

SERFF Tracking Number: LWCM-125942617 State: Arkansas
First Filing Company: Employers Insurance Company of Wausau, ... State Tracking Number: EFT \$50
Company Tracking Number: LW-PKF-CW-002-08
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1003 Commercial Package
Portion Only
Product Name: Commercial Package Policies
Project Name/Number: Submission of additional endorsements for our Package Solution Program/LW-PKF-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 Package Policies SERFF Tr Num: LWCM-125942617 State: Arkansas

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: LW-PKF-CW-002-08 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Polly Becker Disposition Date: 12/15/2008

Date Submitted: 12/15/2008 Disposition Status: Approved

Effective Date Requested (New): 09/01/2009 Effective Date (New): 09/01/2009

Effective Date Requested (Renewal): 09/01/2009 Effective Date (Renewal): 09/01/2009

State Filing Description:

General Information

Project Name: Submission of additional endorsements for our Package Solution™ Program Status of Filing in Domicile: Authorized

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

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/15/2008

State Status Changed: 12/15/2008

Deemer Date:

Corresponding Filing Tracking Number: LW-PKR-CW-003-08

Filing Description:

RE: COMMERCIAL PACKAGE POLICIES

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PACKAGE SOLUTION™ PROGRAM -
PK 04 27 07 09 – DEFERRED PAYMENTS
PK 24 12 07 09 – CAPITAL EXPENDITURES

Project # LW-PKF-CW-002-08
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: September 1, 2009

The captioned companies file new endorsements PK 04 27 07 09 and PK 24 12 07 09 for your review and acknowledgment/approval.

These are two additional optional endorsements to be used with the Package Solution™ Commercial Property policy.

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,

Polly Becker
State Filings Analyst
Liberty Mutual Group
PO BOX 8017

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Wausau WI 54402-8017
(877) 792-8728 Ext. 7434
Fax: (715) 842-6828
Polly.Becker@Wausau.com
Enclosure

Company and Contact

Filing Contact Information

Polly Becker, State Filings Analyst polly.becker@wausau.com
PO BOX 8070 (877) 792-8728 [Phone]
Wausau, WI 54402-8070 (715) 842-6828[FAX]

Filing Company Information

Employers Insurance Company of Wausau CoCode: 21458 State of Domicile: Wisconsin
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: 39-0264050

Wausau Underwriters Insurance Company CoCode: 26042 State of Domicile: Wisconsin
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: 39-1341459

Wausau Business Insurance Company CoCode: 26069 State of Domicile: Wisconsin
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: 36-3522250

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

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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 Group State ID Number:
(877) 792-8728 ext. [Phone] FEIN Number: 04-1924000

LM Insurance Corporation CoCode: 33600 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: 04-3058504

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:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Employers Insurance Company of Wausau	\$50.00	12/15/2008	24533167
Wausau Underwriters Insurance Company	\$0.00	12/15/2008	
Wausau Business Insurance Company	\$0.00	12/15/2008	
Liberty Mutual Insurance Company	\$0.00	12/15/2008	
Liberty Mutual Fire Insurance Company	\$0.00	12/15/2008	
LM Insurance Corporation	\$0.00	12/15/2008	
The First Liberty Insurance Corporation	\$0.00	12/15/2008	
Liberty Insurance Corporation	\$0.00	12/15/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/15/2008	12/15/2008

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Disposition

Disposition Date: 12/15/2008

Effective Date (New): 09/01/2009

Effective Date (Renewal): 09/01/2009

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
Supporting Document	Inventory	Approved	Yes
Form	Deferred Payments	Approved	Yes
Form	Capital Expenditures	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Deferred Payments	PK 04 27 07 09	07 09	Endorsement/Amendment/Conditions		0.00	PK 04 27 07 09.pdf
Approved	Capital Expenditures	PK 24 12 07 09	07 09	Endorsement/Amendment/Conditions		0.00	PK 24 12 07 09.pdf

Policy number
Issued by

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Deferred Payments

This endorsement modifies insurance provided under the following:

EXTENSIONS OF COVERAGE, Form PK 10 02

Deferred Payments

- A.** We will pay up to a sublimit of liability of \$<<SUBLIMIT PER OCCURRENCE >> for the unpaid balance owed **you** for **covered loss to your personal property** sold by **you** under a conditional sale or trust agreement or any installment or deferred payment plan after the **personal property** has been delivered to **your** client and is now in their care, custody and control.
- B.** In the event of **covered loss to personal property** sold under any of the payment plans shown in Item **A.** above, **you** will use all reasonable effort, including legal action against **your** client, to:
1. Collect any outstanding balance due **you**; or
 2. Regain possession of the **personal property**.
- C.** We will not pay for loss or damage caused by or resulting from:
1. A recall of **your** product. This includes but is not limited to **your** cost to recall, test or to advertise the recall.
 2. Theft or conversion of **your personal property** sold under any payment plan shown in Item **A.** above by **your** client after they have taken possession of the **personal property**.
- D.** This extension of coverage only applies to **your personal property** sold under any of the payment plans shown in Item **A.** above that is located within the territory of this policy.
- E.** Coverage provided by this extension does not apply if **your** client continues with their payments.

Policy number
Issued by

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Capital Expenditures

This endorsement modifies insurance provided under the following:

VALUATIONS , Form PK 10 05

Capital Expenditures

The following is added to Item **A. Replacement Cost**:

3. If **you** elect not to rebuild **your real property** after a **covered loss**, **you** may still make claim for the **covered loss** to **your real property** at **replacement cost**, excluding any amounts for demolition or increased cost of construction, provided;
 - a. **You** actually spend those funds on capital expenditures to improve **real property** at **covered locations** within the policy territory;
 - b. Those capital expenditures were not planned as of the date of loss; and
 - c. **You** make claim for the expenditure of these funds within two (2) years of the date of loss.

The **period of restoration** will not be increased by any of the above.

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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 12/15/2008
Bypass Reason: na
Comments:

Satisfied -Name: Inventory **Review Status:** Approved 12/15/2008
Comments:
Attachment:
Filing Inventory.pdf

Filing Inventory

Form Number / Edition Date	Replaces Form Number	Form Title	Intent / Purpose	Prior Project #	Optional/ Mandatory	Restrict/ Broaden	Additional Premium Charge
PK 04 27 07 09	New	Deferred Payments	Allows for the payment of the unpaid balance for personal property sold by the insured under conditional sale when a loss occurs		Optional	Broadens	
PK 24 12 07 09	New	Capital Expenditures	Allows for the insured to still make a claim for a covered loss even if the insured elects not to rebuild but instead, improve other locations		Optional	Broadens	