

SERFF Tracking Number: CNLC-125761963 State: Arkansas
Filing Company: CANAL INSURANCE COMPANY State Tracking Number: EFT \$50
Company Tracking Number: CNLC-125761963
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Combination Insurance Application
Project Name/Number: /

Filing at a Glance

Company: CANAL INSURANCE COMPANY

Product Name: Commercial Combination SERFF Tr Num: CNLC-125761963 State: Arkansas

Insurance Application

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: CNLC-125761963

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Allison Diaz

Disposition Date: 08/08/2008

Date Submitted: 08/06/2008

Disposition Status: Approved

Effective Date Requested (New): 10/01/2008

Effective Date (New): 10/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/08/2008

State Status Changed: 08/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please find attached the referenced application submitted for your review and approval in Arkansas. A-101 AR (8-2008) is intended to replace A-101 (9-2006). The revised application was changed to be more compatible with the entry screens on our policy issuance system and to clarify coverage options. In addition, the revised application contains Motor Vehicle Report and Credit Report acknowledgements, whereas the last application did not. Rates are not affected by this form.

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Company and Contact

Filing Contact Information

Allison Diaz, Associate Compliance Analyst allison.diaz@canal-ins.com
 PO Box 7 (864) 242-5365 [Phone]
 Greenville, SC 29602

Filing Company Information

CANAL INSURANCE COMPANY CoCode: 10464 State of Domicile: South Carolina
 400 EAST STONE AVENUE Group Code: 262 Company Type: PROPERTY & CASUALTY
 PO BOX 7
 GREENVILLE, SC 29690 Group Name: CANAL GROUP State ID Number:
 (864) 242-5365 ext. [Phone] FEIN Number: 57-0133332

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 for each filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CANAL INSURANCE COMPANY	\$50.00	08/06/2008	21819156

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/08/2008	08/08/2008

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Product Name: Commercial Combination Insurance Application
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Disposition

Disposition Date: 08/08/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNLC-125761963 *State:* Arkansas
Filing Company: CANAL INSURANCE COMPANY *State Tracking Number:* EFT \$50
Company Tracking Number: CNLC-125761963
TOI: 35.0 Interline Filings *Sub-TOI:* 35.0002 Commercial Interline Filings
Product Name: Commercial Combination Insurance Application
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Commercial Combination Insurance Application	Approved	Yes

SERFF Tracking Number: CNLC-125761963 State: Arkansas
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 Company Tracking Number: CNLC-125761963
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Combination Insurance Application	A-101 AR	8-2008	Application/New Binder/Enrollment			A-101 AR (8-2008) - AR Commercial Combo Insurance Application.pdf



Canal Commercial Combination Insurance Application

Entire Application Must Be Completed and Signed

CANAL INSURANCE COMPANY

CANAL INDEMNITY COMPANY

Canal General Agent Use Only
Date and Time Coverage is Bound by Canal
Requested Effective Date _____

1. GENERAL INFORMATION

Applicant Legal Name		Form of Business <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other	
Company Name (DBA) (if any)		Principal or Majority Owner (please include all principals)	
DOT Number	Telephone Number	Mobile Phone Number	
*Tax Identification Number or Social Security Number	E-Mail Address	Fax Number	
Location of Business Premises or Physical Address			
City	State	Zip Code	County
Location Is <input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits			
Mailing Address (if different than above)			
City	State	Zip Code	County

*If provided, certificates of insurance can be accessed from www.canal-ins.com 24 hours a day.

2. GENERAL QUESTIONS

Policy Type

Scheduled Vehicle Gross Receipts (only available for 25 or more power units) Gross Mileage (only available for 25 or more power units)

How long has this operation been in business?

Less than one year One to two years Two or more years

Have you ever had insurance with Canal?

Yes No

If yes, please provide policy number or year(s) and name on policy.

Business Class

For Hire Trucking (hauls goods for others) Private Carrier (hauls owned goods) Public Auto/Taxi Non Trucking Small Commercial

If applying for **Non-Trucking Coverage** list name and the motor carrier number of the lessee to whom you are permanently leased.

Name of Motor Carrier	Motor Carrier Number
-----------------------	----------------------

If applying for **Small Commercial**, describe type of business and use of vehicle(s).

Type of Business	Use of Vehicle(s)
------------------	-------------------

Do you own any other businesses?

Yes No

If yes, please provide the name, address and details.

Have there been any changes in the ownership, management or name of the operation in the past five years?

Yes No

If yes, please provide details.

Indicate Policy Term and Payment Method

Short Term Policy* Desired Expiration Date: _____ *(No company payment plan available for short term policies.)

Continuous Until Cancelled Policy (2 month escrow deposit and monthly billing)

Annual Policy: Full Payment to Company Company Payment Plan Financed through outside Premium Finance Company with full payment to Canal (no double financing permitted – attach contract)

3. MOTOR CARRIER FILINGS

Do you need an MCS-90? Yes No

Authority Type

Common Contract Brokerage

If brokerage, please provide the percentage of total revenue generated by brokerage operations and MC number

Applicant's Initials



MOTOR CARRIER FILINGS continued

Table with 3 columns: Filings Required, Motor Carrier #, Applicant's Name and Address Exactly As It Appears On Each Permit. Includes checkboxes for Liability BMC 91X, Cargo BMC 34, etc.

If an MCS-90 is issued, Canal will issue with the required limits as posted on the FMCSA website. Please note: 36 days notice of cancellation is mandatory on all policies that have an MCS-90 or filings. Canal requires all units to be scheduled when an MCS-90 or filings are issued.

4. OPERATIONS

Please Identify Metropolitan Areas Traveled Through or Into

- Grid of checkboxes for metropolitan areas: Atlanta, Baltimore/DC, Boston, Buffalo, Charlotte, Chicago, Cincinnati, Cleveland, Dallas/Ft. Worth, Denver, Detroit, Hartford, Houston, Indianapolis, Jacksonville, Kansas City, Little Rock, Los Angeles, Louisville, Memphis, Miami, Milwaukee, Mpls/ St. Paul, Nashville, New Orleans, New York City, Oklahoma City, Omaha, Philadelphia, Phoenix, Pittsburgh, Portland, Richmond, St. Louis, Salt Lake City, San Diego, San Francisco, Seattle, Tulsa.

- Yes/No questions: Do you act as a freight forwarder, freight broker or arrange loads for others? Do you lease to others? Do you allow guest passengers? Do you haul double trailers? Do you haul triple trailers? Are any vehicles used to transport employees? Do you hire owner operators on a trip lease basis? Do you lend, lease or rent trucks, tractors or trailers to others without drivers?

Please explain all "Yes" answers

5. HISTORY

Have there been any losses in the current year or the past three years? Yes No If yes, please complete below. Please complete for all lines of business for the current year, as well as for the three years prior, or submit loss runs.

Table for Physical Damage history with columns: Policy Term (From/To), Company Name, Liability (# Claims, *Amount Incurred), Physical Damage (# Claims, *Amount Incurred).

Attach separate loss runs if space provided is not sufficient. *Amount incurred should include paid as well as reserved total.

Table for General Liability history with columns: Policy Term (From/To), Company Name, Cargo (# Claims, *Amount Incurred), General Liability (# Claims, *Amount Incurred).

Attach separate loss runs if space provided is not sufficient. *Amount incurred should include paid as well as reserved total.

Please describe all claims over \$10,000

Applicant's Initials

6. DRIVERS

I declare the following list includes all drivers of vehicles requested to be covered under the policy including employees, leased employees, owner operators, mechanics, family members, and any other person allowed to drive an insured vehicle.

Driver Name	Date of Birth	Driver License State	Driver License Number	No. of Moving Violations in Past 3 Years	No. of Accidents in Past 3 Years	Year Hired	Years of Experience

Have any drivers been convicted of any of the following? Yes No

Negligent homicide, unlawful use of vehicle, speed contest or racing, reckless driving, leaving the scene of an accident or a hit and run, any felony conviction which involves a motor vehicle, speed twenty miles or more over the speed limit or driving while license is suspended or revoked in a commercial vehicle, DUI or DWI.

If yes, please provide driver name and details.

Yes No Do you agree to report all drivers to your agent prior to them driving an insured unit?
 Yes No Do you comply with all DOT regulations concerning driver employment, files and regulations?

7. VEHICLES

Description of Vehicles (trailers must be scheduled for liability coverage to apply while detached from a power unit)

Unit No.	Model Year	Make and Unit Type	Serial Number	Number of Axles	GVW	*Owner Type	**Is Garaging address same as physical?
1							<input type="checkbox"/> Yes <input type="checkbox"/> No
2							<input type="checkbox"/> Yes <input type="checkbox"/> No
3							<input type="checkbox"/> Yes <input type="checkbox"/> No
4							<input type="checkbox"/> Yes <input type="checkbox"/> No
5							<input type="checkbox"/> Yes <input type="checkbox"/> No

*Please enter the owner type by entering the corresponding number. 1. Owned by Named Insured, 2. Owned by Leasing Company (long term lease without a driver), 3. Owned by Owner Operator (leased with driver), 4. Owned by Employee of Named Insured (officer)

**If a unit is not garaged at the physical address, it is necessary to complete the sections below for additional garaging addresses.

Name and address of vehicle owners other than the named insured (owner types 2, 3 & 4 listed above)

Unit No.	Name of Owner	Mailing Address

Please note that coverage for owners might not be afforded if this section is not completed.

**If a unit is not garaged at the physical address of the applicant, please complete the garaging addresses for each unit

Unit No.	Street Address			
City	State	Zip Code	County	
Unit No.	Street Address			
City	State	Zip Code	County	

Applicant's Initials



VEHICLES (continued)

Are all owned and operated power units listed on this application?

Yes No

If no, please provide details.

Do you have any mobile equipment subject to financial responsibility laws?

Yes No

If yes, please provide details of equipment.

8. PRIMARY OPERATION

Please indicate the percentage of operations for each of the following:

___ Dump ___ Flatbed ___ Log Hauling ___ Refrigeration ___ Tank ___ Dry Van
___ Auto Hauler ___ Mobile Home Toter ___ Driveaway ___ Double Trailer Hauler ___ Other _____

Are any of the following commodities hauled?

Yes No Hazardous Materials Requiring 1,000,000 Liability Limits or Less
 Yes No Hazardous Materials Requiring 5,000,000 Liability Limits
 Yes No Refuse/Waste/Garbage
 Yes No Explosives

If yes, please provide details.

Commodities Transported (Please be specific - general freight and miscellaneous is not acceptable)

%	Type	%	Type

9. COVERAGE SELECTION

It is only necessary to complete sections for desired coverage. If a coverage section is left blank it will be understood that no coverage is desired.

9. AUTO LIABILITY

Commercial Vehicles

Taxicabs Only

Combined Single Limit - each accident

Bodily Injury - each person

Bodily Injury - each accident

Property Damage - each accident

\$ _____ / \$ _____ / \$ _____

Please indicate the desired radius restriction if less than an unlimited radius is desired.

150 300 200 (FL and CT only)

For an unlimited radius please indicate the percentage of trips by radius from the physical address.

Percentage of Trips by Radius		
0-150	151-300	Over 300

Additional/Designated Insureds

Name	Mailing Address	*Type of Additional Insured

*Please enter each desired additional/designated insured by entering the corresponding number: 1. Designated Additional Insured, 2. Intermodal, 3. Additional Insured Waiver Rights Recovery, 4. Additional Insured Hired/Non-Owned

9. AUTO PHYSICAL DAMAGE

Please complete for all units that desire physical damage coverage.

Unit No.	Physical Damage Limit	Name of Loss Payee	Loss Payee Complete Address

Applicant's Initials _____



AUTO PHYSICAL DAMAGE (continued)

Deductible Desired- Please select one

- \$500 \$1,000 \$2,500 \$5,000 (submit for approval)

Coverage Desired

- Collision and Specified Causes of Loss
- Collision and Comprehensive (not available in all states)

Additional Coverages Desired

- Additional Towing Limit \$ _____ (in the event of a total loss to the described unit) \$2,500 included
- Trailer Interchange Limit \$ _____ Minus \$1,000 Deductible (UIIA container haulers)
- Non-Owned Trailer Limit \$ _____ Minus \$1,000 Deductible (coverage applies only while attached to a scheduled power unit)

Please list the name and address of owners of Non-Owned trailers

Name of Owner	Address of Owner

9. MOTOR TRUCK CARGO

Coverage for cargo in trailers applies ONLY while trailer is attached to a scheduled power unit.

Limit Desired

Per Vehicle \$ _____

Units that require specific limits other than above, please indicate below.

Unit No.	Desired Limit	Unit No.	Desired Limit
	\$ _____		\$ _____

Deductible Desired- Please select one

- \$500 (available only on limits up to \$25,000) \$1,000 \$2,500 \$5,000 (submit for approval)

Additional Coverages Desired

- Refrigeration Breakdown - \$2,500 minimum deductible required
- Poultry Cages
- Water Damage - \$2,500 minimum deductible required
- Earned Freight Increase to \$ _____ \$1,000 included
- Debris Removal Increase to \$ _____ \$10,000 included

9. TRUCKERS GENERAL LIABILITY

This application is for General Liability Coverage on businesses solely involved in "for-hire" transportation of property.

Desired Limits

- General Aggregate - please select one \$1,000,000 \$2,000,000
- Each Occurrence \$1,000,000 (included)

Employers Liability (Stop Gap) Coverage

Applicable only in ND, OH, WA and WY. Please select either yes or no.

- | | | | |
|------------------------------|-----------------------------|---------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Limits | |
| | | \$1,000,000 | Bodily Injury by Accident - each accident |
| | | \$1,000,000 | Bodily Injury by Disease - each employee |
| | | \$1,000,000 | Bodily Injury by Disease - each policy |

- Yes No Do you haul bulk fuel? If yes, a \$1,000 deductible applies. If desired, please indicate an optional higher deductible \$ _____
- Yes No Do you repair or service vehicles of others?
- Yes No Do you have dogs at premises? (see exclusion endorsement)
- Yes No Do you carry a firearm? (see exclusion endorsement)
- Yes No Do you generate income from other activities besides the operation of the trucks?

Please explain all "Yes" answers

Please list all mobile equipment owned by the applicant, if any (i.e. forklift, backhoe, mobile crane, etc.)

Applicant's Initials



TRUCKERS GENERAL LIABILITY (continued)

Please list all premises owned or rented

Street Address			
City	State	Zip Code	County
Street Address			
City	State	Zip Code	County
Street Address			
City	State	Zip Code	County

Additional/Designated Insureds

Name	Mailing Address	*Type of Additional Insured

*Please enter each desired additional/designated insured by entering the corresponding number: 1. Controlling Interest, 2. Designated Person or Organization, 3. Managers or Lessors of Premises, 4. Mortgagee, 5. Owners, Lessees or Contractors, 6. Co-Owner of Insured Premises, 7. Vicarious Liability for Owners, Lessees or Contractors

10. CERTIFICATES OF INSURANCE

Name	Mailing Address

11. MVR AND CREDIT REPORT ACKNOWLEDGEMENT

I hereby authorize Canal Insurance Company and/or the Producing Agent to obtain from the **Arkansas Office of Driver Services** a copy of my Motor Vehicle Report for the use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be used by the insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting; and I hereby certify that the information above is true and agree that a misrepresentation of any of the facts by me will constitute reason for the company to void or cancel any policy issued on the basis of this application, and will hold the company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any restrictive and/or Exclusion Endorsement Text, which is included on the application and signed by me, shall become a part of the policy.

Disclosure: In connection with this application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the insurance score. Your credit report/credit-based insurance score will not be used for any purpose other than the underwriting of the commercial automobile insurance policy for which you have applied.

Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or a credit-based insurance score be a factor in determining your eligibility for commercial automobile insurance, including cancellation or nonrenewal, if a policy is ultimately issued.

I authorize Canal Insurance Company to obtain a credit report, including but not limited to a credit-based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies with Canal Insurance Company.

Applicant's Signature

Date

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Product Name: Commercial Combination Insurance Application
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/08/2008

Comments:

Attachment:

PCTD - August 2008 Commercial Combo App Filing - Arkansas.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 08/08/2008

Comments:

Attachment:

A-101 AR - August 2008 Filing Memorandum - Arkansas.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: 60%; 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 #
Canal Insurance Company	SC	10464	57-033332	

5. Company Tracking Number	CNLC-125761963
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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
Allison Diaz P.O Box 7 Greenville, SC 29602	Associate Compliance Analyst	800-868-7538 x5428	864-679-2527	allison.diaz@canal-ins.com

7. Signature of authorized filer	<i>Allison Diaz</i>
8. Please print name of authorized filer	Allison Diaz

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

9. Type of Insurance (TOI)	35.0 Interline Filings
10. Sub-Type of Insurance (Sub-TOI)	35.0002 Commercial Interline Filings
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/1/2008 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	8/6/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CNLC-125761963
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Please find attached the referenced application submitted for your review and approval in Arkansas. A-101 AR (8-2008) is intended to replace A-101 (9-2006). The revised application was changed to be more compatible with the entry screens on our policy issuance system and to clarify coverage options. In addition, the revised application contains Motor Vehicle Report and Credit Report acknowledgements, whereas the last application did not. Rates are not affected by this form.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: N/A
Amount: N/A

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CNLC-125761963
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Commercial Combination Insurance Application	A-101 AR (8-2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
-----------	--------------------------------------	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



P.O. Box 7 - Greenville, South Carolina - 29602-0007
400 East Stone Ave. (29601) - Phone: 864/242-5365

Allison Diaz
ASSOCIATE COMPLIANCE ANALYST
Fax: 864/679-2512
E-mail: allison.diaz@canal-ins.com
NAIC Co. Code: 10464

August 6, 2008

ARKANSAS FILING MEMORANDUM

Re: NAIC No. 10464; Group No. 262
Filing of Property & Casualty Form for Approval
A-101 AR (8-2008) – Canal Commercial Combination Insurance Application

Please find attached the referenced application submitted for your review and approval in Arkansas. A-101 AR (8-2008) is intended to replace A-101 (9-2006). The revised application was changed to be more compatible with the entry screens on our policy issuance system and to clarify coverage options. In addition, the revised application contains Motor Vehicle Report and Credit Report acknowledgements, whereas the last application did not. Rates are not affected by this form.

We believe this application is in compliance with Arkansas regulatory and statutory provisions. It is our desire to begin using this form October 1, 2008.

Should you have any questions regarding this submission, please contact me at 800-868-7538.

Sincerely,

Allison Diaz

Allison Diaz
Associate Compliance Analyst