

SERFF Tracking Number: LMUG-125583218 State: Arkansas
First Filing Company: Liberty Insurance Corporation, ... State Tracking Number: EFT \$50
Company Tracking Number: LWCF-CW-010-08
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Policyholder Disclosure Notices of Terrorism Insurance Coverage/LWCF-CW-010-08

Filing at a Glance

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

Product Name: Workers Compensation SERFF Tr Num: LMUG-125583218 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC Co Tr Num: LWCF-CW-010-08 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: Anne Aschbrenner Disposition Date: 03/31/2008
Date Submitted: 03/28/2008 Disposition Status: Approved
Effective Date Requested (New): 05/01/2008 Effective Date (New): 05/01/2008
Effective Date Requested (Renewal): 05/01/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Policyholder Disclosure Notices of Terrorism Insurance Coverage Status of Filing in Domicile: Pending
Project Number: LWCF-CW-010-08 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/31/2008
State Status Changed: 03/31/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
INFORMATIONAL ONLY

TERRORISM

PROJECT #LWCF-CW-010-08

SERFF Tracking Number: LMUG-125583218 *State:* Arkansas
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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

WORKERS COMPENSATION

POLICYHOLDER DISCLOSURE NOTICES OF TERRORISM INSURANCE COVERAGE

The captioned companies submit the following Offer/Premium Disclosure forms in accordance with TRIPRA: 2008 TRIA Offer Form CWC with DTEC and 2008 Form WC Offer Form Dollar Amnt with DTEC.

This filing is submitted for informational purposes only.

I look forward to your acknowledgement of this filing request.

Anne Aschbrenner
State Filings Analyst
Liberty Mutual Group
PO BOX 8070
WAUSAU WI 54402-8070
1-877-792-8728, Ext. 7052
Fax: 1-715-842-6828
Anne.Aschbrenner@wausau.com

Company and Contact

Filing Contact Information

Anne Aschbrenner, State Filings Analyst anne.aschbrenner@wausau.com
PO Box 8070 (877) 792-8728 [Phone]

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Wausau, WI 54402-8070 (715) 842-6828[FAX]

Filing Company Information

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

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

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

LM Insurance Corporation CoCode: 33600 State of Domicile: Iowa
PO Box 8070 Group Code: 111 Company Type:
Wausau, WI 54402-8070 Group Name: 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: State ID Number:
(877) 792-8728 ext. [Phone] FEIN Number: 04-3058503

SERFF Tracking Number: LMUG-125583218 State: Arkansas
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Project Name/Number: Policyholder Disclosure Notices of Terrorism Insurance Coverage/LWCF-CW-010-08

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per form filing.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Insurance Corporation	\$50.00	03/28/2008	19098175
Liberty Mutual Fire Insurance Company	\$0.00	03/28/2008	
Liberty Mutual Insurance Company	\$0.00	03/28/2008	
LM Insurance Corporation	\$0.00	03/28/2008	
The First Liberty Insurance Corporation	\$0.00	03/28/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/31/2008	03/31/2008

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Disposition

Disposition Date: 03/31/2008
Effective Date (New): 05/01/2008
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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms List	Approved	Yes
Supporting Document	Expedited Filing Transmittal Document for Terrorism	Approved	Yes
Form	Policyholder Disclosure - Terrorism Insurance Premium Notice - 2008 TRIA Offer Form CWC with DTEC	Approved	Yes
Form	Policyholder Disclosure - Terrorism Insurance Premium Notice - 2008 FOrM WC Offer Form Dollar Amnt with DTEC	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Disclosure - Terrorism Insurance Premium Notice - 2008 TRIA Offer Form CWC with DTEC	n/a	n/a	Disclosure/ New Notice		0.00	2008 TRIA Offer Form CWC with DTEC.pdf
Approved	Policyholder Disclosure - Terrorism Insurance Premium Notice - 2008 FOrM WC Offer Form Dollar Amnt with DTEC	n/a	n/a	Disclosure/ New Notice		0.00	2008 TRIA WC Offer Form Dollar Amnt with DTEC doc.pdf

[DATE]

[Policyholder Name and Address]

[Policy Number] Effective:[mm/dd/yy]

POLICYHOLDER DISCLOSURE -TERRORISM INSURANCE PREMIUM NOTICE

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments (“TRIA” or the “Act”), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer’s losses from a “certified act of terrorism” exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

MANDATORY OFFER OF COVERAGE FOR “CERTIFIED ACTS OF TERRORISM” AND DISCLOSURE OF PREMIUM

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a “certified act of terrorism” AND that is otherwise covered under your policy.

A “certified act of terrorism” means:

[A]ny act that is certified by the Secretary [of the Treasury], in concurrence with the Secretary of State, and the Attorney General of the United States

- (i) to be an act of terrorism;
- (ii) to be a violent act or an act that is dangerous to –

- (I) human life;
- (II) property; or
- (III) infrastructure;

- (iii) to have resulted in damage within the United States, or outside of the United States in the case of –
 - (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
 - (II) the premises of a United States mission; and
- (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

MANDATORY PREMIUM DISCLOSURE STATEMENT

Your policy does not contain an exclusion for losses resulting from “certified acts of terrorism.” Coverage for such losses is still subject to, and may be limited by, all other terms, conditions and exclusions in your policy.

The premium charge for this coverage for the policy period is identified in the attached insurance proposal as either Foreign Terrorism premium and Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents premium, or as Terrorism Premium.

The percentage (by state) of the premium for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents that is attributable to Domestic Terrorism is:

15%	AR, OR, TN, UT
20%	NJ, NV, SC
27.5%	DE
30%	AL, AZ, CT, CO, GA, IA, ID, IN, KS, KY, LA, ME, MS, MT, NC, NE, NH, OK, RI, SD, VT, WI, WV
39.76%	PA
55%	DC, IL, MD, NY
N/A	AK, CA, FL, HI, OH, MA, MI, MN, MO, ND, NM, TX, VA, WA, WY

YOU NEED NOT DO ANYTHING FURTHER AT THIS TIME.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy.

If you have any questions regarding this notice please contact your sales representative or agent.

[DATE]

[Policyholder Name and Address]

[Policy Number] Effective:[mm/dd/yy]

POLICYHOLDER DISCLOSURE -TERRORISM INSURANCE PREMIUM NOTICE

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments (“TRIA” or the “Act”), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer’s losses from a “certified act of terrorism” exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

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TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a “certified act of terrorism” AND that is otherwise covered under your policy.

A “certified act of terrorism” means:

[A]ny act that is certified by the Secretary [of the Treasury], in concurrence with the Secretary of State, and the Attorney General of the United States

- (i) to be an act of terrorism;
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 - (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
 - (II) the premises of a United States mission; and
- (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

MANDATORY PREMIUM DISCLOSURE STATEMENT

Your policy does not contain an exclusion for losses resulting from “certified acts of terrorism.” Coverage for such losses is still subject to, and may be limited by, all other terms, conditions and exclusions in your policy.

The premium charge for this coverage for the policy period is **/\$**

The percentage (by state) of the premium for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents that is attributable to Domestic Terrorism is:

15%	AR, OR, TN, UT
20%	NJ, NV, SC
27.5%	DE
30%	AL, AZ, CT, CO, GA, IA, ID, IN, KS, KY, LA, ME, MS, MT, NC, NE, NH, OK, RI, SD, VT, WI, WV
39.76 %	PA
55%	DC, IL, MD, NY
N/A	AK, CA, FL, HI, OH, MA, MI, MN, MO, ND, NM, TX, VA, WA, WY

YOU NEED NOT DO ANYTHING FURTHER AT THIS TIME.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy.

If you have any questions regarding this notice please contact your sales representative or agent.

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TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Policyholder Disclosure Notices of Terrorism Insurance Coverage/LWCF-CW-010-08

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 03/31/2008

Comments:

Attachments:

F777 - Transmittal Document 3-1-2007.pdf

F778 - Form Filing Schedule 3-1-2007.pdf

Satisfied -Name: Forms List **Review Status:** Approved 03/31/2008

Comments:

Attachment:

WC Forms List for TRIA Filing.pdf

Satisfied -Name: Expedited Filing Transmittal
Document for Terrorism **Review Status:** Approved 03/31/2008

Comments:

Attachment:

F215_Expedited Filing Transmittal Terrorism.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
Liberty Mutual Group	111

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Liberty Mutual Insurance Company	MA	23043	04-1543470	
Liberty Mutual Fire Insurance Company	WI	23035	04-1924000	
LM Insurance Corporation	IA	33600	04-3058504	
The First Liberty Insurance Corporation	IA	33588	04-3058503	
Liberty Insurance Corporation	IL	42404	03-0316876	

5. Company Tracking Number	LWCF-CW-010-08
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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
	Anne Aschbrenner PO BOX 8070 WAUSAU WI 54402-8070	State Filings Analyst	877-792-8728 Ext 7052	715-842-6828	anne.aschbrenner@wausau.com
7.	Signature of authorized filer		<i>Anne Aschbrenner</i>		
8.	Please print name of authorized filer		Anne Aschbrenner		

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

9. Type of Insurance (TOI)	16.0 Worker Compensation
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<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)
14. Effective Date(s) Requested	New: _____ Renewal: _____
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	3/28/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	LWCF-CW-010-08
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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INFORMATIONAL ONLY

TERRORISM

PROJECT #LWCF-CW-010-08

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

WORKERS COMPENSATION

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

The captioned companies submit the following Offer/Premium Disclosure forms in accordance with TRIPRA: 2008 TRIA Offer Form CWC with DTEC and 2008 Form WC Offer Form Dollar Amnt with DTEC.

This filing is submitted for informational purposes only.

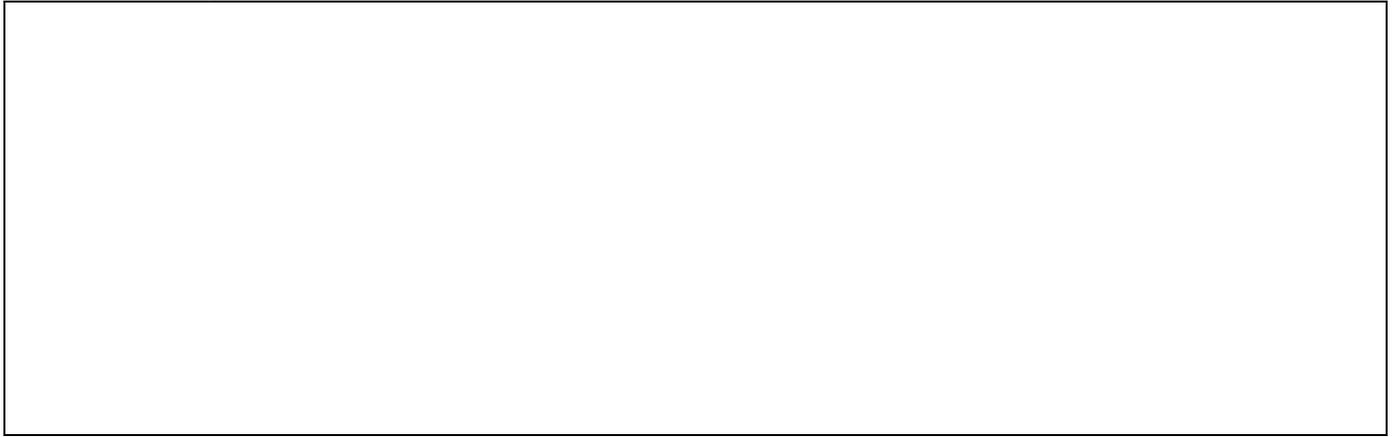
I look forward to your acknowledgement of this filing request.

Anne Aschbrenner
 State Filings Analyst
 Liberty Mutual Group
 PO BOX 8070
 WAUSAU WI 54402-8070
 1-877-792-8728, Ext. 7052
 Fax: 1-715-842-6828
 Anne.Aschbrenner@wausau.com
 Enclosure

22. Filing Fees (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 #: N/A
Amount: N/A

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.)**

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.)

1.	This filing transmittal is part of Company Tracking #	LWCF-CW-010-08			
2.	This filing corresponds to rate/rule filing number (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	Policyholder Disclosure - Terrorism Insurance Premium Notice	2008 TRIA Offer Form CWC with DTEC	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Policyholder Disclosure - Terrorism Insurance Premium Notice	2008 Form WC Offer Form Dollar Amnt with DTEC doc	<input checked="" 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		

WC Forms List for Commercial Markets 2008 TRIA Offer and Disclosure Filing (Liberty Brand)

Lines of Business	Form File Name	Form Title	Form Number	Edition Date
WC	2008 TRIA Offer Form CWC with DTEC	POLICYHOLDER DISCLOSURE - TERRORISM INSURANCE PREMIUM NOTICE	N/A	N/A
WC	2008 Form WC Offer Form Dollar Amnt with DTEC doc	POLICYHOLDER DISCLOSURE -TERRORISM INSURANCE PREMIUM NOTICE	N/A	N/A

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) Arkansas

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Liberty Mutual Insurance Company	MA	23043	04-1543470
Liberty Mutual Fire Insurance Company	WI	23035	04-1924000
Liberty Insurance Corporation	IA	33600	04-3058504
The First Liberty Insurance Corporation	IA	33588	04-3058503
Liberty Insurance Corporation	IL	42404	03-0316876

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Anne Aschbrenner PO Box 8070, Wausau WI 54402-9987	877-792-8728 Ext: 7052	715-842-6828	anne.aschbrenner@wausau.com

Filing information

Line of Insurance (see attachment)	16.0 Worker Compensation
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	Disclosure Notices
This application is used with:	
Effective Date Requested	
Filing date	3/28/2008
Company Tracking Number	LWCF-CW-010-08
Date filing approved in domiciliary state, if applicable	pending

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Policyholder Disclosure - Terrorism Insurance Premium Notice	2008 TRIA Offer Form CWC with DTEC	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Policyholder Disclosure - Terrorism Insurance Premium Notice	2008 Form WC Offer Form DOLLAR Amnt with DTEC	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and

Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Anne Aschbrenner
Signature

Anne Aschbrenner
Print Name:

State Filing Analyst
Title: