

<i>SERFF Tracking Number:</i>	<i>LMPP-125683583</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty Mutual Fire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>SRF-CW-008-08</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Liberty Mutual Property RM Select Policy</i>		
<i>Project Name/Number:</i>	<i>Coverages revised/SRF-CW-008-08</i>		

Filing at a Glance

Company: Liberty Mutual Fire Insurance Company

Product Name: Liberty Mutual Property RM Select Policy
 SERFF Tr Num: LMPP-125683583 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-008-08	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Marla Kroening1	Disposition Date: 06/12/2008
	Date Submitted: 06/09/2008	Disposition Status: Approved
Effective Date Requested (New): 09/01/2008		Effective Date (New): 09/01/2008
Effective Date Requested (Renewal): 09/01/2008		Effective Date (Renewal): 09/01/2008

State Filing Description:

General Information

Project Name: Coverages revised	Status of Filing in Domicile: Authorized
Project Number: SRF-CW-008-08	Domicile Status Comments: approved 9/1/08
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/12/2008	
State Status Changed: 06/12/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Liberty Mutual Fire Insurance Company submits this form filing for your review and approval.

Coverages, Form RM1001 09-08 has been revised to correct an error in numbering of the Exclusions that were referenced in item E. 1. on page 4. in relation to coverage for Equipment Breakdown. We meant to reference Exclusion

SERFF Tracking Number: LMPP-125683583 State: Arkansas
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B. 8. in this sequence and not Exclusion B. 12. as shown on Exclusions, Form RM1003. This will now read Exclusions B. 8., B. 9., B. 10. and B. 11. in lieu of B. 9., B. 10., B. 11., and B. 12.

We have provided a marked up copy of this form to identify the changes described - this is attached to the form schedule tab.

This replaces Coverages, Form RM1001 03-08.

There is no rate/rule impact associated with this correction.

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 tab.

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

SERFF Tracking Number: LMPP-125683583 *State:* Arkansas
Filing Company: Liberty Mutual Fire Insurance Company *State Tracking Number:* EFT \$50
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TOI: 01.0 Property *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: Liberty Mutual Property RM Select Policy
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Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per form filing
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Mutual Fire Insurance Company	\$50.00	06/09/2008	20737812

SERFF Tracking Number: LMPP-125683583 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/12/2008	06/12/2008

SERFF Tracking Number: LMPP-125683583 *State:* Arkansas
Filing Company: Liberty Mutual Fire Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: SRF-CW-008-08
TOI: 01.0 Property *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Liberty Mutual Property RM Select Policy
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Disposition

Disposition Date: 06/12/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal): 09/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LMPP-125683583 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Coverages	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Coverages	RM1001	09-08	Policy/Coverage Form Replaced	Replaced Form #:0.00 RM1001 03-08 Previous Filing #:		1001.908.pdf 1001 MU.pdf

COVERAGES

- A. If coverage for **real property** is provided as shown in **B**. Coverages of the DECLARATIONS, Form RM1000, **we** will pay for a **covered loss to your real property** at or within one-thousand (1,000) feet of a **covered location**.
- B. If coverage for **personal property** is provided as shown in **B**. Coverages of the DECLARATIONS, Form RM1000, **we** will pay for a **covered loss to your personal property**, including **personal property of others** and **valuable papers and records**, at or within one-thousand (1,000) feet of a **covered location**.
- C. If coverage for loss of **business income** is provided as shown in **B**. Coverages of the DECLARATIONS, Form RM1000, **we** will pay for:
1. The actual loss of **business income you** incur during a **period of restoration** directly resulting from damage by a **peril insured against** to the type of property covered by this policy at a **covered location**.
 2. The necessary expenses **you** incur in excess of **your** normal operating expenses that reduces **your** loss of **business income**. **We** will not pay more than **we** would pay if **you** had been unable to make up lost production or continue operations or services.
 3. The actual loss of **business income you** incur if **you** are denied access to a **covered location** by order of civil or military authority if:
 - a. the order results from a **covered loss**; or
 - b. the order results from damage by a **peril insured against** to the type of property covered by this policy within one (1) statute mile of a **covered location**.

This coverage will apply for a period not to exceed twenty-one (21) consecutive days from the date of the order.

4. The actual loss of **business income you** incur if **your** ingress to or egress from a **covered location** is prevented as the direct result of a **peril insured against** to the type of property covered by this policy within one (1) statute mile of a **covered location**.

This coverage will apply for a period not to exceed twenty-one (21) consecutive days from the date **your** ingress or egress is first prevented.

5. In determining the actual loss of **business income**, consideration must be given to:
 - a. The experience of the business before the loss and the probable experience after the loss;
 - b. The continuation of only those normal charges and expenses that would have been incurred had no interruption of production or suspension of business operations or services happened;
 - c. The demonstration of an actual loss of sales, income, or rental income; and
 - d. Any amount recovered, at selling price, for loss or damage to merchandise that will be considered to have been sold.
6. **We** will not pay unless **you** are wholly or partially prevented from:
 - a. producing goods; or
 - b. continuing business operations or services.

COVERAGES (Continued)

7. **You** are required to mitigate **your** loss by:
- a. Making up lost production within a reasonable period of time not limited to the **period of restoration**.
 - b. Continuing business operations or services during the **period of restoration**.
 - c. Using any property or service:
 - (1) owned or controlled by **you**; or
 - (2) obtainable from any other sources.
 - d. Working extra time or overtime.
 - e. Using inventory.

We will not pay for any loss to the extent it can be reduced through these or any other means whether at a **covered location** or any other location.

8. **We** will not pay for:
- a. Any loss during any idle period. Idle period includes, but is not limited to, any period when production, operation or service would cease or be prevented due to:
 - (1) physical damage not insured under this policy on or away from the **covered location**;
 - (2) planned or rescheduled shutdown or maintenance;
 - (3) strikes or other work stoppage; or
 - (4) any reason other than a **covered loss**.
 - b. Any increase in loss due to:
 - (1) suspension, cancellation or lapse of any lease, contract, license or order.
 - (2) fines or damage for breach of contract for late or non-completion of orders, or for penalties of any nature.
 - c. Any consequential, indirect or remote loss.
 - d. Any loss resulting from damage to:
 - (1) finished goods manufactured by **you**, nor for the time required for their reproduction.
 - (2) property in **transit**.
 - e. Any loss or expense recoverable elsewhere in this policy.
9. The most **we** will pay for a loss under this coverage is the lesser of:
- a. **Your** actual loss of **business income** and necessary expense; or
 - b. The applicable **limit of liability** shown on the Schedule of the DECLARATIONS, Form RM1000, or any endorsements to this policy.

COVERAGES (Continued)

D. If coverage for **extra expense** is provided as shown in **B.** Coverages of the DECLARATIONS, Form RM1000, **we** will pay for:

1. The actual **extra expense you** incur during a **period of restoration** directly resulting from damage by a **peril insured against** to the type of property covered by this policy at a **covered location**.
2. The actual **extra expense you** incur if **you** are denied access to a **covered location** by order of civil or military authority if:
 - a. the order results from a **covered loss**; or
 - b. the order results from damage by a **peril insured against** to the type of property covered by this policy within one (1) statute mile of a **covered location**.

This coverage will apply for a period not to exceed twenty-one (21) consecutive days from the date of the order.

3. **We** will not pay for:
 - a. Loss of **business income**.
 - b. Costs which would have been incurred in conducting **your** business during the same period had no **covered loss** happened.
 - c. The cost of permanent repair or replacement of property that has been damaged or destroyed.
 - d. Any loss during any idle period. Idle period includes, but is not limited to, any period when production, operation or service would cease or be prevented due to:
 - (1) physical damage not insured under this policy on or away from the **covered location**;
 - (2) planned or rescheduled shutdown or maintenance;
 - (3) strikes or other work stoppage; or
 - (4) any reason other than a **covered loss**.
 - e. Any increase in loss due to:
 - (1) suspension, cancellation or lapse of any lease, contract, license or order.
 - (2) fines or damage for breach of contract for late or non-completion of orders, or for penalties of any nature.
 - f. Any consequential, indirect or remote loss.
 - g. Any loss resulting from damage to:
 - (1) finished goods manufactured by **you**, nor for the time required for their reproduction.
 - (2) property in **transit**.
 - h. Any loss or expense recoverable elsewhere in this policy.

COVERAGES (Continued)

4. The most **we** will pay for a loss under this coverage is the lesser of:
 - a. **Your** actual **extra expense**; or
 - b. The applicable **limit of liability** shown on the Schedule of the DECLARATIONS, Form RM1000, or any endorsements to this policy.
- E. If coverage for equipment breakdown is provided as shown in **B.** Coverages of the DECLARATIONS, Form RM1000, the following provisions apply to loss or damage that results from or is caused by an **accident** to a covered **object**:
 1. Exclusions **B. 8.**, **B. 9.**, **B. 10.** and **B. 11.** in EXCLUSIONS, Form RM1003, do not apply to a **covered loss** that result from an **accident** to covered **object(s)**.
 2. **We** will pay if an **accident** to covered **object(s)** causes:
 - a. Loss to property **you** own;
 - b. Loss to the property of others in **your** care, custody or control and for which **you** are legally liable.
 3. If direct loss or damage to an electrical **object(s)** results from the peril of **flood we** will pay for the amount **you** actually expend to dry out the **object(s)**.

Our payment to **you** will:

 - a. Be subject to the applicable direct damage **limit of liability** and deductible as shown in **F. 1.** and **G. 2.** of the DECLARATIONS, Form RM1000, for damage to covered **object(s)**; and
 - b. Not exceed the value of the damaged **object(s)**.

COVERAGES

- A.** If coverage for **real property** is provided as shown in **B.** Coverages of the DECLARATIONS, Form RM1000, **we** will pay for a **covered loss to your real property** at or within one-thousand (1,000) feet of a **covered location**.
- B.** If coverage for **personal property** is provided as shown in **B.** Coverages of the DECLARATIONS, Form RM1000, **we** will pay for a **covered loss to your personal property**, including **personal property of others** and **valuable papers and records**, at or within one-thousand (1,000) feet of a **covered location**.
- C.** If coverage for loss of **business income** is provided as shown in **B.** Coverages of the DECLARATIONS, Form RM1000, **we** will pay for:
- 1.** The actual loss of **business income you** incur during a **period of restoration** directly resulting from damage by a **peril insured against** to the type of property covered by this policy at a **covered location**.
 - 2.** The necessary expenses **you** incur in excess of **your** normal operating expenses that reduces **your** loss of **business income**. **We** will not pay more than **we** would pay if **you** had been unable to make up lost production or continue operations or services.
 - 3.** The actual loss of **business income you** incur if **you** are denied access to a **covered location** by order of civil or military authority if:
 - a.** the order results from a **covered loss**; or
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This coverage will apply for a period not to exceed twenty-one (21) consecutive days from the date of the order.

- 4.** The actual loss of **business income you** incur if **your** ingress to or egress from a **covered location** is prevented as the direct result of a **peril insured against** to the type of property covered by this policy within one (1) statute mile of a **covered location**.

This coverage will apply for a period not to exceed twenty-one (21) consecutive days from the date **your** ingress or egress is first prevented.

- 5.** In determining the actual loss of **business income**, consideration must be given to:
 - a.** The experience of the business before the loss and the probable experience after the loss;
 - b.** The continuation of only those normal charges and expenses that would have been incurred had no interruption of production or suspension of business operations or services happened;
 - c.** The demonstration of an actual loss of sales, income, or rental income; and
 - d.** Any amount recovered, at selling price, for loss or damage to merchandise that will be considered to have been sold.
- 6.** **We** will not pay unless **you** are wholly or partially prevented from:
 - a.** producing goods; or
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COVERAGES (Continued)

7. **You** are required to mitigate **your** loss by:
- a. Making up lost production within a reasonable period of time not limited to the **period of restoration**.
 - b. Continuing business operations or services during the **period of restoration**.
 - c. Using any property or service:
 - (1) owned or controlled by **you**; or
 - (2) obtainable from any other sources.
 - d. Working extra time or overtime.
 - e. Using inventory.

We will not pay for any loss to the extent it can be reduced through these or any other means whether at a **covered location** or any other location.

8. **We** will not pay for:
- a. Any loss during any idle period. Idle period includes, but is not limited to, any period when production, operation or service would cease or be prevented due to:
 - (1) physical damage not insured under this policy on or away from the **covered location**;
 - (2) planned or rescheduled shutdown or maintenance;
 - (3) strikes or other work stoppage; or
 - (4) any reason other than a **covered loss**.
 - b. Any increase in loss due to:
 - (1) suspension, cancellation or lapse of any lease, contract, license or order.
 - (2) fines or damage for breach of contract for late or non-completion of orders, or for penalties of any nature.
 - c. Any consequential, indirect or remote loss.
 - d. Any loss resulting from damage to:
 - (1) finished goods manufactured by **you**, nor for the time required for their reproduction.
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 - e. Any loss or expense recoverable elsewhere in this policy.
9. The most **we** will pay for a loss under this coverage is the lesser of:
- a. **Your** actual loss of **business income** and necessary expense; or
 - b. The applicable **limit of liability** shown on the Schedule of the DECLARATIONS, Form RM1000, or any endorsements to this policy.

COVERAGES (Continued)

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COVERAGES (Continued)

4. The most **we** will pay for a loss under this coverage is the lesser of:
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 2. **We** will pay if an **accident** to covered **object(s)** causes:
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 06/12/2008
Bypass Reason: not applicable - refer to general information tab for filing description and form schedule for form information
Comments: