

SERFF Tracking Number: LBPM-125676053 State: Arkansas
First Filing Company: Liberty Insurance Corporation, ... State Tracking Number: EFT \$50
Company Tracking Number: AR AO UM REVISION
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: LibertyGuard Personal Automobile Policy Program
Project Name/Number: UM Form Revision/AR AO UM Form Revision

Filing at a Glance

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

Product Name: LibertyGuard Personal Automobile Policy Program
TOI: 19.0 Personal Auto
Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Filing Type: Form

SERFF Tr Num: LBPM-125676053 State: Arkansas
SERFF Status: Closed
Co Tr Num: AR AO UM REVISION
Co Status:

State Tr Num: EFT \$50
State Status: Fees verified and received
Reviewer(s): Alexa Grissom, Betty Montesi
Disposition Date: 06/05/2008
Disposition Status: Approved
Effective Date (New): 08/25/2008
Effective Date (Renewal): 09/29/2008

Author: Caitlin Healey
Date Submitted: 06/03/2008

Effective Date Requested (New): 08/25/2008
Effective Date Requested (Renewal): 09/29/2008

State Filing Description:

General Information

Project Name: UM Form Revision
Project Number: AR AO UM Form Revision
Reference Organization:
Reference Title:
Filing Status Changed: 06/05/2008
State Status Changed: 06/05/2008
Corresponding Filing Tracking Number:
Filing Description:
Revise the Uninsured/Underinsured Option Form in Arkansas, making the layout of the form more user-friendly.

Status of Filing in Domicile: Not Filed
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:
Deemer Date:

Company and Contact

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 Product Name: LibertyGuard Personal Automobile Policy Program
 Project Name/Number: UM Form Revision/AR AO UM Form Revision

Filing Contact Information

Craig Cunningham, Manager of Product Analysis
 175 Berkeley Street
 Boston, MA 02116
 craig.cunningham@libertymutual.com
 (800) 225-8346 [Phone]
 (617) 574-6699[FAX]

Filing Company Information

Liberty Insurance Corporation
 175 Berkeley Street
 Boston, MA 02116
 (800) 225-8346 ext. [Phone]
 CoCode: 42404
 Group Code: 111
 Group Name:
 FEIN Number: 03-0316876

 State of Domicile: Illinois
 Company Type:
 State ID Number:

Liberty Mutual Fire Insurance Company
 175 Berkeley Street
 Boston, MA 02116
 (800) 225-8346 ext. [Phone]
 CoCode: 23035
 Group Code: 111
 Group Name:
 FEIN Number: 04-1924000

 State of Domicile: Wisconsin
 Company Type:
 State ID Number:

The First Liberty Insurance Corporation
 175 Berkeley Street
 Boston, MA 02116
 (800) 225-8346 ext. [Phone]
 CoCode: 33588
 Group Code: 111
 Group Name:
 FEIN Number: 04-3058503

 State of Domicile: Iowa
 Company Type:
 State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Insurance Corporation	\$50.00	06/03/2008	20643664
Liberty Mutual Fire Insurance Company	\$0.00	06/03/2008	
The First Liberty Insurance Corporation	\$0.00	06/03/2008	

SERFF Tracking Number: LBPM-125676053 State: Arkansas
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Company Tracking Number: AR AO UM REVISION
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: LibertyGuard Personal Automobile Policy Program
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	06/05/2008	06/05/2008

SERFF Tracking Number: LBPM-125676053 State: Arkansas
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Company Tracking Number: AR AO UM REVISION
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: LibertyGuard Personal Automobile Policy Program
Project Name/Number: UM Form Revision/AR AO UM Form Revision

Disposition

Disposition Date: 06/05/2008
Effective Date (New): 08/25/2008
Effective Date (Renewal): 09/29/2008
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

SERFF Tracking Number: *LBPM-125676053* State: *Arkansas*
 First Filing Company: *Liberty Insurance Corporation, ...* State Tracking Number: *EFT \$50*
 Company Tracking Number: *AR AO UM REVISION*
 TOI: *19.0 Personal Auto* Sub-TOI: *19.0001 Private Passenger Auto (PPA)*
 Product Name: *LibertyGuard Personal Automobile Policy Program*
 Project Name/Number: *UM Form Revision/AR AO UM Form Revision*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Certificates of Compliance	Approved	Yes
Form	Arkansas Uninsured/Underinsured Motorists Coverage	Approved	Yes
Form	Arkansas Uninsured/Underinsured Motorists Coverage	Approved	Yes
Form	Arkansas Uninsured/Underinsured Motorists Coverage	Approved	Yes

SERFF Tracking Number: LBPM-125676053 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Uninsured/Underinsured Motorists Coverage	4103	08 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:43.40 4103 02 08 Previous Filing #:		AUTO 4103 mockup R2.pdf AUTO 4103 proof R2.pdf
Approved	Arkansas Uninsured/Underinsured Motorists Coverage	4104	08 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:43.40 4104 02 08 Previous Filing #:		AUTO 4104 mockup R2.pdf AUTO 4104 proof R2.pdf
Approved	Arkansas Uninsured/Underinsured Motorists Coverage	4105	08 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:43.40 4105 02 08 Previous Filing #:		AUTO 4105 mockup R2.pdf AUTO 4105 proof R2.pdf

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ARKANSAS UNINSURED/UNDERINSURED MOTORISTS COVERAGE IMPORTANT NOTICE

Arkansas law requires that we make **UNINSURED MOTORISTS COVERAGE** and **UNDERINSURED MOTORISTS COVERAGE** available to you at limits not less than the Arkansas Financial Responsibility limit of \$25,000 per person and \$50,000 per accident. You may reject this coverage in writing, or you may purchase higher limits at a reasonable cost. If you purchase **UNINSURED MOTORISTS BODILY INJURY COVERAGE** you have the option of purchasing **UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE** and **UNDERINSURED MOTORISTS BODILY INJURY COVERAGE**.

This form briefly describes the benefits being offered and your options. Please read this form carefully as you are the best person to decide what coverages best fulfill your insurance requirements.

UNINSURED MOTORISTS AND UNDERINSURED MOTORISTS BODILY INJURY COVERAGE

APPLIES TO: TM Motor Vehicles

- COVERS:**
- TM You
 - TM Resident family members
 - TM You and resident family members as pedestrians
 - TM Other people in your car

BENEFITS: **UNINSURED MOTORISTS BODILY INJURY COVERAGE** provides benefits for damages of bodily injury, sickness, or disease, including death, which you are legally entitled to recover from owners or operators of an uninsured motor vehicle which is defined as:

- TM a motor vehicle to which no liability bond or policy applies at the time of the accident, or
- TM a motor vehicle to which a liability bond or policy applies at the time of the accident but the limit of bodily injury liability is less than the Arkansas Financial Responsibility Limits, or
- TM a motor vehicle to which a liability bond or policy applies at the time of the accident, but the bonding or insuring company denies coverage, or is or becomes insolvent, or
- TM a hit-and-run motor vehicle whose owner or operator cannot be identified and which causes bodily injury by physical contact with the insured or with a motor vehicle occupied by the insured.

UNDERINSURED MOTORISTS COVERAGE provides coverage for damages you are legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury, sickness, disease, or death caused by an accident involving the underinsured motor vehicle. An underinsured motor vehicle is one to which a bodily injury policy or bond applies at the time of the accident but the amount paid for bodily injury under that policy or bond is not enough to pay the full amount you are legally entitled to recover as damages.

LIMITS: You may purchase **UNINSURED MOTORISTS COVERAGE** and **UNDERINSURED MOTORISTS COVERAGE** up to an amount equal to your Bodily Injury Liability Limits or you may reject **UNINSURED MOTORISTS COVERAGE** or **UNDERINSURED MOTORISTS COVERAGE** or both coverages entirely.

We recommend that you select **UNINSURED MOTORISTS COVERAGE** and **UNDERINSURED MOTORISTS COVERAGE** at limits equal to your Bodily Injury Liability Limits. Your insurance protection and that of your passengers should equal the protection you provide for others.

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

APPLIES TO: Motor vehicles shown on the Declarations page of your policy. Available only if **UNINSURED MOTORISTS BODILY INJURY COVERAGE** is elected.

BENEFITS: **UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE** provides benefits for damages to your motor vehicle when your vehicle is struck by an uninsured motor vehicle as defined above.

LIMITS: You may purchase an **UNINSURED MOTORISTS PROPERTY DAMAGE** limit up to an amount which is equal to your Property Damage Liability Limit at a reasonable cost, or, you may reject **UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE**. A \$200 deductible per accident may apply.

The Uninsured Motorist Coverage options indicated below are also available for motorcycles. ~~The rate for motorcycle coverage will be 200% of the respective rate for motor vehicle coverage.~~

Please be aware that any summary of coverages on this form are necessarily general in nature. Your policy will contain specific definitions, exclusions, terms and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. If you have any questions about this coverage, or its cost, please contact your local Liberty Mutual Sales Office.

~~Please indicate your selection below.~~

- I accept ~~Uninsured and Underinsured Motorists Coverage~~ equal to my Bodily Injury liability limits.
- I reject ~~Uninsured and Underinsured Motorists Coverage~~ entirely.
- I reject ~~Uninsured and Underinsured Motorists Coverage~~ equal to my Bodily Injury liability limits, and elect ~~Uninsured and Underinsured Motorists Coverage~~ at:

UNINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

UNDERINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

Per Person/Per Accident

- \$ 25,000/ 50,000
- \$ 50,000/100,000
- \$ 100,000/300,000
- \$ 300,000/300,000
- \$ 250,000/500,000

- I reject UNINSURED MOTORISTS COVERAGE entirely.
- I reject UNINSURED MOTORISTS COVERAGE equal to my liability limit.

Per Person/Per Accident

- \$ 25,000/ 50,000
- \$ 50,000/100,000
- \$ 100,000/300,000
- \$ 300,000/300,000
- \$ 250,000/500,000

- I reject UNDERINSURED MOTORISTS COVERAGE entirely.
- I reject UNDERINSURED MOTORISTS COVERAGE equal to my liability limit.

REMEMBER YOUR SEPARATE LIMIT OF UNINSURED MOTORISTS COVERAGE AND SEPARATE LIMIT OF UNDERINSURED MOTORISTS COVERAGE CANNOT EXCEED YOUR CARRIED BODILY INJURY LIABILITY LIMITS.

UNINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

UNDERINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

Per Accident

- \$ 75,000
- \$ 100,000
- \$ 300,000
- \$ 500,000
- \$1,000,000

- I reject UNINSURED MOTORISTS COVERAGE entirely.
- I reject UNINSURED MOTORISTS COVERAGE equal to my liability limit.

Per Accident

- \$ 75,000
- \$ 100,000
- \$ 300,000
- \$ 500,000
- \$1,000,000

- I reject UNDERINSURED MOTORISTS COVERAGE entirely.
- I reject UNDERINSURED MOTORISTS COVERAGE equal to my liability limit.

REMEMBER YOUR SINGLE LIMIT OF UNINSURED MOTORISTS COVERAGE AND SINGLE LIMIT OF UNDERINSURED MOTORISTS COVERAGE CANNOT EXCEED YOUR CARRIED BODILY INJURY LIABILITY LIMIT.

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE LIMITS

(Cannot be greater than the Property Damage Liability Limit of your policy.)

Per Accident

- \$ 25,000
- \$ 50,000
- \$ 100,000
- \$ 300,000
- \$ 500,000

I wish to reject **Property Damage Coverage** entirely.

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"I am aware that my selection is valid and binding on all insureds and applies throughout the policy period regardless of any changes, amendments, or substitutions such as the addition of vehicles or drivers. I also understand that my selection applies to all future renewals, reinstatements, substitutions, amendments or replacements of this policy unless I indicate otherwise to Liberty Mutual in writing."

NAME AND ADDRESS:

POLICY NUMBER: ##### #

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SIGNATURE(S):

#####

DATE: _____

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ARKANSAS UNINSURED/UNDERINSURED MOTORISTS COVERAGE IMPORTANT NOTICE

Arkansas law requires that we make **UNINSURED MOTORISTS COVERAGE** and **UNDERINSURED MOTORISTS COVERAGE** available to you at limits not less than the Arkansas Financial Responsibility limit of \$25,000 per person and \$50,000 per accident. You may reject this coverage in writing, or you may purchase higher limits at a reasonable cost. If you purchase **UNINSURED MOTORISTS BODILY INJURY COVERAGE** you have the option of purchasing **UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE** and **UNDERINSURED MOTORISTS BODILY INJURY COVERAGE**.

This form briefly describes the benefits being offered and your options. Please read this form carefully as you are the best person to decide what coverages best fulfill your insurance requirements.

UNINSURED MOTORISTS AND UNDERINSURED MOTORISTS BODILY INJURY COVERAGE

APPLIES TO: TM Motor Vehicles

- COVERS:**
- TM You
 - TM Resident family members
 - TM You and resident family members as pedestrians
 - TM Other people in your car

BENEFITS: **UNINSURED MOTORISTS BODILY INJURY COVERAGE** provides benefits for damages of bodily injury, sickness, or disease, including death, which you are legally entitled to recover from owners or operators of an uninsured motor vehicle which is defined as:

- TM a motor vehicle to which no liability bond or policy applies at the time of the accident, or
- TM a motor vehicle to which a liability bond or policy applies at the time of the accident but the limit of bodily injury liability is less than the Arkansas Financial Responsibility Limits, or
- TM a motor vehicle to which a liability bond or policy applies at the time of the accident, but the bonding or insuring company denies coverage, or is or becomes insolvent, or
- TM a hit-and-run motor vehicle whose owner or operator cannot be identified and which causes bodily injury by physical contact with the insured or with a motor vehicle occupied by the insured.

UNDERINSURED MOTORISTS COVERAGE provides coverage for damages you are legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury, sickness, disease, or death caused by an accident involving the underinsured motor vehicle. An underinsured motor vehicle is one to which a bodily injury policy or bond applies at the time of the accident but the amount paid for bodily injury under that policy or bond is not enough to pay the full amount you are legally entitled to recover as damages.

LIMITS: You may purchase **UNINSURED MOTORISTS COVERAGE** and **UNDERINSURED MOTORISTS COVERAGE** up to an amount equal to your Bodily Injury Liability Limits or you may reject **UNINSURED MOTORISTS COVERAGE** or **UNDERINSURED MOTORISTS COVERAGE** or both coverages entirely.

We recommend that you select **UNINSURED MOTORISTS COVERAGE** and **UNDERINSURED MOTORISTS COVERAGE** at limits equal to your Bodily Injury Liability Limits. Your insurance protection and that of your passengers should equal the protection you provide for others.

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

APPLIES TO: Motor vehicles shown on the Declarations page of your policy. Available only if **UNINSURED MOTORISTS BODILY INJURY COVERAGE** is elected.

BENEFITS: **UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE** provides benefits for damages to your motor vehicle when your vehicle is struck by an uninsured motor vehicle as defined above.

LIMITS: You may purchase an **UNINSURED MOTORISTS PROPERTY DAMAGE** limit up to an amount which is equal to your Property Damage Liability Limit at a reasonable cost, or, you may reject **UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE**. A \$200 deductible per accident may apply.

The Uninsured Motorist Coverage options indicated below are also available for motorcycles.

Please be aware that any summary of coverages on this form are necessarily general in nature. Your policy will contain specific definitions, exclusions, terms and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. If you have any questions about this coverage, or its cost, please contact your local Liberty Mutual Sales Office.

**UNINSURED MOTORISTS BODILY
INJURY COVERAGE LIMITS**

Per Person/Per Accident

- \$ 25,000/ 50,000
- \$ 50,000/100,000
- \$ 100,000/300,000
- \$ 300,000/300,000
- \$ 250,000/500,000
- I reject UNINSURED MOTORISTS COVERAGE entirely.
- I reject UNINSURED MOTORISTS COVERAGE equal to my liability limit.

**UNDERINSURED MOTORISTS BODILY
INJURY COVERAGE LIMITS**

Per Person/Per Accident

- \$ 25,000/ 50,000
- \$ 50,000/100,000
- \$ 100,000/300,000
- \$ 300,000/300,000
- \$ 250,000/500,000
- I reject UNDERINSURED MOTORISTS COVERAGE entirely.
- I reject UNDERINSURED MOTORISTS COVERAGE equal to my liability limit.

REMEMBER YOUR SEPARATE LIMIT OF UNINSURED MOTORISTS COVERAGE AND SEPARATE LIMIT OF UNDERINSURED MOTORISTS COVERAGE CANNOT EXCEED YOUR CARRIED BODILY INJURY LIABILITY LIMITS.

**UNINSURED MOTORISTS BODILY
INJURY COVERAGE LIMITS**

Per Accident

- \$ 75,000
- \$ 100,000
- \$ 300,000
- \$ 500,000
- \$1,000,000
- I reject UNINSURED MOTORISTS COVERAGE entirely.
- I reject UNINSURED MOTORISTS COVERAGE equal to my liability limit.

**UNDERINSURED MOTORISTS BODILY
INJURY COVERAGE LIMITS**

Per Accident

- \$ 75,000
- \$ 100,000
- \$ 300,000
- \$ 500,000
- \$1,000,000
- I reject UNDERINSURED MOTORISTS COVERAGE entirely.
- I reject UNDERINSURED MOTORISTS COVERAGE equal to my liability limit.

REMEMBER YOUR SINGLE LIMIT OF UNINSURED MOTORISTS COVERAGE AND SINGLE LIMIT OF UNDERINSURED MOTORISTS COVERAGE CANNOT EXCEED YOUR CARRIED BODILY INJURY LIABILITY LIMIT.

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE LIMITS

(Cannot be greater than the Property Damage Liability Limit of your policy.)

Per Accident

- \$ 25,000
- \$ 50,000
- \$ 100,000
- \$ 300,000
- \$ 500,000
- I wish to reject **Property Damage Coverage** entirely.

"I am aware that my selection is valid and binding on all insureds and applies throughout the policy period regardless of any changes, amendments, or substitutions such as the addition of vehicles or drivers. I also understand that my selection applies to all future renewals, reinstatements, substitutions, amendments or replacements of this policy unless I indicate otherwise to Liberty Mutual in writing."

NAME AND ADDRESS:

#####

POLICY NUMBER: ##### #

SIGNATURE(S):

#####

DATE: _____



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This form briefly describes the benefits being offered and your options. Please read this form carefully as you are the best person to decide what coverages best fulfill your insurance requirements.

UNINSURED MOTORISTS AND UNDERINSURED MOTORISTS BODILY INJURY COVERAGE

APPLIES TO: TM Motor Vehicles

COVERS:

- TM You
- TM Resident family members
- TM You and resident family members as pedestrians
- TM Other people in your car

BENEFITS: **UNINSURED MOTORISTS BODILY INJURY COVERAGE** provides benefits for damages of bodily injury, sickness, or disease, including death, which you are legally entitled to recover from owners or operators of an uninsured motor vehicle which is defined as:

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- TM a motor vehicle to which a liability bond or policy applies at the time of the accident but the limit of bodily injury liability is less than the Arkansas Financial Responsibility Limits, or
- TM a motor vehicle to which a liability bond or policy applies at the time of the accident, but the bonding or insuring company denies coverage, or is or becomes insolvent, or
- TM a hit-and-run motor vehicle whose owner or operator cannot be identified and which causes bodily injury by physical contact with the insured or with a motor vehicle occupied by the insured.

UNDERINSURED MOTORISTS COVERAGE provides coverage for damages you are legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury, sickness, disease, or death caused by an accident involving the underinsured motor vehicle. An underinsured motor vehicle is one to which a bodily injury policy or bond applies at the time of the accident but the amount paid for bodily injury under that policy or bond is not enough to pay the full amount you are legally entitled to recover as damages.

LIMITS: You may purchase **UNINSURED MOTORISTS COVERAGE** and **UNDERINSURED MOTORISTS COVERAGE** up to an amount equal to your Bodily Injury Liability Limits or you may reject **UNINSURED MOTORISTS COVERAGE** or **UNDERINSURED MOTORISTS COVERAGE** or both coverages entirely.

We recommend that you select **UNINSURED MOTORISTS COVERAGE** and **UNDERINSURED MOTORISTS COVERAGE** at limits equal to your Bodily Injury Liability Limits. Your insurance protection and that of your passengers should equal the protection you provide for others.

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

APPLIES TO: Motor vehicles shown on the Declarations page of your policy. Available only if **UNINSURED MOTORISTS BODILY INJURY COVERAGE** is elected.

BENEFITS: **UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE** provides benefits for damages to your motor vehicle when your vehicle is struck by an uninsured motor vehicle as defined above.

LIMITS: You may purchase an **UNINSURED MOTORISTS PROPERTY DAMAGE** limit up to an amount which is equal to your Property Damage Liability Limit at a reasonable cost, or, you may reject **UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE**. A \$200 deductible per accident may apply.

The Uninsured Motorist Coverage options indicated below are also available for motorcycles. ~~The rate for motorcycle coverage will be 200% of the respective rate for motor vehicle coverage.~~

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Please indicate your selection below.

- I accept Uninsured and Underinsured Motorists Coverage equal to my Bodily Injury liability limits.
- I reject Uninsured and Underinsured Motorists Coverage entirely.
- I reject Uninsured and Underinsured Motorists Coverage equal to my Bodily Injury liability limits, and elect Uninsured and Underinsured Motorists Coverage at:

UNINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

UNDERINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

Per Person/Per Accident

- \$ 25,000/ 50,000
- \$ 50,000/100,000
- \$ 100,000/300,000
- \$ 300,000/300,000
- \$ 250,000/500,000

Per Person/Per Accident

- \$ 25,000/ 50,000
- \$ 50,000/100,000
- \$ 100,000/300,000
- \$ 300,000/300,000
- \$ 250,000/500,000

- I reject UNINSURED MOTORISTS COVERAGE entirely.
- I reject UNINSURED MOTORISTS COVERAGE equal to my liability limit.

- I reject UNDERINSURED MOTORISTS COVERAGE entirely.
- I reject UNDERINSURED MOTORISTS COVERAGE equal to my liability limit.

REMEMBER YOUR SEPARATE LIMIT OF UNINSURED MOTORISTS COVERAGE AND SEPARATE LIMIT OF UNDERINSURED MOTORISTS COVERAGE CANNOT EXCEED YOUR CARRIED BODILY INJURY LIABILITY LIMITS.

UNINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

UNDERINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

Per Accident

- \$ 75,000
- \$ 100,000
- \$ 300,000
- \$ 500,000
- \$1,000,000

Per Accident

- \$ 75,000
- \$ 100,000
- \$ 300,000
- \$ 500,000
- \$1,000,000

- I reject UNINSURED MOTORISTS COVERAGE entirely.
- I reject UNINSURED MOTORISTS COVERAGE equal to my liability limit.

- I reject UNDERINSURED MOTORISTS COVERAGE entirely.
- I reject UNDERINSURED MOTORISTS COVERAGE equal to my liability limit.

REMEMBER YOUR SINGLE LIMIT OF UNINSURED MOTORISTS COVERAGE AND SINGLE LIMIT OF UNDERINSURED MOTORISTS COVERAGE CANNOT EXCEED YOUR CARRIED BODILY INJURY LIABILITY LIMIT.

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE LIMITS

(Cannot be greater than the Property Damage Liability Limit of your policy.)

Per Accident

- \$ 25,000
- \$ 50,000
- \$ 100,000
- \$ 300,000

\$ 500,000

I wish to reject **Property Damage Coverage** entirely.

AUTO 4104 02 08 08

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"I am aware that my selection is valid and binding on all insureds and applies throughout the policy period regardless of any changes, amendments, or substitutions such as the addition of vehicles or drivers. I also understand that my selection applies to all future renewals, reinstatements, substitutions, amendments or replacements of this policy unless I indicate otherwise to Liberty Mutual in writing."

NAME AND ADDRESS:

POLICY NUMBER: ##### #

#####

SIGNATURE(S):

#####

DATE: _____

AUTO 4104 02 08 08

PF

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Arkansas law requires that we make **UNINSURED MOTORISTS COVERAGE** and **UNDERINSURED MOTORISTS COVERAGE** available to you at limits not less than the Arkansas Financial Responsibility limit of \$25,000 per person and \$50,000 per accident. You may reject this coverage in writing, or you may purchase higher limits at a reasonable cost. If you purchase **UNINSURED MOTORISTS BODILY INJURY COVERAGE** you have the option of purchasing **UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE** and **UNDERINSURED MOTORISTS BODILY INJURY COVERAGE**.

This form briefly describes the benefits being offered and your options. Please read this form carefully as you are the best person to decide what coverages best fulfill your insurance requirements.

UNINSURED MOTORISTS AND UNDERINSURED MOTORISTS BODILY INJURY COVERAGE

APPLIES TO: TM Motor Vehicles

COVERS: TM You
TM Resident family members
TM You and resident family members as pedestrians
TM Other people in your car

BENEFITS: **UNINSURED MOTORISTS BODILY INJURY COVERAGE** provides benefits for damages of bodily injury, sickness, or disease, including death, which you are legally entitled to recover from owners or operators of an uninsured motor vehicle which is defined as:

- TM a motor vehicle to which no liability bond or policy applies at the time of the accident, or
- TM a motor vehicle to which a liability bond or policy applies at the time of the accident but the limit of bodily injury liability is less than the Arkansas Financial Responsibility Limits, or
- TM a motor vehicle to which a liability bond or policy applies at the time of the accident, but the bonding or insuring company denies coverage, or is or becomes insolvent, or
- TM a hit-and-run motor vehicle whose owner or operator cannot be identified and which causes bodily injury by physical contact with the insured or with a motor vehicle occupied by the insured.

UNDERINSURED MOTORISTS COVERAGE provides coverage for damages you are legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury, sickness, disease, or death caused by an accident involving the underinsured motor vehicle. An underinsured motor vehicle is one to which a bodily injury policy or bond applies at the time of the accident but the amount paid for bodily injury under that policy or bond is not enough to pay the full amount you are legally entitled to recover as damages.

LIMITS: You may purchase **UNINSURED MOTORISTS COVERAGE** and **UNDERINSURED MOTORISTS COVERAGE** up to an amount equal to your Bodily Injury Liability Limits or you may reject **UNINSURED MOTORISTS COVERAGE** or **UNDERINSURED MOTORISTS COVERAGE** or both coverages entirely.

We recommend that you select **UNINSURED MOTORISTS COVERAGE** and **UNDERINSURED MOTORISTS COVERAGE** at limits equal to your Bodily Injury Liability Limits. Your insurance protection and that of your passengers should equal the protection you provide for others.

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

APPLIES TO: Motor vehicles shown on the Declarations page of your policy. Available only if **UNINSURED MOTORISTS BODILY INJURY COVERAGE** is elected.

BENEFITS: **UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE** provides benefits for damages to your motor vehicle when your vehicle is struck by an uninsured motor vehicle as defined above.

LIMITS: You may purchase an **UNINSURED MOTORISTS PROPERTY DAMAGE** limit up to an amount which is equal to your Property Damage Liability Limit at a reasonable cost, or, you may reject **UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE**. A \$200 deductible per accident may apply.

The Uninsured Motorist Coverage options indicated below are also available for motorcycles.

Please be aware that any summary of coverages on this form are necessarily general in nature. Your policy will contain specific definitions, exclusions, terms and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. If you have any questions about this coverage, or its cost, please contact your local Liberty Mutual Sales Office.

UNINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

UNDERINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

Per Person/Per Accident

\$ 25,000/ 50,000

\$ 50,000/100,000

\$ 100,000/300,000

\$ 300,000/300,000

\$ 250,000/500,000

I reject UNINSURED MOTORISTS COVERAGE entirely.

I reject UNINSURED MOTORISTS COVERAGE equal to my liability limit.

Per Person/Per Accident

\$ 25,000/ 50,000

\$ 50,000/100,000

\$ 100,000/300,000

\$ 300,000/300,000

\$ 250,000/500,000

I reject UNDERINSURED MOTORISTS COVERAGE entirely.

I reject UNDERINSURED MOTORISTS COVERAGE equal to my liability limit.

REMEMBER YOUR SEPARATE LIMIT OF UNINSURED MOTORISTS COVERAGE AND SEPARATE LIMIT OF UNDERINSURED MOTORISTS COVERAGE CANNOT EXCEED YOUR CARRIED BODILY INJURY LIABILITY LIMITS.

UNINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

UNDERINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

Per Accident

\$ 75,000

\$ 100,000

\$ 300,000

\$ 500,000

\$1,000,000

I reject UNINSURED MOTORISTS COVERAGE entirely.

I reject UNINSURED MOTORISTS COVERAGE equal to my liability limit.

Per Accident

\$ 75,000

\$ 100,000

\$ 300,000

\$ 500,000

\$1,000,000

I reject UNDERINSURED MOTORISTS COVERAGE entirely.

I reject UNDERINSURED MOTORISTS COVERAGE equal to my liability limit.

REMEMBER YOUR SINGLE LIMIT OF UNINSURED MOTORISTS COVERAGE AND SINGLE LIMIT OF UNDERINSURED MOTORISTS COVERAGE CANNOT EXCEED YOUR CARRIED BODILY INJURY LIABILITY LIMIT.

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE LIMITS

(Cannot be greater than the Property Damage Liability Limit of your policy.)

Per Accident

\$ 25,000

\$ 50,000

\$ 100,000

\$ 300,000

\$ 500,000

I wish to reject **Property Damage Coverage** entirely.

"I am aware that my selection is valid and binding on all insureds and applies throughout the policy period regardless of any changes, amendments, or substitutions such as the addition of vehicles or drivers. I also understand that my selection applies to all future renewals, reinstatements, substitutions, amendments or replacements of this policy unless I indicate otherwise to Liberty Mutual in writing."

NAME AND ADDRESS:

POLICY NUMBER: ##### #

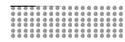
#####

SIGNATURE(S):

#####

#####

DATE: _____



ARKANSAS UNINSURED/UNDERINSURED MOTORISTS COVERAGE IMPORTANT NOTICE

Arkansas law requires that we make UNINSURED MOTORISTS COVERAGE and UNDERINSURED MOTORISTS COVERAGE available to you at limits not less than the Arkansas Financial Responsibility limit of \$25,000 per person and \$50,000 per accident. You may reject this coverage in writing, or you may purchase higher limits at a reasonable cost. If you purchase UNINSURED MOTORISTS BODILY INJURY COVERAGE you have the option of purchasing UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE and UNDERINSURED MOTORISTS BODILY INJURY COVERAGE.

This form briefly describes the benefits being offered and your options. Please read this form carefully as you are the best person to decide what coverages best fulfill your insurance requirements.

UNINSURED MOTORISTS AND UNDERINSURED MOTORISTS BODILY INJURY COVERAGE

APPLIES TO: TM Motor Vehicles

COVERS: TM You
TM Resident family members
TM You and resident family members as pedestrians
TM Other people in your car

BENEFITS: UNINSURED MOTORISTS BODILY INJURY COVERAGE provides benefits for damages of bodily injury, sickness, or disease, including death, which you are legally entitled to recover from owners or operators of an uninsured motor vehicle which is defined as:

- TM a motor vehicle to which no liability bond or policy applies at the time of the accident, or
- TM a motor vehicle to which a liability bond or policy applies at the time of the accident but the limit of bodily injury liability is less than the Arkansas Financial Responsibility Limits, or
- TM a motor vehicle to which a liability bond or policy applies at the time of the accident, but the bonding or insuring company denies coverage, or is or becomes insolvent, or
- TM a hit-and-run motor vehicle whose owner or operator cannot be identified and which causes bodily injury by physical contact with the insured or with a motor vehicle occupied by the insured.

UNDERINSURED MOTORISTS COVERAGE provides coverage for damages you are legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury, sickness, disease, or death caused by an accident involving the underinsured motor vehicle. An underinsured motor vehicle is one to which a bodily injury policy or bond applies at the time of the accident but the amount paid for bodily injury under that policy or bond is not enough to pay the full amount you are legally entitled to recover as damages.

LIMITS: You may purchase UNINSURED MOTORISTS COVERAGE and UNDERINSURED MOTORISTS COVERAGE up to an amount equal to your Bodily Injury Liability Limits or you may reject UNINSURED MOTORISTS COVERAGE or UNDERINSURED MOTORISTS COVERAGE or both coverages entirely.

We recommend that you select UNINSURED MOTORISTS COVERAGE and UNDERINSURED MOTORISTS COVERAGE at limits equal to your Bodily Injury Liability Limits. Your insurance protection and that of your passengers should equal the protection you provide for others.

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

APPLIES TO: Motor vehicles shown on the Declarations page of your policy. Available only if UNINSURED MOTORISTS BODILY INJURY COVERAGE is elected.

BENEFITS: UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE provides benefits for damages to your motor vehicle when your vehicle is struck by an uninsured motor vehicle as defined above.

LIMITS: You may purchase an UNINSURED MOTORISTS PROPERTY DAMAGE limit up to an amount which is equal to your Property Damage Liability Limit at a reasonable cost, or, you may reject UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE. A \$200 deductible per accident may apply.

The Uninsured Motorist Coverage options indicated below are also available for motorcycles. ~~The rate for motorcycle coverage will be 200% of the respective rate for motor vehicle coverage.~~

Please be aware that any summary of coverages on this form are necessarily general in nature. Your policy will contain specific definitions, exclusions, terms and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. If you have any questions about this coverage, or its cost, please contact your local Liberty Mutual Sales Office.

~~Please indicate your selection below.~~

- ~~I accept Uninsured and Underinsured Motorists Coverage equal to my Bodily Injury liability limits.~~
- ~~I reject Uninsured and Underinsured Motorists Coverage entirely.~~
- ~~I reject Uninsured and Underinsured Motorists Coverage equal to my Bodily Injury liability limits, and elect Uninsured and Underinsured Motorists Coverage at:~~

UNINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

UNDERINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

Per Person/Per Accident

- \$ 25,000/ 50,000
- \$ 50,000/100,000
- \$ 100,000/300,000
- \$ 300,000/300,000
- \$ 250,000/500,000

- ~~I reject UNINSURED MOTORISTS COVERAGE entirely.~~
- ~~I reject UNINSURED MOTORISTS COVERAGE equal to my liability limit.~~

Per Person/Per Accident

- \$ 25,000/ 50,000
- \$ 50,000/100,000
- \$ 100,000/300,000
- \$ 300,000/300,000
- \$ 250,000/500,000

- ~~I reject UNDERINSURED MOTORISTS COVERAGE entirely.~~
- ~~I reject UNDERINSURED MOTORISTS COVERAGE equal to my liability limit.~~

REMEMBER YOUR SEPARATE LIMIT OF UNINSURED MOTORISTS COVERAGE AND SEPARATE LIMIT OF UNDERINSURED MOTORISTS COVERAGE CANNOT EXCEED YOUR CARRIED BODILY INJURY LIABILITY LIMITS.

UNINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

UNDERINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

Per Accident

- \$ 75,000
- \$ 100,000
- \$ 300,000
- \$ 500,000
- \$1,000,000

- ~~I reject UNINSURED MOTORISTS COVERAGE entirely.~~
- ~~I reject UNINSURED MOTORISTS COVERAGE equal to my liability limit.~~

Per Accident

- \$ 75,000
- \$ 100,000
- \$ 300,000
- \$ 500,000
- \$1,000,000

- ~~I reject UNDERINSURED MOTORISTS COVERAGE entirely.~~
- ~~I reject UNDERINSURED MOTORISTS COVERAGE equal to my liability limit.~~

REMEMBER YOUR SINGLE LIMIT OF UNINSURED MOTORISTS COVERAGE AND SINGLE LIMIT OF UNDERINSURED MOTORISTS COVERAGE CANNOT EXCEED YOUR CARRIED BODILY INJURY LIABILITY LIMIT.

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE LIMITS

(Cannot be greater than the Property Damage Liability Limit of your policy.)

Per Accident

- \$ 25,000
- \$ 50,000
- \$ 100,000
- \$ 300,000

\$ 500,000

I wish to reject **Property Damage Coverage** entirely.

AUTO 4105 02 08 08

PF

"I am aware that my selection is valid and binding on all insureds and applies throughout the policy period regardless of any changes, amendments, or substitutions such as the addition of vehicles or drivers. I also understand that my selection applies to all future renewals, reinstatements, substitutions, amendments or replacements of this policy unless I indicate otherwise to Liberty Mutual in writing."

NAME AND ADDRESS:

POLICY NUMBER: _____ #

#####

SIGNATURE(S):

DATE: _____

AUTO 4105 02 08 08

PF

#####



ARKANSAS UNINSURED/UNDERINSURED MOTORISTS COVERAGE IMPORTANT NOTICE

Arkansas law requires that we make UNINSURED MOTORISTS COVERAGE and UNDERINSURED MOTORISTS COVERAGE available to you at limits not less than the Arkansas Financial Responsibility limit of \$25,000 per person and \$50,000 per accident. You may reject this coverage in writing, or you may purchase higher limits at a reasonable cost. If you purchase UNINSURED MOTORISTS BODILY INJURY COVERAGE you have the option of purchasing UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE and UNDERINSURED MOTORISTS BODILY INJURY COVERAGE.

This form briefly describes the benefits being offered and your options. Please read this form carefully as you are the best person to decide what coverages best fulfill your insurance requirements.

UNINSURED MOTORISTS AND UNDERINSURED MOTORISTS BODILY INJURY COVERAGE

APPLIES TO: TM Motor Vehicles

COVERS: TM You
TM Resident family members
TM You and resident family members as pedestrians
TM Other people in your car

BENEFITS: UNINSURED MOTORISTS BODILY INJURY COVERAGE provides benefits for damages of bodily injury, sickness, or disease, including death, which you are legally entitled to recover from owners or operators of an uninsured motor vehicle which is defined as:

- TM a motor vehicle to which no liability bond or policy applies at the time of the accident, or
- TM a motor vehicle to which a liability bond or policy applies at the time of the accident but the limit of bodily injury liability is less than the Arkansas Financial Responsibility Limits, or
- TM a motor vehicle to which a liability bond or policy applies at the time of the accident, but the bonding or insuring company denies coverage, or is or becomes insolvent, or
- TM a hit-and-run motor vehicle whose owner or operator cannot be identified and which causes bodily injury by physical contact with the insured or with a motor vehicle occupied by the insured.

UNDERINSURED MOTORISTS COVERAGE provides coverage for damages you are legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury, sickness, disease, or death caused by an accident involving the underinsured motor vehicle. An underinsured motor vehicle is one to which a bodily injury policy or bond applies at the time of the accident but the amount paid for bodily injury under that policy or bond is not enough to pay the full amount you are legally entitled to recover as damages.

LIMITS: You may purchase UNINSURED MOTORISTS COVERAGE and UNDERINSURED MOTORISTS COVERAGE up to an amount equal to your Bodily Injury Liability Limits or you may reject UNINSURED MOTORISTS COVERAGE or UNDERINSURED MOTORISTS COVERAGE or both coverages entirely.

We recommend that you select UNINSURED MOTORISTS COVERAGE and UNDERINSURED MOTORISTS COVERAGE at limits equal to your Bodily Injury Liability Limits. Your insurance protection and that of your passengers should equal the protection you provide for others.

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

APPLIES TO: Motor vehicles shown on the Declarations page of your policy. Available only if UNINSURED MOTORISTS BODILY INJURY COVERAGE is elected.

BENEFITS: UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE provides benefits for damages to your motor vehicle when your vehicle is struck by an uninsured motor vehicle as defined above.

LIMITS: You may purchase an UNINSURED MOTORISTS PROPERTY DAMAGE limit up to an amount which is equal to your Property Damage Liability Limit at a reasonable cost, or, you may reject UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE. A \$200 deductible per accident may apply.

The Uninsured Motorist Coverage options indicated below are also available for motorcycles.

Please be aware that any summary of coverages on this form are necessarily general in nature. Your policy will contain specific definitions, exclusions, terms and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. If you have any questions about this coverage, or its cost, please contact your local Liberty Mutual Sales Office.

UNINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

UNDERINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

Per Person/Per Accident

- \$ 25,000/ 50,000
- \$ 50,000/100,000
- \$ 100,000/300,000
- \$ 300,000/300,000
- \$ 250,000/500,000
- I reject UNINSURED MOTORISTS COVERAGE entirely.
- I reject UNINSURED MOTORISTS COVERAGE equal to my liability limit.

Per Person/Per Accident

- \$ 25,000/ 50,000
- \$ 50,000/100,000
- \$ 100,000/300,000
- \$ 300,000/300,000
- \$ 250,000/500,000
- I reject UNDERINSURED MOTORISTS COVERAGE entirely.
- I reject UNDERINSURED MOTORISTS COVERAGE equal to my liability limit.

REMEMBER YOUR SEPARATE LIMIT OF UNINSURED MOTORISTS COVERAGE AND SEPARATE LIMIT OF UNDERINSURED MOTORISTS COVERAGE CANNOT EXCEED YOUR CARRIED BODILY INJURY LIABILITY LIMITS.

UNINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

UNDERINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS

Per Accident

- \$ 75,000
- \$ 100,000
- \$ 300,000
- \$ 500,000
- \$1,000,000
- I reject UNINSURED MOTORISTS COVERAGE entirely.
- I reject UNINSURED MOTORISTS COVERAGE equal to my liability limit.

Per Accident

- \$ 75,000
- \$ 100,000
- \$ 300,000
- \$ 500,000
- \$1,000,000
- I reject UNDERINSURED MOTORISTS COVERAGE entirely.
- I reject UNDERINSURED MOTORISTS COVERAGE equal to my liability limit.

REMEMBER YOUR SINGLE LIMIT OF UNINSURED MOTORISTS COVERAGE AND SINGLE LIMIT OF UNDERINSURED MOTORISTS COVERAGE CANNOT EXCEED YOUR CARRIED BODILY INJURY LIABILITY LIMIT.

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE LIMITS

(Cannot be greater than the Property Damage Liability Limit of your policy.)

Per Accident

- \$ 25,000
- \$ 50,000
- \$ 100,000
- \$ 300,000
- \$ 500,000
- I wish to reject **Property Damage Coverage** entirely.

"I am aware that my selection is valid and binding on all insureds and applies throughout the policy period regardless of any changes, amendments, or substitutions such as the addition of vehicles or drivers. I also

understand that my selection applies to all future renewals, reinstatements, substitutions, amendments or replacements of this policy unless I indicate otherwise to Liberty Mutual in writing."

NAME AND ADDRESS:

POLICY NUMBER: ##### #

#####

SIGNATURE(S):

#####

DATE: _____

#####

SERFF Tracking Number: *LBPM-125676053* *State:* *Arkansas*
First Filing Company: *Liberty Insurance Corporation, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AR AO UM REVISION*
TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0001 Private Passenger Auto (PPA)*
Product Name: *LibertyGuard Personal Automobile Policy Program*
Project Name/Number: *UM Form Revision/AR AO UM Form Revision*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LBPM-125676053 State: Arkansas
First Filing Company: Liberty Insurance Corporation, ... State Tracking Number: EFT \$50
Company Tracking Number: AR AO UM REVISION
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: LibertyGuard Personal Automobile Policy Program
Project Name/Number: UM Form Revision/AR AO UM Form Revision

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 06/05/2008

Comments:

Attachment:

Transmittal.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 06/05/2008

Comments:

Attachment:

Cover Letter.pdf

Satisfied -Name: Certificates of Compliance **Review Status:** Approved 06/05/2008

Comments:

Attachment:

Certificates of Compliance.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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
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 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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 #:
Amount:

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.)

PC TD-1 pg 2 of 2

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 #	
-----------	--	--

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			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input 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		

PC FFS-1



Liberty Mutual Group

175 Berkeley Street
Mail drop S3-A
Boston, MA 02117
Telephone: (800) 225-8346
Facsimile: (617) 574-6699

June 3, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
Property and Casualty Division
1200 W 3rd Street
Little Rock, AR 72201-1904

Re: Arkansas Personal Auto Program
Co. # AR AO UM Revision – Corrected Forms
Liberty Mutual Fire Insurance Company 111-23035
The First Liberty Insurance Corporation 111-33588
Liberty Insurance Corporation 111-42404

Dear Commissioner:

In accordance with applicable state and regulatory provisions Liberty Mutual Fire Insurance Company, The First Liberty Insurance Corporation, and Liberty Insurance Corporation request approval to revise the Uninsured/Underinsured Option Form in Arkansas, by changing the layout to make it more user-friendly. There are no rate changes associated with this change.

Form Changes

Old Form #	Title	New Form #
AUTO 4103 02 08	Arkansas Uninsured/Underinsured Motorists Coverage Important Notice	AUTO 4103 08 08
AUTO 4104 02 08	Arkansas Uninsured/Underinsured Motorists Coverage Important Notice	AUTO 4104 08 08
AUTO 4105 02 08	Arkansas Uninsured/Underinsured Motorists Coverage Important Notice	AUTO 4105 08 08

Filing

A New Business effective date of **August 25, 2008**, and a Renewal effective date of **September 29, 2008**, is requested.

If you have any questions, please direct them to Caitlin Healey at 800-225-8346, extension 41746, or e-mail caitlin.healey@LibertyMutual.com.

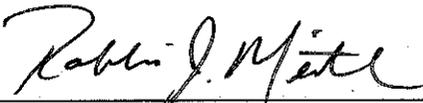
Sincerely,

Caitlin Healey
Industry Filings Analyst
Liberty Mutual Industry & Regulatory Relations

**STATE OF ARKANSAS
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: Liberty Mutual Fire Insurance Company
DESCRIPTION: Arkansas Uninsured/Underinsured Motorists Coverage
FORM NUMBER: AUTO 4103
EDITION DATE: 08 08

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 43.4 and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.



Signature of Officer of Company

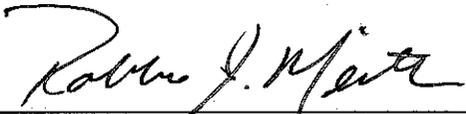
Asst. VP PM Manager Product Compliance
Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**STATE OF ARKANSAS
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: The First Liberty Insurance Corporation
DESCRIPTION: Arkansas Uninsured/Underinsured Motorists Coverage
FORM NUMBER: AUTO 4104
EDITION DATE: 08 08

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 43.4 and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.



Signature of Officer of Company

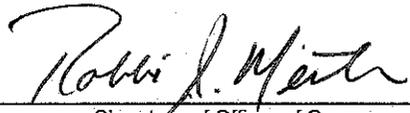
Asst. VP PM Manager Product Compliance
Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**STATE OF ARKANSAS
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: Liberty Insurance Corporation
DESCRIPTION: Arkansas Uninsured/Underinsured Motorists Coverage
FORM NUMBER: AUTO 4105
EDITION DATE: 08 08

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 43.4 and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.



Signature of Officer of Company

Asst. VP PM Manager Product Compliance
Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.