

RHODE ISLAND JOINT REINSURANCE ASSOCIATION

Underwriting Division
Two Center Plaza
Boston, Massachusetts 02108-1904
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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 <u>February 1, 2006 or later</u>. 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

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.

EV	CED.	TION	$D \Lambda$	GES
	CEP	HUN	PA	GES

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

RIJRA-HO-EXC-1	Effective 02 - 01 - 2006
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
110-1-1	13t Edition 10-01	

RIJRA BASE CLASS PREMIUM PAGE

HO-B-1	Effective 02 - 01 - 2006

CLASSIFICATION PAGES

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
HO-R-11 thru HO-R-13	Effective 02 - 01 - 2006
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.

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**
 - 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

- 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.
- 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.
- 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.
- 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.
- 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

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

Homeowners Policy Program Manual BASE CLASS PREMIUM PAGE

301. BASE PREMIUM COMPUTATION BASE CLASS PREMIUM TABLE

ı			
ı			
ı			
I			
I			
ı			

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

601. RESIDENCE PREMISES - BASIC AND INCREASED LIMITS

A. 2. Residence Premises

	Coverage E - Liability		Coverage F - M	edical Payments
	1 & 2 Family Premium			
	Limit	Rate	Limit	Rate
	\$100,000	-	\$1,000	-
ı	\$200,000	\$9	\$2,000	\$3
ı	\$300,000	\$14	\$3,000	\$6
ı	\$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	-
ı	\$200,000	\$18	\$2,000	\$3
ı	\$300,000	\$29	\$3,000	\$6
ı	\$400,000	\$36	\$4,000	\$9
ı	\$500,000	\$42	\$5,000	\$11

602. OTHER INSURED LOCATION OCCUPIED BY INSURED

B. Premium

Rate per Residence

Rate	<u>e</u>
One Family	\$7
Two Family	\$13
Three Family	\$27
Four Family	\$29

<u>603.</u>	RESIDENCE EMPLOYEES	
	B. Rate per Person In Excess Of Two	\$5
<u>604.</u>	ADDITIONAL RESIDENCE RENTED TO OTHERS	
	B. Premium	
	Rate per Residence	
ı	One Family	\$45
I	Two Family	\$74
ı	Three Family	\$164
I	Four Family	\$164
<u>605.</u>	OTHER STRUCTURES RENTED TO OTHERS - RESIDENCE PREMISES	
	B. Premium	
	Rate per Structure	\$45
<u>607.</u>	HOME DAY CARE COVERAGE C.1. Premium	
		6444
	1-3 Persons	\$111
<u>608.</u>	PERMITTED INCIDENTAL OCCUPANCIES -	
	RESIDENCE PREMISES AND OTHER RESIDENCES	
	B. Premium	
	Rate per Residence	
	1. Residence Premises	\$17
	2. Other Residence	\$18
<u>609</u>	BUSINESS PURSUITS	
	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
<u>610.</u>	PERSONAL INJURY	
	B. Premium	640
	Rate per policy	\$13
<u>611.</u>	INCIDENTAL MOTORIZED LAND CONVEYANCES	
	B. Premium	_
	Rate per Conveyance	\$15

Rhode Island Joint Reinsurance Association

EFFECTIVE 02-01-2006

612. OUTBOARD MOTORS AND WATERCRAFT

C. Premium

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

		Length Up to 15 ft.	Length Over 15 to 26 ft.
	Horsepower	Rate	Rate
I	Up to 50+	\$8	\$12
I	51 to 100	\$13	\$17
I	101 to 150	\$18	\$22
1	151 to 200	\$18	\$27
1	over 200	\$18	\$27

2. Sailboats With or Without Auxiliary Power

	Overall Length/Feet	Rate
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.)

702. OTHER EXPOSURES - MEDICAL PAYMENTS TO OTHERS INCREASED LIMITS

Coverage F	- Medical Payments	\$2,000	<u>\$3,000</u>	<u>\$4,000</u>	\$5,0
	ers Of An Insured's Household	<u>\$1</u>	\$2	\$3	\$
Residence He	eld In Trust All Forms				
Except HO 00	0 04	\$1	\$2	\$3	9
Student Away		\$1	\$2	\$3	9
-	Location Occupied By Insured	\$1	\$2	\$3	,
Residence Er		\$ 1	\$2	\$3	;
	sidence Rented To Others	\$1	\$2	\$3	
Other Structu	res Rented To Others -	\$0	\$ 0	\$0	
Residence Pr	remises	\$1	\$2	\$3	
Home Day Ca		\$5	\$ 1 0	\$15	\$
•	idental Occupancies -	**	V. •	Ų.i.	•
1. Residence	•	\$5	\$10	\$15	\$
2. Other Resi		\$3	\$6	\$9	\$
Business Pur		Ψ	Ψ	Ψ	Ψ
Clerical Er		\$1	\$2	\$3	
	on, Installation, Etc.	Ψ.	Ψ-	Ψ	
Included O		\$1	\$2	\$3	
3. Teachers	LXGIdaed	Ψι	Ψ2	ΨΟ	
a. Lab Etc.		\$2	\$4	\$6	
	erwise Classified	\$1	\$ - \$2	\$3	
	Punishment	Ψı	ΨZ	ΨΟ	
	torized Land Conveyances	\$1	\$2	\$3	
	tors And Watercraft	ψı	Ψ2	φυ	
	Inboard, Or Inboard-Outboard				
Engines O					
a)	Up to 15 feet :				
a)	Up to 50 hp.	\$3	\$6	\$9	\$
	51 to 100 hp.	\$3 \$4	\$8	\$9 \$12	\$
	-	\$ 4 \$6	\$12	\$12 \$18	\$
	101 to 150 hp.	\$6	\$12 \$12		\$
	151 to 200 hp.		-	\$18 \$18	-
1.3	Over 200 hp.	\$6	\$12	\$18	\$
b)	Over 15 to 26 feet :	¢.4	¢0	640	•
	Up to 50 hp.	\$4 **C	\$8 *42	\$12 \$40	\$
	51 to 100 hp.	\$6	\$12	\$18	\$
	101 to 150 hp.	\$8	\$16	\$23	\$
	151 to 200 hp.	\$12	\$23	\$35	\$
	Over 200 hp.	\$12	\$23	\$35	\$
2. Sailboats V	Vith or Without Auxiliary Power				
	26 to 40 feet	\$3	\$6	\$9	\$
	over 40 feet	\$3	\$6	\$9	\$
Owned Snow			Not Applical		
Farmers Pers	•	Not Applicable (C			
Incidental Fai	rming Personal Liability	Not Applicable (C	overage is no	ot provided by	/ RIJR/

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

	Form: () HO-2 () HO-3 () HO-3w/15 () H	O-8 () HO-4 () HO	O-6 Coverage A \$	
	Terr Prot Const		Coverage C \$	
	*Base Premium			
	HO - 3 / 4 / 6 Base Class Premium		=	=
		Factors		
	Form Factor (N/A if Form 4 or 6)	Χ	=	_ (Round)
	Protection - Construction Factor	Х	=	_ (Round)
	Voy Easter(For Coy A / C Amt)	V	(Key Premium)	(Pound)
	Key Factor(For Cov A / C Amt)	х	= (Base Premium)	(Round) (1)
	Adjusted Base Premium		(Base Fremain)	()
	Apply Appropriate Premium Adjustment Factors In The Fol	lowing Sequence (Round Af	ter Each Step)	
			Factors	
) a	Superior Construction (All Forms)		х	_ = \$
	3/4 Families (Form HO-2,3,8)		х	= \$
	Townhouse or Rowhouse (Form HO-2,3,8)		X	= \$
	Personal Property (Cov. C) Replacement Cost (HO 04 90)	(All Forms)	х	= ⊅
	Premises Alarm or Fire Prot System (HO 04 16)	0/	х	
	Inflation Guard (HO 04 46) : Amt. of Annual Increase	%	Х	_ = \$
) 9	All Peril Deductible (Please Check) () 100 () 250 () 100 with 250 Theft			
	() 500 () 1000 () 2500		×	= \$
) h	Other (Please Specify)		x x	- = \$
,	(- '
			Adjusted Base Premiun	n = \$
				(2)
	Additional or Reduced Premiums - Optional Coverages	<u>3</u>		
	Section I Coverages - Property			
,	la	Increase Limit By	Total Limit	Premium
)	Increased Coverage C HO 04 65/66	\$	\$	_ \$
)	A. Jewelry etc.	¢	¢	¢
	C. Silverware	\$		- \$
	Other (Please Specify) :	Ψ		_
	Guisi (i isass spasii)) i	\$	\$	\$
()	Other Section I Increased/Decreased Limits	<u> </u>		<u> </u>
	And Additional Coverages (Please Specify)			
		\$		\$
		\$		_ \$
	0.45.410			
`	Section II Coverages - Liability & Medical Payments	Φ.		¢.
()	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)			
		_		\$
		_		\$
		-		•
		Total Additional or F	Reduced Premium	\$
		TOTAL DOCUMENTS	HE - (2) · (2)	(3)
		TOTAL PREMIUM D	UE = (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.

	Terr 30 Prot 2 Const FR	RAME			Coverage C \$		
	*Base Premium				-		
	HO - 3 / 4 / 6 Base Class Premium			=	929	[HO-	8, HO-B-1]
	Form Factor (N/A if Form 4 or 6)	Fac x	tors 1.00	=	929		(Round)
							. ,
C-1]	Protection - Construction Factor	х	1.00	=	929		(Round)
	Key Factor(For Cov A / C Amt)	х	1.00	=	929		(Round)
	Adjusted Base Premium				(Base Premium)	(1)	
	Apply Appropriate Premium Adjustment Factors In The F	ollowing Sec	quence (Round Aft	er Ead	ch Step)		
					Factors		
	Superior Construction (All Forms)			Х		= \$	
	3/4 Families (Form HO-2,3,8)			Х		= \$	
) c)	Townhouse or Rowhouse (Form HO-2,3,8)			Х		= \$	
	Personal Property (Cov. C) Replacement Cost (HO 04 90	0) (All Forms)	Х		= \$	
) e)	Premises Alarm or Fire Prot System (HO 04 16)			Х		= \$	
	Inflation Guard (HO 04 46): Amt. of Annual Increase	%					
) g)	All Peril Deductible (Please Check)						
	() 100 () 250 () 100 with 250 Theft						
	()500 ()1000 ()2500			Х		= \$	
) h)	Other (Please Specify)			х		= \$	
					Adjusted Base Premium	= \$	
							(2)
	Additional or Reduced Premiums - Optional Coverag	<u>es</u>					
	Section I Coverages - Property						
		Incr	ease Limit By		Total Limit		Premium
	Increased Coverage C	\$			\$	\$	·
	HO 04 65/66	_			•	_	
	A. Jewelry etc.	<u>\$</u> \$			<u>\$</u> \$	\$	
	C. Silverware	\$			\$	\$	
	Other (Please Specify):						
		\$			\$	\$	
,	Other Section I Increased/Decreased Limits						
	And Additional Coverages (Please Specify)						
-		\$			\$	\$	
-					\$	\$	
	Section II Coverages Linkility & Madical Day						
	Section II Coverages - Liability & Medical Payments	œ.				•	
	Increased Coverage E Limit	<u>\$</u>				\$	
	Increased Coverage F Limit	\$				\$	'
)	HO 24 70 Additional Residence						
	Rented to Others. Section II only						
	# of FamiliesLocation					_	
						\$	
)	Other Section II Exposures (Please Specify)						
,	1 7 7					\$;
-						\$	
-							
		Tota	al Additional or R	educe	ed Premium	\$	
		то:	ΓAL PREMIUM DU	ır <i>(</i>	2) + (3) =	\$	(3) 9 29

^{*} 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

	r <u>34 </u>	9 Const _	MASONRY	_	С	overage C \$		
	<u>se Premium</u> - 3 / 4 / 6 Base Class Prer	nium			=	812		[HO-8, HO-B-1]
				ctors				
	Form Factor (N/	/A if Form 4 or 6)	х	.80	= _	650	_	(Round)
C-1] $<$	Protection - Cor	nstruction Factor	x	1.20	=_	780	_	(Round)
	Key Factor(For	· Cov A / C Amt)	¥	1.293		(ey Premium) 1009		(Round)
	, ,	33171, 371111	· <u>-</u>			Base Premium)	(1)	(1104114)
	usted Base Premium Bly Appropriate Premium A	djustment Factors In The	e Following Se	guence (Round Af	ter Each S	Step)		
	,	•	· ·			actors		
, .	perior Construction (All Fo	,			х		_ = \$	
. ,	Families (Form HO-2,3,8)				x _	1.20	_ = \$	
. ,	vnhouse or Rowhouse (Fo sonal Property (Cov. C) Re		90) (All Forms	-1	× _		_ = \$ = \$	
	mises Alarm or Fire Prot S		JOJ (All FUITIS	9)	× _		_ `	
, ,	ation Guard (HO 04 46) : A	, ,	4 [HC	D-12]		1.02	_ = \$ = \$	
, ,	Peril Deductible (Please Cl			- 1	^ _		<u> </u>	.,200
	100 () 250 () 100 with							
	500 ()1000 ()2500				х	.95	= \$	1173
h) Oth	er (Please Specify)				х	.95	= \$	
					А	djusted Base Premiur	m = \$	(2)
	tion I Coverages - Prope							
	reased Coverage C \$16 /		\$	rease Limit By		otal Limit	_ \$	Premium
,	reased Coverage C \$16 / 04 65/66 Inc	crease in Jewelry Limit	\$		\$			
HO	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc.	crease in Jewelry Limit	\$		\$			
) HO	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware	crease in Jewelry Limit	\$		\$			
) HO	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc.	crease in Jewelry Limit	\$		\$\$ \$\$	5,500	\$ \$	64
) HO 23, HO-F	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware	crease in Jewelry Limit Specify):	\$ \$ \$		\$\$ \$\$		\$ \$	64
) HO 23, HO-F) Oth	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware Other (Please S	crease in Jewelry Limit Specify): creased Limits	\$ \$ \$	4,000	\$\$_ \$\$ \$\$	5,500	\$ \$	64
) HO 23, HO-F) Oth	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware Other (Please Ser Section I Increased/Dec	crease in Jewelry Limit Specify): creased Limits	\$ \$ \$	4,000	\$\$_ \$\$ \$\$	5,500	\$ \$	64
) HO 23, HO-F) Oth	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware Other (Please Ser Section I Increased/Dec	crease in Jewelry Limit Specify): creased Limits	\$ \$ \$	4,000	\$\$_ \$\$ \$\$	5,500	\$ \$	64
) HO 23, HO-F Oth And	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware Other (Please S er Section I Increased/Dec	Crease in Jewelry Limit Specify): creased Limits ease Specify)	\$\$ \$\$ \$\$ \$\$	4,000	\$\$_ \$\$ \$\$	5,500	\$ \$	64
Oth And	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware Other (Please S er Section I Increased/Dec d Additional Coverages (Please S)	Crease in Jewelry Limit Specify): creased Limits ease Specify)	\$\$\$\$\$\$	4,000	\$\$ \$\$ \$\$ \$\$	5,500	\$ \$ \$	64
) HO 23, HO-F) Oth And —— Sec) Incr	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware Other (Please S er Section I Increased/Dec Additional Coverages (Please S) etion II Coverages - Liabilities and Coverage E Limit	Crease in Jewelry Limit Specify): creased Limits ease Specify)	\$\$ \$\$ \$\$ \$\$	4,000	\$\$ \$\$_ \$\$ [5,500 HO-33, HO-R-11]	\$ \$ \$ \$	64
Oth And Sec	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware Other (Please S er Section I Increased/Dec d Additional Coverages (Please S)	Crease in Jewelry Limit Specify): creased Limits ease Specify) lity & Medical Payment	\$\$\$\$\$\$	4,000	\$\$ \$\$_ \$\$ [5,500	\$ \$ \$	64
Oth And Sec Incr	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware Other (Please S er Section I Increased/Dec Additional Coverages (Pleased Coverage E Limit reased Coverage F Limit 24 70 Additional Residence	Crease in Jewelry Limit Specify): creased Limits ease Specify) lity & Medical Payment	\$\$ \$\$ \$\$ \$\$	4,000	\$\$ \$\$_ \$\$ [5,500 HO-33, HO-R-11]	\$ \$ \$ \$	64
Oth And Sec Incr	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware Other (Please S er Section I Increased/Dec Additional Coverages (Pleased Coverage E Limit reased Coverage F Limit 24 70 Additional Residence Rented to Other # of Families	Specify): crease in Jewelry Limit Specify): creased Limits ease Specify) lity & Medical Payment ce ers. Section II only	\$\$ \$\$ \$\$ \$\$	4,000	\$\$ \$\$ \$\$ [H	5,500 HO-33, HO-R-11] HO-33, HO-R-11]		29
Oth And Sec	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware Other (Please S er Section I Increased/Dec Additional Coverages (Pleased Coverage E Limit reased Coverage F Limit 24 70 Additional Residence Rented to Other	Specify): crease in Jewelry Limit Specify): creased Limits ease Specify) lity & Medical Payment ce ers. Section II only	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	300,000 3,000	\$\$ \$\$ \$\$ [H	5,500 HO-33, HO-R-11] HO-33, HO-R-11]	\$ \$ \$ \$	29
Oth And Sec	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware Other (Please S er Section I Increased/Dec Additional Coverages (Pleased Coverage E Limit reased Coverage F Limit 24 70 Additional Residence Rented to Other # of Families	Crease in Jewelry Limit Specify): Creased Limits ease Specify) Lity & Medical Payment Crease Specify Speci	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	300,000 3,000	\$\$ \$\$ \$\$ [H	5,500 HO-33, HO-R-11] HO-33, HO-R-11]		29
Oth And Sec	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware Other (Please S er Section I Increased/Dec Additional Coverages (Pleased Coverage E Limit reased Coverage F Limit 24 70 Additional Residence Rented to Other # of Families PROVIDENCE,	Crease in Jewelry Limit Specify): Creased Limits ease Specify) Lity & Medical Payment Crease Specify Speci	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	300,000 3,000	\$\$ \$\$ \$\$ [H	5,500 HO-33, HO-R-11] HO-33, HO-R-11]		29 6
HO 23, HO-F Oth And Sec Incr Incr HO	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware Other (Please S er Section I Increased/Dec Additional Coverages (Pleased Coverage E Limit reased Coverage F Limit 24 70 Additional Residence Rented to Other # of Families PROVIDENCE,	Crease in Jewelry Limit Specify): Creased Limits ease Specify) Lity & Medical Payment Crease Specify Speci	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	300,000 3,000	\$\$ \$\$ \$\$ [H	5,500 HO-33, HO-R-11] HO-33, HO-R-11]	\$ \$ \$ \$ \$ \$ \$ \$ \$	29 6
Oth And Sec	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware Other (Please S er Section I Increased/Dec Additional Coverages (Pleased Coverage E Limit reased Coverage F Limit 24 70 Additional Residence Rented to Other # of Families PROVIDENCE, er Section II Exposures (P	Crease in Jewelry Limit Specify): Creased Limits ease Specify) Lity & Medical Payment Crease Specify I only Location 1 M RI \$164 X 1.24	\$ \$	300,000 3,000 [HO-33, HO-R	\$\$\$\$\$	5,500 HO-33, HO-R-11] HO-33, HO-R-11]		29 6
Sec (1) Incr (2) Oth (3) HO	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware Other (Please S er Section I Increased/Dec Additional Coverages (Pleased Coverage E Limit reased Coverage F Limit 24 70 Additional Residence Rented to Other # of Families PROVIDENCE, er Section II Exposures (Pleased Coverage I Limit 24 70 Additional Residence Rented to Other # of Families PROVIDENCE, er Section II Exposures (Pleased Coverage I Limit 24 70 Additional Residence Rented to Other # of Families PROVIDENCE, er Section II Exposures (Pleased Coverage I Limit PROVIDENCE, er Section II Exposures (Pleased Coverage I Limit PROVIDENCE, er Section II Exposures (Pleased Coverage I Limit PROVIDENCE, er Section II Exposures (Pleased Coverage I Limit PROVIDENCE, er Section II Exposures (Pleased Coverage I Limit PROVIDENCE, PRO	Crease in Jewelry Limit Specify): Creased Limits Creased Specify) Lity & Medical Payment Crease Specify I only Location 1 M RI \$164 X 1.24 Clease Specify)	\$ \$	300,000 3,000	\$\$\$\$\$	5,500 HO-33, HO-R-11] HO-33, HO-R-11]	\$ \$ \$ \$ \$ \$ \$ \$ \$	29 6 205
Sec (1) Incr (2) Oth And (3) Incr (3) Incr (4) Incr (4) Incr (5) Incr (6) Incr (6) Incr (7) I	reased Coverage C \$16 / 04 65/66 Inc A. Jewelry etc. R-5] C. Silverware Other (Please S er Section I Increased/Dec Additional Coverages (Pleased Coverage E Limit reased Coverage F Limit 24 70 Additional Residence Rented to Other # of Families PROVIDENCE, er Section II Exposures (Pleased Coverage F Limit 24 70 Additional Residence Rented to Other # of Families PROVIDENCE, er Section II Exposures (Pleased Coverage F Limit Coverag	Crease in Jewelry Limit Specify): Creased Limits Creased Specify) Lity & Medical Payment Crease Specify I only Location 1 M RI \$164 X 1.24 Clease Specify)	\$ \$	300,000 3,000 [HO-33, HO-R	\$ \$ \$ \$ \$ \$ \$ [H]	5,500 HO-33, HO-R-11] HO-33, HO-R-11] -14]		29 6 205

^{*} 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.

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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 Coverage C \$ 10,000 03 **FRAME** Const *Base Premium HO - 3 / 4 / 6 Base Class Premium.... [HO-8, HO-B-1] Factors Form Factor (N/A if Form 4 or 6) 181 (Round) [HO-C-2] Protection - Construction Factor 1.00 181 (Round) (Key Premium) Key Factor(For Cov A / C Amt) 540 98 (Round) (Base Premium) Ш Adjusted Base Premium Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step) () 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) = \$ х () 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-1] () h) Other (Please Specify) Adjusted Base Premium = \$ 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)

^{*} 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.

	RIJRA PREMIUM COMPUTATION WORKSHEET - HO	MEOWNE	ERS POLICY PR	OGRAN	/ (2000 EDITION)	
	Form: () HO-2 () HO-3 () HO-3w/15 (X)	HO-8 ()	HO-4 () H	O-6	Coverage A \$ 80,000	<u>) </u>
	Terr <u>32</u> Prot <u>8</u> Const <u>FRA</u> *Base Premium	ME			Coverage C \$	
	HO - 3 / 4 / 6 Base Class Premium			=	722	[HO-8, HO-E-1,
			ctors		_	HO-B-1]
	Form Factor (N/A if Form 4 or 6)	х	1.25	=	903	_ (Round)
10-C-1]	Protection - Construction Factor	х	1.20	=	1084 (Key Premium)	(Round)
	Key Factor(For Cov A / C Amt)	х	.933	=	1011	(Round)
	Adjusted Base Premium				(Base Premium)	(1)
	Apply Appropriate Premium Adjustment Factors In The Fo	llowing Se	equence (Round A	fter Eac	h Step)	
					Factors	
	Superior Construction (All Forms)					
	3/4 Families (Form HO-2,3,8) Townhouse or Rowhouse (Form HO-2,3,8)					
	Personal Property (Cov. C) Replacement Cost (HO 04 90)	(ΔII Form	ie)	X		= \$ = \$
. , ,	Premises Alarm or Fire Prot System (HO 04 16)	(All I Olli	13)	X		- = \$
	Inflation Guard (HO 04 46): Amt. of Annual Increase	%		X		_ = \$
	All Peril Deductible (Please Check)				-	_ '
	() 100 () 250 () 100 with 250 Theft					
	() 500 (X) 1000 () 2500 [HO-E-1]			х	.85	= \$859
() h)	Other (Please Specify)			Х		_ = \$
					Adjusted Pasa Promium	n = \$ 859
					Adjusted Base Premium	(2)
I	Additional or Reduced Premiums - Optional Coverage	s				(2)
	Section I Coverages - Property	-				
		Ind	crease 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 FamiliesLocation					•
						\$
()	Other Section II Exposures (Please Specify)					
` /						\$
						\$
		т_	tal Additional or	Dadus	nd Promium	Ф
		10	nai Audilionai or I	Neuuce	u rieillulli	(3)
		тс	TAL PREMIUM D	UE = (2	2) + (3) =	\$ 859

^{*} 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.

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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> Coverage C \$ 20,000 Terr 32 Prot 05 MASONRY Const *Base Premium HO - 3 / 4 / 6 Base Class Premium.... [HO-8, HO-B-1] Factors Form Factor (N/A if Form 4 or 6) 171 (Round) [HO-C-3] Protection - Construction Factor .90 154 (Round) (Key Premium) Key Factor(For Cov A / C Amt) 1.00 154 (Round) (Base Premium) Ш Adjusted Base Premium Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step) () a) Superior Construction (All Forms) = \$ () b) 3/4 Families (Form HO-2,3,8) = \$ () c) Townhouse or Rowhouse (Form HO-2,3,8) Х = \$ () d) Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms) = \$ х () e) Premises Alarm or Fire Prot System (HO 04 16) = \$ Х () 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 = \$ 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)

^{*} 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 () I	HO-4	() HO-	-6	Coverage A \$ 150,000	ı	
Terr 30				FRAME		() -		Coverage C \$		
*Base Pro	<u>emium</u>							•		
110 - 37 4	7 0 Dase Class	r remium			tors		–	323	-	[HO-8, HO-B-1]
	Form Facto	or (N/A if For	m 4 or 6)	х	•	1.00	=	929	-	(Round)
	Protection	- Construction	on Factor	х		1.00	=	929 (Key Premium)	-	(Round)
	Key Factor	(For Cov A	/ C Amt)	х	1	.293	=	1,201 X 1.15** = 1,381 (Base Premium)	(4)	(Round)
	Base Premiun	_				(D. 146)	_		(1)	
Apply App	propriate Premit	ım Adjustme	ent Factors In Th	e Following Sec	quence	(Round Afte	er Eac	ch Step) Factors		
a) Superior (Construction (A	JI Forms)					х		= 9	3
	es (Form HO-2								- '	
	se or Rowhouse		2,3,8)						_ = 9	
,		•	nent Cost (HO 04	1 90) (All Forms)		Х		_ = \$	
	Alarm or Fire P			, ,			Х			<u> </u>
f) Inflation G	Guard (HO 04 46	6): Amt. of A	nnual Increase_	%			Х		= \$	S
g) All Peril D	eductible (Plea	se Check)							_	
) 250 () 100		eft							
) 1000 () 25	500					Х		_ = \$	S
h) Other (Ple	ease Specify)						Х		_ = \$	S
								Adjusted Base Premium	= \$	(2) 1,381
Increased	Coverage C	roperty		Incr \$	ease Li	imit By		Total Limit	_	Premium
HO 04 65								•		
	A. Jewelry			\$				\$. 4	<u> </u>
	C. Silverw Other (Plea	are ase Specify)	:	\$				\$. 1	
Other Sec	ction I Increased			\$				\$. 9	S
	ional Coverage			•					_	
				<u> </u>				\$. 9	
-				<u> </u>			_	Ф	. 4)
	Coverages - L Coverage E Li		ledical Payment	t s \$					9	S
	Coverage F Li			\$					9	
	Additional Res Rented to	idence Others. Sect	ion II only Location						·	
									9	S
	ction II Exposure	es (Please S	pecify)							、
Other Sec									9)
Other Sec									9	<u> </u>
	NCE OR LAW (HO 04 77)			al Addi	itional or Re	educe	ed Premium	9	3
** ORDINAN	NCE OR LAW (r \$150,000 Cov	•		Tota	al Addi	itional or Re	educe	ed Premium	9	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.

Terr 30 Prot 02 Const	MASONRY		Coverage C \$ 100,000)	
*Base Premium HO - 3 / 4 / 6 Base Class Premium			929		[HO-8, HO-B-1]
THE STATE BASE GLASS FROM MAINTAINS	Factors		020	•	[0, 2
	x	1.00 =	929	_,	(Round)
Form Factor (N/A if Form 4 or 6)					
	х	=	836	_	(Round)
Protection - Construction Factor	V	1.293 =	(Key Premium) 1081		(Round)
Key Factor(For Cov A / C Amt)	х		(Base Premium)	(1)	(IXOuria)
Adjusted Base Premium			(Dago i romani)	(')	
Apply Appropriate Premium Adjustment Factors In The	e Following Sequence	e (Round After Each	Step)		
			Factors		
) Superior Construction (All Forms)		Х _			
) 3/4 Families (Form HO-2,3,8)				= \$	
) Townhouse or Rowhouse (Form HO-2,3,8)	00) (All Ecros)			= \$ = \$	
) Personal Property (Cov. C) Replacement Cost (HO 04) Premises Alarm or Fire Prot System (HO 04 16)	90) (All FORMS)			= \$ = \$	
) Inflation Guard (HO 04 46) : Amt. of Annual Increase_	%	х х		= \$ = \$	
) All Peril Deductible (Please Check)		^ -		- Ψ	
() 100 () 250 () 100 with 250 Theft					
()500 ()1000 ()2500		х		= \$	
) Other (Please Specify)		Х		= \$	
		-			
			Adjusted Base Premium	= \$	1081
Additional or Reduced Premiums - Optional Cover Section I Coverages - Property	<u>ages</u>				
[HO-23, HOR-5]	Increase I	Limit By	Total Limit		Premium
Increased Coverage C 2 / \$1,000 Inc in Cov C	\$	25,000 \$	100,000	\$	50
HO 04 65/66					
A. Jewelry etc.	\$	\$ __		\$	
C. Silverware	\$	\$		\$	
Other (Please Specify):	c	•		Φ.	
Other Section I Increased/Decreased Limits	\$	\$		\$	
And Additional Coverages (Please Specify)					
Cov D Loss of Use [HO-22, HO-R-5]	\$	20,000 \$	65,000	\$	80
Other Structure (HO 04 48)	<u> </u>	\$	40,000	\$	160
Earthquake Coverage		EVERSE SIDE) \$,	\$	395
Section II Coverages - Liability & Medical Payment	s <u></u>				
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)				Φ.	
Other Section II Exposures (Please Specify)				\$	
Other Section II Exposures (Please Specify)				\$	
Other Section II Exposures (Please Specify)	<u></u>			\$	
\$4 / \$1,000 Other Structure (HO 04 48)	Total Add	ditional or Reduced	l Premium	\$ \$ \$	685
	Total Add	ditional or Reduced	l Premium	\$	685

^{*} 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 50)5.3.a.]
X \$1.90	Rate per \$1,000	[HO-R-2]	
\$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]	
\$29			
Column D \$25,000 X \$.95 \$24	Increase Cov C Limit Rate per \$1,000	[HO-20, Rule 50 [HO-R-2]	5. 3.b.]
Column F \$20,000 \$40,000 \$60,000 X \$.95	Increase Cov D (Loss of Other Structure (HO 04) Rate per \$1,000 [HO-F	48)	[HO-20, Rule 505. 3. c.] [HO-20, Rule 505. 6.]

\$285 + 29 + 24 = \$395

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

References in [] a	re to ISO/RIJRA	manual	pages.
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	RIJRA PRE	MIUM COMPL	JTATION	WORKSHEET	- HOMEO	WNERS POLICY	/ PROGRAM	(2000 EDITION)		
	Form :	() HO-2 ()	() HO-3	() HO-3w/15	() HO-8	() HO-4	() HO-6	Coverage A \$ <u>150,00</u>	00	
ĺ	Terr 30 *Base Prem		02	Const _	FRAME	<u> </u>		Coverage C \$		
•			emium				=	929	_	[HO-8, HO-B-1]
		Form Factor (N/A if For	m 4 or 6)	x	Factors 1.00	=	929		(Round)
									_	
		Protection - C	onstructio	n Factor	Х	1.00	=	929 (Key Premium)	_	(Round)
		Key Factor(F	or Cov A	C Amt)	x	1.293	=	1201		(Round)
II	Adjusted Ba	se Premium						(Base Premium)	(1)	
	Apply Appro	oriate Premium	Adjustme	nt Factors In TI	ne Followin	g Sequence (Rou	und After Eac	h Step) Factors		
. , ,	•	nstruction (All F	,				х		_ = \$	
		(Form HO-2,3,					Х	1.20	_ = \$	1441
		or Rowhouse (F			\	· \	X	-	_ = \$ = \$	
		perty (Cov. C) arm or Fire Prot			14 90) (All F	orms)	X X		_ = \$ = \$	
		rd (HO 04 46) :			%		X		_ = \$	
	All Peril Ded	uctible (Please	Check)						_	
		250 () 100 w		eft						
<i>(</i>) ')		1000 ()2500)				X		_ = \$	-
() 1)	Other (Pleas	e Specify)					Х	-	_ = \$	
								Adjusted Base Premiur	m = \$	
III	Additional of	or Reduced Pre	emiums -	Optional Cove	rages					(2)
	Section I Co	verages - Pro	perty	-						
						Increase Limit E	Зу	Total Limit	•	Premium
()	Increased Co	-				\$		\$	\$	
()	110 04 05/00	A. Jewelry et	C			\$		\$	\$	
		C. Silverware				\$		\$	- š	
		Other (Please	Specify)	:		· ·			_	
()	Other Section	n I Increased/D	ecressed	Limite		\$		\$	_ \$	
()		al Coverages (
						\$		\$	_ \$	
						\$		\$	_ \$	
(24)		overages - Lia		edical Paymer		. 500 000		NIO 22 LIO D 441	•	20
(x)		overage E Limit overage F Limit			3	500,000		[HO-33, HO-R-11]	\$ \$	29
()		Iditional Reside			Ì	,			Ψ	
. ,		Rented to Oth	ners. Secti	on II only						
		# of Families_		Location_					\$	
, .									Ψ	
(x)		n II Exposures ad Liability Co				IDLIDA UO EY	C 21		•	400
	110 24 66 L6	au Liability Co	verage	\$100,000		[RIJRA-HO-EX	U-2]		\$ \$	400
						Total Addition	al or Reduce	d Premium	\$	429
						TOTAL PREMI	UM DUE = (2	2) + (3) =	\$	(3) 1,870
							•	* *		

^{*} 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 Prot <u>02</u> Const <u>MASONRY</u> Terr 30 Coverage C \$_ *Base Premium HO - 3 / 4 / 6 Base Class Premium.... 929 [HO-8, HO-B-1] Factors 1.00 929 (Round) Form Factor (N/A if Form 4 or 6) 836 (Round) [HO-C-1] Protection - Construction Factor (Key Premium) 1.00 836 (Round) Key Factor(For Cov A / C Amt) (Base Premium) Ш Adjusted Base Premium Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step) () a) Superior Construction (All Forms) Х () b) 3/4 Families (Form HO-2,3,8) () c) Townhouse or Rowhouse (Form HO-2,3,8) = \$ х () d) Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms) = \$ Х () 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 = \$ 836 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) Increased Coverage E Limit \$ 500,000 [HO-33, HO-R-11] (x) Increased Coverage F Limit () \$ HO 24 70 Additional Residence () Rented to Others. Section II only # of Families_ _Location_ Other Section II Exposures (Please Specify) [RIJRA-HO-EXC-2] (x) HO 24 66 Lead Liability Coverage \$500,000 \$250 x 1.35 = 338 **Total Additional or Reduced Premium** 359 TOTAL PREMIUM DUE = (2) + (3)1,288

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