LAE & Unearned Premium (15)	716,129,244	736,941,486	726,535,365	30,560,063	33,302,332	31,931,198	= (5) + (6)
Net Agents' Balances (16)	85,518,520	92,714,854	89,116,687	2,923,211	3,172,096	3,047,654	
Funds held by company under reinsura (17)	33,994,289	30,553,086	32,273,688				
Policyholder's Surplus (18)			469,968,730			18,130,520	= (10)
Total Investable Funds (19)			1,139,661,096			47,014,064	= (15) - (16) + (17) + (18)
Net Investment Gain Ratio (20)			0.051			0.051	= (14) / (19)
Calculation Of Prepaid Expense Ratio							
Commissions (21)	45,587,636	46,948,341	46,267,989	1,983,687	2,231,292	2,107,490	
Taxes, Licenses & Fees (22)	11,918,521	11,869,096	11,893,809	316,358	318,105	317,232	
Other Acquisition Expense (23)	28,606,861	31,302,514	29,954,688	828,968	893,695	861,332	
General Expense (24)	24,793,525	27,773,256	26,283,391	727,700	835,121	781,411	
Net Prepaid Expense (25)	98,509,781	104,006,579	101,258,180	3,492,863	3,860,653	3,676,758	= (21)+(22)+(23)+(0.5 * (24))
Net Written Premium (26)	433,530,933	448,417,041	440,973,987	11,947,258	13,403,542	12,675,400	
Prepaid Expense Ratio (27)	22.72%	23.19%	22.96%	29.24%	28.80%	29.02%	= (25) / (26)
Investment Gain on Funds Attributable to Insurance Transactions							
Net Unearned Premium Reserves (28)	192,545,236	199,911,689	196,228,463	5,689,416	6,340,086	6,014,751	= (6)
(1 - Prepaid Expense ratio) (29)			0.7681			0.7120	= 1 - (27)
Unpaid Unearned Premium Reserve (30)			150,714,913			4,282,309	= (28) * (29)
Net Loss & LAE Reserves (31)	523,584,008	537,029,797	530,306,903	24,870,647	26,962,246	25,916,447	= (5)
Net Agents' Balances (32)	85,518,520	92,714,854	89,116,687	2,923,211	3,172,096	3,047,654	= (16)
Insurance Transaction Investment Funds (33)			591,905,129			27,151,102	= (30) + (31) - (32)
Net Investment Gain Ratio (34)			0.051			0.051	= (20)
IGain on Ins Transaction Funds (35)			30,244,617			1,387,342	= (33) * (34)
Investment Gain on Funds Attributable to Capital & Surplus							
Total Investable Funds (36)			1,139,661,096			47,014,064	= (19)
Net Investment Gain Ratio (37)			0.051			0.051	= (20)
Total Investment Gain (38)			58,233,341			2,402,281	= (36) * (36)
IG on Ins Transaction Funds (39)			30,244,617			1,387,342	= (35)
IG on Capital & Surplus (40)			27,988,724			1,014,939	= (38) - (39)
IG on Capital & Surplus % DEP (41)			5.8%			7.2%	= (40) / (1)
Investment Income Attributable to Insurance Transactions							
(As a % of NEP) (42)			6.9%			10.6%	= (35) / (2)
(As a % of DEP) - pre-tax (43)			6.2%			9.6%	= (35) / (1)
Latest Federal Income Tax Rate (44)			25.9%			25.9%	
(As a % of DEP) - after-tax (45)			4.6%			7.2%	= (1.00 - (44)) * (43)

Vanliner Insurance Company
Profit & Contingency Exhibit
Commercial Multiple Peril (Liability Portion)

#	Item	
(1)	Direct Earned Premium	14,384,453
(2)	Net Earned Premium	13,092,067
(3)	Premium / Surplus Ratio	0.72
(4)	Statutory Surplus to GAAP Equity Ratio	1.000
(5)	GAAP Equity	18,130,520
(6)	ROE Objective	11.7%
(7)	After-Tax Target Return	2,126,423
(8)	Federal Income Tax Rate	35.0%
(9)	Before Tax Target Return	3,271,421
(10)	Target Return as % of DWP = Underwriting Profit & Contingencies Provision	22.7%
(11)	Inv. Income Attributable to Insurance Transactions	9.6%
(12)	Inv. Income Attributable to Capital & Surplus	7.2%
(13)	Company Selected Profit & Contingency Provision* *Net of Investment Income Attributable to Insurance Transactions	13.1%

Notes:

- (1) 2006 Best's Aggregates and Averages
- (2) 2006 Best's Aggregates and Averages
- (3) Exhibit 2 Line 9.1
- (4) Exhibit 2 Page 3 Line 8
- (5) $= ((2) / (3)) / (4)$
- (6) Exhibit 2 Page 3 Line 5
- (7) $(7) = (5) * (6)$
- (8) Federal Income Tax Rate
- (9) $(9) = (7) / (1.00 - (8))$
- (10) $(10) = (9) / (1)$
- (11) (11) = Investment Income Exhibit
- (12) (12) = Investment Income Exhibit
- (13) $(13) = (10) - (11)$

Total US PC Industry
Underwriting and Investment Exhibit
Statement of Income
As Reported in A.M. Best's Aggregates and Averages

	Calendar Year			2004-06	
	2004	2005	2006		
Total US PC Industry					
(1) Net Income before income tax	55,287,713	59,496,441	89,956,746	204,740,900	
(2) Federal and foreign income taxes	14,757,786	10,700,427	22,362,919	47,821,132	
(3) Net Income after income tax	40,529,927	48,796,014	67,593,827	156,919,768	
(4) Surplus as regards policyholders	401,388,974	435,348,403	501,207,293	1,337,944,670	
(5) Return on Policyholder Surplus (After Tax)	10.10%	11.21%	13.49%	11.73%	
	2004	2005	2006	2007	2005-07
Vanliner Insurance Company					
(6) Surplus as regards policyholders (STAT)	104,922,753	107,627,181	112,738,562	118,554,575	338,920,318
(7) Shareholder's Equity (GAAP)	110,702,213	114,515,478	124,033,206	131,907,755	370,456,439
(8) Surplus / Equity ratio	0.948	0.940	0.909	0.899	0.915

Notes / Sources

- (1) AS Page 4 Line 18
- (2) AS Page 4 Line 19
- (3) AS Page 4 Line 20
- (4) AS Page 3 Line 35
- (5) = (3) / (5)
- (6) Vanliner Insurance Company - Reclass for Statutory Financial Statements
- (7) Vanliner Insurance Company - Reclass for Statutory Financial Statements
- (8) = (6) / (7)

Vanliner Insurance Company
Arkansas Commercial General Liability
Selected Expense Provisions

	<u>Item</u>	<u>Provision</u>
(1)	Commission & Brokerage	17.50%
(2)	Other Acquisition Expenses	6.06%
(3)	General Expenses	5.73%
	Taxes, Licenses & Fees	
(4)	Premium Tax	2.50%
(5)	Miscellaneous Taxes, Licenses and Fees	0.94%
(6)	total	<u>3.44%</u>
	Other Expenses	
(7)	Unallocated Loss Adjustment Expense	0.00%
(8)	Residual Market Costs	0.00%
(9)	Total	<u>0.00%</u>
(10)	Profit & Contingencies	
(11)	Required Return on Surplus	22.74%
(12)	Expected Investment Income on Insurance Transactions	9.64%
(13)	Profit & Contingencies net of Investment Income	<u>13.10%</u>
(14)	Expense Ratio	45.83%
(15)	Expected Loss and LAE Ratio	54.17%
(16)	Loss Cost Modification	100%
(17)	Indicated Loss Cost Multiplier	1.845

Notes:

- (1) Per Commission Schedule
- (2) Three year average from Exhibit I
- (3) Three year average from Exhibit I
- (4) Statutory rate per state
- (5) Industry average
- (7) Three year average from Exhibit I
- (13) Net of expected investment income on insurance transactions
- (11) Line 10 Exhibit 2 Page 2
- (12) Line 11 Exhibit 2 Page 2
- (14) = sum (1) to (13)
- (15) = 100% minus (8)
- (16) Exhibit IV
- (17) = (16) / (15)

INSURANCE SERVICES OFFICE, INC.

Exhibit 7

Miscellaneous Taxes and Payroll Taxes

<u>Miscellaneous Taxes</u>	<u>Industry Aggregates All Lines</u>
(1) Net Earned Premium	\$433,983,070
(2) Insurance Department Licenses and Fees Paid ^a	725,703
(3) Ratio [(2) / (1)]	0.17%
(4) All Other Miscellaneous Taxes Paid ^b	742,741
(5) Ratio [(4) / (1)]	0.17%
(6) Total Miscellaneous Tax Ratio [(3) + (5)]	0.34%
<u>Payroll Taxes</u>	
(1) Net Earned Premium	\$433,983,070
(2) Payroll Taxes ^c	2,623,932
(3) Ratio [(2) / (1)]	0.60%

Note: All dollar amounts are in thousands.

^a Includes only those taxes that appear in Part I, line 20.2, column 4 (Taxes, Licenses and Fees), of the Insurance Expense Exhibit.

^b Includes only those taxes that appear in Part I, line 20.4, column 4 (Taxes, Licenses and Fees), of the Insurance Expense Exhibit.

^c Payroll taxes include Social Security, Medicare and unemployment taxes. Of the \$2.6 billion in payroll taxes reported above, \$1.0 billion are classified as loss adjustment expenses on the Insurance Expense Exhibit, \$0.8 billion are classified as acquisition expenses and \$0.8 billion are classified as general expenses. Thus, adding the payroll tax ratio to underwriting expense ratios shown elsewhere in this circular would result in double counting.

Source: Insurance Expense Exhibit data for calendar year 2006 from A.M. Best.

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INSURANCE SERVICES OFFICE, INC.		Exhibit 4 Sheet 1	
Commercial Multi-Peril Insurance 2007 Tax Rates by State [†]			
State	Premium Tax		Other State Taxes and Special Assessments*
	(1) Foreign Rate	(2) Domestic Rate	
		(3) Fire Marshal Taxes*	
Alabama	3.60% a	3.60% a	
Alaska	2.70%	2.70%	
Arizona	2.00% b	2.00% b	c
Arkansas	2.50%	2.50%	d
California	2.35%	2.35%	
Colorado	2.00% e	2.00% e	
Connecticut	1.75%	1.75%	
Delaware	1.75%	1.75%	0.25% f
District of Columbia	1.70%	1.70%	g
Florida	1.75%	1.75%	0.20% h,i j
Georgia	2.25%	2.25%	k l
Hawaii	4.27% m	4.27% m	n,o
Idaho	2.10% p	2.10% p	
Illinois	0.50%	0.50%	q,r,s
Indiana	1.30%	t	0.18% u
Iowa	1.00%	1.00%	
Kansas	2.00%	2.00%	v
Kentucky	2.00%	2.00% w	x y
Louisiana	3.00%	3.00%	z aa
Maine	2.00%	2.00%	0.70% bb
Maryland	2.00%	2.00%	
Massachusetts	2.28%	2.28%	dd ee
Michigan	ff	ff	
Minnesota	2.00% gg	2.00% gg	hh,ii
Mississippi	3.00%	3.00%	0.45% jj,kk ll
Missouri	2.00%	2.00%	
Montana	2.75%	2.75%	mm
Nebraska	1.00%	1.00%	nn
Nevada	3.50% oo	3.50% oo	
New Hampshire	pp	pp	qq
New Jersey	2.10% rr	2.10% rr	ss tt
New Mexico	3.00% uu	3.00% uu	vv
New York	2.00% ww	2.00% ww	xx yy,zz,aaa
North Carolina	1.90%	1.90%	bbb,ccc ddd,eee
North Dakota	1.75%	1.75%	
Ohio	1.40%	1.40%	fff
Oklahoma	2.25%	2.25%	ggg
Oregon	hhh	hhh	0.50% iii jjj
Pennsylvania	2.00%	2.00%	kkk
Puerto Rico	lll	0.00% mmm	
Rhode Island	2.00%	2.00%	
South Carolina	1.25%	1.25%	nnn ooo
South Dakota	2.50% ppp	2.50% ppp,qqq	0.18% rrr
Tennessee	2.50%	2.50%	0.38% sss
Texas	1.60%	1.60%	ttt
Utah	2.25%	2.25%	
Vermont	2.00%	2.00%	uuu
Virginia	2.25%	2.25%	1.00% vvv 0.08% www,xxx,yyy
Washington	2.00%	2.00%	zzz
West Virginia	4.00% aaaa	4.00% aaaa	bbbb
Wisconsin	0.11% cccc	0.75% dddd	0.60% eeee
Wyoming	0.75%	0.75%	

† Tax rates do not reflect any credits for payments to guaranty fund associations or any other credits that may be available under the laws of each state.
* Applies to both foreign and domestic companies unless otherwise noted.

See State Notes starting on Sheet 2.

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Vanliner Insurance Company
Direct General Liability Experience

	Calendar Year					5 year Totals
	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	
Arkansas						
(1) Written Premium	0	0	0	0	3,802	3,802
(2) Earned Premium	0	0	0	0	1,846	1,846
(3) Paid Loss	0	0	0	0	0	0
(4) <u>Paid DCC</u>	0	0	0	0	0	0
(5) Paid Loss & DCC	0	0	0	0	0	0
(6) Case Loss Reserve	0	0	0	0	0	0
(7) <u>Case DCC Reserve</u>	0	0	0	0	0	0
(8) Case Loss & DCC Reserve	0	0	0	0	0	0
(9) Case Incurred Loss	0	0	0	0	0	0
(10) <u>Case Incurred DCC</u>	0	0	0	0	0	0
(11) Case Incurred Loss & DCC	0	0	0	0	0	0
(12) Case Incurred Loss & DCC Ratio					0.000	0.000

	Calendar Year					5 year Totals
	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	
Countrywide						
(1) Written Premium	112,206	44,483	225,092	238,615	495,553	1,115,949
(2) Earned Premium	104,273	79,821	150,217	232,426	373,570	940,307
(3) Paid Loss	14,091	34,510	7,000	14,370	45,725	115,696
(4) <u>Paid DCC</u>	257	30,716	17,753	45,253	82,982	176,962
(5) Paid Loss & DCC	14,348	65,226	24,753	59,623	128,707	292,658
(6) Case Loss Reserve	29,000	4,000	28,750	330,000	571,179	
(7) <u>Case DCC Reserve</u>	13	10,758	18,662	49,455	52,706	
(8) Case Loss & DCC Reserve	29,013	14,758	47,412	379,455	623,885	
(9) Case Incurred Loss	39,091	9,510	31,750	315,620	286,904	682,875
(10) <u>Case Incurred DCC</u>	265	41,461	25,657	76,047	86,233	229,662
(11) Case Incurred Loss & DCC	39,356	50,971	57,407	391,667	373,137	912,537
(12) Case Incurred Loss & DCC Ratio	0.377	0.639	0.382	1.685	0.999	0.970

Vanliner Insurance Company
Direct General Liability Experience

	Calendar / Accident Year as of 2008 Q1					5 year Totals
	2003	2004	2005	2006	2007	
Arkansas						
(1) Written Premium	0	0	0	0	3,802	3,802
(2) Earned Premium	0	0	0	0	1,846	1,846
(3) Paid Loss	0	0	0	0	0	0
(4) <u>Paid DCC</u>	0	0	0	0	0	0
(5) Paid Loss & DCC	0	0	0	0	0	0
(6) Case Loss Reserve	0	0	0	0	0	
(7) <u>Case DCC Reserve</u>	0	0	0	0	0	
(8) Case Loss & DCC Reserve	0	0	0	0	0	
(9) Case Incurred Loss	0	0	0	0	0	0
(10) <u>Case Incurred DCC</u>	0	0	0	0	0	0
(11) Case Incurred Loss & DCC	0	0	0	0	0	0
(12) Case Incurred Loss & DCC Ratio					0.000	0.000
(13) Basic Limits Earned Premium (est)	0	0	0	0	1,009	1,009
(14) Case Inc Loss & DCC Limited to 100K	0	0	0	0	0	0
(15) Basic Limits Loss & DCC Ratio	0.000	0.000	0.000	0.000	0.000	0.000
(16) Claimant Count	0	0	0	0	0	0

	Calendar / Accident Year as of 2008 Q1					5 year Totals
	2003	2004	2005	2006	2007	
Countrywide						
(1) Written Premium	112,206	44,483	225,092	238,615	495,553	1,115,949
(2) Earned Premium	104,273	79,821	150,217	232,426	373,570	940,307
(3) Paid Loss	14,091	8,510	27,370	0	41,418	91,389
(4) <u>Paid DCC</u>	618	3,682	116,959	8,077	19,152	148,487
(5) Paid Loss & DCC	14,708	12,192	144,329	8,077	60,570	239,876
(6) Case Loss Reserve	0	0	458,003	1	72,530	
(7) <u>Case DCC Reserve</u>	0	0	24,110	4,332	22,968	
(8) Case Loss & DCC Reserve	0	0	482,113	4,333	95,498	
(9) Case Incurred Loss	14,091	8,510	485,373	1	113,948	621,922
(10) <u>Case Incurred DCC</u>	618	3,682	141,069	12,408	42,120	199,897
(11) Case Incurred Loss & DCC	14,708	12,192	626,442	12,409	156,068	821,820
(12) Case Incurred Loss & DCC Ratio	0.141	0.153	4.170	0.053	0.418	0.874
(13) Basic Limits Earned Premium (est)	56,980	43,618	82,086	127,009	204,137	513,829
(14) Case Inc Loss & DCC Limited to 100K	14,708	12,192	516,442	12,409	156,068	711,820
(15) Basic Limits Loss & DCC Ratio	0.258	0.280	6.291	0.098	0.765	1.385
(16) Claimant Count	4	8	15	9	35	71

Vanliner Insurance Company
Arkansas Commercial Lines Manual
Division Six- General Liability-Arkansas Rules
ISO / Bureau Reference Filing Numbers

Manualholder Notice	Filing Reference #
Multistate:	
GL-MU-2007-RU-001	GL-2006-OCTRU
GL-MU-2007-RRP-001	RP-2006-RRP06
GL-MU-2007-CRP-001	RP-2006-RCR06
GL-MU-2006-CGLES-001	RP-2005-RGL05
GL-MU-2005-LC-002	GL-2005-RELP1
GL-MU-2008-FO-002	CL-2008-OTOAL
Arkansas:	
GL-AR-2007-RU-002	GL-2006-OCTRU
GL-AR-2007-RRP-001	RP-2006-RRP06
GL-AR-2007-CRP-001	RP-2006-RCR06
GL-AR-2006-CGLES-001	RP-2005-RGL05
GL-AR-2007-LC-001	GL-2006-RCTLC -GL-2007-BGL1
GL-AR-2008-FO-002	CL-2008-OTOAL

Vanliner Insurance Company
Multistate Commercial Lines Manual
Division Six - General Liability
Vanliner Insurance Company Forms

Form Number	Form Title
VL9326 07 08	Supplemental Application for Property and General Liability
VIC GLDEC00 07 08	General Liability Declarations
Doc.No.14344 06/01	Privacy Policy
VL0000 08 89	Manuscript Endorsement
VL5035 07 08	Animal Actions Exclusion
VL5036 07 08	Section IV - Commercial General Liability Conditions
VL5037 07 08	Lead Liability Exclusion
VL5038 07 08	Asbestos Exclusion
VL5039 07 08	Exclusion of Prior Incident(s) and Prior Construction Defects
VL5040 07 08	Blanket Additional Insured Endorsement - Commercial General Liability Coverage Part
VL5042 07 08	Mold Exclusion
VL5043 07 08	Punitive Damages Exclusion
VL5044 07 08	Limitation of Coverage to Specific Business Activity

Vanliner Insurance Company
Commercial Lines Manual
Division Six - General Liability - Multistate

Rule 8:	Policy Writing Minimum Premium	
	8.A.1 Prepaid Policies	\$1,500
	8.B.1 Annual Premium Payment Plan Policies or Continuous Policies	\$1,500
Rule 9:	Additional Premium Changes	
	9.B.1 Waiver of Premium	
	In the event of a policy change that generates a premium change Vanliner will bill the full additional premium or credit the insured with the full return premium no matter how small the premium difference is i.e., there is no size of change where Vanliner will waive the premium change amount.	
Rule 10:	Return Premium Changes	
	10.B.1 Waiver of Premium	
	In the event of a policy change that generates a premium change Vanliner will bill the full additional premium or credit the insured with the full return premium no matter how small the premium difference is i.e., there is no size of change where Vanliner will waive the premium change amount.	
Rule 14:	Minimum Premiums	
	14.B.2 Determination	
	a. The basic limits minimum premium for any classification is:	\$25
	14.E.1 Special Combined Minimum Premiums	
	a. The basic limits minimum premium for any classification is:	\$25
Rule 16:	Additional Interests	
	16.B Additional Charge	
	The premium per additional interests listed in ISO Rule 16.B shall be determined within the following range based upon the interest being insured and underwriting analysis of the degree of hazard presented by a specific situation	
	\$100,000/\$200,000 Basic Limit Premium:	\$10 - \$250
	Apply the appropriate increased limit factor for higher limits.	
	Note that charges for additional events shall be fully earned if or when the event has taken place at the time of policy change or cancellation. Charges for additional insureds shall be earned pro rata over the policy term.	
Rule 15:	Deductibles	
	15.D.5 Deductible Discount Factors	
	a. Use the ISO tables in Paragraph E. for all factors.	
Rule 23:	Company Rates or ISO Loss Costs	
	23.D.1 Increased Limits	
	a. Use the appropriate ISO factors for increased damage to premises rented to you or medical payment limits.	
	23.E Refer to Company	
	a. Use ISO Premises/Operations Increased Limit Factor table 3 or, as appropriate, the ISO Products/Completed Operations Increased Limit Factor table C for any classifications which show the Symbol (a) instead of a specific rate.	
Rule 56:	Increased Limits Tables	
	56.A.3 Procedures	
	a. Use the ISO Increased Limit tables for all factors.	
	56.A.5.c Procedures	
	a. Where neither limit required appears in the table, refer to company. The company will interpolate between the factors and limits shown to develop an appropriate factor.	

Vanliner Insurance Company
 Division Six - General Liability
 Premises/Operations (Subline Code 334)
 Products/Completed Operations (Subliner 336)
 \$100,000/200,000 Basic Limit

Procedure 5.
 Supplemental Estimated Loss Potentials

Class Code	Description	Premium Basis	Premises / Operations ELP	Products & Completed Operations ELP
51005	Aerosol Containers - filling or charging for others	Sales	Manual	2.25
51201	Aircraft or Aircraft Parts Mfg.	Sales	Manual	1.36
51211	Ammunition Mfg.	Sales	Refer to Company	3.000
40040	Amusement Devices - NOC	Sales	27.50	Included
	Amusement Devices - operated in connection with carnivals or fairs -			
40042	Not-For-Profit only	Sales	27.50	Included
	Amusement Devices - operated in connection with carnivals or fairs -			
40041	Other Than Not-For-Profit	Sales	27.50	Included
10020	Amusement Parks	Sales	27.50	5.50
	Anhydrous Ammonia Dealers and			
10036	Distributors	Sales	Manual	6.00
	Athletic Teams - professional or semi-			
40069	professional	Per Game	Refer to Company	Included
	Beaches - bathing - not commercially			
40072	operated	Each	550.00	Included
40115	Boats - motor or sail - not for rent	Each	262.50	Included
40140	Boats - nonowned over 26 feet	Each	262.50	Included
40117	Boats - not for rent - NOC	Each	262.50	Included
10119	Boats - rented to others - NOC	Sales	5.50	Included
	Bus Mfg. Or Assembling or			
51625	Reconstruction	Sales	Manual	5.000
	Caisson or Cofferdam Work - not			
91325	foundations for buildings	Payroll	50.00	13.00
	Camper or Travel Trailers Sales			
10315	Agencies	Sales	Manual	1.00
51703	Campers Mfg. - self powered	Sales	Manual	5.00
	Cellophane and Cellophane			
51796	Products Mfg.	Sales	Manual	0.32
11101	Chemical Distributors	Sales	1.28	2.55
	Contractors Equipment - earth			
	moving equipment other than			
	cranes, derricks and power shovels -			
11205	rented to others with operators	Sales	13.00	Included
94444	Contractors-NOC	Payroll	13.00	13.00
	Contractors-subcontracted work-in			
	connection with oil and gas field			
91586	construction, reconstruction or repair	Total Cost of Work	1.32	5.75
	Contractors-subcontracted work-in			
	connection with pipeline (other than			
	oil or gas), or communication or			
	power line construction,			
91587	reconstruction or repair	Total Cost of Work	13.00	2.25

Vanliner Insurance Company
 Division Six - General Liability
 Premises/Operations (Subline Code 334)
 Products/Completed Operations (Subliner 336)
 \$100,000/200,000 Basic Limit

Procedure 5.
 Supplemental Estimated Loss Potentials

Class Code	Description	Premium Basis	Premises / Operations ELP	Products & Completed Operations ELP
91589	Contractors-subcontracted work-in connection with street or highway construction, reconstruction or repair-not elevated	Total Cost of Work	0.37	2.60
41700	Dam, Levee or Dike-existence hazard only	Each	2,750.00	Included
91618	Dam or Reservoir Construction	Payroll	12.10	15.00
52109	Dextrine Mfg.	Sales	Manual	0.50
91641	Dike, Levee or Revetment Construction	Payroll	Manual	6.00
52150	Distillation or Extraction-NOC	Sales	Manual	4.13
91666	Diving-Marine	Payroll	Manual	1.58
91722	Dock Operations-coal, grain or ore	Payroll	Manual	6.00
52402	Drums or Containers Mfg-plastic	Sales	Manual	2.72
63220	Exhibitions-in building-no admission charged-Not-For-Profit only	Each	2,510	Included
63219	Exhibitions-in building-no admission charged-Other Than Not-For-Profit	Each	2,510	Included
53147	Fire Extinguishers Mfg.	Sales	Manual	4.00
53229	Fire Suppression Systems Mfg.	Sales	Manual	9.00
43754	Fishing Piers	Each	275	Included
94638	Freight Forwarders or Handlers-packing, handling or shipping explosives or ammunition under contract	Payroll	110	Included
53731	Furniture Mfg. Or Assembling-Infants	Sales	Manual	3.00
53803	Galvanizing or Tinning	Sales	Manual	0.20
43946	Garbage Works-separation for recycling, reduction or incineration	Each Acre	47.50	Included
13411	Gas Dealers or Distributors-NOC	Gallons	6.00	0.52
53902	Gas Manufacturing-inert	Sales	Refer to Company	5.00
53903	Gas Manufacturing-NOC	Sales	Refer to Company	5.00
53904	Gas manufacturing-primarily flammable, explosive or reactive	Sales	Refer to Company	5.00
53905	Gas Manufacturing-primarily toxic or presenting a health hazard	Sales	Refer to Company	5.00
53901	Gas Manufacturing-toxic and either flammable, explosive or reactive	Sales	Refer to Company	5.00
44010	Gasoline Recovery-from casing head or natural gas	Payroll	Refer to Company	0.79
13453	Gasoline Stations - full service	Sales	Manual	0.133
13455	Gasoline Stations - self and full service combined	Sales	Manual	0.133
13454	Gasoline stations - self-service	Sales	Manual	0.114

Vanliner Insurance Company
 Division Six - General Liability
 Premises/Operations (Subline Code 334)
 Products/Completed Operations (Subliner 336)
 \$100,000/200,000 Basic Limit

Procedure 5.
 Supplemental Estimated Loss Potentials

Class Code	Description	Premium Basis	Premises / Operations ELP	Products & Completed Operations ELP
44113	Governmental Subdivision-not state or federal Counties or Parishes Population over 250,000	Total Operating Expenditure	2.525	Included
44194	Grandstands or Bleachers-Not-For-Profit only	Each	550	Included
44193	Grandstands or Bleachers-Other Than Not-For-Profit	Each	550	Included
95620	Gunsmiths	Payroll	Manual	15.00
45225	Hunting preserves-Not-For-Profit only	Sales	20.00	Included
45224	Hunting Preserves-Other Than Not-For-Profit	Sales	20.00	Included
55717	Insulating Material Mfg. - plastic - for application in a solid state	Sales	Manual	2.75
55718	Insulating material Mfg. - plastic - NOC	Sales	Manual	2.75
96872	Jetty or Breakwater construction	Payroll	Manual	5.00
45380	Junk Dealers	Sales	Manual	0.40
97003	Laboratories-research, development or testing-Not-For-Profit only	Payroll	27.50	13.75
97002	Laboratories-research, development or testing-Other Than Not-For-Profit	Payroll	27.50	13.75
45524	Lakes or Reservoirs - existence hazard only Not-For-Profit only	Each	2,525	Included
45523	Lakes or Reservoirs - existence hazard only Other Than Not-For-Profit	Each	2,525	Included
56170	Lead Mfg. - red or white	Sales	Manual	0.90
56171	Lead Works-sheet, pipe or shot	Sales	Manual	0.90
97220	Machine Shops - NOC	Payroll	Manual	2.525
54444	Manufacturers - NOC	Sales	12.525	12.525
15120	Markets - not open air (lessor's risk only) - Not-For-Profit only	Sales	2.525	Included
15119	Markets - not open air (lessor's risk only) - Other Than Not-For-Profit	Sales	2.525	Included
15405	Metal Dealers or Distributors - structural	Sales	Manual	5.50
56900	Metal - extraction or refining - NOC	Sales	Manual	0.75
56910	Metal Foil Mfg.	Sales	Manual	1.25
56917	Metals - extraction or refining - chemical processes	Sales	Manual	0.60
56918	Metals - extraction or refining - electrometallurgical processes	Sales	Manual	0.60
56919	Metals - extraction or refining of ferrous metals - blast furnace or other pyrometallurgical processes	Sales	Manual	0.60

Vanliner Insurance Company
 Division Six - General Liability
 Premises/Operations (Subline Code 334)
 Products/Completed Operations (Subliner 336)
 \$100,000/200,000 Basic Limit

Procedure 5.
 Supplemental Estimated Loss Potentials

Class Code	Description	Premium Basis	Premises / Operations ELP	Products & Completed Operations ELP
56920	Metals - extraction or refining of nonferrous metals - blast furnace or other pyrometallurgical processes Motorcycle, Moped or Motor Scooter	Sales	Manual	0.60
57202	Mfg.	Sales	Manual	65.00
57411	Net Mfg. - safety nets	Sales	Manual	27.50
98153	Oil or Gas Wells-acidizing	Payroll	Manual	3.00
98154	Oil or Gas Wells-cementing	Payroll	Manual	3.00
98155	Oil or Gas Wells - cleaning or swabbing by contractors	Payroll	Manual	3.00
98156	Oil or Gas Wells - cleaning or swabbing by contractors - within the limits of any town or city, on the right-of-way of any railroad, or in any ocean, gulf or bay	Payroll	Manual	3.00
98158	Oil or Gas Wells - drilling or redrilling, installation or recovery of casing - within the limits of any town or city, on the right-of-way of any railroad, or in any ocean, gulf or bay	Payroll	Manual	20.00
98159	Oil or Gas Wells - instrument logging or survey work in wells	Payroll	Manual	3.00
98160	Oil or Gas Wells - perforating of casing	Payroll	Manual	3.00
98162	Oil or Gas Wells - shooting	Payroll	Refer to Company	3.00
57798	Parachute Mfg.	Sales	Manual	1.70
46590	Parades	Each	2,550	Included
46671	Parks or Playgrounds	Each	2,525	Included
98413	Pile Driving - building foundation only	Payroll	Manual	3.40
98415	Pile Driving - sonic method	Payroll	Manual	3.40
98425	Pipeline Construction - oil	Payroll	Manual	9.00
98426	Pipeline Construction - slurry - nonflammable mixtures	Payroll	Manual	9.00
98428	Pipelines - operation - NOC	Payroll	18.00	Included
98430	Pipelines - operation - slurry - nonflammable mixtures	Payroll	18.00	Included
58020	Pipes Mfg. - tobacco	Sales	Manual	0.200
46822	Political Campaign Headquarters or Offices	Each	550	Included
16588	Printers or Electrotypers Supplies - distributors	Sales	Manual	1.40
58560	Railroad or Other Public Conveyance Cars Mfg.	Sales	Manual	1.36
58561	Railroad or Other Public Conveyance Cars Parts Mfg.	Sales	1.10	2.00
58682	Rendering Works	Sales	Manual	0.75
47253	Rifle or Pistol Ranges - indoor	Each Range	2,625	Included

Vanliner Insurance Company
 Division Six - General Liability
 Premises/Operations (Subline Code 334)
 Products/Completed Operations (Subliner 336)
 \$100,000/200,000 Basic Limit

Procedure 5.
 Supplemental Estimated Loss Potentials

Class Code	Description	Premium Basis	Premises / Operations ELP	Products & Completed Operations ELP
47254	Rifle or Pistol Ranges - NOC	Each Range	2,625	Included
58757	Rubber Reclaiming	Sales	Manual	0.34
58813	Safes or Safe Vaults Mfg.	Sales	Manual	0.90
58822	Sail Making	Sales	Manual	0.46
98698	Salvage Operations - NOC	Payroll	5.50	1.70
	Salvage Operations - removing, sorting, reconditioning and distributing of merchandise in damaged buildings and incidental operations away from such buildings			
98699		Payroll	Manual	1.70
58903	Sewing Machines Mfg. - commercial	Sales	Manual	1.50
98871	Shaft Sinking	Payroll	Refer to Company	32.00
48177	Skating Rinks - ice	Sales	5.125	Included
48178	Skating Rinks - roller	Sales	5.125	Included
48252	Ski Lifts, Tows or Runs	Sales	15.50	Included
	Stevedoring - by hand or by means of hand trucks exclusively - no hoisting of cargo			
99220		Payroll	Manual	5.00
	Stevedoring - handling explosives or ammunition - under contract			
99221		Payroll	110.00	5.00
99222	Stevedoring - NOC	Payroll	Manual	5.00
	Stevedoring - tallyers or checking clerks engaged in connection with stevedoring work			
99223		Payroll	Manual	5.00
	Streets, Roads, Highways or Bridges - existence and maintenance hazard only			
48727		Each Mile	50.50	Included
99445	Subway Construction	Payroll	Refer to Company	35.00
	Swimming Pools - commercially operated			
48924		Sales	5.25	Included
	Tank Construction, Installation, Erection or Repair - metal - not pressurized - within buildings exclusively			
99572		Payroll	Manual	14.95
	Tank Construction, Installation, Erection or Repair - metal - pressurized - within buildings exclusively			
99573		Payroll	Manual	14.95
59751	Tire Mfg. - not auto, bus or truck	Sales	Manual	1.00
99798	Tunneling	Payroll	23.400	35.00
59867	Turpentine or Resin Mfg.	Sales	Manual	0.26
	Underpinning Buildings or Structures			
99803		Payroll	60.00	Manual
	Wharf and Waterfront Property - ferry docks or terminals			
49800		Area	25.50	Included
59941	Wheel Mfg.	Sales	Manual	15.00
49903	Zoos - Not-For-Profit only	Each	2,625	Included
49902	Zoos - Other Than Not-For-Profit	Each	2,625	Included

Vanliner Insurance Company
 Commercial Lines Manual
 Division Six - General Liability - State Exceptions

Rule 1: Application of this Division

D. Company Rates/ISO Loss Costs

3 Loss Cost Conversion - Loss Cost Multiplier

Policies effective on or after	LCM
8/1/2004	1.311
7/1/2008	1.845

Rounding Rule - Base rates are calculated by multiplying the ISO loss cost times the Vanliner loss cost multiplier and rounding to 3 places.

4 Expected Loss & LAE Ratio

Policies effective on or after	
8/1/2004	0.763
7/1/2008	0.542

5 Retrospective Rating Tax Multiplier

Policies effective on or after	
8/1/2004	1.018
7/1/2008	1.036