

<i>SERFF Tracking Number:</i>	<i>SHEL-125525008</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>#1363357 \$100</i>
<i>Company Tracking Number:</i>	<i>03M20108</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: Rate/Rule

SERFF Tr Num: SHEL-125525008 State: Arkansas

SERFF Status: Closed

Co Tr Num: 03M20108

Co Status:

Authors: Brian Marcks, Sue Burlingame

Date Submitted: 03/06/2008

State Tr Num: #1363357 \$100

State Status: Fees verified and received

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

Disposition Date: 03/21/2008

Disposition Status: Filed

Effective Date Requested (New): 07/27/2008

Effective Date Requested (Renewal): 07/27/2008

Effective Date (New): 07/27/2008

Effective Date (Renewal): 07/27/2008

State Filing Description:

Miscellaneous rule changes

General Information

Project Name: Lammers

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 03/21/2008

State Status Changed: 03/10/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

An Actual Cash Value – Roof Coverage Credit and Million Dollar Personal Liability Limits & rates have been added. Rates and rules for Construction Theft were adjusted. Changes to the Tier Calculator were made. For a more detailed description of the changes included in this filing, please see Explanatory Memorandum.

SERFF Tracking Number: SHEL-125525008 State: Arkansas
 Filing Company: Shelter Mutual Insurance Company State Tracking Number: #1363357 \$100
 Company Tracking Number: 03M20108
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: HO
 Project Name/Number: Lammers/

There is no change in revenue with this filing.

Company and Contact

Filing Contact Information

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

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	03/06/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1363357	\$100.00	03/04/2008

SERFF Tracking Number: SHEL-125525008 State: Arkansas
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 Product Name: HO
 Project Name/Number: Lammers/

Correspondence Summary

Dispositions

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

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	03/07/2008	03/07/2008	Brian Marcks	03/19/2008	03/19/2008

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Product Name: *HO*
Project Name/Number: *Lammers/*

Disposition

Disposition Date: 03/21/2008

Effective Date (New): 07/27/2008

Effective Date (Renewal): 07/27/2008

Status: Filed

Comment: GR-12 and PD-1 revised; remaining pages apply as submitted.

Rate data does NOT apply to filing.

SERFF Tracking Number: SHEL-125525008 State: Arkansas
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 Product Name: HO
 Project Name/Number: Lammers/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		No
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Rate (revised)	Manual Pages	Filed	Yes
Rate	Manual Pages	Filed	Yes
Rate	Tier Calculator	Filed	No

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Company Tracking Number: 03M20108
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: HO
Project Name/Number: Lammers/

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 03/07/2008

Submitted Date 03/07/2008

Respond By Date

Dear Brian Marcks,

This will acknowledge receipt of the captioned filing.

Objection 1

- Manual Pages (Rate)

Comment: Arkansas does not allow ACV on the roof when the dwelling is covered under a replacement cost loss settlement. It is the opinion of this Department that if a dwelling is eligible for replacement cost coverage then the roof, being a part of the dwelling, should be also. Please withdraw this rule.

Please feel free to contact me if you have questions.

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

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State

Response Letter Date 03/19/2008

Submitted Date 03/19/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: Becky,

Reference is made to your letter of March 7. As requested, we are withdrawing reference to Actual Cash Value - Roof Coverage Credit. Attached are revised manual pages GR-12 and PD-1 to be substituted for the manual pages of like

SERFF Tracking Number: SHEL-125525008 State: Arkansas
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 Product Name: HO
 Project Name/Number: Lammers/
 number submitted in our original filing.

Please let me know if you have questions or need additional information.

Brian

Related Objection 1

Applies To:

- Manual Pages (Rate)

Comment:

Arkansas does not allow ACV on the roof when the dwelling is covered under a replacement cost loss settlement. It is the opinion of this Department that if a dwelling is eligible for replacement cost coverage then the roof, being a part of the dwelling, should be also. Please withdraw this rule.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Manual Pages	GR-12 and PD-1	Replacement	
Previous Version			
Manual Pages	GR-4, GR-10, GR-12 thru GR-14, GR-19, GR-21 thru GR-24, GR-26 thru GR-29, GR-33, GR-37, GR-38, GR- 41 and PD-1	Replacement	

Sincerely,
 Brian Marcks, Sue Burlingame

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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-125525008 State: Arkansas
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Project Name/Number: Lammers/

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Manual Pages	GR-12 and PD-1	Replacement	Revised AR HO GR & PD-1.pdf

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. Claims involving a land motor vehicle (not insured, owned or driven by the insured) colliding into the insured's dwelling will also 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				
	0	1	2	3	4+
Weather					
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%

**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-13	\$	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-14	\$	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								
								= Total Permitted Business Activity Premium
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
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								
								= Total Earthquake Premium
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.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Filed 03/21/2008

Comments:

Please see attachments.

Attachments:

AR HO Transmittal.pdf

AR HO Explanatory Memo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 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	03M20108
-----------------------------------	-----------------

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 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)
14.	Effective Date(s) Requested	New: 07/27/2008 Renewal: 07/27/2008

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	March 6, 2008
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 #	03M20108
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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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Various changes were made to the supplemental coverages. An Actual Cash Value – Roof Coverage Credit and Million Dollar Personal Liability Limits & rates have been added. Rates and rules for Construction Theft were adjusted. Changes to the Tier Calculator were also made. There is no revenue change with this filing.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	---

Check #: 1363357
Amount: \$100.00

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

*****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.

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

Synopsis

Various changes were made to the supplemental coverages and are detailed below. An Actual Cash Value – Roof Coverage Credit and Million Dollar Personal Liability Limits & rates have been added. Rates and rules for Construction Theft were adjusted. Changes to the Tier Calculator were also made. There is no revenue change with this filing.

GENERAL RULE (GR) PAGES

GR- 4, Rule 1. Standard Amounts and Coverages: - an editorial change was made to Form 6.

GR-10, Rule 5.f. Claim Free Discount: - claims involving a land motor vehicle (not insured, owned or driven by the insured) colliding into the insured's dwelling will be disregarded when determining this discount.

GR-12, Rule 5.h. Claim Surcharge: - claims involving a land motor vehicle (not insured, owned or driven by the insured) colliding into the insured's dwelling will be disregarded when determining this surcharge.

Rule 5.i. Actual Cash Value- Roof Coverage Credit: - added this option.

GR-13, Rule 6. Townhouses or Row Houses: - moved from page GR-12.

GR-14, Rule 8. Policy Term: - moved from GR-13.

GR-28, Rule 8. Construction Theft Coverage: - a 12 month policy term is now mandatory when this coverage is added. Rates were adjusted.

GR-29, Rule 9. Earthquake Coverage: - clarified how the deductible is determined and applied.

GR-19, 21, 22, 23, 24, 26, 27, 33, 37, 38, 41: Adding the Million Dollar Personal Liability Limit to applicable coverages.

PREMIUM DETERMINATION CHARTS “PD” PAGES

PD-1: added ACV Roof Credit as step 14 under Dwelling Premium.

TIER CALCULATOR

Revisions were made to the Tier Calculator. Question 1 which referenced the Policy Term was removed. The remaining questions were renumbered.

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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Rate and Rule	Manual Pages	03/06/2008	AR HO GR & PD Pages.pdf

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
Loss Assessment - 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	

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. Claims involving a land motor vehicle (not insured, owned or driven by the insured) colliding into the insured's dwelling will also be disregarded.

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. Claims involving a land motor vehicle (not insured, owned or driven by the insured) colliding into the insured's dwelling will also 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%

i. Actual Cash Value - Roof Coverage Credit (Form 3)

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

For a reduction in premium, losses on roofs and roof surfacing will be settled based on Actual Cash Value.

Premium Credit 3%

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.

Protection Class	<u>Number of individual units in fire division</u>		
	<u>1-2</u>	<u>3-4</u>	<u>5+</u>
All	1.00	1.10	1.25

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.

B. Section II**1. Personal Liability Coverage**

The manual premiums include limits of \$100,000 Liability and \$1,000 Medical Payments. Higher limits are available. **Note:** The limits for Optional Coverages **MUST** be the same as the basic Liability and Medical Payments written.

<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	\$ --	\$ 4	\$11	\$20
200,000	9	13	20	29
300,000	13	16	24	33
400,000	18	21	29	38
500,000	21	25	33	41
1,000,000	42	50	66	82

1. SECONDARY OR SEASONAL RESIDENCE PREMISES (MANDATORY) (Cont.)**Additional Residence Premises Occupied by Insured (1 or 2 families)(B-389-B)**

<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	\$ 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
1,000,000	28	32	44	68

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
1,000,000	36	46	54	70

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)	<u>\$3.83</u>

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
1,000,000	140	148	158	178

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
1,000,000	52	58	72	90

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
1,000,000	52	58	72	90

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

a. Incidental Farming (MANDATORY) (On the Premises) (B-388-B)

A Homeowners policy may be issued when the insured has a limited farm exposure on the premises. The policy **MUST** be endorsed to cover this exposure and the appropriate charge made.

Liability Limits	Medical Payments Limits			
	<u>\$1,000</u>	<u>\$2,000</u>	<u>\$5,000</u>	<u>\$10,000</u>
\$100,000	\$28	\$36	\$40	\$46
200,000	38	40	44	49
300,000	41	43	46	53
400,000	44	46	50	55
500,000	48	49	53	59
1,000,000	96	98	106	118

b. Farmers Comprehensive Personal Liability (Off the Premises) (B-360-B)

Farm Liability coverage for an insured who has farming operations elsewhere than on the described premises may be provided by endorsement.

The following may **not** be covered:

1. Farms where the principal purpose of the farm is to supply commodities for manufacturing or processing by the insured for sale to others, such as creameries and dairies (but not dairy farms), farms operating freezing or dehydrating plants, and poultry factories. The word "processing" does not apply to the slaughtering and dressing of livestock or to such operations as bunching of vegetables or crating of berries.
2. Farms where the principal purpose of the farm is raising or using horses for racing purposes.
3. Incorporated farms.

The Farmer's Comprehensive Personal Liability coverage may be extended to include employer's liability including medical payments for farm employees of an insured for an additional premium.

Animal collision coverage, subject to a maximum per head limit of \$2,000, may also be added. The policy deductible is NOT applicable to this coverage

6. FARMING EXPOSURES (Cont.)**Farmers Comprehensive Personal Liability (Off the Premises) (B-360-B)**

<u>Liability Limits</u>	<u>\$1,000</u>	<u>0-500 Acres Medical Payments Limits</u>			<u>For Each Add'l. 500 Acres, Add:</u>
		<u>\$2,000</u>	<u>\$5,000</u>	<u>\$10,000</u>	
\$100,000	\$55	\$73	\$80	\$91	\$13
200,000	75	79	86	98	14
300,000	81	85	93	104	15
400,000	88	91	99	110	15
500,000	94	98	105	116	15
1,000,000	188	196	210	232	30

When the above coverage is written, coverage may also be extended to 1, 2 and/or 3 below.

1) Farm Employees**(a) Charge for 1-2 Employees**

<u>Liability Limits</u>	<u>\$1,000</u>	<u>Medical Payments Limits</u>		
		<u>\$2,000</u>	<u>\$5,000</u>	<u>\$10,000</u>
\$100,000	\$42	\$48	\$54	\$66
200,000	46	52	58	70
300,000	52	58	64	76
400,000	54	60	66	78
500,000	58	64	70	82
1,000,000	116	128	140	164

(b) Charge Each Additional Employee (Up to 5)

<u>Liability Limits</u>	<u>\$1,000</u>	<u>Medical Payments Limits</u>		
		<u>\$2,000</u>	<u>\$5,000</u>	<u>\$10,000</u>
\$100,000	\$21	\$24	\$27	\$33
200,000	23	26	29	35
300,000	26	29	32	38
400,000	27	30	33	39
500,000	29	32	35	41
1,000,000	58	64	70	82

(c) Over 5 Employees - Refer to Home Office**2) Animal Collision**

\$2,000 limit - \$25 per policy

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.

The premium for this endorsement is fully earned when added to the policy.

A 12 month policy term is mandatory when this coverage is added.

Policy Deductible	<u>\$500</u>
Premium Charge	\$68

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 deductible for the Earthquake Damage Assumption Endorsement is based on a percent of the amount of insurance for each coverage and is applied separately to each coverage.

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% Deductible

<u>Basic Limits</u> (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
<u>Increased/Added Limits</u> (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%.**

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
1,000,000	12	14	16	22

24. WATERCRAFT (Cont.)

Limits Liability	<u>Outboards</u>	<u>Inboards</u>	Inboard/ <u>Outboards</u>	<u>Sailing Vessels</u>
Med Pay				
\$100,000				
1,000	\$ 24	\$ 45	\$ 31	\$ 30
2,000	27	50	35	35
5,000	36	65	47	50
10,000	45	80	59	65
\$200,000				
1,000	28	52	36	34
2,000	31	57	40	39
5,000	40	72	52	54
10,000	49	87	64	69
\$300,000				
1,000	33	63	43	41
2,000	36	68	47	46
5,000	45	83	59	61
10,000	54	98	71	76
\$400,000				
1,000	36	68	47	45
2,000	39	73	51	50
5,000	48	88	63	65
10,000	57	103	75	80
\$500,000				
1,000	40	75	51	49
2,000	43	80	55	54
5,000	52	95	67	69
10,000	61	110	79	84
\$1,000,000				
1,000	80	150	102	98
2,000	86	160	110	108
5,000	104	190	134	138
10,000	122	220	158	168

Multiply the above rates times the appropriate rate class factor from the following table:

Rate Class	In-Board	Out-Board	In/Out-Board	Sailing Vessel	Rate Class	In-Board	Out-Board	In/Out-Board	Sailing Vessel
A	1.00	1.00	1.00	1.00	J	1.31	1.79	1.31	1.00
B	1.00	1.19	1.00	1.00	K	1.31	1.79	1.31	1.00
C	1.00	1.70	1.00	1.00	L	1.58	2.63	1.58	1.00
D	1.25	1.70	1.25	1.00	M	1.10	1.10	1.10	1.00
E	1.50	2.13	1.50	1.00	N	1.10	1.31	1.10	1.00
F	1.50	2.50	1.50	1.00	O	1.10	1.87	1.10	1.00
G	1.05	1.05	1.05	1.00	P	1.38	1.87	1.38	1.00
H	1.05	1.25	1.05	1.00	Q	1.65	2.75	1.65	1.00
I	1.05	1.79	1.05	1.00					

**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-13	\$	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	ACV Roof Credit	GR-12	\$	x
15	Term	GR-14	\$	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			=		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							
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			=		Total Earthquake Premium		x	
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 14	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.