

SERFF Tracking Number: AMMH-125312734 State: Arkansas
Filing Company: American Modern Select Insurance Company State Tracking Number: AR-PC-07-026312
Company Tracking Number: 20071003-01
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
Product Name: 085 AR HO-10
Project Name/Number: 085 AR HO-10 RATE/20071003-01

Filing at a Glance

Company: American Modern Select Insurance Company

Product Name: 085 AR HO-10

SERFF Tr Num: AMMH-125312734 State: Arkansas

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: AR-PC-07-026312

Sub-TOI: 04.0005 Other Homeowners

Co Tr Num: 20071003-01

State Status:

Filing Type: Rate

Co Status:

Reviewer(s): Becky Harrington,
Betty Montesi, Brittany Yielding

Author: Krista Mahaffey

Disposition Date: 11/07/2007

Date Submitted: 10/03/2007

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):

General Information

Project Name: 085 AR HO-10 RATE

Status of Filing in Domicile:

Project Number: 20071003-01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/07/2007

State Status Changed: 10/04/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

On behalf of American Modern Home Insurance Company I am introducing for your review, our Specialty Homeowner HO-10 program. We would like to implement this program with an effective date of 12/01/2007. The corresponding form filing, project number 20070601-09, is also being submitted for your review.

Company and Contact

Filing Contact Information

Krista Mahaffey, Filing Analyst

kmahaffey@amig.com

7000 Midland Blvd

(800) 759-9008 [Phone]

Amelia, OH 45102

(513) 947-4695[FAX]

SERFF Tracking Number: AMMH-125312734 State: Arkansas
Filing Company: American Modern Select Insurance Company State Tracking Number: AR-PC-07-026312
Company Tracking Number: 20071003-01
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
Product Name: 085 AR HO-10
Project Name/Number: 085 AR HO-10 RATE/20071003-01

Filing Company Information

American Modern Select Insurance Company CoCode: 38652 State of Domicile: Ohio
7000 Midland Blvd. Group Code: 127 Company Type: Property/Casualty
Amelia, OH 45102 Group Name: State ID Number:
(513) 759-9008 ext. [Phone] FEIN Number: 38-2342976

SERFF Tracking Number: AMMH-125312734 State: Arkansas
Filing Company: American Modern Select Insurance Company State Tracking Number: AR-PC-07-026312
Company Tracking Number: 20071003-01
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
Product Name: 085 AR HO-10
Project Name/Number: 085 AR HO-10 RATE/20071003-01

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: Rate Filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Modern Select Insurance Company	\$0.00	10/03/2007	

SERFF Tracking Number: AMMH-125312734 State: Arkansas
 Filing Company: American Modern Select Insurance Company State Tracking Number: AR-PC-07-026312
 Company Tracking Number: 20071003-01
 TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
 Product Name: 085 AR HO-10
 Project Name/Number: 085 AR HO-10 RATE/20071003-01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	11/07/2007	11/07/2007

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	10/24/2007	10/24/2007	Krista Mahaffey	11/05/2007	11/05/2007
Pending Industry Response	Becky Harrington	10/05/2007	10/05/2007	Krista Mahaffey	10/22/2007	10/22/2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee Check	Note To Reviewer	Krista Mahaffey	10/08/2007	10/08/2007

SERFF Tracking Number: AMMH-125312734 State: Arkansas
Filing Company: American Modern Select Insurance Company State Tracking Number: AR-PC-07-026312
Company Tracking Number: 20071003-01
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
Product Name: 085 AR HO-10
Project Name/Number: 085 AR HO-10 RATE/20071003-01

Disposition

Disposition Date: 11/07/2007

Effective Date (New): 12/01/2007

Effective Date (Renewal):

Status: Filed

Comment: Initial filing for this program.

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMH-125312734 State: Arkansas
 Filing Company: American Modern Select Insurance Company State Tracking Number: AR-PC-07-026312
 Company Tracking Number: 20071003-01
 TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
 Product Name: 085 AR HO-10
 Project Name/Number: 085 AR HO-10 RATE/20071003-01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines		No
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		No
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Supporting Document	Response Cover Letter	Filed	Yes
Rate	Rate/Rule Filing	Filed	Yes
Rate	Rate/Rule Filing	Filed	Yes
Rate	Underwriting Guidelines	Filed	No

SERFF Tracking Number: AMMH-125312734 State: Arkansas
Filing Company: American Modern Select Insurance Company State Tracking Number: AR-PC-07-026312
Company Tracking Number: 20071003-01
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
Product Name: 085 AR HO-10
Project Name/Number: 085 AR HO-10 RATE/20071003-01

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/24/2007
Submitted Date 10/24/2007
Respond By Date

Dear Krista Mahaffey,

This will acknowledge receipt of the captioned filing.

Objection 1

- Rate/Rule Filing (Rate)

Comment:

The rule for the Enhanced Coverage endorsement must be revised by removing the water damage limitation language.

The deductible information on Page 6 of the rate manual was not revised. The base rate of \$210 was not changed. Please explain.

Please attach the revised manual pages under the Rate/Rule Schedule tab of the filing instead of the Supporting Documentation tab.

Objection 2

No Objections

Comment: Provide the underwriting guideline page containing the Claim Risk Code information.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/05/2007
Submitted Date 11/05/2007

SERFF Tracking Number: AMMH-125312734 State: Arkansas
Filing Company: American Modern Select Insurance Company State Tracking Number: AR-PC-07-026312
Company Tracking Number: 20071003-01
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
Product Name: 085 AR HO-10
Project Name/Number: 085 AR HO-10 RATE/20071003-01

Dear Becky Harrington,

Comments:

Response 1

Comments: Please see the attached copy of the policy and underwriting guidelines.

Related Objection 1

Applies To:

- Rate/Rule Filing (Rate)

Comment:

The rule for the Enhanced Coverage endorsement must be revised by removing the water damage limitation language.

The deductible information on Page 6 of the rate manual was not revised. The base rate of \$210 was not changed. Please explain.

Please attach the revised manual pages under the Rate/Rule Schedule tab of the filing instead of the Supporting Documentation tab.

Related Objection 2

Comment:

Provide the underwriting guideline page containing the Claim Risk Code information.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Rate/Rule Filing	R4	New	
Underwriting Guidelines	Claims Risk Code	New	

Sincerely,

SERFF Tracking Number: *AMMH-125312734* *State:* *Arkansas*
Filing Company: *American Modern Select Insurance Company* *State Tracking Number:* *AR-PC-07-026312*
Company Tracking Number: *20071003-01*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0005 Other Homeowners*
Product Name: *085 AR HO-10*
Project Name/Number: *085 AR HO-10 RATE/20071003-01*
Krista Mahaffey

SERFF Tracking Number: AMMH-125312734 State: Arkansas
Filing Company: American Modern Select Insurance Company State Tracking Number: AR-PC-07-026312
Company Tracking Number: 20071003-01
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
Product Name: 085 AR HO-10
Project Name/Number: 085 AR HO-10 RATE/20071003-01

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 10/05/2007

Submitted Date 10/05/2007

Respond By Date

Dear Krista Mahaffey,

This will acknowledge receipt of the captioned filing.

Objection 1

- Rate/Rule Filing (Rate)

Comment: Arkansas does not permit mandatory wind/hail deductibles in amounts greater than the other perils deductible. Please revise your rule and base rates accordingly.

Objection 2

- Rate/Rule Filing (Rate)

Comment: Insurance scoring model and justifying loss experience must be filed pursuant to ACA 23-67-409

Objection 3

- Rate/Rule Filing (Rate)

Comment: Provide the rule that contains definitions and application of the Claim Risk Code.

Objection 4

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment: Form HPCS is required with homeowner rate filings. Please complete the applicable sections and submit in Excel spreadsheet format with no formatting changes or addition of formulas.

Objection 5

- Uniform Transmittal Document-Property & Casualty (Supporting Document)

Comment: Complete the rate/rule schedule page of the UT Document or the rate section of the Rate Schedule tab.

Please feel free to contact me if you have questions.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Sincerely,

Becky Harrington

SERFF Tracking Number: AMMH-125312734 State: Arkansas
Filing Company: American Modern Select Insurance Company State Tracking Number: AR-PC-07-026312
Company Tracking Number: 20071003-01
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
Product Name: 085 AR HO-10
Project Name/Number: 085 AR HO-10 RATE/20071003-01

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/22/2007
Submitted Date 10/22/2007

Dear Becky Harrington,

Comments:

Response 1

Comments: On behalf of American Modern Select Insurance Company, I am submitting for your review responses to the questions you had regarding our recently filed HO-10 program.

Related Objection 1

Applies To:

- Rate/Rule Filing (Rate)

Comment:

Arkansas does not permit mandatory wind/hail deductibles in amounts greater than the other perils deductible. Please revise your rule and base rates accordingly.

Related Objection 2

Applies To:

- Rate/Rule Filing (Rate)

Comment:

Insurance scoring model and justifying loss experience must be filed pursuant to ACA 23-67-409

Related Objection 3

Applies To:

- Rate/Rule Filing (Rate)

Comment:

Provide the rule that contains definitions and application of the Claim Risk Code.

Related Objection 4

Applies To:

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

SERFF Tracking Number: AMMH-125312734 State: Arkansas
Filing Company: American Modern Select Insurance Company State Tracking Number: AR-PC-07-026312
Company Tracking Number: 20071003-01
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
Product Name: 085 AR HO-10
Project Name/Number: 085 AR HO-10 RATE/20071003-01

Form HPCS is required with homeowner rate filings. Please complete the applicable sections and submit in Excel spreadsheet format with no formatting changes or addition of formulas.

Related Objection 5

Applies To:

- Uniform Transmittal Document-Property & Casualty (Supporting Document)

Comment:

Complete the rate/rule schedule page of the UT Document or the rate section of the Rate Schedule tab.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Response Cover Letter

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Krista Mahaffey

SERFF Tracking Number: AMMH-125312734 *State:* Arkansas
Filing Company: American Modern Select Insurance Company *State Tracking Number:* AR-PC-07-026312
Company Tracking Number: 20071003-01
TOI: 04.0 Homeowners *Sub-TOI:* 04.0005 Other Homeowners
Product Name: 085 AR HO-10
Project Name/Number: 085 AR HO-10 RATE/20071003-01

Note To Reviewer

Created By:

Krista Mahaffey on 10/08/2007 02:30 PM

Subject:

Filing Fee Check

Comments:

Hello,

I have sent the fee for this filing to the appropriate address; check number 85003641 in the amount of \$100.

I will also be addressing the concerns I received from you as soon as possible.

Thank You.

SERFF Tracking Number: AMMH-125312734 State: Arkansas
Filing Company: American Modern Select Insurance Company State Tracking Number: AR-PC-07-026312
Company Tracking Number: 20071003-01
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
Product Name: 085 AR HO-10
Project Name/Number: 085 AR HO-10 RATE/20071003-01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMH-125312734 State: Arkansas
 Filing Company: American Modern Select Insurance Company State Tracking Number: AR-PC-07-026312
 Company Tracking Number: 20071003-01
 TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
 Product Name: 085 AR HO-10
 Project Name/Number: 085 AR HO-10 RATE/20071003-01

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Rate/Rule Filing	G1- G2,E1,T1,R1-R5	New	Send to State - AR HO-10 filing .pdf
Filed	Rate/Rule Filing	R4	New	Revised2 - Send to State - AR HO-10 filing .pdf
Filed	Underwriting Guidelines	Claims Risk Code	New	Specialty Homeowner Underwriting Guidelines.pdf

**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

GENERAL RULES

1. DEFINITIONS

- A. Dwelling – a structure used as the insured’s primary residence containing not more than 2 dwelling units or more than 3 stories.
- B. Seasonal Dwelling - a dwelling that is not the primary residence of the insured, but one that is used on an intermittent basis by the insured and his (her) immediate family.
- C. Single Building
 - a. All buildings or sections of buildings which communicate through unprotected openings.
 - b. Buildings which are separated by a space shall be considered separate buildings.
 - c. Buildings or sections of buildings which are separated by an eight (8) inch masonry party wall which pierces or rises to the underside of the roof shall be considered separate buildings. Communication between buildings through masonry party walls described above shall be protected by at least a Class “A” Fire Door installed in a masonry wall section.
- D. Construction Types – The three different construction types are defined below.
 - a. Frame (1) - Exterior walls of wood or other combustible construction, including walls with metal, stucco, or metal lath and plaster on combustible supports. Aluminum or plastic siding over frame.
 - b. Masonry Veneer (2) - Exterior wall of combustible construction veneered with masonry materials. Rated as masonry.
 - c. Masonry (3) - Exterior walls constructed of masonry materials such as adobe, brick, concrete, concrete block, stone, tile or similar materials or non-combustible materials on non-combustible supports.
 - d. Log Home (9) – Exterior walls made of full log construction.
- E. Public Fire Protection
Except in areas otherwise classified, all dwellings within the corporate limits shall take the fire protection classification of the municipality. All dwellings located outside of the corporate limits of a municipality shall be considered as unprotected, unless the fire protection in the district in which the dwelling is located is specifically classified.
- F. Supplemental Heating Device
Wood, coal, or pellet burning stoves, space heaters, fireplace inserts or any other heating device that is not centralized.
- G. Protective Devices
 - a. Central Station Burglar and/or Fire Alarm – This system is connected to an independent and fully staffed security agent from which trained operators are available to act in case of a break in or fire.
 - b. Police and/or Fire Department Alarm – This system sounds a local alarm and alerts the local police and/or fire department at the same time through receiving equipment at the police station and/or fire department.
 - c. Burglar and/or Local Fire Alarm – This system sets off a loud alarm on the premises if there is a break in or fire. It is designed to alert the inhabitants and neighbors of the break in or fire.

2. POLICY FORMS

Coverage will be written on the Homeowners 10 – Special Homeowners form contained within this filing, which will consist of:

- A. Policy form, plus,
- B. Declaration page, plus
- C. Required endorsements, if any

3. POLICY TERM

All premiums and rates contained in the Rate Section of this manual are annual unless otherwise indicated. A Homeowners 10 – Special Homeowners policy must be written for a specified term not to exceed one year. For the purpose of maintaining common anniversary dates, it is permissible to write a Homeowners 10 – Special Homeowners policy for a term of less than one year on a pro rata basis.

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

4. CHANGES

- A. All changes requiring adjustments of premium shall be computed pro rata.
- B. If a policy is amended and results in a premium adjustment of less than \$5.00, such adjustment may be waived. If there is a decrease in coverage requested by the company, the full return premium will be refunded to the Insured.

5. TRANSFER OR ASSIGNMENT

Subject to the rules of this manual and any necessary adjustment of premium, a Homeowners 10 – Special Homeowners policy may be endorsed to effect transfer to another location within the same state; or assignment from one insured to another in the event of transfer of title of the dwelling.

6. CANCELLATION

If a policy or form of coverage is cancelled or reduced at the request of the insured or by the Company, the return premium shall be calculated pro rata of the premium, subject to any applicable minimum premiums.

7. MINIMUM WRITTEN PREMIUM

No policy shall be written for less than the minimum written premium stated below. The premium shown is on an annual basis and applies to the basic product only.

Minimum Written and Earned Premium: \$100.00 per policy

Pro rata cancellation shall be allowed when cancellation is initiated by the Company.

8. WHOLE DOLLAR PREMIUM

The premium shall be rounded to the nearest whole dollar separately for each coverage provided by the policy.

A premium of \$.50 or more shall be rounded up to the next higher whole dollar.

This procedure shall apply to all interim premium adjustments, including endorsements and cancellations.

9. MANUAL PREMIUM REVISION

A manual premium revision, meaning any revision of premium applicable to the Homeowners 10 Program including changes due to reclassification of community or district, shall be made in accordance with the following procedures. The revision shall apply to any policy or endorsement with the effective date of the renewal of the policy or anniversary date of annual installment policy.

10. DEDUCTIBLES

A \$500 All Other Peril, \$1,000 Wind and Hail deductible applies to all rates and/or premiums on the dwelling, personal property and other structures. The deductible is applicable per home, per loss occurrence.

11. INSPECTION FEE (YR)

A \$35.00 inspection fee will apply to all new business policies.

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

ELIGIBILITY AND COVERAGES

I. HO-10 Program

A. Eligible Risks

- (1) One or two family, Owner Occupied dwellings
- (2) One or two family, Seasonal Occupied dwellings

B. Property Coverages

- (1) Coverage A - Dwelling
- (2) Coverage B - Other Structures - 10% of the dwelling rating base
- (3) Coverage C - Personal Property - 40% of the dwelling rating base
- (4) Coverage D - Loss of Use - 10% of the dwelling rating base

C. Liability Coverages

- (1) Personal Liability - \$25,000
- (2) Medical Payments to Others - \$500 per person
- (3) Physical Damage to Property of Others - \$250 per occurrence
- (4) Animal Liability Sublimit - \$10,000

D. Other Coverages

Automatically included when coverage on the dwelling is provided.

- (1) Debris Removal
- (2) Trees, Shrubs and Other Plants
- (3) Credit Card, Fund Transfer Card, Forgery and Counterfeit Money
- (4) Reasonable Repairs
- (5) Property Removed
- (6) Fire Department Service Charge

E. Perils Insured Against

- (1) Fire or Lightning
- (2) Windstorm or Hail
- (3) Explosion
- (4) Riot or Civil Commotion
- (5) Aircraft
- (6) Vehicles
- (7) Smoke
- (8) Volcanic Eruption
- (9) Vandalism and Malicious Mischief
- (10) Burglary (maximum \$10,000)

F. Optional Coverages or Increased Limits

The policy may be written to include:

- (1) Increased Other Structures
- (2) Increased Personal Property
- (3) Increased Loss of Use
- (4) Increased Personal Liability Limits
- (5) Increased Medical Payments to Others
- (6) Additional Residence Rented to Others
- (7) Enhanced Coverage Endorsement
- (8) Replacement Cost Loss Settlement - Cov A
- (9) Replacement Cost Loss Settlement - Cov C
- (10) Hobby Farming Coverage
- (11) Other Structures Exclusion
- (12) Animal Liability Exclusion
- (13) Roof Exclusion

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

TERRITORY DEFINITION

Unless otherwise indicated, the rates and/or premiums apply to the entire state.

Territory 70 - Remainder of State

Territory 71 - Benton, Carroll, Washington, Madison, Crawford, Sebastian, Faulkner, Garland, Saline, Hot Spring, and Clark counties.

Territory 72 - Crittenden, St. Francis, Phillips, Chicot, Pulaski, Jefferson, Desha Lee, Poinsett and Mississippi counties.

Territory 73 - City of N. Little Rock, City of Little Rock, and City of Pine Bluff

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

BASE PREMIUM COMPUTATION

1. Determine the value of the Dwelling = Dwelling limit. (round up to an even thousand)
2. Multiply the Flat Base Rate, Coverage Relativity, Territory Relativity, UVRC* Relativity that corresponds to the Dwelling Limit, Protection Class Relativity and Insurance Score Relativity.
(Base Rate * Coverage Relativity * Territory Relativity * UVRC Relativity * Protection Class Relativity * Insurance Score Relativity) = Sub Total 1 (round to the nearest penny)
3. Multiply Sub Total 1 by the total surcharge/discount percentage, as defined by the applicable Risk Code Relativity Factors (if applies)
(Sub Total 1 * Total Risk Code percentage) = Hold 1 (round to the nearest penny)
4. Add Sub Total 1 and Hold 1.
(Sub Total 1 + Hold 1) = Sub Total 2 (round to the nearest whole dollar)

*UVRC is defined as Unit Value Relativity Curve. (UVRC Relativity Tables are displayed after Program Grids on the next page)

SPECIAL PREMIUM COMPUTATION FOR OPTIONAL DEDUCTIBLE

1. Determine the applicable Deductible percentage as defined by the option chosen.
(if the deductible credit or surcharge is a flat dollar amount, this special premium computation does not apply)
2. Multiply the Deductible percentage by Sub Total 2 (Deductible percent * Sub Total 2) = Coverage Premium.
(round to the nearest whole dollar)

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

**OWNER OCCUPIED AND SEASONAL OCCUPIED
HO-10 Program (1A7/0A7)**

Product Code	Flat Base Rate	Covg Incr	Base Rate per Incr	Min Prem Amount	Min Rate Value	Min Val Accept	UVRC Code	Cov Relativity	Deductible
1A7	\$210.00	N/A	N/A	\$100.00	\$40,000	\$1,000	NEW	1.00	\$500 all other peril \$1000 wind & hail
0A7	\$210.00	N/A	N/A	\$100.00	\$40,000	\$1,000	NEW	1.00	\$500 all other peril \$1000 wind & hail

Territory Relativity Table					
70	71	72	73		
1.00	0.90	1.60	2.00		

Protection Class Relativity Table				
1-6	7	8	9	10
1.00	1.15	1.30	1.90	2.10

Insurance Score Relativity Table	
Score	Factor
1-479	1.94
480-509	1.75
510-539	1.50
540-559	1.40
560-589	1.30
0, 590-709 No Hit / Thin	1.00
710-744	0.92
745+	0.85

Multiple Family Risk Code Table	
1 Family (27)	2 Family (28)
1.00	1.10

Construction Type Risk Code Table		
Frame	Masonry	Log
1.00	0.90	0.90

Claim Risk Code Table			
0 (L0)	1 (L1)	2 (L2)	3 (L3)
0.90	1.00	1.10	1.20

Maturity Risk Code Table
Insured 50 Years of age or older
.95

Age of Home Risk Code Table			
Age of Home	Proposed Relativity		
0 - 1	0.90		
2-3	0.92		
4-5	0.94		
6-7	0.96		
8-10	0.98		
11+	1.00		

Protective Device Risk Code Table (maximum 5%)			
Central Fire Alarm	Central Burglar Alarm	Local Smoke & Burglar Alarm	Deadbolts, Smoke Alarm & Fire Extinguisher
.95	.95	.98	.98

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

UVRC RELATIVITY TABLE

For Dwellings valued in excess of the maximum Dwelling Limit indicated, add the Greater Than Factor for each additional \$1,000 to the maximum relativity listed in each table.

<u>Value</u>	<u>UVRC</u>	<u>Value</u>	<u>UVRC</u>	<u>Value</u>	<u>UVRC</u>	<u>Value</u>	<u>UVRC</u>
40,000	2.390	87,000	4.155	134,000	6.508	181,000	8.975
41,000	2.435	88,000	4.200	135,000	6.560	182,000	9.030
42,000	2.480	89,000	4.245	136,000	6.612	183,000	9.085
43,000	2.525	90,000	4.290	137,000	6.664	184,000	9.140
44,000	2.570	91,000	4.335	138,000	6.716	185,000	9.195
45,000	2.615	92,000	4.380	139,000	6.768	186,000	9.250
46,000	2.660	93,000	4.425	140,000	6.820	187,000	9.305
47,000	2.705	94,000	4.470	141,000	6.865	188,000	9.360
48,000	2.750	95,000	4.515	142,000	6.910	189,000	9.415
49,000	2.795	96,000	4.560	143,000	6.955	190,000	9.470
50,000	2.840	97,000	4.605	144,000	7.000	191,000	9.525
51,000	2.868	98,000	4.650	145,000	7.045	192,000	9.580
52,000	2.895	99,000	4.695	146,000	7.090	193,000	9.635
53,000	2.923	100,000	4.740	147,000	7.135	194,000	9.690
54,000	2.950	101,000	4.792	148,000	7.180	195,000	9.745
55,000	2.978	102,000	4.844	149,000	7.225	196,000	9.800
56,000	3.005	103,000	4.896	150,000	7.270	197,000	9.855
57,000	3.033	104,000	4.948	151,000	7.325	198,000	9.910
58,000	3.060	105,000	5.000	152,000	7.380	199,000	9.965
59,000	3.088	106,000	5.052	153,000	7.435	200,000	10.020
60,000	3.115	107,000	5.104	154,000	7.490		
61,000	3.143	108,000	5.156	155,000	7.545	<i>add'l rate per \$1,000 -</i>	0.055
62,000	3.170	109,000	5.208	156,000	7.600		
63,000	3.198	110,000	5.260	157,000	7.655		
64,000	3.225	111,000	5.312	158,000	7.710		
65,000	3.253	112,000	5.364	159,000	7.765		
66,000	3.280	113,000	5.416	160,000	7.820		
67,000	3.308	114,000	5.468	161,000	7.875		
68,000	3.335	115,000	5.520	162,000	7.930		
69,000	3.363	116,000	5.572	163,000	7.985		
70,000	3.390	117,000	5.624	164,000	8.040		
71,000	3.435	118,000	5.676	165,000	8.095		
72,000	3.480	119,000	5.728	166,000	8.150		
73,000	3.525	120,000	5.780	167,000	8.205		
74,000	3.570	121,000	5.832	168,000	8.260		
75,000	3.615	122,000	5.884	169,000	8.315		
76,000	3.660	123,000	5.936	170,000	8.370		
77,000	3.705	124,000	5.988	171,000	8.425		
78,000	3.750	125,000	6.040	172,000	8.480		
79,000	3.795	126,000	6.092	173,000	8.535		
80,000	3.840	127,000	6.144	174,000	8.590		
81,000	3.885	128,000	6.196	175,000	8.645		
82,000	3.930	129,000	6.248	176,000	8.700		
83,000	3.975	130,000	6.300	177,000	8.755		
84,000	4.020	131,000	6.352	178,000	8.810		
85,000	4.065	132,000	6.404	179,000	8.865		
86,000	4.110	133,000	6.456	180,000	8.920		

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

INCREASED LIABILITY AND SUPPLEMENTAL COVERAGES

1. Personal Liability - Basic Premiums

A. 1. Liability Options (R7)

Dwellings of up to two families are eligible for coverage provided the owner resides in part of the dwelling. Add the following to the base premium as applicable.

<u>\$25,000</u>	<u>\$50,000</u>	<u>\$100,000</u>	<u>\$300,000</u>
Included	\$15.00	\$20.00	\$35.00

Includes \$500 Medical Payments per person, \$10,000 each accident, \$500 Physical Damage to Property of Others and \$10,000 Animal Liability Sublimit.

2. Liability for Additional residences Rented to Others (M6)

To provide coverage for Additional Residences Rented to Others, the following premiums apply per home:

<u>\$25,000</u>	<u>\$50,000</u>	<u>\$100,000</u>	<u>\$300,000</u>
\$45.00	\$50.00	\$60.00	\$100.00

Includes \$500 Medical Payments per person, \$10,000 each accident and \$500 Physical Damage to Property of Others.

B. Medical Payments (1M)

The limit of liability for Medical Payments Coverage may be increased to \$1,000.

Rate: \$5.00

C. Animal Liability Exclusion (LG)

Rate: \$3.00 credit per home, per year

2. Supplemental Coverages

A. Increased Other Structures (BH)

To increase coverage for Other Structures, add the following additional premium:

For each additional \$1,000 add: \$ 5.00

B. Increased Personal Property (Product code 7A7)

To increase coverage for Personal Property, add the following additional premium:

For each additional \$1,000, add: \$5.00

C. Increased Additional Loss of Use (HJ)

To provide increased limits for Loss of Use above the 10% of Cov A included, add the following additional premium:

Rate: \$6.00 per \$1,000

D. 1. Enhanced Coverage Endorsement (HV)

The policy may be endorsed to add coverage for Water and Mold Remediation Coverage (limitation included) 10% or \$10,000, the following additional perils; Falling Objects, Collapse, Power Surge, Breakage of Glass, Weight of Ice and Snow, Sudden and Accidental Tearing Apart, Cracking, Burning or Bulging; and Accidental Discharge, Release, or Overflow of Water or Steam, Freezing and Sudden and Accidental Damage from Artificially Generated Electrical Current.

Rate: 15% of the Base Policy Premium

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E. Replacement Cost – Dwelling, Cov A (MZ)

The policy may be endorsed to include full Replacement Cost Coverage to the Dwelling.

Rate: 10% surcharge to the Base Policy Premium

F. Replacement Cost – Personal Property, Cov C (NV)

To provide full replacement cost coverage for Personal Property, the following surcharge will apply:

Rate: 10% surcharge to the Base premium

G. Hobby Farming Endorsement (GK)

To allow risk with hobby farming activities to be eligible for the program.

Rate: \$50.00

3. Miscellaneous Surcharges and Credits & Exclusions

A. Deductible Options (H9)

To increase the \$500 All Peril Deductible, \$1,000 wind and hail, apply the following credits to the base premium:

<u>Deductible</u>	<u>Premium Credit</u>
\$1,000	5%
\$2,500	10%
\$5,000	15%

If the all other peril deductible is higher than the specific wind and hail percentage deductible, the higher all other peril deductible will apply to both.

B. New Home Purchase Credit (NN)

A 10% credit will be applied to the *Total premium for those homes that are new purchases for the customer. The home MUST be 0-10 years of age and purchased within the previous 90 days of the effective date. **The credit will be removed at Policy Renewal.**

This credit is to be applied to the total Premium before any Fees. (Fees are not included)

C. Supplemental Heating Device (H3)

For dwellings equipped with a supplemental heating device, a \$50.00 premium surcharge is to be applied.

4. Miscellaneous Exclusions

A. Other Structures Exclusion (HS)

To remove coverage for Other Structures located at the insured location, subtract the following:

Rate: \$3.00 credit per home, per year.

B. Roof Exclusion (9N risk code)

Rate: \$10.00 credit per home, per year

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

FORM SECTION

POLICY AND DECLARATION PAGE

Form Number

0110-4269 (5/92)
HO10APP – AR – INS (08/07)
EQ DECLN 03 (03/00)

Title

Declaration Page
HO-10 Specialty Homeowner Application
Application Supplement – Declination of Residential Earthquake Coverage

OPTIONAL AND MANDATORY ENDORSEMENTS BY PROGRAM

Optional Endorsements

70399 (03/85)	Notice of Cancellation or Non Renewal
72935 (02/06)	Additional Residence Rented to Others
ST300 (05/06)	Homeowners 10 Policy Enhanced Coverage Endorsement -\$10,000 aggregate limit
ST700 (01/04)	Homeowners 10 Policy Replacement Cost Coverage – Cov C
STR00 (01/04)	Homeowners 10 Policy Replacement Cost Coverage - Cov A
STY00 (06/06)	Hobby Farming Coverage

ST100 (05/01)	Animal Liability Exclusion
ST900 (06/05)	Homeowners 10 Policy Other Structures Exclusion
72931 (10/06)	Homeowners Roof Exclusion Endorsement

Mandatory Endorsements

STA03 (06/07)	Special Provisions – Arkansas
ST500 (06/05)	Homeowners – 10 Policy Mold Liability Exclusion
STL00 (06/01)	Homeowners 10 Policy Lead Contamination Exclusion
STS00 (08/06)	Homeowners 10 Policy Swimming Pool Slide and Diving Board Exclusion

ALL PROGRAMS

71428 (01/06)	Arkansas Act 197 of 1987
EQN03 (03/00)	Notice to Policyholders

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

GENERAL RULES

1. DEFINITIONS

- A. Dwelling – a structure used as the insured’s primary residence containing not more than 2 dwelling units or more than 3 stories.
- B. Seasonal Dwelling - a dwelling that is not the primary residence of the insured, but one that is used on an intermittent basis by the insured and his (her) immediate family.
- C. Single Building
 - a. All buildings or sections of buildings which communicate through unprotected openings.
 - b. Buildings which are separated by a space shall be considered separate buildings.
 - c. Buildings or sections of buildings which are separated by an eight (8) inch masonry party wall which pierces or rises to the underside of the roof shall be considered separate buildings. Communication between buildings through masonry party walls described above shall be protected by at least a Class “A” Fire Door installed in a masonry wall section.
- D. Construction Types – The three different construction types are defined below.
 - a. Frame (1) - Exterior walls of wood or other combustible construction, including walls with metal, stucco, or metal lath and plaster on combustible supports. Aluminum or plastic siding over frame.
 - b. Masonry Veneer (2) - Exterior wall of combustible construction veneered with masonry materials. Rated as masonry.
 - c. Masonry (3) - Exterior walls constructed of masonry materials such as adobe, brick, concrete, concrete block, stone, tile or similar materials or non-combustible materials on non-combustible supports.
 - d. Log Home (9) – Exterior walls made of full log construction.
- E. Public Fire Protection
Except in areas otherwise classified, all dwellings within the corporate limits shall take the fire protection classification of the municipality. All dwellings located outside of the corporate limits of a municipality shall be considered as unprotected, unless the fire protection in the district in which the dwelling is located is specifically classified.
- F. Supplemental Heating Device
Wood, coal, or pellet burning stoves, space heaters, fireplace inserts or any other heating device that is not centralized.
- G. Protective Devices
 - a. Central Station Burglar and/or Fire Alarm – This system is connected to an independent and fully staffed security agent from which trained operators are available to act in case of a break in or fire.
 - b. Police and/or Fire Department Alarm – This system sounds a local alarm and alerts the local police and/or fire department at the same time through receiving equipment at the police station and/or fire department.
 - c. Burglar and/or Local Fire Alarm – This system sets off a loud alarm on the premises if there is a break in or fire. It is designed to alert the inhabitants and neighbors of the break in or fire.

Credits not to total more than 5%.

2. POLICY FORMS

Coverage will be written on the Homeowners 10 – Special Homeowners form contained within this filing, which will consist of:

- A. Policy form, plus,
- B. Declaration page, plus
- C. Required endorsements, if any

3. POLICY TERM

All premiums and rates contained in the Rate Section of this manual are annual unless otherwise indicated. A Homeowners 10 – Special Homeowners policy must be written for a specified term not to exceed one year. For the purpose of maintaining common anniversary dates, it is permissible to write a Homeowners 10 – Special Homeowners policy for a term of less than one year on a pro rata basis.

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

4. CHANGES

- A. All changes requiring adjustments of premium shall be computed pro rata.
- B. If a policy is amended and results in a premium adjustment of less than \$5.00, such adjustment may be waived. If there is a decrease in coverage requested by the company, the full return premium will be refunded to the Insured.

5. TRANSFER OR ASSIGNMENT

Subject to the rules of this manual and any necessary adjustment of premium, a Homeowners 10 – Special Homeowners policy may be endorsed to effect transfer to another location within the same state; or assignment from one insured to another in the event of transfer of title of the dwelling.

6. CANCELLATION

If a policy or form of coverage is cancelled or reduced at the request of the insured or by the Company, the return premium shall be calculated pro rata of the premium, subject to any applicable minimum premiums.

7. MINIMUM WRITTEN PREMIUM

No policy shall be written for less than the minimum written premium stated below. The premium shown is on an annual basis and applies to the basic product only.

Minimum Written and Earned Premium: \$100.00 per policy

Pro rata cancellation shall be allowed when cancellation is initiated by the Company.

8. WHOLE DOLLAR PREMIUM

The premium shall be rounded to the nearest whole dollar separately for each coverage provided by the policy.

A premium of \$.50 or more shall be rounded up to the next higher whole dollar.

This procedure shall apply to all interim premium adjustments, including endorsements and cancellations.

9. MANUAL PREMIUM REVISION

A manual premium revision, meaning any revision of premium applicable to the Homeowners 10 Program including changes due to reclassification of community or district, shall be made in accordance with the following procedures. The revision shall apply to any policy or endorsement with the effective date of the renewal of the policy or anniversary date of annual installment policy.

10. DEDUCTIBLES

A \$500 All Other Peril, \$500 Wind and Hail deductible applies to all rates and/or premiums on the dwelling, personal property and other structures. The deductible is applicable per home, per loss occurrence.

11. INSPECTION FEE (YR)

A \$35.00 inspection fee will apply to all new business policies.

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

ELIGIBILITY AND COVERAGES

I. HO-10 Program

A. Eligible Risks

- (1) One or two family, Owner Occupied dwellings
- (2) One or two family, Seasonal Occupied dwellings

B. Property Coverages

- (1) Coverage A - Dwelling
- (2) Coverage B - Other Structures - 10% of the dwelling rating base
- (3) Coverage C - Personal Property - 40% of the dwelling rating base
- (4) Coverage D - Loss of Use - 10% of the dwelling rating base

C. Liability Coverages

- (1) Personal Liability - \$25,000
- (2) Medical Payments to Others - \$500 per person
- (3) Physical Damage to Property of Others - \$250 per occurrence
- (4) Animal Liability Sublimit - \$10,000

D. Other Coverages

Automatically included when coverage on the dwelling is provided.

- (1) Debris Removal
- (2) Trees, Shrubs and Other Plants
- (3) Credit Card, Fund Transfer Card, Forgery and Counterfeit Money
- (4) Reasonable Repairs
- (5) Property Removed
- (6) Fire Department Service Charge

E. Perils Insured Against

- (1) Fire or Lightning
- (2) Windstorm or Hail
- (3) Explosion
- (4) Riot or Civil Commotion
- (5) Aircraft
- (6) Vehicles
- (7) Smoke
- (8) Volcanic Eruption
- (9) Vandalism and Malicious Mischief
- (10) Burglary (maximum \$10,000)

F. Optional Coverages or Increased Limits

The policy may be written to include:

- (1) Increased Other Structures
- (2) Increased Personal Property
- (3) Increased Loss of Use
- (4) Increased Personal Liability Limits
- (5) Increased Medical Payments to Others
- (6) Additional Residence Rented to Others
- (7) Enhanced Coverage Endorsement
- (8) Replacement Cost Loss Settlement - Cov A
- (9) Replacement Cost Loss Settlement - Cov C
- (10) Hobby Farming Coverage
- (11) Other Structures Exclusion
- (12) Animal Liability Exclusion
- (13) Roof Exclusion

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

TERRITORY DEFINITION

Unless otherwise indicated, the rates and/or premiums apply to the entire state.

Territory 70 - Remainder of State

Territory 71 - Benton, Carroll, Washington, Madison, Crawford, Sebastian, Faulkner, Garland, Saline, Hot Spring, and Clark counties.

Territory 72 - Crittenden, St. Francis, Phillips, Chicot, Pulaski, Jefferson, Desha Lee, Poinsett and Mississippi counties.

Territory 73 - City of N. Little Rock, City of Little Rock, and City of Pine Bluff

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

BASE PREMIUM COMPUTATION

1. Determine the value of the Dwelling = Dwelling limit. (round up to an even thousand)
2. Multiply the Flat Base Rate, Coverage Relativity, Territory Relativity, UVRC* Relativity that corresponds to the Dwelling Limit, Protection Class Relativity and Insurance Score Relativity.
(Base Rate * Coverage Relativity * Territory Relativity * UVRC Relativity * Protection Class Relativity * Insurance Score Relativity) = Sub Total 1 (round to the nearest penny)
3. Multiply Sub Total 1 by the total surcharge/discount percentage, as defined by the applicable Risk Code Relativity Factors (if applies)
(Sub Total 1 * Total Risk Code percentage) = Hold 1 (round to the nearest penny)
4. Add Sub Total 1 and Hold 1.
(Sub Total 1 + Hold 1) = Sub Total 2 (round to the nearest whole dollar)

*UVRC is defined as Unit Value Relativity Curve. (UVRC Relativity Tables are displayed after Program Grids on the next page)

SPECIAL PREMIUM COMPUTATION FOR OPTIONAL DEDUCTIBLE

1. Determine the applicable Deductible percentage as defined by the option chosen.
(if the deductible credit or surcharge is a flat dollar amount, this special premium computation does not apply)
2. Multiply the Deductible percentage by Sub Total 2 (Deductible percent * Sub Total 2) = Coverage Premium.
(round to the nearest whole dollar)

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

**OWNER OCCUPIED AND SEASONAL OCCUPIED
HO-10 Program (1A7/0A7)**

Product Code	Flat Base Rate	Covg Incr	Base Rate per Incr	Min Prem Amount	Min Rate Value	Min Val Accept	UVRC Code	Cov Relativity	Deductible
1A7	\$210.00	N/A	N/A	\$100.00	\$40,000	\$1,000	EH	1.00	\$500 all other peril \$500 wind & hail
0A7	\$210.00	N/A	N/A	\$100.00	\$40,000	\$1,000	EH	1.00	\$500 all other peril \$500 wind & hail

Territory Relativity Table					
70	71	72	73		
1.00	0.90	1.60	2.00		

Protection Class Relativity Table				
1-6	7	8	9	10
1.00	1.15	1.30	1.90	2.10

Insurance Score Relativity Table	
Score	Factor
1-479	1.94
480-509	1.75
510-539	1.50
540-559	1.40
560-589	1.30
0, 590-709 No Hit / Thin	1.00
710-744	0.92
745-997	0.85

Multiple Family Risk Code Table	
1 Family (27)	2 Family (28)
1.00	1.10

Construction Type Risk Code Table		
Frame	Masonry	Log
1.00	0.90	0.90

Claim Risk Code Table			
0 (L0)	1 (L1)	2 (L2)	3 (L3)
0.90	1.00	1.10	1.20

Maturity Risk Code Table
Insured 50 Years of age or older
.95

Age of Home Risk Code Table			
Age of Home	Proposed Relativity		
0 - 1	0.90		
2-3	0.92		
4-5	0.94		
6-7	0.96		
8-10	0.98		
11+	1.00		

Protective Device Risk Code Table (maximum 5%)			
Central Fire Alarm	Central Burglar Alarm	Local Smoke & Burglar Alarm	Deadbolts, Smoke Alarm & Fire Extinguisher
.95	.95	.98	.98

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**ARKANSAS
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UVRC RELATIVITY TABLE

For Dwellings valued in excess of the maximum Dwelling Limit indicated, add the Greater Than Factor for each additional \$1,000 to the maximum relativity listed in each table.

Value	UVRC	Value	UVRC	Value	UVRC	Value	UVRC
40,000	2.390	87,000	4.155	134,000	6.508	181,000	9.078
41,000	2.435	88,000	4.200	135,000	6.560	182,000	9.133
42,000	2.480	89,000	4.245	136,000	6.612	183,000	9.188
43,000	2.525	90,000	4.290	137,000	6.664	184,000	9.243
44,000	2.570	91,000	4.335	138,000	6.716	185,000	9.298
45,000	2.615	92,000	4.380	139,000	6.768	186,000	9.353
46,000	2.660	93,000	4.425	140,000	6.823	187,000	9.408
47,000	2.705	94,000	4.470	141,000	6.878	188,000	9.463
48,000	2.750	95,000	4.515	142,000	6.933	189,000	9.518
49,000	2.795	96,000	4.560	143,000	6.988	190,000	9.573
50,000	2.840	97,000	4.605	144,000	7.043	191,000	9.628
51,000	2.868	98,000	4.650	145,000	7.098	192,000	9.683
52,000	2.895	99,000	4.695	146,000	7.153	193,000	9.738
53,000	2.923	100,000	4.740	147,000	7.208	194,000	9.793
54,000	2.950	101,000	4.792	148,000	7.263	195,000	9.848
55,000	2.978	102,000	4.844	149,000	7.318	196,000	9.903
56,000	3.005	103,000	4.896	150,000	7.373	197,000	9.958
57,000	3.033	104,000	4.948	151,000	7.428	198,000	10.013
58,000	3.060	105,000	5.000	152,000	7.483	199,000	10.068
59,000	3.088	106,000	5.052	153,000	7.538	200,000	10.123
60,000	3.115	107,000	5.104	154,000	7.593	Inc. Factor	0.055
61,000	3.143	108,000	5.156	155,000	7.648		
62,000	3.170	109,000	5.208	156,000	7.703		
63,000	3.198	110,000	5.260	157,000	7.758		
64,000	3.225	111,000	5.312	158,000	7.813		
65,000	3.253	112,000	5.364	159,000	7.868		
66,000	3.280	113,000	5.416	160,000	7.923		
67,000	3.308	114,000	5.468	161,000	7.978		
68,000	3.335	115,000	5.520	162,000	8.033		
69,000	3.363	116,000	5.572	163,000	8.088		
70,000	3.390	117,000	5.624	164,000	8.143		
71,000	3.435	118,000	5.676	165,000	8.198		
72,000	3.480	119,000	5.728	166,000	8.253		
73,000	3.525	120,000	5.780	167,000	8.308		
74,000	3.570	121,000	5.832	168,000	8.363		
75,000	3.615	122,000	5.884	169,000	8.418		
76,000	3.660	123,000	5.936	170,000	8.473		
77,000	3.705	124,000	5.988	171,000	8.528		
78,000	3.750	125,000	6.040	172,000	8.583		
79,000	3.795	126,000	6.092	173,000	8.638		
80,000	3.840	127,000	6.144	174,000	8.693		
81,000	3.885	128,000	6.196	175,000	8.748		
82,000	3.930	129,000	6.248	176,000	8.803		
83,000	3.975	130,000	6.300	177,000	8.858		
84,000	4.020	131,000	6.352	178,000	8.913		
85,000	4.065	132,000	6.404	179,000	8.968		
86,000	4.110	133,000	6.456	180,000	9.023		

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**ARKANSAS
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HO-10 SPECIAL HOMEOWNERS PROGRAM**

INCREASED LIABILITY AND SUPPLEMENTAL COVERAGES

1. Personal Liability - Basic Premiums

A. 1. Liability Options (L1)

Dwellings of up to two families are eligible for coverage provided the owner resides in part of the dwelling. Add the following to the base premium as applicable.

<u>\$25,000</u>	<u>\$50,000</u>	<u>\$100,000</u>	<u>\$300,000</u>
Included	\$15.00	\$20.00	\$35.00

Includes \$500 Medical Payments per person, \$10,000 each accident, **\$250 Physical Damage** to Property of Others and \$10,000 Animal Liability Sublimit.

2. Liability for Additional residences Rented to Others (M6)

To provide coverage for Additional Residences Rented to Others, the following premiums apply per home:

<u>\$25,000</u>	<u>\$50,000</u>	<u>\$100,000</u>	<u>\$300,000</u>
\$45.00	\$50.00	\$60.00	\$100.00

Includes \$500 Medical Payments per person, \$10,000 each accident and \$500 Physical Damage to Property of Others.

B. Medical Payments (1M)

The limit of liability for Medical Payments Coverage may be increased to \$1,000.

Rate: \$5.00

C. Animal Liability Exclusion (LG)

Rate: \$3.00 credit per home, per year

2. Supplemental Coverages

A. Increased Other Structures (BH)

To increase coverage for Other Structures, add the following additional premium:

For each additional \$1,000 add: \$ 5.00

B. Increased Personal Property (Product code 7A7)

To increase coverage for Personal Property, add the following additional premium:

For each additional \$1,000, add: \$5.00

C. Increased Additional Loss of Use (HJ)

To provide increased limits for Loss of Use above the 10% of Cov A included, add the following additional premium:

Rate: \$6.00 per \$1,000

D. 1. Enhanced Coverage Endorsement (HV)

The policy may be endorsed to add coverage for Water (10% or \$10,000), the following additional perils; Falling Objects, Collapse, Power Surge, Breakage of Glass, Weight of Ice and Snow, Sudden and Accidental Tearing Apart, Cracking, Burning or Bulging; and Accidental Discharge, Release, or Overflow of Water or Steam, Freezing and Sudden and Accidental Damage from Artificially Generated Electrical Current.

Rate: 15% of the Base Policy Premium

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

E. Replacement Cost – Dwelling, Cov A (MZ)

The policy may be endorsed to include full Replacement Cost Coverage to the Dwelling.

Rate: 10% surcharge to the Base Policy Premium

F. Replacement Cost – Personal Property, Cov C (NV)

To provide full replacement cost coverage for Personal Property, the following surcharge will apply:

Rate: 10% surcharge to the Base premium

G. Hobby Farming Endorsement (GK)

To allow risk with hobby farming activities to be eligible for the program.

Rate: \$50.00

3. Miscellaneous Surcharges and Credits & Exclusions

A. Deductible Options (H9)

To increase the \$500 All Peril Deductible, \$500 wind and hail, apply the following credits to the base premium:

<u>Deductible</u>	<u>Premium Credit</u>
\$1,000	5%
\$2,500	10%
\$5,000	15%

If the all other peril deductible is higher than the specific wind and hail percentage deductible, the higher all other peril deductible will apply to both.

B. New Home Purchase Credit (NN)

A 10% credit will be applied to the *Total premium for those homes that are new purchases for the customer. The home MUST be 0-10 years of age and purchased within the previous 90 days of the effective date. **The credit will be removed at Policy Renewal.**

This credit is to be applied to the total Premium before any Fees. (Fees are not included)

C. Supplemental Heating Device (H3)

For dwellings equipped with a supplemental heating device, a \$50.00 premium surcharge is to be applied.

4. Miscellaneous Exclusions

A. Other Structures Exclusion (HS)

To remove coverage for Other Structures located at the insured location, subtract the following:

Rate: \$3.00 credit per home, per year.

B. Roof Exclusion (9N risk code)

Rate: \$10.00 credit per home, per year

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FORM SECTION

POLICY AND DECLARATION PAGE

Form Number	Title
ST000 (03/06)	HO-10 Policy
0110-4269 (5/92)	Declaration Page
HO10APP – AR – INS (08/07)	HO-10 Specialty Homeowner Application
EQ DECLN 03 (03/00)	Application Supplement – Declination of Residential Earthquake Coverage

OPTIONAL AND MANDATORY ENDORSEMENTS BY PROGRAM

Optional Endorsements

70399 (03/85)	Notice of Cancellation or Non Renewal
72935 (02/06)	Additional Residence Rented to Others
=ST303 (10/07)	Homeowners 10 Policy Enhanced Coverage - Arkansas
ST700 (01/04)	Homeowners 10 Policy Replacement Cost Coverage – Cov C
STR00 (01/04)	Homeowners 10 Policy Replacement Cost Coverage - Cov A
STY00 (06/06)	Hobby Farming Coverage
ST100 (05/01)	Animal Liability Exclusion
ST900 (06/05)	Homeowners 10 Policy Other Structures Exclusion
72931 (10/06)	Homeowners Roof Exclusion Endorsement

Mandatory Endorsements

STA03 (06/07)	Special Provisions – Arkansas
ST500 (06/05)	Homeowners – 10 Policy Mold Liability Exclusion
STL00 (06/01)	Homeowners 10 Policy Lead Contamination Exclusion
STS00 (08/06)	Homeowners 10 Policy Swimming Pool Slide and Diving Board Exclusion

ALL PROGRAMS

71428 (01/06)	Arkansas Act 197 of 1987
EQN03 (03/00)	Notice to Policyholders

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AMSIC Specialty Homeowner Underwriting Guidelines

Prior Loss History

Losses in the Past 3 years	Maximum 3 losses. No more than 1 fire or liability loss. No more than 2 of any other single cause of loss excluding weather. If the applicant has more than 5 rental properties and incurred losses exceed these guidelines then, Submit, Do Not Bind.
Fire losses > \$10,000	Provide details of fire, including preventative measures taken to prevent future fires. A copy of the fire report is required. Arsons, or intentional act by applicant NOT acceptable.
All liability losses	Maximum Coverage Available: \$100,000 Liability and \$1,000 Med Pay
Theft losses > \$5,000	Provide preventative measure taken.
Water losses > \$5,000	N/A. Mold inspection from applicant may be required.
General Guidelines	Prior losses include any loss incurred on any property and/or structure owned, rented, or leased by the applicant. Complete details regarding the loss such as cause, location, date, and the amount paid for the loss are required. All repairs from prior losses must be complete.

SERFF Tracking Number: AMMH-125312734 State: Arkansas
Filing Company: American Modern Select Insurance Company State Tracking Number: AR-PC-07-026312
Company Tracking Number: 20071003-01
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
Product Name: 085 AR HO-10
Project Name/Number: 085 AR HO-10 RATE/20071003-01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Filed 11/07/2007

Comments:

Attachment:

RATE - F777AR_021307[1].pdf

Satisfied -Name: Response Cover Letter **Review Status:** Filed 11/07/2007

Comments:

Attachments:

RATE Obj Response.pdf

Revised - Send to State - AR HO-10 filing .pdf

F779AR_021307[1].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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Modern Select Insurance Company	OH	38652	38-2342976	

5. Company Tracking Number	20071003-01
-----------------------------------	--------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Krista N. Mahaffey	Compliance Analyst	1-800-543-2644, ext. 5953	513-947-4695	KMahaffey@amig.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Krista N. Mahaffey

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

9. Type of Insurance (TOI)	Homeowners
10. Sub-Type of Insurance (Sub-TOI)	HO-10
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Arkansas HO-10 Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 12/01/2007 Renewal: N/A
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	

19. Status of filing in domicile	<input type="checkbox"/> Not Filed	<input type="checkbox"/> Pending	<input checked="" type="checkbox"/> Authorized	<input type="checkbox"/> Disapproved
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Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	20071003-01
--	-------------

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
--

Please see cover letter.

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]

Check #: Pending in our Accounting Department, will update SERFF with check number once obtained.

Amount: \$100.00

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

Effective March 1, 2007

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



AMERICAN MODERN SELECT
INSURANCE COMPANY

October 22, 2007

ARKANSAS INSURANCE DEPARTMENT
PROPERTY & CASUALTY DIVISION
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

RE: American Modern Select Insurance Company
Specialty Homeowner HO-10 Program
Initial Rate Filing
Company File number: 20070601-09
NAIC Number: 38652

Dear Reviewer,

On behalf of American Modern Home Insurance Company I would like to address questions and concerns you have regarding our HO-10 filing submission. I will address these questions in order which they were presented.

Question 1)

[Arkansas does not permit mandatory wind/hail deductibles in amounts greater than the other perils deductible. Please revise your rule and base rates accordingly.](#)

Answer: We have revised the filing to comply with Arkansas requirements. I have attached a copy for your review.

Question 2)

[Insurance scoring model and justifying loss experience must be filed pursuant to ACA 23-67-409](#)

Answer: The model was already filed with the implementation of the Dwelling insurance score program in 2006. We are using the same model for the Specialty Homeowner program.

Question 3)

[Provide the rule that contains definitions and application of the Claim Risk Code.](#)

Answer: In the Specialty Homeowner Program our underwriting guidelines state that we will accept a maximum of 3 losses in the past three years. This includes no more than 1 fire loss or liability loss and no more than 2 of any other single cause of loss excluding weather. We offer a claims credit of 10% for insured's that have 0 claims and we surcharge insured's that have 2 claims 10% and insured's that have 3 or more claims 20%. The percentage credit and surcharges were formulated based on what our competitors are offering in the state in similar homeowners programs.

Question 4)

Form HPCS is required with homeowner rate filings. Please complete the applicable sections and submit in Excel spreadsheet format with no formatting changes or addition of formulas.

Answer:

The form references HO-3, HO-4 and DP-2 type policies, the submitted program is the initial filing of our HO-10 Program.

Question 9)

Complete the rate/rule schedule page of the UT Document or the rate section of the Rate Schedule tab.

Answer: Please see the attached transmittal.

I hope that I have answered your questions about this program and appreciate the time you have taken to review our filing.

If you should have any further questions or concerns regarding this submission please feel free to contact me by phone at 1-800-759-9008 Ext. 5953 or via email at KMahaffey@amig.com.

Sincerely,



Krista N. Mahaffey
Compliance Analyst

**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

GENERAL RULES

1. DEFINITIONS

- A. Dwelling – a structure used as the insured’s primary residence containing not more than 2 dwelling units or more than 3 stories.
- B. Seasonal Dwelling - a dwelling that is not the primary residence of the insured, but one that is used on an intermittent basis by the insured and his (her) immediate family.
- C. Single Building
 - a. All buildings or sections of buildings which communicate through unprotected openings.
 - b. Buildings which are separated by a space shall be considered separate buildings.
 - c. Buildings or sections of buildings which are separated by an eight (8) inch masonry party wall which pierces or rises to the underside of the roof shall be considered separate buildings. Communication between buildings through masonry party walls described above shall be protected by at least a Class “A” Fire Door installed in a masonry wall section.
- D. Construction Types – The three different construction types are defined below.
 - a. Frame (1) - Exterior walls of wood or other combustible construction, including walls with metal, stucco, or metal lath and plaster on combustible supports. Aluminum or plastic siding over frame.
 - b. Masonry Veneer (2) - Exterior wall of combustible construction veneered with masonry materials. Rated as masonry.
 - c. Masonry (3) - Exterior walls constructed of masonry materials such as adobe, brick, concrete, concrete block, stone, tile or similar materials or non-combustible materials on non-combustible supports.
 - d. Log Home (9) – Exterior walls made of full log construction.
- E. Public Fire Protection
Except in areas otherwise classified, all dwellings within the corporate limits shall take the fire protection classification of the municipality. All dwellings located outside of the corporate limits of a municipality shall be considered as unprotected, unless the fire protection in the district in which the dwelling is located is specifically classified.
- F. Supplemental Heating Device
Wood, coal, or pellet burning stoves, space heaters, fireplace inserts or any other heating device that is not centralized.
- G. Protective Devices
 - a. Central Station Burglar and/or Fire Alarm – This system is connected to an independent and fully staffed security agent from which trained operators are available to act in case of a break in or fire.
 - b. Police and/or Fire Department Alarm – This system sounds a local alarm and alerts the local police and/or fire department at the same time through receiving equipment at the police station and/or fire department.
 - c. Burglar and/or Local Fire Alarm – This system sets off a loud alarm on the premises if there is a break in or fire. It is designed to alert the inhabitants and neighbors of the break in or fire.

Credits not to total more than 5%.

2. POLICY FORMS

Coverage will be written on the Homeowners 10 – Special Homeowners form contained within this filing, which will consist of:

- A. Policy form, plus,
- B. Declaration page, plus
- C. Required endorsements, if any

3. POLICY TERM

All premiums and rates contained in the Rate Section of this manual are annual unless otherwise indicated. A Homeowners 10 – Special Homeowners policy must be written for a specified term not to exceed one year. For the purpose of maintaining common anniversary dates, it is permissible to write a Homeowners 10 – Special Homeowners policy for a term of less than one year on a pro rata basis.

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

4. CHANGES

- A. All changes requiring adjustments of premium shall be computed pro rata.
- B. If a policy is amended and results in a premium adjustment of less than \$5.00, such adjustment may be waived. If there is a decrease in coverage requested by the company, the full return premium will be refunded to the Insured.

5. TRANSFER OR ASSIGNMENT

Subject to the rules of this manual and any necessary adjustment of premium, a Homeowners 10 – Special Homeowners policy may be endorsed to effect transfer to another location within the same state; or assignment from one insured to another in the event of transfer of title of the dwelling.

6. CANCELLATION

If a policy or form of coverage is cancelled or reduced at the request of the insured or by the Company, the return premium shall be calculated pro rata of the premium, subject to any applicable minimum premiums.

7. MINIMUM WRITTEN PREMIUM

No policy shall be written for less than the minimum written premium stated below. The premium shown is on an annual basis and applies to the basic product only.

Minimum Written and Earned Premium: \$100.00 per policy

Pro rata cancellation shall be allowed when cancellation is initiated by the Company.

8. WHOLE DOLLAR PREMIUM

The premium shall be rounded to the nearest whole dollar separately for each coverage provided by the policy.

A premium of \$.50 or more shall be rounded up to the next higher whole dollar.

This procedure shall apply to all interim premium adjustments, including endorsements and cancellations.

9. MANUAL PREMIUM REVISION

A manual premium revision, meaning any revision of premium applicable to the Homeowners 10 Program including changes due to reclassification of community or district, shall be made in accordance with the following procedures. The revision shall apply to any policy or endorsement with the effective date of the renewal of the policy or anniversary date of annual installment policy.

10. DEDUCTIBLES

A \$500 All Other Peril, \$500 Wind and Hail deductible applies to all rates and/or premiums on the dwelling, personal property and other structures. The deductible is applicable per home, per loss occurrence.

11. INSPECTION FEE (YR)

A \$35.00 inspection fee will apply to all new business policies.

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

ELIGIBILITY AND COVERAGES

I. HO-10 Program

A. Eligible Risks

- (1) One or two family, Owner Occupied dwellings
- (2) One or two family, Seasonal Occupied dwellings

B. Property Coverages

- (1) Coverage A - Dwelling
- (2) Coverage B - Other Structures - 10% of the dwelling rating base
- (3) Coverage C - Personal Property - 40% of the dwelling rating base
- (4) Coverage D - Loss of Use - 10% of the dwelling rating base

C. Liability Coverages

- (1) Personal Liability - \$25,000
- (2) Medical Payments to Others - \$500 per person
- (3) Physical Damage to Property of Others - \$250 per occurrence
- (4) Animal Liability Sublimit - \$10,000

D. Other Coverages

Automatically included when coverage on the dwelling is provided.

- (1) Debris Removal
- (2) Trees, Shrubs and Other Plants
- (3) Credit Card, Fund Transfer Card, Forgery and Counterfeit Money
- (4) Reasonable Repairs
- (5) Property Removed
- (6) Fire Department Service Charge

E. Perils Insured Against

- (1) Fire or Lightning
- (2) Windstorm or Hail
- (3) Explosion
- (4) Riot or Civil Commotion
- (5) Aircraft
- (6) Vehicles
- (7) Smoke
- (8) Volcanic Eruption
- (9) Vandalism and Malicious Mischief
- (10) Burglary (maximum \$10,000)

F. Optional Coverages or Increased Limits

The policy may be written to include:

- (1) Increased Other Structures
- (2) Increased Personal Property
- (3) Increased Loss of Use
- (4) Increased Personal Liability Limits
- (5) Increased Medical Payments to Others
- (6) Additional Residence Rented to Others
- (7) Enhanced Coverage Endorsement
- (8) Replacement Cost Loss Settlement - Cov A
- (9) Replacement Cost Loss Settlement - Cov C
- (10) Hobby Farming Coverage
- (11) Other Structures Exclusion
- (12) Animal Liability Exclusion
- (13) Roof Exclusion

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

TERRITORY DEFINITION

Unless otherwise indicated, the rates and/or premiums apply to the entire state.

Territory 70 - Remainder of State

Territory 71 - Benton, Carroll, Washington, Madison, Crawford, Sebastian, Faulkner, Garland, Saline, Hot Spring, and Clark counties.

Territory 72 – Crittenden, St. Francis, Phillips, Chicot, Pulaski, Jefferson, Desha Lee, Poinsett and Mississippi counties.

Territory 73 - City of N. Little Rock, City of Little Rock, and City of Pine Bluff

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

BASE PREMIUM COMPUTATION

1. Determine the value of the Dwelling = Dwelling limit. (round up to an even thousand)
2. Multiply the Flat Base Rate, Coverage Relativity, Territory Relativity, UVRC* Relativity that corresponds to the Dwelling Limit, Protection Class Relativity and Insurance Score Relativity.
(Base Rate * Coverage Relativity * Territory Relativity * UVRC Relativity * Protection Class Relativity * Insurance Score Relativity) = Sub Total 1 (round to the nearest penny)
3. Multiply Sub Total 1 by the total surcharge/discount percentage, as defined by the applicable Risk Code Relativity Factors (if applies)
(Sub Total 1 * Total Risk Code percentage) = Hold 1 (round to the nearest penny)
4. Add Sub Total 1 and Hold 1.
(Sub Total 1 + Hold 1) = Sub Total 2 (round to the nearest whole dollar)

*UVRC is defined as Unit Value Relativity Curve. (UVRC Relativity Tables are displayed after Program Grids on the next page)

SPECIAL PREMIUM COMPUTATION FOR OPTIONAL DEDUCTIBLE

1. Determine the applicable Deductible percentage as defined by the option chosen.
(if the deductible credit or surcharge is a flat dollar amount, this special premium computation does not apply)
2. Multiply the Deductible percentage by Sub Total 2 (Deductible percent * Sub Total 2) = Coverage Premium.
(round to the nearest whole dollar)

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**ARKANSAS
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HO-10 SPECIAL HOMEOWNERS PROGRAM**

**OWNER OCCUPIED AND SEASONAL OCCUPIED
HO-10 Program (1A7/0A7)**

Product Code	Flat Base Rate	Covg Incr	Base Rate per Incr	Min Prem Amount	Min Rate Value	Min Val Accept	UVRC Code	Cov Relativity	Deductible
1A7	\$210.00	N/A	N/A	\$100.00	\$40,000	\$1,000	NEW	1.00	\$500 all other peril \$1000 wind & hail
0A7	\$210.00	N/A	N/A	\$100.00	\$40,000	\$1,000	NEW	1.00	\$500 all other peril \$1000 wind & hail

Territory Relativity Table					
70	71	72	73		
1.00	0.90	1.60	2.00		

Protection Class Relativity Table				
1-6	7	8	9	10
1.00	1.15	1.30	1.90	2.10

Insurance Score Relativity Table	
Score	Factor
1-479	1.94
480-509	1.75
510-539	1.50
540-559	1.40
560-589	1.30
0, 590-709 No Hit / Thin	1.00
710-744	0.92
745+	0.85

Multiple Family Risk Code Table	
1 Family (27)	2 Family (28)
1.00	1.10

Construction Type Risk Code Table		
Frame	Masonry	Log
1.00	0.90	0.90

Claim Risk Code Table			
0 (L0)	1 (L1)	2 (L2)	3 (L3)
0.90	1.00	1.10	1.20

Maturity Risk Code Table
Insured 50 Years of age or older
.95

Age of Home Risk Code Table			
Age of Home	Proposed Relativity		
0 - 1	0.90		
2-3	0.92		
4-5	0.94		
6-7	0.96		
8-10	0.98		
11+	1.00		

Protective Device Risk Code Table (maximum 5%)			
Central Fire Alarm	Central Burglar Alarm	Local Smoke & Burglar Alarm	Deadbolts, Smoke Alarm & Fire Extinguisher
.95	.95	.98	.98

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**ARKANSAS
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HO-10 SPECIAL HOMEOWNERS PROGRAM**

UVRC RELATIVITY TABLE

For Dwellings valued in excess of the maximum Dwelling Limit indicated, add the Greater Than Factor for each additional \$1,000 to the maximum relativity listed in each table.

<u>Value</u>	<u>UVRC</u>	<u>Value</u>	<u>UVRC</u>	<u>Value</u>	<u>UVRC</u>	<u>Value</u>	<u>UVRC</u>
40,000	2.390	87,000	4.155	134,000	6.508	181,000	8.975
41,000	2.435	88,000	4.200	135,000	6.560	182,000	9.030
42,000	2.480	89,000	4.245	136,000	6.612	183,000	9.085
43,000	2.525	90,000	4.290	137,000	6.664	184,000	9.140
44,000	2.570	91,000	4.335	138,000	6.716	185,000	9.195
45,000	2.615	92,000	4.380	139,000	6.768	186,000	9.250
46,000	2.660	93,000	4.425	140,000	6.820	187,000	9.305
47,000	2.705	94,000	4.470	141,000	6.865	188,000	9.360
48,000	2.750	95,000	4.515	142,000	6.910	189,000	9.415
49,000	2.795	96,000	4.560	143,000	6.955	190,000	9.470
50,000	2.840	97,000	4.605	144,000	7.000	191,000	9.525
51,000	2.868	98,000	4.650	145,000	7.045	192,000	9.580
52,000	2.895	99,000	4.695	146,000	7.090	193,000	9.635
53,000	2.923	100,000	4.740	147,000	7.135	194,000	9.690
54,000	2.950	101,000	4.792	148,000	7.180	195,000	9.745
55,000	2.978	102,000	4.844	149,000	7.225	196,000	9.800
56,000	3.005	103,000	4.896	150,000	7.270	197,000	9.855
57,000	3.033	104,000	4.948	151,000	7.325	198,000	9.910
58,000	3.060	105,000	5.000	152,000	7.380	199,000	9.965
59,000	3.088	106,000	5.052	153,000	7.435	200,000	10.020
60,000	3.115	107,000	5.104	154,000	7.490		
61,000	3.143	108,000	5.156	155,000	7.545	<i>add'l rate per \$1,000 -</i>	0.055
62,000	3.170	109,000	5.208	156,000	7.600		
63,000	3.198	110,000	5.260	157,000	7.655		
64,000	3.225	111,000	5.312	158,000	7.710		
65,000	3.253	112,000	5.364	159,000	7.765		
66,000	3.280	113,000	5.416	160,000	7.820		
67,000	3.308	114,000	5.468	161,000	7.875		
68,000	3.335	115,000	5.520	162,000	7.930		
69,000	3.363	116,000	5.572	163,000	7.985		
70,000	3.390	117,000	5.624	164,000	8.040		
71,000	3.435	118,000	5.676	165,000	8.095		
72,000	3.480	119,000	5.728	166,000	8.150		
73,000	3.525	120,000	5.780	167,000	8.205		
74,000	3.570	121,000	5.832	168,000	8.260		
75,000	3.615	122,000	5.884	169,000	8.315		
76,000	3.660	123,000	5.936	170,000	8.370		
77,000	3.705	124,000	5.988	171,000	8.425		
78,000	3.750	125,000	6.040	172,000	8.480		
79,000	3.795	126,000	6.092	173,000	8.535		
80,000	3.840	127,000	6.144	174,000	8.590		
81,000	3.885	128,000	6.196	175,000	8.645		
82,000	3.930	129,000	6.248	176,000	8.700		
83,000	3.975	130,000	6.300	177,000	8.755		
84,000	4.020	131,000	6.352	178,000	8.810		
85,000	4.065	132,000	6.404	179,000	8.865		
86,000	4.110	133,000	6.456	180,000	8.920		

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

INCREASED LIABILITY AND SUPPLEMENTAL COVERAGES

1. Personal Liability - Basic Premiums

A. 1. Liability Options (R7)

Dwellings of up to two families are eligible for coverage provided the owner resides in part of the dwelling. Add the following to the base premium as applicable.

<u>\$25,000</u>	<u>\$50,000</u>	<u>\$100,000</u>	<u>\$300,000</u>
Included	\$15.00	\$20.00	\$35.00

Includes \$500 Medical Payments per person, \$10,000 each accident, \$500 Physical Damage to Property of Others and \$10,000 Animal Liability Sublimit.

2. Liability for Additional residences Rented to Others (M6)

To provide coverage for Additional Residences Rented to Others, the following premiums apply per home:

<u>\$25,000</u>	<u>\$50,000</u>	<u>\$100,000</u>	<u>\$300,000</u>
\$45.00	\$50.00	\$60.00	\$100.00

Includes \$500 Medical Payments per person, \$10,000 each accident and \$500 Physical Damage to Property of Others.

B. Medical Payments (1M)

The limit of liability for Medical Payments Coverage may be increased to \$1,000.

Rate: \$5.00

C. Animal Liability Exclusion (LG)

Rate: \$3.00 credit per home, per year

2. Supplemental Coverages

A. Increased Other Structures (BH)

To increase coverage for Other Structures, add the following additional premium:

For each additional \$1,000 add: \$ 5.00

B. Increased Personal Property (Product code 7A7)

To increase coverage for Personal Property, add the following additional premium:

For each additional \$1,000, add: \$5.00

C. Increased Additional Loss of Use (HJ)

To provide increased limits for Loss of Use above the 10% of Cov A included, add the following additional premium:

Rate: \$6.00 per \$1,000

D. 1. Enhanced Coverage Endorsement (HV)

The policy may be endorsed to add coverage for Water and Mold Remediation Coverage (limitation included) 10% or \$10,000, the following additional perils; Falling Objects, Collapse, Power Surge, Breakage of Glass, Weight of Ice and Snow, Sudden and Accidental Tearing Apart, Cracking, Burning or Bulging; and Accidental Discharge, Release, or Overflow of Water or Steam, Freezing and Sudden and Accidental Damage from Artificially Generated Electrical Current.

Rate: 15% of the Base Policy Premium

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

E. Replacement Cost – Dwelling, Cov A (MZ)

The policy may be endorsed to include full Replacement Cost Coverage to the Dwelling.

Rate: 10% surcharge to the Base Policy Premium

F. Replacement Cost – Personal Property, Cov C (NV)

To provide full replacement cost coverage for Personal Property, the following surcharge will apply:

Rate: 10% surcharge to the Base premium

G. Hobby Farming Endorsement (GK)

To allow risk with hobby farming activities to be eligible for the program.

Rate: \$50.00

3. Miscellaneous Surcharges and Credits & Exclusions

A. Deductible Options (H9)

To increase the \$500 All Peril Deductible, \$500 wind and hail, apply the following credits to the base premium:

<u>Deductible</u>	<u>Premium Credit</u>
\$1,000	5%
\$2,500	10%
\$5,000	15%

If the all other peril deductible is higher than the specific wind and hail percentage deductible, the higher all other peril deductible will apply to both.

B. New Home Purchase Credit (NN)

A 10% credit will be applied to the *Total premium for those homes that are new purchases for the customer. The home MUST be 0-10 years of age and purchased within the previous 90 days of the effective date. **The credit will be removed at Policy Renewal.**

This credit is to be applied to the total Premium before any Fees. (Fees are not included)

C. Supplemental Heating Device (H3)

For dwellings equipped with a supplemental heating device, a \$50.00 premium surcharge is to be applied.

4. Miscellaneous Exclusions

A. Other Structures Exclusion (HS)

To remove coverage for Other Structures located at the insured location, subtract the following:

Rate: \$3.00 credit per home, per year.

B. Roof Exclusion (9N risk code)

Rate: \$10.00 credit per home, per year

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**ARKANSAS
AMERICAN MODERN SELECT INSURANCE COMPANY
HO-10 SPECIAL HOMEOWNERS PROGRAM**

FORM SECTION

POLICY AND DECLARATION PAGE

<u>Form Number</u>	<u>Title</u>
ST000	HO-10 Policy
0110-4269 (5/92)	Declaration Page
HO10APP – AR – INS (08/07)	HO-10 Specialty Homeowner Application
EQ DECLN 03 (03/00)	Application Supplement – Declination of Residential Earthquake Coverage

OPTIONAL AND MANDATORY ENDORSEMENTS BY PROGRAM

Optional Endorsements

70399 (03/85)	Notice of Cancellation or Non Renewal
72935 (02/06)	Additional Residence Rented to Others
ST300 (05/06)	Homeowners 10 Policy Enhanced Coverage Endorsement -\$10,000 aggregate limit
ST700 (01/04)	Homeowners 10 Policy Replacement Cost Coverage – Cov C
STR00 (01/04)	Homeowners 10 Policy Replacement Cost Coverage - Cov A
STY00 (06/06)	Hobby Farming Coverage

ST100 (05/01)	Animal Liability Exclusion
ST900 (06/05)	Homeowners 10 Policy Other Structures Exclusion
72931 (10/06)	Homeowners Roof Exclusion Endorsement

Mandatory Endorsements

STA03 (06/07)	Special Provisions – Arkansas
ST500 (06/05)	Homeowners – 10 Policy Mold Liability Exclusion
STL00 (06/01)	Homeowners 10 Policy Lead Contamination Exclusion
STS00 (08/06)	Homeowners 10 Policy Swimming Pool Slide and Diving Board Exclusion

ALL PROGRAMS

71428 (01/06)	Arkansas Act 197 of 1987
EQN03 (03/00)	Notice to Policyholders

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REVISION		F-1	05/01/06	10/22/07

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 #	20070917-05
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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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 % Indicated Change (when applicable)	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)
AMSIC	N/A	N/A	N/A	N/A	N/A	N/A	N/A

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	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)

Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE

5a.	Overall percentage rate indication (when applicable)	N/A	
5b.	Overall percentage rate impact for this filing	N/A	
5c.	Effect of Rate Filing – Written premium change for this program	N/A	
5d.	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	N/A
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7.	Effective Date of last rate revision	N/A
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	G1 & G2, E1, T1, R1-R5, F1	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	