

SERFF Tracking Number: PERR-125833667 State: Arkansas  
Filing Company: Liberty Insurance Underwriters, Inc. State Tracking Number: #103996 \$50  
Company Tracking Number: LIU-CA-CRT-AR-08-03-F  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Collateral Recovery and Towing  
Project Name/Number: LIU-CA-CRT-AR-08-03-F/LIU-CA-CRT-AR-08-03-F

## Filing at a Glance

Company: Liberty Insurance Underwriters, Inc.

Product Name: Collateral Recovery and Towing SERFF Tr Num: PERR-125833667 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: #103996 \$50

Sub-TOI: 20.0001 Business Auto

Co Tr Num: LIU-CA-CRT-AR-08-03-F

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Ines Piquet, Lana Begunova

Disposition Date: 10/06/2008

Date Submitted: 10/03/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 10/06/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 10/06/2008

State Filing Description:

## General Information

Project Name: LIU-CA-CRT-AR-08-03-F

Status of Filing in Domicile: Pending

Project Number: LIU-CA-CRT-AR-08-03-F

Domicile Status Comments: Filed Concurrently.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/06/2008

State Status Changed: 10/06/2008

Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

On behalf of Liberty Insurance Underwriters, Inc. ("LIU"), we are submitting this filing to introduce forms associated with a new commercial auto program in your jurisdiction: Collateral Recovery and Towing. This filing contains independent forms and endorsements that will be used with current Insurance Services Office, Inc. (ISO) Commercial Automobile forms being adopted. With this filing, LIU intends to provide a market for both Collateral Recovery and Towing risks. The rates and rules are exempt from filing requirements per 23-67-206.

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 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: Collateral Recovery and Towing  
 Project Name/Number: LIU-CA-CRT-AR-08-03-F/LIU-CA-CRT-AR-08-03-F

The Company respectfully requests the forms be implemented for all policies effective on and after the earliest possible date upon approval.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Svetlana Begunova, State Filings Project doi@perrknight.com  
 Coordinator  
 881 Alma Real Drive (310) 230-9339 [Phone]  
 Pacific Palisades, CA 90272 (310) 230-8529[FAX]

### Filing Company Information

Liberty Insurance Underwriters, Inc. CoCode: 19917 State of Domicile: New York  
 55 Water Street Group Code: 111 Company Type:  
 18th Floor  
 New York, NY 10041 Group Name: Liberty Mutual Group State ID Number:  
 (212) 208-4200 ext. [Phone] FEIN Number: 13-4916020  
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## 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 #
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SERFF Tracking Number: PERR-125833667 State: Arkansas  
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Liberty Insurance Underwriters, Inc. \$0.00 10/03/2008

*SERFF Tracking Number:* PERR-125833667      *State:* Arkansas  
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*Company Tracking Number:* LIU-CA-CRT-AR-08-03-F  
*TOI:* 20.0 Commercial Auto      *Sub-TOI:* 20.0001 Business Auto  
*Product Name:* Collateral Recovery and Towing  
*Project Name/Number:* LIU-CA-CRT-AR-08-03-F/LIU-CA-CRT-AR-08-03-F

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
103996	\$50.00	09/26/2008

SERFF Tracking Number: PERR-125833667 State: Arkansas  
Filing Company: Liberty Insurance Underwriters, Inc. State Tracking Number: #103996 \$50  
Company Tracking Number: LIU-CA-CRT-AR-08-03-F  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Collateral Recovery and Towing  
Project Name/Number: LIU-CA-CRT-AR-08-03-F/LIU-CA-CRT-AR-08-03-F

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/06/2008	10/06/2008

*SERFF Tracking Number:*      *PERR-125833667*                      *State:*                      *Arkansas*  
*Filing Company:*              *Liberty Insurance Underwriters, Inc.*              *State Tracking Number:*      *#103996 \$50*  
*Company Tracking Number:*      *LIU-CA-CRT-AR-08-03-F*  
*TOI:*                      *20.0 Commercial Auto*                      *Sub-TOI:*                      *20.0001 Business Auto*  
*Product Name:*              *Collateral Recovery and Towing*  
*Project Name/Number:*      *LIU-CA-CRT-AR-08-03-F/LIU-CA-CRT-AR-08-03-F*

## **Disposition**

Disposition Date: 10/06/2008

Effective Date (New): 10/06/2008

Effective Date (Renewal): 10/06/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125833667 State: Arkansas  
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 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: Collateral Recovery and Towing  
 Project Name/Number: LIU-CA-CRT-AR-08-03-F/LIU-CA-CRT-AR-08-03-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization and Forms List	Approved	Yes
Form	Schedule of Covered Autos You Own	Approved	Yes
Form	Driver Exclusion	Approved	Yes
Form	Driver Exclusion - Limited	Approved	Yes
Form	Agreement to Assign Non-Driving Duties	Approved	Yes
Form	Rejection of Personal Injury Protection Coverage (Arkansas)	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Schedule of Covered Autos You Own	LIUI CA 2001-0708	07/08	Declaration New s/Schedule		0.00	LIUI CA 2001 07-08 Vehicle Schedule CA.pdf
Approved	Driver Exclusion	LIUI-CA-E001-0708	07/08	Endorseme New nt/Amendm ent/Condi tions		0.00	LIU Driver Exclusion - LIUI-CA-E001-0708 (Countrywid e).pdf
Approved	Driver Exclusion - Limited	LIUI-CA-E002-0708	07/08	Endorseme New nt/Amendm ent/Condi tions		0.00	LIU Driver Exclusion - LIUI-CA-E002-0708 (Limited).pdf
Approved	Agreement to Assign Non-Driving Duties	LIUI-CA-E003-0708	07/08	Endorseme New nt/Amendm ent/Condi tions		0.00	LIUI-CA-E003-0708 - Agreement to Assign Non-Driving Duties.pdf
Approved	Rejection of Personal Injury Protection Coverage (Arkansas)	UA 217	06/01	Election/Re New jection/Sup plemental Application s			AR PIP - UA 217.pdf



POLICY NO.

**SCHEDULE OF COVERED AUTOS YOU OWN**

COMMERCIAL AUTO

**Important:** In all columns having double captions, show information in same order as captioned.

DESCRIPTION OF AUTO				Insurance is provided only for coverages for which a specific premium charge is show.									
A U T O	Model Year – Truck Name	Serial No.	Principally Garaged (City)	Liability		UM and/or UIM Coverage	P.I.P. Coverage	P.P. Coverage	Med Pay	Physical Damage Coverages			
	B O D Y T Y P E – T R A D E N A M E  (Truck Load, Gallonage, Bus Seating Capacity)	R A D I U S O F U S E	(State)	Bodily Injury	Property Damage	BI Premium	Premium	Premium	Premium	OCN	Collision	Collision	
Premium				Premium	PD Premium	Premium					Premium	Premium	Ded Amount
1				\$	\$	\$	\$	\$	\$	\$	\$	\$ Ded.	\$ Ded.
2				\$	\$	\$	\$	\$	\$	\$	\$	\$ Ded.	\$ Ded.
3				\$	\$	\$	\$	\$	\$	\$	\$	\$ Ded.	\$ Ded.
4				\$	\$	\$	\$	\$	\$	\$	\$	\$ Ded.	\$ Ded.
5				\$	\$	\$	\$	\$	\$	\$	\$	\$ Ded.	\$ Ded.
6				\$	\$	\$	\$	\$	\$	\$	\$	\$ Ded.	\$ Ded.
7				\$	\$	\$	\$	\$	\$	\$	\$	\$ Ded.	\$ Ded.
8				\$	\$	\$	\$	\$	\$	\$	\$	\$ Ded.	\$ Ded.
9				\$	\$	\$	\$	\$	\$	\$	\$	\$ Ded.	\$ Ded.
10				\$	\$	\$	\$	\$	\$	\$	\$	\$ Ded.	\$ Ded.
11				\$	\$	\$	\$	\$	\$	\$	\$	\$ Ded.	\$ Ded.
12				\$	\$	\$	\$	\$	\$	\$	\$	\$ Ded.	\$ Ded.
13				\$	\$	\$	\$	\$	\$	\$	\$	\$ Ded.	\$ Ded.
14				\$	\$	\$	\$	\$	\$	\$	\$	\$ Ded.	\$ Ded.
15				\$	\$	\$	\$	\$	\$	\$	\$	\$ Ded.	\$ Ded.

			\$					
TOTAL PREMIUMS	\$	\$	\$	\$	\$	\$		\$

\_\_\_\_\_  
DATED

\_\_\_\_\_  
END NO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **DRIVER EXCLUSION**

---

This endorsement modifies insurance provided under the following coverage forms if the particular coverage form has been made a part of the policy:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

### **Schedule**

Excluded Driver:

No coverage provided by this policy applies to "loss" or damages caused by a covered "auto" while being operated by an Excluded Driver designated in the schedule of this endorsement.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## DRIVER EXCLUSION

---

Named Insured's Acknowledgment:

I have read this endorsement and accept its terms. I understand that it takes away coverage otherwise included in the policy.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Named Insured)

by: \_\_\_\_\_  
(Authorized Signature)

Policy No:  
Effective Date:  
Expiration Date:

Issued By:  
Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**DRIVER EXCLUSION – LIMITED**

This endorsement modifies insurance provided under the following coverage forms if the particular coverage form has been made a part of the policy:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

**Schedule**

Excluded Driver:

Except for the minimum limits required by the State Financial Responsibility Law, no coverage provided by this policy applies to “loss” or damages caused by a covered “auto” while being operated by an Excluded Driver designated in the schedule of this endorsement.

Named Insured’s Acknowledgment:

I have read this endorsement and accept its terms. I understand that it reduces limits otherwise provided by the policy.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Named Insured)

by: \_\_\_\_\_  
(Authorized Signature)

Policy No:  
Effective Date:  
Expiration Date:

Issued By:  
Authorized Representative



## Agreement to Assign Non-Driving Duties

According to the records kept by the Department of Motor Vehicles in the state of residence of the designated drivers, the driving record of the following individual(s) are unacceptable based on our Underwriting Standards. In consideration of Liberty Insurance Underwriters Inc agreeing to consider writing your automobile or garage insurance, you agree that the designated individual(s) below shall be assigned non-driving duties and shall not operate vehicles on your behalf during the policy period of any Wausau policy covering your vehicles.

### Designated Individuals:

**Be sure to sign  
and complete**



By \_\_\_\_\_  
Authorized Signature  
Title \_\_\_\_\_  
Name of Policyholder \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Date \_\_\_\_\_

**REJECTION OF PERSONAL INJURY PROTECTION COVERAGE  
(ARKANSAS)**

Arkansas Insurance Laws (Section 23-89-202 of the Arkansas Code) require an insurer to offer Personal Injury Protection Coverage to its policyholders. The benefits provided by Personal Injury Protection Coverage consist of: (1) **medical and hospital expenses**, (2) **income disability benefits** and (3) **accidental death benefits**.

Under Arkansas Insurance Laws (Section 23-89-203 of the Arkansas Code) you, the insured named in the policy, have the option of rejecting all or any one of the above-mentioned coverages.

The undersigned and each of them –

**(Mark applicable item(s) with an “X”)**

- ? agrees that the offering of the Personal Injury Protection Coverage **medical and hospital expenses** portion is hereby REJECTED.
- ? agrees that the offering of the Personal Injury Protection Coverage **income disability benefits** part is hereby REJECTED.
- ? agrees that the offering of the Personal Injury Protection Coverage **accidental death benefits** portion is hereby REJECTED.

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy number (if known)

*SERFF Tracking Number:*      *PERR-125833667*                      *State:*                      *Arkansas*  
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*Product Name:*              *Collateral Recovery and Towing*  
*Project Name/Number:*      *LIU-CA-CRT-AR-08-03-F/LIU-CA-CRT-AR-08-03-F*

## **Rate Information**

Rate data does NOT apply to filing.

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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Collateral Recovery and Towing  
Project Name/Number: LIU-CA-CRT-AR-08-03-F/LIU-CA-CRT-AR-08-03-F

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 10/06/2008

**Comments:**

**Attachments:**

CW PCTD - 1.pdf  
FFS.pdf

**Satisfied -Name:** Letter of Authorization and Forms  
List **Review Status:** Approved 10/06/2008

**Comments:**

**Attachments:**

LOA LIU.pdf  
Forms List - AR.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Liberty Mutual Group	111

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Liberty Insurance Underwriters, Inc.	NY	19917	13-4916020	

<b>5. Company Tracking Number</b>	<b>LIU-CA-CRT-AR-08-03-F</b>
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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
	Lana Begunova 881 Alma Real Drive suite 205 Pacific Palisades, CA 90272	State Filings Analyst	310-230-9339 x151	310-230-85296	<a href="mailto:doi@perrknight.com">doi@perrknight.com</a>
	<b>7. Signature of authorized filer</b>		<i>Lana Begunova</i>		
	<b>8. Please print name of authorized filer</b>		Lana Begunova		

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

<b>9. Type of Insurance (TOI)</b>	20.0 Commercial Auto
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	20.0001 Business Auto
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	Collateral Recovery and Towing
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New:    Upon Approval    Renewal:
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	9/29/2008
<b>19. Status of filing in domicile</b>	<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 # LIU-CA-CRT-AR-08-03-F**

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

On behalf of Liberty Insurance Underwriters, Inc. ("LIU" or "the Company") we would like to submit for your review new independent forms and endorsements applicable to its new Commercial Automobile program, Collateral Recovery and Towing. These forms and endorsements will be used with approved Insurance Services Office ("ISO") policy language, endorsements, etc.

The Company respectfully requests the forms be implemented for all policies effective on and after the earliest possible date upon approval.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing along with the explanatory memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

**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 #:** \*\*\*\* NOT APPLICABLE\*\*\*  
**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.)**

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## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	LIU-CA-CRT-AR-08-03-F
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A
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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	Schedule of Covered Autos You Own	LIUI CA 2001-0708	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Driver Exclusion	LIUI-CA-E001-0708	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Driver Exclusion - Limited	LIUI-CA-E002-0708	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Agreement to Assign Non-Driving Duties	LIUI-CA-E003-0708	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Rejection of Personal Injury Protection Coverage (Arkansas)	UA 217	<input checked="" 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



September 29, 2008

To Whom it May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Liberty Insurance Underwriters, Inc. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department  
Perr&Knight, Inc.  
881 Alma Real Drive, Suite 205  
Pacific Palisades, CA 90272  
Tel: (888) 201-5123  
Fax: (310) 230-1061

Please contact me at 212.208.2802 if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in black ink that reads "Theresa M. Morgan". The signature is written in a cursive, flowing style.

Theresa Morgan  
Senior Compliance Officer  
55 Water Street, 18<sup>th</sup> Floor  
New York NY 10041  
212.208.2802  
theresa.morgan@libertyiu.com

**Liberty Insurance Underwriters, Inc.**

Commercial Auto

Forms List - Arkansas

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<u>Form Name</u>	<u>Form Number/Edition Date</u>	<u>New/Replacement</u>
Schedule of Covered Autos You Own	LIUI CA 2001-0708	New
Driver Exclusion	LIUI-CA-E001-0708	New
Driver Exclusion - Limited	LIUI-CA-E002-0708	New
Agreement to Assign Non-Driving Duties	LIUI-CA-E003-0708	New
<u>State Amendatory Endorsements</u>		
Rejection of Personal Injury Protection Coverage (Arkansas)	UA 217 (Ed. 06-01)	New