



RHODE ISLAND JOINT REINSURANCE ASSOCIATION

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September 10, 2021

TO: All Rhode Island Producers

Homeowners Policy Program (HO 2000 Program)
Rates and Rules Revision Effective November 1, 2021

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 **November 1, 2021 or later**. This revision revises Base Class Premium for Forms HO 3, 4, 6 and rates/premiums for certain Section II Liability Coverages.

Concurrent with the above revisions, RIJRA will also adopt ISO's revised Protection-Construction Factors for Protection Classes 1-10, as shown on RIJRA Classification Pages RIJRA-HO-C-1 thru RIJRA-HO-C-3.

Posted on the RIJRA website www.rjira.com with this letter you will find a complete State Manual including ISO's Rhode Island Exception Pages, RIJRA Exception Pages and RIJRA Rate Pages, including revised Base Class Premium Page HO-B-1 and RIJRA revised rate pages HO-R-11 thru HO-R-13. These State Pages also include an updated RIJRA rating example section. This set of State Manual Pages is to be used in conjunction with the Multistate Rules Pages of ISO's Homeowners Policy Program (HO 2000 Program) Manual. RIJRA does not distribute ISO's Multistate Rules Pages.

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

Very truly yours,

John Cantalupa
Vice President, Chief Underwriting Officer

Enclosures

RHODE ISLAND JOINT REINSURANCE ASSOCIATION (RIJRA)

HOMEOWNERS 2000 PROGRAM

MANUAL PAGES

EFFECTIVE 11 - 01 - 2021

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	7th Edition 1-10	Effective 05 01 2012
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 2012
RIJRA-HO-EXC-2		Effective 05 01 2012
RIJRA-HO-EXC-3		Effective 05 01 2012
RIJRA-HO-EXC-4		Effective 05 01 2012

TERRITORY PAGE

HO-T-1	2nd Edition 5-07	Effective 12 01 2009
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RIJRA BASE CLASS PREMIUM PAGE

<u>HO-B-1</u>		<u>Effective 11 01 2021</u>
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CLASSIFICATION PAGES

<u>RIJRA-HO-C-1</u>		<u>Effective 11 01 2021</u>
<u>RIJRA-HO-C-2</u>		<u>Effective 11 01 2021</u>
<u>RIJRA-HO-C-3</u>		<u>Effective 11 01 2021</u>

RIJRA RATE PAGES

HO-R-1		Effective 11 01 2013
HO-R-2-3		Effective 12 01 2009
HO-R-4		Effective 11 01 2013
HO-R-5		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
<u>HO-R-11</u>		<u>Effective 11 01 2021</u>
<u>HO-R-12</u>		<u>Effective 11 01 2021</u>
<u>HO-R-13</u>		<u>Effective 11 01 2021</u>
HO-R-14		Effective 12 31 2001
HO-R-15		Effective 11 01 2013

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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RIJRA RATING EXAMPLES SECTION

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

ADDITIONAL RULE(S)

**RULE A1.
SPECIAL STATE REQUIREMENTS**

A. Special Provisions Endorsement HO 01 38

Use this endorsement with all Homeowners policies.

B. No Coverage For Home Day Care Business HO 04 96

This endorsement details the exclusions and restrictions of the policy with respect to a home day care exposure. Use this endorsement with all Homeowners policies.

C. Lead Poisoning Exclusion Endorsement HO 24 11

1. Use Lead Poisoning Exclusion Endorsement **HO 24 11** with all policies that insure one or more locations with buildings **built before 1978** which contain one or more residential units rented or held for rental to others.
2. Premium surcharges apply to policies with Lead Poisoning Exclusion Endorsement **HO 24 11**.
3. Refer to Additional Rule **A5**. Lead Poisoning Exclusion for details.

D. Water Exclusion Endorsement

Use Endorsement **HO 16 09** with all **HO 00 02**, **HO 00 04**, **HO 00 06** and **HO 00 08** policies.

Use Endorsement **HO 16 10** with all **HO 00 03** and **HO 00 05** policies.

**RULE A2.
COMMUNITY MITIGATION CLASSIFICATION MANUAL**

With the renaming of the Public Protection Classification (PPC) Manual all references to the PPC Manual shall be understood to be references to the Community Mitigation Classification Manual.

**RULE A3.
IDENTITY FRAUD EXPENSE COVERAGE**

A. Coverage Description

When the optional Identity Fraud Expense Coverage endorsement is attached to the policy, \$15,000 of coverage is available to pay for expenses incurred by an insured as a direct result of any one identity fraud first discovered or learned of during the policy period. Such expenses include the costs for notarizing fraud affidavits or similar documents; certified mail sent to law enforcement, financial institutions and credit agencies; lost income resulting from time taken off work to meet with or talk to law enforcement or credit agencies; loan application fees for re-applying for a loan when the application is rejected solely because the lender received incorrect credit information; and reasonable attorney's fees incurred to defend lawsuits brought against the insured and to remove criminal or civil judgments.

B. Limits Of Liability

Up to \$15,000 coverage will be provided for the identity fraud of an insured discovered or first learned of during the policy period.

C. Premium Computation

Refer to state company rates for additional charge.

D. Endorsements

1. Use Identity Fraud Expense Coverage Endorsement **HO 04 55**.
2. This endorsement provides complete details on coverages, definitions and additional policy conditions applicable to this coverage.

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

A. Coverage Description

1. Basic Limits

When the optional Limited Fungi, Wet Or Dry Rot, Or Bacteria Coverage Endorsement is attached to the policy, limited amounts of insurance are automatically provided as follows:

a. Section I – Fungi, Wet Or Dry Rot, Or Bacteria

\$10,000 to pay for loss to covered real or personal property, owned by an insured, that is damaged by fungi or wet or dry rot, or bacteria on the "residence premises" as defined in the coverage endorsements.

This Coverage applies only for the policy period in which the loss or costs occur.

b. Section II – Fungi, Wet Or Dry Rot, Or Bacteria

\$50,000 to pay for damages because of bodily injury or property damage involving the inhalation of, ingestion of, contact with, exposure to, existence of, or presence of any fungi, wet or dry rot, or bacteria.

B. Increased Limits

1. Section I – Fungi, Wet Or Dry Rot, Or Bacteria

- a. Limits may be increased to \$25,000 or \$50,000. The limit selected is entered on the coverage endorsements or the policy declarations.
- b. Refer to Paragraph **D**. Premium Computation, for premium computation instructions.

**RULE A4.
LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA
COVERAGE (Cont'd)**

2. Section II – Fungi, Wet Or Dry Rot, Or Bacteria

- a. Limits may be increased to \$100,000. The limit selected is entered on the coverage endorsements or the policy declarations.
- b. Refer to Paragraph **D.** Premium Computation, for premium computation instructions.

C. Application Of Limits Of Liability

1. For Property Coverage, the \$10,000 or the limit selected is the most coverage that will be provided during the policy period regardless of the number of locations insured for Limited Fungi, Wet Or Dry Rot, Or Bacteria Coverage or the number of claims made during the policy period.
2. For Liability Coverage, \$50,000 or the limit selected is an aggregate limit and is the most coverage that will be provided during the policy period regardless of the number of persons injured, the number of persons whose property is damaged, the number of insureds, the number of locations insured under this policy or the number of bodily injury or property damage claims made.

D. Premium Computation

1. Basic Limits

There is no premium adjustment.

2. Increased Limits

Refer to state company rates for an additional charge.

E. Endorsements

1. Use Limited Fungi, Wet Or Dry Rot, Or Bacteria Coverage Endorsement:
 - a. **HO 04 26** – For use with all Forms except **HO 00 03** and **HO 00 05**.
 - b. **HO 04 27** – For use with Forms **HO 00 03** and **HO 00 05**.
 - c. **HO 04 28** – For Form use with Forms **HO 00 04** with **HO 05 24** and Form **HO 00 06** with **HO 17 31** or **HO 17 32**.
2. These endorsements provide complete details on coverages, limitations, definitions and additional policy conditions applicable to this coverage. Enter the applicable Section **I** – Property Coverage Limit Of Liability for the Additional Coverage Fungi, Wet Or Dry Rot, Or Bacteria and the Section **II** – Coverage **E** Aggregate Sublimit Of Liability For Fungi, Wet Or Dry Rot, Or Bacteria.

**RULE A5.
LEAD POISONING EXCLUSION**

A. Exclusion

1. Coverage may be excluded for bodily injury arising out of lead poisoning in any of the following:
 - a. A one to four family residential building built before 1978 that contains one or more residential units rented or held for rental to others.
 - b. A residential unit in any condominium or cooperative residential building built before 1978 that is rented or held for rental to others.

Use Lead Poisoning Exclusion Endorsement **HO 24 11**.

2. The exclusion applies to a one to four family residential building, or a condominium or cooperative unit, **built before 1978**, without proof of Prima Facie Evidence Of Compliance for all such pre-1978 properties.
3. The exclusion does not apply to:
 - a. A one family dwelling or a condominium or cooperative unit owned and occupied by an insured.
 - b. A one to four family residential building **built before 1978**, or a condominium or cooperative unit rented or held for rental to others, for which Prima Facie Evidence of Compliance is in effect.
4. The exclusion ceases to apply for property for which Prima Facie Evidence of Compliance has been obtained during the policy period, on and after the date such evidence of compliance is in force.
5. Refer to Paragraph **C.1.** of this rule for Premium Development.

B. Notification Requirements

1. The insured shall be provided with a Disclosure Notice when applying for insurance, or if a renewal, with each Renewal Policy delivered.
2. The Notice shall contain information on the following:
 - a. The lead poisoning exclusion that may apply; and
 - b. The insurer's responsibilities to assist the insured in placing lead liability coverage through the FAIR Plan if the lead poisoning exclusion applies.

**RULE A5.
LEAD POISONING EXCLUSION (Cont'd)**

C. Premium Development

When Lead Poisoning Exclusion Endorsement **HO 24 11** is attached to the policy, premium factors apply based on locations which were built before 1978, are rented or held for rental to others, and the presence or absence of proof of Prima Facie Evidence Of Compliance. Determine the lead poisoning exclusion and coverage option factor for the location using the following tables.

1. Primary Location

If the primary location is a 2 or more family dwelling or a condominium or cooperative unit, multiply the Base Premium plus any additional premium or Coverage **E** increased limits by the factors in Table **A5.C.1. Premium Factors Table**.

Levels Of Lead Hazard Compliance	Factor
Lead Free	1.00
Lead Safe	1.01
Lead Mitigated:	
Independent Clearance Inspection	1.02
Visual Inspection	1.03

Table A5.C.1. Premium Factors Table – Primary Location

2. Additional Location(s)

For each additional location, multiply the loss costs for the Additional Location, and, if applicable, the increased limits premium, by the factors in Table **A5.C.2. Premium Factors Table**.

Levels Of Lead Hazard Compliance	Factor
Lead Free	1.00
Lead Safe	1.01
Lead Mitigated:	
Independent Clearance Inspection	1.05
Visual Inspection	1.10

Table A5.C.2. Premium Factors Table – Additional Location(s)

3. Primary And Additional Locations

If the Primary Location noted in Paragraph **C.1.** and the Additional Location(s) noted in Paragraph **C.2.** are both subject to the provisions of Lead Poisoning Exclusion Endorsement, add the results of Paragraphs **C.1.** and **C.2.** to arrive at your new Total Base Premium.

**RULE A6.
LOSS HISTORY RATING PLAN – ALL FORMS**

A. Introduction

The Loss History Rating Plan recognizes the loss history of an insured or applicant, for both property and liability coverages, in determining the appropriate premium for a new or renewal policy.

B. Eligibility

A loss shall be considered eligible for rating under this Plan if:

1. The loss occurred during the three years immediately preceding the date of application for a new policy or the preparation of the renewal policy;
2. The loss occurred with respect to a risk eligible for coverage under the Homeowners Policy Program or Mobilehome Supplement to the Homeowners Policy Program;
3. The loss was sustained with respect to the property or liability of an insured under the policy being rated; and
4. The combined claim payments generated for the loss equal or exceed \$500.

C. Exceptions

The following shall not be considered eligible for rating under the Plan:

1. A loss resulting from windstorm or hail.
2. A loss resulting from earthquake, mine subsidence or sinkhole collapse.
3. A loss for which payment occurred only with respect to Medical Payments To Others or similar coverage.
4. A loss to a dwelling currently owned by an insured or applicant which occurred prior to ownership.

D. Refund Of Increased Premium

If, after an increased premium is generated based on the requirements of this Plan, it is determined that a loss does not meet the requirements of this Plan, the insurer shall refund the increased portion of the premium attributable to such loss as generated by the Plan.

E. Administration Of Loss History Rating Plan

Information necessary to determine the loss history of the named insured or applicant shall be obtained from any one or combination of the following:

1. An application signed by the applicant.
2. A loss history or claims history database.
3. A company's internal records.

**RULE A6.
LOSS HISTORY RATING PLAN – ALL FORMS (Cont'd)**

F. Premium Computation

Multiply the Base Premium by the appropriate factor from the following table:

Number Of Eligible Losses	Factor
0	1.000
1	1.200
2	1.300
3	1.400
4 or More	1.500

Table A6.F. Premium Computation

**PART I
COVERAGE AND DEFINITION TYPE RULES**

**RULE 101.
LIMITS OF LIABILITY AND COVERAGE
RELATIONSHIPS**

Paragraph E. is deleted and replaced by the following:

E. Form HO 00 08 – Modified Coverage Form

1. Section I

The following are the only Section I options available with this form:

- a. \$100 Section I Deductible,
- b. Higher Option Deductibles,
- c. On and Off Premises Theft Coverage Increase,
- d. Reduced Coverage C Limits.

2. Section II

All options available for Form HO 00 02 are available for Form HO 00 08.

Loss Settlement Condition Endorsement HO 04 81 must be used with Form HO 00 08. It replaces the Repair Cost or Market Value Loss Settlement Provisions in HO 00 08 with an Actual Cash Value Loss Settlement condition.

**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 IV
ADJUSTED BASE PREMIUM COMPUTATION RULES**

**RULE 406.
DEDUCTIBLES**

Paragraph B.3. is replaced by the following:

B. Optional Deductibles

3. \$250 Theft Deductible

All Forms except HO 00 05 and HO 00 04 with Special Personal Property Coverage Endorsement HO 05 24 and HO 00 06 with Unit-Owners Coverage C (Special Coverage) Endorsement HO 17 31.

- a. This option applies to Coverage C property and is available only when the \$100 deductible is selected.
- b. To compute the premium for both these deductibles, multiply the Base Premium by a factor of 1.08 for All Forms except HO 00 04 & 06 or 1.05 for HO 00 04 & 06.

**RULE 406.
DEDUCTIBLES (Cont'd)**

Paragraphs **C.1.** and **C.3.** are replaced by the following:

C. Optional Higher Deductibles

1. All Perils Deductibles

To compute the premium for this provision, multiply the Base Premium by the selected factors from the following table:

All Forms Except HO 00 04 And HO 00 06			
Coverage A Limit	Deductible Amounts		
	\$500	\$1000	\$2500
Up to \$59,999	.95	.88	.74
\$60,000 to 99,999	.96	.89	.77
100,000 to 200,000	.97	.91	.78
200,001 and over	.98	.93	.83
HO 00 04			
Coverage C Limit	\$500	\$1000	\$2500
Up to \$25,000	.91	.77	.59
\$25,001 and over	.93	.84	.68
HO 00 06			
Coverage C Limit	\$500	\$1000	\$2500
Up to \$40,000	.90	.76	.56
\$40,001 and over	.92	.81	.63

Table 406.C.1. All Perils Deductible Factors

3. Hurricane Deductible (Forms HO 00 02, HO 00 03, HO 00 05 And HO 00 08 Only)

The following hurricane deductible options are used in conjunction with the deductible applicable to all other Section I Perils. For the purposes of these options, "hurricane" on Block Island, means a weather related event for which the National Weather Service has issued a hurricane warning for any part of Block Island. For the remainder of the state, "hurricane" means a weather related event for which the National Weather Service has issued a hurricane warning for any location in the state other than Block Island.

Rhode Island Law states that a hurricane deductible shall not be applied to any insured, if the insured has installed approved mitigation measures to protect against windstorm damage and either the insurer has inspected the property or the insured has submitted satisfactory proof of installation of the approved mitigation measures.

The insured may elect in writing to decline waiving the hurricane deductible, despite having installed approved mitigation measures, in order to accept a lower policy premium.

With respect to a hurricane deductible that applies to a dwelling, the hurricane deductible, whether issued as a percentage or flat dollar amount, may not exceed five percent (5%) of the insured value of the dwelling.

a. Percentage Deductibles

(1) This option provides for higher hurricane percentage deductibles of 1%, 2% or 5% of the coverage **A** limit of liability when the dollar amount of the hurricane percentage deductible exceeds the amount of the deductible applicable to all other Section I Perils.

(2) Declarations Instructions

Enter, on the policy Declarations, the percentage amount and the actual dollar amount that applies to hurricane and the dollar amount that applies to all other Section I Perils. For example, for a Coverage **A** limit of \$100,000:

- Deductible – hurricane 1% (equal to \$1,000) of Coverage **A** limit and \$250 for All Other Perils.
- Deductible – hurricane 2% (equal to \$2,000) of the Coverage **A** limit, \$250 for Theft of Personal Property and \$100 for All Other Perils.

(3) Deductible Application

In the event of a hurricane loss to covered property, the dollar amount is deducted from the total of the loss for all coverages.

(4) Use Of Factors

The factors displayed in Paragraph (5) incorporate the factors for the All Perils Deductibles shown in Paragraphs **B.3.** and **C.1.** Do **not** use the factors for the All Perils Deductibles when rating a policy with a higher hurricane deductible.

(5) Deductible Factors

To compute the premium for this provision, multiply the Base Premium by the factor selected from the following tables for the deductible amounts desired:

1% Hurricane Deductible				
All Other Perils Ded. Amount	Coverage A Limit (Expressed In \$)			
	Up To \$59,999	\$60,000 To 99,999	\$100,000 To 200,000	\$200,001 & Over
\$ 100	1.01	.99	.98	.97
250	.99	.98	.96	.95
500	.94	.93	.92	.91
1,000			.89	.88
2,500				.82

Table 406.C.3.a.(5)#1 1% Hurricane Deductible

RULE 406.
DEDUCTIBLES (Cont'd)

2% Hurricane Deductible				
All Other Perils Ded. Amount	Coverage A Limit (Expressed In \$)			
	Up To \$59,999	\$60,000 To 99,999	\$100,000 To 200,000	\$200,001 & Over
\$ 100	.99	.96	.95	.94
250	.97	.95	.94	.93
500	.92	.91	.90	.89
1,000	.87	.86	.85	.84
2,500			.77	.76

Table 406.C.3.a.(5)#2 2% Hurricane Deductible

5% Hurricane Deductible				
All Other Perils Ded. Amount	Coverage A Limit (Expressed In \$)			
	Up To \$59,999	\$60,000 To 99,999	\$100,000 To 200,000	\$200,001 & Over
\$ 100	.93	.92	.91	.90
250	.92	.91	.90	.89
500	.88	.87	.86	.85
1,000	.83	.82	.81	.80
2,500	.77	.76	.75	.74

Table 406.C.3.a.(5)#3 5% Hurricane Deductible

b. Higher Fixed-dollar Deductibles

(1) Deductible Amounts

This option provides for higher fixed-dollar hurricane deductible amounts of \$1,000, \$2,000 and \$5,000 when the dollar amount of the higher hurricane fixed-dollar deductible selected exceeds the amount of the deductible applicable to all other Section I Perils.

(2) Declarations Instructions

Separately enter, on the policy Declarations, the deductible amounts that apply to hurricane and all other Section I Perils. For example: \$1,000 for hurricane and \$250 for All Other Perils.

(3) Use Of Factors

The factors displayed in Paragraph (4) incorporate the factors for the All Perils Deductibles shown in Paragraphs B.3. and C.1. Do **not** use the factors for the All Perils Deductibles when rating a policy with a higher hurricane deductible.

(4) Deductible Factors

To compute the premium for this provision, multiply the Base Premium by the factor selected from the following tables for the deductible amounts desired:

\$1,000 Hurricane Deductible				
All Other Perils Ded. Amount	Coverage A Limit (Expressed In \$)			
	\$20,000 To \$59,999	\$60,000 To 99,999	\$100,000 To 200,000	\$200,001 & Over
\$ 100	.97	.98	1.00	1.01
250	.95	.96	.98	.99
500	.91	.92	.95	.96

Table 406.C.3.b.(4)#1 \$1,000 Hurricane Deductible

\$2,000 Hurricane Deductible				
All Other Perils Ded. Amount	Coverage A Limit (Expressed In \$)			
	\$40,000 To 59,999	\$60,000 To 99,999	\$100,000 To 200,000	\$200,001 & Over
\$ 100	.94	.95	.97	1.00
250	.93	.94	.95	.98
500	.89	.90	.91	.95
1,000	.84	.85	.88	.91

Table 406.C.3.b.(4)#2 \$2,000 Hurricane Deductible

\$5,000 Hurricane Deductible		
All Other Perils Ded. Amount	Coverage A Limit (Expressed In \$)	
	\$100,000 To 200,000	\$200,001 & Over
\$ 100	.94	.96
250	.93	.94
500	.89	.93
1,000	.84	.87
2,500	.76	.81

Table 406.C.3.b.(4)#3 \$5,000 Hurricane Deductible

c. Endorsement

Use Hurricane Deductible Endorsement HO 03 57.

RULE 408.
ACTUAL CASH VALUE LOSS SETTLEMENT
WINDSTORM OR HAIL LOSSES TO ROOF SURFACING

This Rule does not apply.

**RULE 410.
BUILDING CODE EFFECTIVENESS GRADING**

Paragraph E.1.c. is replaced by the following:

E. Premium Credit Computation

1. Community Grading

c. Credit Factors

(1) Windstorm Or Hail Factors

**(a) Forms HO 00 02, HO 00 03,
HO 00 05 And HO 00 08**

Grade	1	2	3	4	5	6	7	8	9	10	Ungraded
Territory											
30-33	.03	.03	.03	.02	.02	.02	.02	.01	.01	.00	.00
34	.09	.09	.09	.05	.05	.05	.05	.02	.02	.00	.00

Table 410.E.1.c.(1)(a) Windstorm Or Hail Factors

(b) Form HO 00 04

Grade	1	2	3	4	5	6	7	8	9	10	Ungraded
Territory											
30-33	.03	.03	.03	.02	.02	.02	.02	.01	.01	.00	.00
34	.04	.04	.04	.02	.02	.02	.02	.01	.01	.00	.00

Table 410.E.1.c.(1)(b) Windstorm Or Hail Factors

(c) Form HO 00 06

Grade	1	2	3	4	5	6	7	8	9	10	Ungraded
Territory											
30-33	.03	.03	.03	.02	.02	.02	.02	.01	.01	.00	.00
34	.04	.04	.05	.02	.02	.02	.02	.01	.01	.00	.00

Table 410.E.1.c.(1)(c) Windstorm Or Hail Factors

(2)Earthquake Factors

Grade	1	2	3	4	5	6	7	8	9	10	Ungraded
EQ Terr.											
Statewide	.10	.10	.10	.06	.06	.06	.06	.02	.02	.00	.00

Table 410.E.1.c.(2) Earthquake Factors

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

**RULE 505.
EARTHQUAKE COVERAGE**

Paragraphs **D.6.** and **D.7.** are replaced by the following:

D. Base Premium

- 6. Building Or Non-Building Structure Items – All Forms:

Multiply the rate in Column G of the table by the appropriate limit of liability for the following Building or Non-Building Structure items, as applicable, and add to the applicable premium determined in Paragraph **D.3.**, **D.4.** or **D.5.**:

- a. Other Structures – Structures Rented To Others Residence Premises;
- b. Other Structures On The Residence Premises – Increased Limits;
- c. Specific Structures Away From The Residence Premises;
- d. Building Additions And Alterations – Other Residence; and
- e. Building Additions And Alterations Increased Limit Form **HO 00 04.**

- 7. Ordinance Or Law – Increased Limit – All Forms:

When the basic Ordinance or Law Coverage limit is increased the earthquake premium is developed based on the increased limit of insurance.

- a. For Forms **HO 00 02**, **HO 00 03** and **HO 00 05**, multiply the rate determined in Paragraph **D.3.a.** by the appropriate factor selected from Rule **303.B.2.a.**
- b. For Forms **HO 00 04** and **HO 00 06**, the premium for this additional coverage is determined based on the dollar amount of increase, represented by the increased percentage amount selected above the basic limit. The rate for each additional \$1,000 of insurance is determined as follows:

- (1) For Form **HO 00 04**, multiply the rate in Column G of the table by .30.
- (2) For Form **HO 00 06**, multiply the rate in Column E of the table by .30.

and add to the applicable premium determined in Paragraph **D.4.** or **D.5.**

**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.

**RULE 528.
HOME BUSINESS INSURANCE COVERAGE**

Table **D.2.a.** is deleted and replaced by the following:

Gross Annual Receipts*	HO 00 02, 3, 5 & 8	HO 00 04	HO 00 06
Up to \$50,000	.12	.33	.36
\$50,001 to \$100,000	.16	.46	.50
100,001 to 175,000	.22	.62	.67
175,001 to 250,000	.29	.80	.88
*New business, use \$50,001 to \$100,000 classification.			

Table 528.D.2.a. Factors

**PART VI
SECTION II – LIABILITY – ADDITIONAL COVERAGES
AND INCREASED LIMITS RULES**

**RULE 613.
OWNED SNOWMOBILE**

This Rule does not apply.

**RULE 406.
DEDUCTIBLES**

The following is added to paragraph C.:

4. Calendar Year Application Of Hurricane Deductible (Endorsement HO 03 57)

- a. With respect to loss resulting from the first hurricane during a calendar year, the company will pay only that part of the total of all loss payable under Section I – Property Coverages that exceeds the dollar amount of the hurricane deductible.
- b. With respect to a loss caused by each subsequent hurricane during the same calendar year, the company will pay only that part of the total of all loss payable under Section I – Property Coverages that exceeds the greater of:
 - (1) The remaining dollar amount of the calendar year hurricane deductible; or
 - (2) The deductible that applies to loss caused by the peril of Windstorm when the applicable hurricane deductible does not apply

The following paragraph is added:

**D. Mandatory Hurricane Deductible Requirement -
All Forms Except HO 00 04 and HO 00 06**

- 1. For a reduced premium, a mandatory Hurricane percentage or fixed-dollar deductible applies to all policies provided that the dollar amount of the mandatory deductible according to the rule exceeds the amount of the deductible applicable to All Other Section I perils. This mandatory deductible varies by the Rhode Island Building Code Wind Zone applicable to the property as shown in Table A and Table B.
- 2. The Named Insured, may select a higher fixed-dollar deductible or a percentage deductible with a dollar amount that exceeds the applicable Mandatory Hurricane Deductible Requirement. The insured, however, will only receive the benefit of the credit applicable to the Mandatory Deductible, and NOT to any optional higher deductible, if the insured performs the Mitigation Measures referenced in E.4. See Rule 406.C.3 to compute the premium for this provision.

- 3. To compute the premium for this provision, use the Coverage A limit and location of the risk to determine the applicable Mandatory Hurricane Deductible and then follow the instructions given in Rule 406.C.3.a. (4) and 406.C.3.a.(5) for a percentage deductible and in Rule 406.C.3.b.(3)and 406.C.3.b.(4) for a higher fixed-dollar deductible.

- 4. Mandatory Hurricane Deductible By Territory and Rhode Island Wind Zones pursuant to Rhode Island State Building Code (SBC-2):

Table A

Location of Property	Percentage Hurricane Deductible
Territory 34, Wind Zone 3 - Block Island Only	5%
Territory 34, parts of Washington County In Wind Zone 3 - Except Block Island	2%
Territory 34, Wind Zone 2 Bristol, Newport & parts of Washington County which are in Wind Zone 2	1%
Territory 33, Wind Zone 2 - Town of East Greenwich only	1%

Table B

Properties located in Territories 30, 31 & 32 and in Territory 33 except for the Town of East Greenwich. All of these locations are in Wind Zone 1.

All Other Perils Ded. Amount	Coverage A Limit			
	Up to \$124,999	to \$249,999	to \$599,999	\$600,000 and Over
Fixed-Dollar Deductibles				
\$ 100	NONE	\$1000	\$2000	\$5000
\$ 250	NONE	\$1000	\$2000	\$5000
\$ 500	NONE	\$1000	\$2000	\$5000
\$1000	NONE	NONE	\$2000	\$5000
\$2500	NONE	NONE	NONE	\$5000

E. Mitigation Measures

1. The Mandatory Hurricane Deductible as shown in Table A and B may be removed or reduced as shown in Table C below if the Insured has taken all or some of the Mitigation measures (See E.4.) to protect their home from hurricane damage.
2. Mitigation Measures for Waiver or Reduction of Mandatory Hurricane Deductibles:

Table C

(1) SBC-2 Wind Zone	(2) Mitigation Loss Measures Taken	(3) Hurricane Deductible As Per Rule (406.D.4.)	(4) Revised Hurricane Deductible Requirement
1&2	Plywood Shutters or Roof Tie Downs	1% \$1,000, 2,000 & 5,000 depends on property location.	All Perils Deductible
3	Plywood Shutters	5% 2%	2% 1%
3	Roof Tie Downs	5% 2%	2% 1%
3	Plywood Shutters & Roof Tie Downs	5% or 2%	All Perils

3. If the Hurricane Deductible is removed or reduced as per column (4), for premium computation, use the Hurricane Deductible Factor corresponding to the applicable Mandatory Hurricane Deductible shown in column (3).

Example (1): Consider a home in Block Island (Wind Zone 3) with Coverage A Amount of \$250,000 and All Perils Deductible of \$500. According to the Rule 406. D. 4. Table A, a Mandatory Hurricane Deductible of 5% will apply to the policy. To compute the premium for this provision i.e. All Perils Deductible of \$500 and Hurricane Deductible of 5% with Coverage A Amount of \$250,000 multiply the Base Premium with the Deductible Factor of .85 (i.e. a credit of 15%) according to the Rule 406. C.3.a. (5). See Table 406.C.3.a.(5)#3.

Suppose the insured has taken mitigation loss measures for Roof Tie Downs (E.4.ii) only. Then the Hurricane Deductible of 5% is reduced to 2% as per Column (3) of Rule 406. E. 2. Table C. For premium computation, in lieu of using Deductible Factor of .89 (i.e. a credit of 11%) corresponding to All Perils Deductible of \$500 and Hurricane Deductible of 2%, see Table 406.C.3.a.(5)#2, use the Deductible Factor of .85 (i.e. a credit of 15%) corresponding to the All Perils Deductible of \$500 and a Hurricane Deductible of 5% as provided in Rule 406. E. (3).

Example (2): Consider a home in Newport (Wind Zone 2) with a Coverage A Amount of \$250,000 and All Perils Deductible of \$500. According to the Rule 406. D. 4. Table A, a Mandatory Hurricane Deductible of 2% will apply to the policy. To compute the premium for this provision i.e. All Perils Deductible of \$500 and Hurricane Deductible of 2% with Coverage A Amount of \$250,000 multiply the Base Premium with the Deductible Factor of .89 (i.e. a credit of 11%) according to the Rule 406. C.3.a. (5). See Table 406.C.3.a.(5)#2.

Suppose the insured has taken the required mitigation steps for Plywood Shutters (E.4.i.) only. Then the Hurricane Deductible of 2% is removed and the policy is then subject to All Perils Deductible of \$500 as per Column (3) of Rule 406. E. 2. Table C. For premium computation, in lieu of using Deductible Factor of .98 (i.e. a credit of 2%) corresponding to All Perils Deductible of \$500 with Coverage A Amount of \$250,000, see Table 406.C.1, use the Deductible Factor of .89 (i.e. a credit of 11%) corresponding to the All Perils Deductible of \$500 and Hurricane Deductible of 2% as provided in Rule 406. E.(3).

4. The insured may elect in writing to decline waiving the Hurricane Deductible, despite having installed all or some of the Mitigation Measures (See Rule 406.E.5.) to protect their home from hurricane damage. For premium computation, multiply the Hurricane Deductible factor by a factor of 2.00 and reduce the result by 1.00 and round to the nearest 2 decimal places.

Example: Using Example (2) illustrated in Rule 406.E.3. suppose that the insured has elected to decline waiving the Hurricane Deductible of 2%, despite having installed Plywood Shutters. To compute the new Hurricane Deductible Factor, i.e. All Perils Deductible of \$500 and Hurricane Deductible of 2% with a Coverage A of \$250,000, multiply the .89 deductible factor by 2.00 and reduce the result by 1.00 and round to the nearest 2 decimal places. (.89x2.00-1.00 =.78)

5 The Mitigation measures established and defined by the State of Rhode Island are as follows:

- i (a). Plywood shutters cut to fit over all window and door openings. Installation must meet SBC2 (Standard Building Code 2) standards and the plywood must be pre-cut, in good condition and stored onsite in an accessible, dry and secure location on the property. Anchorage hardware must be pre-installed on all windows and door openings.
or;
- i (b). Permanent storm shutters, or hurricane glass or an equivalent, or higher mitigation procedure delineated in SBC2 are acceptable alternatives to plywood shutters. We require that permanent storm shutters and/or hurricane glass meet SBC2 requirements or other recognized manual or local equivalents and that such installation are subject to inspection and/or submission of satisfactory proof of installation.
- ii. Roof tie downs must meet SBC2 standards.

Required Documentation:

Proof that these measures have been made is required for the Hurricane deductible to be removed or reduced. Proof may be obtained by the receipt of a signed statement from a qualified contractor certifying these measures are in place. A copy of the certificate must be submitted with the application.

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.

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.

LEAD LIABILITY PROVISIONS ENDORSEMENT RULE

A. Coverage Description

1. This endorsement is to be attached to a Homeowners Policy to provide additional provisions when lead poisoning liability coverage is to be provided under the policy.
2. A Homeowners policy written under the Conditions of 1. above should not have **HO 24 11** Lead Poisoning Exclusion attached to the policy.

B. Endorsement

Use **HO 24 66** - Lead Liability Provisions Endorsement with a Homeowners Policy for Non Compliant risks.

1. TERRITORY ASSIGNMENT

- a. As ZIP code boundaries are changed by the United States Postal Service (USPS), a new ZIP code may be created. This new ZIP code may not yet be listed below. If this is the case, use the rating territory that corresponds to the ZIP code that formerly applied to the risk.
- b. Future USPS ZIP code changes will be reflected in ISO's territory definitions in accordance with the ISO ZIP Code Territory maintenance procedures on file with the Insurance Department. Manual pages will be updated on a regular basis to reflect future ZIP code changes.

2. TERRITORY DEFINITIONS – (For all Coverages and Perils Other than Earthquake).

A. Cities

City of	County of	Code
Cranston	Providence	31
East Providence	Providence	31
Pawtucket	Providence	31
Providence	Providence	30

B. Other Than Cities

County of	Code
Bristol	34
Kent	33
Newport	34
Providence	32
Washington	34

3. TERRITORY DEFINITIONS – EARTHQUAKE

EQ Territory
Entire State
21

301. BASE PREMIUM COMPUTATION
BASE CLASS PREMIUM TABLE

	TERRITORY	HO 00 03	HO 00 04	HO 00 06
I	30	1193	259	171
I	31	832	150	147
I	32	959	150	174
I	33	1026	146	175
I	34	924	119	141

**RULE 301.
BASE PREMIUM COMPUTATION**

A. All Forms Except HO 00 04 And HO 00 06

1. Classification Tables

a. One And Two Family

Form Factors	
Form	Factors
HO 00 02	.80
HO 00 03	1.00
HO 00 05	1.25
HO 00 08	1.25

Table 301.A.1.a.#1 Form Factors

Protection Construction Factors		
Protection Class	Construction*	
	Frame	Masonry
1	0.95	0.82
2	0.96	0.83
3	0.97	0.84
4	0.98	0.85
5	1.00	0.87
6	1.04	0.90
7	1.05	0.91
8	1.06	0.92
8B	1.07	0.94
9	1.08	0.94
10	1.20	1.05

* Masonry Veneer is rated as Masonry. Aluminum or Plastic Siding over Frame is rated as Frame.

Table 301.A.1.a.#2 Protection Construction Factors

b. Three And Four Family Factor 1.20

2. Key Factor Table

Cov. A Amt. (In 000)	Factor	Cov. A Amt. (In 000)	Factor
**\$ 10	.648	\$ 96	.985
** 12	.649	98	.992
** 14	.650	100	1.000
** 16	.651	105	1.023
** 18	.652	110	1.045
** 20	.653	115	1.072
** 22	.655	120	1.098
** 24	.656	125	1.128
26	.658	130	1.157
28	.661	135	1.190
30	.663	140	1.222
32	.668	145	1.258
34	.673	150	1.293
36	.678	155	1.331
38	.684	160	1.369
40	.690	165	1.409
42	.699	170	1.448
44	.708	175	1.490
46	.717	180	1.531
48	.728	185	1.574
50	.738	190	1.617
52	.752	195	1.661
54	.765	200	1.705
56	.780	205	1.749
58	.795	210	1.793
60	.811	215	1.838
62	.829	220	1.882
64	.847	225	1.926
66	.866	230	1.969
68	.887	235	2.014
70	.907	240	2.059
72	.913	245	2.104
74	.920	250	2.149
76	.925	255	2.194
78	.929	260	2.239
80	.933	265	2.284
82	.939	270	2.329
84	.945	275	2.374
86	.951	280	2.419
88	.956	285	2.464
90	.962	290	2.509
92	.970	295	2.554
94	.977	300	2.599
Each Add'l \$1,000			.009
Minimum Limits Of Liability			
**Section I – Property	HO 00 02, 03 & 05	HO 00 08	
Primary Location	\$ 25,000	\$ 15,000	
Secondary Location	\$ 15,000	\$ 10,000	
Section II – Liability		All Forms	
Personal Liability		\$ 100,000	
Medical Payments to Others		1,000	

Table 301.A.2. Key Factors

**RULE 301.
BASE PREMIUM COMPUTATION (Cont'd)**

B. Form HO 00 04

1. Classification Table

Protection Construction Factors		
Protection Class	Construction*	
	Frame	Masonry
1	0.94	0.79
2	0.95	0.80
3	0.96	0.81
4	0.98	0.82
5	1.00	0.83
6	1.06	0.87
7	1.08	0.89
8	1.11	0.91
8B	1.15	0.94
9	1.16	0.95
10	1.30	1.04

* Masonry Veneer is rated as Masonry. Aluminum or Plastic Siding over Frame is rated as Frame.

Table 301.B.1. Protection Construction Factors

2. Key Factor Table

Cov. C Amt. (In 000)	Factor	Cov. C Amt. (In 000)	Factor
**\$ 6	.356	\$ 48	2.064
7	.402	49	2.102
8	.448	50	2.140
9	.494	51	2.178
10	.540	52	2.216
11	.584	53	2.254
12	.628	54	2.292
13	.672	55	2.330
14	.716	56	2.358
15	.760	57	2.386
16	.808	58	2.414
17	.856	59	2.442
18	.904	60	2.470
19	.952	61	2.498
20	1.000	62	2.526
21	1.038	63	2.554
22	1.076	64	2.582
23	1.114	65	2.610
24	1.152	66	2.638
25	1.190	67	2.666
26	1.228	68	2.694
27	1.266	69	2.722
28	1.304	70	2.750
29	1.342	71	2.778
30	1.380	72	2.806
31	1.418	73	2.834
32	1.456	74	2.862
33	1.494	75	2.890
34	1.532	76	2.918
35	1.570	77	2.946
36	1.608	78	2.974
37	1.646	79	3.002
38	1.684	80	3.030
39	1.722	81	3.058
40	1.760	82	3.086
41	1.798	83	3.114
42	1.836	84	3.142
43	1.874	85	3.170
44	1.912	86	3.198
45	1.950	87	3.226
46	1.988	88	3.254
47	2.026	89	3.282
Each Add'l \$1,000			.028
Minimum Limits Of Liability			
**Section I – Property			
\$6,000			
Section II – Liability			
Personal Liability	\$ 100,000		
Medical Payments to Others	1,000		

Table 301.B.2. Key Factors

RULE 301.
BASE PREMIUM COMPUTATION (Cont'd)

C. Form HO 00 06

1. Classification Table

Protection Construction Factors		
Protection Class	Construction*	
	Frame	Masonry
1	.96	0.84
2	.97	0.85
3	.98	0.86
4	.99	0.87
5	1.00	0.88
6	1.01	0.89
7	1.02	0.89
8	1.02	0.89
8B	1.02	0.90
9	1.03	0.90
10	1.07	0.94

* Masonry Veneer is rated as Masonry. Aluminum or Plastic Siding over Frame is rated as Frame.

Table 301.C.1. Protection Construction Factors

2. Key Factor Table

Cov. C Amt. (In 000)	Factor	Cov. C Amt. (In 000)	Factor
**\$ 1	.332	\$ 46	1.884
** 2	.364	47	1.918
** 3	.396	48	1.952
** 4	.428	49	1.986
** 5	.460	50	2.020
** 6	.492	51	2.054
** 7	.524	52	2.088
** 8	.556	53	2.122
** 9	.588	54	2.156
** 10	.620	55	2.190
11	.662	56	2.216
12	.704	57	2.242
13	.746	58	2.268
14	.788	59	2.294
15	.830	60	2.320
16	.864	61	2.346
17	.898	62	2.372
18	.932	63	2.398
19	.966	64	2.424
20	1.000	65	2.450
21	1.034	66	2.476
22	1.068	67	2.502
23	1.102	68	2.528
24	1.136	69	2.554
25	1.170	70	2.580
26	1.204	71	2.606
27	1.238	72	2.632
28	1.272	73	2.658
29	1.306	74	2.684
30	1.340	75	2.710
31	1.374	76	2.736
32	1.408	77	2.762
33	1.442	78	2.788
34	1.476	79	2.814
35	1.510	80	2.840
36	1.544	81	2.866
37	1.578	82	2.892
38	1.612	83	2.918
39	1.646	84	2.944
40	1.680	85	2.970
41	1.714	86	2.996
42	1.748	87	3.022
43	1.782	88	3.048
44	1.816	89	3.074
45	1.850		
Each Add'l \$1,000			0.026
Minimum Limits Of Liability			
**Section I – Property			
\$10,000			
\$9,000 or less available only for Units Regularly Rented to Others.			
Section II – Liability		All Forms	
Personal Liability		\$ 100,000	
Medical Payments to Others		1,000	

Table 301.C.2. Key Factor

Rate Pages

<u>105.</u>	<u>SECONDARY RESIDENCE PREMISES</u>	
	B. Premium Adjustment	
	2. Credit.....	\$12
<u>204.</u>	<u>MULTIPLE COMPANY INSURANCE</u>	
	C. Premium	
	3. Credit.....	\$12
<u>205.</u>	<u>MINIMUM PREMIUM</u>	
	D.	\$50
<u>207.</u>	<u>WAIVER OF PREMIUM</u>	
	B. Amount that may be waived.....	\$3 or less
<u>406.</u>	<u>DEDUCTIBLES</u>	
	B. Optional Deductibles	
	1. Additional Premium Charge	
	b. Minimum additional charge.....	\$30
	Maximum additional charge.....	\$60
<u>503.</u>	<u>BUSINESS PROPERTY - INCREASED LIMITS</u>	
	A. On Premises	
I	2. Rate per \$2,500.....	\$49
<u>504.</u>	<u>CREDIT CARD, ELECTRONIC FUND TRANSFER CARD OR ACCESS DEVICE, FORGERY & COUNTERFEIT MONEY</u>	
	B. Premium	
	Limit	
	\$ 1,000.....	\$1
	\$ 2,500.....	\$3
	\$ 5,000.....	\$4
	\$ 7,500.....	\$5
	\$10,000 *	\$6

* For limits in excess of \$10,000, refer to Company.

505. EARTHQUAKE COVERAGE

D.1. 5% DEDUCTIBLE - Rates per \$1,000

Column -->	(A)	(B)	(C)	(D)	(E)	(F)	(G)
	HO 00 02 & HO 00 03 & HO 00 05	HO 00 04	HO 00 06	HO 00 02 & HO 00 03 & HO 00 05 Increased Coverage C	HO 00 06 Basic and Increased Coverage A	Increased Cov. D	Building Or Non- Building Structure Items
Table A - Frame+							
Territory							
21	\$0.27	\$0.14	\$0.15	\$0.14	\$0.17	\$0.10	\$0.12
Table B - Masonry+							
Territory							
21	\$0.99	\$0.53	\$0.56	\$0.51	\$0.65	\$0.49	\$0.49
Table C - Superior							
Territory							
21	\$0.26	\$0.10	\$0.10	\$0.09	\$0.20	\$0.14	\$0.15

D.1. a 10% DEDUCTIBLE - Rates per \$1,000

Column -->	(A)	(B)	(C)	(D)	(E)	(F)	(G)
	HO 00 02 & HO 00 03 & HO 00 05	HO 00 04	HO 00 06	HO 00 02 & HO 00 03 & HO 00 05 Increased Coverage C	HO 00 06 Basic and Increased Coverage A	Increased Cov. D	Building Or Non- Building Structure Items
Table A - Frame+							
Territory							
21	\$0.22	\$0.10	\$0.12	\$0.12	\$0.15	\$0.10	\$0.10
Table B - Masonry+							
Territory							
21	\$0.87	\$0.44	\$0.48	\$0.43	\$0.58	\$0.49	\$0.49
Table C - Superior							
Territory							
21	\$0.20	\$0.07	\$0.09	\$0.09	\$0.15	\$0.14	\$0.14

+ If exterior Masonry Veneer is covered, rate as Masonry;
If not covered rate as Frame.

Rate Pages

507.	<u>FORM HO 00 06 COVERAGE A DWELLING BASIC & INCREASED LIMITS & SPECIAL COVERAGE</u>	
	C. Special Coverage	
	1. Charge per policy for \$5,000 in basic form.....	\$2
	2. Rate for each add'l \$1,000 of Cov. A.....	\$1
509.	<u>HOME DAY CARE COVERAGE</u>	
	D. Premium Computation	
	1. Section I	
	c. Rate per \$1,000 for business in other structure.....	\$6
510.	<u>PERMITTED INCIDENTAL OCCUPANCIES - RESIDENCE PREMISES</u>	
	E. Premium Computation	
	1. Section I	
	c. Rate per \$1,000 for business in other structure.....	\$6
511.	<u>LOSS ASSESSMENT COVERAGE</u>	
	A. Residence Premises	
	3. Premium	
	All Forms except HO 00 03, HO 00 05 or 06 with HO 17 32	
	New Amount of Coverage	
I	\$ 5,000.....	\$3
I	\$10,000.....	\$5
	Each Add'l \$5,000 up to \$50,000.....	\$1
	HO 00 03, HO 00 05 or 06 with HO 17 32	
	New Amount of Coverage	
I	\$ 5,000.....	\$4
I	\$10,000.....	\$8
	Each Add'l \$5,000 up to \$50,000.....	\$2
	B. Additional Locations	
	2. Premium	
	All Forms except HO 00 03, HO 00 05 or 06 with HO 17 32	
	New Amount of Coverage	
I	\$ 1,000.....	\$5
I	\$ 5,000.....	\$9
I	\$10,000.....	\$11
	Each Add'l \$5,000 up to \$50,000.....	\$1
	HO 00 03, HO 00 05 or 06 with HO 17 32	
	New Amount of Coverage	
I	\$ 1,000.....	\$6
I	\$ 5,000.....	\$11
I	\$10,000.....	\$14
	Each Add'l \$5,000 up to \$50,000.....	\$2

Rate Pages

512.	<u>LOSS OF USE - INCREASED LIMIT</u>	
	B. Rate per \$1,000.....	\$4
514.	<u>OTHER STRUCTURES</u>	
	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
	2. All Forms	
	a. Premium	
	(2) Specific structures - Off-Premises Rate per \$1,000.....	\$5
515.	<u>PERSONAL PROPERTY</u>	
	A. Increased Limit	
	3. Rate Per \$1,000	
	HO 00 02 or 03	\$2
	HO 00 05.....	\$3
	B. Increased Limit - Other Residences	
	3. Rate per \$1,000.....	\$7
	C. Reduction in Limit	
	2. Credit per \$1,000	\$1
	D. Increased Special Limits of Liability	
	1. Jewelry, Watches & Furs - Rate per \$1,000.....	\$16
	2. Money - Rate per \$100 -	\$6
	3. Securities - Rate per \$100 -	\$4
I	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

Rate Pages

515.	<u>PERSONAL PROPERTY (Cont'd)</u>	
	F. Theft Coverage Increase - Form HO 00 08	
	1. On-Premises - Rate per \$2,000	
	Territory 30-32.....	\$51
	Territory 33,34.....	\$44
	2. Off-Premises - Additional Charge	
	Territory 30-34.....	\$16
517.	<u>RENTAL TO OTHERS - EXTENDED THEFT COVERAGE</u>	
	B. Premium	
I	Rate per policy.....	\$29
518.	<u>SINKHOLE COLLAPSE COVERAGE</u>	
	B. Premium Determination	
	1. Rate per \$1,000.....	\$0.34
519.	<u>SPECIAL COMPUTER COVERAGE</u>	
	B. Premium	
	Charge per policy.....	\$15
520.	<u>LIVESTOCK COLLISION COVERAGE</u>	
	Not Applicable (Coverage is not provided by RIJRA)	
521.	<u>WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW</u>	
	C. Premium	
	Charge per policy if HO 04 90 Personal Property Replacement Cost Endorsement is :	
	1. Not attached to the policy.....	\$85
	2. Attached to the policy.....	\$102
522.	<u>LANDLORD'S FURNISHINGS</u>	
	C. Premium	
	Rate per \$500 per unit	
	1. Forms HO 00 02, HO 00 03 & HO 00 05	\$1
523.	<u>ASSISTED LIVING CARE COVERAGE</u>	
	C. Premium	
	1. Section I and Section II Basic Limits	
	Rate per unit.....	\$77
	2. Increased Limits	
	Add to the basic limit Rate in Paragraph 1. above :	
	a. Coverage C - Rate per \$1,000.....	\$7
	b. Coverage E (Coverage F does not apply to this option.)	

<u>Limit</u>	<u>Rate</u>
\$200,000	\$3
300,000	\$4
400,000	\$5
500,000	\$6

Rate Pages

524. OTHER MEMBERS OF A NAMED INSURED'S HOUSEHOLD

C. Premium

1. Section I and Section II Basic Limits
 Rate per person named in the Schedule..... **\$60**

2. Section II Increased Limits
 Add to the basic limit Rate in Paragraph 1. above :
 a. Coverage E

<u>Limit</u>	<u>Rate</u>
\$200,000	\$8
300000	\$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	
I	Without collision.....	\$7
I	With collision.....	\$12

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'l 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.

Rate Pages

528. HOME BUSINESS INSURANCE COVERAGE

D. Home Business Premium Computation

3. Section II - Business Liability

a. Basic Limits Premium - Coverage E and F

(1) Office (Gross Annual Receipts Up To \$250,000)

Business Visitors

Per Week *	Under 10	10 or more
	\$6	\$10

(2) Service, Sales and Crafts

Business Visitors Per Week *

Gross Annual Receipts **	Services		Sales		Crafts	
	Under 10	10 or More	Under 10	10 or More	Under 10	10 or More
Up to \$50,000	\$24	\$36	\$18	\$27	\$18	\$27
50,001 to 100K	\$71	\$107	\$55	\$82	\$55	\$82
100,001 to 175K	\$131	\$196	\$101	\$151	\$101	\$151
175,001 to 250K	\$202	\$303	\$155	\$233	\$155	\$233

* New Business, use 10 or more classification.

** New Business, use \$50,001 to \$100,000 classification.

c. (2) Coverage F - Increased Limits

All Home Business CLASSIFICATIONS

Business Visitors Per Week *	Homeowners Increased Limit of Liability			
	\$2,000	\$3,000	\$4,000	\$5,000
Under 10	\$5	\$10	\$15	\$19
10 or more	\$8	\$13	\$20	\$24

F. Options

1. Additional Insured

a. Managers or Lessors of Premises Leased to an Insured

(2) Premium

Rate per Location per Additional Insured **\$14**

5. Special Coverage - Spoilage of Perishable Stock

b. Premium

(1) Florists rate per \$100 **\$2**

(2) Other Classes of Business rate per \$1000 **\$2**

Rate Pages

528. HOME BUSINESS INSURANCE COVERAGE - (Cont'd)

	6. Valuable Papers and Records	
	a. Increased Limits - HO 07 56	
	(2) Premium	
	Rate per \$1,000	
	(a) Named Perils Coverage (HO 00 02, HO 00 03, HO 00 04,	
	and HO 00 06).....	\$1
	(b) Open Perils Coverage (HO 00 05, HO 00 04 with HO 05 24,	
	and HO 00 06 with HO 17 31).....	\$2
	b. Special Coverage (HO 07 56 and HO 07 57)	
	(2) Premium	
	(a) First \$2,500	
	HO 00 02, HO 00 03, HO 00 04, HO 00 06.....	\$3
	HO 00 05, HO 00 04 with HO 05 24 and HO 00 06 with	
	HO 17 31.....	\$2
	(b) Each Additional \$1,000	
	All Forms.....	\$2
	0	
	7. Off-Premises Property Coverage - Increased Limits	
	b. Premium	
	Rate per \$2,500	
	HO 00 02, HO 00 03, HO 00 04, HO 00 06.....	\$24
	HO 00 05, HO 00 04 with HO 05 24 and HO 00 06 with	
	HO 17 31.....	\$37

Rate Pages

601. RESIDENCE PREMISES - BASIC AND INCREASED LIMITS

A. 2. Residence Premises

Coverage E - Liability

Coverage F - Medical Payments

1 Family Premium

	Limit	Rate	Limit	Rate
I	\$100,000	-	\$1,000	-
I	\$200,000	\$11	\$2,000	\$3
I	\$300,000	\$16	\$3,000	\$6
I	\$400,000	\$20	\$4,000	\$9
I	\$500,000	\$24	\$5,000	\$11

2 Family Premium

	Limit	Rate	Limit	Rate
I	\$100,000	-	\$1,000	-
I	\$200,000	\$21	\$2,000	\$3
I	\$300,000	\$32	\$3,000	\$6
I	\$400,000	\$40	\$4,000	\$9
I	\$500,000	\$47	\$5,000	\$11

3 Family Premium

	Limit	Rate	Limit	Rate
I	\$100,000	-	\$1,000	-
I	\$200,000	\$28	\$2,000	\$3
I	\$300,000	\$43	\$3,000	\$6
I	\$400,000	\$55	\$4,000	\$9
I	\$500,000	\$64	5000	\$11

4 Family Premium

	Limit	Rate	Limit	Rate
I	\$100,000	-	\$1,000	-
I	\$200,000	\$35	\$2,000	\$3
I	\$300,000	\$52	\$3,000	\$6
I	\$400,000	\$67	\$4,000	\$9
I	\$500,000	\$78	5000	\$11

602. OTHER INSURED LOCATION OCCUPIED BY INSURED

B. Premium

Rate per Residence

	<u>Rate</u>
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.....	\$97
I	Two Family.....	\$176
I	Three Family.....	\$351
I	Four Family.....	\$439
605.	<u>OTHER STRUCTURES RENTED TO OTHERS - RESIDENCE PREMISES</u>	
	B. Premium	
I	Rate per Structure.....	\$97
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 LOW POWER RECREATIONAL MOTOR VEHICLES</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

	Horsepower	<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+	\$6	\$10
I	51 to 100	\$11	\$14
I	101 to 150	\$15	\$18
I	151 to 200	\$15	\$23
I	over 200	\$15	\$23

2. Sailboats With or Without Auxiliary Power

	<u>Overall Length/Feet</u>	<u>Rate</u>
I	26 to 40 feet +	\$6
I	over 40 feet	\$6

+Outboard engines or motors of up to 25 horsepower or sailboats less than 26 feet in overall length with or without auxiliary power are covered in the policy form.

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**

Rule#	Coverage F- Medical Payments	\$2,000	\$3,000	\$4,000	\$5,000
524.	Other Members Of An Insured's Household	\$1	\$2	\$3	\$4
526.	Residence Held In Trust All Forms Except HO 00 04	\$1	\$2	\$3	\$4
527.	Student Away From Home	\$1	\$2	\$3	\$4
602.	Other Insured Location Occupied By Insured	\$1	\$2	\$3	\$4
603.	Residence Employees	\$1	\$2	\$3	\$4
604.	Additional Residence Rented To Others	\$1	\$2	\$3	\$4
605.	Other Structures Rented To Others - Residence Premises	\$1	\$2	\$3	\$4
607.	Home Day Care Coverage	\$5	\$10	\$15	\$19
608.	Permitted Incidental Occupancies -				
	1. Residence Premises	\$5	\$10	\$15	\$19
	2. Other Residence	\$3	\$6	\$9	\$11
609.	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				
611.	Incidental Motorized Land Conveyances	\$1	\$2	\$3	\$4
612.	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
613.	Owned Snowmobile	Not Applicable			
614.	Farmers Personal Liability	Not Applicable (Coverage is not provided by RIJRA.)			
615.	Incidental Farming Personal Liability	Not Applicable (Coverage is not provided by RIJRA.)			

Rate Pages

ADDITIONAL RULES

Rule A3. IDENTITY FRAUD EXPENSE COVERAGE

C. Premium Computation

Limit of Liability

I	\$15,000		\$24
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Rule A4. LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE

D. Premium Computation

2. Increased Limits

a. Section I - Property

\$25,000

charge per policy			\$46
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\$50,000

charge per policy			\$78
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b. Section II - Liability

\$100,000

charge per policy			\$7
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RIJRA PREMIUM COMPUTATION WORKSHEET - HOMEOWNERS POLICY PROGRAM (2000) EDITION

Form: () HO-2 () HO-3 () HO-5 () HO-8 () HO-4 () HO-6

Coverage A \$ _____

Terr _____ Prot _____ Const _____

Coverage C \$ _____

***Base Premium**

HO - 3/4/6 Base Class Premium = _____

Factors

Form Factor (N/A if For 4 or 6) x _____ = _____ (Round)

Protection - Construction Factor x _____ = _____ (Round)

(Key Premium)

Key Factor (For Cov A / C Amt) x _____ = _____

(Base Premium) (1) (Round)

Adjusted Base Premium

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

Enter Base Premium From (1) Above: \$ _____

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) Hurricane Deductible

() 100 () 250 () 100 with 250 Theft Fixed Dollar Percentage

() 500 () 1000 () 2500 () 500 () 1000 () 1% () 2% x _____ = \$ _____

() 2000 () 5000 () 5% x _____ = \$ _____

() h Specified Add'l Amt of Insurance for Cov A (HO 04 20): Add'l Amount of Ins _____ % x _____ = \$ _____

() i Additional Limits of Liability for Coverages A, B, C and D (HO 04 11) x _____ = \$ _____

() j Other (Please Specify) _____ x _____ = \$ _____

Adjusted Base Premium (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) _____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

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_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

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.

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 \$ 275,000

Terr 30 Prot 1 Const FRAME Coverage C \$ _____

I *Base Premium

HO - 3 / 4 / 6 Base Class Premium..... = 1,193 [HO-8, HO-B-1]

	Factors			
[HO-C-1] Form Factor (N/A if Form 4 or 6)	x	<u>1.00</u>	=	<u>1,193</u> (Round)
Protection - Construction Factor	x	<u>.95</u>	=	<u>1,133</u> (Round)
Key Factor(For Cov A / C Amt)	x	<u>2.374</u>	=	<u>2,690</u> (Round)
				(Base Premium) (1)

II Adjusted Base Premium

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

Enter Base Premium From (1) Above: = \$ 2,690

	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)				
		Hurricane Deductible		
() 100 (X) 250 () 100 with 250 Theft		Fixed Dollar Percentage		
() 500 () 1000 () 2500		() 500 () 1000 () 1% () 2%	x	<u>.98</u> = \$ <u>2,636</u>
		(x) 2000 () 5000 () 5%	x	_____ = _____
() h) Specified Add'l Amt of Insurance for Cov A (HO 04 20): Add'l Amount of Ins _____%	x	_____	=	\$ _____
() i) Additional Limits of Liability for Coverages A, B, C and D (HO 04 11)	x	_____	=	\$ _____
() j) Other (Please Specify)				
<u>** [HO-13, HO-E-5&6, RIJRA-HO-EXC-1]</u>	x	_____	=	\$ <u>2,636</u>
				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 = \$ _____

TOTAL PREMIUM DUE = (2) + (3) = \$ 2,636

* 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 - HOMEOWNERS POLICY PROGRAM (2000 EDITION)

Form : HO-2 () HO-3 () HO-3w/15 () HO-8 () HO-4 () HO-6 Coverage A \$ 300,000

Terr 34 Prot 9 Const MASONRY Coverage C \$ _____

***Base Premium**

HO - 3 / 4 / 6 Base Class Premium..... = 924 [HO-8, HO-B-1]

	Factors			
[HO-C-1] Form Factor (N/A if Form 4 or 6)	x	<u>.80</u>	=	<u>739</u> (Round)
Protection - Construction Factor	x	<u>0.94</u>	=	<u>695</u> (Round)
				(Key Premium)
Key Factor(For Cov A / C Amt)	x	<u>2.599</u>	=	<u>1,806</u> (Round)
				(Base Premium) (1)

Adjusted Base Premium

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

Enter Base Premium From (1) Above: = \$ 1,806

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>2,167</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>2,210</u>
(X) g) All Peril Deductible (Please Check) Hurricane Deductible				
() 100 () 250 () 100 with 250 Theft Fixed Dollar Percentage				
(X) 500 () 1000 () 2500 () 500 () 1000 () 1% (X) 2%	x	<u>0.89</u>	=	\$ <u>1,967</u>
[HO-E-6, RIJRA-HO-EXC-1] () 2000 () 5000 () 5%				
() h) Specified Add'l Amt of Insurance for Cov A (HO 04 20): Add'l Amount of Ins _____ %	x		=	\$ _____
() i) Additional Limits of Liability for Coverages A, B, C and D (HO 04 11)	x		=	\$ _____
() j) Other (Please Specify)	x		=	\$ _____
				\$ <u>1,967</u>

Adjusted Base Premium (2)

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			
A. Jewelry etc.	\$ <u>4,000</u>	\$ <u>5,500</u>	\$ <u>64</u>
[HO-23, 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

(X) Increased Coverage E Limit	\$ <u>300,000</u>	[HO-33, HO-R-11]	\$ <u>43</u>
(X) 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 _____ Location _____			\$ _____
() Other Section II Exposures (Please Specify)			\$ _____
			\$ _____
			\$ _____
Total Additional or Reduced Premium			\$ <u>113</u>
			(3)
TOTAL PREMIUM DUE = (2) + (3)			\$ <u>2,080</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 () 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..... = 150 [HO-8, HO-B-1]

		Factors	=		
[HO-C-2]	Form Factor (N/A if Form 4 or 6)	x		=	<u>150</u> (Round)
	Protection - Construction Factor	x	<u>.96</u>	=	<u>144</u> (Round)
	Key Factor(For Cov A / C Amt)	x	<u>.540</u>	=	<u>78</u> (Round)
					(Base Premium) (1)

II Adjusted Base Premium

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

Enter Base Premium From (1) Above: = \$ 78

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)		Hurricane Deductible		
() 100 () 250 () 100 with 250 Theft		Fixed Dollar Percentage		
(X) 500 () 1000 () 2500		() 500 () 1000 () 1% () 2%	x	<u>.91</u> = \$ <u>71</u>
[HO-E-5]		() 2000 () 5000 () 5%		
() h) Specified Add'l Amt of Insurance for Cov A (HO 04 20): Add'l Amount of Ins _____%	x		=	\$ _____
() i) Additional Limits of Liability for Coverages A, B, C and D (HO 04 11)	x		=	\$ _____
() j) Other (Please Specify)	x		=	\$ _____
				<u>71</u>

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) = \$ 71

* 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 \$ _____

***Base Premium**

HO - 3 / 4 / 6 Base Class Premium.....	=	<u>959</u>	[HO-8, HO-E-4, HO-B-1]
	Factors		
Form Factor (N/A if Form 4 or 6)	x <u>1.25</u>	= <u>1,199</u>	(Round)
Protection - Construction Factor	x <u>1.06</u>	= <u>1,271</u>	(Round)
Key Factor(For Cov A / C Amt)	x <u>.933</u>	= <u>1,186</u>	(Round)
		(Base Premium)	(1)

[HO-C-1]

Adjusted Base Premium

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

Enter Base Premium From (1) Above: = \$ 1,186

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) Hurricane Deductible

() 100 () 250 () 100 with 250 Theft	Fixed Dollar	Percentage	
() 500 (<input checked="" type="checkbox"/>) 1000 () 2500	() 500 () 1000 () 1% () 2%		x _____ = \$ _____
[HO-E-5]	() 2000 () 5000 () 5%		x <u>.89</u> = \$ <u>1,056</u>
- () h) Specified Add'l Amt of Insurance for Cov A (HO 04 20): Add'l Amount of Ins _____ % x _____ = \$ _____
- () i) Additional Limits of Liability for Coverages A, B, C and D (HO 04 11) x _____ = \$ _____
- () j) Other (Please Specify) _____ x _____ = \$ 1,056

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) = \$ 1,056

* 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.

RJRA 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..... = 174 [HO-8, HO-B-1]

[HO-C-3]

	Factors	=	<u>174</u>	
Form Factor (N/A if Form 4 or 6)	x		<u>174</u>	(Round)
Protection - Construction Factor	x	<u>.90</u>	<u>153</u>	(Round)
			(Key Premium)	
Key Factor(For Cov A / C Amt)	x	<u>1.00</u>	<u>153</u>	(Round)
			(Base Premium)	(1)

II Adjusted Base Premium

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

Enter Base Premium From (1) Above: = \$ 153

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)				
		Hurricane Deductible		
() 100 () 250 () 100 with 250 Theft		Fixed Dollar Percentage		
() 500 () 1000 () 2500		() 500 () 1000 () 1% () 2%	x	= \$
		() 2000 () 5000 () 5%		
() h) Specified Add'l Amt of Insurance for Cov A (HO 04 20): Add'l Amount of Ins _____ %	x		= \$	
() i) Additional Limits of Liability for Coverages A, B, C and D (HO 04 11)	x		= \$	
() j) Other (Please Specify)				
_____	x		= \$	<u>153</u>

Adjusted Base Premium (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)		\$ _____
_____		\$ _____

Total Additional or Reduced Premium = \$ _____

(3)

TOTAL PREMIUM DUE = (2) + (3) = \$ 153

* 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 - HOMEOWNERS POLICY PROGRAM (2000 EDITION)

Form : () HO-2 () HO-3 () HO-3w/15 () HO-8 () HO-4 () HO-6 Coverage A \$ 250,000

Terr 30 Prot 01 Const FRAME Coverage C \$ _____

I *Base Premium

HO - 3 / 4 / 6 Base Class Premium.....	=	<u>1,193</u>	[HO-8, HO-B-1]
Factors			
Form Factor (N/A if Form 4 or 6)	x	<u>1.00</u>	= <u>1,193</u> (Round)
Protection - Construction Factor	x	<u>0.95</u>	= <u>1,133</u> (Round)
Key Factor (For Cov A / C Amt)	x	<u>2.149</u>	= <u>2,435 X 1.15** = 2,800</u> (Round)
			(Base Premium) (1)

II Adjusted Base Premium

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

Enter Base Premium From (1) Above: = \$ 2,800

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)			
		Hurricane Deductible	
() 100 () 250 () 100 with 250 Theft		Fixed Dollar Percentage	
() 500 () 1000 () 2500		() 500 () 1000 () 1% () 2%	
[HO-E-13, HO-E-5&6, RIJRA-HO-EXC-1] (<input checked="" type="checkbox"/>) 2000 () 5000 () 5%	x	<u>.98</u>	= \$ <u>2,744</u>
() h) Specified Add'l Amt of Insurance for Cov A (HO 04 20): Add'l Amount of Ins _____%	x	_____	= \$ _____
() i) Additional Limits of Liability for Coverages A, B, C and D (HO 04 11)	x	_____	= \$ _____
() j) Other (Please Specify)	x	_____	= \$ _____
			Adjusted Base Premium (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-4] **TOTAL PREMIUM DUE = (2) + (3) = \$ 2,744**

* 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 - 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 **01** Const **MASONRY** Coverage C \$ **100,000**

***Base Premium**

HO - 3 / 4 / 6 Base Class Premium..... = **1,193** [HO-8, HO-B-1]
 Factors
 x **1.00** = **1,193** (Round)
 Form Factor (N/A if Form 4 or 6)
 x **0.82** = **978** (Round)
 Protection - Construction Factor (Key Premium)
 x **1.293** = **1,265** (Round)
 Key Factor(For Cov A / C Amt) (Base Premium) (1)

[HO-C-1]

Adjusted Base Premium

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

Enter Base Premium From (1) Above: = \$ **1,265**

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) Hurricane Deductible
 () 100 (**X**) 250 () 100 with 250 Theft Fixed Dollar Percentage
 () 500 () 1000 () 2500 () 500 (**X**) 1000 () 1% () 2% x **0.98** = \$ **1,240**
 () 2000 () 5000 () 5%
 () h) Specified Add'l Amt of Insurance for Cov A (HO 04 20): Add'l Amount of Ins _____% x _____ = \$ _____
 () i) Additional Limits of Liability for Coverages A, B, C and D (HO 04 11) x _____ = \$ _____
 () j) Other (Please Specify) _____ x _____ = \$ **1,240**
Adjusted Base Premium (2)

Additional or Reduced Premiums - Optional Coverages

Section I Coverages - Property

	Increase Limit By	Total Limit	Premium
(X) 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) :	\$ _____	\$ _____	\$ _____
(X) 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)	\$ _____	\$ 40,000	\$ 160
Earthquake Coverage	\$ (SEE REVERSE SIDE)	\$ _____	\$ 192

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 \$ **482**
 [HO-22, HO-R-5] (3)
TOTAL PREMIUM DUE = (2) + (3) = \$ 1,722

* 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 \$.99	Rate per \$1,000	[HO-R-2-3]
\$149		
Column D		
\$25,000	Increase Cov C Limit	[HO-20, Rule 505. 3.b.]
X \$.51	Rate per \$1,000	[HO-R-2-3]
\$13		
Column F		
\$20,000	Increase Cov D (Loss of Use)	[HO-20, Rule 505. 3. c.]
X \$.49	Rate per \$1,000	[HO-R-2-3]
\$10		
Column G		
\$40,000	Other Structure (HO 04 48)	[HO-E-8, Rule 505. D.6.b.]
X \$.49	Rate per \$1,000	[HO-R-2-3]
\$20		

$$\text{\$149} + 13 + 10 + 20 = \text{\$192}$$

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

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 \$ **300,000**

Terr **30** Prot **01** Const **FRAME** Coverage C \$ _____

***Base Premium**

HO - 3 / 4 / 6 Base Class Premium..... = **1,193** **[HO-8, HO-B-1]**

[HO-C-1]	Form Factor (N/A if Form 4 or 6)	x	1.00	=	1,193	(Round)
	Protection - Construction Factor	x	0.95	=	1,133	(Round)
	Key Factor(For Cov A / C Amt)	x	2.599	=	2,945	(Round)
					(Base Premium)	(1)

Adjusted Base Premium

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

Enter Base Premium From (1) Above: = \$ **2,945**

	Factors			=	\$	
() a) Superior Construction (All Forms)	x			=	\$	
(x) b) 3/4 Families (Form HO-2,3,8) [HO-C-1]	x	1.20		=	\$	3,534
() 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)			Hurricane Deductible			
() 100 () 250 () 100 with 250 Theft			Fixed Dollar Percentage			
() 500 (X) 1000 () 2500		() 500 () 1000 () 1% () 2%		x	.91	= \$ 3,216
(X) 2000 () 5000 () 5%						
() h) Specified Add'l Amt of Insurance for Cov A (HO 04 20): Add'l Amount of Ins _____%	x			=	\$	
() i) Additional Limits of Liability for Coverages A, B, C and D (HO 04 11)	x			=	\$	
() j) Other (Please Specify)	x			=	\$	3,216
					Adjusted Base Premium	(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

(x) Increased Coverage E Limit	\$ 500,000	[HO-33, HO-R-11]	\$ 64
() 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)			
HO 24 66 Lead Liability Coverage \$100,000	[RIJRA-HO-EXC-2]		\$ 400
			\$ _____
			\$ _____
	Total Additional or Reduced Premium		\$ 464
			(3)
	TOTAL PREMIUM DUE = (2) + (3)	=	\$ 3,680

* 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 - 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 **01** Const **MASONRY** Coverage C \$ _____

I *Base Premium

HO - 3 / 4 / 6 Base Class Premium..... = **1,193** [HO-8, HO-B-1]

Factors

x **1.00** = **1,193** (Round)

[HO-C-1]

Form Factor (N/A if Form 4 or 6)

x **.86** = **978** (Round)

Protection - Construction Factor

x **1.00** = **978** (Round)

Key Factor(For Cov A / C Amt)

(Key Premium)
(Base Premium) (1)

II Adjusted Base Premium

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

Enter Base Premium From (1) Above: = \$ **978**

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) Hurricane Deductible

() 100 () 250 () 100 with 250 Theft Fixed Dollar Percentage

() 500 () 1000 () 2500 () 500 () 1000 () 1% () 2% x _____ = \$ _____

() 2000 () 5000 () 5%

() h) Specified Add'l Amt of Insurance for Cov A (HO 04 20): Add'l Amount of Ins _____% x _____ = \$ _____

() i) Additional Limits of Liability for Coverages A, B, C and D (HO 04 11) x _____ = \$ _____

() j) Other (Please Specify) x _____ = \$ _____

Adjusted Base Premium (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) _____ \$ _____ \$ _____ \$ _____

_____ \$ _____ \$ _____ \$ _____

(x) Increased Coverage E Limit \$ **500,000** [HO-33, HO-R-11] \$ **47**

() 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 \$ 385

(3)

TOTAL PREMIUM DUE = (2) + (3) = \$ 1,363

* 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 - HOMEOWNERS POLICY PROGRAM (2000 EDITION)

Form : () HO-2 (X) HO-3 () HO-3w/15 () HO-8 () HO-4 () HO-6 Coverage A \$ 300,000

Terr 30 Prot 1 Const FRAME Coverage C \$ _____

***Base Premium**

HO - 3 / 4 / 6 Base Class Premium..... = 1,193 [HO-8, HO-B-1]

[HO-C-1]	Factors			
	Form Factor (N/A if Form 4 or 6)	x	<u>1.00</u>	= <u>1,193</u> (Round)
	Protection - Construction Factor	x	<u>0.95</u>	= <u>1,133</u> (Round)
	Key Factor(For Cov A / C Amt)	x	<u>2.599</u>	= <u>2,945</u> (Round)
			(Base Premium)	(1)

II Adjusted Base Premium

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

Enter Base Premium From (1) Above: = \$ 2,945

	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>3,534</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			= \$ _____
(X) g) All Peril Deductible (Please Check)			Hurricane Deductible	
() 100 (X) 250 () 100 with 250 Theft			Fixed Dollar Percentage	
() 500 () 1000 () 2500			() 500 () 1000 () 1% () 2%	
(X) 2000 () 5000 () 5%	x	<u>.98</u>		= \$ <u>3,463</u>
() h) Specified Add'l Amt of Insurance for Cov A (HO 04 20): Add'l Amount of Ins _____%	x			= \$ _____
() i) Additional Limits of Liability for Coverages A, B, C and D (HO 04 11)	x			= \$ _____
(X) j) Other (Please Specify) Lead Poisoning Factor for Compliant Property [HO-E-3]	x	<u>1.03</u>		= \$ <u>3,567</u>

Adjusted Base Premium = \$ 3,567
 (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>64 x 1.03 =</u>	\$ <u>66</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 = \$ 66

TOTAL PREMIUM DUE = (2) + (3) = \$ 3,633

* 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.