

SERFF Tracking Number: ALSX-125561155 State: Arkansas  
Filing Company: Encompass Insurance Company of America State Tracking Number: EFT \$100  
Company Tracking Number: ER-0712  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: Other Than Auto  
Project Name/Number: Reinsurance Charge Rate Filing/ER-0712

## Filing at a Glance

Company: Encompass Insurance Company of America

Product Name: Other Than Auto	SERFF Tr Num: ALSX-125561155	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations	Co Tr Num: ER-0712	State Status: Fees verified and received
Filing Type: Rate	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
	Author: SPI AllState	Disposition Date: 03/21/2008
	Date Submitted: 03/20/2008	Disposition Status: Filed
Effective Date Requested (New):		Effective Date (New):
Effective Date Requested (Renewal): 06/05/2008		Effective Date (Renewal): 06/05/2008

State Filing Description:

Reinsurance charge removed. Treating as rule change.

## General Information

Project Name: Reinsurance Charge Rate Filing

Project Number: ER-0712

Reference Organization:

Reference Title:

Filing Status Changed: 03/21/2008

State Status Changed: 03/21/2008

Corresponding Filing Tracking Number:

Filing Description:

This filing includes a revision to the distinct charge to cover the fire following earthquake portion of the net cost of reinsurance in Encompass Insurance Company of America for the Other Than Auto program in the state of Arkansas.

EncompassAllstate's revised reinsurance cost will be reflected by revising the reinsurance rate adjustment factor in the rate calculation for the Other Than AutoLine program. The revised reinsurance rate adjustment factor will be set to zero

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and will apply to the calculation of the reinsurance charge for all policies. This revision will have the same effect as removing the reinsurance charge. Because the same reinsurance rate adjustment factor will apply to the calculation of all reinsurance charges, this filing will not change the relative level of the charges by territory, deductible, amount of insurance, or construction type. (Note that the reinsurance charge does not apply to policies that exclude wind coverage and therefore the reinsurance rate adjustment factor is also not applicable to those policies.) Note 1 to analyst: Include the previous sentence if your state offers Wind/Hail Exclusions or if your state is enforcing mandatory Wind/Hail Exclusions. Note 2 to analyst: The remainder of this paragraph from "Because the same reinsurance rate adjustment . . ." on is not needed if this is a fire following earthquake only filing.

Encompass will evaluate reinsurance cost periodically, preserving the rating structure will enable Encompass to monitor and update the reinsurance rate adjustment factor in the future as appropriate.

(include if applicable)

This filing includes editorial revisions to the manual pages, as follows:

"Removed reference to Earthquake coverage.

"Other NCOR Pending file issues

The overall impact of changes set forth in this filing is -0.6, XX.X%.

(Note to analyst: This impact % is intended to include the base HO premium, not just the impact to the NCOR prem  
The target effective date for all business is new business written and renewals processed is June 05, 2008April XX,  
2008 and renewal business effective June 01, 2008.

## Company and Contact

### Filing Contact Information

Carrie Deppe, Assistant State Filings Manager cdepp@allstate.com  
2775 Sanders Road (847) 402-2774 [Phone]  
Northbrook, IL 60062 (847) 402-9757[FAX]

### Filing Company Information

Encompass Insurance Company of America CoCode: 10071 State of Domicile: Illinois  
2775 Sanders Road Group Code: 8 Company Type:

SERFF Tracking Number: ALSX-125561155 State: Arkansas  
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Product Name: Other Than Auto  
Project Name/Number: Reinsurance Charge Rate Filing/ER-0712

Suite A5

Northbrook, IL 60062  
(847) 402-5000 ext. [Phone]

Group Name: Allstate  
FEIN Number: 36-3976913

State ID Number:

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SERFF Tracking Number: ALSX-125561155 State: Arkansas  
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Product Name: Other Than Auto  
Project Name/Number: Reinsurance Charge Rate Filing/ER-0712

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Encompass Insurance Company of America	\$100.00	03/20/2008	18822740

SERFF Tracking Number: ALSX-125561155 State: Arkansas  
Filing Company: Encompass Insurance Company of America State Tracking Number: EFT \$100  
Company Tracking Number: ER-0712  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: Other Than Auto  
Project Name/Number: Reinsurance Charge Rate Filing/ER-0712

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	03/21/2008	03/21/2008

*SERFF Tracking Number:*      *ALSX-125561155*                      *State:*                      *Arkansas*  
*Filing Company:*              *Encompass Insurance Company of America*      *State Tracking Number:*      *EFT \$100*  
*Company Tracking Number:*      *ER-0712*  
*TOI:*                      *04.0 Homeowners*                      *Sub-TOI:*                      *04.0000 Homeowners Sub-TOI Combinations*  
*Product Name:*              *Other Than Auto*  
*Project Name/Number:*      *Reinsurance Charge Rate Filing/ER-0712*

## **Disposition**

Disposition Date: 03/21/2008

Effective Date (New):

Effective Date (Renewal): 06/05/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125561155 State: Arkansas  
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 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
 Product Name: Other Than Auto  
 Project Name/Number: Reinsurance Charge Rate Filing/ER-0712

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines	Filed	Yes
<b>Rate</b>	ManualER-0712	Filed	Yes

SERFF Tracking Number: ALSX-125561155  
 Filing Company: Encompass Insurance Company of America  
 Company Tracking Number: ER-0712  
 TOI: 04.0 Homeowners  
 Product Name: Other Than Auto  
 Project Name/Number: Reinsurance Charge Rate Filing/ER-0712

State: Arkansas  
 State Tracking Number: EFT \$100  
 Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

## Rate Information

Rate data applies to filing.

**Filing Method:** File and Use  
**Rate Change Type:** Decrease  
**Overall Percentage of Last Rate Revision:** 4.600%  
**Effective Date of Last Rate Revision:** 12/20/2007  
**Filing Method of Last Filing:** File and Use

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Encompass Insurance Company of America	%	-0.600%	\$-9,917	1,085	\$1,587,739	%	%

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 Project Name/Number: Reinsurance Charge Rate Filing/ER-0712

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	ManualER-0712	ER-0712	Replacement	AR-PC-07-023671 ER-0712.PDF

ARKANSAS USP PACKAGE PREMISES RATE PAGES

**REINSURANCE LIMIT FACTORS**

AMOUNT OF INSURANCE	FACTOR
30,000	30
40,000	40
50,000	50
60,000	60
70,000	70
75,000	75
80,000	80
85,000	85
90,000	90
95,000	95
100,000	100
105,000	105
110,000	110
115,000	115
120,000	120
125,000	125
130,000	130
140,000	140
150,000	150
160,000	160
170,000	170
175,000	175
180,000	180
190,000	190
200,000	200
220,000	220
240,000	240
250,000	250

AMOUNT OF INSURANCE	FACTOR
275,000	275
300,000	300
325,000	325
350,000	350
375,000	375
400,000	400
425,000	425
450,000	450
475,000	475
500,000	500
600,000	600
700,000	700
750,000	750
800,000	800
850,000	850
900,000	900
Each Additional 1,000	1

**REINSURANCE RATE ADJUSTMENT FACTOR**

Homeowners	<u>0.000</u>
Renters	<u>0.000</u>
Condominiums	<u>0.000</u>
Dwelling Fire	<u>0.000</u>

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Product Name: Other Than Auto  
Project Name/Number: Reinsurance Charge Rate Filing/ER-0712

## Supporting Document Schedules

**Satisfied -Name:** Form RF-1 NAIC Loss Cost Data **Review Status:** Filed 03/21/2008  
Entry Document--All P&C Lines

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
Rate Rule Filing Schedule EICA.PDF  
FilingForm02 Rate Filing Abstract.PDF  
FilingForm03 HPCS.PDF

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Allstate	008

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Encompass Insurance Company of America	IL	10071	36-3976913	

<b>5. Company Tracking Number</b>	ER-0712
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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
	Carrie M. Deppe 2775 Sanders Road, Suite A5 Northbrook IL 60062	Assistant State Filings Manager	800-366-2958 Ext. 22774	847-402-9757	cdepp@allstate.com

<b>7.</b> Signature of authorized filer	
<b>8.</b> Please print name of authorized filer	Carrie M. Deppe

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	04.0 Homeowners
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	04.0000 Homeowners Sub-TOI Combinations
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	Other Than Auto
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" 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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New:                      Renewal: 06/05/2008
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	Not applicable
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	Not applicable
<b>18.</b>	<b>Company's Date of Filing</b>	March 20, 2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	ER-0712
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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This filing includes a revision to the distinct charge to cover the fire following earthquake portion of the net cost of reinsurance in Encompass Insurance Company of America for the Other Than Auto program in the state of Arkansas.

EncompassAllstate's revised reinsurance cost will be reflected by revising the reinsurance rate adjustment factor in the rate calculation for the Other Than AutoLine program. The revised reinsurance rate adjustment factor will be set to zero and will apply to the calculation of the reinsurance charge for all policies. This revision will have the same effect as removing the reinsurance charge. Because the same reinsurance rate adjustment factor will apply to the calculation of all reinsurance charges, this filing will not change the relative level of the charges by territory, deductible, amount of insurance, or construction type. (Note that the reinsurance charge does not apply to policies that exclude wind coverage and therefore the reinsurance rate adjustment factor is also not applicable to those policies.) Note 1 to analyst: Include the previous sentence if your state offers Wind/Hail Exclusions or if your state is enforcing mandatory Wind/Hail Exclusions. Note 2 to analyst: The remainder of this paragraph from "Because the same reinsurance rate adjustment . . ." on is not needed if this is a fire following earthquake only filing.

Encompass will evaluate reinsurance cost periodically, preserving the rating structure will enable Encompass to monitor and update the reinsurance rate adjustment factor in the future as appropriate.

(include if applicable)

This filing includes editorial revisions to the manual pages, as follows:

"Removed reference to Earthquake coverage.

"Other NCOR Pending file issues

The overall impact of changes set forth in this filing is -0.6, XX.X%.

(Note to analyst: This impact % is intended to include the base HO premium, not just the impact to the NCOR prem  
The target effective date for all business is new business written and renewals processed is June 05, 2008April XX, 2008 and renewal business effective June 01, 2008.

<b>22.</b>	<b>Filing Fees</b> (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><b>Check #:</b> Not applicable. Fee sent via EFT.  <b>Amount:</b> \$100.00</p> <p>Independent Rate Filing</p> <p style="text-align: center;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

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

## PROPERTY & CASUALTY 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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	ER-0712
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	N/A
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use
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4a. Rate Change by Company (As Proposed)							
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)
Encompass Insurance Company of America – Homeowners	N/A	Total: -0.6%	(9,131)	885 Written Exposures	\$1,436,960		
Encompass Insurance Company of America – Condo	N/A	Total: -0.3%	(\$60)	41 Written Exposures	\$23,883		
Encompass Insurance Company of America – Renters	N/A	Total: 0.0%	(\$1)	28 Written Exposures	\$13,178		
Encompass Insurance Company of America – Dwelling Fire	N/A	Total: -0.6%	(\$725)	131 Written Exposures	\$113,718		

4b. Rate Change by Company (As Accepted) For State Use Only							
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)

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

<b>6.</b>	<b>Overall percentage of last rate revision</b>	4.6%
<b>7.</b>	<b>Effective Date of last rate revision</b>	12/20/07
<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use

<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	Home Rate Pages – 10 Reinsurance Limits	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Year	Policy Count (Earned Exposures)	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	5125	13.10%	15-Aug	3466	1967	56.80%	39.50%
2003	4347	19.80%	15-Aug	3457	1375	39.80%	38.00%
2004	3338	12.30%	28-Sep	3348	851	25.40%	29.30%
2005	3323	19.80%	15-Aug	3202	508	15.90%	25.10%
2006	2428	13.10%	15-Aug	2646	649	24.50%	23.00%
2007 * as of 6/30/07	1205	9.00%	15-Aug	1503	176	11.70%	13.10%



NAIC Number: 008-10071  
 Company Name: Encompass Insurance Company of America  
 Contact Person: Carrie Deppe  
 Telephone No.: 847-402-2774  
 Email Address: cdeppe@allstate.com  
 Effective Date: 6/5/2008

**Homeowners Premium Comparison Survey Form  
 FORM HPCS - last modified August, 2005**

Submit to: Arkansas Insurance Department  
 1200 West Third Street  
 Little Rock, AR 72201-1904  
 Telephone: 501-371-2800  
 Email as an attachment to [insurance.pnc@arkansas.gov](mailto:insurance.pnc@arkansas.gov)  
 You may also attach to a SERFF filing or submit on a cdr disk

**USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE,  
 LEAVE BLANK**

**Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Risk of direct physical loss for dwelling and other structures; named perils for personal property, RC on dwelling, ACV on personal property, liab and med pay for others incl)**

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$611	\$678	\$795	\$884	\$880	\$978	\$962	\$1,069	\$827	\$919	\$894	\$993	\$894	\$993	\$770	\$856	\$886	\$984
	\$120,000	\$837	\$930	\$1,090	\$1,211	\$1,206	\$1,340	\$1,319	\$1,466	\$1,134	\$1,260	\$1,225	\$1,361	\$1,225	\$1,361	\$1,056	\$1,173	\$1,214	\$1,349
	\$160,000	\$1,022	\$1,135	\$1,331	\$1,479	\$1,472	\$1,636	\$1,611	\$1,790	\$1,385	\$1,539	\$1,495	\$1,662	\$1,495	\$1,662	\$1,289	\$1,433	\$1,482	\$1,647
6	\$80,000	\$794	\$891	\$1,035	\$1,160	\$1,145	\$1,284	\$1,252	\$1,404	\$1,077	\$1,207	\$1,163	\$1,304	\$1,163	\$1,304	\$1,002	\$1,124	\$1,152	\$1,292
	\$120,000	\$1,089	\$1,221	\$1,418	\$1,590	\$1,569	\$1,759	\$1,716	\$1,924	\$1,476	\$1,655	\$1,594	\$1,787	\$1,594	\$1,787	\$1,374	\$1,541	\$1,580	\$1,771
	\$160,000	\$1,330	\$1,491	\$1,732	\$1,942	\$1,916	\$2,148	\$2,096	\$2,350	\$1,802	\$2,020	\$1,946	\$2,182	\$1,946	\$2,182	\$1,678	\$1,881	\$1,929	\$2,163
9	\$80,000	\$2,035	\$2,374	\$2,651	\$3,093	\$2,933	\$3,422	\$3,208	\$3,743	\$2,758	\$3,218	\$2,979	\$3,475	\$2,979	\$3,475	\$2,568	\$2,996	\$2,952	\$3,444
	\$120,000	\$2,790	\$3,255	\$3,634	\$4,239	\$4,020	\$4,690	\$4,397	\$5,130	\$3,780	\$4,411	\$4,083	\$4,763	\$4,083	\$4,763	\$3,520	\$4,107	\$4,047	\$4,721
	\$160,000	\$3,406	\$3,974	\$4,437	\$5,176	\$4,908	\$5,726	\$5,369	\$6,263	\$4,616	\$5,385	\$4,985	\$5,816	\$4,985	\$5,816	\$4,298	\$5,014	\$4,941	\$5,765

**Survey Form for HO4 (Renters) - Use \$500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)**

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$15,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$25,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6	\$5,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$15,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$25,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9	\$5,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$15,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$25,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)**

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$603	\$661	\$785	\$861	\$868	\$952	\$937	\$1,055	\$806	\$907	\$882	\$967	\$882	\$967	\$760	\$834	\$874	\$959
	\$120,000	\$826	\$906	\$1,076	\$1,180	\$1,190	\$1,305	\$1,285	\$1,447	\$1,105	\$1,244	\$1,209	\$1,326	\$1,209	\$1,326	\$1,042	\$1,143	\$1,198	\$1,314
	\$160,000	\$1,009	\$1,106	\$1,314	\$1,440	\$1,453	\$1,594	\$1,569	\$1,766	\$1,349	\$1,519	\$1,476	\$1,618	\$1,476	\$1,618	\$1,273	\$1,395	\$1,463	\$1,604
6	\$80,000	\$784	\$868	\$1,021	\$1,130	\$1,130	\$1,250	\$1,220	\$1,386	\$1,049	\$1,191	\$1,148	\$1,270	\$1,148	\$1,270	\$989	\$1,095	\$1,137	\$1,259
	\$120,000	\$1,075	\$1,189	\$1,400	\$1,549	\$1,549	\$1,714	\$1,672	\$1,899	\$1,437	\$1,633	\$1,573	\$1,740	\$1,573	\$1,740	\$1,356	\$1,501	\$1,559	\$1,725
	\$160,000	\$1,312	\$1,452	\$1,709	\$1,891	\$1,891	\$2,092	\$2,041	\$2,319	\$1,755	\$1,994	\$1,921	\$2,125	\$1,921	\$2,125	\$1,656	\$1,832	\$1,904	\$2,106
9	\$80,000	\$2,009	\$2,313	\$2,617	\$3,013	\$2,895	\$3,333	\$3,125	\$3,694	\$2,686	\$3,176	\$2,940	\$3,385	\$2,940	\$3,385	\$2,535	\$2,918	\$2,914	\$3,355
	\$120,000	\$2,753	\$3,170	\$3,587	\$4,129	\$3,968	\$4,568	\$4,283	\$5,063	\$3,682	\$4,353	\$4,030	\$4,640	\$4,030	\$4,640	\$3,474	\$4,000	\$3,994	\$4,599
	\$160,000	\$3,362	\$3,871	\$4,379	\$5,042	\$4,844	\$5,577	\$5,229	\$6,182	\$4,496	\$5,315	\$4,920	\$5,665	\$4,920	\$5,665	\$4,242	\$4,884	\$4,877	\$5,615

**SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:**

<b>HO3 and HO4 only</b>				<b>EARTHQUAKE INSURANCE</b>			
Fire Extinguisher	N/A %	Deadbolt Lock	N/A %	<b>IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this coverage</b>			
Burglar Alarm	N/A %	Window Locks	N/A %	ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?			
Smoke Alarm	N/A %	\$1,000 Deductible	N/A %	WHAT IS YOUR PERCENTAGE DEDUCTIBLE?			
		Other (specify)		Zone			
				Brick			
				Frame			
				WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?			
				Highest Risk			
				Lowest Risk			

NOTE - Minimum Renters Coverage is \$30,000