

SERFF Tracking Number: ARKS-125925933 State: Arkansas
Filing Company: 22098 - GRAIN DEALERS MUTUAL INSURANCE COMPANY State Tracking Number: # 2 CKS TOTAL \$100
Company Tracking Number:
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Property
Project Name/Number: /

Filing at a Glance

Company: 22098 - GRAIN DEALERS MUTUAL INSURANCE COMPANY
Product Name: Dwelling Property SERFF Tr Num: ARKS-125925933 State: Arkansas
TOI: 01.0 Property SERFF Status: Closed State Tr Num: # 2 CKS TOTAL \$100
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines) Co Tr Num: State Status: Fees verified and received
Filing Type: Rate Co Status: Reviewer(s): Becky Harrington, Betty Montesi
Author: Disposition Date: 02/13/2009
Date Submitted: 12/01/2008 Disposition Status: Filed
Effective Date Requested (New): 01/01/2009 Effective Date (New):
Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal):
State Filing Description:
Ck # 51001462 \$50 Ck # 51001506 \$50

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 02/13/2009
State Status Changed: 12/03/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Increase loss cost modification factor.

SERFF Tracking Number: ARKS-125925933 State: Arkansas
Filing Company: 22098 - GRAIN DEALERS MUTUAL State Tracking Number: # 2 CKS TOTAL \$100
INSURANCE COMPANY
Company Tracking Number:
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied
Lines)
Product Name: Dwelling Property
Project Name/Number: /

Company and Contact

Filing Contact Information

NA NA, NA@NA.com
NA (123) 555-4567 [Phone]
NA, AR 00000

Filing Company Information

22098 - GRAIN DEALERS MUTUAL CoCode: 22098 State of Domicile: Arkansas
INSURANCE COMPANY
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

SERFF Tracking Number: ARKS-125925933

State: Arkansas

Filing Company: 22098 - GRAIN DEALERS MUTUAL
INSURANCE COMPANY

State Tracking Number: # 2 CKS TOTAL \$100

Company Tracking Number:

TOI: 01.0 Property

Sub-TOI: 01.0002 Personal Property (Fire and Allied
Lines)

Product Name: Dwelling Property

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	02/13/2009	02/13/2009

SERFF Tracking Number: ARKS-125925933 State: Arkansas
 Filing Company: 22098 - GRAIN DEALERS MUTUAL INSURANCE COMPANY State Tracking Number: # 2 CKS TOTAL \$100
 Company Tracking Number:
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
 Product Name: Dwelling Property
 Project Name/Number: /

Disposition

Disposition Date: 02/13/2009

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Arkansas Code Annotated §23- 67-211(a)(1) requires every authorized insurer to file with the Commissioner all rates and supplementary rate information and all changes and amendments made by it for use in this State at least twenty (20) days before they become effective. Your filing was completed on the date above and cannot be effective for 20 days after that date.

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):
22098 - GRAIN DEALERS MUTUAL INSURANCE COMPANY	%	10.000%	\$		\$	%	%

SERFF Tracking Number: ARKS-125925933 State: Arkansas
 Filing Company: 22098 - GRAIN DEALERS MUTUAL State Tracking Number: # 2 CKS TOTAL \$100
 INSURANCE COMPANY
 Company Tracking Number:
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied
 Lines)
 Product Name: Dwelling Property
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-2 Loss Costs Only (not for workers' compensation)	Filed	No
Supporting Document	H-1 Homeowners Abstract	Filed	No
Supporting Document	HPCS-Homeowners Premium Comparison Survey	Filed	No
Supporting Document	NAIC loss cost data entry document	Filed	No
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	No
Supporting Document	ARKS-125925933		No

SERFF Tracking Number: ARKS-125925933 State: Arkansas
 Filing Company: 22098 - GRAIN DEALERS MUTUAL INSURANCE COMPANY State Tracking Number: # 2 CKS TOTAL \$100
 Company Tracking Number:
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
 Product Name: Dwelling Property
 Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

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):
22098 - GRAIN DEALERS MUTUAL INSURANCE COMPANY	%	10.000%				%	%

SERFF Tracking Number: ARKS-125925933 State: Arkansas
 Filing Company: 22098 - GRAIN DEALERS MUTUAL State Tracking Number: # 2 CKS TOTAL \$100
 INSURANCE COMPANY
 Company Tracking Number:
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied
 Lines)
 Product Name: Dwelling Property
 Project Name/Number: /

Supporting Document Schedules

Unsatisfied -Name: Form RF-2 Loss Costs Only (not for workers' compensation)	Review Status: Filed	02/13/2009
Comments:		
Unsatisfied -Name: H-1 Homeowners Abstract	Review Status: Filed	02/13/2009
Comments:		
Unsatisfied -Name: HPCS-Homeowners Premium Comparison Survey	Review Status: Filed	02/13/2009
Comments:		
Unsatisfied -Name: NAIC loss cost data entry document	Review Status: Filed	02/13/2009
Comments:		
Unsatisfied -Name: Uniform Transmittal Document-Property & Casualty	Review Status: Filed	02/13/2009
Comments:		
Satisfied -Name: ARKS-125925933	Review Status:	02/13/2009
Comments:		
Attachment: ARKS-125925933.pdf		

ARKS-125925933

BA



**GRAIN DEALERS MUTUAL
INSURANCE COMPANY**

6201 CORPORATE DRIVE • INDIANAPOLIS, INDIANA 46278 • PHONE 317-388-4500 • FAX 317-295-9434
WEBSITE: www.graindealers.com

CK 51001462
50.00

CK 51001506
50.00

November 24, 2008

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

NAIC #082 22098
Dwelling Property
Loss Cost Multiplier

Attention: Property & Casualty Division

Dear Property & Casualty Division:

Grain Dealers Mutual Insurance Company, a member of the Insurance Services Office, hereby files its revised Loss Cost Multiplier for Dwelling Property. Company Rate Page DW-CM-1 that provides the revised loss cost multiplier is enclosed.

We will apply this change to all policies written on or after January 1, 2009.

Also enclosed is an extra copy of this filing, and a self-addressed, postage-paid envelope for your convenience in notifying us of your approval.

Respectfully,

Pamela L. Holliday
State Filings Coordinator
pholliday@graindealers.com

PLH/po

Enc. Duplicate #1

FILED

FEB 13 2009

PROPERTY AND CASUALTY
ARKANSAS INSURANCE DEPT.

RECEIVED

DEC 01 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

FILED

FEB 1 1909

RECEIVED
FEBRUARY 1 1909
FEDERAL BUREAU OF INVESTIGATION

Becky Harrington

From: PHolliday@graindealers.com
Sent: Friday, February 13, 2009 12:20 PM
To: Becky Harrington
Subject: Re: Dwelling Property Loss Cost Filing - Grain Dealers Mutual - 22098
Attachments: Grain Dealers.pdf; Copy of HO Survey FORM HPCS.xls; FORM RF-1 Rate Filing Abstract.doc; rf_image-000.pdf; ar exprf_image-000.pdf; HO Survey FORM HPCS.xls

Dear Ms. Harrington:

The following are responses to your inquiries:

It is correct that the last ISO revision that we took was reference filing number DP-2004-RLA1 (effective 2/1/05).

Attached is a completed RF-1.

Attached is our 5-year loss ratio that shows unprofitable loss ratio to support our rate change.

Attached is HPCS.

If you have any other questions, please let me know.

Respectfully,

Pam Holliday
State Filings Coordinator
Grain Dealers Mutual Insurance Company

"Becky Harrington" <Becky.Harrington@arkansas.gov>

12/03/2008 10:02 AM

To <PHolliday@graindealers.com>

cc

Subject Dwelling Property Loss Cost Filing - Grain Dealers Mutual - 22098

Please let me know if you are unable to open the attachments.

Thanks,
Becky Harrington
Sr. Certified Rate/Form Analyst
Property & Casualty Division
(501) 371-2804
(501) 371-2748 fax
E-mail: becky.harrington@arkansas.gov

<<Grain Dealers.pdf>>
<<FORM
RF-1 Rate Filing Abstract.doc>>

<<Copy of HO Survey FORM HPCS.xls>>

2/13/2009

2

ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1
Rev. 4/96

Insurer Name: Grain Dealers Mutual Insurance Company
 NAIC Number: 082 22098
 Name of Advisory Organization Whose Filing You are Referencing ISO
 Co. Affiliation to Advisory Organization: Member x Subscriber _____ Service Purchaser _____
 Reference Filing #: DP-2004-RLA1 Proposed Effective Date: 4-1-09

Contact Person: Pamela L. Holliday
 Signature: *Pamela L. Holliday*
 Telephone No: 800.428.7081 ext. 4515

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Dwelling	See ISO Circular	+10	.5366	1.10	2.050	N/A	1.864
TOTAL OVERALL EFFECT		+10	.5366	1.100	2.050		1.864

No Apply Lost Cost Factors to Future Filings? (Y or N)
10 Estimated Maximum Rate Increase for any Arkansas Insured (%)
0 Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

Year	Policy Count	Rate Change History		5 Year History		Arkansas Loss Ratio	Countrywide Loss Ratio
		%	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)		
07	635			371	268	79.8%	81.5%
06	540			295	342	119.4%	118.0%
05	508	+0.50%	2/1/05	279	123	49.0%	115.3%
04	438			229	121	55.3%	79.0%
03	436			215	178	84.2%	53.4%

Selected Provisions	
A. Total Production Expense	26.00
B. General Expense	13.50
C. Taxes, License & Fees	3.30
D. Underwriting Profit & Contingencies	5.00
E. Other (explain)	-1.46
F. TOTAL	46.34

DWELLING

ARKANSAS

<u>YEAR</u>	<u>WRITTEN PREMIUM</u>	<u>EARNED PREMIUM</u>	<u>INCURRED LOSSES</u>	<u>INCURRED LOSS EXPENSE</u>	<u>LOSS RATIO</u>
2007	\$370,901	\$335,800	\$247,515	\$20,467	79.8%
2006	\$295,409	\$286,566	\$305,924	\$36,207	119.4%
2005	\$279,019	\$251,242	\$110,494	\$12,705	49.0%
2004	\$228,647	\$218,937	\$103,520	\$17,453	55.3%
2003	\$214,845	\$211,836	\$170,363	\$8,066	84.2%
TOTAL	\$1,388,821	\$1,304,381	\$937,816	\$94,898	79.2%

Becky Harrington

From: PHolliday@graindealers.com
Sent: Friday, December 05, 2008 10:10 AM
To: Becky Harrington
Subject: Re: Dwelling Property Loss Cost Filing - Grain Dealers Mutual - 22098
Attachments: Grain Dealers.pdf; Copy of HO Survey FORM HPCS.xls; FORM RF-1 Rate Filing Abstract.doc

Ms. Harrington,

I will not be able to send you a response for a couple of weeks. Because of year end procedures, I will not be able to get the rate comparison filled out until after December 16th. I will send you a response after that. I am sorry for the delay. However, I did want you to know that I did not forget about this filing.

Respectfully,

Pam Holliday
State Filings Coordinator

"Becky Harrington" <Becky.Harrington@arkansas.gov>

To <PHolliday@graindealers.com>

cc

12/03/2008 10:02 AM

Subject Dwelling Property Loss Cost Filing - Grain Dealers Mutual - 22098

Please let me know if you are unable to open the attachments.

Thanks,
Becky Harrington
Sr. Certified Rate/Form Analyst
Property & Casualty Division
(501) 371-2804
(501) 371-2748 fax
E-mail: becky.harrington@arkansas.gov

<<Grain Dealers.pdf>>
<<FORM
RF-1 Rate Filing Abstract.doc>>

<<Copy of HO Survey FORM HPCS.xls>>

Arkansas Insurance Department

Mike Beebe
Governor



Julie Benafield Bowman
Commissioner

December 3, 2008

Pamela Holliday
State Filings Coordinator
Grain Dealers Mutual Insurance Company
6201 Corporate Drive
Indianapolis, Indiana 46278

RE: Grain Dealers Mutual Insurance Company - 22098
Dwelling Property Loss Cost Multiplier

Dear Ms. Holliday:

This will acknowledge the receipt of the captioned filing.

Page 1 of the PC IRF (RF-2) indicates the loss cost multipliers apply only to the Advisory Organization filing shown on the form. A reference filing designation number was not shown. Our records indicate the last adoption of an ISO dwelling property reference filing was DP-2004-RLA1 to be effective February 1, 2005. Please confirm this information.

Please provide a completed RF-1.

Provide documentation supporting the development of the loss cost modification factor and unprofitable loss ratio.

Provide an electronic HPCS if this program includes a DP-2 policy form.

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

Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Becky Harrington".

Becky Harrington
Certified Analyst
Property & Casualty Division
(501) 371-2804

Becky Harrington

From: Becky Harrington
Sent: Wednesday, December 03, 2008 8:50 AM
To: PHolliday@graindealers.com
Subject: Dwelling Property Loss Cost Filing - Grain Dealers Mutual - 22098

Attachments: Grain Dealers.pdf; Copy of HO Survey FORM HPCS.xls; FORM RF-1 Rate Filing Abstract.doc

Please let me know if you are unable to open the attachments.

Thanks,

Becky Harrington
Sr. Certified Rate/Form Analyst
Property & Casualty Division
(501) 371-2804
(501) 371-2748 fax
E-mail: becky.harrington@arkansas.gov



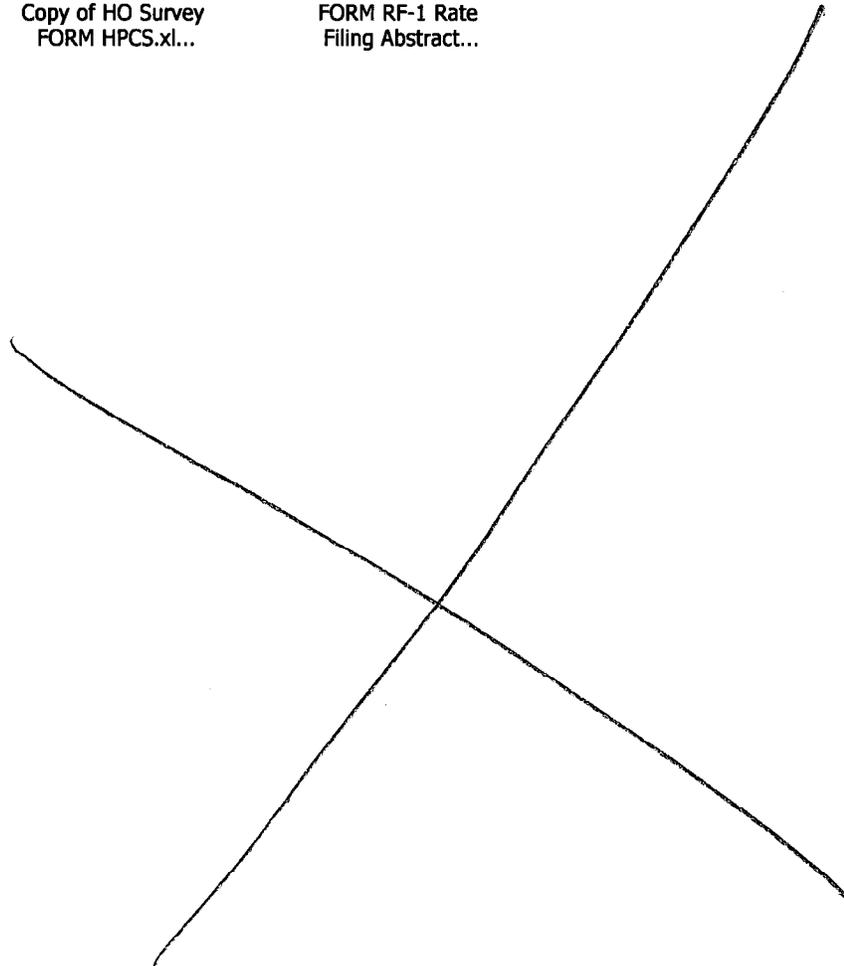
Grain Dealers.pdf
(49 KB)



Copy of HO Survey
FORM HPCS.xl...



FORM RF-1 Rate
Filing Abstract...



17. Reference Organization # & Title	
18. Company's Date of Filing	November 24, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	N/A
---	-----

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

We are revising our Company loss cost multiplier for Arkansas Dwelling Property.

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]
--

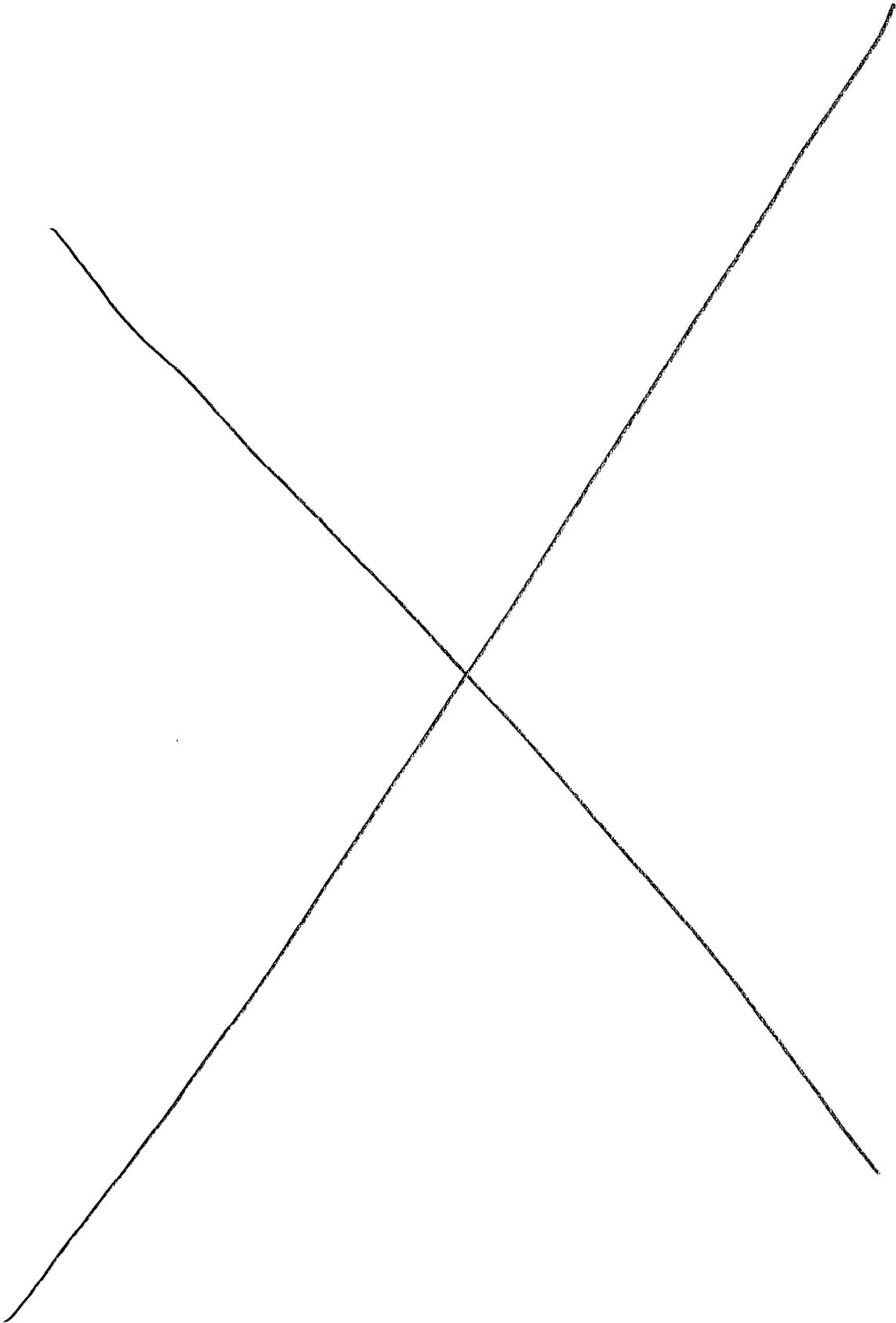
Check #:
Amount:

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

9

Effective March 1, 2007

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



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 #	N/A
-----------	--	-----

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
<input checked="" type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)		

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

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)
Grain		10%	\$37,090		\$370,901	10%	10%

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

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	10%	
5c.	Effect of Rate Filing – Written premium change for this program	\$37,090	
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	+0.5%
7.	Effective Date of last rate revision	2/1/05
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	prior approval

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	DW-CM-1	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

11

FORM RF2-Reference filing abstract NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	N/A
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

- Loss Cost Reference Filing** _____ **Independent Rate Filing**
(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, 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.

1. 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.

Note: Some states have statutes that prohibit this option for some lines of business.

- 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.

2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Dwelling - Property

3. 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.) unprofitable loss ratio

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.1

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.

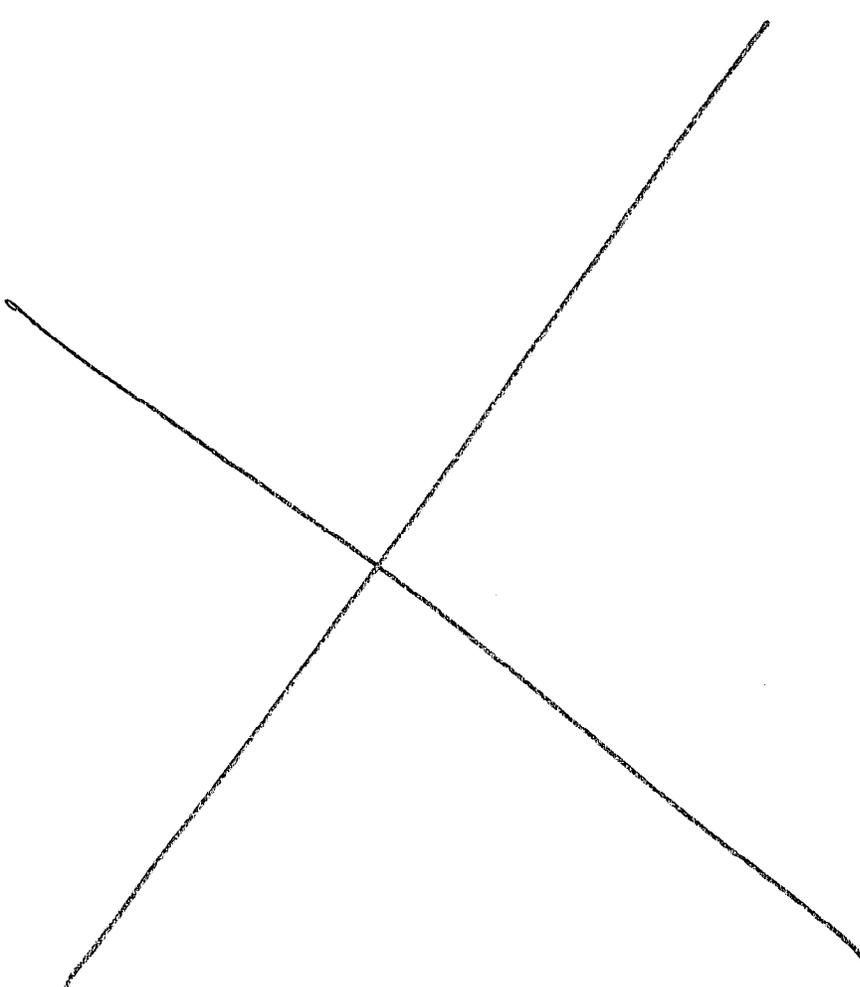
Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-8 BELOW.

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

		Selected Provisions	
A.	Total Production Expense	26.00	%
B.	General Expense	13.50	%
C.	Taxes, Licenses & Fee	3.30	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	5.00	%
E.	Other (explain)	-1.46	%
F.	Total	46.34	%

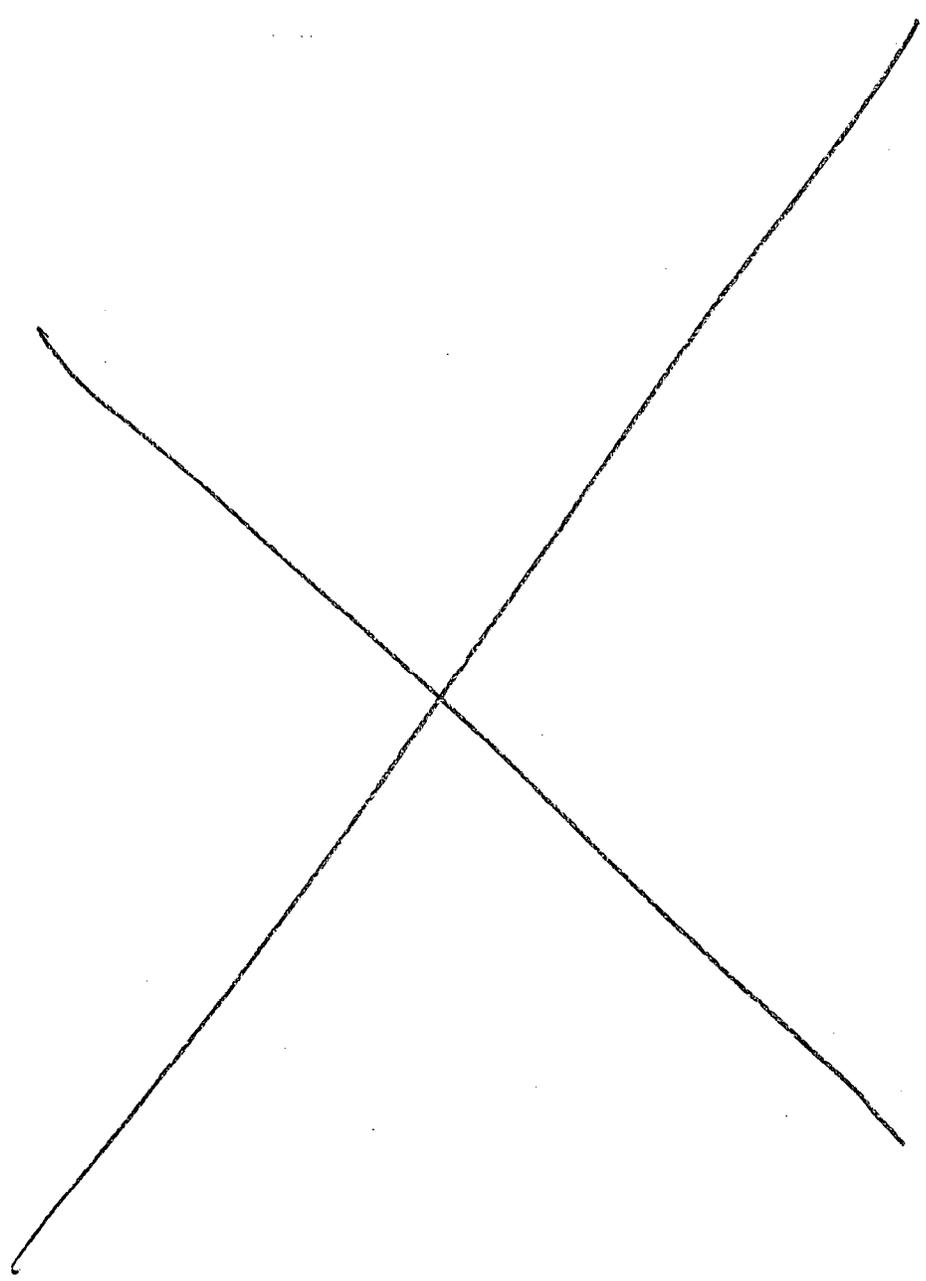
5.	A.	Expected Loss Ratio: $ELR = 100\% - 4F = A$	53.66	%
	B.	ELR in Decimal Form =		
6.		Company Formula Loss Cost Multiplier (3B/5B)	.5366	
7.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	2.050	
8.		Rate Level Change for the coverage(s) to which this page applies	+10.00	



GRAIN DEALERS MUTUAL INSURANCE COMPANY

ARKANSAS
DWELLING POLICY PROGRAM MANUAL
COMPANY MULTIPLIER PAGE

When issuing a policy using Dwelling Program loss costs, the Company Multiplier of 2.050 shall be applied to the loss cost except for loss costs in the Personal Liability Program. A Company Multiplier of 1.854 shall be applied to the loss costs in the Personal Liability Supplement pages.



NAIC Number: 22098
 Company Name: Grain Dealers Mutual
 Contact Person: Pamela Holliday
 Telephone No.: 800.428.7081 ext 4515
 Email Address: pholliday@graindealers.com
 Effective Date: 4/1/2009

**Homeowners Premium Comparison Survey Form
 FORM HP3S - 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																		
	\$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																		
	\$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	\$438.00	\$518.00	\$438.00	\$518.00	\$438.00	\$518.00	\$438.00	\$518.00	\$438.00	\$518.00	\$438.00	\$518.00	\$438.00	\$518.00	\$438.00	\$518.00	\$438.00	\$518.00
	\$120,000	\$592.00	\$699.00	\$592.00	\$699.00	\$592.00	\$699.00	\$592.00	\$699.00	\$592.00	\$699.00	\$592.00	\$699.00	\$592.00	\$699.00	\$592.00	\$699.00	\$592.00	\$699.00
	\$160,000	\$747.00	\$880.00	\$747.00	\$880.00	\$747.00	\$880.00	\$747.00	\$880.00	\$747.00	\$880.00	\$747.00	\$880.00	\$747.00	\$880.00	\$747.00	\$880.00	\$747.00	\$880.00
6	\$80,000	\$438.00	\$518.00	\$438.00	\$518.00	\$438.00	\$518.00	\$438.00	\$518.00	\$438.00	\$518.00	\$438.00	\$518.00	\$438.00	\$518.00	\$438.00	\$518.00	\$438.00	\$518.00
	\$120,000	\$592.00	\$699.00	\$592.00	\$699.00	\$592.00	\$699.00	\$592.00	\$699.00	\$592.00	\$699.00	\$592.00	\$699.00	\$592.00	\$699.00	\$592.00	\$699.00	\$592.00	\$699.00
	\$160,000	\$747.00	\$880.00	\$747.00	\$880.00	\$747.00	\$880.00	\$747.00	\$880.00	\$747.00	\$880.00	\$747.00	\$880.00	\$747.00	\$880.00	\$747.00	\$880.00	\$747.00	\$880.00
9	\$80,000	\$599.00	\$774.00	\$599.00	\$774.00	\$599.00	\$774.00	\$599.00	\$774.00	\$599.00	\$774.00	\$599.00	\$774.00	\$599.00	\$774.00	\$599.00	\$774.00	\$599.00	\$774.00
	\$120,000	\$805.00	\$1,038.00	\$805.00	\$1,038.00	\$805.00	\$1,038.00	\$805.00	\$1,038.00	\$805.00	\$1,038.00	\$805.00	\$1,038.00	\$805.00	\$1,038.00	\$805.00	\$1,038.00	\$805.00	\$1,038.00
	\$160,000	\$1,012.00	\$1,302.00	\$1,012.00	\$1,302.00	\$1,012.00	\$1,302.00	\$1,012.00	\$1,302.00	\$1,012.00	\$1,302.00	\$1,012.00	\$1,302.00	\$1,012.00	\$1,302.00	\$1,012.00	\$1,302.00	\$1,012.00	\$1,302.00

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"/>	%
			Maximum Credit Allowed	<input type="text"/>	%

EARTHQUAKE INSURANCE

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

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS? (yes or no)

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? %

Zone

	Brick	Frame
Highest Risk	\$ <input type="text"/>	\$ <input type="text"/>
Lowest Risk	\$ <input type="text"/>	\$ <input type="text"/>

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?