

SERFF Tracking Number: SAFA-125631278 State: Arkansas
Filing Company: Safeco Insurance Company of America State Tracking Number: EFT \$100
Company Tracking Number: PL-08-15130
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire
Project Name/Number: Rate Revision/PL-08-15130

Filing at a Glance

Company: Safeco Insurance Company of America

Product Name: Dwelling Fire SERFF Tr Num: SAFA-125631278 State: Arkansas
TOI: 01.0 Property SERFF Status: Closed State Tr Num: EFT \$100
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines) Co Tr Num: PL-08-15130 State Status: Fees verified and received
Filing Type: Rate Co Status: Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
Author: Wanda Varnell Disposition Date: 05/15/2008
Date Submitted: 05/02/2008 Disposition Status: Filed
Effective Date Requested (New): 07/10/2008 Effective Date (New): 07/10/2008
Effective Date Requested (Renewal): 08/18/2008 Effective Date (Renewal): 08/18/2008

State Filing Description:

General Information

Project Name: Rate Revision
Project Number: PL-08-15130
Reference Organization:
Reference Title:
Filing Status Changed: 05/15/2008
State Status Changed: 05/09/2008
Corresponding Filing Tracking Number:
Filing Description:
Please see cover letter.

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:
Deemer Date:

Company and Contact

Filing Contact Information

SERFF Tracking Number: SAFA-125631278 State: Arkansas
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Product Name: Dwelling Fire
Project Name/Number: Rate Revision/PL-08-15130

Jon Snyder, Product Manager jonsny@safeco.com
Safeco Plaza (206) 473-5539 [Phone]
Seattle, WA 98185 (206) 473-6730[FAX]

Filing Company Information

Safeco Insurance Company of America
SAFECO PLAZA
SEATTLE, WA 98185
(800) 562-1018 ext. [Phone]

CoCode: 24740
Group Code: 163
Group Name:
FEIN Number: 91-0742148

State of Domicile: Washington
Company Type: P&C
State ID Number:

SERFF Tracking Number: SAFA-125631278 State: Arkansas
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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Safeco Insurance Company of America	\$100.00	05/02/2008	20067601

SERFF Tracking Number: SAFA-125631278 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	05/15/2008	05/15/2008

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	05/14/2008	05/14/2008	Wanda Varnell	05/14/2008	05/14/2008
Pending Industry Response	Becky Harrington	05/09/2008	05/09/2008	Wanda Varnell	05/13/2008	05/13/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Confidential Documents	Note To Filer	Becky Harrington	05/14/2008	05/14/2008

SERFF Tracking Number: SAFA-125631278 State: Arkansas
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Disposition

Disposition Date: 05/15/2008
 Effective Date (New): 07/10/2008
 Effective Date (Renewal): 08/18/2008
 Status: Filed
 Comment:

Company Name:	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):	Overall % Indicated Change:
Safeco Insurance Company of America	8.500%	\$187,035	3,605	\$2,208,076	%	%	8.700%

SERFF Tracking Number: SAFA-125631278 *State:* Arkansas
Filing Company: Safeco Insurance Company of America *State Tracking Number:* EFT \$100
Company Tracking Number: PL-08-15130
TOI: 01.0 Property *Sub-TOI:* 01.0002 Personal Property (Fire and Allied Lines)

Product Name: Dwelling Fire
Project Name/Number: Rate Revision/PL-08-15130

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Supporting Documents	Filed	Yes
Supporting Document	Response	Filed	Yes
Supporting Document	ARHPCS.xls	Filed	Yes

SERFF Tracking Number: SAFA-125631278 State: Arkansas
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Product Name: Dwelling Fire
Project Name/Number: Rate Revision/PL-08-15130

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/14/2008
Submitted Date 05/14/2008

Respond By Date

Dear Jon Snyder,

This will acknowledge receipt of the captioned filing.

Objection 1

- Response (Supporting Document)

Comment: The HPCS sent in the response is a pdf. It must be in xls format.

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 05/14/2008
Submitted Date 05/14/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: I apologize for not sending this in the .xls format. Please see the enclosed .xls document.

Thank you, Wanda Varnell

Related Objection 1

Applies To:

SERFF Tracking Number: SAFA-125631278 State: Arkansas
Filing Company: Safeco Insurance Company of America State Tracking Number: EFT \$100
Company Tracking Number: PL-08-15130
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire
Project Name/Number: Rate Revision/PL-08-15130

- Response (Supporting Document)

Comment:

The HPCS sent in the response is a pdf. It must be in xls format.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: ARHPCS.xls

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Wanda Varnell

SERFF Tracking Number: SAFA-125631278 State: Arkansas
Filing Company: Safeco Insurance Company of America State Tracking Number: EFT \$100
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TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire
Project Name/Number: Rate Revision/PL-08-15130

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/09/2008
Submitted Date 05/09/2008
Respond By Date
Dear Jon Snyder,

This will acknowledge receipt of the captioned filing.

Objection 1

- NAIC Loss Cost Filing Document for OTHER than Workers' Comp (Supporting Document)
Comment: Please indicate the number of insureds in Territory 92 that will receive an 86.6% increase.

Objection 2

- Supporting Documents (Supporting Document)
Comment: Form HPCS must be submitted in Excel spreadsheet format.

Objection 3

No Objections
Comment: Please submit manual pages.

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 05/13/2008
Submitted Date 05/13/2008

Dear Becky Harrington,

SERFF Tracking Number: SAFA-125631278 State: Arkansas
Filing Company: Safeco Insurance Company of America State Tracking Number: EFT \$100
Company Tracking Number: PL-08-15130
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire
Project Name/Number: Rate Revision/PL-08-15130

Comments:

Response 1

Comments: Response to objection dated May 9, 2008.

Related Objection 1

Applies To:

- NAIC Loss Cost Filing Document for OTHER than Workers' Comp (Supporting Document)

Comment:

Please indicate the number of insureds in Territory 92 that will receive an 86.6% increase.

Related Objection 2

Applies To:

- Supporting Documents (Supporting Document)

Comment:

Form HPCS must be submitted in Excel spreadsheet format.

Related Objection 3

Comment:

Please submit manual pages.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Response

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Wanda Varnell

SERFF Tracking Number: SAFA-125631278 *State:* Arkansas
Filing Company: Safeco Insurance Company of America *State Tracking Number:* EFT \$100
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Project Name/Number: Rate Revision/PL-08-15130

Note To Filer

Created By:

Becky Harrington on 05/14/2008 09:53 AM

Subject:

Confidential Documents

Comments:

We are able to mark confidential documents so they are not viewable to the public if they are submitted separately from other responses and documents. That is the reason I sent two objection letters.

Confidential information and responses should be sent through SERFF. Companies should identify the documents as confidential so that we can handle appropriately.

Please submit the response documents that were mailed on 5/13/08 through SERFF.

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 TOI: 01.0 Property
 Product Name: Dwelling Fire
 Project Name/Number: Rate Revision/PL-08-15130

State: Arkansas
 State Tracking Number: EFT \$100
 Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Rate Information

Rate data applies to filing.

Filing Method: File & Use
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 5.600%
Effective Date of Last Rate Revision: 07/19/2007
Filing Method of Last Filing: File & 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):
Safeco Insurance Company of America	8.700%	8.500%	\$187,035	3,605	\$2,208,076	%	%

<i>SERFF Tracking Number:</i>	<i>SAFA-125631278</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Safeco Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>PL-08-15130</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Dwelling Fire</i>		
<i>Project Name/Number:</i>	<i>Rate Revision/PL-08-15130</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Filed	05/15/2008
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Comments:
Attachment:
 ARPCTD-1.pdf

Satisfied -Name:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status:	Filed	05/15/2008
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Comments:
Attachments:
 ARRF2 -EC LC adoption.pdf
 ARRF2 -Fire LC adoption.pdf
 ARRF1.pdf

Satisfied -Name:	Supporting Documents	Review Status:	Filed	05/15/2008
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Comments:
Attachments:
 CDF Filing Letter.pdf
 ARHPCS.pdf
 ARRRFS-1.pdf
 Exh 1 - Evaluation of Change with scorecard impact.pdf
 Exh 2 - Fire EC Expense Multipliers 2007_12.pdf

Satisfied -Name:	Response	Review Status:	Filed	05/15/2008
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Comments:
Attachments:
 SERFF Response letter 1.pdf
 ARHPCS.pdf

SERFF Tracking Number: SAFA-125631278 *State:* Arkansas
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Product Name: Dwelling Fire
Project Name/Number: Rate Revision/PL-08-15130

Manual.pdf

SERFF Tracking Number: SAFA-125631278 *State:* Arkansas
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Company Tracking Number: PL-08-15130
TOI: 01.0 Property *Sub-TOI:* 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire
Project Name/Number: Rate Revision/PL-08-15130

Satisfied -Name: ARHPCS.xls **Review Status:** Filed 05/15/2008
Comments:
Attachment:
ARHPCS.xls

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 style="width: 100%; border: none;"> <tr> <td style="border: none;">New Business</td> <td style="border: none; width: 100px;"></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					

3. Group Name	Group NAIC #
Safeco	163

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Safeco Insurance Co. of America	WA	24740	91-0742148	n/a

5. Company Tracking Number	PL-08-15130
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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
	Jon Snyder, Safeco Plaza, Seattle, WA 98185	Product Manager	206-473-5539	206-473-6730	jonsny@safeco.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Jon Snyder

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

9.	Type of Insurance (TOI)	Property
10.	Sub-Type of Insurance (Sub-TOI)	01.0002 Personal Property (Fire and Allied Lines)
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	Personal
12.	Company Program Title (Marketing title)	Landlord Protection
13.	Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input 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: 7/10/2008 Renewal: 8/18/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	ISO, inc.
17.	Reference Organization # & Title	DP-2006-RLA1
18.	Company's Date of Filing	4/30/2008
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	PL-08-15130
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of the above captioned company, this filing proposes revisions to our existing Arkansas Dwelling Fire Program. There is an overall rate impact of +8.5% as a result of these revisions. Please refer to attached **Exhibit 1** for details. Following is an outline of the basic elements of our filing.

This filing revises our Fire and Extended Coverages rates by adopting our current expense multipliers and adopting current ISO loss costs (DP-2006-RLA1). With this change we will also change our Fire Coverage Modifier from +3.5% to +11.6%, and change our Extended Coverages Modifier from -14% to -13.8%.

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 #: N/A 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.)**

**INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS REFERENCE
FILING ADOPTION FORM**

1. Insurer Name Safeco Insurance Company of America
 Address Safeco Plaza, Seattle, WA 98185

Person Responsible for Filing Jon Snyder
 Title Product Manager Telephone No. 206-473-5539

2. Insurer NAIC No. 24740 Group No. 163

3. Line of Insurance Dwelling Fire and Allied Lines

4. Advisory Organization ISO

5. Advisory Organization Reference Filing No. DP-2006-RLA1

6. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

7. Proposed Rate Level Change +8.5 % Effective Date 7/10/08

8. Prior Rate Level Change +5.6 % Effective Date 7/19/07

9. Attach "Summary of Supporting Information Form"
 (Use a separate Summary for each insurer-selected loss cost multiplier.)

10. Check one of the following:

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

Insurer Name: Safeco Insurance Company of America Date: 4/30/2008
 NAIC No. 24740 Group No. 163

INSURER RATE FILING
 ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS
 SUMMARY OF SUPPORTING INFORMATION FORM
 CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Extended Coverages Dwelling and Contents
2. Loss Cost Modification:
 A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
 (Check One)
 Without Modification (factor = 1.000)
 With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) -13.8% - see indication on abstract
 B. Loss Cost Modification Expressed as a Factor: (See Examples Below) .862

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

	Selected Provisions	
A. Total Production Expense	<u>22.04</u>	%
B. General Expense	<u>8.41</u>	%
C. Taxes, Licenses & Fees	<u>3.20</u>	%
D. Underwriting Profit & Contingencies*	<u>9.35 - Inv. Inc. Included</u>	%
E. Other (explain)	<u>N/A</u>	%
F. TOTAL	<u>43.00</u>	%

* Explain how investment income is taken into account.

4. A. Expected Loss Ratio: $ELR=100\%-3F=A$. 57.00 %
 B. ELR in Decimal Form = .5700 %
5. Company Formula Loss Cost Multiplier: (2B divided by 4B) = 1.512 %
6. Company Selected Loss Cost Multiplier = 1.512 %
 Explain any differences between 5 and 6:

7. Rate level change for the coverages to which this page applies: +3.7 %

Example 1: Loss Cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss Cost Modification Factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

**INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS REFERENCE
FILING ADOPTION FORM**

1. Insurer Name Safeco Insurance Company of America
 Address Safeco Plaza, Seattle, WA 98185

Person Responsible for Filing Jon Snyder
 Title Product Manager Telephone No. 206-473-5539

2. Insurer NAIC No. 24740 Group No. 163

3. Line of Insurance Dwelling Fire and Allied Lines

4. Advisory Organization ISO

5. Advisory Organization Reference Filing No. DP-2006-RLA1

6. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

7. Proposed Rate Level Change +8.5 % Effective Date 7/10/2008

8. Prior Rate Level Change +5.6 % Effective Date 7/19/2007

9. Attach "Summary of Supporting Information Form"
 (Use a separate Summary for each insurer-selected loss cost multiplier.)

10. Check one of the following:
- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.
 - The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

Insurer Name: Safeco Insurance Company of America Date: 04/30/2008
 NAIC No. 24740 Group No. 163

INSURER RATE FILING
 ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS
 SUMMARY OF SUPPORTING INFORMATION FORM
 CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Fire Dwelling and Contents
2. Loss Cost Modification:
 A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
 (Check One)
 Without Modification (factor = 1.000)
 With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) +11.6% - see indication on abstract
 B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.116

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

	Selected Provisions	
A. Total Production Expense	<u>22.04</u>	%
B. General Expense	<u>8.41</u>	%
C. Taxes, Licenses & Fees	<u>3.20</u>	%
D. Underwriting Profit & Contingencies*	<u>9.35 - Inv. Inc. Included</u>	%
E. Other (explain)	<u>N/A</u>	%
F. TOTAL	<u>43.00</u>	%

* Explain how investment income is taken into account.

4. A. Expected Loss Ratio: $ELR=100\%-3F=A$. 57.00 %
 B. ELR in Decimal Form = .5700 %

5. Company Formula Loss Cost Multiplier: (2B divided by 4B) = 1.958 %

6. Company Selected Loss Cost Multiplier = 1.958 %
 Explain any differences between 5 and 6:

7. Rate level change for the coverages to which this page applies: +11.7 %

Example 1: Loss Cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss Cost Modification Factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	PL-08-15130
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	ISO, Inc. - DP-2006-RLA1
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Company Name		Company NAIC Number	
3.	A. Safeco Insurance Company of America	B.	163-24740

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)	
4.	A. Property	B.	01.0002 Personal Property (Fire and Allied Lines)

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Fire	+11.6%	+11.7%	57.00	+11.6%	1.958	n/a	1.829
Extended Coverages	+3.8%	+3.7%	57.00	-13.8%	1.512	n/a	1.520
TOTAL OVERALL EFFECT	n/a						

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2007	3480	+5.6%	7/19/07	1,626	473	29.10	56.49
2006	2663	+1.3%	6/8/06	1,165	591	50.70	47.10
2005	1992	None	N/A	762	545	71.60	43.40
2004	1298	+3.6%	5/27/04	591	56	9.49	40.21
2003	1288	None	N/A	571	338	59.20	49.57

7.

Expense Constants	Selected Provisions
A. Total Production Expense	22.04
B. General Expense	8.41
C. Taxes, Licenses & Fees	3.20
D. Underwriting Profit & Contingencies	9.35
E. Other (explain)	n/a
F. TOTAL	43.00

- 8.** N Apply Loss Cost Factors to Future filings? (Y or N)
- 9.** +86.6% Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): 92
- 10.** -41.2% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 33



SAFECO PROPERTY & CASUALTY INSURANCE COMPANIES

SAFECO Plaza
Seattle, WA 98185-0001

Phone: (206) 545-5000
www.safeco.com

May 1, 2008

Arkansas Insurance Department
1200 West Third Street

Attention: Becky Harrington, Certified Analyst

Safeco Insurance Company of America 163-24740
Dwelling Fire Program
Rate Revision Filing
Reference Filing: DP-2006-RLA1

Proposed Effective Dates: July 10, 2008 – New Business
August 18, 2008 – Renewal Business

Company Filing Number: PL-08-15130
SERFF Number: SAFA-125631278

On behalf of the above captioned companies, this filing introduces several changes to our Arkansas Safeco Dwelling Fire program including enhancements to our automated underwriting model. These changes result in a combined summary overall rate change of **8.5%** (refer to **Exhibit 1** for details). Please refer to separate filing PL-08-15130B for confidential details regarding our automated underwriting model. Following is an outline of the basic elements of our filing.

Fire and Extended Coverages

This filing revises our Fire and Extended Coverages rates by adopting our current expense multipliers. In addition, with this change we will also revise our Fire Coverage Modifier from +3.5% to +11.6%, and revise our Extended Coverages Modifier from -14% to -13.8%.

We look forward to your acknowledgement of this filing. Final Product Guide pages will be forwarded prior to the New Business Date of July 10, 2007. If you have any questions or need any additional information, please do not hesitate to call me at the number provided below. Thank you for your time and consideration.

Sincerely,

Jon Snyder
Product Manager
(206) 473-5539
FAX: (206) 473-6730
jonsny@safeco.com
JS/wtv

NAIC Number: 163-24740
 Company Name: Safeco Insurance Co. of America
 Contact Person: Jon Snyder
 Telephone No.: 206-473-5539
 Email Address: jonsny@safeco.com
 Effective Date: 7/10/2008

**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
 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 (Covers risk of direct physical loss for dwelling and other structures; named perils for personal property, replacement cost on dwelling, actual cash value on personal property)

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	N/A																	
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

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																	
	\$15,000																		
	\$25,000																		
6	\$5,000																		
	\$15,000																		
	\$25,000																		
9	\$5,000																		
	\$15,000																		
	\$25,000																		

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	\$367	\$437	\$367	\$437	\$367	\$437	\$367	\$437	\$367	\$437	\$367	\$437	\$367	\$437	\$367	\$437	\$367	\$437
	\$120,000	\$442	\$537	\$442	\$537	\$442	\$537	\$442	\$537	\$442	\$537	\$442	\$537	\$442	\$537	\$442	\$537	\$442	\$537
	\$160,000	\$517	\$637	\$517	\$637	\$517	\$637	\$517	\$637	\$517	\$637	\$517	\$637	\$517	\$637	\$517	\$637	\$517	\$637
6	\$80,000	\$374	\$445	\$374	\$445	\$374	\$445	\$374	\$445	\$374	\$445	\$374	\$445	\$374	\$445	\$374	\$445	\$374	\$445
	\$120,000	\$452	\$548	\$452	\$548	\$452	\$548	\$452	\$548	\$452	\$548	\$452	\$548	\$452	\$548	\$452	\$548	\$452	\$548
	\$160,000	\$530	\$652	\$530	\$652	\$530	\$652	\$530	\$652	\$530	\$652	\$530	\$652	\$530	\$652	\$530	\$652	\$530	\$652
9	\$80,000	\$518	\$680	\$518	\$680	\$518	\$680	\$518	\$680	\$518	\$680	\$518	\$680	\$518	\$680	\$518	\$680	\$518	\$680
	\$120,000	\$644	\$863	\$644	\$863	\$644	\$863	\$644	\$863	\$644	\$863	\$644	\$863	\$644	\$863	\$644	\$863	\$644	\$863
	\$160,000	\$770	\$1046	\$770	\$1046	\$770	\$1046	\$770	\$1046	\$770	\$1046	\$770	\$1046	\$770	\$1046	\$770	\$1046	\$770	\$1046

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

HO3 and HO4 only

Fire Extinguisher	<input type="text"/>	%	Deadbolt Lock	<input type="text"/>	%
Burglar Alarm	<input type="text"/>	%	Window Locks	<input type="text"/>	%
Smoke Alarm	<input type="text"/>	%	\$1,000 Deductible	<input type="text"/>	%
	Other (specify)		<input type="text"/>	<input type="text"/>	%
	Maximum Credit Allowed		<input type="text"/>	<input type="text"/>	%

EARTHQUAKE INSURANCE

IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this coverage

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?	<input type="text" value="Y"/>	(yes or no)	
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	<input type="text" value="15-25"/>	%	
WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?	Zone	Brick	Frame
	Highest Risk	\$.20	\$.11
	Lowest Risk	\$.15	\$.07

RATE/RULE FILING SCHEDULE

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

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

1.	This filing transmittal is part of Company Tracking #	PL-08-15130
-----------	--	-------------

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Rate Increase Rate Decrease Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
-----------	--	------------

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)
Safeco Insurance Co. of America	Fire & EC 8.7%	8.5%	\$187,035	3,605	\$2,208,076	n/a	n/a

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	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	+5.6%
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7.	Effective Date of last rate revision	7-19-2007
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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	Entire manual	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR-PC-O7-024956
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

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

Notes for Rate/Rule Filing Transmittal

DESCRIPTION OF ITEMS IN THE RATE FILING SCHEDULE

RATE/RULE FILING SCHEDULE

1. 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.

2. This filing corresponds to form filing number: Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one. **Use check boxes to indicate if this is a rate increase, a rate decrease or rate neutral.**

3. Filing Method (Prior Approval, File & Use, Flex Band, etc): This is the review method for which the filing is being submitted. See State Specific Requirements.

4. Rate Change by Company: Complete all fields for each company included in the filing.

- **Overall % Indicated Change (when applicable)** - This field is only to be completed when an actuarial indication is included in the filing submission.
- **Overall % Rate Impact** - This is the statewide average percentage change to the accepted rates for the coverages included for each company.
- **Written premium change for this program** - This is the statewide change in written premium based on the proposed overall percentage rate impact for each company.
- **# of policyholders affected for this program** - This is the number of policyholders affected by the overall percentage rate impact for each company.
- **Written premium for this program** - This is the statewide written premium for each company.
- **Maximum % Change & Minimum % Change** – This information should be completed if required by the state to which the filing is being submitted.
 - If all the policyholders get increases, then the maximum change is the largest increase and the minimum change is the smallest increase.
 - If all the policyholders get decreases, then the maximum change is the smallest decrease and the minimum change is the largest decrease.
 - If some of the policyholders get increases and others get decreases, then the maximum change is the largest increase and the minimum change is the largest decrease.

5a. Overall percentage rate indication (when applicable): These fields are only to be completed when an actuarial indication is included in the filing submission.

5b. Overall percentage rate impact for this filing: This is the statewide average percentage change to the accepted rates for the coverages included in the filing. This field only needs to be completed for group filings.

5c. Effect of Rate Filing—Written Premium Change for this program: This is the statewide change in written premium based on the proposed overall percentage rate impact. This field only needs to be completed for group filings.

5d. Effect of Rate Filing—Number of policyholders affected: This is the number of policyholders affected by the overall percentage rate impact. This field only needs to be completed for group filings.

6. Overall percentage of last rate revision: This is the statewide average of the last percentage change implemented in the state.

7. Effective Date of last rate revision: This is the implementation date of the last overall percentage rate impact.

8. Filing Method of Last Filing (Prior Approval, File & Use, Flex Band, etc): This is the review method for which the last filing was submitted. See State Specific Requirements.

9. Rule # or Page # Submitted for Review: This is the list of changes to the rate/rule manual.

To be complete a filing must include the following:

- A completed Property & Casualty Transmittal Document (PC TD-1).
- A completed Form Filing Schedule Document (PC FFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- A completed Rate/Rule Filing Transmittal document (PC RRFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- The appropriate state specific requirements.
- The appropriate filing fees, when required.
- A postage-paid, self-addressed envelope large enough to accommodate the return of acknowledgement, as required by state.
- You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Exhibit 1

Summary Evaluation of Change

SAFECO Insurance Company of America

Arkansas

Fire and Extended Coverages			
	<u>Written Premium</u>	<u>Dollars of Change</u>	<u>Percent of Change</u>
Fire - Dwelling	\$1,241,930	\$144,724	11.7%
Fire - Contents	<u>\$46,963</u>	<u>\$5,487</u>	<u>11.7%</u>
Total Fire	\$1,288,893	\$150,211	11.7%
Extended Coverages - Dwelling	\$734,916	\$27,539	3.7%
Extended Coverages - Contents	<u>\$11,192</u>	<u>\$403</u>	<u>3.6%</u>
Total Extended Coverages	\$746,108	\$27,942	3.7%
Total Fire and Extended Coverages	\$2,035,001	\$178,153	8.8%

Optional Coverages / Increased Limits			
	<u>Written Premium</u>	<u>Dollars of Change</u>	<u>Percent of Change</u>
Comprehensive Personal Liability (incl. Pers. Injury)	\$96	\$4	4.3%
CPL - Increased Medical Limits	\$0	\$0	4.3%
Premises Liability (incl. Pers. Injury)	\$128,807	\$5,539	4.3%
PL - Increased Medical Limits	\$2,458	\$106	4.3%
Extended Dwelling Coverage	\$19,585	\$1,649	8.4%
On-Premises Theft	\$5,736	\$247	4.3%
Loss Assessment	\$682	\$29	4.3%
Theft of Building Materials	\$216	\$9	4.3%
Increased Coverage B Limits	\$8,768	\$731	8.3%
Increased Coverage D Limits	\$6,727	\$568	8.4%
Total Optional Coverages/Increased Limits	\$173,075	\$8,882	5.1%

Combined Coverages			
	<u>Written Premium</u>	<u>Dollars of Change</u>	<u>Percent of Change</u>
Grand Total	\$2,208,076	\$187,035	8.5%

EXHIBIT 2

SAFECO INSURANCE COMPANY OF AMERICA
 PERSONAL DWELLING FIRE PROGRAM
 DWELLING FIRE AND EXTENDED COVERAGES

ARKANSAS (AR)

EXPECTED LOSS RATIO BUDGET

(1) PREMIUM DOLLAR		100.00
(2) EXPENSES:		
(A) COMMISSIONS		22.04
(B) GENERAL OPERATING EXPENSES		
	(1) 2006	9.63
	(2) 2005	8.40
	(3) 2004	7.19
	(4) AVERAGE	8.41
(C) TAXES		3.20
(3) TOTAL EXPENSES		
= (A)+(B4)+(C)		33.65
(4) BUDGETARY PROFIT LOAD		9.35
(5) EXPECTED LOSS AND AE RATIO		
= (1)-(3)-(4)		57.00
(6) LOSS ADJUSTMENT EXPENSE RATIO		
(A) RATIO TO CALENDAR YEAR LOSSES:		
	(1) 2006	0.1944
	(2) 2005	0.2260
	(3) 2004	0.4317
(B) AVERAGE		0.2840
(C) RATIO TO PREMIUM		12.61
(7) EXPECTED LOSS RATIO		44.39
= (5)/[1+(6B)] = [(1)-(3)-(4)]/[1+(6B)]		
(8) EXPENSE MULTIPLIER (FOR LC INCL AE)		1.754
= [1/(5)]*100		



SAFECO PROPERTY & CASUALTY INSURANCE COMPANIES

SAFECO Plaza
Seattle, WA 98185-0001

Phone: (206) 545-5000
www.safeco.com

May 13, 2008

Arkansas Insurance Department
1200 West Third Street

Attention: Becky Harrington, Certified Analyst

SAFECO Insurance Company of America
Dwelling Fire Program
Rate Revision Filing
Reference Filing: DP-2006-RLA1

Proposed Effective Dates: July 10, 2008 – New Business
August 18, 2008 – Renewal Business
Company Filing Number: PL-08-15130
SERFF Number: SAFA-125631278

Ms. Harrington,

This letter is in response to the SERFF objection dated 5/9/2008. Your specific objections and our responses are detailed below.

Please indicate the number of insureds in Territory 92 that will receive an 86.6% increase.

There is one insured in Territory 92 who will receive an 86.6% increase.

Form HPCS must be submitted in Excel spreadsheet format.

Please see form ARHPCS.pdf, attached.

Please submit manual pages.

Please see Manual.pdf, attached.

Thank you for your time and consideration. Please feel free to contact me at the number below if you have any questions.

Sincerely,

Jon Snyder
Product Manager
(206) 473-5539
FAX: (206) 473-6730
jonsny@safeco.com
JS/wtv

NAIC Number: 163-24740
 Safeco Insurance Company of America
 Contact Person: Jon Snyder
 Telephone No.: 206-473-5539
 Email Address: jonsnv@safeco.com
 Effective Date: 7/10/2008 - New Business

**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
 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	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
	\$120,000	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
	\$160,000	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	\$80,000	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
	\$120,000	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
	\$160,000	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	\$80,000	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
	\$120,000	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
	\$160,000	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 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	\$367	\$437	\$367	\$437	\$367	\$437	\$367	\$437	\$367	\$437	\$367	\$437	\$367	\$437	\$367	\$437	\$367	\$437
	\$120,000	\$442	\$537	\$442	\$537	\$442	\$537	\$442	\$537	\$442	\$537	\$442	\$537	\$442	\$537	\$442	\$537	\$442	\$537
	\$160,000	\$517	\$637	\$517	\$637	\$517	\$637	\$517	\$637	\$517	\$637	\$517	\$637	\$517	\$637	\$517	\$637	\$517	\$637
6	\$80,000	\$374	\$445	\$374	\$445	\$374	\$445	\$374	\$445	\$374	\$445	\$374	\$445	\$374	\$445	\$374	\$445	\$374	\$445
	\$120,000	\$452	\$548	\$452	\$548	\$452	\$548	\$452	\$548	\$452	\$548	\$452	\$548	\$452	\$548	\$452	\$548	\$452	\$548
	\$160,000	\$530	\$652	\$530	\$652	\$530	\$652	\$530	\$652	\$530	\$652	\$530	\$652	\$530	\$652	\$530	\$652	\$530	\$652
9	\$80,000	\$518	\$680	\$518	\$680	\$518	\$680	\$518	\$680	\$518	\$680	\$518	\$680	\$518	\$680	\$518	\$680	\$518	\$680
	\$120,000	\$644	\$863	\$644	\$863	\$644	\$863	\$644	\$863	\$644	\$863	\$644	\$863	\$644	\$863	\$644	\$863	\$644	\$863
	\$160,000	\$770	\$1,046	\$770	\$1,046	\$770	\$1,046	\$770	\$1,046	\$770	\$1,046	\$770	\$1,046	\$770	\$1,046	\$770	\$1,046	\$770	\$1,046

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

HO3 and HO4 only

Fire Extinguisher	n/a	%	Deadbolt Lock	n/a	%
Burglar Alarm	n/a	%	Window Locks	n/a	%
Smoke Alarm	n/a	%	\$1,000 Deductible	n/a	%
			Other (specify)		

EARTHQUAKE INSURANCE

IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this coverage

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?	Yes	(yes or no)
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	15-25	%

Zone Brick Frame

			%	WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?	Highest Risk	\$	0.20	\$	0.11
	Maximum Credit Allowed		%		Lowest Risk	\$	0.15	\$	0.07

I

Arkansas

Dwelling Fire: Landlord Protection™



Safeco Insurance Company of America



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Option H – Premises Liability – All Forms

Option EE – Earthquake Coverage – All Forms

Option VV – Theft of Building Materials – Forms (1) and (2)

Discounts

Safeco Employee Discount Plan

Company Only content is displayed in grey.

What's New

Effective Date of New and Revised Material

07/10/08 New business • 08/19/08 Renewal business

Updates

The fourth Eligibility rule has been added. 5

Companies and Copyrights

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Eligibility and Rules

Eligibility

(Effective NB: 07/10/08 RB: 08/19/08)

A Landlord Protection™ Policy may be issued to insure:

- A dwelling and premises that are well maintained with no unusual exposures
- A dwelling used exclusively for residential purposes with no more than four units, each designed for one-family occupancy
- A dwelling in a town house or row structure that has no more than four units
- If the year of construction of the residence is 1955 or prior, all units in the structure must be serviced by circuit breaker systems of not less than 200 Amps
- A condominium unit that is rented to others. The condominium association agreement affecting the unit should be reviewed to determine which coverages are needed
- An owner occupied single-family dwelling or a dwelling where the owner occupies one of not more than four units

- Personal property in:
 - A dwelling that is eligible to be covered;
 - A dwelling with rental apartments, including furnishings, equipment and appliances in common areas or utility rooms;
 - Any apartment or condominium unit used as private living quarters of your customer or rented to others furnished.

A policy may not be issued for:

- Contents only without Coverage A (Dwelling);
- Property situated on premises used for farming purposes unless farming conducted thereon is only incidental to the occupancy of the premises as a dwelling and farming is not the occupation of your customer or residents of their household;
- Risks constructed in whole or in part for other than residential purposes;
- New dwellings in the course of construction;
- Trailers or mobile homes.

Property Coverages

Basic, Broad and Condominium (Broad) Landlord Protection policy forms are available.

Coverage A Dwelling or Condominium Building Items	Form (1)	<ul style="list-style-type: none"> • Includes fire coverage and extended coverages • Dwelling is covered on an Actual Cash Value basis • Must be insured at 100 percent of Actual Cash Value • Vandalism and Malicious Mischief coverage is not automatically included but may be purchased separately
	Form (2)	<ul style="list-style-type: none"> • Includes fire coverage and extended coverages • Dwelling is covered on a Replacement Cost basis • Must be insured at 100 percent of Replacement Cost • Vandalism and Malicious Mischief coverage is automatically included and may not be eliminated
	Form (8)	<ul style="list-style-type: none"> • Includes fire coverage and extended coverages • Condominium Building Items are covered on a Replacement Cost basis with a minimum limit of \$10,000 • Vandalism and Malicious Mischief coverage is automatically included and may not be eliminated
Coverage B Other Structures	Forms (1) and (2)	<ul style="list-style-type: none"> • Automatically covered on an Actual Cash Value basis up to 10 percent of Coverage A • Coverage Limit may not be decreased or eliminated • Increased limits may be purchased • Perils covered are the same as Coverage A perils

Coverage C Personal Property	Forms (1) and (2)	<ul style="list-style-type: none"> • If purchased with Coverage A, personal property is covered on an Actual Cash Value basis • Perils covered are the same as Coverage A perils
	Form (8)	<ul style="list-style-type: none"> • Personal property is covered for Broad Form perils on an Actual Cash Value basis
Coverage D Loss of Rent, Rental Value (and Additional Living Expense)	Forms (1) and (2)	<ul style="list-style-type: none"> • Automatically covered up to 10 percent of Coverage A • Additional Living Expense is not available with Form (1) • Loss of Rent or Rental Value are determined by tenant occupancy; Additional Living Expenses applies to owner occupancy • Coverage Limit may not be decreased or eliminated but increased limits may be purchased
	Form (8)	<ul style="list-style-type: none"> • Loss of Rent and Rental Value are not automatically covered but may be purchased • Additional Living Expense is not available with Form (8)
Ordinance or Law Coverage	All Forms	<ul style="list-style-type: none"> • Automatically covered up to 10 percent of Coverage A and additional limits not available

Coverage C – Personal Property Requirements

Form (1) or (2) may be written without Personal Property coverage. If it is purchased, the following minimums apply:

Occupancy	Coverage C Minimum
Non-seasonal Owner Occupied	
One-family dwelling	50% of Coverage A
Multi-family dwelling	\$20,000
Seasonal – Owner Occupied	5,000
Tenant occupied	2,000

Condominium Form (8) requires Coverage C.

Policy Period

The policy period is one year with continuous renewal until canceled or non-renewed.

Changes on Policies

Policy changes may be made during the term of the policy by endorsement. Additional or return premium will be computed on a pro rata basis. Amounts of \$3 or less will be waived.

Cancellation of Insurance

If the policy is canceled at the request of either your customer or us, the return premium shall be 100 percent of the pro rata unearned premium. Amounts of \$3 or less will be waived.

Additional Interests

The interest of individuals or companies (other than the mortgagee listed in the Declarations) may be added by the Additional Interest Endorsement.

Minimum Premium

The minimum premium is \$100 per policy.

Temporary Binder

Temporary binder forms may not be used for binding Landlord Protection™ policies. New customers may be bound only by submitting an application form.

Deductibles

All Perils – All Forms

Deductibles
\$ 1,000
2,500

Increased Limits

If your customer selects an amount of either Coverage B (Other Structures) or Coverage D (Loss of Rent, Rental Value and, if applicable, Additional Living Expense) above the 10 percent automatically provided by the Basic Form (1) or Broad Form (2) policy, indicate only the “increased limits” portion on the Application or by endorsement. The Declarations issued by us will display the aggregate limit.

Increased Limits for these coverages are not available with Form (8).

Coverage Options

Availability by Form			Coverages at-a-Glance
(1)	(2)	(8)	
	●		Option A – Extended Dwelling Coverage
●	●	●	Option B – On-Premises Theft
●	●		Option E – Comprehensive Personal Liability (including Personal Injury and Medical Payments)
●	●	●	Option G – Loss Assessment
●	●	●	Option H – Premises Liability (including Personal Injury and Medical Payments)
●	●	●	Option EE – Earthquake Coverage
●	●		Option VV – Theft of Building Materials
● = Not included on policy; available for purchase			

Option A – Extended Dwelling Coverage – Form (2)

Extended Dwelling Coverage may be purchased and provides up to an additional 25 percent of Coverage A should repair or replacement exceed the Coverage A amount displayed on the Declarations page. The factor below is applied to the Fire and extended coverage premiums.

Factor
3 percent

Option B – On-premises Theft – All Forms

If Coverage C (personal property) has been purchased, and your customer is an individual or single-family household, and there are no more than two roomers or boarders, coverage is available for On-Premises Theft at the personal property deductible. Option B does not include theft by tenants or theft off premises.

Deductible	Base F30 Premiums		
	\$1,000	\$2,000	\$5,000
\$ 500	\$24	\$48	\$71
1,000	20	40	59
2,500	17	34	50

Option E – Comprehensive Personal Liability – Forms (1) and (2)

(Amended: 06/08/06)

Comprehensive Personal Liability (including Personal Injury covering wrongful eviction or entry, invasion of privacy and libel and slander) and Medical Payments coverage may be purchased if the Named Insured is the occupant of the premises to which Coverage A (dwelling) applies.

Limits of Liability with Medical	Base F30 Premiums			
	1-Family	2-Family	3-Family	4-Family
\$100,000/1,000	\$35	\$50	\$ 60	\$ 73
300,000/1,000	41	60	72	88
500,000/1,000	44	64	78	95
1,000,000/1,000	47	69	84	102
1,500,000/1,000	49	72	87	107

Medical Payments	
Aggregate Limits	Base F30 Premiums
\$ 1,000	Included
2,000	\$3
3,000	5
4,000	8
5,000	10
10,000	23

Option G – Loss Assessment – All Forms

Coverage may be purchased for losses assessed against the insured as a member of a property owners association or corporation. Option G can only be purchased if Option E – Comprehensive Personal Liability or Option H – Premises Liability is purchased. Coverage includes property and liability.

Limit of Liability	Base F30 Premiums
\$ 1,000	\$ 5
10,000	10
15,000	15
50,000	20

Option H – Premises Liability – All Forms

(Amended: 06/08/06)

Premises Liability coverage (including Personal Injury covering wrongful eviction or entry, invasion of privacy and libel and slander) and Medical Payments coverage may be purchased for any dwelling or condominium unit insured on the policy.

Limits of Liability with Medical	Base F30 Premiums			
	1-Family	2-Family	3-Family	4-Family
\$ 100,000/1,000	\$31	\$44	\$85	\$104
300,000/1,000	36	52	103	127
500,000/1,000	39	56	112	137
1,000,000/1,000	41	60	121	148
1,500,000/1,000	43	62	126	155

Medical Payments	
Aggregate Limits	Base F30 Premiums
\$ 1,000	Included
2,000	\$1
3,000	2
4,000	3
5,000	3
10,000	8

Option EE – Earthquake Coverage – All Forms

(Amended: 01/19/06)

Earthquake damage coverage may be extended to frame, masonry veneer and solid masonry dwellings. A deductible of 10 percent, 15 percent, 20 percent or 25 percent of the policy limit may be selected. The deductible will apply separately to the amount of insurance for Coverage A (Dwelling), Coverage B (Other Structures), Coverage C (Personal Property) and condominium Building Items.

Zone 2: Clay, Craighead, Crittendon, Cross, Greene, Jackson, Mississippi, Poinsett

Zone 3: Independence, Lawrence, Lee, Monroe, Phillips, Randolph, St. Francis, White, Woodruff

Zone 4: Arkansas, Baxter, Cleburne, Conway, Desha, Faulkner, Fulton, Izard, Jefferson, Little River, Lonoke, Marion, Prairie, Pulaski, Searcy, Sebastian, Sharp, Stone, Van Buren

Zone 5: Ashley, Benton, Boone, Bradley, Calhoun, Carroll, Chicot, Clark, Cleveland, Columbia, Crawford, Dallas, Drew, Franklin, Garland, Grant, Hempstead, Hot Spring, Howard, Johnson, Lafayette, Lincoln, Logan, Madison, Miller, Montgomery, Nevada, Newton, Perry, Pike, Polk, Pope, Ouachita, Saline, Scott, Sevier, Union, Washington, Yell

Age and Construction Requirements

Frame homes must have a continuous poured concrete foundation. Frame homes built prior to 1945 must have their foundation verified by agent inspection or photo.

Zone	Dwelling – Coverage A		Personal Property Coverage C
	Frame*	Masonry/Masonry Veneer†	
10% Deductible – Rates per \$1,000			
2	\$.42	\$.75	\$.30
3	.24	.52	.20
4	.24	.52	.20
5	.24	.52	.20
15% Deductible – Rates per \$1,000			
2	\$.30	\$.53	\$.21
3	.17	.36	.14
4	.17	.36	.14
5	.17	.36	.14
20% Deductible – Rates per \$1,000			
2	\$.19	\$.34	\$.14
3	.12	.25	.09
4	.12	.25	.09
5	.12	.25	.09
25% Deductible – Rates per \$1,000			
2	\$.11	\$.20	\$.08
3	.07	.15	.05
4	.07	.15	.05
5	.07	.15	.05

* Rate aluminum and plastic siding as frame construction.

† Rate log as masonry veneer.

Under Form (8) for Coverage A (Condominium Building Items), charge the Dwelling frame rates indicated in table.

If increased limits of Coverage B (Other Structures) have been purchased, no additional charge for this coverage will be made.

No Earthquake coverage may be bound for 10 days following an earthquake in excess of 5.0 on the Richter Scale unless formal written notification is received from Safeco Personal Lines management.

The minimum premium for earthquake coverage shall be \$40.

Option VV – Theft of Building Materials – Forms (1) and (2)

Coverage may be provided for theft of building materials or supplies for a home while being remodeled by issuing the appropriate form and charging a premium.

Base F30 Premium per Policy
\$120

New dwellings in the course of construction are not eligible for the Landlord Protection™ program.

Discounts

Safeco Employee Discount Plan

Eligible persons are employees of Safeco Corporation and its subsidiaries, their spouses, domestic partners and family members in the household.

Retired and former Safeco employees are eligible to continue receiving this discount as are surviving spouses or domestic partners.

All other underwriting standards and provisions apply.