

SERFF Tracking Number: VANL-125983804 State: Arkansas  
Filing Company: Vanliner Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: AR-FOOO-03-2009-CPPK  
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1003 Commercial Package  
Portion Only  
Product Name: Arkansas Commercial Property Form Filing  
Project Name/Number: Arkansas Commercial Property Form Filing/AR-FOOO-03-2009-CPOO

## Filing at a Glance

Company: Vanliner Insurance Company

Product Name: Arkansas Commercial Property SERFF Tr Num: VANL-125983804 State: Arkansas

Form Filing

TOI: 05.1 Commercial Multi-Peril - Non-Liability SERFF Status: Closed

State Tr Num: EFT \$50

Portion Only

Sub-TOI: 05.1003 Commercial Package

Co Tr Num: AR-FOOO-03-2009-  
CPPK

State Status: Fees verified and  
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Author: Tina Kampwerth

Disposition Date: 01/12/2009

Date Submitted: 01/12/2009

Disposition Status: Approved

Effective Date Requested (New): 03/01/2009

Effective Date (New): 03/01/2009

Effective Date Requested (Renewal): 03/01/2009

Effective Date (Renewal):

03/01/2009

State Filing Description:

## General Information

Project Name: Arkansas Commercial Property Form Filing

Status of Filing in Domicile: Pending

Project Number: AR-FOOO-03-2009-CPOO

Domicile Status Comments: Approved as filed

Reference Organization: Independent

Reference Number: Independent

Reference Title: Independent

Advisory Org. Circular: Independent

Filing Status Changed: 01/12/2009

State Status Changed: 01/12/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Arkansas Commercial Property Form Filing

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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  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Vanliner Insurance Company	\$50.00	01/12/2009	24945266

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/12/2009	01/12/2009

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## **Disposition**

Disposition Date: 01/12/2009

Effective Date (New): 03/01/2009

Effective Date (Renewal): 03/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.





**NOTICE OF CANCELLATION/NONRENEWAL  
COMMERCIAL PROPERTY  
ARKANSAS**

**Policy Number:**

**Name and Address of Insured**

**Effective Date of Cancellation:** , 1 2:01 AM

**Date of Mailing:**

**Name and Address of Insurance Company**

Vanliner Insurance Company  
One Premier Drive  
St. Louis, MO 63026

**Name and Address of Agent/Broker**

**Name and Address of Additional Insured(s)**

**Name and Address of Mortgagee(s)**

We are notifying you in accordance with the terms and conditions of the listed policy, and in accordance with law, that your insurance will cease as of the hour and date listed above for the following reason(s):

- Non-payment of premium.
- Non-payment of audit.
- Non-payment of deductible.
- Cancellation – (type reason of cancellation)
- Non-Renewal
- Other

**Premium Adjustment**

A bill for unpaid premium earned to the time of the cancellation will be sent to you shortly.

**Additional Comments**

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AUTHORIZED REPRESENTATIVE



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 01/12/2009

**Comments:**

Arkansas Commercial Property Form Filing

**Attachments:**

AR CP 10 06 filing forms.pdf

AR Form Ltr.pdf

### 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	Cancellation/Non Renewal Notice			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Cancellation/Non Renewal Notice	AR CP 10 06	<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		

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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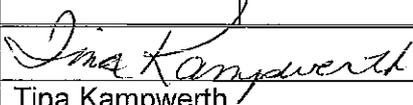
<b>3. Group Name</b>	<b>Group NAIC #</b>
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4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Vanliner Insurance Company	MO	21172	86-0114294	24

<b>5. Company Tracking Number</b>	<b>AR CP 10 06</b>
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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
	Tina Kampwerth Vanliner Insurance Company One Premier Drive St. Louis, MO 63026	Product Manager	636-305-4793 800-325-3619 ext. 4609	636-305-4270	Tina_Kampwerth@Vanliner.com

<b>7. Signature of authorized filer</b>	
<b>8. Please print name of authorized filer</b>	Tina Kampwerth

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

<b>9. Type of Insurance (TOI)</b>	5.1003
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	5.1003
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	<b>AR CP 10 06</b>
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: 03/01/2009      Renewal: 03/01/2009





January 12, 2009

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

Re: Vanliner Insurance Company  
NAIC# 000-21172  
Federal I.D. #86-0114294  
Cancellation Form Filing  
Proposed Effective Date: March 1, 2009

Dear Honorable Benafield:

Vanliner Insurance Company is seeking approval on the above form to become effective on March 1, 2009. The supporting documentation is enclosed.

Should you have any questions or require additional information, please call me at 800-325-3619 extension 4609 or email me at [Tina\\_Kampwerth@Vanliner.com](mailto:Tina_Kampwerth@Vanliner.com).

Sincerely,

A handwritten signature in cursive script that reads 'Tina Kampwerth'.

Tina Kampwerth  
Product Manager

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