

<i>SERFF Tracking Number:</i>	<i>CALC-125263470</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>California Casualty Indemnity Exchange</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026591</i>
<i>Company Tracking Number:</i>	<i>AR-07-P-RU-03</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>AR Rule filing 07</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: California Casualty Indemnity Exchange

Product Name: AR Rule filing 07	SERFF Tr Num: CALC-125263470	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: AR-PC-07-026591
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations	Co Tr Num: AR-07-P-RU-03	State Status:
Filing Type: Rule	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi
	Authors: Melodie Baird, Yuqing Zhong	Disposition Date: 10/31/2007
	Date Submitted: 10/29/2007	Disposition Status: Filed
Effective Date Requested (New): 12/01/2007		Effective Date (New): 12/01/2007
Effective Date Requested (Renewal): 12/01/2007		Effective Date (Renewal): 12/01/2007

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/31/2007	
State Status Changed: 10/29/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

On behalf of California Casualty Indemnity Exchange, I am submitting a request for approval to place revised rules for its Homeowners Multiple Peril Line, which includes Homeowners and Dwelling Property Programs, into use in Arkansas, effective December 1, 2007.

This rule filing adds a Late Payment Fee to Rule 4: Rating Procedures, under Section 4 of the Underwriting Manual. Exhibits A provides cost justification for this fee. In addition, a footnote was added to Table 13: Persistency Rating on Page 4MD.20 to clarify when the discount factor is applied. A few editorial changes or minor corrections were also

SERFF Tracking Number: *CALC-125263470* *State:* *Arkansas*
Filing Company: *California Casualty Indemnity Exchange* *State Tracking Number:* *AR-PC-07-026591*
Company Tracking Number: *AR-07-P-RU-03*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *AR Rule filing 07*
Project Name/Number: */*

Check_No: NA
Check_Amt: NA
Check_Rec: NA

SERFF Tracking Number: *CALC-125263470* State: *Arkansas*
Filing Company: *California Casualty Indemnity Exchange* State Tracking Number: *AR-PC-07-026591*
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TOI: *04.0 Homeowners* Sub-TOI: *04.0000 Homeowners Sub-TOI Combinations*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	10/31/2007	10/31/2007

SERFF Tracking Number: *CALC-125263470* *State:* *Arkansas*
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Product Name: *AR Rule filing 07*
Project Name/Number: */*

Disposition

Disposition Date: 10/31/2007

Effective Date (New): 12/01/2007

Effective Date (Renewal): 12/01/2007

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *CALC-125263470* State: *Arkansas*
 Filing Company: *California Casualty Indemnity Exchange* State Tracking Number: *AR-PC-07-026591*
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey	Filed	No
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	No
Supporting Document	Filing memorandum	Filed	Yes
Rate	Rule 9 - Minimum and Maximum Coverage	Filed	Yes
Rate	Rule 4- Rating Procedure	Filed	Yes
Rate	Table 18. Persistency Rating	Filed	Yes
Rate	Mandatory/Optional Endorsement Listing	Filed	Yes
Rate	Alphabetical Endorsement List	Filed	Yes
Rate	Endorsement Descriptions	Filed	Yes
Rate	Endorsement Descriptions	Filed	Yes

SERFF Tracking Number: *CALC-125263470*

State: *Arkansas*

Filing Company: *California Casualty Indemnity Exchange*

State Tracking Number: *AR-PC-07-026591*

Company Tracking Number: *AR-07-P-RU-03*

TOI: *04.0 Homeowners*

Sub-TOI: *04.0000 Homeowners Sub-TOI Combinations*

Product Name: *AR Rule filing 07*

Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *CALC-125263470* State: *Arkansas*
 Filing Company: *California Casualty Indemnity Exchange* State Tracking Number: *AR-PC-07-026591*
 Company Tracking Number: *AR-07-P-RU-03*
 TOI: *04.0 Homeowners* Sub-TOI: *04.0000 Homeowners Sub-TOI Combinations*
 Product Name: *AR Rule filing 07*
 Project Name/Number: */*

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Rule 9 - Minimum and Maximum Coverage	3AR.3-4	Replacement	AR Section 3 - Filed.pdf
Filed	Rule 4- Rating Procedure	4AR.2	New	AR Section 4 - Filed.pdf
Filed	Table 18. Persistency Rating	4AR.29	Replacement	
Filed	Mandatory/Optional Endorsement Listing	5AR.3	Replacement	AR Section 5 - Filed.pdf
Filed	Alphabetical Endorsement List	5AR.6	Replacement	
Filed	Endorsement Descriptions	5AR.11	Replacement	
Filed	Endorsement Descriptions	5AR.13	Replacement	

ELIGIBILITY

ELIGIBILITY

Rule 9 - Minimum and Maximum Coverages

The following is a summary of the minimum and maximum coverages offered.

*

A. HO-3, HO-3 MH, HO-4, HO-6

COVERAGE	POLICY FORM			
	HOMEOWNER HO 00 03 (HO-3)	MOBILE HOME HO-3 HO 00 03 w/ MH 04 01	RENTERS HO 00 04 (HO-4)	CONDOMINIUM HO 00 06 (HO-6)
SECTION I - PROPERTY				
A - DWELLING Minimum Limit	\$ 35,000	\$35,000		20% of Cov C
Maximum Limit	\$750,000(New Bus)	\$300,000	N/A	\$100,000
B - OTHER STRUCTURES Increase limits with HO 04 48	10% of Cov A	10% of Cov A	N/A	N/A
C - PERSONAL PROPERTY				
Minimum Limit	50% of Cov A	50% of Cov A	\$20,000	\$20,000 (Primary) \$10,000 (Secondary)
Maximum Limit	75% of Cov A	75% of Cov A	\$150,000	\$150,000
D - LOSS OF USE	30% of Cov A	30% of Cov A	30% of Cov C	50% of Cov C
SECTION II - LIABILITY				
E - PERSONAL LIABILITY	\$100,000/\$300,000/\$500,000/\$1,000,000 Occurrence			
F- MEDICAL PAYMENTS	\$1,000./\$3,000/\$5,000 Each Person			
DEDUCTIBLES				
POLICY	\$500, \$500/\$1000 wind/ hail, \$500/2000 wind/hail, \$1,000, \$1000/\$2000 wind/hail, \$2,000		\$250, \$500, \$1,000, \$2,000	\$250, \$500, \$1,000, \$2,000

+ = addition(s) * = revision(s) -- = deletion(s)

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B. DP-3

COVERAGE	POLICY FORM
	DWELLING DP 00 03 (DP-3)
SECTION I - PROPERTY	
SECTION I - PROPERTY A - DWELLING	
Minimum Limit	\$ 35,000
Maximum Limit	\$750,000(New Bus)
B - OTHER STRUCTURES Increase limits with DC 04 48	10% of Cov A
C - PERSONAL PROPERTY	
Minimum Limit	5% of Cov A
Maximum Limit	75% of Cov A
D/E - FAIR RENTAL VALUE / ADDN. LIVING EXPENSE	20% of Cov A
SECTION II - LIABILITY	
NOT AVAILABLE Coverage must be extended from a primary residence policy	
DEDUCTIBLES	
POLICY	\$500, \$500/\$1000 wind/ hail, \$500/2000 wind/hail, \$1,000, \$1000/\$2000 wind/hail, \$2,000

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Rule 4 Rating Procedures

A. Rating is determined by calculating the appropriate Base Premium, selecting the coverages and limits desired, and then applying the discounts and factors for the policy type being rated. The Worksheet on the next page was designed to be used with each policy form by placing the calculations made in the appropriate column. If a particular factor or discount does not apply to a policy form, the applicable cell is grayed out. As you determine the appropriate factor/rate for each discount or endorsement, you should place it in the Factor/Rate column. This factor/rate should be multiplied (x) or added (+) (depending on what is shown in the Calc. column) to the calculated amount already determined for the previous row and found in the appropriate policy form column. The calculation should be rounded to the nearest penny for the first two steps (Base Rate x Base Rate Relativity x Amount of Insurance Relativity), and to the nearest dollar at other steps.

Note that mobile-manufactured homes written on the HO-3 policy form with the MH 04 01 endorsement are separated from non-mobile-manufactured home HO-3 policies in the worksheet. Those mobile-manufactured homes written on the HO-3 policy form with the MH 04 01 endorsement are referred to as HO-3 MH.

B. The following are the available payment plan options:

1. Annual - This plan requires the insured to pre-pay the policy premium. There are no service charges associated with this option.
2. 5-Pay Installment - This plan consists of a maximum of 5 installments to be paid during the policy period with each installment including a \$5 service charge. An installment charge is not applied to the initial installment or deposit premium. The maximum amount of service charges that will be paid during any policy period in addition to premium is \$25. Regardless of the number of policies issued per household (property and auto), the \$5 installment charge will apply to only one policy. Any service charge billed prior to cancellation or change in pay plan is non-refundable.
3. E-Z Pay Installment (Electronic Fund Transfer) – This plan consists of a maximum of 12 installments to be paid during the policy period with each installment including a \$1 service charge. An installment charge is not applied to the initial installment or deposit premium. The maximum amount of service charges that will be paid during any policy period in addition to premium is \$12. Regardless of the number of policies issued per household (property and auto), the \$1 installment charge will apply to only one policy. Any service charge billed prior to cancellation or change in pay plan is non-refundable.

+ C. A \$10 late fee will be assessed if policy payment is not received by the premium due date or in the event a scheduled EFT deduction is rejected by the insured's banking institution.

+ D. A \$40 non-pay cancel rewrite (NPCR) fee will be assessed on policies that have cancelled for non-payment of premium and are rewritten with a lapse to a new policy within 60 days of cancellation. Policies reinstated without a lapse are not charged a fee.

* TABLE 18: PERSISTENCY RATING

This applies to all forms										
A. NON-WEATHER RELATED CLAIMS FACTOR										
<u>Years with CCMC</u>	<u>Paid Non-Weather Related Losses in 3 years</u>									
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9+</u>
0	1.00	1.00	1.40	2.24	2.68	3.22	3.86	4.63	5.56	6.67
0-2	1.00	1.00	1.40	2.24	2.68	3.22	3.86	4.63	5.56	6.67
3-5	0.95	0.95	1.40	2.24	2.68	3.22	3.86	4.63	5.56	6.67
6-9	0.90	0.90	1.35	2.24	2.68	3.22	3.86	4.63	5.56	6.67
10+	0.90	0.90	1.35	2.24	2.68	3.22	3.86	4.63	5.56	6.67
B. ALL OTHER CLAIMS FACTOR										
<u>Number of Paid All Other Losses in 3 years</u>										<u>Factor</u>
0 ¹										0.90
1										1.00
2										1.00
3										1.00
4										1.00
5										1.00
6										1.00
7										1.00
8										1.00
9+										1.00
Persistency Rating Factor = (Non-Weather Related Factor)*(All Other Factor) = A*B Round to 2 decimal places ¹ To receive the discount factor .90 for All Other Claims, the number of Non-Weather Related Claims must be 0 (Otherwise factor is 1.00)										

ENDORSEMENTS

MANDATORY/OPTIONAL

ELIGIBLE FORMS – RENTERS - HO 00 04 (HO-4)

FORM	DESCRIPTION	STATES
MANDATORY:		
HC AR 99	Amendment of Section II Exclusions	AR
HC 00 97 ²	Educators Coverage Enhancements And Educators Excess Liability Coverage	Multi-State
HC 00 98	Coverage Enhancements	Multi-State
HC 03 77	Inflation Protection	Multi-State
HO 00 04	Homeowners 4 - Contents Broad Form	Multi-State
HO 01 03	Special Provisions – Arkansas	AR
HO 04 96 ¹	No Section II - Liability Coverages for Home Day Care Business Limited Section I - Property Coverages for Home Day Care Business	Multi-State
OPTIONAL:		
HC 04 62	Scheduled Personal Property	Multi-State
HC 70 02	Additional Residence – Seasonal Occupancy	Multi-State
+ HO 04 10	Additional Interests – Residence Premises	Multi-State
HO 04 12	Increased Limits on Business Property	Multi-State
HO 04 14	Special Computer Coverage	Multi-State
HO 04 16	Premises Alarm or Fire Protection System	Multi-State
HO 04 42	Permitted Incidental Occupancies – Residence Premises	Multi-State
HO 04 58	Other Members of Your Household	Multi-State
HO 04 61	Scheduled Personal Property Endorsement	Multi-State
HO 04 65	Coverage C Increased Special Limits of Liability	Multi-State
HO 04 90	Personal Property Replacement Cost	Multi-State
HO 04 95	Water Back Up and Sump Discharge or Overflow	Multi-State
HO 04 97	Home Day Care Coverage Endorsement	Multi-State
HO 04 98	Refrigerated Property Coverage	Multi-State
HO 05 41	Extended Theft Coverage For Residence Premises Occasionally Rented To Others	Multi-State
HO 24 70	Additional Residence Rented to Others - 1, 2, 3, or 4 Families	Multi-State
HO 24 72	Incidental Farming Personal Liability	Multi-State

¹ Mandatory unless HO 04 97 is purchased.

² Mandatory for Educators only, and not available otherwise.

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ENDORSEMENTS

ALPHABETICAL LISTING

ALPHABETICAL ENDORSEMENT LIST

ENDORSEMENT	FORM #	USED WITH:	STATE(S)
Actual Cash Value Mobilehome	MH 04 02	HO-3 MH	Multi-State
Additional Insured – Described Location	DP 04 41	DP-3	Multi-State
Additional Insured – Residence Premises	HO 04 41	HO-3, HO-3 MH, HO-6	Multi-State
* Additional Interests – Residence Premises	HO 04 10	HO-3, HO-3 MH, HO-4, HO-6	Multi-State
Additional Residence Rented to Others – 1, 2, 3 or 4 Families	HO 24 70	HO-3, HO-3 MH, HO-4, HO-6	Multi-State
Additional Residence – Seasonal Occupancy	HC 70 02	HO-3, HO-3 MH, HO-4, HO-6	Multi-State
Amendment of Section II Exclusions	HC AR 99	HO-3, HO-3 MH, HO-4, HO-6	Arkansas
Coverage C Increased Special Limits of Liability	HO 04 65	HO-3, HO-3 MH, HO-4, HO-6	Multi-State
Coverage Enhancements	HC 00 98	HO-3, HO-3 MH, HO-4, HO-6	Multi-State
Dwelling Property 3 - Special Form	DP 00 03	DP-3	Multi-State
Dwelling Under Construction	DP 11 43	DP-3	Multi-State
Educators Coverage Enhancements And Educators Excess Liability Coverage	HC 00 97	HO-3, HO-3 MH, HO-4, HO-6	Multi-State
Excess Dwelling Coverage (Specified Additional Amount of Insurance for Coverage A – Dwelling)	DC 23 47	DP-3	Arkansas
Excess Dwelling Coverage (Specified Additional Amount of Insurance for Coverage A – Dwelling)	HO 23 47	HO-3	Arkansas
Extended Theft Coverage For Residence Premises Occasionally Rented To Others	HO 05 41	HO-3, HO-3 MH, HO-4, HO-6	Multi-State
Functional Replacement Cost Loss Settlement	DP 05 30	DP-3	Multi-State
Functional Replacement Cost Loss Settlement	HO 05 30	HO-3	Multi-State
Home Day Care Coverage Endorsement	HO 04 97	HO-3, HO-3 MH, HO-4, HO-6	Multi-State
Homeowners 3 Special Form	HO 00 03	HO-3, HO-3 MH	Multi-State

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ENDORSEMENTS**DESCRIPTIONS**

5AR.11

DP 05 30 Functional Replacement Cost Loss Settlement

This endorsement allows building losses to be settled using common construction materials and methods that are functionally equivalent to obsolete, antique or custom methods. Functional repair or replacement will never be less than the Actual Cash Value of the damaged property. There is no premium charge.

Available: DP-3.

DP 11 43 Dwelling Under Construction

This endorsement is mandatory if the dwelling under construction is written with a DP-3 policy form.

Premium Credit = (Base Premium) x 0.20.

Available: DP-3

HC AR 99 Amendment of Section II Exclusions

This endorsement excludes liability coverage for Punitive Damages. This is a mandatory endorsement and has no premium charge.

Available: HO-3, HO-3 MH, HO-4 & HO-6.

*

HC 00 97 Educators Coverage Enhancements And Educators Excess Liability

This endorsement modifies Section I, Coverage C to cover up to \$500 on fund-raising monies in the care, and control of an insured while on school premises, subject to a \$25 deductible. We will pay up to \$3,000 for loss to your "business" property used for the purpose of providing, enhancing or supplementing educational instruction away from the "residence premises" if it is used within the course and scope of your employment by a "school".

This endorsement extends the Section II Personal Liability and Medical Payments to others coverages to cover acts and omissions within the course and scope of the insured's employment by a school. The coverage provided is excess over any other collectable insurance.

There is no premium charge for this endorsement. It is mandatory for all Higher Education Group type account HO-3, HO-4 & HO-6 (primary only) policies, and is not available otherwise.

Available: HO-3, HO-3 MH, HO-4 & HO-6 (primary residence only).

HC 00 98 Coverage Enhancements

This endorsement provides additional coverages on all Primary policies, including up to \$500 for lost luggage, up to \$3,000 for computers used in business off premises, no deductible for Coverage D and \$1,000 for credit card, counterfeit money and forgery losses. Please see the endorsement to review additional information. This is a mandatory endorsement and has no premium charge.

Available: HO-3, HO-3 MH, HO-4 & HO-6 (primary residence only).

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ENDORSEMENTS**DESCRIPTIONS***** HO 04 10 Additional Interests - Residence Premises**

This endorsement notifies a non-resident person with an insurable interest (other than mortgagee) regarding policy changes and cancellation. There is no premium charge for this endorsement.

Available: HO-3, HO-3 MH, HO-4 & HO-6.

HO 04 12 Increased Limits on Business Property

This endorsement is for business property on the residence premises with a value greater than the special policy limit of \$2,500. Off premises coverage is provided at 20% of on-premises coverage. Samples are excluded from coverage.

<u>Limit On Premises</u>	<u>Premium</u>
\$5,000	\$30.00
\$7,500	\$60.00
\$10,000	\$78.00

Available: HO-3, HO-3 MH, HO-4 & HO-6 (primary residence only).

*** HO 04 14 Special Computer Coverage**

This endorsement provides "Open Perils" coverage for computer equipment. "Open Perils" coverage provides for personal property losses caused by all perils except those specifically excluded by name. This endorsement has a premium of \$30.00.

Available: HO-3, HO-3 MH, HO-4 & HO-6 (primary residence only).

HO 04 16 Premises Alarm or Fire Protection System

This endorsement provides a premium credit for permanently installed alarm or security devices. The endorsement describes the system and requires the insured to maintain the system insofar as it is within the insured's control. It also obligates the insured to notify the Company of any change in type, installation, maintenance or service arrangements, deactivation or removal of the system. This endorsement has two separate discount factors. The first one is for the type of Home Alert Protection, and the second is for the type of automatic sprinkler system.

The fire/smoke and burglar alarm type each have three variations. For each alarm type it needs to be determined if it is a Local, Complete or a Central Station alarm. A Local alarm is a device that will only alert those on the premises. To qualify for the Complete Fire/Smoke alarm there must be fire extinguishers on all floors and a Local alarm, or an alarm with detectors that activate a digital dialer that calls 911 or the fire department of a situation. To qualify for the Complete Burglar alarm there must be dead bolts on all exterior doors and a Local alarm. To qualify for the Central Station alarm there must be fire extinguishers for the fire/smoke or dead bolts for burglar, and an alarm that alerts an alarm company's central station with 24-hour monitoring. If the insured's alarm has a digital dialer that has a direct address-specific alarm that goes on at the police or fire department, and the police or fire department monitors those alarms on a 24-hour basis, it may be considered for a Central Station alarm. The various combinations are noted in Section 4, Rating along with the factors in Table 8.

The automatic sprinkler systems have two variations: Complete or Partial. A Complete system has automatic sprinklers in all areas including the bathrooms, attics, closets and attached structures. A Partial system has automatic sprinklers totally or partially omitted in bathrooms, attics, closets and attached structures. The factors are noted in Section 4, Rating in Table 9.

Available: HO-3, HO-3 MH, HO-4 & HO-6.

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Product Name: AR Rule filing 07
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Filed 10/31/2007

Comments:

Attachment:

NAIC 1-07 Trans AR-07-P-RU-03.pdf

Satisfied -Name: Filing memorandum **Review Status:** Filed 10/31/2007

Comments:

A filing memorandum is attached with exhibits A and B. Copies of superceded manual pages are attached for reference. Please note, only pages with changes are included.

Attachments:

AR 07 P RU 03 Filing Memo.pdf
Exhibit A.pdf
Exhibit B.pdf
AR Section 3 - superceded.pdf
AR Section 4 - superceded.pdf
AR Section 5 - superceded.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
California Casualty Group	033

4. Company Name(s)	Domicile	NAIC #	FEIN #
California Casualty Indemnity Exchange	California	20117	94-6064430

5. Company Tracking Number	AR-07-H-RU-03/ CALC-125263470
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Melodie L. Baird	AVP - State Filings Manager	800-288-7765 Ext 4638	650-638-1833	mbaird@calcas.com

7. Signature of authorized filer	<i>Melodie L. Baird</i>
8. Please print name of authorized filer	Melodie L. Baird

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	04.0 Homeowners
10. Sub-Type of Insurance (Sub-TOI)	04.0000 Homeowners Sub-TOI combinations
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Homeowners Multiple Peril
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 12/1/07 Renewal: 12/1/07
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	October 29, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AR-07-H-RU-03/ CALC-125263470
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of California Casualty Indemnity Exchange, I am submitting a request for approval to place revised rules for its Homeowners Multiple Peril Line, which includes Homeowners and Dwelling Property Programs, into use in Arkansas, effective December 1, 2007.

This rule filing adds a Late Payment Fee to Rule 4: Rating Procedures, under Section 4 of the Underwriting Manual. Exhibits A provides cost justification for this fee. In addition, a footnote was added to Table 13: Persistency Rating on Page 4MD.20 to clarify when the discount factor is applied. A few editorial changes or minor corrections were also made. We have included a filing memorandum and the revised and superceded Underwriting Manual pages. The revised rules will supercede all previously applicable rules and become effective in accordance with the following rule:

All new and renewal policies effective on or after December 1, 2007.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: N/A
Amount: \$25

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR-07-H-RU-03/ CALC-125263470
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
California Casualty Indemnity Exchange	0%	0%	40	\$21,628		

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)		
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		COMPANY USE	STATE USE
5a	Overall percentage rate impact for this filing		
5b	Effect of Rate Filing – Written premium change for this program		
5c	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	N/A (initial filing in Arkansas)
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7.	Effective Date of last rate revision	December 1, 2005
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	3AR.3-4 Rule 9 – Minimum and Maximum Coverages	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	4AR.2 Rule 4 – Rating Procedures	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03	4AR.29 Table 18: Persistency Rating	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

04	5AR.3 Mandatory/Optional Endorsement Listing	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05	5AR.6 Alphabetical Endorsement List	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
06	5AR.11 Endorsement Descriptions	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
07	5AR.13 Endorsement Descriptions	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

CALIFORNIA CASUALTY GROUP
HOMEOWNERS MULTIPLE PERIL – Arkansas
EFFECTIVE DATE: 12/1/2007

RULES FILING MEMORANDUM

The California Casualty Group includes California Casualty Indemnity Exchange (CCIE), California Casualty Insurance Company, California Casualty & Fire Insurance Company, and California Casualty General Insurance Company of Oregon. However, in Arkansas, California Casualty Group writes Homeowners Multiple Peril only in CCIE. The CCIE Homeowners and Dwelling Property Underwriting Manual was revised in response to this rule revision. The revised and superceded CCIE Homeowners and Dwelling Property Underwriting Manual pages are attached and changes are indicated by a “+” sign for additions, a “*” sign for revisions, and a “--” for deletions. A summary of the changes is below.

Section 3 – Eligibility

3AR.3-4 Rule 9 – Minimum and Maximum Coverage

The new business maximum coverage A limit is increased from \$500,000 to \$750,000 for HO-3 and DP-3 policies. This increase is in response to recent property appreciation in Arkansas.

Section 4 - Rating:

4AR.2 Rule 4: Rating Procedures

A \$10 Late Fee and a \$40 Non-Pay Cancel Rewrite fee were added. Exhibits A and B provide cost justifications for these fees.

4AR.29 Table 13: Persistency Rating

An editorial correction was made in this table to clarify when the discount factor of 0.95 for “Number of Paid All Other Losses in 3 years” category is applied. The footnote “To receive the discount factor of 0.95 for All Other Claims, the number of Non-Weather Related Claims must be 0 (Otherwise factor is 1.00)” was added to reduce confusion about when this discount is applicable.

Section 5 - Endorsements:

5AR.3 Eligible Form – Renters – HO 00 04 (HO-4)

The HO 04 10 – Additional Interests – Residence Premises was added to the list of optional endorsements.

5AR.6 Alphabetical Endorsement List

HO-4 was added to the column of “Used With” for the HO 04 10 – Additional Interests – Residence Premises endorsement.

5AR.11 Endorsement Descriptions

- HC 00 97 Educators Coverage Enhancements and Educators Excess Liability Coverage
The description of this endorsement was revised to better explain coverage extension.

5AR.13 Endorsement Descriptions

- HO 04 10 Additional Interests – Residence Premises endorsement
HO-4 was added to the available list under the description.
- The HO 04 14 Special Computer Coverage
The description was revised to remove “subject to functional replacement cost” since it’s not applicable.

Late Fee Cost Assumptions

"Interest" Cost	\$ 0.17	* $((\text{Average Monthly Policy Premium} \times \text{Interest Rate}) / 360) \times \text{Average \# Days Overdue}$
Material & Processing Cost	0.34	* Average Monthly Paper, Envelope & Processing Fees for Cancel Pending Notices & Rescission Notices / Avg # Cancel Pending Notices Sent Per Month
Postal Cost	0.62	* Average Monthly Postal Fees for Cancel Pending Notices & Rescission Notices / Avg # Cancel Pending Notices Sent per Month
Employee Unit Cost	2.31	* $(\text{Estimated Number of Monthly Calls Re: Cancel Pending Notices} \times \text{Unit Cost of Simple Call}) / \text{Avg \# Cancel Pending Notices Sent Per Month}$
Collection Cost	0.30	Estimated Annual Collection Fees / Average # Cancel Pending Notices Sent per Year
Uncollectible Premium Cost	\$ 5.60	Annual Uncollectible Premium (Write-offs Net of Recoveries) / Average # Cancel Pending Notices Sent per Year
Cost	\$ 9.33	

Assumptions:

* Calculated on a monthly basis - late fee charged per month.

Average Monthly Policy Premium (Average Monthly Written Premium / Average Number PIF): \$111

Average Number Policies in Force: 290,568

Interest Rate (One Year Constant Maturity Treasury Rate): 4.87%

Average Number of Days Overdue: 11

Average Number of Cancel Pending Notices Sent per Month: 11,000

Estimated Number of Monthly Calls on Cancel Pending Notices: 15% of Total Cancel Pending Notices Sent

Unit Cost of Average Call: \$7.00

Annual Collection Fees: \$40,000

Annual Uncollectible Premium (Net): \$738,914

Non Pay Cancel Rewrite Cost Assumptions

Staffing	Annual Volume ('05 survey)	4,200.00
	Annual Hours	1,890.00
	Full Time Employee	1.14
	Average Salaries and Benefits	49,783.35
	Corporate, Operations, Support Expense Allocation	69,496.13
	Annual Staffing Expense	<u>136,010.99</u>
Reports	\$5 per household	21,000.00
Materials/Postage	\$2.5/NPCR	10,500.00
	Total	<u><u>167,510.99</u></u>
	NPCR Cost/Transaction	<u><u>\$ 39.88</u></u>
		NPCR Cost/Transaction

Assumptions:

- Handle incoming phone call.
- Review customer information.
- Review loss history.
- Determine acceptability.
- Obtain policy # to assign.
- Verify if insured prefers same coverage - re-rate if necessary.
- Collect down payment plus cancelled balances.
- Bind coverage.
- Document comments.
- Verify all monies collected.
- Issue the new policy.

ELIGIBILITY

ELIGIBILITY

Rule 9 - Minimum and Maximum Coverages

The following is a summary of the minimum and maximum coverages offered.

A. HO-3, HO-3 MH, HO-4, HO-6

COVERAGE	POLICY FORM			
	HOMEOWNER HO 00 03 (HO-3)	MOBILE HOME HO-3 HO 00 03 w/ MH 04 01	RENTERS HO 00 04 (HO-4)	CONDOMINIUM HO 00 06 (HO-6)
SECTION I - PROPERTY				
A - DWELLING Minimum Limit	\$ 35,000	\$35,000		20% of Cov C
Maximum Limit	\$500,000(New Bus)	\$300,000	N/A	\$100,000
B - OTHER STRUCTURES Increase limits with HO 04 48	10% of Cov A	10% of Cov A	N/A	N/A
C - PERSONAL PROPERTY				
Minimum Limit	50% of Cov A	50% of Cov A	\$20,000	\$20,000 (Primary) \$10,000 (Secondary)
Maximum Limit	75% of Cov A	75% of Cov A	\$150,000	\$150,000
D - LOSS OF USE	30% of Cov A	30% of Cov A	30% of Cov C	50% of Cov C
SECTION II - LIABILITY				
E - PERSONAL LIABILITY	\$100,000/\$300,000/\$500,000/\$1,000,000 Occurrence			
F- MEDICAL PAYMENTS	\$1,000./\$3,000/\$5,000 Each Person			
DEDUCTIBLES				
POLICY	\$500, \$500/\$1000 wind/ hail, \$500/2000 wind/hail, \$1,000, \$1000/\$2000 wind/hail, \$2,000		\$250, \$500, \$1,000, \$2,000	\$250, \$500, \$1,000, \$2,000

+ = addition(s) * = revision(s) -- = deletion(s)

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B. DP-3

COVERAGE	POLICY FORM
	DWELLING DP 00 03 (DP-3)
SECTION I - PROPERTY	
SECTION I - PROPERTY A - DWELLING	
Minimum Limit	\$ 35,000
Maximum Limit	\$500,000(New Bus)
B - OTHER STRUCTURES Increase limits with DC 04 48	10% of Cov A
C - PERSONAL PROPERTY	
Minimum Limit	5% of Cov A
Maximum Limit	75% of Cov A
D/E - FAIR RENTAL VALUE / ADDN. LIVING EXPENSE	20% of Cov A
SECTION II - LIABILITY	
NOT AVAILABLE Coverage must be extended from a primary residence policy	
DEDUCTIBLES	
POLICY	\$500, \$500/\$1000 wind/ hail, \$500/2000 wind/hail, \$1,000, \$1000/\$2000 wind/hail, \$2,000

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Rule 4 Rating Procedures

Rating is determined by calculating the appropriate Base Premium, selecting the coverages and limits desired, and then applying the discounts and factors for the policy type being rated. The Worksheet on the next page was designed to be used with each policy form by placing the calculations made in the appropriate column. If a particular factor or discount does not apply to a policy form, the applicable cell is grayed out. As you determine the appropriate factor/rate for each discount or endorsement, you should place it in the Factor/Rate column. This factor/rate should be multiplied (x) or added (+) (depending on what is shown in the Calc. column) to the calculated amount already determined for the previous row and found in the appropriate policy form column. The calculation should be rounded to the nearest penny for the first two steps (Base Rate x Base Rate Relativity x Amount of Insurance Relativity), and to the nearest dollar at other steps.

Note that mobile-manufactured homes written on the HO-3 policy form with the MH 04 01 endorsement are separated from non-mobile-manufactured home HO-3 policies in the worksheet. Those mobile-manufactured homes written on the HO-3 policy form with the MH 04 01 endorsement are referred to as HO-3 MH.

The following are the available payment plan options:

1. Annual - This plan requires the insured to pre-pay the policy premium. There are no service charges associated with this option.
2. 5-Pay Installment - This plan consists of a maximum of 5 installments to be paid during the policy period with each installment including a \$5 service charge. An installment charge is not applied to the initial installment or deposit premium. The maximum amount of service charges that will be paid during any policy period in addition to premium is \$25. Regardless of the number of policies issued per household (property and auto), the \$5 installment charge will apply to only one policy. Any service charge billed prior to cancellation or change in pay plan is non-refundable.
3. E-Z Pay Installment (Electronic Fund Transfer) – This plan consists of a maximum of 12 installments to be paid during the policy period with each installment including a \$1 service charge. An installment charge is not applied to the initial installment or deposit premium. The maximum amount of service charges that will be paid during any policy period in addition to premium is \$12. Regardless of the number of policies issued per household (property and auto), the \$1 installment charge will apply to only one policy. Any service charge billed prior to cancellation or change in pay plan is non-refundable.

TABLE 18: PERSISTENCY RATING

This applies to all forms										
A. NON-WEATHER RELATED CLAIMS FACTOR										
<u>Years with CCMC</u>	<u>Paid Non-Weather Related Losses in 3 years</u>									
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9+</u>
0	1.00	1.00	1.40	2.24	2.68	3.22	3.86	4.63	5.56	6.67
0-2	1.00	1.00	1.40	2.24	2.68	3.22	3.86	4.63	5.56	6.67
3-5	0.95	0.95	1.40	2.24	2.68	3.22	3.86	4.63	5.56	6.67
6-9	0.90	0.90	1.35	2.24	2.68	3.22	3.86	4.63	5.56	6.67
10+	0.90	0.90	1.35	2.24	2.68	3.22	3.86	4.63	5.56	6.67
B. ALL OTHER CLAIMS FACTOR										
<u>Number of Paid All Other Losses in 3 years</u>							<u>Factor</u>			
0							0.90			
1							1.00			
2							1.00			
3							1.00			
4							1.00			
5							1.00			
6							1.00			
7							1.00			
8							1.00			
9+							1.00			
Persistency Rating Factor = (Non-Weather Related Factor)*(All Other Factor) = A*B Round to 2 decimal places										

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ENDORSEMENTS

MANDATORY/OPTIONAL

ELIGIBLE FORMS – RENTERS - HO 00 04 (HO-4)

FORM	DESCRIPTION	STATES
MANDATORY:		
HC AR 99	Amendment of Section II Exclusions	AR
HC 00 97 ²	Educators Coverage Enhancements And Educators Excess Liability Coverage	Multi-State
HC 00 98	Coverage Enhancements	Multi-State
HC 03 77	Inflation Protection	Multi-State
HO 00 04	Homeowners 4 - Contents Broad Form	Multi-State
HO 01 03	Special Provisions – Arkansas	AR
HO 04 96 ¹	No Section II - Liability Coverages for Home Day Care Business Limited Section I - Property Coverages for Home Day Care Business	Multi-State
OPTIONAL:		
HC 04 62	Scheduled Personal Property	Multi-State
HC 70 02	Additional Residence – Seasonal Occupancy	Multi-State
HO 04 12	Increased Limits on Business Property	Multi-State
HO 04 14	Special Computer Coverage	Multi-State
HO 04 16	Premises Alarm or Fire Protection System	Multi-State
HO 04 42	Permitted Incidental Occupancies – Residence Premises	Multi-State
HO 04 58	Other Members of Your Household	Multi-State
HO 04 61	Scheduled Personal Property Endorsement	Multi-State
HO 04 65	Coverage C Increased Special Limits of Liability	Multi-State
HO 04 90	Personal Property Replacement Cost	Multi-State
HO 04 95	Water Back Up and Sump Discharge or Overflow	Multi-State
HO 04 97	Home Day Care Coverage Endorsement	Multi-State
HO 04 98	Refrigerated Property Coverage	Multi-State
HO 05 41	Extended Theft Coverage For Residence Premises Occasionally Rented To Others	Multi-State
HO 24 70	Additional Residence Rented to Others - 1, 2, 3, or 4 Families	Multi-State
HO 24 72	Incidental Farming Personal Liability	Multi-State

¹ Mandatory unless HO 04 97 is purchased.

² Mandatory for Educators only, and not available otherwise.

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ENDORSEMENTS

ALPHABETICAL LISTING

ALPHABETICAL ENDORSEMENT LIST

ENDORSEMENT	FORM #	USED WITH:	STATE(S)
Actual Cash Value Mobilehome	MH 04 02	HO-3 MH	Multi-State
Additional Insured – Described Location	DP 04 41	DP-3	Multi-State
Additional Insured – Residence Premises	HO 04 41	HO-3, HO-3 MH, HO-6	Multi-State
Additional Interests – Residence Premises	HO 04 10	HO-3, HO-3 MH, HO-6	Multi-State
Additional Residence Rented to Others – 1, 2, 3 or 4 Families	HO 24 70	HO-3, HO-3 MH, HO-4, HO-6	Multi-State
Additional Residence – Seasonal Occupancy	HC 70 02	HO-3, HO-3 MH, HO-4, HO-6	Multi-State
Amendment of Section II Exclusions	HC AR 99	HO-3, HO-3 MH, HO-4, HO-6	Arkansas
Coverage C Increased Special Limits of Liability	HO 04 65	HO-3, HO-3 MH, HO-4, HO-6	Multi-State
Coverage Enhancements	HC 00 98	HO-3, HO-3 MH, HO-4, HO-6	Multi-State
Dwelling Property 3 - Special Form	DP 00 03	DP-3	Multi-State
Dwelling Under Construction	DP 11 43	DP-3	Multi-State
Educators Coverage Enhancements And Educators Excess Liability Coverage	HC 00 97	HO-3, HO-3 MH, HO-4, HO-6	Multi-State
Excess Dwelling Coverage (Specified Additional Amount of Insurance for Coverage A – Dwelling)	DC 23 47	DP-3	Arkansas
Excess Dwelling Coverage (Specified Additional Amount of Insurance for Coverage A – Dwelling)	HO 23 47	HO-3	Arkansas
Extended Theft Coverage For Residence Premises Occasionally Rented To Others	HO 05 41	HO-3, HO-3 MH, HO-4, HO-6	Multi-State
Functional Replacement Cost Loss Settlement	DP 05 30	DP-3	Multi-State
Functional Replacement Cost Loss Settlement	HO 05 30	HO-3	Multi-State
Home Day Care Coverage Endorsement	HO 04 97	HO-3, HO-3 MH, HO-4, HO-6	Multi-State
Homeowners 3 Special Form	HO 00 03	HO-3, HO-3 MH	Multi-State

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DP 05 30 Functional Replacement Cost Loss Settlement

This endorsement allows building losses to be settled using common construction materials and methods that are functionally equivalent to obsolete, antique or custom methods. Functional repair or replacement will never be less than the Actual Cash Value of the damaged property. There is no premium charge.

Available: DP-3.

DP 11 43 Dwelling Under Construction

This endorsement is mandatory if the dwelling under construction is written with a DP-3 policy form.

Premium Credit = (Base Premium) x 0.20.

Available: DP-3

HC AR 99 Amendment of Section II Exclusions

This endorsement excludes liability coverage for Punitive Damages. This is a mandatory endorsement and has no premium charge.

Available: HO-3, HO-3 MH, HO-4 & HO-6.

HC 00 97 Educators Coverage Enhancements And Educators Excess Liability

This endorsement modifies Section I, Coverage C to cover up to \$500 on fund-raising monies in the care, custody and control of an insured while on school premises, subject to a \$25 deductible. We will also pay up to \$3,000 for loss to the property of the insured used for the purpose of providing, enhancing or supplementing educational instruction away from the "residence premises" if it is used within the course and scope of your employment by a "school."

This endorsement modifies the Section II by extending the Limit of Personal Liability to cover acts and omissions within the course and scope of the insured's employment by a school. The coverage provided is excess over any other collectable insurance.

There is no premium charge for this endorsement. It is mandatory for all Higher Education Group type account HO-3, HO-4 & HO-6 (primary residence only) policies, and is not available otherwise.

Available: HO-3, HO-3 MH, HO-4 & HO-6 (primary residence only).

HC 00 98 Coverage Enhancements

This endorsement provides additional coverages on all Primary policies, including up to \$500 for lost luggage, up to \$3,000 for computers used in business off premises, no deductible for Coverage D and \$1,000 for credit card, counterfeit money and forgery losses. Please see the endorsement to review additional information. This is a mandatory endorsement and has no premium charge.

Available: HO-3, HO-3 MH, HO-4 & HO-6 (primary residence only).

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ENDORSEMENTS**DESCRIPTIONS****HO 04 10 Additional Interests - Residence Premises**

This endorsement notifies a non-resident person with an insurable interest (other than mortgagee) regarding policy changes and cancellation. There is no premium charge for this endorsement.

Available: HO-3, HO-3 MH & HO-6.

HO 04 12 Increased Limits on Business Property

This endorsement is for business property on the residence premises with a value greater than the special policy limit of \$2,500. Off premises coverage is provided at 20% of on-premises coverage. Samples are excluded from coverage.

<u>Limit On Premises</u>	<u>Premium</u>
\$5,000	\$30.00
\$7,500	\$60.00
\$10,000	\$78.00

Available: HO-3, HO-3 MH, HO-4 & HO-6 (primary residence only).

HO 04 14 Special Computer Coverage

This endorsement provides "Open Perils" coverage for computer equipment, subject to functional replacement cost. "Open Perils" coverage provides for personal property losses caused by all perils except those specifically excluded by name. This endorsement has a premium of \$30.00.

Available: HO-3, HO-3 MH, HO-4 & HO-6 (primary residence only).

HO 04 16 Premises Alarm or Fire Protection System

This endorsement provides a premium credit for permanently installed alarm or security devices. The endorsement describes the system and requires the insured to maintain the system insofar as it is within the insured's control. It also obligates the insured to notify the Company of any change in type, installation, maintenance or service arrangements, deactivation or removal of the system. This endorsement has two separate discount factors. The first one is for the type of Home Alert Protection, and the second is for the type of automatic sprinkler system.

The fire/smoke and burglar alarm type each have three variations. For each alarm type it needs to be determined if it is a Local, Complete or a Central Station alarm. A Local alarm is a device that will only alert those on the premises. To qualify for the Complete Fire/Smoke alarm there must be fire extinguishers on all floors and a Local alarm, or an alarm with detectors that activate a digital dialer that calls 911 or the fire department of a situation. To qualify for the Complete Burglar alarm there must be dead bolts on all exterior doors and a Local alarm. To qualify for the Central Station alarm there must be fire extinguishers for the fire/smoke or dead bolts for burglar, and an alarm that alerts an alarm company's central station with 24-hour monitoring. If the insured's alarm has a digital dialer that has a direct address-specific alarm that goes on at the police or fire department, and the police or fire department monitors those alarms on a 24-hour basis, it may be considered for a Central Station alarm. The various combinations are noted in Section 4, Rating along with the factors in Table 8.

The automatic sprinkler systems have two variations: Complete or Partial. A Complete system has automatic sprinklers in all areas including the bathrooms, attics, closets and attached structures. A Partial system has automatic sprinklers totally or partially omitted in bathrooms, attics, closets and attached structures. The factors are noted in Section 4, Rating in Table 9.

Available: HO-3, HO-3 MH, HO-4 & HO-6.

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