

SERFF Tracking Number: LBPM-125385533 State: Arkansas  
First Filing Company: Liberty Mutual Fire Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AR HO CIVIL UNION  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: LibertyGuard Homeowner Policy Program  
Project Name/Number: Homeowner Civil Union Endorsement/AR HO Civil Union

## Filing at a Glance

Companies: Liberty Mutual Fire Insurance Company, The First Liberty Insurance Corporation

Product Name: LibertyGuard Homeowner Policy Program SERFF Tr Num: LBPM-125385533 State: Arkansas

Policy Program

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 04.0000 Homeowners Sub-TOI

Co Tr Num: AR HO CIVIL UNION

State Status: Fees received

Combinations

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington,  
Betty Montesi, Brittany Yielding

Author: Jennifer Colby

Disposition Date: 12/14/2007

Date Submitted: 12/12/2007

Disposition Status: Approved

Effective Date Requested (New): 03/17/2008

Effective Date (New): 03/17/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Homeowner Civil Union Endorsement

Status of Filing in Domicile: Not Filed

Project Number: AR HO Civil Union

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/14/2007

State Status Changed: 12/12/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this endorsement is to align our policy contract language with our business processes. We will be affording insureds that have entered into a legally recognized Domestic Partnership, Civil Union or other similar partnership, the same coverages, discounts, et cetera as all other married insureds. As such, this endorsement modifies the policy definition of "you" and "your" with regards to the partner in a civil union, registered domestic partnership or other similar union or partnership. The endorsement will be attached to all policies. The key provision is that the endorsement only impacts those who have entered into a domestic partnership or

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civil union that is legally recognized.

## Company and Contact

### Filing Contact Information

Jennifer Colby, Industry Filing Analyst jennifer.colby@libertymutual.com  
 175 Berkeley Street (800) 225-8346 [Phone]  
 Boston, MA 02116

### Filing Company Information

Liberty Mutual Fire Insurance Company	CoCode: 23035	State of Domicile: Wisconsin
175 Berkeley Street	Group Code: 111	Company Type:
Boston, MA 02116	Group Name:	State ID Number:
(800) 225-8346 ext. [Phone]	FEIN Number: 04-1924000	

The First Liberty Insurance Corporation	CoCode: 33588	State of Domicile: Iowa
175 Berkeley Street	Group Code: 111	Company Type:
Boston, MA 02116	Group Name:	State ID Number:
(800) 225-8346 ext. [Phone]	FEIN Number: 04-3058503	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$0.00
Retaliatory?	No
Fee Explanation:	\$50 per submission
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Mutual Fire Insurance Company	\$50.00	12/12/2007	17081435
The First Liberty Insurance Corporation	\$0.00	12/12/2007	

SERFF Tracking Number: *LBPM-125385533* State: *Arkansas*  
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Becky Harrington	12/14/2007	12/14/2007

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## Disposition

Disposition Date: 12/14/2007  
Effective Date (New): 03/17/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: *LBPM-125385533* State: *Arkansas*  
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 Product Name: *LibertyGuard Homeowner Policy Program*  
 Project Name/Number: *Homeowner Civil Union Endorsement/AR HO Civil Union*

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Homeowner Civil Union Endorsement	Approved	Yes

SERFF Tracking Number: *LBPM-125385533* State: *Arkansas*  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Homeowner Civil Union Endorsement	FMHO 2934	07 04	Endorsement/Amendment/Conditions		48.00	Civil Union End.pdf

# HOMEOWNER AMENDATORY ENDORSEMENT

## THIS ENDORSEMENT CHANGES YOUR POLICY - PLEASE READ IT CAREFULLY

*THIS ENDORSEMENT SUPERSEDES ALL OTHER ENDORSEMENTS WHICH HAVE BEEN MADE PART OF YOUR POLICY AND REFERENCE THESE SAME PROVISIONS*

### DEFINITIONS

The introductory paragraph of **Definitions** is amended to read:

In this policy, "you" and "your" refer to the "named insured" shown in the Declarations and

- (1) the spouse of the "named insured" shown on the Declarations, if a resident of the same household; or
- (2) the partner in a civil union, registered domestic partnership, or similar union or partnership, with the "named insured" shown on the Declarations, if a resident of the same household.

Section (2), above, only applies if the civil union, registered domestic partnership or other similar union or partnership is validly entered into under the law of any state, territory or possession of the United States of America, any territory or province of Canada, or the equivalent of a state or province in any other country.

"We," "us" and "our" refer to the Company providing this insurance. In addition, certain words and phrases are defined as follows:

### SECTIONS I AND II - CONDITIONS

The introductory paragraph of **9. Death.** is amended to read:

If any person named in the Declarations or the spouse, if a resident of the same household; or the partner in a civil union, registered domestic partnership or similar union or partnership, if a resident of the same household, dies:

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 12/14/2007

**Comments:**

**Attachments:**

Form Filing Schedule.pdf  
P&C Transmittal.pdf  
AR HO Civil Union Cover Letter.pdf  
Certificate of Compliance.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>	<b>AR HO Civil Union</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (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	Homeowner Civil Union Endorsement	FMHO 2934 07 04	<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:				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

<b>3. Group Name</b>	<b>Group NAIC #</b>
Liberty Mutual Group	111-01112

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Liberty Mutual Fire Insurance Company	WI	111-23035	04-1924000	
The First Liberty Insurance Corporation	IA	111-33588	04-3058503	

<b>5. Company Tracking Number</b>	<b>AR HO Civil Union</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
	Jennifer Colby 175 Berkeley Street Boston, MA 02116, 03J	Industry Filings Analyst	(800)225-8346	617-574-6699	Jennifer.Colby@libertymutual.com
	7. Signature of authorized filer				
	8. Please print name of authorized filer		Jennifer Colby		

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

<b>9. Type of Insurance (TOI)</b>	Homeowners 4.0
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Homeowners 4.0
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title</b> (Marketing title)	Liberty Guard Personal Auto Policy Program
<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: 03/17/2008                      Renewal:
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	AR HO Civil Union
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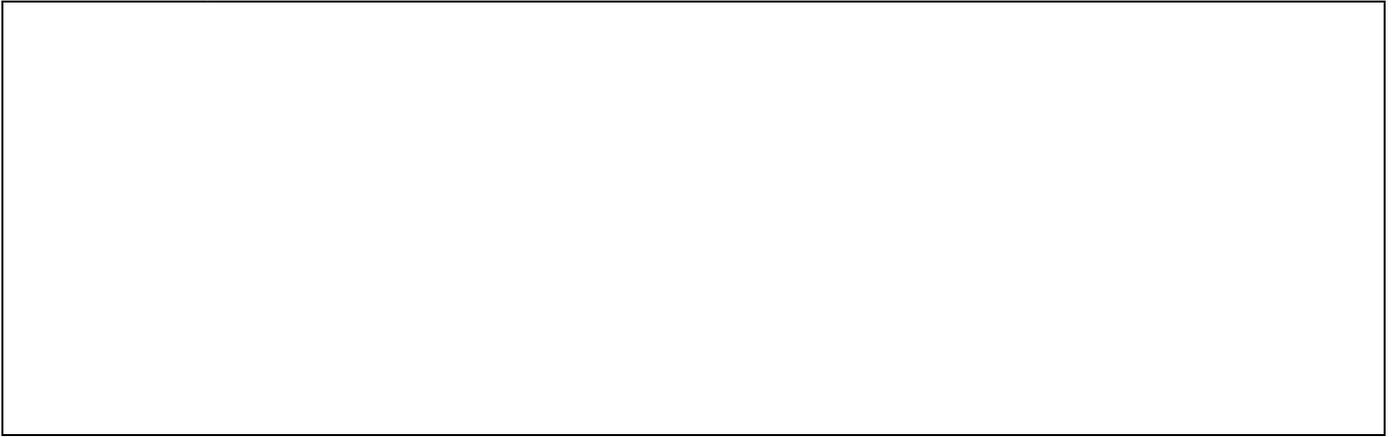
<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
--

The purpose of this endorsement is to align our policy contract language with our business processes. We will be affording insureds that have entered into a legally recognized Domestic Partnership, Civil Union or other similar partnership, the same coverages, discounts, et cetera as all other married insureds. As such, this endorsement modifies the policy definition of "you" and "your" with regards to the partner in a civil union, registered domestic partnership or other similar union or partnership. The endorsement will be attached to all policies. The key provision is that the endorsement only impacts those who have entered into a domestic partnership or civil union that is legally recognized.

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

**Check #:** EFT  
**Amount:** \$50.00

**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.)**



175 Berkeley Street  
Maildrop O3-J  
Boston, MA 02117  
Telephone: (800) 225-8346  
Facsimile: (617) 574-6699

Submitted Via SERFF

December 12, 2007

Honorable Julie Benafield Bowman  
Arkansas Insurance Department  
Property & Casualty Division  
1200 W 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

RE: **Homeowner Civil Union Endorsement (FMHO 2934 07 04)**  
**Co. # AR HO Civil Union**  
**Liberty Mutual Fire Insurance Company 111-23035**  
**The First Liberty Insurance Corporation 111-33588**

Dear Commissioner:

In accordance with the prior approval provision, Liberty Mutual Fire Insurance Company (LMFIC), and The First Liberty Insurance Corporation (TFLIC), request permission to introduce the above-referenced endorsement for all policies produced and effective on or after **March 17, 2008**.

The purpose of this endorsement is to align our policy contract language with our business processes. We will be affording insureds that have entered into a legally recognized Domestic Partnership, Civil Union or other similar partnership, the same coverages, discounts, et cetera as all other married insureds. As such, this endorsement modifies the policy definition of "you" and "your" with regards to the partner in a civil union, registered domestic partnership or other similar union or partnership. The endorsement will be attached to all policies. The key provision is that the endorsement only impacts those who have entered into a domestic partnership or civil union that is legally recognized.

#### **Filing Information**

Attached are endorsement FMHO 2934 and other applicable filing forms for your review. Fees will be transferred via EFT.

If you have any questions, please contact me at (800) 225-8346, ext. 41714, fax me at (617) 574-6692 or e-mail me at [Jennifer.Colby@libertymutual.com](mailto:Jennifer.Colby@libertymutual.com). Thank you.

Sincerely,

Jennifer Colby  
Industry Filings Analyst  
Industry & Regulatory Relations

Attachments via SERFF

**STATE OF ARKANSAS  
REVISED CERTIFICATE OF COMPLIANCE**

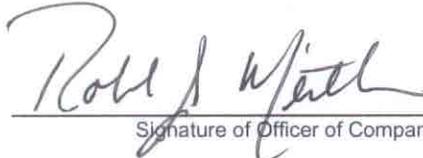
COMPANY NAME: Liberty Mutual Fire Insurance Company

DESCRIPTION: Homeowner Civil Union Endorsement

FORM NUMBER: FMHO 2934

EDITION DATE: 07 04

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 48 and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.

  
\_\_\_\_\_  
Signature of Officer of Company

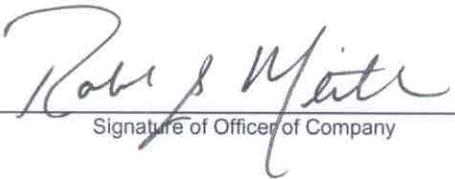
AVP + manager Compliance  
Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**STATE OF ARKANSAS  
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: The First Liberty Insurance Corporation  
DESCRIPTION: Homeowner Civil Union Endorsement  
FORM NUMBER: FMHO 2934  
EDITION DATE: 07 04

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 48 and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.

  
\_\_\_\_\_  
Signature of Officer of Company

AVP + manager Compliance  
\_\_\_\_\_  
Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.