



RHODE ISLAND JOINT REINSURANCE ASSOCIATION

Underwriting Division
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December 13, 2005

TO: All Rhode Island Producers

HOMEOWNERS POLICY PROGRAM (HO 2000 PROGRAM) RATES AND RULES REVISION EFFECTIVE FEBRUARY 1, 2006

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 **February 1, 2006 or later**. This revision revises Base Class Premium for Forms HO 3 and 4 and rates/premiums for certain Section II Liability Coverages.

Concurrent with the above revisions, RIJRA will also adopt ISO's Ordinance or Law Coverage as shown in the RIJRA Exception page RIJRA-HO-EXC-1.

Enclosed are revised RIJRA rate pages (HO-B-1, HO-R-11 thru HO-R-13 and RIJRA-HO-EXC-1). 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

Enclosures:

JHP:ed

RHODE ISLAND JOINT REINSURANCE ASSOCIATION (RIJRA)

HOMEOWNERS 2000 PROGRAM

MANUAL PAGES

EFFECTIVE 02 - 01 - 2006

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.

REVISED STATE PAGE NUMBERS ARE UNDERLINED.

EXCEPTION PAGES

HO-E-1, HO-E-2	5h Edition 7- 04	Effective 11 - 01 - 2005
HO-E-3	4th Edition 7- 04	Effective 11 - 01 - 2005
HO-E-4	2nd Edition 7- 04	Effective 11 - 01 - 2005
HO-E-5	1st Edition 7- 04	Effective 11 - 01 - 2005

RIJRA EXCEPTION PAGE

<u>RIJRA-HO-EXC-1</u>		<u>Effective 02 - 01 - 2006</u>
RIJRA-HO-EXC-2		Effective 11 - 01 - 2005
RIJRA-HO-EXC-3		Effective 11 - 01 - 2005

TERRITORY PAGES

HO-T-1	1st Edition 10-01	Effective 12 - 31 - 2001
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RIJRA BASE CLASS PREMIUM PAGE

<u>HO-B-1</u>		<u>Effective 02 - 01 - 2006</u>
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CLASSIFICATION PAGES

HO-C-1 thru HO-C-3	2nd Edition 12-02	Effective 07 - 15 - 2003
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RIJRA RATE PAGES

HO-R-1 thru HO-R-5		Effective 12 - 31 - 2001
HO-R-6		Effective 09 - 01 - 2004
HO-R-7, HO-R-8		Effective 12 - 31 - 2001
HO-R-9		Effective 09 - 01 - 2004
HO-R-10		Effective 12 - 31 - 2001
<u>HO-R-11 thru HO-R-13</u>		<u>Effective 02 - 01 - 2006</u>
HO-R-14		Effective 12 - 31 - 2001
HO-R-15		Effective 07 - 15 - 2003

RIJRA RATING EXAMPLES SECTION

Premium Computation Worksheet
Examples 1 - 7
Examples 8 - 10 (Lead Liability)

ISO's MULTISTATE NOTICE HO - MU - 2000 - RU - 001 DISPLAYS THE LATEST PAGE INFORMATION FOR MULTISTATE RULES PAGES TO BE USED.
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**PART III
BASE PREMIUM COMPUTATION RULES**

**RULE 303.
ORDINANCE OR LAW COVERAGE ALL FORMS
EXCEPT HO 00 08**

Table 303.B.2.a. is replaced by the following:

- B. Increased Amount of Coverage**
 - 2. Premium Determination**
 - a. Forms HO 00 02, HO 00 03 And HO 00 05**

Percentage Of Coverage A		
Increase In Amount	Total Amount	Factors
15%	25%	1.03
40%	50%	1.07
65%	75%	1.11
90%	100%	1.15
For each add'l 25% increment add:		.04

Table 303.B.2.a. Factors

**PART V
SECTION I – PROPERTY – ADDITIONAL COVERAGES
AND INCREASED LIMITS RULES**

**RULE 513.
ORDINANCE OR LAW INCREASED AMOUNT OF
COVERAGE – HO 00 04 AND HO 00 06**

Paragraph B.2. is replaced by the following:

- B. Premium Determination**
 - 2. The premium for each additional \$1,000 of insurance is developed by multiplying the **HO 00 04** or **HO 00 06**, whichever is appropriate, Key Factor for “Each Add'l \$1,000” by .30 and then multiplying that amount by the appropriate Key Premium.

ADDITIONAL RULE

**Rule A4.
LIMITED FUNGI, WET OR DRY ROT OR BACTERIA
COVERAGE**

The following paragraph is added:

- F. Use appropriate Limited Fungi, Wet or Dry Rot or Bacteria Coverage Endorsement with all Homeowners policies. Increased limits as shown in Paragraph B. are available.

**HOMEOWNERS POLICY PROGRAM MANUAL
RIJRA EXCEPTION PAGES**

ADDITIONAL RULE

LEAD LIABILITY COVERAGE RULE

A. Coverage Description

1. Liability coverage for lead poisoning may be provided for the following:
 - a. A building built before 1978, with up to four residential units rented or held for rental to others, without Prima Facie Evidence of Compliance.
 - b. A condominium unit or cooperative unit within a building built before 1978, rented or held for rental to others, without Prima Facie Evidence of Compliance.
2. Coverage is provided for damages for which an insured is legally liable because of bodily injury at the insured location that arises out of lead poisoning.
3. The following residential rental properties shall be ineligible for Lead Liability Coverage:
 - a. Rooms rented in owner-occupied residences;
 - b. Temporary housing units;
 - c. Rooming or boarding houses; and
 - d. Hotels.
4. The following persons shall be ineligible for Lead Liability Coverage:
 - a. A residential rental property owner who owns only one property and has more than one unremediated dwelling unit at which a child was poisoned prior to November 1, 2005.
 - b. A residential rental property owner who owns more than one property and has more than two unremediated dwelling units at which a child was poisoned prior to November 1, 2005.
5. Lead Liability Coverage may also be provided as a separate stand-alone coverage for Compliant properties, e.g. surplus lines insurers, using **ML 00 01** Lead Liability Coverage - Rhode Island and the appropriate premium under Section **C.2**.

B. Limit Of Liability

1. The minimum limit of liability is \$100,000; the maximum is \$500,000.
2. The limit of liability may be increased or decreased during the policy term subject to the conditions of 1. above but may not exceed the limit of liability of any other liability policy covering the property.
3. When 2 or more locations are insured under the same policy for lead liability coverage, the lead liability limit shall be the **same** for **all** such locations.

C. Premium Development

1. Rate Per Insured Residence - Non Compliant Properties

Select the Lead Liability charge for the number of residential rental units at the insured location. The same charge applies regardless of whether Lead Liability Coverage is provided as a stand-alone coverage or as a coverage component within a Homeowners policy.

Rate per Insured Residence - Number of Units:

1 Family.....	\$250
2 Family.....	\$400
3 Family.....	\$600
4 Family.....	\$675

2. Rate Per Insured Residence - Compliant Properties (e.g. Surplus Lines Insurers)

When separate Stand-Alone Lead Liability Coverage (**ML 00 01**) is to be provided for a Compliant property, e.g. surplus lines insurers, select the Lead Liability charge for the number of residential rental units at the insured location.

Rate per Insured Residence - Number of units:

1 Family.....	\$25
2 Family.....	\$40
3 Family.....	\$60
4 Family.....	\$70

3. Increased Limits (Applicable to both Paragraphs **C.1.** and **C.2.** above)

For increased limits, apply the following factors to the basic limits premium:

Limit of Liability	Factor
\$200,000	1.15
\$300,000	1.24
\$400,000	1.30
\$500,000	1.35

Increased Limits Table

D. Policy Form

1. Use **ML 00 01** - Lead Liability Policy when liability coverage for lead poisoning is to be provided as a separate stand-alone coverage.
2. When liability coverage for lead poisoning is to be provided not as a separate stand-alone coverage but as a coverage component within a Homeowners policy, refer to the Lead Liability Provisions Endorsement rule.

301. BASE PREMIUM COMPUTATION
 BASE CLASS PREMIUM TABLE

	TERRITORY	HO 00 03	HO 00 04	HO 00 06
	30	929	354	279
	31	660	181	186
	32	722	211	171
	33	804	218	171
	34	812	215	232

Rate Pages

601. RESIDENCE PREMISES - BASIC AND INCREASED LIMITS

A. 2. Residence Premises

Coverage E - Liability

Coverage F - Medical Payments

1 & 2 Family Premium

	Limit	Rate	Limit	Rate
	\$100,000	-	\$1,000	-
I	\$200,000	\$9	\$2,000	\$3
I	\$300,000	\$14	\$3,000	\$6
I	\$400,000	\$18	\$4,000	\$9
I	\$500,000	\$21	\$5,000	\$11

3 & 4 Family Premium

	Limit	Rate	Limit	Rate
	\$100,000	-	\$1,000	-
I	\$200,000	\$18	\$2,000	\$3
I	\$300,000	\$29	\$3,000	\$6
I	\$400,000	\$36	\$4,000	\$9
I	\$500,000	\$42	\$5,000	\$11

602. OTHER INSURED LOCATION OCCUPIED BY INSURED

B. Premium

Rate per Residence

	Rate
One Family.....	\$7
Two Family.....	\$13
Three Family.....	\$27
Four Family.....	\$29

Rate Pages

603.	<u>RESIDENCE EMPLOYEES</u>	
	B. Rate per Person In Excess Of Two.....	\$5
604.	<u>ADDITIONAL RESIDENCE RENTED TO OTHERS</u>	
	B. Premium	
	Rate per Residence	
I	One Family.....	\$45
I	Two Family.....	\$74
I	Three Family.....	\$164
I	Four Family.....	\$164
605.	<u>OTHER STRUCTURES RENTED TO OTHERS - RESIDENCE PREMISES</u>	
	B. Premium	
	Rate per Structure.....	\$45
607.	<u>HOME DAY CARE COVERAGE</u>	
	C.1. Premium	
	1-3 Persons.....	\$111
608.	<u>PERMITTED INCIDENTAL OCCUPANCIES - RESIDENCE PREMISES AND OTHER RESIDENCES</u>	
	B. Premium	
	Rate per Residence	
	1. Residence Premises.....	\$17
	2. Other Residence.....	\$18
609	<u>BUSINESS PURSUITS</u>	
	B. Premium	
	Rate per Insured Person	
	1. Clerical Employees.....	\$4
	2. Sales person, Collector or Messenger - Installation, demonstration or servicing operation : Included.....	\$7
	Excluded.....	\$4
	3. Teachers	
	a. laboratory, athletic, manual or physical training.....	\$12
	b. not otherwise classified.....	\$6
	c. corporal punishment (add to 3. a. or b.).....	\$4
610.	<u>PERSONAL INJURY</u>	
	B. Premium	
	Rate per policy.....	\$13
611.	<u>INCIDENTAL MOTORIZED LAND CONVEYANCES</u>	
	B. Premium	
	Rate per Conveyance	\$15

Rate Pages

612. OUTBOARD MOTORS AND WATERCRAFT

C. Premium

1. Outboard, Inboard, or Inboard-Outdrive Engines or Motors

	<u>Horsepower</u>	<u>Length Up to 15 ft.</u>	<u>Length Over 15 to 26 ft.</u>
		<u>Rate</u>	<u>Rate</u>
I	Up to 50+	\$8	\$12
I	51 to 100	\$13	\$17
I	101 to 150	\$18	\$22
I	151 to 200	\$18	\$27
I	over 200	\$18	\$27

2. Sailboats With or Without Auxiliary Power

	<u>Overall Length/Feet</u>	<u>Rate</u>
I	26 to 40 feet +	\$8
I	over 40 feet	\$8

+Outboard engines or motors of up to 25 horsepower or sailboats less than 26 feet in overall length with or without auxiliary

613. OWNED SNOWMOBILE

B. Premium

Rate per Snowmobile..... Not Applicable

614. FARMERS PERSONAL LIABILITY (FPL)

Not Applicable (Coverage is not provided by RIJRA.)

615. INCIDENTAL FARMING PERSONAL LIABILITY

Not Applicable (Coverage is not provided by RIJRA.)

Rate Pages

702. OTHER EXPOSURES - MEDICAL PAYMENTS TO OTHERS INCREASED LIMITS**Basic
Limit**

<u>Rule#</u>	<u>Coverage F- Medical Payments</u>	<u>\$2,000</u>	<u>\$3,000</u>	<u>\$4,000</u>	<u>\$5,000</u>
<u>524.</u>	Other Members Of An Insured's Household	\$1	\$2	\$3	\$4
<u>526.</u>	Residence Held In Trust All Forms				
	Except HO 00 04	\$1	\$2	\$3	\$4
<u>527.</u>	Student Away From Home	\$1	\$2	\$3	\$4
<u>602.</u>	Other Insured Location Occupied By Insured	\$1	\$2	\$3	\$4
<u>603.</u>	Residence Employees	\$1	\$2	\$3	\$4
<u>604.</u>	Additional Residence Rented To Others	\$1	\$2	\$3	\$4
<u>605.</u>	Other Structures Rented To Others -	\$0	\$0	\$0	\$0
	Residence Premises	\$1	\$2	\$3	\$4
<u>607.</u>	Home Day Care Coverage	\$5	\$10	\$15	\$19
<u>608.</u>	Permitted Incidental Occupancies -				
	1. Residence Premises	\$5	\$10	\$15	\$19
	2. Other Residence	\$3	\$6	\$9	\$11
<u>609.</u>	Business Pursuits				
	1. Clerical Employees	\$1	\$2	\$3	\$4
	2. Salesperson, Installation, Etc.				
	Included Or Excluded	\$1	\$2	\$3	\$4
	3. Teachers				
	a. Lab Etc.	\$2	\$4	\$6	\$7
	b. Not Otherwise Classified	\$1	\$2	\$3	\$4
	c. Corporal Punishment				
<u>611.</u>	Incidental Motorized Land Conveyances	\$1	\$2	\$3	\$4
<u>612.</u>	Outboard Motors And Watercraft				
	1. Outboard, Inboard, Or Inboard-Outboard Engines Or Motors				
	a)				
	Up to 15 feet :				
	Up to 50 hp.	\$3	\$6	\$9	\$11
	51 to 100 hp.	\$4	\$8	\$12	\$14
	101 to 150 hp.	\$6	\$12	\$18	\$21
	151 to 200 hp.	\$6	\$12	\$18	\$21
	Over 200 hp.	\$6	\$12	\$18	\$21
	b)				
	Over 15 to 26 feet :				
	Up to 50 hp.	\$4	\$8	\$12	\$14
	51 to 100 hp.	\$6	\$12	\$18	\$21
	101 to 150 hp.	\$8	\$16	\$23	\$27
	151 to 200 hp.	\$12	\$23	\$35	\$41
	Over 200 hp.	\$12	\$23	\$35	\$41
	2. Sailboats With or Without Auxiliary Power				
	26 to 40 feet	\$3	\$6	\$9	\$11
	over 40 feet	\$3	\$6	\$9	\$11
<u>613.</u>	Owned Snowmobile				
					Not Applicable
<u>614.</u>	Farmers Personal Liability				
					Not Applicable (Coverage is not provided by RIJRA.)
<u>615.</u>	Incidental Farming Personal Liability				
					Not Applicable (Coverage is not provided by RIJRA.)

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

Form : () HO-2 () HO-3 () HO-3w/15 () HO-8 () HO-4 () HO-6 Coverage A \$ _____

Terr _____ Prot _____ Const _____ Coverage C \$ _____

I ***Base Premium**
 HO - 3 / 4 / 6 Base Class Premium..... = _____

	Factors			
Form Factor (N/A if Form 4 or 6)	x	_____	=	_____ (Round)
Protection - Construction Factor	x	_____	=	_____ (Round)
Key Factor(For Cov A / C Amt)	x	_____	=	_____ (Round)
				(Base Premium) (1)

II **Adjusted Base Premium**
 Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step)

	Factors			
() a) Superior Construction (All Forms)	x	_____	=	\$ _____
() b) 3/4 Families (Form HO-2,3,8)	x	_____	=	\$ _____
() c) Townhouse or Rowhouse (Form HO-2,3,8)	x	_____	=	\$ _____
() d) Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms)	x	_____	=	\$ _____
() e) Premises Alarm or Fire Prot System (HO 04 16)	x	_____	=	\$ _____
() f) Inflation Guard (HO 04 46) : Amt. of Annual Increase _____ %	x	_____	=	\$ _____
() g) All Peril Deductible (Please Check)				
() 100 () 250 () 100 with 250 Theft				
() 500 () 1000 () 2500	x	_____	=	\$ _____
() h) Other (Please Specify)	x	_____	=	\$ _____
				Adjusted Base Premium = \$ _____ (2)

III **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	\$ _____ (3)
		TOTAL PREMIUM DUE = (2) + (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.

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 () HO-6 Coverage A \$ 100,000

Terr 30 Prot 2 Const FRAME Coverage C \$ _____

I *Base Premium

HO - 3 / 4 / 6 Base Class Premium..... = 929 [HO-8, HO-B-1]

[HO-C-1]

	Factors			
Form Factor (N/A if Form 4 or 6)	x	<u>1.00</u>	=	<u>929</u> (Round)
Protection - Construction Factor	x	<u>1.00</u>	=	<u>929</u> (Round)
Key Factor(For Cov A / C Amt)	x	<u>1.00</u>	=	<u>929</u> (Round)
				(Base Premium) (1)

II Adjusted Base Premium

Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step)

	Factors		
() a) Superior Construction (All Forms)	x	_____	= \$ _____
() b) 3/4 Families (Form HO-2,3,8)	x	_____	= \$ _____
() c) Townhouse or Rowhouse (Form HO-2,3,8)	x	_____	= \$ _____
() d) Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms)	x	_____	= \$ _____
() e) Premises Alarm or Fire Prot System (HO 04 16)	x	_____	= \$ _____
() f) Inflation Guard (HO 04 46) : Amt. of Annual Increase _____ %	x	_____	= \$ _____
() g) All Peril Deductible (Please Check)			
() 100 () 250 () 100 with 250 Theft			
() 500 () 1000 () 2500	x	_____	= \$ _____
() h) Other (Please Specify)	x	_____	= \$ _____

Adjusted Base Premium = \$ 929
(2)

III 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) = \$ 929

* 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.

SPECIFICATIONS: FORM HO-2, 3 FAMILY MASONRY DWELLING, TERR 34, PROT 9, COVERAGE A = \$150,000
 \$500 DEDUCTIBLE, INFLATION GUARD WITH 4% ANNUAL INCREASE, JEWELRY LIMIT (HO 04 65) \$5,500,
 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.

EXAMPLE 2
 02/01/2006

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

Form : (X) HO-2 () HO-3 () HO-3w/15 () HO-8 () HO-4 () HO-6 Coverage A \$ 150,000

Terr 34 Prot 9 Const MASONRY Coverage C \$ _____

***Base Premium**

HO - 3 / 4 / 6 Base Class Premium..... = 812 [HO-8, HO-B-1]

		Factors		
[HO-C-1]	Form Factor (N/A if Form 4 or 6)	x	<u>.80</u>	= <u>650</u> (Round)
	Protection - Construction Factor	x	<u>1.20</u>	= <u>780</u> (Round)
	Key Factor(For Cov A / C Amt)	x	<u>1.293</u>	= <u>1009</u> (Round)
				(Base Premium) (1)

II Adjusted Base Premium

Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step)

		Factors		
() a	Superior Construction (All Forms)	x		= \$ _____
(X) b	3/4 Families (Form HO-2,3,8) [HO-C-1]	x	<u>1.20</u>	= \$ <u>1211</u>
() c	Townhouse or Rowhouse (Form HO-2,3,8)	x		= \$ _____
() d	Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms)	x		= \$ _____
() e	Premises Alarm or Fire Prot System (HO 04 16)	x		= \$ _____
(X) f	Inflation Guard (HO 04 46) : Amt. of Annual Increase <u>4</u> [HO-12]	x	<u>1.02</u>	= \$ <u>1,235</u>
(X) g	All Peril Deductible (Please Check)			
	() 100 () 250 () 100 with 250 Theft			
	(X) 500 () 1000 () 2500 [HO-E-1]	x	<u>.95</u>	= \$ <u>1173</u>
() h	Other (Please Specify)	x		= \$ _____
				Adjusted Base Premium = \$ <u>1173</u>
				(2)

III Additional or Reduced Premiums - Optional Coverages

Section I Coverages - Property

	Increase Limit By	Total Limit	Premium
() Increased Coverage C \$16 / \$1,000	\$ _____	\$ _____	\$ _____
(X) HO 04 65/66 Increase in Jewelry Limit			
[HO-23, HO-R-5] A. Jewelry etc.	\$ <u>4,000</u>	\$ <u>5,500</u>	\$ <u>64</u>
C. Silverware	\$ _____	\$ _____	\$ _____
Other (Please Specify) :	\$ _____	\$ _____	\$ _____
() Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

Section II Coverages - Liability & Medical Payments

(X) Increased Coverage E Limit	\$ <u>300,000</u>	[HO-33, HO-R-11]	\$ <u>29</u>
() Increased Coverage F Limit	\$ <u>3,000</u>	[HO-33, HO-R-11]	\$ <u>6</u>
() HO 24 70 Additional Residence			
	Rented to Others. Section II only		
	# of Families <u>3</u> Location <u>1 MAIN STREET</u> [HO-33, HO-R-12, HO-R-14]		
	<u>PROVIDENCE, RI</u>		\$ <u>205</u>
	<u>\$164 X 1.24 + \$2</u>		
() Other Section II Exposures (Please Specify)			\$ _____
			\$ _____

3 Family Additional Residence Rented to Others	Total Additional or Reduced Premium	\$ <u>304</u>
\$100,000 BASIC COVERAGE E charge = \$ 164		(3)
Increased Cov E factor = \$1.24	TOTAL PREMIUM DUE = (2) + (3) =	\$ <u>1,477</u>
Increased Cov F charge = \$ 2		

* 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.

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

Form : () HO-2 () HO-3 () HO-3w/15 () HO-8 (X) HO-4 () HO-6 Coverage A \$ _____

Terr 31 Prot 03 Const FRAME Coverage C \$ 10,000

I *Base Premium

HO - 3 / 4 / 6 Base Class Premium..... = 181 [HO-8, HO-B-1]

	Factors			
[HO-C-2] {	Form Factor (N/A if Form 4 or 6)	x	<u>181</u>	(Round)
	Protection - Construction Factor	x	<u>1.00</u>	(Round)
	Key Factor(For Cov A / C Amt)	x	<u>.540</u>	(Round)
			(Key Premium)	
			<u>98</u>	(Base Premium)
				(1)

II Adjusted Base Premium

Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step)

	Factors			
() a) Superior Construction (All Forms)	x	_____	= \$	_____
() b) 3/4 Families (Form HO-2,3,8)	x	_____	= \$	_____
() c) Townhouse or Rowhouse (Form HO-2,3,8)	x	_____	= \$	_____
() d) Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms)	x	_____	= \$	_____
() e) Premises Alarm or Fire Prot System (HO 04 16)	x	_____	= \$	_____
() f) Inflation Guard (HO 04 46) : Amt. of Annual Increase _____%	x	_____	= \$	_____
(X) g) All Peril Deductible (Please Check)				
() 100 () 250 () 100 with 250 Theft				
(X) 500 () 1000 () 2500 [HO-E-1]	x	<u>.91</u>	= \$	<u>89</u>
() h) Other (Please Specify)	x	_____	= \$	_____
			Adjusted Base Premium	= \$ <u>89</u>
				(2)

III 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 \$ _____
 (3)
TOTAL PREMIUM DUE = (2) + (3) = \$ 89

* 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.

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

Form : () HO-2 () HO-3 () HO-3w/15 () HO-8 () HO-4 () HO-6 Coverage A \$ 80,000

Terr 32 Prot 8 Const FRAME Coverage C \$ _____

I *Base Premium

HO - 3 / 4 / 6 Base Class Premium..... = 722 [HO-8, HO-E-1, HO-B-1]

		Factors			
[HO-C-1]	Form Factor (N/A if Form 4 or 6)	x	<u>1.25</u>	=	<u>903</u> (Round)
	Protection - Construction Factor	x	<u>1.20</u>	=	<u>1084</u> (Round)
	Key Factor(For Cov A / C Amt)	x	<u>.933</u>	=	<u>1011</u> (Round)
				(Key Premium)	
				(Base Premium)	(1)

II Adjusted Base Premium

Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step)

		Factors			
() a)	Superior Construction (All Forms)	x	_____	=	\$ _____
() b)	3/4 Families (Form HO-2,3,8)	x	_____	=	\$ _____
() c)	Townhouse or Rowhouse (Form HO-2,3,8)	x	_____	=	\$ _____
() d)	Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms)	x	_____	=	\$ _____
() e)	Premises Alarm or Fire Prot System (HO 04 16)	x	_____	=	\$ _____
() f)	Inflation Guard (HO 04 46) : Amt. of Annual Increase _____%	x	_____	=	\$ _____
(<input checked="" type="checkbox"/>) g)	All Peril Deductible (Please Check)				
	() 100 () 250 () 100 with 250 Theft				
	() 500 (<input checked="" type="checkbox"/>) 1000 () 2500 [HO-E-1]	x	<u>.85</u>	=	\$ <u>859</u>
() h)	Other (Please Specify)	x	_____	=	\$ _____
				Adjusted Base Premium	= \$ <u>859</u> (2)

III Additional or Reduced Premiums - Optional Coverages

Section I Coverages - Property

()	Increased Coverage C	Increase Limit By	Total Limit	Premium
()	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) =			\$ <u>859</u> (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.

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 \$ 5,000

Terr 32 Prot 05 Const MASONRY Coverage C \$ 20,000

I *Base Premium

HO - 3 / 4 / 6 Base Class Premium..... = 171 [HO-8, HO-B-1]

		Factors		
[HO-C-3]	Form Factor (N/A if Form 4 or 6)	x	<u>171</u>	(Round)
	Protection - Construction Factor	x	<u>.90</u>	(Round)
	Key Factor(For Cov A / C Amt)	x	<u>1.00</u>	(Round)
			<u>154</u>	(Key Premium)
			<u>154</u>	(Base Premium) (1)

II Adjusted Base Premium

Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step)

	Factors		
() a) Superior Construction (All Forms)	x	_____	= \$ _____
() b) 3/4 Families (Form HO-2,3,8)	x	_____	= \$ _____
() c) Townhouse or Rowhouse (Form HO-2,3,8)	x	_____	= \$ _____
() d) Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms)	x	_____	= \$ _____
() e) Premises Alarm or Fire Prot System (HO 04 16)	x	_____	= \$ _____
() f) Inflation Guard (HO 04 46) : Amt. of Annual Increase _____%	x	_____	= \$ _____
() g) All Peril Deductible (Please Check)			
() 100 () 250 () 100 with 250 Theft			
() 500 () 1000 () 2500	x	_____	= \$ _____
() h) Other (Please Specify)	x	_____	= \$ _____

Adjusted Base Premium = \$ 154
(2)

III 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) = \$ 154

* 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.

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

Form : () HO-2 (**X**) HO-3 () HO-3w/15 () HO-8 () HO-4 () HO-6 Coverage A \$ 150,000

Terr 30 Prot 02 Const FRAME Coverage C \$ _____

***Base Premium**

HO - 3 / 4 / 6 Base Class Premium.....	=	<u>929</u>	[HO-8, HO-B-1]
Factors			
Form Factor (N/A if Form 4 or 6)	x	<u>1.00</u>	= <u>929</u> (Round)
Protection - Construction Factor	x	<u>1.00</u>	= <u>929</u> (Round)
			(Key Premium)
Key Factor(For Cov A / C Amt)	x	<u>1.293</u>	= 1,201 X 1.15** = 1,381 (Round)
			(Base Premium) (1)

Adjusted Base Premium

Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step)

	Factors		
() a) Superior Construction (All Forms)	x	_____	= \$ _____
() b) 3/4 Families (Form HO-2,3,8)	x	_____	= \$ _____
() c) Townhouse or Rowhouse (Form HO-2,3,8)	x	_____	= \$ _____
() d) Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms)	x	_____	= \$ _____
() e) Premises Alarm or Fire Prot System (HO 04 16)	x	_____	= \$ _____
() f) Inflation Guard (HO 04 46) : Amt. of Annual Increase _____%	x	_____	= \$ _____
() g) All Peril Deductible (Please Check)			
() 100 () 250 () 100 with 250 Theft			
() 500 () 1000 () 2500	x	_____	= \$ _____
() h) Other (Please Specify)	x	_____	= \$ _____
			Adjusted Base Premium = \$ <u>1,381</u>
			(2)

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)		\$ _____
_____		\$ _____

** ORDINANCE OR LAW (HO 04 77)	Total Additional or Reduced Premium	\$ _____
Factor for \$150,000 Cov A = 1.15		(3)
[HO-9, 10, HO-E-3]	TOTAL PREMIUM DUE = (2) + (3) =	\$ <u>1,381</u>

* 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.

SPECIFICATIONS: FORM HO-3, 1 FAMILY MASONRY DWELLING, TERR 30, PROT 2, COVERAGE A = \$150,000
 COVERAGE C = \$100,000 (Increased by \$25,000). COVERAGE D = \$65,000 (Increased by \$20,000).
 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.

EXAMPLE 7
 02/01/2006

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

Form : () HO-2 (**X**) HO-3 () HO-3w/15 () HO-8 () HO-4 () HO-6 Coverage A \$ 150,000

Terr 30 Prot 02 Const MASONRY Coverage C \$ 100,000

I		*Base Premium	
	HO - 3 / 4 / 6 Base Class Premium.....	=	<u>929</u> [HO-8, HO-B-1]
	Factors		
	x <u>1.00</u>	=	<u>929</u> (Round)
[HO-C-1]	Form Factor (N/A if Form 4 or 6)	x	<u>.90</u> = <u>836</u> (Round)
	Protection - Construction Factor		(Key Premium)
	x <u>1.293</u>	=	<u>1081</u> (Round)
	Key Factor(For Cov A / C Amt)		(Base Premium) (1)

II		Adjusted Base Premium	
Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step)			
	Factors		
() a) Superior Construction (All Forms)	x _____	=	\$ _____
() b) 3/4 Families (Form HO-2,3,8)	x _____	=	\$ _____
() c) Townhouse or Rowhouse (Form HO-2,3,8)	x _____	=	\$ _____
() d) Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms)	x _____	=	\$ _____
() e) Premises Alarm or Fire Prot System (HO 04 16)	x _____	=	\$ _____
() f) Inflation Guard (HO 04 46) : Amt. of Annual Increase _____%	x _____	=	\$ _____
() g) All Peril Deductible (Please Check)			
() 100 () 250 () 100 with 250 Theft			
() 500 () 1000 () 2500	x _____	=	\$ _____
() h) Other (Please Specify)	x _____	=	\$ _____
	Adjusted Base Premium	=	\$ <u>1081</u>
			(2)

III		Additional or Reduced Premiums - Optional Coverages	
Section I Coverages - Property			
[HO-23, HOR-5]			
(X)	Increased Coverage C 2 / \$1,000 Inc in Cov C	Increase Limit By \$ <u>25,000</u>	Total Limit \$ <u>100,000</u> Premium \$ <u>50</u>
()	HO 04 65/66		
	A. Jewelry etc.	\$ _____	\$ _____
	C. Silverware	\$ _____	\$ _____
	Other (Please Specify) :	\$ _____	\$ _____
(X)	Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)		
	Cov D Loss of Use [HO-22, HO-R-5]	\$ <u>20,000</u>	\$ <u>65,000</u> \$ <u>80</u>
**	Other Structure (HO 04 48)	\$ _____	\$ <u>40,000</u> \$ <u>160</u>
	Earthquake Coverage	\$ <u>(SEE REVERSE SIDE)</u>	\$ <u>395</u>
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)		\$ _____
	_____		\$ _____
	_____		\$ _____
**	\$4 / \$1,000 Other Structure (HO 04 48)	Total Additional or Reduced Premium	\$ <u>685</u>
	[HO-22, HO-R-5]		(3)
		TOTAL PREMIUM DUE = (2) + (3) =	\$ <u>1,766</u>

* 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.

505. EARTHQUAKE COVERAGE

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

TABLE B - MASONRY

Column A

\$150,000	Coverage A Limit	[HO-19, Rule 505.3.a.]
X \$1.90	Rate per \$1,000	[HO-R-2]
<u> </u>		
\$285		

Column A

\$15,000	HO 04 77 Built in Limit (10% of Cov A)	[HO-20, Rule 505. 7.]
X \$1.90	Rate per \$1,000	[HO-R-2]
<u> </u>		
\$29		

Column D

\$25,000	Increase Cov C Limit	[HO-20, Rule 505. 3.b.]
X \$.95	Rate per \$1,000	[HO-R-2]
<u> </u>		
\$24		

Column F

\$20,000	Increase Cov D (Loss of Use)	[HO-20, Rule 505. 3. c.]
\$40,000	Other Structure (HO 04 48)	[HO-20, Rule 505. 6.]
\$60,000		
X \$.95	Rate per \$1,000	[HO-R-2]
<u> </u>		
\$57		

\$285 + 29 + 24 = \$395

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

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 () HO-6 Coverage A \$ 150,000

Terr 30 Prot 02 Const FRAME Coverage C \$ _____

I ***Base Premium**

HO - 3 / 4 / 6 Base Class Premium.....	=	<u>929</u>	[HO-8, HO-B-1]
	Factors		
Form Factor (N/A if Form 4 or 6)	x	<u>1.00</u>	= <u>929</u> (Round)
Protection - Construction Factor	x	<u>1.00</u>	= <u>929</u> (Round)
Key Factor(For Cov A / C Amt)	x	<u>1.293</u>	= <u>1201</u> (Round)
			(Base Premium) (1)

II **Adjusted Base Premium**

Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step)

	Factors		
() a) Superior Construction (All Forms)	x		= \$ _____
(<input checked="" type="checkbox"/>) b) 3/4 Families (Form HO-2,3,8) [HO-C-1]	x	<u>1.20</u>	= \$ <u>1441</u>
() c) Townhouse or Rowhouse (Form HO-2,3,8)	x		= \$ _____
() d) Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms)	x		= \$ _____
() e) Premises Alarm or Fire Prot System (HO 04 16)	x		= \$ _____
() f) Inflation Guard (HO 04 46) : Amt. of Annual Increase _____%	x		= \$ _____
() g) All Peril Deductible (Please Check)			
() 100 () 250 () 100 with 250 Theft			
() 500 () 1000 () 2500	x		= \$ _____
() i) Other (Please Specify)	x		= \$ _____
		Adjusted Base Premium	= \$ <u>1,441</u> (2)

III **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

(<input checked="" type="checkbox"/>) Increased Coverage E Limit	\$ <u>500,000</u>	[HO-33, HO-R-11]	\$ <u>29</u>
() Increased Coverage F Limit	\$ _____		\$ _____
() HO 24 70 Additional Residence			
Rented to Others. Section II only			
# of Families _____ Location _____			\$ _____
(<input checked="" type="checkbox"/>) Other Section II Exposures (Please Specify)			
<u>HO 24 66 Lead Liability Coverage \$100,000</u>	[RIJRA-HO-EXC-2]		\$ <u>400</u>
			\$ _____
	Total Additional or Reduced Premium		\$ <u>429</u> (3)
	TOTAL PREMIUM DUE = (2) + (3)	=	\$ <u>1,870</u>

* 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.

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

Form : () HO-2 (**X**) HO-3 () HO-3w/15 () HO-8 () HO-4 () HO-6 Coverage A \$ **100,000**

Terr **30** Prot **02** Const **MASONRY** Coverage C \$ _____

I *Base Premium

HO - 3 / 4 / 6 Base Class Premium..... = **929** [HO-8, HO-B-1]

Factors
 x **1.00** = **929** (Round)

[HO-C-1] Form Factor (N/A if Form 4 or 6)
 x **.90** = **836** (Round)
 Protection - Construction Factor
 (Key Premium)

x **1.00** = **836** (Round)
 Key Factor(For Cov A / C Amt)
 (Base Premium) (1)

II Adjusted Base Premium

Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step)

- | | | | |
|---|---------|------------|--|
| | Factors | | |
| () a) Superior Construction (All Forms) | x _____ | = \$ _____ | |
| () b) 3/4 Families (Form HO-2,3,8) | x _____ | = \$ _____ | |
| () c) Townhouse or Rowhouse (Form HO-2,3,8) | x _____ | = \$ _____ | |
| () d) Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms) | x _____ | = \$ _____ | |
| () e) Premises Alarm or Fire Prot System (HO 04 16) | x _____ | = \$ _____ | |
| () f) Inflation Guard (HO 04 46) : Amt. of Annual Increase _____ % | x _____ | = \$ _____ | |
| () g) All Peril Deductible (Please Check) | | | |
| () 100 () 250 () 100 with 250 Theft | | | |
| () 500 () 1000 () 2500 | x _____ | = \$ _____ | |
| () h) Other (Please Specify) | x _____ | = \$ _____ | |

Adjusted Base Premium = \$ 836
 (2)

III 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)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
(x) Increased Coverage E Limit	\$ 500,000	[HO-33, HO-R-11]	\$ 21
() Increased Coverage F Limit	\$ _____		\$ _____
() HO 24 70 Additional Residence			
Rented to Others. Section II only			
# of Families _____ Location _____			\$ _____
(x) Other Section II Exposures (Please Specify)	[RIJRA-HO-EXC-2]		
HO 24 66 Lead Liability Coverage \$500,000	\$250 x 1.35 =		\$ 338
_____			\$ _____
	Total Additional or Reduced Premium		\$ 359
			(3)
	TOTAL PREMIUM DUE = (2) + (3) =		\$ 1,288

* 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.

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

Form : () HO-2 (X) HO-3 () HO-3w/15 () HO-8 () HO-4 () HO-6 Coverage A \$ 100,000

Terr 30 Prot 2 Const FRAME Coverage C \$ _____

I *Base Premium

HO - 3 / 4 / 6 Base Class Premium..... = 929 [HO-8, HO-B-1]

[HO-C-1]

	Factors		
Form Factor (N/A if Form 4 or 6)	x	<u>1.00</u>	= <u>929</u> (Round)
Protection - Construction Factor	x	<u>1.00</u>	= <u>929</u> (Round)
Key Factor(For Cov A / C Amt)	x	<u>1.00</u>	= <u>929</u> (Round)
			(Base Premium) (1)

II Adjusted Base Premium

Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step)

	Factors		
() a) Superior Construction (All Forms)	x		= \$ _____
(X) b) 3/4 Families (Form HO-2,3,8) [HO-C-1]	x	<u>1.20</u>	= \$ <u>1115</u>
() c) Townhouse or Rowhouse (Form HO-2,3,8)	x		= \$ _____
() d) Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms)	x		= \$ _____
() e) Premises Alarm or Fire Prot System (HO 04 16)	x		= \$ _____
() f) Inflation Guard (HO 04 46) : Amt. of Annual Increase _____%	x		= \$ _____
() g) All Peril Deductible (Please Check)			
() 100 () 250 () 100 with 250 Theft			
() 500 () 1000 () 2500	x		= \$ _____
(X) h) Other (Please Specify) Lead Poisoning Factor for Compliant Property [HO-E-3]	x	<u>1.03</u>	= \$ <u>1148</u>
			Adjusted Base Premium = \$ <u>1148</u>
			(2)

III 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	\$ <u>500,000</u>	\$ <u>40 x 1.03 =</u>	\$ <u>43</u>
() 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 \$ 43
 (3)
TOTAL PREMIUM DUE = (2) + (3) = \$ 1,191

* 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.