

**From:** RightFax E-mail Gateway  
**To:** [PresidentialSvcTeam](#)  
**Subject:** A fax has arrived from remote ID "TDI".  
**Date:** Friday, December 08, 2017 12:35:58 PM  
**Attachments:** [00ACE608.PDF](#)

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12/8/2017 1:32:03 PM Transmission Record

Received from remote ID: TDI  
Inbound user ID N0009598\_634227900, routing code 6034227900  
Result: (0/352;0/0) Success  
Page record: 1 - 5  
Elapsed time: 03:07 on channel 18

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## TEXAS DEPARTMENT OF INSURANCE

333 Guadalupe, Austin, Texas 78701 ★ PO Box 149104, Austin, Texas 78714-9104  
(512) 676-6000 | (800) 578-4677 | TDI.texas.gov | @TexasTDI

### Facsimile Cover Sheet

**Date:** December 8, 2017

**5**

**Page(s)**  
(including cover)

This facsimile (fax), including any accompanying documents, may contain confidential or privileged information intended only for the use of the person to whom this fax is addressed. If you are not the addressee, you are strictly prohibited from reviewing, disclosing, copying, distributing or taking any action in reliance on information contained in this fax. If you received this fax in error, please immediately notify the sender at the telephone or fax number listed below.

**To:** KRISTA YOUNG  
LIBERTY MUTUAL INS CO

Fax Number: 16034227900 Phone Number:

**From:** CONSUMER PROTECTION

Fax Number: 512-490-1007 Phone Number: 800-252-3439

**Ref:** 193096

**Comments:**

**TEXAS DEPARTMENT OF INSURANCE****Compliance Division - Consumer Protection (111-1A)**

333 Guadalupe, Austin, Texas 78701 ★ PO Box 149091, Austin, Texas 78714-9091  
(800) 252-3439 | F: (512) 490-1007 | [TDI.texas.gov](http://TDI.texas.gov) | [@TexasTDI](https://twitter.com/TexasTDI)

December 8, 2017

LIBERTY MUTUAL INSURANCE COMPANY  
KRISTA A. YOUNG  
MANAGING CONSULTANT, CONSUMER AFFAIRS  
PRESIDENTIAL SERVICE TEAM  
LIBERTY MUTUAL GROUP  
175 BERKELEY STREET

Sent via Email:	<a href="mailto:presidentialsvcteam@libertymutual.com">presidentialsvcteam@libertymutual.com</a>
Sent via Fax:	603-422-7900
PROBLEM REPORT ID:	193096
POLICY NUMBER:	H3729814465940
CLAIM NUMBER:	036118414-01
SUBJECT(S):	MARTINEZ DUHON

Dear Krista A. Young:

We have enclosed a copy of correspondence for your immediate attention. Please review your file and inform us of your company's efforts to provide the complainant with a reasonable explanation of your company's position and intentions on the submitted matter. Substantiate your position and include the reasoning for the manner in which it was reached. Include the complete name of the company in your group that issued the policy and send a copy of your reply to the complainant. If the matter submitted involves a disputed claim, you must notify us of the final amount and date paid. Please limit your response to no more than 50 pages. Do not include pictures. If we need additional information, we will contact you.

Section 38.001 of the Texas Insurance Code requires you to respond to this request in writing not later than the 15th day after the date you received the request. If you are unable to respond within the 15-day limit, you must request an extension in writing. Fax your response to 512-490-1007.

The enclosed information is being provided for purposes of complaint resolution only. Some of the enclosed information may be confidential. For example, the enclosed information may include medical records protected by the Medical Practice Act, private information protected by the doctrine of common law privacy, or individual e-mail addresses protected by the Texas Public Information Act. Disclosure of this information to you does not constitute public release of this information. If you would like more information about the public or confidential nature of information maintained by TDI, please consult the open records information on the TDI Web page at [www.tdi.texas.gov](http://www.tdi.texas.gov).

Sincerely,  
P&C intake Unit 111-1A  
Complaints Resolutions  
PO Box 149091  
Austin TX 78714-9091  
E-mail: [PCintakeunit@tdi.texas.gov](mailto:PCintakeunit@tdi.texas.gov)  
Enclosure / DM

# PRI #193096 New PAC

Complaint ID	Complainant	Type of Insurance	Complaint Created Date	Name of Insured
193096	Martinez, Steve	Homeowners	11-03-2017	Duhon, [REDACTED]

## Complainant Information

### Name

Prefix (such as: Mr, Ms, Mrs, Dr) Mr.  
First Steve  
Middle  
Last Martinez  
Suffix (such as: Jr, III)  
Submitting on behalf of Organization/Entity? No

### Address

Address 1218 Brittmoore  
City Houston  
State Texas  
Zip Code 77042  
County Harris  
Email Address [REDACTED]  
Telephone (Home)  
Telephone (Work) 713-955-9164  
Ext.  
Telephone (Cell) 281-660-2762  
Designate Primary Contact Phone Number Cell  
Designate Primary Method of Communication Email Only

## Insured Information

Are you the insured? No  
Relationship to Insured/Covered Person Contractor

### Name

Prefix (such as: Mr, Ms, Mrs)  
First [REDACTED]  
Middle [REDACTED]  
Last Duhon

Suffix (such as: Jr, III)

Organization Name

**Address**

Address 13706 King Cir

City Cypress

State Texas

Zip Code 77429-4023

County Harris

Telephone

Ext.

Email Address

**Complaint Against**

I am complaining against (check all that apply)

My Insurance Company No

Agent/Adjuster Yes

Agency No

Other Party's Insurance Company No

Other No

**Agent Information**

Agent/Adjuster Prefix (such as: Mr, Ms, Mrs) Mr.

Agent/Adjuster First Name George

Agent/Adjuster Middle Name

Agent/Adjuster Last Name Lamarca

Agent/Adjuster Suffix (such as: Jr, III)

Agency Name Liberty Mutual Fire Insurance Co

Street/Apt# P.O. Box 515097

City Los Angeles

State California

Zip Code 90051-5097

Telephone 866-542-2287

Ext

Email Address

**Insurance Information**

**Policy**

Employer or Plan Sponsor  
Policy Number H3729814465940  
In what state was this policy sold? Texas  
Type of Insurance Homeowners

**Claim**

Claim Number 036118414-01  
Date of Loss 09-02-2017

**Complaint Details****Detail of Complaint**

Failure to follow Texas guidelines on payment of general contractors overhead & profit.  
Deceptive Trade Practices.

**Describe what you would consider to be a fair resolution to your complaint.**

Full payment for requested general contractors overhead & profit.

**Documentation and Declaration****Documentation**

Do you have supporting documents? If so, how will you send them to us?

☐ Upload ☐ Fax ☒ Mail ☐ None to supply

TDI may release my email address in response to a public information request.

☐ I Agree

**Other**

Have you previously reported this problem to our office? No

Are you represented by an attorney? No

How did you hear about us? Other