

SERFF Tracking Number: LMPP-125829354 State: Arkansas
Filing Company: Liberty Mutual Fire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: SRF-CW-014-08
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Liberty Mutual Property RM Select Policy
Project Name/Number: RM1110 revised/SRF-CW-014-08

Filing at a Glance

Company: Liberty Mutual Fire Insurance Company

Product Name: Liberty Mutual Property RM Select Policy SERFF Tr Num: LMPP-125829354 State: Arkansas

TOI: 01.0 Property SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: SRF-CW-014-08 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Marla Kroening1 Disposition Date: 10/02/2008

Date Submitted: 10/01/2008 Disposition Status: Approved

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

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

Effective Date (New): 01/01/2009

Effective Date (Renewal): 01/01/2009

State Filing Description:

General Information

Project Name: RM1110 revised

Project Number: SRF-CW-014-08

Reference Organization:

Reference Title:

Filing Status Changed: 10/02/2008

State Status Changed: 10/02/2008

Corresponding Filing Tracking Number:

Filing Description:

Liberty Mutual Fire Insurance Company submits this form filing for your review and approval.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Interruption of Services Coverage Extension, Form RM1110 01-09 has been revised to amend the following:

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Item 1. C. – we have clarified our lead in paragraph to include the wording “managed or controlled” by a company with a contract to supply these services “to that covered location”

1. C. (1) – we have expanded the list of services to include “water or sewer treatment plant or any other plant or facility responsible for providing the services specified in 1.” of the form.

Item 6. Deductible – we have clarified our Deductible wording intent for equipment breakdown coverage to specify that “Unless shown on the Schedule of this endorsement or if a deductible is indicated in G. 1 or G. 2. of the Declarations, Form RM1000 or on Form RM1115, Additional Deductibles and Waiting Periods for equipment breakdown loss of business income, extra expense, or perishable goods, the following deductible(s) will apply to any loss covered under this endorsement. No other deductible stated in this policy will apply to a loss covered under this endorsement.”

We have provided a marked up copy of this form to identify the changes described - this is attached to the form schedule tab. The shaded text is used for new additions to the form and the old now deleted text has been stricken through.

This replaces Interruption of Services Coverage Extension, Form RM1110 03-08.

There is no rate/rule impact associated with this revision.

If you have any questions regarding any of this material, please feel free to contact me by phone, E-mail or in writing at the address provided in the companies and contact information.

Please approve this filing submission.

Company and Contact

Filing Contact Information

Marla J Kroening, Senior State Filing Analyst Marla.Kroening@LibertyMutual.com
PO Box 8070 (800) 297-2525 [Phone]
Wausau, WI 54402-9987 (715) 847-8832[FAX]

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Filing Company Information

Liberty Mutual Fire Insurance Company CoCode: 23035 State of Domicile: Wisconsin
PO Box 8070 Group Code: 111 Company Type:
Wausau, WI 54402-8070 Group Name: Liberty Mutual State ID Number:
(800) 297-2525 ext. 6399[Phone] FEIN Number: 04-1924000

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Mutual Fire Insurance Company	\$50.00	10/01/2008	22854405

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/02/2008	10/02/2008

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Disposition

Disposition Date: 10/02/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal): 01/01/2009

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	Interruption of Services Coverage Extension	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Interruption of Services Coverage Extension	RM1110	01-09	Endorsement/Amendment/Conditions	Replaced Form #:0.00 RM1110 03-08 Previous Filing #:		1110.109.pdf 1110.MU.pdf

Policy number

This endorsement is effective _____ and will terminate with the policy. It is issued by the company designated in the Declarations. All other provisions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INTERRUPTION OF SERVICES COVERAGE EXTENSION

This endorsement modifies insurance provided under the following:

EXCLUSIONS, Form RM1003

1. **We will pay for physical loss or damage to covered property, loss of business income and extra expense** resulting from an interruption of the electrical, heating, air conditioning, refrigeration, telecommunication, steam, water, sewer or fuel service to a **covered location**, but only if the interruption of service results:
 - A. From physical damage by a **peril insured against**;
 - B. Away from a **covered location**;
 - C. To the following, if marked with an "X", that directly supply service to the **covered location** and are either owned, managed or controlled by a company with a contract to supply these services to that **covered location** or are located within one (1) mile of the **covered location**:
 - (1) () Any electrical generating plant, substation, power switching station, transformer, gas compressor station, telephone switching facility, water or sewer treatment plant or any other plant or facility responsible for providing the services specified in **1.** above;
 - (2) () Transmission and distribution lines, connections or supply pipes which furnish electricity, steam, gas, refrigeration, telecommunication, water or sewer to a **covered location** (other than overhead transmission and distribution lines);
 - (3) () Overhead transmission and distribution lines.
2. **We will not pay for any direct physical loss or damage to covered property, loss of business income or extra expense** due to any interruption of service from a satellite, regardless of cause.
3. Conditions

This extension applies only to the Coverages marked with an "X" in **B.** Coverages of the DECLARATIONS, Form RM1000.

4. Limit of Liability

We will not pay more than the applicable limit of liability shown on the Schedule of this endorsement for any one (1) **occurrence at the covered locations.** This **limit of liability** does not increase and is not in addition to any other applicable **limit of liability.**

INTERRUPTION OF SERVICES COVERAGE EXTENSION (Continued)

5. Waiting Period

- A. If an interruption of service waiting period is shown below, **we** will only pay for loss of **business income, extra expense** or for **perishable goods** if the interruption exceeds the applicable waiting period in **5. B.** below. Once the waiting period is met coverage will commence at the initial time of the interruption, and will be subject to any deductible shown in **6.** below.
- B. The following interruption of service waiting period(s) apply:

- (1) All Coverages Except Equipment Breakdown

_____ Hours

- (2) Equipment Breakdown

_____ Hours

6. Deductible

Unless shown on the Schedule of this endorsement or if a deductible is indicated in

- A. **G. 1.** or **G. 2.** of the DECLARATIONS, Form RM1000 or

- B. on Form RM1115, ADDITIONAL DEDUCTIBLES AND WAITING PERIODS

for equipment breakdown loss of **business income, extra expense** or **perishable goods**, the following deductible(s) will apply to any loss covered under this endorsement. No other deductible stated in this policy will apply to a loss covered under this endorsement.

- A. Dollar Amount Deductible

- (1) **We** will not pay unless a loss covered under this endorsement exceeds \$_____. **We** will then pay only the amount of loss in excess of this deductible, up to the applicable **limit of liability**.
- (2) If a separate time deductible is shown below the foregoing dollar amount deductible does not apply to the loss of **business income** or **extra expense** portion of the loss covered under this endorsement, which will be subject to the following time deductible.

- B. Time Deductible

- (1) **We** will not pay for loss of **business income** or **extra expense** until an interruption of service exceeds a time period of _____ immediately following the loss covered under this endorsement. **We** will then pay only the amount of loss in excess of this deductible, up to the **limit of liability** of this extension.
- (2) For a time deductible shown as days, each day consists of twenty-four (24) consecutive hours.

- C. If the interruption of service exceeds the waiting period and a deductible is shown above or on the Schedule of this endorsement, **we** will apply the largest of the applicable deductibles to the loss immediately following the loss covered under this endorsement, except that any deductible(s) indicated with an asterisk (*) on the Schedule of this endorsement will be applied in addition to the largest of any other applicable deductibles.

7. Refer to the last page of this endorsement for the Schedule of **covered location(s)** for which interruption of services coverage is provided by this policy.

INTERRUPTION OF SERVICES COVERAGE EXTENSION (Continued)

Schedule

Covered Location(s), Coverage(s) or Additional Deductibles

Limit of Liability or Deductible(s)

A. Covered Locations

B. Coverages

C. Additional Deductibles

D. Other

Policy number

This endorsement is effective _____ and will terminate with the policy. It is issued by the company designated in the Declarations. All other provisions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INTERRUPTION OF SERVICES COVERAGE EXTENSION

This endorsement modifies insurance provided under the following:

EXCLUSIONS, Form RM1003

1. **We will pay for physical loss or damage to covered property, loss of business income and extra expense** resulting from an interruption of the electrical, heating, air conditioning, refrigeration, telecommunication, steam, water, sewer or fuel service to a **covered location**, but only if the interruption of service results:
 - A. From physical damage by a **peril insured against**;
 - B. Away from a **covered location**;
 - C. To the following, if marked with an "X", that directly supply service to the **covered location** and are either owned, managed or controlled by a company with whom you have a contract to supply these services to that **covered location** or are located within one (1) mile of the **covered location**:
 - (1) () Any electrical generating plant, substation, power switching station, transformer, gas compressor station, telephone switching facility, water or sewer treatment plant or any other plant or facility responsible for providing the services specified in 1. above;
 - (2) () Transmission and distribution lines, connections or supply pipes which furnish electricity, steam, gas, refrigeration, telecommunication, water or sewer to a **covered location** (other than overhead transmission and distribution lines);
 - (3) () Overhead transmission and distribution lines.
2. **We will not pay for any direct physical loss or damage to covered property, loss of business income or extra expense** due to any interruption of service from a satellite, regardless of cause.
3. Conditions

This extension applies only to the Coverages marked with an "X" in **B**. Coverages of the DECLARATIONS, Form RM1000.

4. Limit of Liability

We will not pay more than the applicable limit of liability shown on the Schedule of this endorsement for any one (1) **occurrence at the covered locations**. This **limit of liability** does not increase and is not in addition to any other applicable **limit of liability**.

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INTERRUPTION OF SERVICES COVERAGE EXTENSION (Continued)

5. Waiting Period

- A. If an interruption of service waiting period is shown below, **we** will only pay for loss of **business income, extra expense** or for **perishable goods** if the interruption exceeds the applicable waiting period in **5. B.** below. Once the waiting period is met coverage will commence at the initial time of the interruption, and will be subject to any deductible shown in **6.** below.
- B. The following interruption of service waiting period(s) apply:

- (1) All Coverages Except Equipment Breakdown

_____ Hours

- (2) Equipment Breakdown

_____ Hours

6. Deductible

Unless shown on the Schedule of this endorsement ~~the following deductible(s) will apply to any loss covered under this endorsement. No other deductible stated in this policy will apply to a loss covered under this endorsement.~~ or if a deductible is indicated in

A. **G. 1.** or **G. 2.** of the DECLARATIONS, Form RM1000 or

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for equipment breakdown loss of **business income, extra expense** or **perishable goods**, the following deductible(s) will apply to any loss covered under this endorsement. No other deductible stated in this policy will apply to a loss covered under this endorsement.

A. Dollar Amount Deductible

- (1) **We** will not pay unless a loss covered under this endorsement exceeds \$_____. **We** will then pay only the amount of loss in excess of this deductible, up to the applicable **limit of liability**.
- (2) If a separate time deductible is shown below the foregoing dollar amount deductible does not apply to the loss of **business income** or **extra expense** portion of the loss covered under this endorsement, which will be subject to the following time deductible.

B. Time Deductible

- (1) **We** will not pay for loss of **business income** or **extra expense** until an interruption of service exceeds a time period of _____ immediately following the loss covered under this endorsement. **We** will then pay only the amount of loss in excess of this deductible, up to the **limit of liability** of this extension.
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INTERRUPTION OF SERVICES COVERAGE EXTENSION (Continued)

Schedule

Covered Location(s), Coverage(s) or Additional Deductibles

Limit of Liability or Deductible(s)

A. Covered Locations

B. Coverages

C. Additional Deductibles

D. Other

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Rate Information

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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/02/2008
Bypass Reason: not applicable - no longer required
Comments: