

SERFF Tracking Number: LWCM-125879434 State: Arkansas
First Filing Company: Employers Insurance Company of Wausau, ... State Tracking Number: EFT \$50
Company Tracking Number: LW-GLF-CW-002-08
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Commercial General Liability
Project Name/Number: Non-Cumulation of Liability (Same Occurrence) LC 25 13 08 08/LW-GLF-CW-002-08

Filing at a Glance

Companies: Employers Insurance Company of Wausau, Wausau Underwriters Insurance Company, Wausau Business Insurance Company, Liberty Mutual Insurance Company, Liberty Mutual Fire Insurance Company, LM Insurance Corporation, The First Liberty Insurance Corporation, Liberty Insurance Corporation

Product Name: Commercial General Liability SERFF Tr Num: LWCM-125879434 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50
Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: LW-GLF-CW-002-08 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts

Author: Barbara Karlen Disposition Date: 11/04/2008

Date Submitted: 10/31/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (New):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Non-Cumulation of Liability (Same Occurrence) LC 25 13 Status of Filing in Domicile: 08 08

Project Number: LW-GLF-CW-002-08

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/04/2008

State Status Changed: 11/04/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

COMMERCIAL GENERAL LIABILITY POLICIES

Project # LW-GLF-CW-002-08

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Liberty Mutual Insurance Company NAIC-0111-23043
Liberty Mutual Fire Insurance Company NAIC-0111-23035
LM Insurance Corporation NAIC-0111-33600
The First Liberty Insurance Corporation NAIC-0111-33588
Liberty Insurance Corporation NAIC-0111-42404
Employers Insurance Company of Wausau NAIC-0111-21458
Wausau Underwriters Insurance Company NAIC-0111-26042
Wausau Business Insurance Company NAIC-0111-26069

REQUESTED EFFECTIVE DATE: UPON APPROVAL

The captioned companies file their new Non-Cumulation of Liability (Same Occurrence) LC 25 13 08 08 form. This form restricts coverage and the endorsement prevents stacking of limits if a single occurrence triggers multiple policy or annual periods.

This is a new filing which does not charge any additional premium.

If you have any questions, please contact me by phone, E-mail or in writing at the address provided in this letter.

We will appreciate acknowledgment/approval of this filing submission.

Sincerely,

Barbara Karlen
State Filings Analyst
Wausau Insurance Companies
PO BOX 8017
WAUSAU WI 54402-8017
1-877-792-8728, Ext. 8983
Fax: 1-715-842-6828
Barbara.Karlen@wausau.com

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Enclosure

Company and Contact

Filing Contact Information

Barbara Karlen, State Filings Analyst
PO Box 8070
Wausau, WI 54402-8070
Barbara.Karlen@wausau.com
(877) 792-8728 [Phone]
(715) 842-6828[FAX]

Filing Company Information

Employers Insurance Company of Wausau
PO BOX 8070
Wausau, WI 54402-8070
(877) 792-8728 ext. [Phone]
CoCode: 21458 State of Domicile: Wisconsin
Group Code: 111 Company Type:
Group Name: Liberty Mutual Group State ID Number:
FEIN Number: 39-0264050

Wausau Underwriters Insurance Company
PO BOX 8070
Wausau, WI 54402-8070
(877) 792-8728 ext. [Phone]
CoCode: 26042 State of Domicile: Wisconsin
Group Code: 111 Company Type:
Group Name: Liberty Mutual Group State ID Number:
FEIN Number: 39-1341459

Wausau Business Insurance Company
PO BOX 8070
Wausau, WI 54402-8070
(877) 792-8728 ext. [Phone]
CoCode: 26069 State of Domicile: Wisconsin
Group Code: 111 Company Type:
Group Name: Liberty Mutual Group State ID Number:
FEIN Number: 36-3522250

Liberty Mutual Insurance Company
PO BOX 8070
Wausau, WI 54402-8070
(877) 792-8728 ext. [Phone]
CoCode: 23043 State of Domicile: Massachusetts
Group Code: 111 Company Type:
Group Name: Liberty Mutual Group State ID Number:
FEIN Number: 04-1543470

Liberty Mutual Fire Insurance Company
PO Box 8070
Wausau, WI 54402-8070
(877) 792-8728 ext. [Phone]
CoCode: 23035 State of Domicile: Wisconsin
Group Code: 111 Company Type:
Group Name: Liberty Mutual Group State ID Number:
FEIN Number: 04-1924000

LM Insurance Corporation
CoCode: 33600 State of Domicile: Iowa

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PO Box 8070 Group Code: 111 Company Type:
Wausau, WI 54402-8070 Group Name: Liberty Mutual Group State ID Number:
(877) 792-8728 ext. [Phone] FEIN Number: 04-3058504

The First Liberty Insurance Corporation CoCode: 33588 State of Domicile: Iowa
PO Box 8070 Group Code: 111 Company Type:
Wausau , WI 54402-8070 Group Name: Liberty Mutual Group State ID Number:
(877) 792-8728 ext. [Phone] FEIN Number: 04-3058503

Liberty Insurance Corporation CoCode: 42404 State of Domicile: Illinois
PO BOX 8070 Group Code: 111 Company Type:
Wausau, WI 54402-8070 Group Name: Liberty Mutual Group State ID Number:
(877) 792-8728 ext. [Phone] FEIN Number: 03-0316876

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Employers Insurance Company of Wausau	\$50.00	10/31/2008	23636321
Wausau Underwriters Insurance Company	\$0.00	10/31/2008	
Wausau Business Insurance Company	\$0.00	10/31/2008	
Liberty Mutual Insurance Company	\$0.00	10/31/2008	
Liberty Mutual Fire Insurance Company	\$0.00	10/31/2008	
LM Insurance Corporation	\$0.00	10/31/2008	
The First Liberty Insurance Corporation	\$0.00	10/31/2008	
Liberty Insurance Corporation	\$0.00	10/31/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/04/2008	11/04/2008

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Disposition

Disposition Date: 11/04/2008

Effective Date (New):

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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Non-Cumulation of Liability (Same Occurrence)	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Non-Cumulation of Liability (Same Occurrence)	LC 25 13 08 08	08 08	Endorsement/Amendment/Conditions	New	0.00	LC 25 13 08 08 Non Cumulation of Liability (Same Occurrence).pdf

Policy Number:
Issued by:

Endorsement Number:
Endorsement Effective Date:

THE ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NON-CUMULATION OF LIABILITY
(SAME OCCURRENCE)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

1. The following is added to paragraph 4. of the Limits of Insurance Section:

If one "occurrence" causes "personal and advertising injury" to which this policy applies and to which one or more prior and/or future liability policy(ies) issued to you by us also applies, then this policy's Personal and Advertising Injury Limit will be reduced by the amount of each payment made by us under the other policy(ies) because of such "occurrence".

2. The following is added to paragraph 5. of the Limits of Insurance Section:

If one "occurrence" causes "bodily injury" and/or "property damage" during the policy period and during the policy period of one or more prior and/or future liability policy(ies) issued to you by us, then this policy's Each Occurrence Limit will be reduced by the amount of each payment made by us under the other policy(ies) because of such "occurrence".

3. The final paragraph of the Limits of Insurance Section is replaced with the following:

The aggregate Limits of Insurance of this Coverage Part apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the aggregated Limits of Insurance. However, the Each Occurrence Limit is the most we will pay for damages and Medical Expenses because of all "bodily injury" and "property damage" arising out of any one "occurrence" and the Personal and Advertising Injury Limit is the most we will pay for damage because of all "personal and advertising injury" arising out of any one "occurrence", regardless of the length of the policy period.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Bypassed -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	11/04/2008
Bypass Reason:	n/a			
Comments:				