

RHODE ISLAND JOINT REINSURANCE ASSOCIATION

Two Center Plaza Boston, Massachusetts 02108-1904 (800)851-8978, FAX (617)557-5675

June 8, 2011

TO: All Rhode Island Producers

Homeowners Policy Program (HO 2000 Program) Rates and Rules Revision Effective August 1, 2011

The Rhode Island Joint Reinsurance Association (RIJRA) has filed and the Division of Insurance has approved a rate revision to the Homeowners Policy Program to be effective for all new and renewal policies with an inception date of <u>August 1, 2011 or later</u>. This revision revises Base Class Premiums for Forms HO 3, 4 and 6, and the rate for Coverage C Increased Special Limits of Liability for Silverware, Goldware and Pewterware.

Enclosed are revised RIJRA rate pages (HO-B-1, and HO-R-5 thru HO-R-7). You should insert these pages in the Rhode Island State Pages Section of your manual. An updated RIJRA Rating Examples Section is also enclosed.

Following your review of this material, should you have any questions, please contact our Consumer Services or Underwriting Departments.

Very truly yours,

James H. Pappas

Vice President-Underwriting

James H Pappas

JHP:ed

Enclosures

HOMEOWNERS 2000 PROGRAM

MANUAL PAGES

EFFECTIVE 08 - 1 - 2011

PAGE CHECKLIST FOR RHODE ISLAND STATE PAGES TO BE USED IN CONJUNCTION WITH MULTISTATE RULES OF HOMEOWNERS 2000 PROGRAM DISTRIBUTED BY ISO WITH MULTISTATE NOTICE HO-MU-2000-RU-001.

EXCEPTION PAGES		
HO-E-1	6th Edition 1-09	Effective 12 01 2009
HO-E-2	7th Edition 1-09	Effective 12 01 2009
HO-E-3	6th Edition 6-07	Effective 12 01 2009
HO-E-4	5th Edition 7-08	Effective 12 01 2009
HO-E-5	6th Edition 2-09	Effective 12 01 2009
HO-E-6	5th Edition 2-09	Effective 12 01 2009
HO-E-7	2nd Edition 7-08	Effective 12 01 2009
HO-E-8	1st Edition 7-08	Effective 12 01 2009
RIJRA EXCEPTION PAGE		
RIJRA-HO-EXC-1		Effective 12 01 2009
RIJRA-HO-EXC-2		Effective 11 01 2005
RIJRA-HO-EXC-3		Effective 11 01 2005
TERRITORY PAGE		
HO-T-1	2nd Edition 5-07	Effective 12 01 2009
RIJRA BASE CLASS PREMIUM PAGE		
<u>HO-B-1</u>		Effective 08 01 2011
CLASSIFICATION PAGES		
HO-C-1	3rd Edition 6-07	Effective 12 01 2009
HO-C-2	3rd Edition 6-07	Effective 12 01 2009
HO-C-3	3rd Edition 6-07	Effective 12 01 2009
RIJRA RATE PAGES		
HO-R-1		Effective 12 31 2001
HO-R-2-3		Effective 12 01 2009
HO-R-4		Effective 12 31 2001
<u>HO-R-5</u>		Effective 08 01 2011
HO-R-6		Effective 09 01 2004
HO-R-7		Effective 08 01 2011
HO-R-8		Effective 12 31 2001
HO-R-9, HO-R-10		Effective 09 01 2004
HO-R-11 thru HO-R-13		Effective 12 01 2009
HO-R-14		Effective 12 31 2001
HO-R-15		Effective 07 15 2003

ISO'S MULTISTATE NOTICE HO - MU - 2000 - RU - 001 DISPLAYS THE LATEST PAGE INFORMATION FOR MULTISTATE RULES PAGES TO BE USED.

RIJRA RATING EXAMPLES SECTION

Premium Computation Worksheet

Examples 1-7

Examples 8 - 10 (Lead Liability)

Homeowners Policy Program Manual BASE CLASS PREMIUM PAGE

301. BASE PREMIUM COMPUTATION BASE CLASS PREMIUM TABLE

I			
I			
I			
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TERRITORY	HO 00 03	HO 00 04	HO 00 06
30	1051	293	225
31	752	150	160
32	702	185	144
33	815	167	138
34	754	157	180

<u>507.</u>	FORM HO 00 06 COVERAGE A DWELLING BASIC & INCREASED LIMITS & SPECIAL COVERAGE	
	C. Special Coverage 1. Charge per policy for \$5,000 in basic form	\$2 \$1
<u>509.</u>	HOME DAY CARE COVERAGE	
	D. Premium Computation 1.Section I c. Rate per \$1,000 for business in other structure	\$6
<u>510.</u>	PERMITTED INCIDENTAL OCCUPANCIES - RESIDENCE PREMISES	
	E. Premium Computation 1. Section I c. Rate per \$1,000 for business in other structure	\$6
<u>511.</u>	LOSS ASSESSMENT COVERAGE	
	A. Residence Premises3. PremiumAll Forms except HO 00 03, HO 00 05 or 06 with HO 17 32	
	New Amount of Coverage \$ 5,000\$10,000 Each Add'I \$5,000 up to \$50,000	\$3 \$5 \$1
	HO 00 03, HO 00 05 or 06 with HO 17 32	
	New Amount of Coverage \$ 5,000\$10,000 Each Add'I \$5,000 up to \$50,000	\$4 \$7 \$2
	B. Additional Locations2. PremiumAll Forms except HO 00 03, HO 00 05 or 06 with HO 17 32	
	New Amount of Coverage \$ 1,000\$ 5,000\$ \$10,000\$ Each Add'I \$5,000 up to \$50,000	\$5 \$8 \$10 \$1
	HO 00 03, HO 00 05 or 06 with HO 17 32	
	New Amount of Coverage \$ 1,000 \$ 5,000 \$10,000	\$6 \$10 \$13
	Each Add'I \$5,000 up to \$50,000	\$2

Rhode Island Joint Reinsurance Association

HO - R - 4

EFFECTIVE 12-31-2001

<u>512.</u>	LOSS OF USE - INCREASED LIMIT	
	B. Rate per \$1,000	\$4
<u>514.</u>	OTHER STRUCTURES	
	A. On-Premises Structures 1. Specific-Structure - Increased Limits	
	a. Premium Rate per \$1,000	\$4
	2. Structure on the Residence Premises Rented to Others	
	a. Premium (1) Rate per \$1,000	\$6
	B. Structures Off the Residence Premises 1. Forms HO 00 02, HO 00 03 and HO 00 05 b. Premium	
	Off premises structures charge per policy	\$15
	a. Premium (2) Specific structures - Off-Premises Rate per \$1,000	\$5
<u>515.</u>	PERSONAL PROPERTY	
	A. Increased Limit 3. Rate Per \$1,000 HO 00 02 or 03 HO 00 05	\$2 \$3
	B. Increased Limit - Other Residences	·
	3. Rate per \$1,000	\$7
	C. Reduction in Limit 2. Credit per \$1,000 D. Increased Special Limits of Liability	\$1
	1. Jewelry, Watches & Furs - Rate per \$1,000	\$16
	2. Money - Rate per \$100	\$6
	3. Securities - Rate per \$100	\$4
1	4. Silverware - Rate per \$500	\$0.22
	5. Firearms - Rate per \$100	\$3
	6. Electronic Apparatus - Rate per \$500	\$10
	E. Refrigerated Personal Property	
	3. Charge per policy	\$10

Rhode Island Joint Reinsurance Association

HO - R - 5

EFFECTIVE 08-01-2011

<u>515.</u>	PERSONAL PROPERTY (Cont	<u>d)</u>		
	F. Theft Coverage Increase - I	Form HO 00 08		
	1. On-Premises - Rate per \$	2,000		
	Territory 30-32			\$51
	Territory 33,34			\$44
	2. Off-Premises - Additional	•		
	Territory 30-34			\$16
<u>517.</u>	RENTAL TO OTHERS - EXTEN	DED THEFT COVE	<u>ERAGE</u>	
	B. Premium			***
ı	Rate per policy			\$29
<u>518.</u>	SINKHOLE COLLAPSE COVER	RAGE		
	B. Premium Determination			_
	1. Rate per \$1,000			\$0.34
<u>519.</u>	SPECIAL COMPUTER COVERA	\GE		
	B. Premium			
	Charge per policy			\$15
<u>520.</u>	LIVESTOCK COLLISION COVE	RAGE		
	Not Applicable (Coverage is n	ot provided by RI	JRA)	
<u>521.</u>	WATER BACK UP AND SUMP	DISCHARGE OR (OVERFLOW	
	C. Premium			
	Charge per policy if HO 04 9 Endorsement is:	0 Personal Prope	rty Replacement Cost	
	1. Not attached to the policy.			\$85
	2. Attached to the policy			\$102
<u>522.</u>	LANDLORD'S FURNISHINGS			
	C. Premium			
	Rate per \$500 per unit			
	1. Forms HO 00 02 & HO 00 03.			\$1
	2. Form HO 00 05			\$2
<u>523.</u>	ASSISTED LIVING CARE COVE	RAGE		
	C. Premium			
	1. Section I and Section II Basi			
	Rate per unit			\$77
	2. Increased Limits			
	Add to the basic limit Rate in	• •		
	a. Coverage C - Rate per \$1,0			\$7
	b. Coverage E (Coverage F	does not apply to	this option.)	
		<u>Limit</u>	Rate	
		\$200,000	\$3	
		300,000	\$4	
		400,000	\$5	
		500,000	\$6	

Rhode Island Joint Reinsurance Association

HO - R - 6 EFFECTIVE 09-01-2004

524. OTHER MEMBERS OF A NAMED INSURED'S HOUSEHOLD

C. Premium

2. Section II Increased Limits

Add to the basic limit Rate in Paragraph 1. above :

a. Coverage E

<u>Limit</u>	Rate
\$200,000	\$8
300,000	\$12
400,000	\$15
500,000	\$18

b. Coverage F

Refer to Rule 702. for Rates for limits above \$1,000.

525. MOTORIZED GOLF CART - PHYSICAL LOSS COVERAGE

E. Premium

The following charge is the minimum annual premium for each motorized golf cart for any period within a policy year.

I Rate per \$500 per motorized golf cart

526. RESIDENCE HELD IN TRUST ALL FORMS EXCEPT HO 00 04

F. Premium

Basic Limits Rates

1. Trust/Trustee

Applies whether or not the trustee resides on the residence premises...... \$26

2. Beneficiary or Grantor

a. Beneficiary OR grantor named in the endorsement and

(1) Trustee resides on the residence premises \$26

(2) Trustee does not reside on the residence premises No Add'I Charge

b. Beneficiary AND grantor named in the endorsement and

(1) Trustee resides on the residence premises \$51

(2) Trustee does not reside on the residence premises \$26

Increased Limits

1. Coverage E

Refer to Rule 701. for increased limits factors.

2. Coverage F

Refer to Rule 702. for increased limits charges.

RIJRA PREMIUM COMPUTATION WORKSHEET - HOMEOWNERS POLICY PROGRAM (2000 EDITION)

			Coverage C \$	
	*Base Premium HO - 3 / 4 / 6 Base Class Premium		=	
	Form Factor (N/A if Form 4 or 6)	Factors	=	(Round)
	Protection - Construction Factor	х		(Round)
	Key Factor(For Cov A / C Amt)		(Key Premium)	(Round)
		х	= (Base Premium)	(Nourid)
	Adjusted Base Premium Apply Appropriate Premium Adjustment Factors In The	Following Sequence (Ro	und After Each Step)	
١.) Superior Construction (All Forms)		Factors	c
) Superior Construction (All Forms)		х	
) 3/4 Families (Form HO-2,3,8)		x	
	Townhouse or Rowhouse (Form HO-2,3,8)		х	
) Personal Property (Cov. C) Replacement Cost (HO 04	90) (All Forms)	х	
() () Premises Alarm or Fire Prot System (HO 04 16)		x	
()) Inflation Guard (HO 04 46): Amt. of Annual Increase_	%	x	= \$
) All Peril Deductible (Please Check)			
. , :	() 100 () 250 () 100 with 250 Theft			
			V	_ •
,	()500 ()1000 ()2500		х	= \$
() ł) Other (Please Specify)		х	= \$
			Adjusted Base Premium	= \$
				(2)
				\ - /
	Additional or Reduced Premiums - Ontional Covers	ages		
	Additional or Reduced Premiums - Optional Covera	<u>iges</u>		
	Additional or Reduced Premiums - Optional Covera Section I Coverages - Property		-	
	Section I Coverages - Property	Increase Limit By	Total Limit	Premium
()	Section I Coverages - Property Increased Coverage C		Total Limit \$	Premium \$
	Section I Coverages - Property	Increase Limit By		Premium \$
	Section I Coverages - Property Increased Coverage C HO 04 65/66	Increase Limit By	<u> </u>	Premium \$
	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc.	Increase Limit By	<u> </u>	\$\$ \$
	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware	Increase Limit By		Premium \$ \$ \$
	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc.	Increase Limit By \$ \$ \$	<u> </u>	\$\$ \$
()	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware	Increase Limit By	<u> </u>	\$\$ \$
()	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify):	Increase Limit By \$ \$ \$	\$ \$ \$ \$	\$\$ \$
()	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits	Increase Limit By \$ \$ \$ \$	\$ \$ \$ \$	\$\$ \$
()	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	Increase Limit By \$ \$ \$	\$ \$ \$ \$	\$\$ \$
()	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	Increase Limit By \$ \$ \$ \$ \$ \$	\$ \$ \$ \$	\$\$ \$
()	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments	Increase Limit By \$ \$ \$ \$ \$ \$	\$ \$ \$ \$	\$\$ \$
()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit	Increase Limit By \$ \$ \$ \$ \$ \$	\$ \$ \$ \$	\$\$ \$
()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit	Increase Limit By \$ \$ \$ \$ \$ \$	\$ \$ \$ \$	\$\$ \$
()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence	Increase Limit By \$ \$ \$ \$ \$ \$	\$ \$ \$ \$	\$\$ \$
	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only	Increase Limit By \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$\$ \$
)))	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence	Increase Limit By \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$\$ \$
)))	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of FamiliesLocation	Increase Limit By \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$\$ \$
	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of FamiliesLocation	Increase Limit By \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$\$ \$\$ \$\$ \$\$
	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of Families	Increase Limit By \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$\$ \$\$ \$\$ \$\$
	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of FamiliesLocation	Increase Limit By \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$\$ \$\$ \$\$ \$\$
(()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of Families	Increase Limit By \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$\$ \$\$ \$\$ \$\$
()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of Families	Increase Limit By \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$\$ \$\$ \$\$ \$\$
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(()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of Families	Increase Limit By \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$
(()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of Families	Increase Limit By \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$\$ \$\$ \$\$ \$\$ \$\$

When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

References in [] are to ISO/RIJRA manual pages.

	Terr 30	Prot	2	Const	FRAME		Coverage C \$			
	*Base Premium HO - 3 / 4 / 6 Base			_		_	-		8, HO-B-1]	
	no - 3/4/6 base	Class Fleilin	uIII		Factors		= 1031	_[[10-	в, по-в-т <u>]</u>	
	Form Fac	ctor (N/A if Fo	rm 4 or	6)	х	1.00	=1051	_	(Round)	
1 O-C- 1] Protectio	n - Construct	ion Facto	or	х	.97	= 1019	_	(Round)	
	Key Fact	or(For Cov A	./C Amt	:)	х	1.00	= 1019	_	(Round)	
	Adjusted Base Pr	emium					(Base Premium)	(1)		
			ustment	Factors In TI	ne Following Se	equence (Roun	nd After Each Step) Factors			
() a)	Superior Construct	tion (All Form	ns)				х	_ = \$	S	
() b)	3/4 Families (Form	HO-2,3,8)					x	_ = \$	S	
	Townhouse or Roy	=		-			х	_ = \$	S	
() d)	Personal Property	(Cov. C) Rep	lacemer	nt Cost (HO 0	04 90) (All Form	s)	х	_ = \$	S	
	Premises Alarm or	-	-				х	_ = \$		
	Inflation Guard (HC	-		ual Increase	%		х	_ = \$	S	
() g)	All Peril Deductible	-								
	()100 ()250 (50 Theft							
	()500 ()1000						х	_ = 9	S	
() h)	Other (Please Spe	cify)					х	_ = 9	S	
										4.044
							Adjusted Base Premiur	n = \$	S	1,019
	Additional or Dad	ad Drami		tional Cove					(2)	
	Additional or Red			tional Cove	<u>rages</u>					
	Section I Coverage	jes - Propert	y		Inorooo	a Limit Du	Total Limit		Premium	
<i>(</i>)	Ingranad Covered	vo C			_	e Limit By		9		
()	Increased Coverage HO 04 65/66	je C			<u>\$</u>		\$	_		
()		lm, oto			c		\$	4	,	
	A. Jewel C. Silver				\$ e		Φ	_		
		ware lease Specify	١.		Φ		<u> </u>	_		
	Other (Fi	ease specify).		\$		\$	4	6	
()	Other Section I Inc	reased/Decre	assad Liu	mite	Φ		Ψ	_ '	·	
()	And Additional Cov									
			•	, ii y <i>j</i>	\$		\$	4	:	
					<u> </u>		<u>Ψ</u>	- `	<u> </u>	
								_ `	′	
	Section II Coverage	ges - Liability	v & Med	ical Pavmen	ts					
()	Increased Coverage		,		\$			9	3	
()	Increased Coverage				\$			9	<u> </u>	
()	HO 24 70 Addition				Ψ			`	<u> </u>	
()		o Others. Sec	tion II or	nlv						
								9	6	
	Other Section II Ex	nneurae (Pla	ase Spe	cify)						
()	Other Section if La	iposures (i le		•				9	6	
()									·	
()		.posures (i le			<u> </u>			9	<u> </u>	
()	- Ciner decilor ii Ex	posures (i ie			_			\$	<u></u>	
()	Ciner Section II La	posures (i le			— — Total A	dditional or R	educed Premium	9	S	
()	Ciner Section II La	posures (i le			— Total A	dditional or R	educed Premium	9	S (3)	

When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

COVERAGE E/F \$300,000/\$3,000, ADD'L RESIDENCE RENTED TO OTHERS (HO 24 70) 3 FAMILY References in [] are to ISO/RIJRA manual pages.

	Terr 34 Prot 9 Const	MASON	RY	Coverage C \$		
	*Base Premium			75.4	ru.	O 0 HO B 41
	HO - 3 / 4 / 6 Base Class Premium		tors	=	_ [П	O-8, HO-B-1]
	Form Factor (N/A if Form 4 or 6)	x	.80	= 603	(R	ound)
IO-C-	1] Protection - Construction Factor	x	1.20	= 724	(D.	ound)
10-0-	Flotection - Construction Factor	^ —	1.20	(Key Premium)	(IX)	Juliu)
	Key Factor(For Cov A / C Amt)	x	1.293	= 936	•	ound)
	Adjusted Base Premium			(Base Premium)	(1)	
	Apply Appropriate Premium Adjustment Factors In The	Following	g Sequence (Round	d After Each Step) Factors		
. ,) Superior Construction (All Forms)			X	= \$	
	3/4 Families (Form HO-2,3,8) [HO-C-1] Townhouse or Rowhouse (Form HO-2,3,8)			x 1.20		1,123
٠,,) Personal Property (Cov. C) Replacement Cost (HO 04	90) (All F	orms)	x		
	Premises Alarm or Fire Prot System (HO 04 16)	, (,	x	= \$	
	i) Inflation Guard (HO 04 46) : Amt. of Annual Increase	<u>4</u> [HC)-12]	x1.02	= \$	1,145
(X) g) All Peril Deductible (Please Check)					
	() 100 () 250 () 100 with 250 Theft (X) 500 () 1000 () 2500 [HO-E-5]			x97	- \$	1,111
() h	Other (Please Specify)			X	-	
()	, , , , , , , , , , , , , , , , , , , ,					
				Adjusted Base Premium	= \$	1,111
	Additional or Balanced Branching Continued Conservation				(2)	
	Additional or Reduced Premiums - Optional Covera Section I Coverages - Property	ges				
	Cooker Coverages Troperty	Incr	ease Limit By	Total Limit	Pre	emium
()	Increased Coverage C \$16 / \$1,000	\$		<u> </u>	\$	
	LIO 04 CE/CC Increase in Journal im	:4				
(X)	HO 04 65/66 Increase in Jewelry Lim					
	A. Jewelry etc.	\$	4,000	\$\$ <u>5,500</u>	\$	64
	A. Jewelry etc. HO-R-5] C. Silverware		4,000	\$\$ \$	\$ \$	64
	A. Jewelry etc.		4,000	\$ 5,500 \$ \$	\$ \$ \$	64
	A. Jewelry etc. HO-R-5] C. Silverware	\$ \$	4,000	\$	\$	64
IO-23	A. Jewelry etc. HO-R-5] C. Silverware Other (Please Specify):	\$ \$ \$	4,000	\$	\$	64
O-23	A. Jewelry etc. HO-R-5] C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits	\$ \$ \$	4,000	\$	\$	64
O-23	A. Jewelry etc. HO-R-5] C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits	\$ \$ \$	4,000	\$	\$	64
O-23	A. Jewelry etc. HO-R-5] C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits	\$ \$ \$ \$	4,000	\$	\$	64
O-23	A. Jewelry etc. HO-R-5] C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	\$ \$ \$ \$	300,000	\$	\$	29
() (X)	A. Jewelry etc. HO-R-5] C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit	\$ \$ \$ \$,	\$\$\$\$\$\$	\$	
() (X)	A. Jewelry etc. HO-R-5] C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence	\$ \$ \$ \$	300,000	\$\$ \$\$ \$\$ \$\$ \$\$ [HO-33, HO-R-11]	\$	29
() (X)	A. Jewelry etc. HO-R-5] C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only	\$ \$ \$ \$ \$ \$	300,000 3,000	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ [HO-33, HO-R-11] [HO-33, HO-R-11]	\$	29
O-23, () (X) ()	A. Jewelry etc. HO-R-5] C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence	\$ \$ \$ \$ \$ \$	300,000 3,000	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ [HO-33, HO-R-11] [HO-33, HO-R-11]	\$	29
O-23, () (X) ()	A. Jewelry etc. HO-R-5] C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of Families3 Location1 MAIN Si	\$\$ - \$ - \$ - \$ - \$ - \$	300,000 3,000	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ [HO-33, HO-R-11] [HO-33, HO-R-11]	\$ \$ \$ \$	29 6
O-23, () (X) ()	A. Jewelry etc. HO-R-5] C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of Families3 Location1 MAIN Silver	\$\$ - \$ - \$ - \$ - \$ - \$	300,000 3,000	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ [HO-33, HO-R-11] [HO-33, HO-R-11]	\$ \$ \$ \$	29 6
O-23, () (X) ()	A. Jewelry etc. HO-R-5] C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of Families3 Location1 MAIN Si	\$\$ - \$ - \$ - \$ - \$ - \$	300,000 3,000	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ [HO-33, HO-R-11] [HO-33, HO-R-11]	\$ \$ \$ \$	29 6
O-23, () (X) ()	A. Jewelry etc. HO-R-5] C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of Families3 Location1 MAIN Since	\$\$ - \$ - \$ - \$ - \$	300,000 3,000 [HO-33, HO-R-	\$\$ \$ [HO-33, HO-R-11] [HO-33, HO-R-11]	\$ \$ \$ \$ \$ \$	29 6 245
O-23, () (X) ()	A. Jewelry etc. HO-R-5] C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of Families3 Location1 MAIN Si	\$ \$ \$ \$ \$ \$	300,000 3,000	\$\$ \$ [HO-33, HO-R-11] [HO-33, HO-R-11]	\$ \$ \$ \$	29 6 245

When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

8/1/2011 References in [] are to ISO/RIJRA manual pages. RIJRA PREMIUM COMPUTATION WORKSHEET - HOMEOWNERS POLICY PROGRAM (2000 EDITION) Form: () HO-2 () HO-3 () HO-3w/15 () HO-8 (**X**) HO-4 Coverage A \$ _____ () HO-6 Coverage C \$ 10,000 Terr ___**31** 03 Const FRAME *Base Premium HO - 3 / 4 / 6 Base Class Premium.... [HO-8, HO-B-1] Factors Form Factor (N/A if Form 4 or 6) 150 (Round) Protection - Construction Factor (Round) (Key Premium) Key Factor(For Cov A / C Amt) (Round) (Base Premium) Ш Adjusted Base Premium Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step) **Factors** () a) Superior Construction (All Forms) () b) 3/4 Families (Form HO-2,3,8) () c) Townhouse or Rowhouse (Form HO-2,3,8) () d) Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms) = \$ () e) Premises Alarm or Fire Prot System (HO 04 16) () f) Inflation Guard (HO 04 46) : Amt. of Annual Increase____ (X) g) All Peril Deductible (Please Check) () 100 () 250 () 100 with 250 Theft (**X**) 500 () 1000 () 2500 [HO-E-5] () h) Other (Please Specify) Adjusted Base Premium = \$ **72** (2)Ш **Additional or Reduced Premiums - Optional Coverages Section I Coverages - Property** Increase Limit By **Total Limit** Premium () Increased Coverage C () HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits () And Additional Coverages (Please Specify) **Section II Coverages - Liability & Medical Payments** () Increased Coverage E Limit Increased Coverage F Limit () HO 24 70 Additional Residence () Rented to Others. Section II only # of Families_____Location__ () Other Section II Exposures (Please Specify)

Total Additional or Reduced Premium

TOTAL PREMIUM DUE = (2) + (3)

72

When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

References in [] are to ISO/RIJRA manual pages.

	Terr <u>32</u> Prot 8 Const	FRAME		Coverage C \$		
	*Base Premium			-		
	HO - 3 / 4 / 6 Base Class Premium		tors	= 702		[HO-8, HO-E-1] HO-B-1]
	Form Factor (N/A if Form 4 or 6)	x	1.25	= 878		(Round)
0-C-	1] Protection - Construction Factor	X	1.20	= 1054		(Round)
	Key Factor(For Cov A / C Amt)	x	.933	(Key Premium) = 983		(Round)
		^	.933		(1)	(Nouria)
	Adjusted Base Premium Apply Appropriate Premium Adjustment Factors In	The Following	r Seguence (Pour	nd After Each Sten)		
	Apply Appropriate Fremium Aujustment Factors in	THE FOILOWING	J Sequence (Noun	Factors		
() a) Superior Construction (All Forms)			x	= \$	
) 3/4 Families (Form HO-2,3,8)			х	= \$	
	Townhouse or Rowhouse (Form HO-2,3,8)			х	-	
	Personal Property (Cov. C) Replacement Cost (HO	04 90) (All F	orms)	х	= \$	
	Premises Alarm or Fire Prot System (HO 04 16)	0 1 00) (/ m 1	511115)		= \$	
) Inflation Guard (HO 04 46) : Amt. of Annual Increas	ρ %		x x	= \$	
) All Peril Deductible (Please Check)			^	- ψ	
(A) 9	() 100 () 250 () 100 with 250 Theft					
	() 500 (X) 1000 () 2500 [HO-E-5]			v 80	_ 0	875
/ \ h				x89	= \$	
() [Other (Please Specify)			x	= ⊅	1
				Adiostad Basa Busining	•	075
				Adjusted Base Premium	= \$	875
						(2)
	Additional or Badraad Brandons Cutional Con-					(-)
	Additional or Reduced Premiums - Optional Cov	<u>erages</u>				(-)
	Additional or Reduced Premiums - Optional Cov Section I Coverages - Property		anna Limrit Du	Total Limit		
<i>(</i>)	Section I Coverages - Property	Incr	ease Limit By	Total Limit	œ.	Premium
	Section I Coverages - Property Increased Coverage C		ease Limit By	Total Limit	\$	
	Section I Coverages - Property Increased Coverage C HO 04 65/66	Incr \$	ease Limit By	\$	\$	Premium
	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc.	Incr <u>\$</u> \$	ease Limit By		\$	Premium
	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware	Incr \$	ease Limit By	\$	\$ \$	Premium
()	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc.	Incr \$ \$ \$	ease Limit By	\$	\$	Premium
()	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify):	Incr <u>\$</u> \$	ease Limit By	\$	\$ \$ \$	Premium
()	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware	Incr \$ \$ \$	ease Limit By	\$ \$ \$	\$	Premium
()	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify):	Incr \$ \$ \$	ease Limit By	\$ \$ \$	\$	Premium
()	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits	Incr \$ \$ \$ \$	ease Limit By	\$ \$ \$	\$	Premium
()	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	Incr \$ \$ \$	ease Limit By	\$ \$ \$ \$	\$	Premium
()	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	Incr \$ \$ \$ \$	ease Limit By	\$ \$ \$ \$	\$ \$	Premium
()	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	\$ \$ \$ \$ \$	ease Limit By	\$ \$ \$ \$	\$ \$	Premium
()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	Incr \$ \$ \$ \$ \$	ease Limit By	\$ \$ \$ \$	\$ \$	Premium
()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payme Increased Coverage E Limit	Incr \$ \$ \$ \$ \$	ease Limit By	\$ \$ \$ \$	\$ \$	Premium
()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payme	Incr \$ \$ \$ \$ \$	ease Limit By	\$ \$ \$ \$	\$ \$	Premium
()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payme Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence	Incr \$ \$ \$ \$ \$	ease Limit By	\$ \$ \$ \$	\$ \$	Premium
()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payme Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only	Incr \$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$	Premium
()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payme Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence	Incr \$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$	Premium
()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payme Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only	Incr \$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$	Premium
()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payme Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of FamiliesLocation	Incr \$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$	Premium
()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payme Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only	Incr \$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$	Premium
()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payme Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of FamiliesLocation	Incr \$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$	Premium
()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payme Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of FamiliesLocation	Incr \$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$	Premium
()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payme Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of FamiliesLocation	Incr \$ \$ \$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Premium
()	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payme Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of FamiliesLocation	Incr \$ \$ \$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$	Premium

When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

COVERAGE A = \$5,000 (BASIC). \$250 BASE DEDUCTIBLE. 8/1/2011 References in [] are to ISO/RIJRA manual pages. RIJRA PREMIUM COMPUTATION WORKSHEET - HOMEOWNERS POLICY PROGRAM (2000 EDITION) Form: () HO-2 () HO-3 () HO-3w/15 () HO-8 () HO-4 (X) HO-6 Coverage A \$ <u>5,000</u> Terr 32 **05** Const ___ MASONRY Coverage C \$ <u>20,000</u> *Base Premium HO - 3 / 4 / 6 Base Class Premium..... [HO-8, HO-B-1] Factors Form Factor (N/A if Form 4 or 6) (Round) [HO-C-3] 130 Protection - Construction Factor (Round) (Key Premium) 130 Key Factor(For Cov A / C Amt) 1.00 (Round) (Base Premium) Ш **Adjusted Base Premium** Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step) Factors () a) Superior Construction (All Forms) () b) 3/4 Families (Form HO-2,3,8) = \$ () c) Townhouse or Rowhouse (Form HO-2,3,8) () d) Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms) () e) Premises Alarm or Fire Prot System (HO 04 16) () f) Inflation Guard (HO 04 46) : Amt. of Annual Increase____ () g) All Peril Deductible (Please Check) () 100 () 250 () 100 with 250 Theft ()500 ()1000 ()2500 () h) Other (Please Specify) Adjusted Base Premium = \$ 130 (2)Ш <u>Additional or Reduced Premiums - Optional Coverages</u> **Section I Coverages - Property** Increase Limit By **Total Limit** Premium Increased Coverage C () HO 04 65/66 () A. Jewelry etc. C. Silverware Other (Please Specify): () Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Section II Coverages - Liability & Medical Payments Increased Coverage E Limit () Increased Coverage F Limit () HO 24 70 Additional Residence () Rented to Others. Section II only # of Families_____Location__ Other Section II Exposures (Please Specify) ()

Total Additional or Reduced Premium

TOTAL PREMIUM DUE = (2) + (3)

130

When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

References in [] are to	ISO/RIJRA manua	l pages.
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		FRAME		Coverage C \$	
	*Base Premium HO - 3 / 4 / 6 Base Class Premium			= 1051	[HO-8, HO-B-1]
	Form Factor (N/A if Form 4 or 6)	Factors x	1.00	= 1051	(Round)
	FORM FACTOR (N/A II FORM 4 OF 6)	×	1.00	=	(Roulia)
	Protection - Construction Factor	х	.97	= 1019 (Key Premium)	(Round)
	Key Factor(For Cov A / C Amt)	x	1.293	= 1,318 X 1.15** = 1,516	(Round)
	Adjusted Base Premium			(Base Premium) (1)
	Apply Appropriate Premium Adjustment Factors In The	Following Se	equence (Roun	d After Each Step)	
	,	Ū		Factors	
) Superior Construction (All Forms)			х	= \$
) 3/4 Families (Form HO-2,3,8)			x	= \$
•) Townhouse or Rowhouse (Form HO-2,3,8)			х	= \$
	Personal Property (Cov. C) Replacement Cost (HO 04	90) (All Form	s)	х	= \$
) Premises Alarm or Fire Prot System (HO 04 16)			х	= \$
-) Inflation Guard (HO 04 46) : Amt. of Annual Increase_	%		х	= \$
) g	All Peril Deductible (Please Check)				
	() 100 () 250 () 100 with 250 Theft				
	()500 ()1000 ()2500			х	= \$
) h) Other (Please Specify)			х	= \$
				Adjusted Base Premium	
	All Provides Delived Development and Control Control				(2)
	Additional or Reduced Premiums - Optional Covera	<u>iges</u>			
	Section I Coverages - Property	l	a Limeit Du	Tatallianit	Dramaiona
`	Increased Coverage C	mcreas •	e Limit By	Total Limit \$	Premium \$
)	HO 04 65/66	<u> </u>		<u> </u>	Φ
)	A. Jewelry etc.	¢		\$	¢
	C. Silverware	<u>\$</u> \$		<u> </u>	Φ
		<u> </u>		<u> </u>	⊅
	Other (Please Specify):	c		r.	c
	Other Section I Increased/Decreased Limits	\$		<u>\$</u>	\$
)					
	And Additional Coverages (Please Specify)	c		¢.	c
		<u>Φ</u>		\$ \$	Φ
		_ υ			Φ
	Section II Coverages - Liability & Medical Payments				
)	Increased Coverage E Limit	• •			¢
)	Increased Coverage F Limit	φ			Ψ •
	HO 24 70 Additional Residence	<u>Ψ</u>			Ψ
)	Rented to Others. Section II only				
	# of FamiliesLocation				
	# Of FathinesLocation				\$
					Ψ
)	Other Section II Exposures (Please Specify)				
,	Sales occurr in Exposures (Frease openity)				\$
		_			Ψ
		_			Ψ
*:	ORDINANCE OR LAW (HO 04 77)	Total A	dditional or B	educed Premium	\$
	CIVE INTAINCE OIL LAW (110 04 11)	i Ulai A	aditional of R	CUUCCU FICIIIIUIII	Ψ
	Factor for \$150,000 Cov A = 1.15				(3)

When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

OTHER STRUCTURE (HO 04 48) \$40,000, EARTHQUAKE COVERAGE (HO 04 54) 5% DEDUCTIBLE, \$250 BASE DEDUCTIBLE. References in [] are to ISO/RIJRA manual pages.

RLIRA PREMIUM COMPUTATION WORKSHEET - HOMEOWNERS POLICY PROGRAM (2000 EDITION)

	Terr <u>30</u> Prot <u>02</u> Const	MASONRY	Coverage C \$ <u>100,000</u>	
	*Base Premium HO - 3 / 4 / 6 Base Class Premium		=1051	[HO-8, HO-B-1]
		Factors		
	Form Factor (N/A if Form 4 or 6)	1.00	_ =1051	(Round)
		.87	= 914	(Round)
-C-	1] Protection - Construction Factor		(Key Premium)	
	Key Factor(For Cov A / C Amt)	1.293	= 1,182 (Base Premium) (*	(Round)
	Adjusted Base Premium		(Base Premium) (*	1)
	Apply Appropriate Premium Adjustment Factors In The F	Following Sequence (Round		
			Factors	•
	Superior Construction (All Forms) 3/4 Families (Form HO-2,3,8)		X	= \$ = \$
	Townhouse or Rowhouse (Form HO-2,3,8)		x	φ
, ,	Personal Property (Cov. C) Replacement Cost (HO 04 9	0) (All Forms)	x x	= \$ = \$
	Premises Alarm or Fire Prot System (HO 04 16)	-/	х	= \$
	Inflation Guard (HO 04 46) : Amt. of Annual Increase	%	Х	= \$
) g)	All Peril Deductible (Please Check)			
	() 100 () 250 () 100 with 250 Theft			
	()500 ()1000 ()2500		х	= \$
۱h۱	Other (Please Specify)		X	= \$
, ,,,	· · · · · · · · · · · · · · · · · · ·		^	-
, ייי				- \$ 1182
, 11)	Additional or Reduced Premiums - Optional Coverage	<u>es</u>		= \$ 1,182 (2)
()	Additional or Reduced Premiums - Optional Coverage Section I Coverages - Property [HO-23, HOR-5] Increased Coverage C 2 / \$1,000 Inc in Cov C HO 04 65/66 A. Jewelry etc. C. Silverware	Increase Limit By \$ 25,000 \$		-
(1)	Additional or Reduced Premiums - Optional Coverage Section I Coverages - Property [HO-23, HOR-5] Increased Coverage C 2 / \$1,000 Inc in Cov C HO 04 65/66 A. Jewelry etc.	Increase Limit By \$ 25,000	Adjusted Base Premium Total Limit	(2)
(X))	Additional or Reduced Premiums - Optional Coverage Section I Coverages - Property [HO-23, HOR-5] Increased Coverage C 2 / \$1,000 Inc in Cov C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits	Increase Limit By \$ 25,000 \$	Adjusted Base Premium Total Limit 100,000 \$ \$	(2) Premium \$ 50 \$
(X))	Additional or Reduced Premiums - Optional Coverage Section I Coverages - Property [HO-23, HOR-5] Increased Coverage C 2 / \$1,000 Inc in Cov C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	Increase Limit By \$ 25,000 \$ \$	Adjusted Base Premium Total Limit \$ 100,000 \$ \$ \$ \$ \$ \$ \$ \$	(2) Premium 50 \$ \$ \$
())	Additional or Reduced Premiums - Optional Coverage Section I Coverages - Property [HO-23, HOR-5] Increased Coverage C 2 / \$1,000 Inc in Cov C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Cov D Loss of Use [HO-22, HO-R-5]	Increase Limit By \$ 25,000 \$	Adjusted Base Premium Total Limit \$ 100,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(2) Premium \$ 50 \$ \$ \$ \$
())	Additional or Reduced Premiums - Optional Coverage Section I Coverages - Property [HO-23, HOR-5] Increased Coverage C 2 / \$1,000 Inc in Cov C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Cov D Loss of Use [HO-22, HO-R-5] Other Structure (HO 04 48)	Increase Limit By \$ 25,000 \$ \$ \$ \$ \$ 20,000 \$ \$	Adjusted Base Premium Total Limit \$ 100,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(2) Premium \$ 50 \$ \$ \$ \$ \$ 40 \$ 160
()	Additional or Reduced Premiums - Optional Coverage Section I Coverages - Property [HO-23, HOR-5] Increased Coverage C 2 / \$1,000 Inc in Cov C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Cov D Loss of Use [HO-22, HO-R-5] Other Structure (HO 04 48) Earthquake Coverage	Increase Limit By \$ 25,000 \$ \$	Adjusted Base Premium Total Limit \$ 100,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(2) Premium \$ 50 \$ \$ \$ \$
(s) (s) (s) **	Additional or Reduced Premiums - Optional Coverage Section I Coverages - Property [HO-23, HOR-5] Increased Coverage C 2 / \$1,000 Inc in Cov C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Cov D Loss of Use [HO-22, HO-R-5] Other Structure (HO 04 48) Earthquake Coverage Section II Coverages - Liability & Medical Payments	Increase Limit By \$ 25,000 \$ \$ \$ \$ \$ 20,000 \$	Adjusted Base Premium Total Limit \$ 100,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(2) Premium \$ 50 \$ \$ \$ \$ \$ 40 \$ 160
(i)) **	Additional or Reduced Premiums - Optional Coverage Section I Coverages - Property [HO-23, HOR-5] Increased Coverage C 2 / \$1,000 Inc in Cov C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Cov D Loss of Use [HO-22, HO-R-5] Other Structure (HO 04 48) Earthquake Coverage	Increase Limit By \$ 25,000 \$ \$ \$ \$ \$ 20,000 \$	Adjusted Base Premium Total Limit \$ 100,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(2) Premium \$ 50 \$ \$ \$ \$ \$ 40 \$ 160
** **	Additional or Reduced Premiums - Optional Coverage Section I Coverages - Property [HO-23, HOR-5] Increased Coverage C 2 / \$1,000 Inc in Cov C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Cov D Loss of Use [HO-22, HO-R-5] Other Structure (HO 04 48) Earthquake Coverage Section II Coverages - Liability & Medical Payments Increased Coverage E Limit	Increase Limit By \$ 25,000 \$ \$ \$ \$ \$ 20,000 \$	Adjusted Base Premium Total Limit \$ 100,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(2) Premium \$ 50 \$ \$ \$ \$ \$ 40 \$ 160
()) **	Additional or Reduced Premiums - Optional Coverage Section I Coverages - Property [HO-23, HOR-5] Increased Coverage C 2 / \$1,000 Inc in Cov C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Cov D Loss of Use [HO-22, HO-R-5] Other Structure (HO 04 48) Earthquake Coverage Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only	Increase Limit By \$ 25,000 \$	Adjusted Base Premium Total Limit \$ 100,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(2) Premium \$ 50 \$ \$ \$ \$ \$ 40 \$ 160
)) **	Additional or Reduced Premiums - Optional Coverage Section I Coverages - Property [HO-23, HOR-5] Increased Coverage C 2 / \$1,000 Inc in Cov C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Cov D Loss of Use [HO-22, HO-R-5] Other Structure (HO 04 48) Earthquake Coverage Section II Coverages - Liability & Medical Payments Increased Coverage F Limit Increased Coverage F Limit HO 24 70 Additional Residence	Increase Limit By \$ 25,000 \$	Adjusted Base Premium Total Limit \$ 100,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Premium \$ 50 \$ 80 \$ 160 \$ 192
)) **	Additional or Reduced Premiums - Optional Coverage Section I Coverages - Property [HO-23, HOR-5] Increased Coverage C 2 / \$1,000 Inc in Cov C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Cov D Loss of Use [HO-22, HO-R-5] Other Structure (HO 04 48) Earthquake Coverage Section II Coverages - Liability & Medical Payments Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only	Increase Limit By \$ 25,000 \$	Adjusted Base Premium Total Limit \$ 100,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(2) Premium \$ 50 \$ \$ \$ \$ \$ 40 \$ 160

When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

D.1. 5% DEDUCTIBLE - RATES PER \$1,000

TABLE B - MASONRY

\$150,000 X \$.99 \$149	Coverage A Limit Rate per \$1,000	[HO-19, Rule 5 [HO-R-2-3]	505.3.a.]
Column D \$25,000 X \$.51 \$13	Increase Cov C Limit Rate per \$1,000	[HO-20, Rule 5 [HO-R-2-3]	05. 3.b.]
Column F \$20,000 X \$.49 \$10	Increase Cov D (Loss o Rate per \$1,000 [HO-F	,	[HO-20, Rule 505. 3. c.]
Column G \$40,000 X \$.49 \$20	Other Structure (HO 04 Rate per \$1,000 [HO-R	,	[HO-E-8, Rule 505. D.6.b.]

149 + 13 + 10 + 20 = 192

References in [] are to ISO/RIJRA manual pages and rules

References in	ъ Г	1 are	tο	ISO/RLIRA	manual	nages
INCICICINCES II	, ,	l al C	w	130/Mish	IIIaIIuai	payes.

	Form : () HO-2	(X) HO-3 () H	HO-3w/15 ()	HO-8 () H	O-4 ()HO	0-6 Coverage A \$ <u>150,000</u>)	
	Terr <u>30</u>	Prot 02	Const	FRAME	<u> </u>	Coverage C \$		
	*Base Premium HO - 3 / 4 / 6 Base	Class Premium				= 1051		[HO-8, HO-B-1
	Form Fac	tor (N/A if Form 4 o	r 6)	Facto x	1.00	=1051		(Round)
D-C-	Protection	n - Construction Fac	tor	х	.97	= 1019		(Round)
	Key Facto	or(For Cov A / C An	nt)	х	1.293	(Key Premium) = 1,318		(Round)
	Adjusted Base Pro	emium				(Base Premium)	(1)	
	Apply Appropriate F		t Factors In Th	e Following	Sequence (Roun	d After Each Step) Factors		
	Superior Constructi					x	= \$	
	3/4 Families (Form		_			x 1.20		1,582
. , ,	Townhouse or Row	•				х		
	Personal Property (4 90) (All Foi	ms)	х	= \$	S
	Premises Alarm or	•	· ·			х	= \$	
	Inflation Guard (HC	· ·	nual Increase_	%		х	= \$	S
) g)	All Peril Deductible		_					
	() 100 () 250 (ft				_	
, , .,	()500 ()1000					х	= 4	<u> </u>
) 1)	Other (Please Spec	city)				х	= \$	·
						Adjusted Dage Drawium	ď	4 500
						Adjusted Base Premium	= 1	
	Additional or Redu	seed Promisses - C	entional Cover	2006				(2)
	Section I Coverage		ptional cover	<u>ayes</u>				
	occion i coverag	oo i roporty		Incre	ase Limit By	Total Limit		Premium
)	Increased Coverag	e C		\$		\$	9	
()	HO 04 65/66			<u>-</u>			•	·
,	A. Jewel	ry etc.		\$		\$	9	5
	C. Silver			<u>\$</u> \$		\$	9	<u> </u>
		ease Specify) :						
	`	. 27		\$		\$	9	5
)	Other Section I Inci	eased/Decreased L	imits					
	And Additional Cov	erages (Please Spe	ecify)					
				\$		\$	9	3
				<u>\$</u> \$		\$	\$	S
						_		
	Section II Coverage	es - Liability & Me	dical Payment	s				
(x)	Increased Coverag	e E Limit		\$ <u>500,</u> 0	000	[HO-33, HO-R-11]	\$	42
()	Increased Coverag	e F Limit		\$			\$	S
()	HO 24 70 Additiona	al Residence						
	Rented to	Others. Section II	only					
	# of Fami	lies	Location					
							\$	S
(x)	Other Section II Ex			_				
	HO 24 66 Lead Lia	bility Coverage	\$100,000	_ [RIJF	RA-HO-EXC-2]		\$	
				_			\$	<u> </u>
				Total	Additional or R	educed Premium	9	
					V DDE*****	IF (0) (0)		(3)
				TOT/	AL PREMIUM DU	JE = (2) + (3) =	9	2,024

When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

	Form: () HO-2 (X) HO-3 () HO-3w/15 ()	HO-8 () HO-4 () HO-6	Coverage A \$ <u>100,00</u>	0
	Terr <u>30</u> Prot <u>02</u> Const	MASONRY	Coverage C \$	
	*Base Premium HO - 3 / 4 / 6 Base Class Premium	Factors	= 1051	[HO-8, HO-B-1]
	/ Form Factor (N/A if Form 4 or 6)	x 1.00	_ =1051	_ (Round)
		x87	= 914	_ (Round)
)-C-1	Protection - Construction Factor	x 1.00	(Key Premium) = 914	(Round)
	Key Factor(For Cov A / C Amt) Adjusted Base Premium Apply Appropriate Premium Adjustment Factors In Th	-	(Base Premium) ufter Each Step)	(1)
) a)	Superior Construction (All Forms)		Factors x	= \$
	3/4 Families (Form HO-2,3,8)		-	_ = \$
	Townhouse or Rowhouse (Form HO-2,3,8)			_
	Personal Property (Cov. C) Replacement Cost (HO 0-	4 90) (All Forms)	x x	
	Premises Alarm or Fire Prot System (HO 04 16)	. 66, (, 66)	х	- :
	Inflation Guard (HO 04 46): Amt. of Annual Increase	%	х	= \$
	All Peril Deductible (Please Check)			<u> </u>
/ 9/	() 100 () 250 () 100 with 250 Theft			
	() 500 () 1000 () 2500		x	= \$
) h)	Other (Please Specify)		χ	
,,	Carlot (Floado Opcony)		^	•
			Adjusted Base Premium	n = \$ 914
	Additional or Reduced Premiums - Optional Cover	ages	,	(2)
	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc.	Increase Limit By	Total Limit	(2) Premium
	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware	Increase Limit By	Total Limit	(2) Premium
	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc.	Increase Limit By	Total Limit	(2) Premium
)	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits	Increase Limit By	Total Limit	(2) Premium
)	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify):	Increase Limit By	Total Limit	(2) Premium
)	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	Increase Limit By	Total Limit	(2) Premium
)	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	Increase Limit By	Total Limit	(2) Premium
))	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	Increase Limit By \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Limit \$	(2) Premium
)	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	Increase Limit By	Total Limit \$	(2) Premium \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
))	Section I Coverages - Property Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Increased Coverage E Limit	Increase Limit By \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Limit \$ \$ \$ \$ \$ \$ [HO-33, HO-R-11]	(2) Premium \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
)))	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only	Increase Limit By \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Limit \$ \$ \$ \$ \$ \$ [HO-33, HO-R-11]	(2) Premium \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
)))))	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of FamiliesLocation Other Section II Exposures (Please Specify)	Increase Limit By \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Limit \$ \$ \$ \$ \$ \$ [HO-33, HO-R-11]	(2) Premium \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
))))))	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of FamiliesLocation Other Section II Exposures (Please Specify)	Increase Limit By \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Limit \$ \$ \$ \$ \$ \$ \$ [HO-33, HO-R-11]	(2) Premium \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
))))))	Increased Coverage C HO 04 65/66 A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) Increased Coverage E Limit Increased Coverage F Limit HO 24 70 Additional Residence Rented to Others. Section II only # of FamiliesLocation Other Section II Exposures (Please Specify)	Increase Limit By \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Limit \$ \$ \$ \$ \$ \$ \$ [HO-33, HO-R-11]	(2) Premium \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

COMPLIANT PROPERTY - LEAD MITIGATED VISUAL INSPECTION References in [] are to ISO/RIJRA manual pages. RIJRA PREMIUM COMPUTATION WORKSHEET - HOMEOWNERS POLICY PROGRAM (2000 EDITION) Form: () HO-2 (**X**) HO-3 () HO-3w/15 () HO-8 () HO-4 Coverage A \$ 100,000 () HO-6 2 Const FRAME Coverage C \$ _____ ı *Base Premium HO - 3 / 4 / 6 Base Class Premium.... [HO-8, HO-B-1] 1051 Factors 1.00 1051 Form Factor (N/A if Form 4 or 6) (Round) [HO-C-1] .97 1019 Protection - Construction Factor (Round) 1.00 Key Factor(For Cov A / C Amt) 1019 (Round) Ш Adjusted Base Premium Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step) () a) Superior Construction (All Forms) (X) b) 3/4 Families (Form HO-2,3,8) [HO-C-1] () c) Townhouse or Rowhouse (Form HO-2,3,8) () d) Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms) () e) Premises Alarm or Fire Prot System (HO 04 16) () f) Inflation Guard (HO 04 46): Amt. of Annual Increase____ () g) All Peril Deductible (Please Check) () 100 () 250 () 100 with 250 Theft ()500 ()1000 ()2500 (X) h) Other (Please Specify) Lead Poisoning Factor for Compliant Property [HO-E-3] x 1.03 Adjusted Base Premium (2)Ш **Additional or Reduced Premiums - Optional Coverages Section I Coverages - Property** Increase Limit By **Total Limit** Premium () Increased Coverage C HO 04 65/66 () A. Jewelry etc. C. Silverware Other (Please Specify): Other Section I Increased/Decreased Limits () And Additional Coverages (Please Specify) [HO-33, HO-R-11, HO-E-5] **Section II Coverages - Liability & Medical Payments** (**X**) Increased Coverage E Limit \$ 500,000 Increased Coverage F Limit () HO 24 70 Additional Residence () Rented to Others. Section II only # of Families_____Location_ Other Section II Exposures (Please Specify) ()

Total Additional or Reduced Premium

TOTAL PREMIUM DUE = (2) + (3)

(3)

43

1,303

^{*} When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.