

SERFF Tracking Number: LMPP-125909591 State: Arkansas
Filing Company: Liberty Mutual Fire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: SRF-CW-016-08
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: Confirmation of Policy Nonrenewal or Cancellation/SRF-CW-016-08

Filing at a Glance

Company: Liberty Mutual Fire Insurance Company

Product Name: Liberty Mutual Property RM Select Policy SERFF Tr Num: LMPP-125909591 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-016-08 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Author: Marla Kroening1 Disposition Date: 12/09/2008
Date Submitted: 11/21/2008 Disposition Status: Approved
Effective Date Requested (New): 02/01/2009 Effective Date (New):
Effective Date Requested (Renewal): 02/01/2009 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Confirmation of Policy Nonrenewal or Cancellation Status of Filing in Domicile: Authorized
Project Number: SRF-CW-016-08 Domicile Status Comments: Eff 2/1/09
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 12/09/2008
State Status Changed: 12/02/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Liberty Mutual Fire Insurance Company submits this form filing for your review and approval.

Confirmation of Policy Nonrenewal or Cancellation, Form RM0007 02-09 is a new endorsement and will be attached to policies that are canceled or nonrenewed as of the date shown on the endorsement.

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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]

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

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	11/21/2008	24089313

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/09/2008	12/09/2008

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Disposition

Disposition Date: 12/09/2008

Effective Date (New):

Effective Date (Renewal):

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	Confirmation of Policy Nonrenewal or Cancellation	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Confirmation of Policy Nonrenewal or Cancellation	RM0007	02-09	Endorsement/Amendment/Conditions		0.00	0007.209.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.

CONFIRMATION OF POLICY NONRENEWAL OR CANCELLATION

1. If marked with an "X" this policy has been:

Nonrenewed; or

Canceled

in accordance with Item **F.** or **P.**, whichever is applicable in **your** case, on Form RM1006 (or any state amendatory form which may modify Form RM1006) as of _____.

2. If this policy was canceled, the method of cancellation is marked with an "X" below:

Flat as of the inception date of this policy;

Pro rata;

Short rate.

3. If this policy has been canceled and rewritten the new policy number is _____.

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Rate Information

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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 12/09/2008
Bypass Reason: not applicable - no longer required
Comments: