

<i>SERFF Tracking Number:</i>	<i>SHEL-125263086</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025838</i>
<i>Company Tracking Number:</i>	<i>03M20307</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>HO</i>		
<i>Project Name/Number:</i>	<i>Lammers/</i>		

Filing at a Glance

Company: Shelter Mutual Insurance Company

Product Name: HO

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI
Combinations

Filing Type: Rule

SERFF Tr Num: SHEL-125263086 State: Arkansas

SERFF Status: Closed

Co Tr Num: 03M20307

Co Status:

Authors: Brian Marcks, Sue
Burlingame

Date Submitted: 08/20/2007

State Tr Num: AR-PC-07-025838

State Status:

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

Disposition Date: 08/22/2007

Disposition Status: Filed

Effective Date Requested (New): 11/11/2007

Effective Date Requested (Renewal): 11/11/2007

Effective Date (New): 11/11/2007

Effective Date (Renewal):
11/11/2007

General Information

Project Name: Lammers

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 08/22/2007

State Status Changed: 08/20/2007

Corresponding Filing Tracking Number:

Filing Description:

Revisions were recently filed and approved for Policies and endorsements in our Homeowners line of insurance. In conjunction with those form revisions, we are making corresponding changes to the Homeowners manual pages. Please see the explanatory memorandum for a description of these manual page changes.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

SERFF Tracking Number: SHEL-125263086 State: Arkansas
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Brian Marcks, Coordinator of Insurance BCMarcks@shelterinsurance.com
Department Affairs
1817 West Broadway (573) 214-4165 [Phone]
Columbia, MO 65218 (573) 446-7317[FAX]

Filing Company Information

Shelter Mutual Insurance Company CoCode: 23388 State of Domicile: Missouri
1817 West Broadway Group Code: Company Type:
Columbia, MO 65218 Group Name: State ID Number:
(573) 445-8441 ext. [Phone] FEIN Number: 43-0613000

SERFF Tracking Number: SHEL-125263086 State: Arkansas
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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shelter Mutual Insurance Company	\$0.00	08/20/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1344936	\$100.00	07/03/2007

State Specific

Check_No: 1344936
Check_Amt: \$100.00
Check_Rec: N/A

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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	08/22/2007	08/22/2007

SERFF Tracking Number: *SHEL-125263086* *State:* *Arkansas*
Filing Company: *Shelter Mutual Insurance Company* *State Tracking Number:* *AR-PC-07-025838*
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TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *HO*
Project Name/Number: *Lammers/*

Disposition

Disposition Date: 08/22/2007
Effective Date (New): 11/11/2007
Effective Date (Renewal): 11/11/2007
Status: Filed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SHEL-125263086 State: Arkansas
 Filing Company: Shelter Mutual Insurance Company State Tracking Number: AR-PC-07-025838
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 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: HO
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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	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Rate	Manual Pages	Filed	Yes
Rate	Manual Pages	Filed	Yes
Rate	Manual Pages	Filed	Yes
Rate	Manual Pages	Filed	Yes

SERFF Tracking Number: SHEL-125263086

State: Arkansas

Filing Company: Shelter Mutual Insurance Company

State Tracking Number: AR-PC-07-025838

Company Tracking Number: 03M20307

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: HO

Project Name/Number: Lammers/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SHEL-125263086 State: Arkansas
 Filing Company: Shelter Mutual Insurance Company State Tracking Number: AR-PC-07-025838
 Company Tracking Number: 03M20307
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: HO
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Manual Pages	GR-1, GR-3 through GR-18, GR-20 through GR-24, GR-28 through GR-35, GR-37, GR-38 and GR-39	Replacement	
Filed	Manual Pages	R-1 and R-2	Replacement	
Filed	Manual Pages	PD-1 through PD-3	New	
Filed	Manual Pages	GR-12.a., GR-12.b., GR-15.a. and GR-15.b.	Withdrawn	AR GR, PD, R Pages 11-11-2007 Gen II.pdf

RULES AND REQUIREMENTS

1. GENERAL INSTRUCTIONS

The Homeowners Program provides property and liability coverages, using the forms and endorsements specified herein. This section contains the rules governing the writing of the Policy, adjustments to apply to basic premiums, and the rates and premiums for mandatory and optional coverages.

Note: The endorsement numbers shown on the following pages are for reference only. The current version may be found on the endorsement screen and will appear on the declaration.

2. ELIGIBILITY

a. A Special Coverage Form 3 may be issued to:

- 1) the owner-occupant of a dwelling used exclusively for private residential purposes (except as provided in the following rules) and containing no more than 2 families and no more than 2 boarders or roomers per family;
- 2) the buyer-occupant of a dwelling purchased under a contract of sale agreement, with the seller shown as an additional insured. The conditions in (1) above also apply;
- 3) the occupant of a dwelling under a life estate arrangement, with the owner shown as an additional insured. The conditions in (1) above also apply;
- 4) the intended owner-occupant of a dwelling under construction.

b. A Contents Broad Coverage Form 4 may be issued to:

- 1) the tenant of a dwelling, apartment or condominium unit;
- 2) the owner-occupant of a dwelling or a building containing an apartment who is not eligible for a Form 3 under Rule 2.a. above.

The residence premises occupied by the insured must be used exclusively for residential purposes (except as provided in the following rules) and must not be occupied by more than one additional family or more than two boarders or roomers. The policy shall identify the premises actually occupied by the insured by apartment number or other identification.

5. OTHER INSURANCE

Other insurance on the described property is not permitted except insurance against perils not covered by the Homeowners Policy.

6. ADDITIONS, REDUCTIONS OR CANCELLATION OF COVERAGES

The amount of insurance may be increased or reduced, and coverages may be added or deleted during the term of the policy; however, it is not permissible to cancel any of the mandatory coverages in the policy unless the entire policy is cancelled. Additional or return premium that results from any change or cancellation shall be computed on a pro rata basis.

The Application for Change form should be used when requesting a revision. This form provides the minimum information requirements.

COVERAGES

1. STANDARD AMOUNTS AND COVERAGES

The following table is a summary of the basic limits provided in the policy.

The specific policy form should be consulted for exact contract coverages, conditions and exclusions. Additional amounts of coverage may be purchased where indicated.

	<u>Basic Limits</u>	<u>Additional Limits Available</u>
<u>Form 3</u>		
Section I Coverages		
Dwelling - Coverage A	Base Coverage	
Other Structures - Coverage B	10% of Coverage A	Yes
Personal Property - Coverage C	55% of Coverage A	Yes
Additional Living Expense and Loss of Rents - Coverage D	20% of Coverage A	Yes
Section II Coverages		
Personal Liability - Coverage E	\$100,000 per Occurrence	Yes
Medical Payments to Others - Coverage F	\$1,000 per Person	Yes
Damage to Property of Others - Coverage G	\$1,000 per Occurrence	
<u>Form 4</u>		
Section I Coverages		
Personal Property - Coverage C	Base Coverage	
Additional Living Expense and Loss of Rents - Coverage D	20% of Coverage C	Yes
Section II Coverages		
Personal Liability - Coverage E	\$100,000 per Occurrence	Yes
Medical Payments to Others - Coverage F	\$1,000 per Person	Yes
Damage to Property of Others - Coverage G	\$1,000 per Occurrence	
<u>Form 6</u>		
Section I Coverages		
Building Property - Coverage A	20% of Coverage C	Yes
Other Structures - Coverage B	\$1,000	Yes
Personal Property - Coverage C	Base Coverage	
Additional Living Expense and Loss of Rents - Coverage D	40% of Coverage C	Yes
Section II Coverages		
Personal Liability - Coverage E	\$100,000 per Occurrence	Yes
Medical Payments to Others - Coverage F	\$1,000 per Person	Yes
Damage to Property of Others - Coverage G	\$1,000 per Occurrence	

2. SPECIAL LIMITS ON CERTAIN PROPERTY

Coverage C under all forms contains special limits for the following groups of personal property.

The specific policy form should be consulted for exact contract coverages, conditions and exclusions. Additional limits may be purchased for those groups where indicated.

<u>Special Limit</u>	<u>Personal Property Group</u>	<u>Additional Limits Available</u>
\$ 200	Money, bank notes, bullion, coins, medals and other numismatic property	Yes
\$1,000	Securities, accounts, deeds, evidence of debt, letters of credit, notes other than bank notes, passports, tickets, stamps and other philatelic property	
\$1,000	Watercraft, including their trailers, furnishings, equipment and outboard motors	
\$1,000	Trailers not used to transport watercraft	
\$1,000	Theft of jewelry, watches, precious and semi-precious stones and precious metals including platinum, gold and silver, and furs, including any article containing fur if that fur accounts for its principal value	Yes
\$1,000	Manuscripts	
\$5,000	Theft of silverware and goldware	Yes
\$2,000	Theft of guns and related equipment	Yes
\$2,000	Theft of Archery Equipment	Yes
\$1,000	Grave markers (whether or not attached to realty)	
\$2,500	Business property on the premises*	
\$ 250	Business property away from the premises*	
\$1,000	Recreational Motor Vehicles	
\$1,000	Personal Property you do not own	
\$500	Audio tapes, video tapes, audio discs, video discs and all other electronic media while located <u>AWAY</u> from the residence premises.	
\$1,000	Collector cards	
\$1,000	Comic books	
\$500	Parts and accessories for motorized vehicles which are not permanently attached to a motorized vehicle	

***Limits only available for a business conducted off the residence premises.**

3. ADDITIONAL COVERAGES

Each of the Homeowner Forms automatically provide additional coverages.

The specific policy form should be consulted for exact contract coverages, limits, conditions and exclusions. Additional limits may be purchased for those coverages indicated.

a. Section I Additional Coverages

<u>Coverage</u>	<u>Limit</u>	<u>Additional Limits Available</u>
Hauling Away of Damaged Property	Reasonable Amount	
Fire Department Charges	\$500	Yes
Damage to Covered Property During Emergency Removal	Cov. C	
*Losses to Trees, Shrubs, Plants and Lawns	% of A or C	
Hauling Away of Damaged Trees, Shrubs, Plants & Lawns	** Reasonable Amount	
Credit Card, Charge Plate, Fund Transfer Card, Check Forgery and Counterfeit Money	\$1,000	
Refrigerated Foods Products	\$500 Aggregate	
Building Additions and Alterations (Form 4)	% of C	Yes
Outdoor Antennas, Reception Dishes And Equipment (Form 4)	\$200	Yes

* Wind or Hail coverage not included, but may be purchased separately.

** May be subject to aggregate.

b. Section II Additional Coverages

<u>Coverage</u>	<u>Limit</u>	<u>Additional Limits Available</u>
Claim Costs and Expenses	Cost Incurred	

BASIC PREMIUM ADJUSTMENTS

1. CONSTRUCTION DEFINITIONS

Premiums for all forms will be determined by the following construction definitions:

- a. A dwelling with walls of masonry or masonry veneered construction, except as provided for below, shall be rated as Masonry.
- b. A dwelling with walls of frame, or metal sheathed or stuccoed frame construction, or with walls of metal lath and plaster on combustible supports, shall be rated as Frame.
- c. Dwellings of mixed construction shall be classed according to the predominate type of construction.

2. FIRE PROTECTION RULES

Risks are rated according to the class of the **responding** department.

Special Fire Protection Rules will apply to eligible property located in areas designated by ISO as Protection Class 9 or 10 when the property is within 5 miles travel distance by an all weather road of a Class 8 or better **responding** fire department. The rating classification will be determined using the protection classification of the **responding** department and the distance to the nearest public fire hydrant in accordance with the following table:

Class of responding <u>Fire Department</u>	<u>Rating Classification</u>	
	<u>Public Fire Hydrant within 1,000 feet (Yes)</u>	<u>No Public Fire Hydrant within 1,000 feet (No)</u>
1	1Y	1N
2	2Y	2N
3	3Y	3N
4	4Y	4N
5	5Y	5N
6	6Y	6N
7	7Y	7N
8	8Y	8N

If any part of a platted subdivision is within 5 miles, all property in the subdivision shall be considered as being within 5 miles.

Premium reductions due solely to an improvement in the Protection Class that applies to the insured property will be made on a pro rata basis at the insured's request.

3. ISOLATED RISKS

An isolated risk is defined as property located in a Protection Class 10 area, not within the city limits of an incorporated city, and more than 5 miles from a Protection Class 8 or better fire department, whether responding or not. If a risk fits this definition, apply Protection Class 11 premiums.

4. DEDUCTIBLES

All Homeowners forms contain a Loss Deductible Clause applicable to loss under Section I of the policy. The Loss Deductible Clause **DOES NOT** apply to losses under Coverage D or Fire Department Charges. This clause applies to each occurrence. The company is liable only for the amount of loss in excess of the deductible.

Form 3 ONLY: An optional 1% or 2% (of Coverage A amount) Wind or Hail deductible (B-636-B) is available. The deductible amount applicable to Wind or Hail losses will be the **greater** of 1% or 2% (of Coverage A amount) or the base deductible.

The Base Rate pages reflect a \$500 deductible. Other deductible options may be calculated using the adjustments listed below against the \$500 premium.

Forms 4 and 6 ONLY: The Base Rate pages reflect a \$250 deductible. Other deductible options may be calculated using the adjustments listed below against the \$250 premium.

Non-Wind/Hail Deductibles	Form 3 - Wind/Hail Deductibles			Forms 4 & 6
	None	1%	2%	None
# 50	1.47	1.33	1.19	1.31
# 100	1.39	1.27	1.13	1.16
# 250	1.12	1.05	.97	1.00
500	1.00	.95	.88	0.82
750	.91	.88	.83	0.71
1,000	.83	.81	.77	0.62
1,500	.76	.74	.72	0.60
2,000	.70	.69	.67	0.59
2,500	.67	.66	.65	0.57
5,000	.62	.61	.60	0.52

Available only to Form 3 policies originally written before 08-25-2004 with a \$50, \$100 or \$250 all peril deductible and to Form 4 & 6 policies written before 08-25-2004 with a \$50 or \$100 all peril deductible.

The deductible factors shown for Forms 4 & 6 above are used to calculate the basic premium only. Form 3 deductible factors should be used to adjust supplemental rates for all forms where deductible applies.

5. PREMIUM ADJUSTMENTS

Apply adjustments according to the Premium Determination Chart.

a. **New Home Under Construction Discount (Form 3, Primary & Secondary Dwellings) (B-748-B)**

When a policy is written on a home under construction, the "Under Construction" discount will apply for the first year. To qualify for this discount, coverage must be written when construction begins. Homes which qualify for this discount shall receive a **40% premium credit** for one year.

After the first year of coverage, the "New Home" discount schedule will be applied, beginning with the "Current Calendar Year" discount.

DO NOT APPLY b. OR c. BELOW WHILE THE "UNDER CONSTRUCTION" DISCOUNT APPLIES.

b. **Protective Devices Credit (All Forms, Primary & Secondary Dwellings)**

A credit is allowed for an approved, properly installed and properly maintained alarm system in the dwelling. There must be at least one fire or smoke alarm on each level of the dwelling, dead bolt locks on all exterior doors, and all accessible doors and windows must be covered by a "Complete Home Burglar Alarm" if credit is given for any of these items. No combination of credits other than those listed are allowed.

The appropriate letter (A, B, C, etc.) and the corresponding percent credit are to be shown on the application.

<u>Letter</u>	<u>Description</u>	<u>% Credit</u>
A	Ultrasonic Home Burglar Alarm	2%
B	Fire or Smoke Home Alarm	2%
C	Both "A" and "B" above	4%
D	Complete Home Burglar Alarm	5%
E	Both "B" and "D" above	5%
F	Fire or Smoke Alarm, Deadbolt Locks, and Fire Extinguisher	5%
G	Both "A" and "F" above	5%
H	Both "D" and "F" above	5%
I	Fire or Burglar Alarm Reporting to Fire, Police or other recognized central station	5%
J	"I" above plus Deadbolt Locks and Fire Extinguisher	5%

(Do not apply while the policy is receiving the "Under Construction" discount.)

5. PREMIUM ADJUSTMENTS (Cont.)

c. New Home Discount (Form 3, Primary & Secondary Dwellings)

Dwellings completed and first occupied during the current calendar year or eligible preceding calendar years are eligible for a "New Home" discount. If the year first occupied is different from the year completed, use the later year.

(Do not apply while the policy is receiving the "Under Construction" discount.)

<u>Year Completed or First Occupied</u>	<u>New Home</u>
Current Calendar Year	40%
1 Year Preceding	40%
2 Years Preceding	35%
3 Years Preceding	30%
4 Years Preceding	24%
5 Years Preceding	18%
6 Years Preceding	12%
7 Years Preceding	6%
8 Years Preceding	3%

d. Heating System Discount (All Dwellings, All Forms)

Eligible property in Protection Classes 8Y, 6N-8N, 8, 9, 10 and 11 shall receive a discount of **15%**, if **NO** type of solid fuel heating device (wood, coal, etc.) is present. A conventional fireplace will qualify if no other type of solid fuel heating is used. A freestanding fireplace or a fireplace with an insert will not qualify.

e. Companion Policy Discount (Primary and Secondary, All Forms)

A **20%** discount applies when the named insured is also the named insured on a Shelter Mutual or General Automobile policy written on a Private Passenger Automobile or Business Use Vehicle (T2, J2 or L) rating classification.

f. Claim Free Discount (Primary and Secondary, All Forms)

A policy will qualify for a 10% Claim Free Discount when the following conditions have been met:

- (1) the policy has been in force for at least 6 consecutive years; **and**
- (2) the policy has had no paid claims having an occurrence date in the 6-year period ending 35 days prior to the renewal effective date.

Once a policy qualifies for the discount, the policy will retain the discount on all subsequent renewals.

Earthquake, Medical Payment and Identity Fraud claims will be disregarded in assessing qualification for the discount.

5. PREMIUM ADJUSTMENTS (Cont.)

g. ## Improved Home Discount (Form 3, Primary & Secondary Dwellings)

Renovated dwellings that have had any of the following improvements during the current calendar year or eligible preceding calendar years are eligible for an "Improved Home" discount. Eligible improvements are:

- (1) Electrical Service - improvements must include the replacement of fuse or breaker boxes, switches, and all fixtures and wiring.
- (2) Heating and Cooling System - improvements must include furnace and air conditioning replacements, or replacement of burners on furnaces and compressors on central air conditioning systems when both systems are present.
- (3) Plumbing - improvements must include the installation of new water lines within the structure and plumbing.

The above improvements must be completed by a qualified contractor, and all work must conform to local code requirements.

The appropriate discount is determined by the calendar year in which the home improvement was completed. If a dwelling qualifies for the New and Improved Home discount at the same time, apply the discount that generates the greatest credit first. When that discount ends, the other discount (if still applicable) can then apply. If more than one Improved Home discount applies, the amount of Improved Home discount shall be the sum of all applicable credits.

(Do not apply while the policy is receiving the "Under Construction" discount.)

<u>Year Completed or First Occupied</u>	<u>Improved Home</u>		
	<u>Electrical</u>	<u>Heating/ Cooling</u>	<u>Plumbing</u>
Current Calendar Year	13%	8%	4%
1 Year Preceding	13%	8%	4%
2 Years Preceding	13%	8%	4%
3 Years Preceding	11%	6%	4%
4 Years Preceding	9%	5%	3%
5 Years Preceding	7%	4%	2%
6 Years Preceding	5%	3%	1%
7 Years Preceding	3%	2%	0%
8 Years Preceding	1%	1%	0%

NOTE: This discount is available only to policies in force prior to 08-25-2004 that were already receiving the discount.

5. PREMIUM ADJUSTMENTS (Cont.)

h. Claim Surcharge (Primary and Secondary, All Forms)

A surcharge may apply to a policy based on the policyholder's claims experience. For new business, the surcharge will be determined by the type and number of paid claims **of more than \$250** occurring in the 3-year period immediately preceding the date of the application. For renewal business, the surcharge will be determined, at each renewal, by the type and number of paid claims **of more than \$250** occurring in the 3-year period ending 35 days prior to the renewal effective date.

In determining the surcharge, Earthquake, Medical Payment and Identity Fraud claims will be disregarded. Wind, Hail, Lightning, and Weight of Ice, Sleet, or Snow claims will be considered Weather claims. Per the table below, Weather claims are recorded but not surcharged. All other claims will be considered Non-Weather claims.

Note: For those policies in force prior to 08-25-2004, only eligible claims that occur on or after 08-25-2004 will be considered when calculating the Claims Surcharge.

Number of Claims	Non-Weather				
	Weather	0	1	2	3
0	0%	30%	85%	85%	85%
1	0%	30%	85%	85%	85%
2	0%	30%	85%	85%	85%
3	0%	30%	85%	85%	85%
4+	0%	30%	85%	85%	85%

6. TOWNHOUSES OR ROW HOUSES

The owner-occupant of a one or two family unit Townhouse or Row House may qualify for a homeowners policy. The appropriate rating factor is determined by the number of units in the fire division.

If the building is not divided into fire divisions through the use of fire walls, then the rating factors are determined by the number of units in the building.

An eligible two family unit is to be considered as two individual units for the purpose of determining the appropriate factor.

		<u>Number of individual units in fire division</u>		
<u>Protection Class</u>		<u>1-2</u>	<u>3-4</u>	<u>5+</u>
	All	1.00	1.10	1.25
11-11-2007	Homeowners	GR-12	AR	Shelter Mutual

7. CONDOMINIUM UNITS (FORM-6)

Condominium units are individually owned living units in a planned unit development, townhouse development, or any similar unit development governed by an association of all unit owners.

Unit owners are normally responsible for that portion of the structure that is within their unit walls. The commonly owned areas such as roofs, foundations, entryways, stairwells, plumbing and electrical service are covered under a "Master Policy". This policy is written in the name of the association of all unit owners. Such individually owned units may qualify for a Homeowners Form 6 policy.

Condominium Unit Owners - Rental to Others (B-376-B)

The policy may be extended to include coverage for personal property when the premises is rented to others. This endorsement is designed for the unit that is primarily owner-occupied, but is rented to others on only an occasional basis, not to exceed 60 days per year.

When the unit is rented to others 60 days or less per year, **an additional charge of 25% applies.**

Condominium Unit Owners - Rental/Seasonal Occupancy (B-523-B)

The policy may be endorsed to provide coverage for personal property when the premises is unoccupied or when the premises is rented to others on more than just an occasional basis. This is designed for the unit that is rented more than 60 days per year. Both Sections I and II of the policy are altered by this endorsement when the unit is not owner occupied.

When the unit is rented to others more than 60 days per year, or when it is occupied on a seasonal basis, **an additional charge of 50% applies.**

8. POLICY TERM

All premiums contained in this manual are for a 12 month term. However, 3 and 6 month policy terms are also available. The policy may then be continued for successive terms upon payment of the required premium to the company on or before the inception date of each successive term.

<u>Term</u>	<u>Factor</u>	<u>Term Premium</u>
6 mo.	.50	\$10
3 mo.	.25	\$10

9. RESERVED FOR FUTURE USE

10. PREMIUM ROUNDING

The twelve month term premiums determined in accordance with any rule in this manual shall be rounded to the nearest dollar, separately for each item and each coverage. For this purpose, an amount of fifty cents or more shall be considered a dollar.

The premium for a policy written for a term of three or six months shall be based on the rounded twelve month term premium and dollar rounded after application of the term rule.

The minimum premium of \$1 shall be charged per item or per endorsement for each coverage written regardless of policy term.

TIER PLACEMENT

Policies written as **new business** with an effective date on or after March 29, 2001, will be assigned to one of the following 6 tiers:

<u>Description</u>	<u>Tier Code</u>	<u>Tier Factor</u>
Shelter Mutual Tier 1	1000	.90
Shelter Mutual Tier 2	2000	.95
Shelter Mutual Tier 3	3000	1.00
Shelter Mutual Tier 4	4000	1.15
Shelter Mutual Tier 5	5000	1.40
Shelter Mutual Tier 6	6000	1.85

Unless the insured requests to be retired, **renewal business** originally written prior to March 29, 2001, will be assigned to the following tier:

<u>Tier Code</u>	<u>Tier Factor</u>
9998	1.00

Upon the insured's request, a policy's tier will be reevaluated. The policy's tier will only be changed if it is advantageous to the insured.

In addition, if a policy's tier has not been reevaluated in the previous three years, the tier will be automatically reevaluated during the renewal process. Again, the policy's tier will only be changed if it is advantageous to the insured.

The appropriate tier factor is applied to the base rate.

11. PREMIUM INTERPOLATION

Policies may be written, in multiples of \$100, for amounts of coverage not shown in the Base Rate Pages. The premium for a policy amount not shown shall be obtained by interpolation.

Example of interpolation:

A premium is desired for a policy amount of \$81,500 which falls between \$80,000 and \$82,000 shown on the Amount of Insurance pages.

Determine the appropriate premium for \$80,000 and \$82,000 following steps **1 and 2** on the Premium Determination Chart.

- | a. Policy Amounts Shown | Premium Calculated |
|--|--------------------------------------|
| \$82,000 | \$310 |
| <u>80,000</u> | <u>272</u> |
| \$ 2,000 Difference (Amount) | \$ 38 Difference (Premium) |
| | |
| b. $\frac{1,500 - \text{Additional (Amount)}}{2,000 - \text{Difference (Amount)}}$ | X \$ 38 - Difference (Prem.) = \$29* |
| | *Round to nearest dollar |
| | |
| c. \$ 272 (Premium for \$80,000) | |
| <u>29</u> (Premium for additional \$1,500) | |
| \$ 301 (Premium for \$81,500) | |
| | |
| d. Continue with the steps on the Premium Determination Chart to derive the BASIC PREMIUM. | |

A. Section I (Cont.)

- 6. Building Additions and Alterations, Form 4 - Additional Coverages (B-352-B)** - This coverage is not provided in the unendorsed Form 4 policy. Rate per \$1,000

Prot.	Policy Deductible
<u>Class</u>	<u>\$500</u>
ALL	\$4.45

- 7. Building Property, Form 6, Coverage A** - Rate per \$1,000

Prot.	Policy Deductible
<u>Class</u>	<u>\$500</u>
ALL	\$4.45

- 8. Outdoor Antennas, Reception Dishes and Equipment Coverage (B-463-B)**

Policy Deductible	<u>\$500</u>
Rate per \$1,000	\$3.56

- 9. Personal Property (Form 3)** - Rates per \$1,000

Policy Deductible	<u>\$500</u>
Rate per \$1,000	\$1.42

MANDATORY / OPTIONAL COVERAGES

The following coverages may be added to the Homeowners policy. See the list below for the mandatory coverages which must be added if the risk is present. The limits for these coverages must be the same as the basic Liability and Medical Payments limits written.

The endorsement should be consulted for exact contract conditions.

Mandatory Coverages

It is required that Section II of the policy include coverage on:

- a. all additional residence premises where the named insured or spouse maintain a residence (Secondary or Seasonal) other than business or farm properties;
- b. all permitted business activities of the insured on residential premises of the insured;
- c. incidental farming on the premises;
- d. other structures located on the premises being rented to others.

Refer to each individual section below regarding the rating of these risks.

1. SECONDARY OR SEASONAL RESIDENCE PREMISES (MANDATORY)

It is permissible to insure a secondary residence or seasonal dwelling under a Homeowners policy. All the rules of this manual apply separately to this residence.

Only **LIKE** coverages (Liability Limits, Policy Deductible and Expanded Restoration Cost Coverage on Contents or Expanded Renovation Cost Coverage on Contents) can be written on each location.

The dwelling shall be described as "Secondary Residence Premises" in the policy. Premiums from the rate pages are to be used. Liability is to be extended from the Primary residence (B-389-B) and the Secondary Residence Premises credit is given to the second dwelling.

1. SECONDARY OR SEASONAL RESIDENCE PREMISES (MANDATORY) (Cont.)

Additional Residence Premises Occupied by Insured (1 or 2 families)(B-389-B)

Liability Limits	Medical Payments Limits			
	\$1,000	\$2,000	\$5,000	\$10,000
\$100,000	\$ 8	\$10	\$16	\$28
200,000	10	12	18	30
300,000	12	14	20	32
400,000	13	15	21	33
500,000	14	16	22	34

Secondary Residence Premises Credit - \$10

2. PERMITTED BUSINESS ACTIVITIES (MANDATORY)

When a permitted business occupancy is located on the described residence premises, the policy **MUST** be endorsed to provide certain coverages while others are optional. The rates and rules are outlined below.

a. Incidental Business Occupancy

Certain incidental occupancies may be operated by the insured on the primary premises or at an additional residence premises.

If the occupancy is on the primary premises then limited Personal Property (Coverage C), basic Other Structures (Coverage B), Personal Liability (Coverage E), and Medical Payments to Others (Coverage F) are extended for an additional charge as shown below. (B-348-B). Optional coverage for Increased Limits to Other Structures (Coverage B; Form 3 ONLY) and optional coverage up to \$5,000 for a stock of merchandise that is held for sale and stored on the primary premises are also available.

2. PERMITTED BUSINESS ACTIVITIES (MANDATORY) (Cont.)

When the occupancy is conducted on an Additional Residence Premises, only the Personal Liability and Medical Payments coverages are extended for an additional charge as shown in Table 1 below. (B-349-B)

1) Extension of basic Other Structures, Personal Property, Personal Liability and Medical Payments to Others (Coverages B, C, E and F) (MANDATORY)

<u>Liability Limits</u>	<u>Medical Payments Limits</u>			
	<u>\$1,000</u>	<u>\$2,000</u>	<u>\$5,000</u>	<u>\$10,000</u>
\$100,000	\$14	\$17	\$20	\$27
200,000	15	18	21	28
300,000	16	19	22	29
400,000	17	22	25	33
500,000	18	23	27	35

2) Increased Limits to Other Structures (Coverage B) with Permitted Business Activities (OPTIONAL; Form 3 ONLY)

Rates per \$1,000 of Total Coverage for each Business Other Structure

<u>Form</u>	<u>Protection Class</u>	<u>Policy Deductible</u>
3	1-8, 1Y-8Y, 1N-7N	\$500 \$3.29
	8N, 9-11	5.52

3) Stock of Merchandise (OPTIONAL)

Policy Deductible	<u>\$500</u>
Rate per \$1,000 (Up to \$5,000)	\$3.83

b. Child Day Care (B-522-B)

A limited Child Day Care business occupancy may be conducted by the insured on the described residence premises. Limited Personal Property (Coverage C), basic Other Structures (Coverage B), Personal Liability (Coverage E), and Medical Payments to Others (Coverage F) are extended for an additional charge as shown below. Optional coverage for Increased Limits to Other Structures (Coverage B) is also available.

2. PERMITTED BUSINESS ACTIVITIES (MANDATORY) (Cont.)

1) Extension of basic Other Structures, Personal Property, Personal Liability and Medical Payments to Others (Coverages B, C, E and F) (MANDATORY)

<u>Liability Limits</u>	<u>Medical Payments Limits</u>			
	<u>\$1,000</u>	<u>\$2,000</u>	<u>\$5,000</u>	<u>\$10,000</u>
\$100,000	\$50	\$54	\$59	\$69
200,000	57	61	66	76
300,000	65	69	74	84
400,000	68	72	77	87
500,000	70	74	79	89

2) Increased Limits to Other Structures (Coverage B) with Permitted Business Activities (OPTIONAL; Form 3 ONLY)

– See Part a. Table 2 for the rate per \$1,000.

c. Foster Care (B-793-B)

Foster care for up to five individuals may be provided by the insured on the described residence premises. Limited Personal Property (Coverage C), basic Other Structures (Coverage B), Personal Liability (Coverage E), and Medical Payments to Others (Coverage F) are extended for an additional charge as shown below. Optional coverage for Increased Limits to Other Structures (Coverage B) is also available.

1) Extension of basic Other Structures, Personal Property, Personal Liability and Medical Payments to Others (Coverages B, C, E and F) (MANDATORY)

– See Part b Table 1 for the rate.

2) Increased Limits to Other Structures (Coverage B) with Permitted Business Activities (OPTIONAL; Form 3 ONLY)

– See Part a Table 2 for the rate per \$1,000.

3. ADDITIONAL PREMISES RENTED TO OTHERS (B-358-B)

The policy may be endorsed for liability and medical payments coverage for 1 or 2 family dwelling(s), located off of the residence premises, owned by the insured but rented to others. The location of the rental dwelling(s) and the number of families occupying the dwelling(s) must be shown.

1 or 2 family - per dwelling charge)

<u>Liability Limits</u>	<u>Medical Payments Limits</u>			
	<u>\$1,000</u>	<u>\$2,000</u>	<u>\$5,000</u>	<u>\$10,000</u>
\$100,000	\$17	\$19	\$26	\$36
200,000	19	22	29	39
300,000	22	24	31	41
400,000	24	26	34	43
500,000	26	29	36	45

4. OTHER STRUCTURES - RENTED TO OTHERS (MANDATORY) (B-346-B)

The policy must be endorsed for liability and medical payments coverage if other structures designed to service the residence, located on the residence premises, are rented or being held for rental for use as a dwelling or private garage. The structure(s) may not be occupied by more than two families or more than two roomers or boarders per family.

(1 or 2 family - per dwelling charge)

<u>Liability Limits</u>	<u>Medical Payments Limits</u>			
	<u>\$1,000</u>	<u>\$2,000</u>	<u>\$5,000</u>	<u>\$10,000</u>
\$100,000	\$17	\$19	\$26	\$36
200,000	19	22	29	39
300,000	22	24	31	41
400,000	24	26	34	43
500,000	26	29	36	45

If physical damage coverage is requested on a qualifying other structure, please refer to Increased Limits for Other Structures, Form 3, Coverage B (B-351-B).

6. FARMING EXPOSURES (Cont.)

3) Limited Pollution Liability - Increased Limits

The \$10,000 agricultural pollution coverage provided may be increased to \$100,000. This amount is a part of, and not in addition to, the Coverage E Policy Liability Limit, and is the **aggregate** limit for losses under Limited Pollution Liability for any annual period.

<u>Total Number of Acres</u>	<u>Premium</u>
0-500	\$130
Over 500	\$182

7. BACK-UP OF SEWER OR DRAIN (B-494-B)

Coverage may be added for water, or water borne contaminants or materials, which backs up or overflows from sewers, drains or pumps if it is caused by the inadequacy of the sewer, drain or pump system, or by an obstruction of such which is located off of the insured premises.

Policy Deductible	<u>\$500</u>
Premium Charge	\$50

8. CONSTRUCTION THEFT COVERAGE (B-391-B)

Coverage for theft losses from a dwelling under construction may be added by endorsement. This includes coverage for theft of materials and supplies for use in construction but does not include coverage for machinery, tools, or other equipment of similar nature which will not become a permanent part of the structure.

The premium for this endorsement is fully earned as of the inception date of the coverage. Therefore, the full endorsement premium must be charged at the inception, regardless of policy term.

This coverage is void after completion and occupancy of the dwelling or after 180 days.

Policy Deductible	<u>\$500</u>
Premium Charge	\$45

9. EARTHQUAKE COVERAGE (B-422-B)

Coverage for the peril of earthquake may be provided by endorsement. This coverage will apply to all Section I coverages for the same limits as provided under the policy. The Earthquake Damage Assumption Endorsement provides for a deductible based on a percent of the total amount of insurance that applies to the property insured immediately prior to the loss.

Earthquake Coverage - Rates per \$1,000

Zone	Frame				All Other			
	3	4	5	6	3	4	5	6
5% Deductible								
<u>Basic Limits</u> (Apply to Amount Written)								
Cov. A (Form 3)	1.72	.82	.66	.58	2.44	1.32	1.04	.94
Cov. C (Form 4,6)	1.12	.58	.48	.42	1.12	.58	.48	.42
<u>Increased/Added Limits</u> (Apply to Amount of Increase or Coverage Added)								
Building Prop. (Form 6)	1.72	.82	.66	.58	1.72	.82	.66	.58
Other Structures (Form 3)	1.72	.82	.66	.58	2.44	1.32	1.04	.94
Personal Prop. (Form 3)	1.12	.58	.48	.42	1.12	.58	.48	.42
ALE/Loss of Rents (All Forms)	1.72	.82	.66	.58	2.44	1.32	1.04	.94
Loss Assessment (All Forms)	1.72	.82	.66	.58	2.44	1.32	1.04	.94

10% DeductibleBasic Limits (Apply to Amount Written)

Cov. A (Form 3)	1.28	.62	.46	.40	1.80	.98	.78	.72
Cov. C (Forms 4,6)	.88	.44	.34	.28	.88	.44	.34	.28

Increased/Added Limits (Apply to Amount of Increase or Coverage Added)

Building Prop. (Form 6)	1.28	.62	.46	.40	1.28	.62	.46	.40
Other Structures (Form 3)	1.28	.62	.46	.40	1.80	.98	.78	.72
Personal Prop. (Form 3)	.88	.44	.34	.28	.88	.44	.34	.28
ALE/Loss of Rents (All Forms)	1.28	.62	.46	.40	1.80	.98	.78	.72
Loss Assessment (All Forms)	1.28	.62	.46	.40	1.80	.98	.78	.72

Higher Deductible Options - Apply the applicable factor to the 10% deductible rates.

Deductible	Factor
15%	.95
20%	.90
25%	.85

- ZONE 3 -- *Clay, *Craighead, *Crittenden, *Cross, *Greene, *Jackson, *Lee, *Mississippi, *Poinsett and *St. Francis Counties.
 ZONE 4 -- *Arkansas, *Independence, *Lawrence, *Monroe, *Phillips, *Prairie, *Randolph, *Sharp, *White and *Woodruff Counties.
 ZONE 5 -- Baxter, Cleburne, Conway, Desha, Faulkner, Fulton, Izard, Jefferson, Little River, Lonoke, Marion, Pulaski, Searcy, Sebastian and Stone Counties.
 ZONE 6 -- Remainder of State.

***Property located in these counties MUST be written with a minimum Earthquake deductible of 15%.**

10. EXPANDED LIMITS FOR RESTORATION COST COVERAGE—A & B (Form 3 Only)
(B-460-B)

(Not Available when Renovation Cost endorsement B-639-B is present.)

The Form 3 policy, without the Renovation Cost endorsement B-639-B, provides Restoration Cost Coverage on the dwelling UP TO the Coverage A limit and on Other Structures on the residence premises UP TO the Coverage B limit or UP TO the amount shown under Other Structures when the increased limits option is purchased.

Coverage may be added by endorsement to provide loss payment **NOT TO EXCEED 125% OF THE STATED LIMIT** for the dwelling and other structures on the residence premises (including roof surfaces). To qualify for this coverage, the insured must:

- a. Insure the dwelling and other structures for 100% of restoration cost as determined by current construction cost information and/or a physical inspection of the property.
- b. Agree to accept all increases in coverages as provided for in the endorsement.
- c. Notify the Company within 90 days of any additions to physical changes which increase the value of any building on the premises by \$5,000 or more and pay the appropriate premium for the increase.

Policy Deductible	<u>\$500</u>
Premium Charge	\$20

11. RENOVATION COST COVERAGE (Form 3 Only)

- a. B-639-B - If the B-639-B Renovation Cost endorsement is attached to the policy, losses to roofs will be settled on Repair Cost.

The Form 3 policy, without the Renovation Cost endorsement B-639-B, provides Restoration Cost Coverage on the dwelling UP TO the Coverage A limit and on Other Structures on the residence premises UP TO the Coverage B limit or UP TO the amount shown under Other Structures when the increased limits option is purchased.

When the Renovation Cost endorsement is added to the policy, the **How Losses Under Section I Are Settled** is changed to show that losses are now settled by Repair Cost (**No** deduction for depreciation).

The rate factor for this endorsement is shown at the bottom of the rate pages.

12. GUNS AND RELATED EQUIPMENT (B-390-B)

ARCHERY EQUIPMENT (B-390-B)

The policy may be endorsed to increase the theft limit and provide coverage for accidental direct physical loss, subject to certain limitations and exclusions. The following table displays the limits applicable under available options.

Theft Limit		Coverage C Perils Excluding Theft		Other Covered Perils	
per Article	per Aggregate	per Article	per Aggregate	per Article	per Aggregate
\$2,000	\$2,000	Cov C Limit	Cov C Limit	No Cov	No Cov
\$2,000	\$2,500	Cov C Limit + \$2,000	Cov C Limit + \$2,500	\$2,000	\$2,500
\$2,000	\$5,000	Cov C Limit + \$2,000	Cov C Limit + \$5,000	\$2,000	\$5,000

Theft Limit		Premium
per Article	per Aggregate	Policy Deductible \$500
\$2,000	\$2,000	\$0 (Basic Policy)
\$2,000	\$2,500	\$3
\$2,000	\$5,000	\$7

13. JEWELRY AND FURS (B-368-B)

The policy may be endorsed to increase the theft limit and provide coverage for accidental direct physical loss, subject to certain limitations and exclusions. The following table displays the limits applicable under available options.

Theft Limit		Coverage C Perils Excluding Theft		Other Covered Perils	
per Article	Aggregate	per Article	Aggregate	per Article	Aggregate
\$1,000	\$1,000	Cov C Limit	Cov C Limit	No Cov	No Cov
\$1,000	\$5,000	Cov C Limit + \$1,000	Cov C Limit + \$5,000	\$1,000	\$5,000
\$1,000	\$7,500	Cov C Limit + \$1,000	Cov C Limit + \$7,500	\$1,000	\$7,500
\$1,000	\$10,000	Cov C Limit + \$1,000	Cov C Limit + \$10,000	\$1,000	\$10,000
\$2,500	\$5,000	Cov C Limit + \$2,500	Cov C Limit + \$5,000	\$2,500	\$5,000
\$2,500	\$7,500	Cov C Limit + \$2,500	Cov C Limit + \$7,500	\$2,500	\$7,500
\$2,500	\$10,000	Cov C Limit + \$2,500	Cov C Limit + \$10,000	\$2,500	\$10,000

Theft Limit		Charge
per Article	per Aggregate	Policy Deductible
\$1,000	\$1,000	\$500
\$1,000	\$5,000	\$0 (Basic Policy)
\$1,000	\$7,500	\$13
\$1,000	\$10,000	\$21
\$2,500	\$5,000	\$29
\$2,500	\$7,500	\$19
\$2,500	\$10,000	\$27
\$2,500	\$10,000	\$35

14. PERSONAL COMPUTER COVERAGE (B-466-B)

The policy may be endorsed to provide coverage in increments of \$5,000 for accidental direct physical loss subject to certain exclusions. Personal computer equipment, data, and media are included, whether for personal or business use. If a loss is already covered by the policy, the amount of coverage under this endorsement is an additional amount of coverage.

Coverage <u>Limit</u>	Policy Deductible <u>\$500</u>
\$ 5,000	\$ 22
10,000	40
15,000	58
20,000	76

15. PIERS, BULKHEADS, WHARVES AND DOCKS – Section I & II (B-487-B)

Coverage for piers, bulkheads, wharves and docks may be provided for all perils covered in the policy, including collapse due to weight of ice, sleet or snow. This coverage will include equipment usual to the use or maintenance of these items, whether attached or not. A description of the structure and a specified amount of insurance must be shown for each item. This endorsement will extend the Section II – Personal Liability and Medical Payment Protection coverages to the location of the covered structure.

<u>Const.</u>	Rates per \$1,000
	Policy Deductible <u>\$500</u>
Frame / Metal	\$6.41
Masonry / Masonry Veneer	5.25

**15.a. PIERS, BULKHEADS, WHARVES AND DOCKS – Section II ONLY (B-769-B)
(Located off the residence premises ONLY)**

This endorsement will extend the Section II – Personal Liability and Medical Payment Protection coverage to piers, bulkheads, wharves and docks which the insured may own but does not desire physical damage coverage; or to those rented and coverage for the liability exposure is desired.

<u>Liability Limits</u>	<u>Medical Payments Limits</u>			
	<u>\$1,000</u>	<u>\$2,000</u>	<u>\$5,000</u>	<u>\$10,000</u>
\$100,000	\$ 2	\$3	\$4	\$7
200,000	3	4	5	8
300,000	4	5	6	9
400,000	5	6	7	10
500,000	6	7	8	11

16. EXPANDED RESTORATION COST COVERAGE - CONTENTS (B-327-B) – Available to Form 3, 4 and 6 policies;

EXPANDED RENOVATION COST COVERAGE – CONTENTS (B-813-B) – Available to Form 3 policies **ONLY** that have the Renovation Cost Endorsement B-639-B endorsement attached.

- a. The Homeowners policy may be endorsed to provide for the full cost of repair or replacement for the loss of property insured under Coverage C. For Homeowners Form 3 policies **with** the Renovation Cost endorsement B-639-B, add the Expanded Renovation Cost Coverage endorsement B-813-B; for all other Form 3 policies and for all Form 4 or 6 policies, add the Expanded Restoration Cost Coverage – Contents endorsement B-327-B.

Apply the factor shown below to the Basic Premium.

Non-Wind/Hail Deductibles	Form 3 - Wind/Hail Deductibles							
	None		1%		2%		Forms 4 & 6	
	Factor	Minimum	Factor	Minimum	Factor	Minimum	Factor	Minimum
100	1.11	\$33	1.10	\$30	1.10	\$30	1.33	\$33
250	1.09	\$27	1.08	\$26	1.08	\$26	1.27	\$27
500	1.08	\$24	1.07	\$23	1.07	\$23	1.24	\$24
750	1.07	\$22	1.07	\$21	1.07	\$21	1.21	\$22
1,000	1.07	\$20	1.06	\$20	1.06	\$20	1.19	\$19
1,500	1.06	\$19	1.06	\$18	1.06	\$18	1.19	\$19
2,000	1.06	\$18	1.05	\$18	1.05	\$18	1.18	\$18
2,500	1.05	\$18	1.05	\$18	1.05	\$18	1.18	\$18
5,000	1.05	\$18	1.05	\$18	1.05	\$18	1.16	\$16

NOTE: FORM 3 ONLY In addition to adding the restoration cost feature, this premium increases Coverage C to 70% of the Coverage A limits.

17. SILVERWARE AND GOLDWARE (B-392-B)

The policy may be endorsed to increase the theft limit and provide coverage for accidental direct physical loss, subject to certain limitations and exclusions. The following table displays the limits applicable under available options.

Theft Limit		Coverage C Perils Excluding Theft		Other Covered Perils	
per Article	per Aggregate	per Article	per Aggregate	per Article	per Aggregate
\$5,000	\$5,000	Covg C Limit	Covg C Limit	No Covg	No Covg
\$5,000	\$7,500	Covg C Limit + \$5,000	Covg C Limit + \$7,500	\$5,000	\$7,500
\$5,000	\$10,000	Covg C Limit + \$5,000	Covg C Limit + \$10,000	\$5,000	\$10,000

Theft Limit		Charge
per Article	per Aggregate	Policy Deductible
\$5,000	\$5,000	\$500
\$5,000	\$7,500	\$0 (Basic Policy)
\$5,000	\$10,000	\$16
		\$24

19. BUSINESS ENDORSEMENT (B-359-B)

Liability and Medical Payments for the business of an insured as classified below may be provided by endorsement. Coverage does not apply to a business owned or financially controlled by the insured or by a partnership or joint venture of which the insured is a partner or member.

The classification, A, B or C, must be shown on the application.

Classify and apply charge separately for each person insured.

- A - Clerical Office Employees
- B - Salespersons, Collectors, or Messengers
- C - Teachers

Occupations not otherwise classified -- Refer to Company.

Business Endorsement (Charge per insured)

Liability	<u>\$1,000 Medical Payments Limits</u>		
<u>Limits</u>	<u>A</u>	<u>B</u>	<u>C</u>
\$100,000	\$ 3	\$ 4	\$ 7
200,000	3	5	8
300,000	3	5	9
400,000	4	6	10
500,000	4	6	10

Liability	<u>\$2,000 Medical Payments Limits</u>		
<u>Limits</u>	<u>A</u>	<u>B</u>	<u>C</u>
\$100,000	\$ 4	\$ 5	\$ 8
200,000	4	6	9
300,000	4	6	10
400,000	5	7	11
500,000	5	7	11

Liability	<u>\$5,000 Medical Payments Limits</u>		
<u>Limits</u>	<u>A</u>	<u>B</u>	<u>C</u>
\$100,000	\$ 7	\$ 8	\$11
200,000	7	9	12
300,000	7	9	13
400,000	8	10	14
500,000	8	10	14

Liability	<u>\$10,000 Medical Payments Limits</u>		
<u>Limits</u>	<u>A</u>	<u>B</u>	<u>C</u>
\$100,000	\$11	\$12	\$15
200,000	11	13	16
300,000	11	13	17
400,000	12	14	18
500,000	12	14	18

24. WATERCRAFT (B-362-B)

Personal Liability - Coverage E is **not** provided by the policy for the following:

- 1) Watercraft **owned** by the insured and:
 - a. Has an outboard propulsion motor with more than 25 horsepower; or
 - b. Has an inboard or inboard-outdrive, water jet drive or any other design of propulsion motor with more than 50 horsepower; or
 - c. Is a sailing vessel that is more than 25 feet in length.
- 2) Watercraft **rented** by the insured and:
 - a. Has a propulsion motor with more than 200 horsepower. This includes all propulsion motors, whether outboard, inboard, inboard-outdrive, water jet drive or any other design; or
 - b. Is a sailing vessel that is more than 25 feet in length, without any auxiliary propulsion motor; or
 - c. Is a sailing vessel that is more than 25 feet in length, with an auxiliary propulsion motor with more than 200 horsepower.

Coverage for the above may be added by endorsement. Rating will be based on horsepower for motor boats and length of sailing vessels.

**ARKANSAS HOMEOWNERS FORM 3
PREMIUM DETERMINATION CHART**

Dwelling Premium

Step	Description	Reference	Round	Calculation
1	Base Rate	R-1,2	\$	+
2	Amount of Insurance	R-3	\$	x
3	Heating System Discount	GR-10	\$	x
4	Renovation Cost	R-1,2	\$	x
5	Townhouse/Rowhouse	GR-12	\$	x
6	Tier	GR-15	\$	x
7	Claim Free Discount	GR-10	\$	x
8	Claim Surcharge	GR-12	\$	x
9	Deductible	GR-8	\$	x
10	Companion Policy Discount	GR-10	\$	x
11	New or Improved Home Discount	GR-10/11	\$	x
12	New Home Under Construction Disc	GR-9	\$	x
13	Protective Device Discount	GR-9	\$	x
14	Term	GR-13	\$	x
Total Premium				

Increased Limits / Mandatory / Optional Coverages

Description	Page		Base Rate	*Deductible	Additional Calculation	Applicable Exposure Units	Term Factor	Total Premium
Additional Living Expense	GR-17		+			per \$1,000 Increase	x	
Fire Department Charges	GR-17		+			per \$100 Increase	x	
Money	GR-17		+	x		per \$100 Increase	x	
Other Structures	GR-17	per Structure	+	x		per \$1,000 Increase	x	
Outdoor Antennas & Equip	GR-18		+	x		per \$1,000 Increase	x	
Personal Property	GR-18		+	x		per \$1,000 Increase	x	
Personal Liability	GR-19		+				x	
Additional Residence Liab (Primary Chrg)	GR-21		+				x	
Additional Residence Liab Credit (Secondary)	GR-21	per Add'l Res.	-				x	
Permitted Business Activity	GR-21		+					
Incidental Business (Basic)	GR-21		+					
Optional Stock of Merchandise	GR-22		+	x		per \$1,000 Total Cov		
Child Day Care (Basic)	GR-22		+					
Foster Care (Basic)	GR-23		+					
Increased Limits on Other Structures	GR-22	per Structure	+	x		per \$1,000 Increase		
Total Permitted Business Activity								
Additional Premises Rented to Others (Liab)	GR-24	per Dwelling	+				x	
Other Structures Rented to Others (Liab)	GR-24	per Structure	+				x	
Off Premises Structures	GR-25		+	x			x	
Incidental Farm Liability (On Premises)	GR-26		+				x	
Farmers Comprehensive Liab (Off Premises)	GR-26							
Acreage Charge	GR-27		+ 0 - 500 acres rate		+	per add'l 500 acres		
Farm Employees	GR-27		+ 1-2 employees rate		+	per add'l employee		
Animal Collision	GR-27		+					
Limited Pollution Liability	GR-28		+ 0 - 500 acres rate		+ >500 acres rate			
Total Farm Comp Pers Liab								
Back-Up Of Sewer or Drain	GR-28		+	x			x	
Construction Theft	GR-28		+	x			x	
Earthquake	GR-29							
Dwelling Charge (Cov A)	GR-29		+	x		per \$1,000 Coverage		
Personal Property Increased Limit	GR-29		+	x		per \$1,000 Increase		
ALE Increased Limit	GR-29		+	x		per \$1,000 Increase		
Loss Assessment Limit	GR-29		+	x		per \$1,000 Increase		
Other Structures	GR-29	per Structure	+	x		per \$1,000 Increase		
Total Earthquake								
Expanded Restoration Cost - Structures	GR-30	per Policy	+	x			x	
Guns and Related Equipment	GR-31		+	x			x	
Archery Equipment	GR-31		+	x			x	
Jewelry and Furs	GR-32		+	x			x	
Personal Computer	GR-33		+	x			x	
Piers, Wharves and Docks (On Premises)	GR-33	per Structure	+	x		per \$1,000	x	
Piers, Wharves and Docks (Off Premises)	GR-33	per Structure	+				x	
Expanded Restoration Cost - Contents	GR-34	Min Prem Applies	+ Step 13	x			x	
Silverware and Goldware	GR-35		+	x			x	
Trees, Shrubs, Plants & Lawns W/H	GR-36		+	x		per \$1,000 Cov A	x	
Identity Fraud Expense	GR-36		+				x	
Business Endorsement	GR-37	per Person	+				x	
Loss Assessment	GR-38		+ 0 - \$5,000 Limit rate		+ >\$5,000 Limit rate	all rates per \$1,000	x	
Personal Injury Liability	GR-38		+				x	
Watercraft Liability	GR-39	per Watercraft	+		x Class Factor		x	

* When the deductible is applied, the result should be rounded to the same number of digits as the item Base Rate.
Term Fee applies to final policy premium per non-annual policy term.
The minimum premium of \$1 shall be charged per item or per endorsement for each coverage written regardless of policy term.

**ARKANSAS HOMEOWNERS FORM 4
PREMIUM DETERMINATION CHART**

Dwelling Premium

Step	Description	Reference	Round	Calculation
1	Base Rate	R-4	\$	+
2	Amount of Insurance	R-5	\$	x
3	Heating System Discount	GR-10	\$	x
4	Form 4 or 6 Multi-Family Factor	R-4	\$	x
5	Tier	GR-15	\$	x
6	Claim Free Discount	GR-10	\$	x
7	Claim Surcharge	GR-12	\$	x
8	Deductible	GR-8	\$	x
9	Companion Policy Discount	GR-10	\$	x
10	Protective Device Discount	GR-9	\$	x
11	Term	GR-13	\$	x
Total Premium				

Increased Limits / Mandatory / Optional Coverages

Description	Page		Base Rate	*Deductible	Additional Calculation	Applicable Exposure Units	Term Factor	Total Premium
Additional Living Expense	GR-17		+			per \$1,000 Increase	x	
Fire Department Charges	GR-17		+			per \$100 Increase	x	
Money	GR-17		+	x		per \$100 Increase	x	
Building Additions and Alterations	GR-18		+	x		per \$1,000	x	
Outdoor Antennas & Equip	GR-18		+	x		per \$1,000 Increase	x	
Personal Liability	GR-19		+				x	
Additional Residence Liab (Primary)	GR-21		+				x	
Additional Residence Liab Credit (Secondary)	GR-21	per Add'l Res.	-				x	
Permitted Business Activity	GR-21							
Incidental Business	GR-21		+					
Optional Stock of Merchandise	GR-22		+	x		per \$1,000 Total Cov		
Child Day Care	GR-22		+					
Foster Care	GR-23		+					
Total Permitted Business Activity			=	Total Permitted Business Activity Premium			x	
Additional Premises Rented to Others (Liab)	GR-24	per Dwelling	+				x	
Other Structures Rented to Others (Liab)	GR-24	per Structure	+				x	
Off Premises Structures	GR-25		+	x			x	
Incidental Farm Liability (On Premises)	GR-26		+				x	
Farmers Comprehensive Liab (Off Premises)	GR-26							
Acreage Charge	GR-27		+ 0 - 500 acres rate		+	per add'l 500 acres		
Farm Employees	GR-27		+ 1-2 employees rate		+	per add'l employee		
Animal Collision	GR-27		+					
Limited Pollution Liability	GR-28		+ 0 - 500 acres rate		+ >500 acres rate			
Total Farm Comp Pers Liab			=	Total Farmers Comprehensive Liab Premium			x	
Back-Up Of Sewer or Drain	GR-28		+	x			x	
Construction Theft	GR-28		+	x			x	
Earthquake	GR-29							
Personal Property (Cov C)	GR-29		+	x		per \$1,000 Coverage		
ALE Increased Limit	GR-29		+	x		per \$1,000 Increase		
Loss Assessment Limit	GR-29		+	x		per \$1,000 Increase		
Total Earthquake			=	Total Earthquake Premium			x	
Guns and Related Equipment	GR-31		+	x			x	
Archery Equipment	GR-31		+	x			x	
Jewelry and Furs	GR-32		+	x			x	
Personal Computer	GR-33		+	x			x	
Piers, Wharves and Docks (On Premises)	GR-33	per Structure	+	x		per \$1,000	x	
Piers, Wharves and Docks (Off Premises)	GR-33	per Structure	+				x	
Expanded Restoration Cost - Contents	GR-34	Min Prem Applies	+ Step 10	x			x	
Silverware and Goldware	GR-35		+	x			x	
Trees, Shrubs, Plants & Lawns W/H	GR-36		+	x		per \$1,000 Cov C	x	
Identity Fraud Expense	GR-36		+				x	
Business Endorsement	GR-37	per Person	+				x	
Loss Assessment	GR-38		+ 0 - \$5,000 Limit rate		+ >\$5,000 Limit rate	all rates per \$1,000	x	
Personal Injury Liability	GR-38		+				x	
Tenants Waterbed Liability	GR-38		+				x	
3 or 4 Family Dwelling-Premises Liability	GR-38		+				x	
Watercraft Liability	GR-39	per Watercraft	+		x Class Factor		x	

* When the deductible is applied, the result should be rounded to the same number of digits as the item Base Rate.
Term Fee applies to final policy premium per non-annual policy term.
The minimum premium of \$1 shall be charged per item or per endorsement for each coverage written regardless of policy term.

**ARKANSAS HOMEOWNERS FORM 6
PREMIUM DETERMINATION CHART**

Dwelling Premium

Step	Description	Reference	Round	Calculation
1	Base Rate	R-4	\$	+
2	Amount of Insurance	R-5	\$	x
3	Heating System Discount	GR-10	\$	x
4	Form 6 Factor	R-4	\$	x
5	Form 4 or 6 Multi-Family Factor	R-4	\$	x
6	Tier	GR-15	\$	x
7	Claim Free Discount	GR-10	\$	x
8	Claim Surcharge	GR-12	\$	x
9	Deductible	GR-8	\$	x
10	Companion Policy Discount	GR-10	\$	x
11	Protective Device Discount	GR-9	\$	x
12	Term	GR-13	\$	x
Total Premium				

Increased Limits / Mandatory / Optional Coverages

Description	Page		Base Rate	*Deductible	Additional Calculation	Applicable Exposure Units	Term Factor	Total Premium
Condo Unit Rental Seasonal/Occasional	GR-13		+ Step 11				x	
Additional Living Expense	GR-17		+			per \$1,000 Increase	x	
Fire Department Charges	GR-17		+			per \$100 Increase	x	
Loss Assessment (Increased Limits)	GR-17		+ 0 - \$5,000 Limit rate		+ >\$5,000 Limit rate	all rates per \$1,000	x	
Money	GR-17		+	x		per \$100 Increase	x	
Building Property	GR-18		+	x		per \$1,000 Increase	x	
Outdoor Antennas & Equip	GR-18		+	x		per \$1,000 Increase	x	
Personal Liability	GR-19		+				x	
Additional Residence Liab (Primary)	GR-21		+				x	
Additional Residence Liab Credit (Secondary)	GR-21	per Add'l Res.	-				x	
Permitted Business Activity	GR-21							
Incidental Business	GR-21		+					
Optional Stock of Merchandise	GR-22		+	x		per \$1,000 Total Cov		
Child Day Care	GR-22		+					
Foster Care	GR-23		+					
Total Permitted Business Activity			= Total Permitted Business Activity Premium				x	
Additional Premises Rented to Others (Liab)	GR-24	per Dwelling	+				x	
Other Structures Rented to Others (Liab)	GR-24	per Structure	+				x	
Off Premises Structures	GR-25		+	x			x	
Incidental Farm Liability (On Premises)	GR-26		+				x	
Farmers Comprehensive Liab (Off Premises)	GR-26							
Acreage Charge	GR-27		+ 0 - 500 acres rate		+	per add'l 500 acres		
Farm Employees	GR-27		+ 1-2 employees rate		+	per add'l employee		
Animal Collision	GR-27		+					
Limited Pollution Liability	GR-28		+ 0 - 500 acres rate		+ >500 acres rate			
Total Farm Comp Pers Liab			= Total Farmers Comprehensive Liab Premium				x	
Back-Up Of Sewer or Drain	GR-28		+	x			x	
Construction Theft	GR-28		+	x			x	
Earthquake	GR-29							
Building Property	GR-29	per Structure	+	x		per \$1,000 Increase		
Personal Property (Cov C)	GR-29		+	x		per \$1,000 Coverage		
ALE Increased Limit	GR-29		+	x		per \$1,000 Increase		
Loss Assessment Increased Limit	GR-29		+	x		per \$1,000 Increase		
Total Earthquake			= Total Earthquake Premium				x	
Guns and Related Equipment	GR-31		+	x			x	
Archery Equipment	GR-31		+	x			x	
Jewelry and Furs	GR-32		+	x			x	
Personal Computer	GR-33		+	x			x	
Piers, Wharves and Docks (On Premises)	GR-33	per Structure	+	x		per \$1,000	x	
Piers, Wharves and Docks (Off Premises)	GR-33	per Structure	+				x	
Expanded Restoration Cost - Contents	GR-34	Min Prem Applies	+ Step 11	x			x	
Silverware and Goldware	GR-35		+	x			x	
Trees, Shrubs, Plants & Lawns W/H	GR-36		+	x		per \$1,000 Cov C	x	
Identity Fraud Expense	GR-36		+				x	
Business Endorsement	GR-37	per Person	+				x	
Personal Injury Liability	GR-38		+				x	
Watercraft Liability	GR-39	per Watercraft	+		x Class Factor		x	

* When the deductible is applied, the result should be rounded to the same number of digits as the item Base Rate.
Term Fee applies to final policy premium per non-annual policy term.
The minimum premium of \$1 shall be charged per item or per endorsement for each coverage written regardless of policy term.

Arkansas Homeowners Form 3 Masonry Base Rates

**\$60,000 Base, \$500 Deductible,
\$100,000 Liability, \$1,000 Medical Payments**

Zones	1-3, 1Y-3Y		4-5, 4Y-5Y		6, 6Y		7,7Y,1N-5N		8, 8Y		6N, 7N		9, 8N		10		11	
	Masonry	curve	Masonry	curve	Masonry	curve	Masonry	curve	Masonry	curve	Masonry	curve	Masonry	curve	Masonry	curve	Masonry	curve
4	591	1	616	1	695	1	783	1	1076	1	1170	1	1170	1	1518	1	1518	1
12	489	1	510	1	574	1	650	1	892	1	970	1	970	1	1301	1	1301	1
13	492	2	514	2	582	2	654	2	938	2	1003	2	1003	2	1365	2	1365	2
15	424	1	443	1	497	1	560	1	772	1	840	1	840	1	1135	1	1135	1
16	547	1	567	1	643	1	722	1	993	1	1080	1	1080	1	1437	1	1437	1
18	527	1	546	1	618	1	697	1	954	1	1042	1	1042	1	1340	1	1340	1
20	642	1	669	1	755	1	849	1	1193	1	1302	1	1302	1	1678	1	1678	1
21	515	1	539	1	608	1	681	1	963	1	1048	1	1048	1	1346	1	1346	1
23	414	1	431	1	484	1	545	1	748	1	816	1	816	1	1111	1	1111	1
24	452	2	471	2	534	2	598	2	885	2	953	2	953	2	1275	2	1275	2
26	655	1	681	1	766	1	862	1	1184	1	1293	1	1293	1	1685	1	1685	1
28	426	1	442	1	501	1	560	1	770	1	838	1	838	1	1128	1	1128	1
29	629	1	654	1	742	1	837	1	1142	1	1240	1	1240	1	1596	1	1596	1
31	503	1	527	1	596	1	670	1	914	1	993	1	993	1	1244	1	1244	1
32	715	1	762	1	863	1	970	1	1330	1	1451	1	1451	1	1846	1	1846	1
34	519	1	546	1	618	1	694	1	951	1	1034	1	1034	1	1370	1	1370	1
35	545	1	566	1	641	1	719	1	989	1	1076	1	1076	1	1400	1	1400	1
36	433	1	449	1	510	1	573	1	781	1	851	1	851	1	1131	1	1131	1
38	563	1	590	1	662	1	747	1	1031	1	1121	1	1121	1	1440	1	1440	1
40	571	1	598	1	673	1	755	1	1041	1	1133	1	1133	1	1462	1	1462	1
41	501	2	527	2	594	2	667	2	933	2	1000	2	1000	2	1304	2	1304	2
44	564	1	588	1	663	1	747	1	1075	1	1170	1	1170	1	1579	1	1579	1
45	612	1	638	1	721	1	811	1	1114	1	1214	1	1214	1	1579	1	1579	1
48	435	2	453	2	510	2	573	2	788	2	859	2	859	2	1131	2	1131	2
49	432	1	450	1	509	1	571	1	789	1	854	1	854	1	1145	1	1145	1
50	463	1	487	1	548	1	618	1	848	1	923	1	923	1	1194	1	1194	1
51	457	1	477	1	540	1	602	1	831	1	907	1	907	1	1228	1	1228	1
53	546	1	571	1	646	1	722	1	1002	1	1092	1	1092	1	1424	1	1424	1
55	504	2	525	2	601	2	668	2	968	2	1028	2	1028	2	1368	2	1368	2
57	444	2	459	2	523	2	579	2	814	2	876	2	876	2	1150	2	1150	2
58	416	1	433	1	487	1	545	1	774	1	843	1	843	1	1153	1	1153	1
62	487	1	512	1	577	1	646	1	886	1	970	1	970	1	1320	1	1320	1
68	534	1	554	1	623	1	703	1	964	1	1051	1	1051	1	1361	1	1361	1
75	461	1	480	1	542	1	607	1	851	1	915	1	915	1	1189	1	1189	1
77	452	1	469	1	531	1	598	1	850	1	931	1	931	1	1243	1	1243	1
78	542	1	565	1	640	1	718	1	1014	1	1102	1	1102	1	1414	1	1414	1
79	567	1	591	1	670	1	753	1	1035	1	1130	1	1130	1	1458	1	1458	1
87	417	1	434	1	490	1	550	1	756	1	823	1	823	1	1078	1	1078	1
88	454	2	469	2	534	2	603	2	858	2	922	2	922	2	1272	2	1272	2
91	585	2	610	2	690	2	773	2	1085	2	1145	2	1145	2	1513	2	1513	2
95	573	1	597	1	676	1	757	1	1046	1	1136	1	1136	1	1462	1	1462	1

FOR FORM 3 WITH RENOVATION COST B-639-B (REPAIR COST ON ROOF), MULTIPLY THE PREMIUM BY 1.20.

Arkansas Homeowners Form 3 Frame Base Rates

**\$60,000 Base, \$500 Deductible,
\$100,000 Liability, \$1,000 Medical Payments**

Zones	1-3, 1Y-3Y		4-5, 4Y-5Y		6, 6Y		7,7Y,1N-5N		8, 8Y		6N, 7N		9, 8N		10		11	
	Frame	curve	Frame	curve	Frame	curve	Frame	curve	Frame	curve	Frame	curve	Frame	curve	Frame	curve	Frame	curve
4	654	1	695	1	777	1	866	1	1267	1	1376	1	1376	1	1759	1	1759	1
12	539	1	574	1	643	1	718	1	1049	1	1139	1	1139	1	1505	1	1505	1
13	542	2	582	2	644	2	720	2	1102	2	1176	2	1176	2	1589	2	1589	2
15	467	1	497	1	556	1	619	1	914	1	986	1	986	1	1318	1	1318	1
16	598	1	643	1	718	1	799	1	1167	1	1269	1	1269	1	1661	1	1661	1
18	581	1	618	1	690	1	770	1	1122	1	1222	1	1222	1	1557	1	1557	1
20	704	1	755	1	841	1	936	1	1407	1	1530	1	1530	1	1941	1	1941	1
21	567	1	608	1	675	1	756	1	1136	1	1231	1	1231	1	1562	1	1562	1
23	452	1	484	1	538	1	600	1	884	1	958	1	958	1	1289	1	1289	1
24	497	2	534	2	596	2	668	2	1045	2	1118	2	1118	2	1481	2	1481	2
26	716	1	766	1	858	1	954	1	1393	1	1518	1	1518	1	1949	1	1949	1
28	468	1	501	1	556	1	623	1	906	1	983	1	983	1	1310	1	1310	1
29	690	1	742	1	841	1	928	1	1342	1	1460	1	1460	1	1853	1	1853	1
31	554	1	596	1	667	1	746	1	1074	1	1172	1	1172	1	1443	1	1443	1
32	803	1	863	1	957	1	1067	1	1563	1	1705	1	1705	1	2139	1	2139	1
34	575	1	618	1	688	1	767	1	1119	1	1217	1	1217	1	1584	1	1584	1
35	600	1	641	1	714	1	798	1	1163	1	1268	1	1268	1	1624	1	1624	1
36	476	1	510	1	566	1	631	1	918	1	998	1	998	1	1314	1	1314	1
38	620	1	662	1	740	1	827	1	1205	1	1311	1	1311	1	1670	1	1670	1
40	629	1	673	1	749	1	835	1	1219	1	1330	1	1330	1	1694	1	1694	1
41	551	2	594	2	662	2	747	2	1102	2	1174	2	1174	2	1513	2	1513	2
44	622	1	663	1	741	1	826	1	1261	1	1371	1	1371	1	1826	1	1826	1
45	676	1	721	1	805	1	896	1	1311	1	1426	1	1426	1	1827	1	1827	1
48	479	2	510	2	568	2	636	2	928	2	1010	2	1010	2	1307	2	1307	2
49	478	1	509	1	567	1	633	1	933	1	1001	1	1001	1	1331	1	1331	1
50	515	1	548	1	614	1	681	1	996	1	1086	1	1086	1	1388	1	1388	1
51	501	1	540	1	597	1	667	1	976	1	1062	1	1062	1	1429	1	1429	1
53	605	1	646	1	718	1	802	1	1172	1	1279	1	1279	1	1651	1	1651	1
55	555	2	601	2	671	2	737	2	1142	2	1206	2	1206	2	1583	2	1583	2
57	486	2	523	2	577	2	647	2	967	2	1025	2	1025	2	1333	2	1333	2
58	454	1	487	1	542	1	606	1	909	1	991	1	991	1	1339	1	1339	1
62	537	1	577	1	642	1	713	1	1043	1	1138	1	1138	1	1536	1	1536	1
68	583	1	623	1	694	1	775	1	1137	1	1235	1	1235	1	1581	1	1581	1
75	509	1	542	1	603	1	676	1	1007	1	1071	1	1071	1	1382	1	1382	1
77	496	1	531	1	591	1	662	1	1001	1	1094	1	1094	1	1444	1	1444	1
78	597	1	640	1	711	1	792	1	1187	1	1293	1	1293	1	1646	1	1646	1
79	626	1	670	1	747	1	832	1	1217	1	1327	1	1327	1	1692	1	1692	1
87	460	1	490	1	545	1	607	1	888	1	968	1	968	1	1251	1	1251	1
88	499	2	534	2	591	2	662	2	1011	2	1081	2	1081	2	1475	2	1475	2
91	645	2	690	2	768	2	869	2	1267	2	1363	2	1363	2	1761	2	1761	2
95	629	1	678	1	751	1	837	1	1225	1	1338	1	1338	1	1696	1	1696	1

FOR FORM 3 WITH RENOVATION COST B-639-B (REPAIR COST ON ROOF), MULTIPLY THE PREMIUM BY 1.20.

SERFF Tracking Number: SHEL-125263086 State: Arkansas
Filing Company: Shelter Mutual Insurance Company State Tracking Number: AR-PC-07-025838
Company Tracking Number: 03M20307
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: HO
Project Name/Number: Lammers/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:
Filed 08/22/2007

Comments:

See attachments.

Attachments:

AR Explanatory Memo Gen II.pdf
AR HO Transmittal.pdf
AR HO Rate-Rule Filing.pdf

**SHELTER MUTUAL INSURANCE COMPANY
ARKANSAS HOMEOWNERS
EXPLANATORY MEMORANDUM**

Synopsis

Revisions have been made to the policy forms and endorsements in our Homeowners line of insurance. In conjunction with these revisions, we have made corresponding changes to the Homeowners manual pages to reflect these revisions. Editorial changes were also made. The changes are as follows:

GENERAL RULE (GR) PAGES

GR-1, Rule 2. Eligibility: editorial change – the word “must” was added to the last paragraph on the page.

GR-3, Rule 7. Manual Revision: editorial change - this rule was removed from the manual.

GR-4, Rule 1. Standard Amounts and Coverages: editorial changes only.

This section was condensed. The list of coverages is no longer shown.

GR-5, Rule 2. Special Limits on Certain Property: “Personal Property Group” descriptions changed to match the new policy. This information was moved from page GR-7.

GR-6, Rule 3.a. Additional Coverages: Revised the coverages listed to correspond with the new policy. This information was moved from page GR-8.

GR-7, Rule 2. Fire Protection Rules: The last sentence was added. This information was moved from page GR-9.

GR-8: This information was moved from page GR-10 and reformatted.

GR-9: This information was moved from page GR-11. An editorial change was also made.

GR-10: This information was moved from page GR-12.

GR-11: This information was moved from page GR-12.a.

GR-12: This information was moved from page GR-13.

GR-12.a. & GR-12.b.: These pages were removed from the manual.

GR-13: This information was moved from page GR-14.

GR-14, Rule 9. Premium Determination: Removed this rule from the GR pages. A Premium Determination Chart is now shown on the new PD pages (see below). Remaining information was moved from GR-15.

GR-15: This information was moved from page GR-15.a.

GR-15.a. & GR-15.b.: These pages were removed from the manual.

GR-16, Rule 11. Premium Interpolation: Editorial changes were made.

GR-17, Rule 3. Loss Assessment – Form 6: The last sentence now reads “This will apply to covered losses under both Sections I and II of the policy.” Other changes are editorial only.

GR-18: Editorial changes were made for clarification only.

GR-20, Rule 1. Secondary or Seasonal Residence Premises (Mandatory): Reworded second paragraph to include Expanded Renovation Cost Coverage on Contents.

GR-21 thru GR-23, Rule 2. Permitted Business Activities: Editorial changes were made to clarify this coverage.

GR-24, Rule 3. Additional Residence Premises Rented to Others (B-358-B): Changed title to read “Additional Premises Rented to Others (B-358-B)”, and made minor editorial changes to the rule.

Rule 4. Other Structures Rented to Others (Mandatory): Editorial changes were made to the rule to match the form and removed the physical damage rates shown for this endorsement. If physical damage is requested on a qualifying other structure, that coverage is now added using the Increased Limits for Other Structures, Form 3, Coverage B (B-351-B) endorsement.

GR-28, Rule 7. Back Up Sewer or Drain (B-494-B): Changed title to “Back Up Of Sewer Or Drain (B-494-B)”.

GR-29, Rule 9. Earthquake: Added “(All Forms)” to Loss Assessment under both the 5% and 10% Deductible options.

GR-30, Rule 10. Expanded Restoration Cost Coverage – A & B (Form 3 Only) (B-460-B): Changed title to: “Expanded Limits For Restoration Cost Coverage – A & B (Form 3 Only) (B-460-B)”. Removed Modified from the first sentence and the first paragraph.

Rule 11. Modified Renovation Cost Coverage (Form 3 Only): Changed title to “Renovation Cost Coverage (Form 3 Only)”. Additional editorial changes were made to the last paragraph.

GR-31, Rule 12. Guns and Related Equipment and Archery Equipment: Reformatted the page and revised the titles.

GR-32, Rule 13. Jewelry and Furs: Reformatted the page and revised the titles.

GR-33, Rule 15. Piers, Bulkheads, Wharves and Docks – Section I and II (B-487-B): This rule has been revised to state the personal liability and medical payments coverage will extend from the policy even if the property listed above is not on the residence premises.
Rule 15.a., Piers, Bulkheads, Wharves and Docks – Section II Only: Was added and includes rates for liability coverage ONLY for docks located off the residence premises.

GR-34, Rule 16. Expanded Restoration Cost Coverage – Contents: Has been revised to include “Expanded Renovation Cost Coverage (B-813-B)”. B-813-B is a new endorsement providing Expanded Renovation Cost Coverage to Contents for Form 3 policies containing “Renovation Cost Coverage” (B-639-B). The page was also reformatted.

GR-35, Rule 17. Silverware and Goldware: Reformatted the page and revised the titles.

GR-37, Rule 19. Business Endorsement: Moved rates from GR-38 to GR-37.

GR-38, Rule 20. Loss Assessment Coverage - Changed last sentence to read “Perils covered under both Sections I and II apply per the conditions stated in the policy.” “Additional Limits” was changed to “Optional Limits”.

Rule 21. Personal Injury Liability (B-469-B), Rule 22. Tenants Waterbed Liability (Form 4 Only) (B-470-B), and Rule 23. Three or Four Family Dwelling – Premises Liability (Form 4 Only)(B-361-B) – Moved all from GR-39 to GR-38.

GR-39, Rule 24. Watercraft: Per the policy, Coverage E – Personal Liability coverage for Watercraft varies by criteria determined by whether the boat is owned by the insured or rented by the insured. The heading has been changed to read “Personal Liability – Coverage E is **not** provided by the policy for the following;” and Rule 1) Watercraft owned by the insured; and Rule 2) Watercraft rented by the insured have been added and revised to match the policy wording.

PREMIUM DETERMINATION CHARTS “PD” PAGES

PD-1 thru PD-3: New Pages.

RATE “R” PAGES

R-1 and R-2: Removed the word “Modified” from the Footer.

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: 50%;">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 #
Shelter Insurance Companies	123

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Shelter Mutual Insurance Company	MO	23388	43-0613000	

5. Company Tracking Number	03M20307
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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
	Brian Marcks 1817 West Broadway Columbia, MO. 65218	Coordinator of Insurance Dept. Affairs	573-214-4165	573-446-7317	bcmarcks @shelterinsurance.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Brian Marcks

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

9.	Type of Insurance (TOI)	04.0
10.	Sub-Type of Insurance (Sub-TOI)	04.0000
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Homeowners
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: 11/11/2007 Renewal: 11/11/2007

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	08-20-2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	03M20307
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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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Revisions have been made to the policy forms and endorsements in our Homeowners line of insurance. In conjunction with these revisions, we have made corresponding changes to the Homeowners manual pages to reflect these revisions. Editorial changes were also made.

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]
<p>Check #: 1344936 Amount: \$100</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

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

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

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 #	03M20307
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	03M20106
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Rate Increase Rate Decrease Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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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)
Shelter Mutual Ins.	N/A	N/A	N/A	46,389	34,904,500	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	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

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

6.	Overall percentage of last rate revision	-0.4%
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7.	Effective Date of last rate revision	04/20/2007
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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	GR-1, 3 thru 18, 20 thru 24, 28 thru 35, 37, 38 & 39. R-1 & R-2.	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	GR-12.a., 12.b., 15.a., & 15.b.	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	
03	PD-1 thru PD-3.	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	