

## Filing at a Glance

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

Product Name: AR Homeowner Declarations SERFF Tr Num: LBPM-125245071 State: Arkansas

Revisions

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: AR-PC-07-025603

Sub-TOI: 04.0000 Homeowners Sub-TOI

Co Tr Num: AR-HO-DEC-2007

State Status:

Combinations

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington,  
Betty Montesi, Brittany Yielding

Author: Elaine Martino

Disposition Date: 07-27-2007

Date Submitted: 07-26-2007

Disposition Status: Approved

Effective Date Requested (New): 08-27-2007

Effective Date (New): 08-27-2007

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

## General Information

Project Name: AR Homeowner Declarations Revisions

Project Number: AR-HO-DEC-2007

Status of Filing in Domicile: Authorized

Domicile Status Comments: Authorized for use  
in WI and IA.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07-27-2007

State Status Changed: 07-27-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are revising our Homeowner declarations page. This new dec page contains exactly the same policy information as the old dec page, it has been re-formatted to improve the readability of the document. In addition we have added the company logo, our personal lines auto, home, and people icons, and our tag line, "Helping People Live Safer, More Secure Lives". In addition to providing telephone contact information for the company we are now also adding our web address to the dec page.

To eliminate any confusion in those instances where a customer might have multiple copies of the dec page we are now providing a section that clearly describes the reason that the dec page was generated, for instance New Business, Renewal, or Endorsement. Premiums will be summarized on the front of the dec, and a separate line will be displayed for each endorsement. Changes to coverage are clearly outlined in the change section of the new dec page.

## Company and Contact

### Filing Contact Information

Elaine Martino, Industry Filings Specialist  
175 Berkeley Street  
Boston, MA 02116

elaine.martino@libertymutual.com  
(800) 225-8346 [Phone]  
(617) 574-6699[FAX]

### Filing Company Information

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

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Mutual Fire Insurance Company	\$50.00	07-26-2007	14793193
The First Liberty Insurance Corporation	\$0.00	07-26-2007	

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Becky Harrington	07-27-2007	07-27-2007

## **Disposition**

Disposition Date: 07-27-2007

Effective Date (New): 08-27-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-27-2007 02:12 PM

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Generic Dec Page	Approved	Yes

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**  
Approved 07-27-2007

**Comments:**

**Attachment:**

industry\_rates\_PCtransDoc\_intelligent.pdf

**Satisfied -Name:** Generic Dec Page

**Review Status:**  
Approved 07-27-2007

**Comments:**

**Attachment:**

Generic Property Dec REV 10\_Aug\_06.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: 60%; 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>

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

<b>5. Company Tracking Number</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

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 style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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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			<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

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing</b> (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	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	



Liberty Mutual Fire Insurance Company  
 Boston, Massachusetts  
 LibertyGuard® Deluxe  
 Homeowners Policy Declaration



Liberty Mutual Group

**NAMED INSURED AND MAILING ADDRESS:** <AGENT:> PRU AGENT NAME  
 <SALES REP:> JOE REPRESENTATIVE  
 <POLICYHOLDER NAME 1> <Office address>  
 <POLICYHOLDER NAME 2> <Office address>  
 <ADDRESS> <Office address>  
 <ADDRESS> <use line for pru agent if needed>  
 <use line for pru agent if needed>  
**INSURED RESIDENCE PREMISES:** <SALES:> <sales phone when LM rep is in sales-only office>  
 <ADDRESS> **SERVICE:** <xxx-xxx-xxxx / 800-xxx-xxxx>  
 <ADDRESS> **CLAIMS:** 800-2CLAIMS (800-225-2467)  
**WEBSITE:** <www.libertymutualinsurance.com>

**Your Policy Number:** <Policy number>

**Policy Period:** 08/01/03 to 08/01/04 12:00 Noon Standard Time at the Insured Residence Premises

**Reason for This Notice:** **This Declaration Effective:** 8/1/2003

<List synopsis messages here if endorsement dec. Then include: "These changes are made part of your LibertyGuard® Deluxe Homeowners Policy and replace any previous declarations.">

<New Homeowners Policy> if new business

<Renewal Homeowner Policy Summary, made part of your LibertyGuard® Deluxe Homeowners Policy> if renewal policy

**Premium Summary**

Base Policy Coverages and Limits	\$ 1,243.00
Scheduled Personal Property	\$ 481.00
Additional Coverages	\$ 301.00
Other Charges and Credits	\$ 28.56
Discounts	\$ (582.00)
<b>Total Annual Premium</b>	<b>\$ 1,471.56</b>

**Premium Detail**

**Base Policy Coverages and Limits:**

**Section I**

Coverage A - Dwelling with Expanded Replacement Cost Coverage	\$ 298,500
Coverage B - Other Structures on residence premises	\$ 29,850
Coverage C - Personal Property with Replacement Cost Coverage	\$ 223,875
Coverage D - Loss Of Use of residence premises	Actual Loss Sustained

**Section I Deductible**

Losses covered under Section I are subject to a deductible of:	\$ 500
Losses as a result of Hurricane are subject to a deductible of <2%>:	\$ 1,000

**Section II**

Coverage E - Personal Liability (each occurrence)	\$ 300,000
Coverage F - Medical Payments to others (each person)	\$ 1,000

**Total Base Policy Coverages and Limits** **\$ 1,243**

**Scheduled Items**

	<b>Limits</b>	<b>Premium</b>
Personal Property (HO 04 54 06 91):		
Jewelry	\$ 18,315	\$ 192
Furs	\$ 11,200	\$ 34
Silverware	\$ 2,500	\$ 42
Watercraft: Boat - 72 Outboard (FMHO-696 09/97)	\$ 12,000	\$ 213
<b>Total Scheduled Items</b>		<b>\$ 481</b>

(Continued from Previous Page)

<b>Additional Coverages</b>	<b>\$ 301</b>
Home Protector Plus (FMHO 1183)	
Other Structures increased limit (HO 04 48 04 91)	
Credit Card, Fund Transfer Card, Forgery and Counterfeit Money (HO 04 53 04 91)	
Workers Compensation Coverage (HO 24 91 04 91)	
Coverage E increased limit	
Watercraft liability - Evinrude Outboard 048 HP (FMHO-938 05/91)	
Boat Service	
Section II coverages extended to additional locations (HO 24 70 04 91):	
Location 1:	
250 Flamingo Dr. Fot Myers Beach, FL 33931	
one family rented	
Section II coverages extended to additional residences:	
Location 1:	
3861 Maple Ave. Northbrook, IL zip code	
1 family	
Backup of Sewer and Sump Pump Overflow Coverage (FMHO-2062)	

<b>Other Charges and Credits</b>	
<State> Surcharge	\$ 6.56
<State> Tax	\$ 22.00
<State> <other if applies>	\$ -
<b>Total Other Charges and Credits</b>	<b>\$ 28.56</b>

<b>Discounts</b>	<b>\$ (582)</b>
Group Savings Plus <sup>®</sup> University of New Hampshire Alumni Association	
Preferred Risk Rating Plan Discounts:	
▪ Insurance to Value Credit	
▪ Inflation Protection Credit	
▪ New or Renovated Home Credit	
Protective Device Credits:	
▪ Smoke detector	
▪ Fire extinguishers & dead bolts	
Multiple Policy Discount	
Secured Community Discount	
Boat Course Discount	
Corporate / Professional Occupation Discount	
Impact Resistant Roof Credit	
Manned Gated Community	
Safe Homeowner Program	
Building Code Effectiveness Grade	
Windstorm Construction Features Credit	
Tile Roof Credit	
Hurricane Coverage Credit	

**Special Messages and <State> Provisions**

Lead poisoning exclusion has been made part of your policy. If you wish to purchase liability coverage for lead poisoning for the property(ies) covered under this policy, please contact the Liberty Mutual office listed on the first page of this summary.

**Mortgage Information**

Mortgagee 1:	Mortgagee 2:
Citizens Bank	Citizens Bank

Isaoa Atima  
Loan No. 0302586151  
1 Citizens Dr  
Riverside, RI 02915

Isaoa Atima  
Loan No. 0302586151  
1 Citizens Dr.  
Riverside, RI 02915

Handling Requirements:  
Declaration to Mortgagee  
Bill to Insured  
Future Bills to Insured

Handling Requirements:  
Declaration to Mortgagee  
Bill to Insured  
Future Bills to Insured



**Liberty Mutual Fire Insurance Company**  
**Boston, Massachusetts**  
**LibertyGuard® Deluxe**  
**Homeowners Policy Declaration**



**Your Policy Number:** H32-218-153820-113 5  
(Continued from Previous Page)

**This Declaration Effective:** 08/01/03

**Base Policy and Amendments Included in Your Policy**

LibertyGuard® Deluxe Homeowners Policy (HO 00 03 04 91)  
Special Provisions (HO 01 28 06 96)  
Protective Devices (HO 04 16 04 91)  
No Section II/Limit I-Daycare (HO 04 96 04 91)

Underground Fuel Storage (FMHO 1097 04-96)  
Amendatory Seepage Endorsement (FMHO 2265)  
Inflation Protection (FMHO 679 03/86)  
Annual Meeting Date (2023)

Signatures \_\_\_\_\_