Filing at a Glance

Companies: Columbia National Insurance Company, Columbia Mutual Insurance Company

Product Name: Homeowners	SERFF Tr Num: CLBA-126554413	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed-Filed	State Tr Num: EFT $100
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations	Co Tr Num: CIG-HOP-10-R01	State Status: Fees verified and received
Filing Type: Rate/Rule		Reviewer(s): Becky Harrington, Brittany Yielding
	Authors: Dennis McVay, Christina Walker, DeeDee Williams	Disposition Date: 06/16/2010
	Date Submitted: 04/22/2010	Disposition Status: Filed
Effective Date Requested (New): 07/15/2010		Effective Date (New):
Effective Date Requested (Renewal): 09/01/2010		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Initial Insurance Score Program	Status of Filing in Domicile:
Project Number: 10-29	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 06/16/2010	
State Status Changed: 04/23/2010	Deemer Date:
Created By: DeeDee Williams	Submitted By: DeeDee Williams

Corresponding Filing Tracking Number:

Filing Description:

We are filing revised manual pages TC-1/TC-2, GR-5/GR-7, UR-2/UR-3, AR-2/AR-23, Supplemental AR-1 and new manual pages GR-8 and Supplemental GR-1 (Confidential), which we propose to use in our Preferred Homeowners Policy Program, as well as, manual pages TC-1, GR-4/GR-7, UR-2, AR-2/AR-46, Supplemental AR-1 and new manual pages GR-8 and Supplemental GR-1 (Confidential) to use in our Standard Homeowners Policy Program. In addition to a few format changes, please note the following:

1. Added an Insurance Score Factor section which provides tiering for our Homeowners program. The insurance scoring is based on ChoicePoint's Attract model which is the same model used in our currently filed Personal Auto program. The provisions for insured's with no insurance score or no efficient information has been provided within our

manual page. We have also attached a copy of our proposed adverse action letter that will be used whenever an insured's premium is adversely affected within the insurance scoring program. We've also included confidential manual page Supplemental GR-1 which contains proprietory scoring point and insurance score information which we request to be treated as confidential. In addition, we have modified our Rating Procedure Order of Computation on manual page AR-20 Preferred and AR-44 Standard to address the calculation of the insurance score factor.

2. Removed "AGENTS BINDING AUTHORITY" - See E. under BINDER RULES. We are merely removing this information as it is now available on our agent's website. Note that no changes to the binding authority have been made.

3. Provided some higher deductible options and made some slight changes to our deductible relativities.

4. Increased HO-4 and HO-6 base rates 11% and HO-3 base rates 6.0% in all territories in our Preferred program and increased HO-4 and HO-6 base rates 11% and HO-2, HO-3, and HO-8 base rates 6.0% in our Standard program.

The overall premium impact for the base rate change, insurance scoring, and deductible relativities is +4.5%.

Company and Contact

Filing Contact Information

DeeDee Williams, Asst. Analyst
2102 White Gate Drive
P O Box 618
Columbia, MO 65205

dwilliams@colinsgrp.com
573-474-6193 [Phone] 1261 [Ext]
800-836-5713 [FAX]

Filing Company Information

Columbia National Insurance Company 2102 White Gate Drive P O Box 618 Columbia, MO 65205 (573) 474-6193 ext. [Phone]	CoCode: 19640 Group Code: 807 Group Name: Columbia Insurance Group FEIN Number: 47-0685688	State of Domicile: Nebraska Company Type: Stock State ID Number: 03

Columbia Mutual Insurance Company 2102 White Gate Drive P O Box 618	CoCode: 40371 Group Code: 807 Group Name: Columbia Insurance Group	State of Domicile: Missouri Company Type: Mutual State ID Number: 03

Columbia, MO 65205 FEIN Number: 43-0790393

(573) 474-6193 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbia National Insurance Company	$100.00	04/22/2010	35870495
Columbia Mutual Insurance Company	$0.00	04/22/2010	

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	06/16/2010	06/16/2010
Filed	Becky Harrington	06/11/2010	06/11/2010

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	06/02/2010	06/02/2010	DeeDee Williams	06/04/2010	06/04/2010
Pending Industry Response	Becky Harrington	05/21/2010	05/21/2010	DeeDee Williams	06/01/2010	06/01/2010
Pending Industry Response	Becky Harrington	04/23/2010	04/23/2010	DeeDee Williams	05/20/2010	05/20/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Preferred - New (Confidential) manual page	DeeDee Williams	06/16/2010	06/16/2010
Rate	Standard - New (Confidential) manual page	DeeDee Williams	06/16/2010	06/16/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted

Request to re-open	Note To Reviewer	DeeDee Williams	06/14/2010	06/14/2010
interoffice	Reviewer Note	Becky Harrington	05/21/2010	
Capping	Reviewer Note	Becky Harrington	05/24/2010	

Disposition

Disposition Date: 06/16/2010
Effective Date (New):
Effective Date (Renewal):
Status: Filed
Comment: disposition to close after revised manual pages attached. Typo errors corrected.

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Written Premium for this Program:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
Columbia National Insurance Company	0.400%	4.500%	$62,599	1,334	$1,391,099	%	%
Columbia Mutual Insurance Company	0.400%	4.500%	$44,760	1,108	$994,665	%	%

Overall Rate Information for Multiple Company Filings	
Overall Percentage Rate Indicated For This Filing	4.500%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	$107,359
Effect of Rate Filing - Number of Policyholders Affected	2,442

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Form RF-2 Loss Costs Only (not for workers' compensation)		Yes
Supporting Document	H-1 Homeowners Abstract	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
Supporting Document *(revised)*	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	Advserse Action Letter	Filed	Yes
Supporting Document *(revised)*	5 Year Tier Exhibit	Filed	Yes
Supporting Document	5 Year Tier Exhibit		Yes
Supporting Document	Arkansas Homeowners Actuarial Review	Filed	Yes
Supporting Document *(revised)*	Arkansas 2004-2009 Spreadsheet	Filed	Yes
Supporting Document	Arkansas 2004-2009 Spreadsheet		Yes
Supporting Document	Chart - Amt of increase in policy count	Filed	Yes
Supporting Document	5 Year Tiers Charts - Arkansas and Countrywide	Filed	Yes
Rate	Preferred - Revised table of contents	Filed	Yes
Rate	Preferred - Revised manual pages	Filed	Yes
Rate	Preferred - New manual page	Filed	Yes
Rate *(revised)*	Preferred - Revised manual pages	Filed	Yes
Rate	Preferred - Revised manual pages	Filed	Yes
Rate	Preferred - Revised manual page	Filed	Yes
Rate *(revised)*	Preferred - New (Confidential) manual page	Filed	No
Rate	Standard - Revised table of contents	Filed	Yes
Rate	Standard - Revised manual pages	Filed	Yes
Rate	Standard - New manual page	Filed	Yes
Rate	Standard - Revised manual pages	Filed	Yes
Rate	Standard - Revised manual page	Filed	Yes
Rate	Standard - Revised manual page	Filed	Yes
Rate *(revised)*	Standard - New (Confidential) manual page	Filed	No
Rate *(revised)*	Standard - Revised manual page	Filed	Yes
Rate	Preferred - Revised manual pages		Yes
Rate	Preferred - Revised manual pages		Yes

Rate	Preferred - New (Confidential) manual page	Filed	No
Rate	Standard - New (Confidential) manual page	Filed	No
Rate	Standard - Revised manual page	Filed	Yes

Disposition

Disposition Date: 06/11/2010
Effective Date (New): 07/15/2010
Effective Date (Renewal): 09/01/2010
Status: Filed
Comment:

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Written Premium for this Program:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
Columbia National Insurance Company	0.400%	4.500%	$62,599	1,334	$1,391,099	%	%
Columbia Mutual Insurance Company	0.400%	4.500%	$44,760	1,108	$994,665	%	%

Overall Rate Information for Multiple Company Filings	
Overall Percentage Rate Indicated For This Filing	4.500%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	$107,359
Effect of Rate Filing - Number of Policyholders Affected	2,442

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Form RF-2 Loss Costs Only (not for workers' compensation)		Yes
Supporting Document	H-1 Homeowners Abstract	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
Supporting Document *(revised)*	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	Advserse Action Letter	Filed	Yes
Supporting Document *(revised)*	5 Year Tier Exhibit	Filed	Yes
Supporting Document	5 Year Tier Exhibit		Yes
Supporting Document	Arkansas Homeowners Actuarial Review	Filed	Yes
Supporting Document *(revised)*	Arkansas 2004-2009 Spreadsheet	Filed	Yes
Supporting Document	Arkansas 2004-2009 Spreadsheet		Yes
Supporting Document	Chart - Amt of increase in policy count	Filed	Yes
Supporting Document	5 Year Tiers Charts - Arkansas and Countrywide	Filed	Yes
Rate	Preferred - Revised table of contents	Filed	Yes
Rate	Preferred - Revised manual pages	Filed	Yes
Rate	Preferred - New manual page	Filed	Yes
Rate *(revised)*	Preferred - Revised manual pages	Filed	Yes
Rate	Preferred - Revised manual pages	Filed	Yes
Rate	Preferred - Revised manual page	Filed	Yes
Rate *(revised)*	Preferred - New (Confidential) manual page	Filed	No
Rate	Standard - Revised table of contents	Filed	Yes
Rate	Standard - Revised manual pages	Filed	Yes
Rate	Standard - New manual page	Filed	Yes
Rate	Standard - Revised manual pages	Filed	Yes
Rate	Standard - Revised manual page	Filed	Yes
Rate	Standard - Revised manual page	Filed	Yes
Rate *(revised)*	Standard - New (Confidential) manual page	Filed	No
Rate *(revised)*	Standard - Revised manual page	Filed	Yes
Rate	Preferred - Revised manual pages		Yes
Rate	Preferred - Revised manual pages		Yes

Rate	Preferred - New (Confidential) manual page	Filed	No
Rate	Standard - New (Confidential) manual page	Filed	No
Rate	Standard - Revised manual page	Filed	Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/02/2010
Submitted Date	06/02/2010
Respond By Date	

Dear DeeDee Williams,

Objection 1
No Objections
Comment: Pursuant to recent conversations with Mr. Roger Birdsong, the tier factors will be revised to achieve a 20% cap per insured.

Please feel free to contact me if you have questions.
Sincerely,
Becky Harrington

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/04/2010
Submitted Date	06/04/2010

Dear Becky Harrington,

Comments:
Please see our comments below regarding your objection.

Response 1

Comments: Attached is an Arkansas Five Year Tier Exhibit with the revised factors per your conversation with Roger Birdsong, along with 5 Year Tier Charts for Arkansas and Countrywide. In addition, we are also attaching a revised 2004-2009 spreadsheet reflecting the revenue neutral tier rating impact.

Related Objection 1

Comment:
Pursuant to recent conversations with Mr. Roger Birdsong, the tier factors will be revised to achieve a 20% cap per insured.

Changed Items:

Supporting Document Schedule Item Changes
Satisfied -Name: 5 Year Tier Exhibit
Comment:
Satisfied -Name: Arkansas 2004-2009 Spreadsheet
Comment:
Satisfied -Name: 5 Year Tiers Charts - Arkansas and Countrywide
Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Let us know if any further information is needed.

SERFF Tracking Number:	*CLBA-126554413*	*State:*	*Arkansas*
First Filing Company:	*Columbia National Insurance Company, ...*	*State Tracking Number:*	*EFT $100*
Company Tracking Number:	*CIG-HOP-10-R01*		
TOI:	*04.0 Homeowners*	*Sub-TOI:*	*04.0000 Homeowners Sub-TOI Combinations*
Product Name:	*Homeowners*		
Project Name/Number:	*Initial Insurance Score Program/10-29*		

Sincerely,

Christina Walker, DeeDee Williams, Dennis McVay

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/21/2010
Submitted Date	05/21/2010
Respond By Date	

Dear DeeDee Williams,

This will acknowledge receipt of the response dated 5/20/10.

Objection 1

- Standard - Revised manual pages, UR-2 (Rate)
- Standard - Revised manual page , UR-3 (Rate)

Comment: Please amend the deductible guideline regarding wind/hail for older roofs. As explained previously, we do not allow mandatory wind/hail deductibles in amounts greater than the all other peril deductible. The roof age is not relevant regarding our position.

You may require the deductible to be higher for older roofs, but it must higher for all perils, not just wind/hail.

Objection 2

- Arkansas Homeowners Actuarial Review (Supporting Document)

Comment: Please explain how large losses and CAT losses were treated.

Objection 3

No Objections

Comment: The implementation of insurance/credit scoring should be revenue neutral to your current book of business. Please demonstrate compliance with Directive 2-2002.

Objection 4

No Objections

Comment: Please cap individual increase at 20%.

Provide a disruption chart showing the number of insureds and rate change amounts prior to capping.

Identify the elements creating the maximum increase amounts.

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.

SERFF Tracking Number:	*CLBA-126554413*	*State:*	*Arkansas*
First Filing Company:	*Columbia National Insurance Company, ...*	*State Tracking Number:*	*EFT $100*
Company Tracking Number:	*CIG-HOP-10-R01*		
TOI:	*04.0 Homeowners*	*Sub-TOI:*	*04.0000 Homeowners Sub-TOI Combinations*
Product Name:	*Homeowners*		
Project Name/Number:	*Initial Insurance Score Program/10-29*		

Sincerely,

Becky Harrington

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/01/2010
Submitted Date	06/01/2010

Dear Becky Harrington,

Comments:
Please see comments below regarding your objections.

Response 1

Comments: We have removed "A Windstorm or Hail Deductible may also be required on homes with older roofs". Amended copies are attached.

Related Objection 1

Applies To:

- Standard - Revised manual pages, UR-2 (Rate)
- Standard - Revised manual page , UR-3 (Rate)

Comment:
Please amend the deductible guideline regarding wind/hail for older roofs. As explained previously, we do not allow mandatory wind/hail deductibles in amounts greater than the all other peril deductible. The roof age is not relevant regarding our position.

You may require the deductible to be higher for older roofs, but it must higher for all perils, not just wind/hail.

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 #
Preferred - Revised manual pages	UR-2 & UR-3	Replacement	

Previous Version

Preferred - Revised manual pages	*UR-2 & UR-3*	*Replacement*
Preferred - Revised manual pages	*UR-2 & UR-3*	*Replacement*
Standard - Revised manual page	UR-3	Replacement
Previous Version		
Standard - Revised manual page	*UR-3*	*Replacement*

Response 2

Comments: We made no accommodations for CAT losses.

Related Objection 1

Applies To:

- Arkansas Homeowners Actuarial Review (Supporting Document)

Comment:

Please explain how large losses and CAT losses were treated.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments: Please see attached an Arkansas 2004-2009 spreadsheet.

Related Objection 1

Comment:

The implementation of insurance/credit scoring should be revenue neutral to your current book of business. Please demonstrate compliance with Directive 2-2002.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Arkansas 2004-2009 Spreadsheet

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments: Per Roger Birdsong's conversation with Becky Harrington, it was indicated that we would not have to cap premiums at this time.

Please see attached chart showing amount of increase in policy count.

The base rate and insurance score tier factors are the only elements affecting changes in premiums.

Related Objection 1

Comment:

Please cap individual increase at 20%.

Provide a disruption chart showing the number of insureds and rate change amounts prior to capping.

Identify the elements creating the maximum increase amounts.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Chart - Amt of increase in policy count

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Let us know if any further information is needed. Thank you.

Sincerely,

Christina Walker, DeeDee Williams, Dennis McVay

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	04/23/2010
Submitted Date	04/23/2010
Respond By Date	

Dear DeeDee Williams,

This will acknowledge receipt of the captioned filing.

Objection 1
No Objections
Comment: All request for rate changes submitted to the Department must include supporting data as required by Arkansas Code Annotated § 23-67-209 and Rule 23, Section 7.A.2. Rate changes are not acceptable without sufficient justification.

Objection 2
No Objections
Comment: Pursuant to ACA 23-67-409, provide the 5 year premium/loss experience for Arkansas justifying the use of credit information in the development of the insurance score factors.

Objection 3
No Objections
Comment: Please verify that the scoring model being used is the one filed in 2002. If not, please file the updated model.

Objection 4
- NAIC loss cost data entry document (Supporting Document)

Comment: Please revise the form to include expense information and maximum/minimum change amounts.

Objection 5
- Preferred - Revised manual pages, UR-2 & UR-3 (Rate)

Comment: We do not allow separate mandatory wind/hail deductibles. Please amend your guidelines.

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	05/20/2010
Submitted Date	05/20/2010

Dear Becky Harrington,

Comments:
Please see our comments below regarding your objections.

Response 1

Comments: Attached is our Arkansas Homeowners Actuarial Review and while our indicated change is for a +.4%, you will see that our experience, even after trending for premium increases, shows that our loss experience has been trending upward with the last two years to over 120%. Our last rate revision was in May 2009, where we took a +5%. The only other rate adjustment in the past 5 years was taken in February 2004.

Related Objection 1

Comment:
All request for rate changes submitted to the Department must include supporting data as required by Arkansas Code Annotated § 23-67-209 and Rule 23, Section 7.A.2. Rate changes are not acceptable without sufficient justification.

Changed Items:

Supporting Document Schedule Item Changes
Satisfied -Name: Arkansas Homeowners Actuarial Review
Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments: Attached is our 5 Year Tier Exhibit showing our proposed factors with premiums and incurred losses. You will note that a majority of our customers will be receiving lower premiums or will have no premium change based on their Insurance Score. In fact, almost 84% of our business will be placed in Tier 5 which will have a natural (1.00 factor) impact on rate. While our proposed factors do not always match our experience, the best fit curve does indicate an

increase in factors. We feel that introducing this Tier Structure to our homeowners products is very important to our ability to attract quality risks and not be exposed to adverse selection.

Related Objection 1

Comment:

Pursuant to ACA 23-67-409, provide the 5 year premium/loss experience for Arkansas justifying the use of credit information in the development of the insurance score factors.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: 5 Year Tier Exhibit

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments: This is the model we filed in 2002. We wanted to keep the same model to eliminate any confusion with our existing customers.

Related Objection 1

Comment:

Please verify that the scoring model being used is the one filed in 2002. If not, please file the updated model.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments: Attached is a revised RF-1 for both Preferred and Standard, which now includes expense information and maximum/minimum change amounts.

Related Objection 1

Applies To:

- NAIC loss cost data entry document (Supporting Document)

Comment:

Please revise the form to include expense information and maximum/minimum change amounts.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: NAIC loss cost data entry document

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments: Per your request, we have removed the comments concerning mandatory wind/hail deductibles from manual page UR-3 in our Preferred program.

Also note that we are submitting revised manual page UR-3 in our Standard program. We have removed the comments concerning mandatory windhail deductibles from this page as well.

Related Objection 1

Applies To:

- Preferred - Revised manual pages, UR-2 & UR-3 (Rate)

Comment:

We do not allow separate mandatory wind/hail deductibles. Please amend your guidelines.

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 #

Preferred - Revised manual pages *UR-2 & UR-3* *Replacement*

Previous Version

Preferred - Revised manual pages *UR-2 & UR-3* *Replacement*

Standard - Revised manual page *UR-3* *Replacement*

Thank you.

Sincerely,
Christina Walker, DeeDee Williams, Dennis McVay

Amendment Letter

Submitted Date: 06/16/2010

Comments:

Please find attached amended copies of Supplemental GR-1 for Preferred and Standard. I apologize for neglecting to attach these pages in our previous response.

Thank you.

Changed Items:

Rate/Rule Schedule Item Changes:

Exhibit Name:	Rule # or Page #:	Rate Action:	Previous State Filing Number:	Attach Document:
Preferred - New (Confidential) manual page	Supplemental GR-1 (CONFIDENTIAL)	New		Supplemental GR-1 (confidential).pdf
Standard - New (Confidential) manual page	Supplemental GR-1 (CONFIDENTIAL)	New		Supplemental GR-1 (confidential).pdf

SERFF Tracking Number:	*CLBA-126554413*	*State:*	*Arkansas*
First Filing Company:	*Columbia National Insurance Company, ...*	*State Tracking Number:*	*EFT $100*
Company Tracking Number:	*CIG-HOP-10-R01*		
TOI:	*04.0 Homeowners*	*Sub-TOI:*	*04.0000 Homeowners Sub-TOI Combinations*
Product Name:	*Homeowners*		
Project Name/Number:	*Initial Insurance Score Program/10-29*		

Note To Reviewer

Created By:

DeeDee Williams on 06/14/2010 09:44 AM

Last Edited By:

DeeDee Williams

Submitted On:

06/14/2010 10:14 AM

Subject:

Request to re-open

Comments:

Please note that on our last response to your objection on June 4, 2010, we attached a revised Arkansas 2004-2009 Spread sheet with revised proposed factors. At that time, I neglected to attach our amended Supplemental GR-1 (confidential) page for both Preferred and Standard showing the revised proposed factors. Would you be able to re-open this filing so I can attach these pages? I apologize for any inconvenience this may cause. Thank you.

Reviewer Note

Created By:

Becky Harrington on 05/21/2010 01:18 PM

Last Edited By:

Becky Harrington

Submitted On:

06/11/2010 02:01 PM

Subject:

interoffice

Comments:

att

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Reviewer Note

Created By:

Becky Harrington on 05/24/2010 01:20 PM

Last Edited By:

Becky Harrington

Submitted On:

06/11/2010 02:01 PM

Subject:

Capping

Comments:

Per phone conversation w/Roger Birdsong and Jime on 5/24/10, submitting response without capping until I review new information. My assumption was that the implementation of credit/tiering caused the max increases of 48%, and wasn't revenue neutral. They stated that it is neutral.

6/2/10 - T/C with Roger: he is agreeable to capping will adjust factors to achieve. see att

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Post Submission Update Request Processed On 06/11/2010

Status:	Allowed
Created By:	DeeDee Williams
Processed By:	Becky Harrington
Comments:	

General Information:

Field Name	**Requested Change**	**Prior Value**
Effective Date Requested (New)	07/15/2010	06/15/2010
Effective Date Requested (Renew)	09/01/2010	08/15/2010

Rate Information

Rate data applies to filing.

Filing Method:	File and Use
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	5.000%
Effective Date of Last Rate Revision:	05/01/2009
Filing Method of Last Filing:	File and Use

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Columbia National Insurance Company	0.400%	4.500%	$62,599	1,334	$1,391,099	%	%
Columbia Mutual Insurance Company	0.400%	4.500%	$44,760	1,108	$994,665	%	%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:	4.500%
Overall Percentage Rate Impact For This Filing:	
Effect of Rate Filing - Written Premium Change For This Program:	$107,359

SERFF Tracking Number:	*CLBA-126554413*	*State:*	*Arkansas*
First Filing Company:	*Columbia National Insurance Company, ...*	*State Tracking Number:*	*EFT $100*
Company Tracking Number:	*CIG-HOP-10-R01*		
TOI:	*04.0 Homeowners*	*Sub-TOI:*	*04.0000 Homeowners Sub-TOI Combinations*
Product Name:	*Homeowners*		
Project Name/Number:	*Initial Insurance Score Program/10-29*		

Effect of Rate Filing - Number of Policyholders Affected: 2442

Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Filed 06/11/2010	Preferred - Revised table of contents	TC-1 & TC-2	Replacement		TC 1-2.pdf
Filed 06/11/2010	Preferred - Revised manual pages	GR-5 thru GR-7	Replacement		GR 5-7.pdf
Filed 06/11/2010	Preferred - New manual page	GR-8	New		GR-8.pdf
Filed 06/11/2010	Preferred - Revised manual pages	UR-2 & UR-3	Replacement		UR 2-3.pdf
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Filed 06/11/2010	Preferred - Revised manual page	Supplemental AR-1	Replacement		Supplemental AR-1.pdf
Filed 06/11/2010	Standard - Revised table of contents	TC-1	Replacement		TC-1.pdf
Filed 06/11/2010	Standard - Revised manual pages	GR-4 thru GR-7	Replacement		GR 4-7.pdf
Filed 06/11/2010	Standard - New manual page	GR-8	New		GR-8.pdf
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	manual pages			
Filed 06/11/2010	Standard - Revised manual page	AR-2 thru AR-46	Replacement	AR 2-46.pdf
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Filed 06/11/2010	Standard - Revised manual page	UR-3	Replacement	UR-3.pdf

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HOMEOWNERS POLICY PROGRAM

HOMEOWNERS CROSS CREDIT

A 10% credit will be applied to the total homeowners premium if the named insured has a qualifying private passenger automobile policy with Columbia Insurance Group. Any preferred or standard policy written with a Columbia Insurance Group company for the named insured will be acceptable for the purpose of this credit.

This credit will continue for the entire homeowner policy period regardless of the supporting policy's status.

INSURANCE SCORE FACTOR

Insurance Score will be ordered on the named insured and used in calculating the policy's base premium. The following factors will be applied to the policy's total premium based on the ChoicePoint insurance score of the named insured.

Tier	Factors
T-1	0.80
T-2	0.85
T-3	0.90
T-4	0.95
T-5	1.00
T-6	1.10
T-7	1.20
T-8	1.25
T-9	1.30
T-10	1.35
T-11	1.40

Insureds who have no insurance score record or those who have insufficient information to obtain a report will be assigned a 1.00 factor. Insurance score reports may be rechecked prior to renewal not more than once every 12 months upon written request of the insured, however, not less than once every three years. If it is determined by ChoicePoint that the insurance score used is incorrect due to erroneous information, the premium will be appropriately adjusted and, if warranted, a refund made within 30 days of notification. Any refund shall be calculated back to the actual period of coverage or the last 12 months, whichever is shorter.

SECONDARY RESIDENCE PREMISES

Homeowners Coverage on a secondary residence premises shall be provided under a separate policy. The rules of this manual apply except that Section II Coverage is not mandatory for the secondary residence policy when the same company insures the initial and secondary residence.

For rating procedure, refer to SECONDARY RESIDENCE PREMISES in the rate pages.

POLICY PERIOD

The Homeowners Policy may be written for a period of one year and may be extended for successive one year policy periods by extension certificate based upon the premiums, forms and endorsements then in effect for the Company.

HOMEOWNERS POLICY PROGRAM

CHANGES OR CANCELLATIONS

It shall not be permissible to cancel any of the mandatory coverages in the policy unless the entire policy is cancelled. If insurance is increased, cancelled or reduced at the request of either the insured or insurer, the earned premium shall be computed on a pro rata basis.

MANUAL PREMIUM REVISION

The manual premium revision shall be made in accordance with the following procedures:

A. The effective date of such revision shall be as announced.
B. The revision shall apply to any policy or endorsement in the manner outlined in the announcement of the revision.
C. Unless otherwise provided at the time of the announcement of the premium revision, the revision shall not affect:
   1. in-force policy forms, endorsements or premiums, until the policy is renewed, or
   2. in the case of a Premium Payment Plan, in-force policy premiums, until the anniversary following the effective date of the revision.

MINIMUM PREMIUM

A. A minimum annual premium shall be charged for each policy as follows:

HO 00 03	**HO 00 04 or HO 00 06**
$250	$100

B. When policies are written under a premium payment plan, refer to the appropriate section of the manual.
C. The minimum premium may include all chargeable endorsements or coverages if written at inception of the policy. When such endorsements or coverages are attached after inception of the policy, the charge for each applies in accordance with the minimum premium rule, if any, for the endorsement.

WAIVER OF PREMIUM

When a policy is endorsed subsequent to the inception date, any additional or return premium of $5.00 or less shall be waived. However, it will be paid if any insured specifically requests a return premium that is due.

WHOLE DOLLAR PREMIUM

All premiums shown on the policy and endorsements shall be rounded to the nearest whole dollar. A premium of fifty cents ($.50) or more shall be rounded to the next higher whole dollar.

TRANSFER OR ASSIGNMENT

Transfer or assignment of a policy is not permitted. Policies must be cancelled and rewritten.

RESTRICTION OF INDIVIDUAL POLICIES

If a policy would not be issued because of unusual circumstances or exposures, the named insured may request a restriction of the policy provided no reduction in the premium is allowed. Such requests shall be referred to the company.

HOMEOWNERS POLICY PROGRAM

PROTECTION CLASSIFICATION CODES AND INFORMATION

A. Codes

Protection Class	Code
1	01
2	02
3	03
4	04
5	05
6	06
7	07
8	08
9	09
10	10

B. Protection Information

The ISO Protection Class listings also apply to risks insured under Homeowners policies.

1. The Protection Class indicated applies in a municipality or classified area where a single class of fire protection is available throughout (e.g. 8, 7, 6, etc.)
2. In a classified area where two or more classifications are shown (e.g. 6/9), the classification is determined as follows:

DISTANCE TO FIRE STATION	CLASS
a. 5 road miles or less with hydrant distance within 1000 feet	*
b. 5 road miles or less with hydrant distance beyond 1000 feet	9
c. Over 5 road miles	10

   * First protection class (e.g. 6/9 . . . Use Class 6)
3. All other properties are Class 10.
4. Subscription type fire department: Class 10 applies to properties which are not subscribers or which are located over 5 miles from the nearest recognized fire station of the listed fire department.

HOMEOWNERS POLICY PROGRAM

CONSTRUCTION DEFINITIONS

Frame - exterior wall of wood or other combustible construction, including wood iron-clad, stucco on wood or plaster on combustible supports. This includes aluminum or vinyl siding over frame.

Masonry - exterior walls constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and floors and roof of combustible construction (disregarding floors resting directly on the ground).

Masonry Veneer - exterior walls of combustible construction veneered with brick or stone. Masonry Veneer shall be considered Masonry.

Mixed (Masonry/Frame) - a combination of both frame and masonry construction shall be classed and coded as frame when the exterior walls of frame construction (including gables) exceed 33 1/3% of the total exterior wall area; otherwise class and code as masonry.

SINGLE BUILDING DEFINITION

All buildings or sections of buildings which are accessible through unprotected openings shall be considered as a single building.

Buildings which are separated by space shall be considered separate buildings.

Buildings or sections of buildings which are separated by:

A. A 6 inch reinforced concrete or an 8 inch masonry party wall; or
B. A documented minimum two hour non-combustible wall which has been laboratory tested for independent structural integrity under fire conditions;

which pierces or rises to the underside of the roof and which pierces or extends to the innerside of the exterior wall shall be considered separate buildings. Accessibility between buildings with independent walls or through masonry party walls described above shall be protected by at least a Class A Fire Door installed in a masonry wall section.

HOMEOWNERS POLICY PROGRAM

BINDER RESTRICTIONS –HO 00 03, HO 00 04, HO 00 06

DO NOT BIND THE FOLLOWING:

A. When the applicant or a member of his/her household has been arrested for a felony or convicted for any offense other than traffic violations.
B. Applications for amounts of insurance in excess of limits authorized by the Company.
C. Modular homes or other homes of unusual construction without first obtaining permission from Home Office.

BINDER RESTRICTIONS –HO 00 03

DO NOT BIND THE FOLLOWING:

A. When the applicant or a member of his/her household has had a previous fire, theft or liability loss of $500 or more within the last 3 years under either a Homeowners, Fire or Automobile policy.
B. Dwellings which have composition roll roofing or metal roofs.
C. Homes over 30 years of age.

UNDERWRITING REQUIREMENTS – HO 00 04 and HO 00 06

A. Applicant should have prior insurance covering a homeowner type structure and/or contents. This qualification is considered met if the named insured was previously covered under a parent or guardian's policy.
B. Applicant should be 22 years old if married, 25 years old if single.
C. Applicant should be employed full-time or retired. If there is more than one named applicant, at least one must be employed full-time unless both are retired.
D. Applicant should be claim free for the past 3 years. This includes claims under any prior policy covering a homeowner type structure and/or contents.

The coverage and rates for the Preferred Homeowner Program forms HO 00 04 and HO 00 06 are designed for responsible and stable members of the community that are gainfully employed or retired. The property should be located in a reputable, stable residential area or apartment/condominium complex that experiences lower than average incidents of crime. Apartments located above an office or mercantile business may be considered if the applicant is the owner of that business.

BINDER RULES

A. A binder may not be back-dated.
B. The property is to be inspected by the agent and the application completed in full before binding.
C. Mail bound applications within (7) calendar days of the effective hour of the binder.
D. Unbound Applications - The Non-binder section of the application must be signed by the applicant.
E. Refer to company web site or underwriter for binding authority limits.

HOMEOWNERS POLICY PROGRAM

FORMS
Form HO 00 03, HO 00 04 and HO 00 06 are the only policy forms available in this program. Various endorsements are available for use with these forms.

AMOUNTS OF INSURANCE
Amount of insurance should be 100% of replacement cost for the HO 00 03.

DEDUCTIBLES
All Homeowners business will be required to have a minimum of a $500 All Perils Deductible.

PHOTOGRAPH REQUIREMENTS
Photographs of the dwelling and all outbuildings for all 1-4 family dwelling units are required with each application. Take at least one photograph of each building from a diagonal corner so two sides of the building will be shown.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 30

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8
Premium Group	1	3	5	7	9
$60,000	388	427	485	553	650
$62,000	402	442	503	573	674
$64,000	416	458	520	593	697
$66,000	430	473	538	613	721
$68,000	444	489	555	633	744
$70,000	458	504	573	653	768
$72,000	472	520	590	673	791
$74,000	486	535	608	693	815
$76,000	500	551	625	713	838
$78,000	514	566	643	733	862
$80,000	528	581	660	753	885
$82,000	542	597	678	773	909
$84,000	556	612	696	793	932
$86,000	570	627	712	812	955
$88,000	584	642	730	832	978
$90,000	598	658	747	852	1,002
$92,000	612	673	765	872	1,025
$94,000	626	689	782	892	1,049
$96,000	640	704	800	912	1,072
$98,000	654	720	817	932	1,096
$100,000	668	735	835	952	1,119
$105,000	683	752	854	974	1,145
$110,000	698	768	873	995	1,169
$115,000	716	788	895	1,021	1,200
$120,000	733	807	917	1,045	1,229
$125,000	754	829	942	1,074	1,262
$130,000	773	850	966	1,101	1,295
$135,000	795	875	994	1,133	1,332
$140,000	816	898	1,020	1,163	1,367
$145,000	840	925	1,050	1,198	1,408
$150,000	864	950	1,080	1,231	1,447
$155,000	889	978	1,111	1,267	1,489
$160,000	914	1,006	1,143	1,303	1,532
$165,000	941	1,036	1,177	1,341	1,577
$170,000	967	1,064	1,209	1,378	1,620
$175,000	995	1,095	1,244	1,418	1,667
$180,000	1,023	1,125	1,278	1,458	1,713
$185,000	1,051	1,157	1,314	1,498	1,761
$190,000	1,080	1,188	1,350	1,539	1,809
$195,000	1,110	1,221	1,387	1,581	1,859
$200,000	1,139	1,253	1,424	1,623	1,908
For each add'l $1,000 add:	6.01	6.62	7.52	8.57	10.07

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 30

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Frame Protection Class 1-3	4-5	6	7	8
Premium Group	2	4	6	8	10
$60,000	427	485	534	611	772
$62,000	442	503	553	633	799
$64,000	458	520	573	655	827
$66,000	473	538	592	677	855
$68,000	489	555	611	700	883
$70,000	504	573	630	722	911
$72,000	520	590	650	744	939
$74,000	535	608	669	766	967
$76,000	551	625	688	788	995
$78,000	566	643	708	810	1,023
$80,000	581	660	727	832	1,050
$82,000	597	678	746	854	1,078
$84,000	612	696	766	876	1,106
$86,000	627	712	784	897	1,133
$88,000	642	730	803	919	1,161
$90,000	658	747	823	942	1,189
$92,000	673	765	842	964	1,216
$94,000	689	782	861	986	1,244
$96,000	704	800	880	1,008	1,272
$98,000	720	817	900	1,030	1,300
$100,000	735	835	919	1,052	1,328
$105,000	752	854	940	1,076	1,359
$110,000	768	873	960	1,099	1,388
$115,000	788	895	985	1,128	1,424
$120,000	807	917	1,009	1,155	1,458
$125,000	829	942	1,037	1,187	1,498
$130,000	850	966	1,063	1,217	1,536
$135,000	875	994	1,094	1,252	1,580
$140,000	898	1,020	1,123	1,286	1,623
$145,000	925	1,050	1,156	1,323	1,671
$150,000	950	1,080	1,188	1,360	1,717
$155,000	978	1,111	1,223	1,400	1,768
$160,000	1,006	1,143	1,258	1,440	1,818
$165,000	1,036	1,177	1,295	1,482	1,871
$170,000	1,064	1,209	1,331	1,523	1,923
$175,000	1,095	1,244	1,369	1,567	1,979
$180,000	1,125	1,278	1,407	1,611	2,033
$185,000	1,157	1,314	1,447	1,656	2,090
$190,000	1,188	1,350	1,486	1,701	2,147
$195,000	1,221	1,387	1,526	1,747	2,206
$200,000	1,253	1,424	1,567	1,794	2,264
For each add'l $1,000 add:	6.62	7.52	8.27	9.47	11.95

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 30

$500 Deductible/All Perils **HO 00 04** Annual Premium

Amount of Insurance	Masonry			Frame		
	Protection Class			Protection Class		
	1-4	5-6	7-8	1-4	5-6	7-8
Premium Group	1	3	5	2	4	6
$20,000	205	209	209	242	252	252
$21,000	212	216	216	251	261	261
$22,000	220	224	224	260	270	270
$23,000	227	232	232	269	280	280
$24,000	235	239	239	277	289	289
$25,000	242	247	247	286	298	298
$26,000	250	254	254	295	307	307
$27,000	257	262	262	304	316	316
$28,000	265	270	270	313	326	326
$29,000	272	277	277	322	335	335
$30,000	280	285	285	331	344	344
$31,000	287	293	293	339	353	353
$32,000	295	300	300	348	362	362
$33,000	302	308	308	357	372	372
$34,000	310	315	315	366	381	381
$35,000	317	323	323	375	390	390
$36,000	324	331	331	384	399	399
$37,000	332	338	338	393	409	409
$38,000	339	346	346	401	418	418
$39,000	347	354	354	410	427	427
$40,000	354	361	361	419	436	436
$41,000	362	369	369	428	445	445
$42,000	369	377	377	437	455	455
$43,000	377	384	384	446	464	464
$44,000	384	392	392	455	473	473
$45,000	392	399	399	463	482	482
$46,000	399	407	407	472	492	492
$47,000	407	415	415	481	501	501
$48,000	414	422	422	490	510	510
$49,000	422	430	430	499	519	519
$50,000	429	438	438	508	528	528
$51,000	437	445	445	517	538	538
$52,000	444	453	453	525	547	547
$53,000	452	460	460	534	556	556
$54,000	459	468	468	543	565	565
$55,000	467	476	476	552	574	574
For each add'l $1,000 add:	7.49	7.63	7.63	8.86	9.22	9.22

HO 00 06 For HO 00 06 rates, multiply the HO 00 04 rate by .80.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 31

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8
Premium Group	15	17	19	21	23
$60,000	418	460	522	596	700
$62,000	433	476	541	617	725
$64,000	448	493	560	639	751
$66,000	463	509	579	660	776
$68,000	478	526	598	682	801
$70,000	493	543	617	703	827
$72,000	508	559	636	725	852
$74,000	523	576	654	746	877
$76,000	539	592	673	768	903
$78,000	554	609	692	789	928
$80,000	569	626	711	811	953
$82,000	584	642	730	832	978
$84,000	599	659	749	854	1,004
$86,000	613	675	767	874	1,028
$88,000	628	691	786	896	1,053
$90,000	644	708	805	917	1,078
$92,000	659	725	823	939	1,104
$94,000	674	741	842	960	1,129
$96,000	689	758	861	982	1,154
$98,000	704	774	880	1,003	1,180
$100,000	719	791	899	1,025	1,205
$105,000	736	809	920	1,049	1,233
$110,000	751	827	939	1,071	1,259
$115,000	771	848	964	1,099	1,292
$120,000	789	869	987	1,125	1,323
$125,000	811	892	1,014	1,156	1,359
$130,000	832	915	1,040	1,186	1,394
$135,000	856	941	1,070	1,220	1,434
$140,000	879	967	1,099	1,253	1,473
$145,000	905	995	1,131	1,289	1,516
$150,000	930	1,023	1,162	1,325	1,558
$155,000	957	1,053	1,197	1,364	1,604
$160,000	984	1,083	1,231	1,403	1,650
$165,000	1,013	1,115	1,267	1,444	1,698
$170,000	1,041	1,145	1,302	1,484	1,745
$175,000	1,071	1,179	1,340	1,527	1,795
$180,000	1,101	1,211	1,376	1,569	1,845
$185,000	1,132	1,245	1,415	1,613	1,897
$190,000	1,163	1,279	1,454	1,657	1,948
$195,000	1,194	1,314	1,493	1,703	2,002
$200,000	1,226	1,349	1,533	1,748	2,055
For each add'l $1,000 add:	6.47	7.12	8.09	9.23	10.85

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 31

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Frame Protection Class 1-3	4-5	6	7	8
Premium Group	16	18	20	22	24
$60,000	460	522	575	658	830
$62,000	476	541	595	682	860
$64,000	493	560	616	706	890
$66,000	509	579	637	730	920
$68,000	526	598	658	753	950
$70,000	543	617	678	777	980
$72,000	559	636	699	801	1,010
$74,000	576	654	720	825	1,040
$76,000	592	673	741	849	1,070
$78,000	609	692	762	872	1,100
$80,000	626	711	782	896	1,130
$82,000	642	730	803	920	1,160
$84,000	659	749	824	944	1,190
$86,000	675	767	844	966	1,219
$88,000	691	786	864	990	1,249
$90,000	708	805	885	1,014	1,279
$92,000	725	823	906	1,038	1,309
$94,000	741	842	927	1,062	1,339
$96,000	758	861	947	1,085	1,369
$98,000	774	880	968	1,109	1,399
$100,000	791	899	989	1,133	1,429
$105,000	809	920	1,012	1,159	1,462
$110,000	827	939	1,034	1,184	1,493
$115,000	848	964	1,060	1,215	1,532
$120,000	869	987	1,086	1,244	1,569
$125,000	892	1,014	1,116	1,278	1,612
$130,000	915	1,040	1,144	1,311	1,653
$135,000	941	1,070	1,177	1,348	1,701
$140,000	967	1,099	1,209	1,385	1,746
$145,000	995	1,131	1,244	1,425	1,798
$150,000	1,023	1,162	1,279	1,465	1,848
$155,000	1,053	1,197	1,316	1,508	1,902
$160,000	1,083	1,231	1,354	1,551	1,956
$165,000	1,115	1,267	1,394	1,596	2,013
$170,000	1,145	1,302	1,432	1,641	2,069
$175,000	1,179	1,340	1,474	1,688	2,129
$180,000	1,211	1,376	1,514	1,735	2,188
$185,000	1,245	1,415	1,557	1,783	2,249
$190,000	1,279	1,454	1,599	1,832	2,311
$195,000	1,314	1,493	1,643	1,882	2,374
$200,000	1,349	1,533	1,686	1,932	2,436
For each add'l $1,000 add:	7.12	8.09	8.90	10.20	12.86

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 31

$500 Deductible/All Perils **HO 00 04** Annual Premium

Amount of Insurance	Masonry			Frame		
	Protection Class			Protection Class		
	1-4	5-6	7-8	1-4	5-6	7-8
Premium Group	15	17	19	16	18	20
$20,000	205	209	209	242	252	252
$21,000	212	216	216	251	261	261
$22,000	220	224	224	260	270	270
$23,000	227	232	232	269	280	280
$24,000	235	239	239	277	289	289
$25,000	242	247	247	286	298	298
$26,000	250	254	254	295	307	307
$27,000	257	262	262	304	316	316
$28,000	265	270	270	313	326	326
$29,000	272	277	277	322	335	335
$30,000	280	285	285	331	344	344
$31,000	287	293	293	339	353	353
$32,000	295	300	300	348	362	362
$33,000	302	308	308	357	372	372
$34,000	310	315	315	366	381	381
$35,000	317	323	323	375	390	390
$36,000	324	331	331	384	399	399
$37,000	332	338	338	393	409	409
$38,000	339	346	346	401	418	418
$39,000	347	354	354	410	427	427
$40,000	354	361	361	419	436	436
$41,000	362	369	369	428	445	445
$42,000	369	377	377	437	455	455
$43,000	377	384	384	446	464	464
$44,000	384	392	392	455	473	473
$45,000	392	399	399	463	482	482
$46,000	399	407	407	472	492	492
$47,000	407	415	415	481	501	501
$48,000	414	422	422	490	510	510
$49,000	422	430	430	499	519	519
$50,000	429	438	438	508	528	528
$51,000	437	445	445	517	538	538
$52,000	444	453	453	525	547	547
$53,000	452	460	460	534	556	556
$54,000	459	468	468	543	565	565
$55,000	467	476	476	552	574	574
For each add'l $1,000 add:	7.49	7.63	7.63	8.86	9.22	9.22

HO 00 06 For HO 00 06 rates, multiply the HO 00 04 rate by .80.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 32

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8
Premium Group	29	31	33	35	37
$60,000	432	475	540	615	723
$62,000	447	492	559	638	749
$64,000	463	510	579	660	776
$66,000	478	527	598	682	802
$68,000	494	544	618	704	828
$70,000	510	561	637	726	854
$72,000	525	578	657	749	880
$74,000	541	596	676	771	906
$76,000	557	613	696	793	933
$78,000	572	630	715	815	959
$80,000	588	647	735	838	985
$82,000	603	664	754	860	1,011
$84,000	619	681	774	882	1,037
$86,000	634	698	792	903	1,062
$88,000	649	715	812	926	1,088
$90,000	665	732	831	948	1,114
$92,000	681	749	851	970	1,140
$94,000	696	766	870	992	1,167
$96,000	712	784	890	1,015	1,193
$98,000	727	801	909	1,037	1,219
$100,000	743	818	929	1,059	1,245
$105,000	760	837	950	1,083	1,274
$110,000	776	855	971	1,107	1,301
$115,000	796	877	996	1,135	1,335
$120,000	816	898	1,020	1,163	1,367
$125,000	838	923	1,048	1,195	1,404
$130,000	860	946	1,075	1,225	1,440
$135,000	884	973	1,106	1,260	1,482
$140,000	908	1,000	1,135	1,294	1,521
$145,000	935	1,029	1,169	1,332	1,566
$150,000	961	1,058	1,201	1,369	1,610
$155,000	989	1,089	1,236	1,410	1,657
$160,000	1,017	1,120	1,272	1,450	1,704
$165,000	1,047	1,153	1,309	1,492	1,754
$170,000	1,076	1,184	1,345	1,533	1,803
$175,000	1,107	1,219	1,384	1,578	1,855
$180,000	1,138	1,252	1,422	1,621	1,906
$185,000	1,169	1,288	1,462	1,667	1,960
$190,000	1,201	1,323	1,502	1,712	2,013
$195,000	1,234	1,359	1,543	1,759	2,068
$200,000	1,267	1,395	1,584	1,806	2,123
For each add'l $1,000 add:	6.69	7.36	8.36	9.53	11.21

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 32

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Frame Protection Class 1-3	4-5	6	7	8
Premium Group	30	32	34	36	38
$60,000	475	540	594	680	858
$62,000	492	559	615	705	889
$64,000	510	579	637	730	920
$66,000	527	598	658	754	951
$68,000	544	618	680	779	982
$70,000	561	637	701	803	1,013
$72,000	578	657	723	828	1,044
$74,000	596	676	744	852	1,075
$76,000	613	696	765	877	1,106
$78,000	630	715	787	902	1,137
$80,000	647	735	808	926	1,168
$82,000	664	754	830	951	1,199
$84,000	681	774	851	975	1,230
$86,000	698	792	872	999	1,260
$88,000	715	812	893	1,023	1,291
$90,000	732	831	915	1,048	1,322
$92,000	749	851	936	1,073	1,353
$94,000	766	870	958	1,097	1,384
$96,000	784	890	979	1,122	1,415
$98,000	801	909	1,001	1,146	1,446
$100,000	818	929	1,022	1,171	1,477
$105,000	837	950	1,046	1,198	1,511
$110,000	855	971	1,068	1,224	1,543
$115,000	877	996	1,096	1,255	1,583
$120,000	898	1,020	1,122	1,286	1,622
$125,000	923	1,048	1,153	1,321	1,666
$130,000	946	1,075	1,182	1,355	1,709
$135,000	973	1,106	1,216	1,393	1,758
$140,000	1,000	1,135	1,249	1,431	1,805
$145,000	1,029	1,169	1,286	1,473	1,858
$150,000	1,058	1,201	1,321	1,514	1,910
$155,000	1,089	1,236	1,360	1,559	1,966
$160,000	1,120	1,272	1,399	1,603	2,022
$165,000	1,153	1,309	1,440	1,650	2,081
$170,000	1,184	1,345	1,480	1,696	2,139
$175,000	1,219	1,384	1,523	1,745	2,201
$180,000	1,252	1,422	1,565	1,793	2,261
$185,000	1,288	1,462	1,609	1,843	2,325
$190,000	1,323	1,502	1,653	1,894	2,388
$195,000	1,359	1,543	1,698	1,945	2,453
$200,000	1,395	1,584	1,743	1,997	2,518
For each add'l $1,000 add:	7.36	8.36	9.20	10.54	13.29

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 32

$500 Deductible/All Perils **HO 00 04** Annual Premium

Amount of Insurance	Masonry			Frame		
	Protection Class			Protection Class		
	1-4	5-6	7-8	1-4	5-6	7-8
Premium Group	29	31	33	30	32	34
$20,000	205	209	209	242	252	252
$21,000	212	216	216	251	261	261
$22,000	220	224	224	260	270	270
$23,000	227	232	232	269	280	280
$24,000	235	239	239	277	289	289
$25,000	242	247	247	286	298	298
$26,000	250	254	254	295	307	307
$27,000	257	262	262	304	316	316
$28,000	265	270	270	313	326	326
$29,000	272	277	277	322	335	335
$30,000	280	285	285	331	344	344
$31,000	287	293	293	339	353	353
$32,000	295	300	300	348	362	362
$33,000	302	308	308	357	372	372
$34,000	310	315	315	366	381	381
$35,000	317	323	323	375	390	390
$36,000	324	331	331	384	399	399
$37,000	332	338	338	393	409	409
$38,000	339	346	346	401	418	418
$39,000	347	354	354	410	427	427
$40,000	354	361	361	419	436	436
$41,000	362	369	369	428	445	445
$42,000	369	377	377	437	455	455
$43,000	377	384	384	446	464	464
$44,000	384	392	392	455	473	473
$45,000	392	399	399	463	482	482
$46,000	399	407	407	472	492	492
$47,000	407	415	415	481	501	501
$48,000	414	422	422	490	510	510
$49,000	422	430	430	499	519	519
$50,000	429	438	438	508	528	528
$51,000	437	445	445	517	538	538
$52,000	444	453	453	525	547	547
$53,000	452	460	460	534	556	556
$54,000	459	468	468	543	565	565
$55,000	467	476	476	552	574	574
For each add'l $1,000 add:	7.49	7.63	7.63	8.86	9.22	9.22

HO 00 06 For HO 00 06 rates, multiply the HO 00 04 rate by .80.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 34

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8
Premium Group	43	45	47	49	51
$60,000	400	440	500	571	670
$62,000	415	456	518	591	695
$64,000	429	472	536	612	719
$66,000	444	488	554	632	743
$68,000	458	504	573	653	767
$70,000	473	520	591	674	792
$72,000	487	536	609	694	816
$74,000	502	552	627	715	840
$76,000	516	568	645	736	864
$78,000	531	584	663	756	889
$80,000	545	600	681	777	913
$82,000	559	615	699	797	937
$84,000	574	631	717	818	961
$86,000	588	647	734	838	984
$88,000	602	662	753	858	1,009
$90,000	617	678	771	879	1,033
$92,000	631	694	789	900	1,057
$94,000	646	710	807	920	1,081
$96,000	660	726	825	941	1,106
$98,000	675	742	843	961	1,130
$100,000	689	758	861	982	1,154
$105,000	705	775	881	1,005	1,181
$110,000	720	792	900	1,026	1,206
$115,000	739	813	923	1,053	1,237
$120,000	757	832	945	1,078	1,267
$125,000	777	855	971	1,108	1,302
$130,000	797	877	996	1,136	1,335
$135,000	820	902	1,025	1,169	1,373
$140,000	842	926	1,052	1,200	1,410
$145,000	867	954	1,083	1,235	1,452
$150,000	891	980	1,113	1,270	1,492
$155,000	917	1,009	1,146	1,307	1,536
$160,000	943	1,038	1,179	1,344	1,580
$165,000	971	1,068	1,213	1,384	1,626
$170,000	998	1,098	1,247	1,422	1,671
$175,000	1,027	1,129	1,283	1,463	1,719
$180,000	1,055	1,160	1,318	1,503	1,767
$185,000	1,084	1,193	1,355	1,546	1,816
$190,000	1,114	1,226	1,392	1,588	1,866
$195,000	1,144	1,259	1,430	1,631	1,917
$200,000	1,175	1,292	1,468	1,674	1,968
For each add'l $1,000 add:	6.20	6.82	7.75	8.84	10.39

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 34

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Frame Protection Class 1-3	4-5	6	7	8
Premium Group	44	46	48	50	52
$60,000	440	500	550	630	795
$62,000	456	518	570	653	824
$64,000	472	536	590	676	853
$66,000	488	554	610	699	882
$68,000	504	573	630	722	910
$70,000	520	591	650	744	939
$72,000	536	609	670	767	968
$74,000	552	627	689	790	997
$76,000	568	645	709	813	1,025
$78,000	584	663	729	835	1,054
$80,000	600	681	749	858	1,083
$82,000	615	699	769	881	1,112
$84,000	631	717	789	904	1,140
$86,000	647	734	808	926	1,168
$88,000	662	753	828	948	1,197
$90,000	678	771	848	971	1,225
$92,000	694	789	867	994	1,254
$94,000	710	807	887	1,017	1,283
$96,000	726	825	907	1,039	1,312
$98,000	742	843	927	1,062	1,340
$100,000	758	861	947	1,085	1,369
$105,000	775	881	969	1,110	1,400
$110,000	792	900	990	1,134	1,431
$115,000	813	923	1,015	1,163	1,468
$120,000	832	945	1,040	1,191	1,503
$125,000	855	971	1,068	1,224	1,544
$130,000	877	996	1,096	1,255	1,584
$135,000	902	1,025	1,127	1,291	1,629
$140,000	926	1,052	1,157	1,326	1,673
$145,000	954	1,083	1,191	1,365	1,722
$150,000	980	1,113	1,224	1,403	1,770
$155,000	1,009	1,146	1,260	1,444	1,822
$160,000	1,038	1,179	1,296	1,485	1,874
$165,000	1,068	1,213	1,334	1,529	1,929
$170,000	1,098	1,247	1,371	1,571	1,982
$175,000	1,129	1,283	1,411	1,617	2,040
$180,000	1,160	1,318	1,450	1,661	2,096
$185,000	1,193	1,355	1,491	1,708	2,155
$190,000	1,226	1,392	1,531	1,754	2,214
$195,000	1,259	1,430	1,573	1,802	2,274
$200,000	1,292	1,468	1,615	1,850	2,334
For each add'l $1,000 add:	6.82	7.75	8.52	9.77	12.32

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 34

$500 Deductible/All Perils **HO 00 04** Annual Premium

Amount of Insurance	Masonry			Frame		
	Protection Class			Protection Class		
	1-4	5-6	7-8	1-4	5-6	7-8
Premium Group	43	45	47	44	46	48
$20,000	187	191	191	220	230	230
$21,000	194	198	198	228	239	239
$22,000	201	205	205	237	247	247
$23,000	207	212	212	245	256	256
$24,000	214	219	219	253	264	264
$25,000	221	226	226	261	272	272
$26,000	228	233	233	269	281	281
$27,000	235	240	240	277	289	289
$28,000	242	247	247	285	298	298
$29,000	249	254	254	293	306	306
$30,000	255	261	261	301	314	314
$31,000	262	268	268	309	323	323
$32,000	269	275	275	317	331	331
$33,000	276	282	282	325	340	340
$34,000	283	289	289	333	348	348
$35,000	290	296	296	341	357	357
$36,000	296	303	303	349	365	365
$37,000	303	310	310	358	373	373
$38,000	310	317	317	366	382	382
$39,000	317	324	324	374	390	390
$40,000	324	331	331	382	399	399
$41,000	331	338	338	390	407	407
$42,000	337	345	345	398	416	416
$43,000	344	352	352	406	424	424
$44,000	351	359	359	414	432	432
$45,000	358	365	365	422	441	441
$46,000	365	372	372	430	449	449
$47,000	372	379	379	438	458	458
$48,000	378	386	386	446	466	466
$49,000	385	393	393	454	475	475
$50,000	392	400	400	462	483	483
$51,000	399	407	407	470	491	491
$52,000	406	414	414	478	500	500
$53,000	413	421	421	487	508	508
$54,000	420	428	428	495	517	517
$55,000	426	435	435	503	525	525
For each add'l $1,000 add:	6.84	6.98	6.98	8.06	8.42	8.42

HO 00 06 For HO 00 06 rates, multiply the HO 00 04 rate by .80.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 35

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8
Premium Group	57	59	61	63	65
$60,000	449	493	561	639	751
$62,000	465	511	581	662	778
$64,000	481	529	601	685	806
$66,000	497	547	621	708	833
$68,000	513	565	642	732	860
$70,000	530	582	662	755	887
$72,000	546	600	682	778	914
$74,000	562	618	703	801	941
$76,000	578	636	723	824	968
$78,000	594	654	743	847	996
$80,000	611	672	763	870	1,023
$82,000	627	689	784	893	1,050
$84,000	643	707	804	916	1,077
$86,000	659	724	823	938	1,103
$88,000	675	742	843	961	1,130
$90,000	691	760	864	985	1,157
$92,000	707	778	884	1,008	1,184
$94,000	723	796	904	1,031	1,212
$96,000	740	813	924	1,054	1,239
$98,000	756	831	945	1,077	1,266
$100,000	772	849	965	1,100	1,293
$105,000	790	869	987	1,125	1,323
$110,000	807	887	1,008	1,150	1,351
$115,000	828	910	1,034	1,179	1,386
$120,000	848	932	1,060	1,208	1,420
$125,000	871	958	1,089	1,241	1,459
$130,000	893	982	1,117	1,273	1,496
$135,000	919	1,010	1,148	1,309	1,539
$140,000	943	1,037	1,179	1,344	1,580
$145,000	971	1,068	1,214	1,384	1,627
$150,000	998	1,098	1,248	1,422	1,672
$155,000	1,028	1,130	1,284	1,464	1,721
$160,000	1,057	1,162	1,321	1,506	1,770
$165,000	1,088	1,196	1,360	1,550	1,822
$170,000	1,118	1,229	1,397	1,593	1,872
$175,000	1,150	1,265	1,438	1,639	1,927
$180,000	1,182	1,300	1,477	1,684	1,980
$185,000	1,215	1,336	1,519	1,731	2,035
$190,000	1,248	1,373	1,560	1,779	2,091
$195,000	1,282	1,410	1,603	1,827	2,148
$200,000	1,316	1,448	1,645	1,876	2,205
For each add'l $1,000 add:	6.95	7.64	8.69	9.90	11.64

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 35

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Frame Protection Class 1-3	4-5	6	7	8
Premium Group	58	60	62	64	66
$60,000	493	561	617	706	891
$62,000	511	581	639	732	923
$64,000	529	601	662	758	956
$66,000	547	621	684	783	988
$68,000	565	642	706	809	1,020
$70,000	582	662	729	834	1,052
$72,000	600	682	751	860	1,085
$74,000	618	703	773	885	1,117
$76,000	636	723	795	911	1,149
$78,000	654	743	818	936	1,181
$80,000	672	763	840	962	1,213
$82,000	689	784	862	987	1,246
$84,000	707	804	885	1,013	1,278
$86,000	724	823	906	1,037	1,309
$88,000	742	843	928	1,063	1,341
$90,000	760	864	950	1,088	1,373
$92,000	778	884	973	1,114	1,405
$94,000	796	904	995	1,139	1,437
$96,000	813	924	1,017	1,165	1,470
$98,000	831	945	1,040	1,190	1,502
$100,000	849	965	1,062	1,216	1,534
$105,000	869	987	1,086	1,244	1,569
$110,000	887	1,008	1,110	1,271	1,603
$115,000	910	1,034	1,138	1,304	1,644
$120,000	932	1,060	1,166	1,335	1,684
$125,000	958	1,089	1,198	1,372	1,730
$130,000	982	1,117	1,229	1,407	1,775
$135,000	1,010	1,148	1,264	1,447	1,825
$140,000	1,037	1,179	1,298	1,486	1,875
$145,000	1,068	1,214	1,336	1,530	1,930
$150,000	1,098	1,248	1,373	1,572	1,983
$155,000	1,130	1,284	1,414	1,618	2,042
$160,000	1,162	1,321	1,454	1,665	2,100
$165,000	1,196	1,360	1,496	1,713	2,161
$170,000	1,229	1,397	1,538	1,761	2,221
$175,000	1,265	1,438	1,582	1,812	2,286
$180,000	1,300	1,477	1,626	1,862	2,349
$185,000	1,336	1,519	1,672	1,914	2,415
$190,000	1,373	1,560	1,717	1,966	2,480
$195,000	1,410	1,603	1,764	2,020	2,548
$200,000	1,448	1,645	1,811	2,073	2,615
For each add'l $1,000 add:	7.64	8.69	9.56	10.94	13.81

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 35

$500 Deductible/All Perils **HO 00 04** Annual Premium

Amount of Insurance	Masonry Protection Class 1-4	Masonry Protection Class 5-6	Masonry Protection Class 7-8	Frame Protection Class 1-4	Frame Protection Class 5-6	Frame Protection Class 7-8
Premium Group	57	59	61	58	60	62
$20,000	187	191	191	220	230	230
$21,000	194	198	198	228	239	239
$22,000	201	205	205	237	247	247
$23,000	207	212	212	245	256	256
$24,000	214	219	219	253	264	264
$25,000	221	226	226	261	272	272
$26,000	228	233	233	269	281	281
$27,000	235	240	240	277	289	289
$28,000	242	247	247	285	298	298
$29,000	249	254	254	293	306	306
$30,000	255	261	261	301	314	314
$31,000	262	268	268	309	323	323
$32,000	269	275	275	317	331	331
$33,000	276	282	282	325	340	340
$34,000	283	289	289	333	348	348
$35,000	290	296	296	341	357	357
$36,000	296	303	303	349	365	365
$37,000	303	310	310	358	373	373
$38,000	310	317	317	366	382	382
$39,000	317	324	324	374	390	390
$40,000	324	331	331	382	399	399
$41,000	331	338	338	390	407	407
$42,000	337	345	345	398	416	416
$43,000	344	352	352	406	424	424
$44,000	351	359	359	414	432	432
$45,000	358	365	365	422	441	441
$46,000	365	372	372	430	449	449
$47,000	372	379	379	438	458	458
$48,000	378	386	386	446	466	466
$49,000	385	393	393	454	475	475
$50,000	392	400	400	462	483	483
$51,000	399	407	407	470	491	491
$52,000	406	414	414	478	500	500
$53,000	413	421	421	487	508	508
$54,000	420	428	428	495	517	517
$55,000	426	435	435	503	525	525
For each add'l $1,000 add:	6.84	6.98	6.98	8.06	8.42	8.42

HO 00 06 For HO 00 06 rates, multiply the HO 00 04 rate by .80.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 36

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8
Premium Group	71	73	75	77	79
$60,000	440	484	550	627	737
$62,000	456	501	570	650	764
$64,000	472	519	590	673	791
$66,000	488	536	610	696	817
$68,000	504	554	630	718	844
$70,000	520	571	650	741	871
$72,000	536	589	670	764	897
$74,000	552	606	689	786	924
$76,000	568	624	709	809	950
$78,000	584	641	729	832	977
$80,000	600	659	749	854	1,004
$82,000	615	676	769	877	1,030
$84,000	631	694	789	900	1,057
$86,000	647	711	808	921	1,082
$88,000	662	728	828	944	1,109
$90,000	678	746	848	967	1,136
$92,000	694	763	867	989	1,162
$94,000	710	781	887	1,012	1,189
$96,000	726	798	907	1,035	1,216
$98,000	742	816	927	1,057	1,242
$100,000	758	833	947	1,080	1,269
$105,000	775	852	969	1,105	1,298
$110,000	792	870	990	1,129	1,326
$115,000	813	893	1,015	1,158	1,360
$120,000	832	915	1,040	1,186	1,393
$125,000	855	940	1,068	1,218	1,431
$130,000	877	964	1,096	1,250	1,468
$135,000	902	991	1,127	1,285	1,510
$140,000	926	1,018	1,157	1,320	1,551
$145,000	954	1,048	1,191	1,359	1,596
$150,000	980	1,077	1,224	1,396	1,641
$155,000	1,009	1,109	1,260	1,437	1,689
$160,000	1,038	1,140	1,296	1,479	1,737
$165,000	1,068	1,174	1,334	1,522	1,788
$170,000	1,098	1,206	1,371	1,564	1,838
$175,000	1,129	1,241	1,411	1,609	1,891
$180,000	1,160	1,275	1,450	1,653	1,943
$185,000	1,193	1,311	1,491	1,700	1,997
$190,000	1,226	1,347	1,531	1,746	2,052
$195,000	1,259	1,384	1,573	1,794	2,108
$200,000	1,292	1,420	1,615	1,841	2,164
For each add'l $1,000 add:	6.82	7.50	8.52	9.72	11.42

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 36

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Frame Protection Class 1-3	4-5	6	7	8
Premium Group	72	74	76	78	80
$60,000	484	550	605	693	875
$62,000	501	570	627	718	907
$64,000	519	590	649	743	938
$66,000	536	610	671	768	970
$68,000	554	630	693	793	1,001
$70,000	571	650	715	818	1,033
$72,000	589	670	737	843	1,065
$74,000	606	689	759	869	1,096
$76,000	624	709	780	894	1,128
$78,000	641	729	802	919	1,160
$80,000	659	749	824	944	1,191
$82,000	676	769	846	969	1,223
$84,000	694	789	868	994	1,254
$86,000	711	808	889	1,018	1,285
$88,000	728	828	911	1,043	1,316
$90,000	746	848	933	1,068	1,348
$92,000	763	867	954	1,093	1,379
$94,000	781	887	976	1,118	1,411
$96,000	798	907	998	1,143	1,443
$98,000	816	927	1,020	1,168	1,474
$100,000	833	947	1,042	1,193	1,506
$105,000	852	969	1,066	1,220	1,541
$110,000	870	990	1,089	1,247	1,574
$115,000	893	1,015	1,117	1,279	1,614
$120,000	915	1,040	1,144	1,310	1,654
$125,000	940	1,068	1,175	1,346	1,699
$130,000	964	1,096	1,206	1,380	1,742
$135,000	991	1,127	1,240	1,420	1,792
$140,000	1,018	1,157	1,273	1,458	1,840
$145,000	1,048	1,191	1,311	1,501	1,895
$150,000	1,077	1,224	1,347	1,543	1,947
$155,000	1,109	1,260	1,387	1,588	2,004
$160,000	1,140	1,296	1,426	1,633	2,062
$165,000	1,174	1,334	1,468	1,681	2,122
$170,000	1,206	1,371	1,509	1,727	2,181
$175,000	1,241	1,411	1,553	1,778	2,244
$180,000	1,275	1,450	1,595	1,826	2,306
$185,000	1,311	1,491	1,640	1,878	2,370
$190,000	1,347	1,531	1,685	1,929	2,435
$195,000	1,384	1,573	1,731	1,982	2,501
$200,000	1,420	1,615	1,777	2,034	2,568
For each add'l $1,000 add:	7.50	8.52	9.38	10.74	13.55

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 36

$500 Deductible/All Perils **HO 00 04** Annual Premium

Amount of Insurance	Masonry			Frame		
	Protection Class			Protection Class		
	1-4	5-6	7-8	1-4	5-6	7-8
Premium Group	71	73	75	72	74	76
$20,000	187	191	191	220	230	230
$21,000	194	198	198	228	239	239
$22,000	201	205	205	237	247	247
$23,000	207	212	212	245	256	256
$24,000	214	219	219	253	264	264
$25,000	221	226	226	261	272	272
$26,000	228	233	233	269	281	281
$27,000	235	240	240	277	289	289
$28,000	242	247	247	285	298	298
$29,000	249	254	254	293	306	306
$30,000	255	261	261	301	314	314
$31,000	262	268	268	309	323	323
$32,000	269	275	275	317	331	331
$33,000	276	282	282	325	340	340
$34,000	283	289	289	333	348	348
$35,000	290	296	296	341	357	357
$36,000	296	303	303	349	365	365
$37,000	303	310	310	358	373	373
$38,000	310	317	317	366	382	382
$39,000	317	324	324	374	390	390
$40,000	324	331	331	382	399	399
$41,000	331	338	338	390	407	407
$42,000	337	345	345	398	416	416
$43,000	344	352	352	406	424	424
$44,000	351	359	359	414	432	432
$45,000	358	365	365	422	441	441
$46,000	365	372	372	430	449	449
$47,000	372	379	379	438	458	458
$48,000	378	386	386	446	466	466
$49,000	385	393	393	454	475	475
$50,000	392	400	400	462	483	483
$51,000	399	407	407	470	491	491
$52,000	406	414	414	478	500	500
$53,000	413	421	421	487	508	508
$54,000	420	428	428	495	517	517
$55,000	426	435	435	503	525	525
For each add'l $1,000 add:	6.84	6.98	6.98	8.06	8.42	8.42

HO 00 06 For HO 00 06 rates, multiply the HO 00 04 rate by .80.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM

PREMIUM MODIFICATIONS

HOMEOWNERS RATING PROCEDURE ORDER OF COMPUTATION
Base Premium and if applicable:

Multiply base premium times New Home Discount factor (rounded)
Multiply adjusted base premium times Additional Protective Devices factor (rounded)
Multiply adjusted base premium times other than $1,000 deductible factor (rounded)
Multiply adjusted base premium times Wood Burning Heating Surcharge factor (rounded)
Multiply adjusted base premium times Insurance Score Factor (rounded)
Add any additional coverage premiums (rounded)

NEW HOME CREDIT - HO 00 03 ONLY
A new home credit is to be applied to the base policy premium in accordance with the following schedule: New - 20% Credit (.80 Factor)

1 Year	-	18%	Credit (.82 Factor)
2 Years	-	16%	Credit (.84 Factor)
3 Years	-	14%	Credit (.86 Factor)
4 Years	-	12%	Credit (.88 Factor)
5 Years	-	10%	Credit (.90 Factor)
6 Years	-	8%	Credit (.92 Factor)
7 Years	-	6%	Credit (.94 Factor)
8 Years	-	4%	Credit (.96 Factor)
9 Years	-	2%	Credit (.98 Factor)

The proper credit will be applied automatically each succeeding year in accordance with the above schedule.

The exact age (month and year of construction) of the dwelling must be shown on the application.

ADDITIONAL PROTECTIVE DEVICES - ALL FORMS
Approved and properly maintained installations of burglar alarms, fire alarms and automatic sprinklers in the dwelling may be recognized by applying the single lowest qualifying factor to the BASE MANUAL PREMIUM.

Type of Installation*	Factor
Central Station Reporting Burglar Alarm	.95
Central Station Reporting Fire Alarm	.95
Police Station Reporting Burglar Alarm	.97
Fire Department Reporting Fire Alarm	.97
Local Burglar and/or Fire Alarm	.98
Automatic Sprinklers in all areas including attics, bathrooms, closets, attached structures	.87
Automatic Sprinklers in all areas except attic, bathroom, closet and attached structure areas that are protected by a fire detector	.92

* Refer to company for eligibility, types of systems and devices, installations, and available credits.

Use Endorsement HO 04 16 Premises Alarm or Fire Protection System.

DEDUCTIBLES - ALL FORMS

The base deductible for the Homeowners programs is $1,000 All Perils.

A. Optional Higher Deductibles

All Perils Deductibles

To compute the premium for this provision, multiply the BASE PREMIUM by the factors listed below.

Deductible Amounts	Factor
$500	1.20
$1,000	1.00
$1,500	.96
$2,500	.90
$5,000	.83
$7,500	.75
$10,000	.69

B. Windstorm or Hail Deductibles

HO 00 03 Only

The following deductible options are used in conjunction with the deductible applicable to All Other Section I perils. Separate deductibles for All Other Section I perils and Windstorm or Hail will be shown on the Declarations.

For both percentage and higher fixed-dollar deductibles, use Endorsement HO-412 Windstorm or Hail Deductible.

1. Percentage Deductibles

   a. A percentage deductible of 1%, 2%, or 5% of the Coverage A limit of liability is available when the dollar amount of the percentage deductible selected exceeds the amount of the deductible applicable to All Other Section I perils.

   b. In the event of a Windstorm or Hail loss to covered property, the dollar amount is deducted from the total of the loss for all coverages.

   c. Factors

      The factors displayed below incorporate the factors for the All Perils Deductibles. Do not use the factors for the All Perils Deductibles when rating a policy with a higher Windstorm or Hail deductible.

   d. Deductible Factors

      To compute the premium for this provision, multiply the BASE PREMIUM by the factor listed below for the deductible amounts selected:

1% Windstorm or Hail Deductible

All Other Perils Deductible Amt.	Factor
$ 500	1.15
$ 1,000	.99
$ 1,500	.97
$ 2,500	.90

2% Windstorm or Hail Deductible

All Other Perils Deductible Amt	Factor
$ 500	1.13
$ 1,000	.96
$ 1,500	.94
$ 2,500	.89

5% Windstorm or Hail Deductible

All Other Perils Deductible Amt.	Factor
$ 500	1.06
$ 1,000	.90
$ 1,500	.89
$ 2,500	.84

2. Higher Fixed-Dollar Deductibles
   a. Deductible amounts of $1,000, $2,000 and $5,000 are available when the dollar amount of the higher fixed-dollar deductible selected exceeds the amount of the deductible applicable to All Other Section I perils.

   b. Factors
   The factors displayed below incorporate the factors for the All Perils Deductibles. Do not use the factors for the All Perils Deductible when rating a policy with a higher Windstorm or Hail deductible.

   c. Deductible Factors
   To compute the premium for this provision, multiply the BASE PREMIUM by the factor listed below for the deductible amounts selected:

$1,000 Windstorm or Hail Deductible

All Other Perils Deductible Amt.	Factor
$ 500	1.16
$1,000	1.00

$2,000 Windstorm or Hail Deductible

All Other Perils Deductible Amt.	Factor
$ 500	1.14
$ 1,000	.98
$ 1,500	.97

$5,000 Windstorm or Hail Deductible

All Other Perils Deductible Amt.	Factor
$ 500	1.09
$ 1,000	.94
$ 1,500	.93
$ 2,500	.88

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$7,500 Windstorm or Hail Deductible

All Other Perils Deductible Amt.	Factor
$ 500	1.07
$ 1,000	.92
$ 1,500	.89
$ 2,500	.85
$ 5,000	.76

$10,000 Windstorm or Hail Deductible

All Other Perils Deductible Amt.	Factor
$ 500	1.04
$ 1,000	.90
$ 1,500	.86
$ 2,500	.83
$ 5,000	.75
$ 7,500	.68

FUNCTIONAL REPLACEMENT COST LOSS SETTLEMENT - HO 00 03 ONLY
The policy provides building loss settlement on a replacement cost basis if, at the time of loss, the amount of insurance on the damaged building represents at least 80% of the full replacement cost of the building immediately before the loss.

The policy may be endorsed to provide building loss settlement exclusively on a functional replacement cost basis if, at the time of loss, the amount of insurance on the damaged building is 80% or more of the functional replacement cost of the building immediately before the loss. Functional Replacement Cost means the amount which it would cost to repair or replace the damaged building with less costly common construction materials and methods which are functionally equivalent to obsolete, antique or custom construction materials and methods.

Use Endorsement HO 05 30 Functional Replacement Cost Loss Settlement.

ACTUAL CASH VALUE LOSS SETTLEMENT - HO 00 03 ONLY
The policy provides building loss settlement on a replacement cost basis if, at the time of loss, the amount of insurance on the damaged building represents at least 80% of the full replacement cost of the building immediately before the loss.

The policy may be endorsed to provide building loss settlement exclusively on an actual cash value basis if, on the inception date of the policy, the Coverage A limit of liability selected by the insured is less than 80% of the full replacement cost of the dwelling.

The premium is computed by multiplying the BASE PREMIUM by the appropriate factor from the table below:

Coverage A limit of Liability Equals Less than ____% of Replacement Value	Factor
80%, but not less than 50%	1.05
Less than 50%	1.10

Use Endorsement HO 04 81 Actual Cash Value Loss Settlement.

HOMEOWNERS POLICY PROGRAM
CLASSIFICATION AND KEY FACTOR TABLES

KEY FACTORS: HO 00 03

Coverage A Amount	Code	FACTOR	Coverage A Amount	Code	FACTOR	Coverage A Amount	Code	FACTOR
$60,000	(060)	.581	$125,000	(125)	1.128	$195,000	(195)	1.661
$65,000	(065)	.634	$130,000	(130)	1.157	$200,000	(200)	1.705
$70,000	(070)	.686	$135,000	(135)	1.190			
$75,000	(075)	.738	$140,000	(140)	1.222			
$80,000	(080)	.791	$145,000	(145)	1.258	EACH ADD'L		
$85,000	(085)	.843	$150,000	(150)	1.293	$1,000 add:		.009
$90,000	(090)	.895	$155,000	(155)	1.331			
$90,000	(090)	.895	$160,000	(160)	1.369			
$95,000	(095)	.948	$165,000	(165)	1.409			
$100,000	(100)	1.000	$170,000	(170)	1.448			
$105,000	(105)	1.023	$175,000	(175)	1.490			
$110,000	(110)	1.045	$180,000	(180)	1.531			
$115,000	(115)	1.072	$185,000	(185)	1.574			
$120,000	(120)	1.098	$190,000	(190)	1.617			

KEY FACTORS: HO 00 04 and HO 00 06

Coverage C Amount	Code	FACTOR	Coverage C Amount	Code	FACTOR	Coverage C Amount	Code	FACTOR	Coverage C Amount	Code	FACTOR
$20,000	(020)	1.64	$30,000	(030)	2.24	$40,000	(040)	2.84	$50,000	(050)	3.44
$21,000	(021)	1.70	$31,000	(031)	2.30	$41,000	(041)	2.90	$51,000	(051)	3.50
$22,000	(022)	1.76	$32,000	(032)	2.36	$42,000	(042)	2.96	$52,000	(052)	3.56
$23,000	(023)	1.82	$33,000	(033)	2.42	$43,000	(043)	3.02	$53,000	(053)	3.62
$24,000	(024)	1.88	$34,000	(034)	2.48	$44,000	(044)	3.08	$54,000	(054)	3.68
$25,000	(025)	1.94	$35,000	(035)	2.54	$45,000	(045)	3.14	$55,000	(055)	3.74
$26,000	(026)	2.00	$36,000	(036)	2.60	$46,000	(046)	3.20			
$27,000	(027)	2.06	$37,000	(037)	2.66	$47,000	(047)	3.26	EACH ADD'L		
$28,000	(028)	2.12	$38,000	(038)	2.72	$48,000	(048)	3.32	$1,000 add:		.06
$29,000	(029)	2.18	$39,000	(039)	2.78	$49,000	(049)	3.38			

FORM FACTORS

Form:	**HO 00 06**
Factor:	HO 00 04 BASE * 0.8

CONSTRUCTION - PROTECTION CLASS FACTORS

Prot. Class	Const.	HO 00 03 Factor	Prot. Class	HO 00 04 Factor
1-3	M	0.80	1-4	0.81
	F	0.88		0.96
4-5	M	0.88	5-6	0.83
	F	1.00		1.00
6	M	1.00	7-8	0.83
	F	1.10		1.00
7	M	1.14		
	F	1.26		
8	M	1.34		
	F	1.59		

TERRITORY BASE PREMIUMS

$1,000 Ded Territory	HO 00 03 Base Premium	HO 00 04 Base Premium
30	835	128
31	899	128
32	929	128
34	861	117
35	965	117
36	947	117

HOMEOWNERS POLICY PROGRAM

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F. Certain occupancies incidental to the dwelling are permitted provided:
   1. the premises is occupied principally for dwelling purposes; and
   2. there is no other business conducted on the premises.

   Refer to the Rate Pages for policy writing instructions.

G. A Homeowners Policy shall not be issued covering any property to which farm forms or rates apply under the rules of the Company. In no event shall a policy be issued to provide Section I property damage coverage to any property situated on premises used for farming purposes except as noted in 2. below.
   1. Optional Section II liability coverage is available for certain farm liability exposures as specified in the Rate Pages.
   2. Coverage is also available for loss due to collision which results in the death of covered livestock owned by an insured and kept either on or away from the residence premises as specified in Livestock Collision Coverage in the Rate Pages.

INFLATION GUARD COVERAGE - FORMS HO 00 02 AND HO 00 03
The policy will be endorsed to provide automatic annual increases of the Section I Limits of Liability. This adjustment will be based upon the annual average building cost percentage change factors for the property location and applied at policy renewal.

Use Endorsement HO-400 Inflation Guard.

MANDATORY COVERAGES
It is mandatory that insurance be written for all coverages provided under both Sections I and II of the Homeowners Policy.

DEDUCTIBLES
The base deductible for this program is $1,000. Optional deductible factors are published in the rate pages.

HOMEOWNERS CROSS CREDIT
A 10% credit will be applied to the total homeowners premium if the named insured has a qualifying private passenger automobile policy with Columbia Insurance Group. Any preferred or standard policy written with a Columbia Insurance Group company for the named insured will be acceptable for the purpose of this credit.

This credit will continue for the entire homeowner policy period regardless of the supporting policy's status.

INSURANCE SCORE FACTOR

Insurance Score will be ordered on the named insured and used in calculating the policy's base premium. The following factors will be applied to the policy's total premium based on the ChoicePoint insurance score of the named insured.

Tier	Factors
T-1	0.80
T-2	0.85
T-3	0.90
T-4	0.95
T-5	1.00
T-6	1.10
T-7	1.20
T-8	1.25
T-9	1.30
T-10	1.35
T-11	1.40

Insureds who have no insurance score record or those who have insufficient information to obtain a report will be assigned a 1.00 factor. Insurance score reports may be rechecked prior to renewal not more than once every 12 months upon written request of the insured, however, not less than once every three years. If it is determined by ChoicePoint that the insurance score used is incorrect due to erroneous information, the premium will be appropriately adjusted and, if warranted, a refund made within 30 days of notification. Any refund shall be calculated back to the actual period of coverage or the last 12 months, whichever is shorter.

SECONDARY RESIDENCE PREMISES

Homeowners Coverage on a secondary residence premises shall be provided under a separate policy. The rules of this manual apply except that Section II Coverage is not mandatory for the secondary residence policy when the same company insures the initial and secondary residence.

For rating procedure, refer to SECONDARY RESIDENCE PREMISES in the rate pages.

POLICY PERIOD

The Homeowners Policy may be written for a period of one year and may be extended for successive one year policy periods by extension certificate based upon the premiums, forms and endorsements then in effect for the Company.

CHANGES OR CANCELLATIONS

It shall not be permissible to cancel any of the mandatory coverages in the policy unless the entire policy is cancelled. If insurance is increased, cancelled or reduced at the request of either the insured or insurer, the earned premium shall be computed on a pro rata basis.

HOMEOWNERS POLICY PROGRAM

MANUAL PREMIUM REVISION

The manual premium revision shall be made in accordance with the following procedures:

A. The effective date of such revision shall be as announced.
B. The revision shall apply to any policy or endorsement in the manner outlined in the announcement of the revision.
C. Unless otherwise provided at the time of the announcement of the premium revision, the revision shall not affect:
   1. in-force policy forms, endorsements or premiums, until the policy is renewed, or
   2. in the case of a Premium Payment Plan, in-force policy premiums, until the anniversary following the effective date of the revision.

MINIMUM PREMIUM

A. A minimum annual premium shall be charged for each policy as follows:

HO2, HO3 and HO8	**HO4 and HO6**
$250	$100

B. When policies are written under a premium payment plan, refer to the appropriate section of the manual.
C. The minimum premium may include all chargeable endorsements or coverages if written at inception of the policy. When such endorsements or coverages are attached after inception of the policy, the charge for each applies in accordance with the minimum premium rule, if any, for the endorsement.

WAIVER OF PREMIUM

When a policy is endorsed subsequent to the inception date, any additional or return premium of $5.00 or less shall be waived. However, it will be paid if any insured specifically requests a return premium that is due.

WHOLE DOLLAR PREMIUM

All premiums shown on the policy and endorsements shall be rounded to the nearest whole dollar. A premium of fifty cents ($.50) or more shall be rounded to the next higher whole dollar.

TRANSFER OR ASSIGNMENT

Transfer or assignment of a policy is not permitted. Policies must be cancelled and rewritten.

RESTRICTION OF INDIVIDUAL POLICIES

If a policy would not be issued because of unusual circumstances or exposures, the named insured may request a restriction of the policy provided no reduction in the premium is allowed. Such requests shall be referred to the company.

HOMEOWNERS POLICY PROGRAM

PROTECTION CLASSIFICATION CODES AND INFORMATION

A. Codes

Protection Class	Code
1	01
2	02
3	03
4	04
5	05
6	06
7	07
8	08
9	09
10	10

B. Protection Information

The ISO Protection Class listings also apply to risks insured under Homeowners policies.

1. The Protection Class indicated applies in a municipality or classified area where a single class of fire protection is available throughout (e.g. 8, 7, 6, etc.)
2. In a classified area where two or more classifications are shown (e.g. 6/9), the classification is determined as follows:

DISTANCE TO FIRE STATION	CLASS
a. 5 road miles or less with hydrant distance within 1000 feet	*
b. 5 road miles or less with hydrant distance beyond 1000 feet	9
c. Over 5 road miles	10

* First protection class (e.g. 6/9 . . . Use Class 6)

3. All other properties are Class 10.
4. Subscription-type fire departments are identified by a footnote in the Public Protection Classification Manual. Class 10 applies to properties which are not subscribers or which are located over 5 miles from the nearest recognized fire station of the listed fire department.

CONSTRUCTION DEFINITIONS

Frame - exterior wall of wood or other combustible construction, including wood iron-clad, stucco on wood or plaster on combustible supports. This includes aluminum or vinyl siding over frame.

Masonry - exterior walls constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and floors and roof of combustible construction (disregarding floors resting directly on the ground).

Masonry Veneer - exterior walls of combustible construction veneered with brick or stone. Masonry Veneer shall be considered Masonry.

Mixed (Masonry/Frame) - a combination of both frame and masonry construction shall be classed and coded as frame when the exterior walls of frame construction (including gables) exceed 33 1/3% of the total exterior wall area; otherwise class and code as masonry.

SINGLE BUILDING DEFINITION

All buildings or sections of buildings which communicate through unprotected openings shall be considered as a single building.

Buildings which are separated by space shall be considered separate buildings.

Buildings or sections of buildings which are separated by:

A. A 6 inch reinforced concrete or an 8 inch masonry party wall; or
B. A documented minimum two hour non-combustible wall which has been laboratory tested for independent structural integrity under fire conditions;

which pierces or rises to the underside of the roof and which pierces or extends to the innerside of the exterior wall shall be considered separate buildings. Accessibility between buildings with independent walls or through masonry party walls described above shall be protected by at least a Class A Fire Door installed in a masonry wall section.

HOMEOWNERS POLICY PROGRAM

BINDER RESTRICTIONS – HO 00 02, HO 00 03, HO 00 04, HO 00 06, HO 00 08

DO NOT BIND THE FOLLOWING:

A. When the applicant or a member of his/her household has been arrested for a felony or convicted for any offense other than traffic violations.
B. Applications for amounts of insurance in excess of limits authorized by the Company.
C. Modular homes or other homes of unusual construction without first obtaining permission from Home Office.

BINDER RESTRICTIONS – HO 00 02, HO 00 03, HO 00 08

DO NOT BIND THE FOLLOWING:

A. When the applicant or a member of his/her household has had a previous fire, theft or liability loss of $500 or more within the last 3 years under either a Homeowners, Fire or Automobile policy.
B. Dwellings which have composition roll roofing or metal roofs.
C. Homes over 35 years of age.

UNDERWRITING REQUIREMENTS – HO 00 04 and HO 00 06

A. If the applicant is a full-time student or under 22 years old, we should have the parents' property coverage for supporting coverage.
B. If the applicant is not a student, they should be employed full-time or retired. If there is more than one named applicant, at least one must be employed full-time unless both are retired.
C. No more than one minor loss in the past 3 years.
D. We will not insure roommates on the same policy.

BINDER RULES

A. A binder may not be back-dated.
B. The property is to be <u>inspected</u> by the agent and the application <u>completed in full</u> before binding.
C. Mail bound applications within 7 calendar days of the effective hour of the binder.
D. Unbound Applications - The Non-binder section of the application must be signed by the applicant.
E. Refer to company web site or underwriter for binding authority limits.

FORMS

Forms HO 00 02, 03, 04, 06 and 08 are available under this program.

AMOUNTS OF INSURANCE

Amount of insurance should be at 100% of <u>replacement cost</u> for HO 00 02 and 03. When the difference between replacement cost and current market value is greater than 25%, an application for form HO 00 08 may be submitted. The amount of insurance should be 100% of actual cash value not to exceed market value for HO 00 08.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 30

$1,000 Deductible/All Perils **HO 00 02** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	1	3	5	7	9	11	13
$40,000	316	347	395	450	530	620	987
$42,000	324	356	405	462	543	636	1,012
$44,000	332	365	415	473	556	651	1,037
$46,000	340	373	425	484	569	667	1,061
$48,000	348	382	435	495	583	682	1,086
$50,000	356	391	445	507	596	698	1,111
$52,000	363	399	454	518	609	713	1,135
$54,000	371	408	464	529	622	729	1,160
$56,000	379	417	474	540	636	744	1,185
$58,000	387	425	484	552	649	760	1,209
$60,000	395	434	494	563	662	775	1,234
$62,000	409	450	512	583	686	803	1,278
$64,000	423	465	530	604	710	831	1,323
$66,000	438	481	547	624	733	859	1,367
$68,000	452	496	565	644	757	887	1,412
$70,000	466	512	583	664	781	915	1,456
$72,000	480	528	601	685	805	942	1,501
$74,000	495	543	618	705	829	970	1,545
$76,000	509	559	636	725	853	998	1,589
$78,000	523	575	654	745	876	1,026	1,634
$80,000	537	590	672	766	900	1,054	1,678
$82,000	551	606	690	786	924	1,082	1,723
$84,000	566	621	707	806	948	1,110	1,767
$86,000	580	637	725	826	972	1,138	1,812
$88,000	594	653	743	847	996	1,166	1,856
$90,000	608	668	761	867	1,019	1,194	1,900
$92,000	623	684	779	887	1,043	1,221	1,945
$94,000	637	700	796	908	1,067	1,249	1,989
$96,000	651	715	814	928	1,091	1,277	2,034
$98,000	665	731	832	948	1,115	1,305	2,078
$100,000	679	746	850	968	1,139	1,333	2,122
$110,000	751	825	939	1,070	1,258	1,473	2,345
$120,000	822	903	1,028	1,171	1,377	1,612	2,567
$130,000	893	981	1,116	1,272	1,496	1,752	2,789
$140,000	964	1,059	1,205	1,374	1,615	1,891	3,011
$150,000	1,035	1,137	1,294	1,475	1,734	2,031	3,233
$160,000	1,106	1,215	1,383	1,576	1,854	2,170	3,455
$170,000	1,177	1,293	1,472	1,678	1,973	2,310	3,677
$180,000	1,248	1,371	1,561	1,779	2,092	2,449	3,899
$190,000	1,319	1,450	1,650	1,880	2,211	2,589	4,122
$200,000	1,390	1,528	1,739	1,982	2,330	2,728	4,344
For each add'l $1,000 add:	7.11	7.81	8.89	10.13	11.92	13.95	22.21

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 30

$1,000 Deductible/All Perils **HO 00 02** Annual Premium

Amount of Insurance	Frame						
	Protection Class						
	1-3	4-5	6	7	8	9	10
Premium Group	2	4	6	8	10	12	14
*$12,000	226	257	282	323	408	467	742
*$14,000	234	267	293	336	424	485	771
*$16,000	243	277	304	348	440	503	799
*$18,000	252	287	315	361	455	521	828
*$20,000	260	296	326	373	471	539	856
*$22,000	269	306	337	386	487	557	885
*$24,000	278	316	348	398	502	575	913
*$26,000	286	326	358	411	518	593	942
*$28,000	295	336	369	423	534	611	970
*$30,000	304	346	380	435	550	629	999
*$32,000	312	356	391	448	565	647	1,027
*$34,000	321	366	402	460	581	665	1,056
*$36,000	330	375	413	473	597	683	1,085
*$38,000	339	385	424	485	612	701	1,113
$40,000	347	395	434	498	628	719	1,142
$42,000	356	405	445	510	644	737	1,170
$44,000	365	415	456	522	659	755	1,199
$46,000	373	425	467	535	675	773	1,227
$48,000	382	435	478	547	691	791	1,256
$50,000	391	445	489	560	707	809	1,284
$52,000	399	454	500	572	722	827	1,313
$54,000	408	464	510	585	738	845	1,341
$56,000	417	474	521	597	754	863	1,370
$58,000	425	484	532	610	769	881	1,398
$60,000	434	494	543	622	785	899	1,427
$62,000	450	512	563	644	813	931	1,478
$64,000	465	530	582	667	842	964	1,530
$66,000	481	547	602	689	870	996	1,581
$68,000	496	565	621	712	898	1,028	1,632
$70,000	512	583	641	734	926	1,061	1,684
$75,000	551	627	690	790	997	1,142	1,812
$80,000	590	672	738	846	1,068	1,223	1,941
$85,000	629	716	787	902	1,138	1,304	2,069
$90,000	668	761	836	958	1,209	1,384	2,198
$95,000	707	805	885	1,014	1,280	1,465	2,326
$100,000	746	850	934	1,070	1,350	1,546	2,454
$110,000	825	939	1,032	1,182	1,492	1,708	2,711
$120,000	903	1,028	1,129	1,294	1,633	1,870	2,968
$130,000	981	1,116	1,227	1,406	1,774	2,032	3,225
$140,000	1,059	1,205	1,325	1,518	1,915	2,194	3,482
For each add'l $1,000 add:	7.81	8.89	9.77	11.20	14.13	16.18	25.69

* For use with Mobile Home rating only.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 30

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	1	3	5	7	9	11	13
$40,000	326	358	407	464	546	639	1,018
$42,000	334	367	417	476	559	655	1,044
$44,000	342	376	428	487	573	671	1,069
$46,000	350	385	438	499	587	687	1,095
$48,000	358	394	448	510	600	703	1,120
$50,000	366	403	458	522	614	719	1,146
$52,000	374	412	468	534	627	735	1,171
$54,000	383	421	478	545	641	751	1,197
$56,000	391	430	489	557	655	767	1,222
$58,000	399	439	499	568	668	783	1,248
$60,000	407	448	509	580	682	799	1,273
$62,000	422	464	527	601	707	828	1,319
$64,000	436	480	546	622	731	857	1,365
$66,000	451	496	564	643	756	885	1,410
$68,000	466	513	582	664	780	914	1,456
$70,000	480	529	601	684	805	943	1,502
$72,000	495	545	619	705	829	972	1,548
$74,000	510	561	637	726	854	1,000	1,594
$76,000	524	577	656	747	878	1,029	1,640
$78,000	539	593	674	768	903	1,058	1,685
$80,000	554	609	692	789	928	1,087	1,731
$82,000	568	625	711	810	952	1,115	1,777
$84,000	583	642	729	831	977	1,144	1,823
$86,000	597	658	747	851	1,001	1,173	1,869
$88,000	612	674	766	872	1,026	1,202	1,915
$90,000	627	690	784	893	1,050	1,230	1,960
$92,000	641	706	802	914	1,075	1,259	2,006
$94,000	656	722	821	935	1,099	1,288	2,052
$96,000	671	738	839	956	1,124	1,317	2,098
$98,000	685	754	857	977	1,148	1,346	2,144
$100,000	700	771	875	998	1,173	1,374	2,190
$110,000	773	851	967	1,102	1,296	1,518	2,419
$120,000	847	932	1,059	1,206	1,419	1,662	2,648
$130,000	920	1,012	1,150	1,311	1,541	1,806	2,877
$140,000	993	1,093	1,242	1,415	1,664	1,950	3,106
$150,000	1,066	1,174	1,334	1,520	1,787	2,093	3,335
$160,000	1,140	1,254	1,425	1,624	1,910	2,237	3,564
$170,000	1,213	1,335	1,517	1,728	2,032	2,381	3,794
$180,000	1,286	1,416	1,608	1,833	2,155	2,525	4,023
$190,000	1,359	1,496	1,700	1,937	2,278	2,669	4,252
$200,000	1,433	1,577	1,792	2,042	2,401	2,812	4,481
For each add'l $1,000 add:	7.33	8.06	9.16	10.44	12.28	14.38	22.91

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 30

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Frame						
	Protection Class						
	1-3	4-5	6	7	8	9	10
Premium Group	2	4	6	8	10	12	14
$40,000	358	407	448	513	647	741	1,177
$42,000	367	417	459	526	663	759	1,206
$44,000	376	428	470	538	680	778	1,236
$46,000	385	438	482	551	696	796	1,265
$48,000	394	448	493	564	712	815	1,294
$50,000	403	458	504	577	728	833	1,324
$52,000	412	468	515	590	744	852	1,353
$54,000	421	478	526	603	760	870	1,383
$56,000	430	489	538	615	777	889	1,412
$58,000	439	499	549	628	793	907	1,442
$60,000	448	509	560	641	809	926	1,471
$62,000	464	527	580	664	838	959	1,524
$64,000	480	546	600	687	867	993	1,577
$66,000	496	564	620	710	896	1,026	1,630
$68,000	513	582	641	733	925	1,059	1,683
$70,000	529	601	661	756	955	1,093	1,736
$72,000	545	619	681	779	984	1,126	1,789
$74,000	561	637	701	803	1,013	1,159	1,842
$76,000	577	656	721	826	1,042	1,193	1,895
$78,000	593	674	741	849	1,071	1,226	1,948
$80,000	609	692	762	872	1,100	1,259	2,001
$82,000	625	711	782	895	1,129	1,293	2,054
$84,000	642	729	802	918	1,158	1,326	2,106
$86,000	658	747	822	941	1,188	1,359	2,159
$88,000	674	766	842	964	1,217	1,393	2,212
$90,000	690	784	862	987	1,246	1,426	2,265
$92,000	706	802	883	1,010	1,275	1,459	2,318
$94,000	722	821	903	1,033	1,304	1,493	2,371
$96,000	738	839	923	1,056	1,333	1,526	2,424
$98,000	754	857	943	1,079	1,362	1,559	2,477
$100,000	771	875	963	1,103	1,391	1,593	2,530
$110,000	851	967	1,064	1,218	1,537	1,759	2,795
$120,000	932	1,059	1,165	1,333	1,683	1,926	3,060
$130,000	1,012	1,150	1,266	1,449	1,828	2,093	3,324
$140,000	1,093	1,242	1,366	1,564	1,974	2,259	3,589
$150,000	1,174	1,334	1,467	1,679	2,120	2,426	3,854
$160,000	1,254	1,425	1,568	1,795	2,265	2,593	4,119
$170,000	1,335	1,517	1,669	1,910	2,411	2,759	4,384
$180,000	1,416	1,608	1,770	2,026	2,556	2,926	4,648
$190,000	1,496	1,700	1,870	2,141	2,702	3,093	4,913
$200,000	1,577	1,792	1,971	2,256	2,848	3,260	5,178
For each add'l $1,000 add:	8.06	9.16	10.08	11.54	14.56	16.67	26.48

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 30

$500 Deductible/All Perils **HO 00 04** Annual Premium

Amount of Insurance	Masonry				Frame			
	Protection Class				Protection Class			
	1-4	5-6	7-8	9-10	1-4	5-6	7-8	9-10
Premium Group	1	3	5	7	2	4	6	8
$10,000	137	140	140	140	162	169	169	169
$11,000	146	150	150	150	173	181	181	181
$12,000	156	160	160	160	185	193	193	193
$13,000	166	170	170	170	196	205	205	205
$14,000	175	180	180	180	207	217	217	217
$15,000	183	188	188	188	217	227	227	227
$16,000	192	197	197	197	227	237	237	237
$17,000	200	205	205	205	237	247	247	247
$18,000	208	213	213	213	246	257	257	257
$19,000	216	222	222	222	256	267	267	267
$20,000	224	230	230	230	266	277	277	277
$21,000	233	239	239	239	275	288	288	288
$22,000	241	247	247	247	285	298	298	298
$23,000	249	256	256	256	295	308	308	308
$24,000	257	264	264	264	305	318	318	318
$25,000	265	272	272	272	314	328	328	328
$26,000	274	281	281	281	324	338	338	338
$27,000	282	289	289	289	334	349	349	349
$28,000	290	298	298	298	343	359	359	359
$29,000	298	306	306	306	353	369	369	369
$30,000	306	314	314	314	363	379	379	379
$31,000	315	323	323	323	373	389	389	389
$32,000	323	331	331	331	382	399	399	399
$33,000	331	340	340	340	392	409	409	409
$34,000	339	348	348	348	402	420	420	420
$35,000	347	357	357	357	411	430	430	430
$36,000	356	365	365	365	421	440	440	440
$37,000	364	373	373	373	431	450	450	450
$38,000	372	382	382	382	441	460	460	460
$39,000	380	390	390	390	450	470	470	470
$40,000	389	399	399	399	460	481	481	481
For each add'l $1,000 add:	8.21	8.42	8.42	8.42	9.72	10.15	10.15	10.15

HO 00 06 For HO 00 06 rates, multiply the HO 00 04 rate by .80.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 30

$1,000 Deductible/All Perils **HO 00 08** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	1	3	5	7	9	11	13
$20,000	284	313	355	405	476	558	889
$22,000	294	323	367	419	492	577	918
$24,000	303	333	379	432	508	595	948
$26,000	313	344	391	446	524	614	977
$28,000	322	354	403	459	540	632	1,007
$30,000	332	365	414	473	556	651	1,037
$32,000	341	375	426	486	572	670	1,066
$34,000	351	386	438	500	588	688	1,096
$36,000	360	396	450	513	603	707	1,126
$38,000	370	406	462	527	619	725	1,155
$40,000	379	417	474	540	635	744	1,185
$42,000	389	427	485	554	651	763	1,214
$44,000	398	438	497	567	667	781	1,244
$46,000	408	448	509	581	683	800	1,274
$48,000	417	458	521	594	699	818	1,303
$50,000	427	469	533	608	715	837	1,333
$52,000	436	479	545	621	730	856	1,363
$54,000	446	490	556	635	746	874	1,392
$56,000	455	500	568	648	762	893	1,422
$58,000	465	511	580	662	778	911	1,451
$60,000	474	521	592	675	794	930	1,481
$62,000	491	540	613	699	823	963	1,534
$64,000	508	559	635	724	851	997	1,588
$66,000	525	577	656	748	880	1,030	1,641
$68,000	542	596	677	772	908	1,064	1,694
$70,000	559	615	699	797	937	1,097	1,748
$75,000	602	662	752	857	1,008	1,181	1,881
$80,000	645	709	805	918	1,080	1,265	2,014
$85,000	687	755	858	979	1,151	1,349	2,147
$90,000	730	802	912	1,040	1,223	1,432	2,281
$100,000	815	896	1,018	1,161	1,366	1,600	2,547
$110,000	901	990	1,125	1,283	1,509	1,767	2,814
$120,000	986	1,084	1,231	1,404	1,652	1,934	3,080
$130,000	1,071	1,177	1,338	1,526	1,794	2,102	3,347
$140,000	1,157	1,271	1,444	1,647	1,937	2,269	3,614
$150,000	1,242	1,365	1,551	1,769	2,080	2,437	3,880
$160,000	1,327	1,459	1,658	1,890	2,223	2,604	4,147
$170,000	1,413	1,553	1,764	2,012	2,366	2,771	4,413
$180,000	1,498	1,646	1,871	2,133	2,509	2,939	4,680
$190,000	1,583	1,740	1,977	2,255	2,652	3,106	4,947
$200,000	1,668	1,834	2,084	2,376	2,795	3,274	5,213
For each add'l $1,000 add:	8.53	9.38	10.66	12.15	14.29	16.74	26.66

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 30

$1,000 Deductible/All Perils **HO 00 08** Annual Premium

Amount of Insurance	Frame						
	Protection Class						
	1-3	4-5	6	7	8	9	10
Premium Group	2	4	6	8	10	12	14
$20,000	313	355	391	448	565	647	1,027
$22,000	323	367	404	463	584	668	1,061
$24,000	333	379	417	478	603	690	1,096
$26,000	344	391	430	493	622	711	1,130
$28,000	354	403	443	508	641	733	1,164
$30,000	365	414	456	523	659	755	1,198
$32,000	375	426	469	538	678	776	1,233
$34,000	386	438	482	553	697	798	1,267
$36,000	396	450	496	568	716	819	1,301
$38,000	406	462	509	583	735	841	1,335
$40,000	417	474	522	598	754	862	1,370
$42,000	427	485	535	613	772	884	1,404
$44,000	438	497	548	627	791	906	1,438
$46,000	448	509	561	642	810	927	1,472
$48,000	458	521	574	657	829	949	1,507
$50,000	469	533	587	672	848	970	1,541
$52,000	479	545	600	687	867	992	1,575
$54,000	490	556	613	702	885	1,013	1,609
$56,000	500	568	626	717	904	1,035	1,644
$58,000	511	580	639	732	923	1,056	1,678
$60,000	521	592	652	747	942	1,078	1,712
$62,000	540	613	675	774	976	1,117	1,774
$64,000	559	635	699	801	1,010	1,156	1,835
$66,000	577	656	722	828	1,044	1,194	1,897
$68,000	596	677	746	855	1,078	1,233	1,959
$70,000	615	699	769	881	1,112	1,272	2,020
$75,000	662	752	828	949	1,196	1,369	2,174
$80,000	709	805	887	1,016	1,281	1,466	2,328
$85,000	755	858	945	1,083	1,366	1,563	2,482
$90,000	802	912	1,004	1,150	1,451	1,660	2,636
$100,000	896	1,018	1,121	1,285	1,620	1,854	2,945
$110,000	990	1,125	1,239	1,419	1,790	2,048	3,253
$120,000	1,084	1,231	1,356	1,554	1,959	2,242	3,561
$130,000	1,177	1,338	1,474	1,688	2,129	2,436	3,869
$140,000	1,271	1,444	1,591	1,823	2,298	2,630	4,177
$150,000	1,365	1,551	1,708	1,957	2,468	2,824	4,485
$160,000	1,459	1,658	1,826	2,092	2,638	3,018	4,794
$170,000	1,553	1,764	1,943	2,226	2,807	3,212	5,102
$180,000	1,646	1,871	2,060	2,361	2,977	3,406	5,410
$190,000	1,740	1,977	2,178	2,495	3,146	3,601	5,718
$200,000	1,834	2,084	2,295	2,629	3,316	3,795	6,026
For each add'l $1,000 add:	9.38	10.66	11.74	13.45	16.96	19.40	30.82

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 31

$1,000 Deductible/All Perils **HO 00 02** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	15	17	19	21	23	25	27
$40,000	340	374	426	485	570	668	1,063
$42,000	349	384	436	497	584	685	1,090
$44,000	357	393	447	509	598	701	1,116
$46,000	366	402	458	521	612	718	1,143
$48,000	374	412	468	533	627	735	1,170
$50,000	383	421	479	545	641	752	1,196
$52,000	391	431	489	558	655	768	1,223
$54,000	400	440	500	570	669	785	1,249
$56,000	408	449	511	582	684	802	1,276
$58,000	417	459	521	594	698	818	1,302
$60,000	425	468	532	606	712	835	1,329
$62,000	440	485	551	628	738	865	1,377
$64,000	456	502	570	650	763	895	1,425
$66,000	471	519	589	671	789	925	1,473
$68,000	486	535	609	693	815	955	1,520
$70,000	502	552	628	715	840	985	1,568
$72,000	517	569	647	737	866	1,015	1,616
$74,000	532	586	666	759	891	1,045	1,664
$76,000	547	603	685	781	917	1,075	1,712
$78,000	563	620	704	802	943	1,106	1,760
$80,000	578	636	724	824	968	1,136	1,807
$82,000	593	653	743	846	994	1,166	1,855
$84,000	609	670	762	868	1,020	1,196	1,903
$86,000	624	687	781	890	1,045	1,226	1,951
$88,000	639	704	800	911	1,071	1,256	1,999
$90,000	655	721	819	933	1,096	1,286	2,047
$92,000	670	738	838	955	1,122	1,316	2,095
$94,000	685	754	858	977	1,148	1,346	2,142
$96,000	700	771	877	999	1,173	1,376	2,190
$98,000	716	788	896	1,021	1,199	1,406	2,238
$100,000	731	805	915	1,042	1,225	1,436	2,286
$110,000	808	889	1,011	1,151	1,353	1,587	2,525
$120,000	884	973	1,107	1,260	1,481	1,737	2,764
$130,000	961	1,058	1,202	1,370	1,609	1,887	3,004
$140,000	1,037	1,142	1,298	1,479	1,737	2,037	3,243
$150,000	1,114	1,226	1,394	1,588	1,865	2,188	3,482
$160,000	1,190	1,310	1,490	1,697	1,994	2,338	3,721
$170,000	1,267	1,395	1,585	1,806	2,122	2,488	3,960
$180,000	1,343	1,479	1,681	1,915	2,250	2,639	4,200
$190,000	1,420	1,563	1,777	2,024	2,378	2,789	4,439
$200,000	1,496	1,647	1,873	2,133	2,506	2,939	4,678
For each add'l $1,000 add:	7.65	8.42	9.58	10.91	12.82	15.03	23.92

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 31

$1,000 Deductible/All Perils **HO 00 02** Annual Premium

Amount of Insurance	Frame Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	16	18	20	22	24	26	28
*$12,000	243	277	304	348	439	503	799
*$14,000	253	287	316	362	456	522	829
*$16,000	262	298	328	375	473	542	860
*$18,000	271	309	339	389	490	561	891
*$20,000	281	319	351	402	507	580	922
*$22,000	290	330	363	415	524	600	952
*$24,000	300	340	374	429	541	619	983
*$26,000	309	351	386	442	558	638	1,014
*$28,000	318	362	398	456	575	658	1,044
*$30,000	328	372	410	469	592	677	1,075
*$32,000	337	383	421	482	608	696	1,106
*$34,000	346	394	433	496	625	716	1,137
*$36,000	356	404	445	509	642	735	1,167
*$38,000	365	415	456	523	659	754	1,198
$40,000	374	426	468	536	676	774	1,229
$42,000	384	436	480	549	693	793	1,260
$44,000	393	447	491	563	710	812	1,290
$46,000	402	458	503	576	727	832	1,321
$48,000	412	468	515	590	744	851	1,352
$50,000	421	479	527	603	761	870	1,382
$52,000	431	489	538	616	777	890	1,413
$54,000	440	500	550	630	794	909	1,444
$56,000	449	511	562	643	811	928	1,475
$58,000	459	521	573	657	828	948	1,505
$60,000	468	532	585	670	845	967	1,536
$62,000	485	551	606	694	875	1,002	1,591
$64,000	502	570	627	718	906	1,037	1,647
$66,000	519	589	648	742	936	1,071	1,702
$68,000	535	609	669	766	967	1,106	1,757
$70,000	552	628	690	791	997	1,141	1,812
$75,000	594	676	743	851	1,073	1,228	1,951
$80,000	636	724	796	911	1,149	1,315	2,089
$85,000	679	771	848	972	1,225	1,402	2,227
$90,000	721	819	901	1,032	1,301	1,489	2,365
$95,000	763	867	954	1,092	1,377	1,576	2,504
$100,000	805	915	1,006	1,152	1,453	1,663	2,642
$110,000	889	1,011	1,112	1,273	1,606	1,837	2,918
$120,000	973	1,107	1,217	1,394	1,758	2,011	3,195
$130,000	1,058	1,202	1,322	1,514	1,910	2,185	3,471
$140,000	1,142	1,298	1,427	1,635	2,062	2,359	3,748
For each add'l $1,000 add:	8.42	9.58	10.53	12.06	15.21	17.41	27.65

* For use with Mobile Home rating only.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 31

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	15	17	19	21	23	25	27
$40,000	350	386	438	500	587	688	1,096
$42,000	359	395	449	513	602	705	1,123
$44,000	368	405	460	525	617	722	1,151
$46,000	377	415	471	538	631	740	1,178
$48,000	385	424	482	550	646	757	1,206
$50,000	394	434	493	563	661	774	1,233
$52,000	403	443	504	575	675	791	1,260
$54,000	412	453	515	588	690	808	1,288
$56,000	420	463	526	600	705	826	1,315
$58,000	429	472	537	613	719	843	1,343
$60,000	438	482	548	625	734	860	1,370
$62,000	454	499	568	648	760	891	1,419
$64,000	470	517	587	670	787	922	1,469
$66,000	485	534	607	693	813	953	1,518
$68,000	501	551	627	715	840	984	1,567
$70,000	517	569	647	738	866	1,015	1,617
$72,000	533	586	666	760	893	1,046	1,666
$74,000	548	603	686	783	919	1,077	1,715
$76,000	564	621	706	805	945	1,108	1,765
$78,000	580	638	726	828	972	1,139	1,814
$80,000	596	656	745	850	998	1,170	1,863
$82,000	611	673	765	873	1,025	1,201	1,913
$84,000	627	690	785	895	1,051	1,232	1,962
$86,000	643	708	804	918	1,078	1,262	2,011
$88,000	659	725	824	940	1,104	1,293	2,060
$90,000	675	742	844	963	1,130	1,324	2,110
$92,000	690	760	864	985	1,157	1,355	2,159
$94,000	706	777	883	1,008	1,183	1,386	2,208
$96,000	722	794	903	1,030	1,210	1,417	2,258
$98,000	738	812	923	1,053	1,236	1,448	2,307
$100,000	753	829	943	1,075	1,262	1,479	2,356
$110,000	832	916	1,041	1,188	1,395	1,634	2,603
$120,000	911	1,003	1,140	1,300	1,527	1,789	2,850
$130,000	990	1,089	1,238	1,413	1,659	1,944	3,096
$140,000	1,069	1,176	1,337	1,525	1,791	2,098	3,343
$150,000	1,148	1,263	1,436	1,638	1,923	2,253	3,589
$160,000	1,226	1,350	1,534	1,750	2,055	2,408	3,836
$170,000	1,305	1,436	1,633	1,863	2,187	2,563	4,083
$180,000	1,384	1,523	1,732	1,975	2,319	2,718	4,329
$190,000	1,463	1,610	1,830	2,088	2,452	2,872	4,576
$200,000	1,542	1,697	1,929	2,200	2,584	3,027	4,822
For each add'l $1,000 add:	7.88	8.68	9.86	11.25	13.21	15.48	24.66

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 31

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Frame						
	Protection Class						
	1-3	4-5	6	7	8	9	10
Premium Group	16	18	20	22	24	26	28
$40,000	386	438	482	552	697	798	1,267
$42,000	395	449	494	566	714	818	1,299
$44,000	405	460	507	580	732	837	1,331
$46,000	415	471	519	593	749	857	1,362
$48,000	424	482	531	607	766	877	1,394
$50,000	434	493	543	621	784	897	1,426
$52,000	443	504	555	635	801	917	1,457
$54,000	453	515	567	649	819	937	1,489
$56,000	463	526	579	662	836	957	1,521
$58,000	472	537	591	676	854	977	1,552
$60,000	482	548	603	690	871	997	1,584
$62,000	499	568	625	715	902	1,033	1,641
$64,000	517	587	646	740	934	1,069	1,698
$66,000	534	607	668	765	965	1,105	1,755
$68,000	551	627	690	789	996	1,141	1,812
$70,000	569	647	712	814	1,028	1,176	1,869
$72,000	586	666	733	839	1,059	1,212	1,926
$74,000	603	686	755	864	1,090	1,248	1,983
$76,000	621	706	777	889	1,122	1,284	2,040
$78,000	638	726	798	914	1,153	1,320	2,097
$80,000	656	745	820	938	1,185	1,356	2,154
$82,000	673	765	842	963	1,216	1,392	2,211
$84,000	690	785	863	988	1,247	1,428	2,268
$86,000	708	804	885	1,013	1,279	1,464	2,325
$88,000	725	824	907	1,038	1,310	1,499	2,382
$90,000	742	844	929	1,063	1,341	1,535	2,439
$92,000	760	864	950	1,087	1,373	1,571	2,496
$94,000	777	883	972	1,112	1,404	1,607	2,553
$96,000	794	903	994	1,137	1,435	1,643	2,610
$98,000	812	923	1,015	1,162	1,467	1,679	2,667
$100,000	829	943	1,037	1,187	1,498	1,715	2,724
$110,000	916	1,041	1,146	1,311	1,655	1,894	3,010
$120,000	1,003	1,140	1,254	1,435	1,812	2,074	3,295
$130,000	1,089	1,238	1,363	1,559	1,968	2,253	3,580
$140,000	1,176	1,337	1,471	1,684	2,125	2,433	3,865
$150,000	1,263	1,436	1,580	1,808	2,282	2,612	4,150
$160,000	1,350	1,534	1,688	1,932	2,439	2,792	4,435
$170,000	1,436	1,633	1,797	2,056	2,596	2,971	4,720
$180,000	1,523	1,732	1,905	2,180	2,752	3,151	5,005
$190,000	1,610	1,830	2,014	2,305	2,909	3,330	5,291
$200,000	1,697	1,929	2,123	2,429	3,066	3,509	5,576
For each add'l $1,000 add:	8.68	9.86	10.85	12.42	15.68	17.95	28.51

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 31

$500 Deductible/All Perils **HO 00 04** Annual Premium

Amount of Insurance	Masonry				Frame			
	Protection Class				Protection Class			
	1-4	5-6	7-8	9-10	1-4	5-6	7-8	9-10
Premium Group	15	17	19	21	16	18	20	22
$10,000	137	140	140	140	162	169	169	169
$11,000	146	150	150	150	173	181	181	181
$12,000	156	160	160	160	185	193	193	193
$13,000	166	170	170	170	196	205	205	205
$14,000	175	180	180	180	207	217	217	217
$15,000	183	188	188	188	217	227	227	227
$16,000	192	197	197	197	227	237	237	237
$17,000	200	205	205	205	237	247	247	247
$18,000	208	213	213	213	246	257	257	257
$19,000	216	222	222	222	256	267	267	267
$20,000	224	230	230	230	266	277	277	277
$21,000	233	239	239	239	275	288	288	288
$22,000	241	247	247	247	285	298	298	298
$23,000	249	256	256	256	295	308	308	308
$24,000	257	264	264	264	305	318	318	318
$25,000	265	272	272	272	314	328	328	328
$26,000	274	281	281	281	324	338	338	338
$27,000	282	289	289	289	334	349	349	349
$28,000	290	298	298	298	343	359	359	359
$29,000	298	306	306	306	353	369	369	369
$30,000	306	314	314	314	363	379	379	379
$31,000	315	323	323	323	373	389	389	389
$32,000	323	331	331	331	382	399	399	399
$33,000	331	340	340	340	392	409	409	409
$34,000	339	348	348	348	402	420	420	420
$35,000	347	357	357	357	411	430	430	430
$36,000	356	365	365	365	421	440	440	440
$37,000	364	373	373	373	431	450	450	450
$38,000	372	382	382	382	441	460	460	460
$39,000	380	390	390	390	450	470	470	470
$40,000	389	399	399	399	460	481	481	481
For each add'l $1,000 add:	8.21	8.42	8.42	8.42	9.72	10.15	10.15	10.15

HO 00 06 For HO 00 06 rates, multiply the HO 00 04 rate by .80.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 31

$1,000 Deductible/All Perils **HO 00 08** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	15	17	19	21	23	25	27
$20,000	306	337	383	436	513	601	957
$22,000	316	348	396	451	530	621	989
$24,000	326	359	408	465	547	641	1,021
$26,000	337	370	421	480	564	661	1,053
$28,000	347	381	434	494	581	681	1,085
$30,000	357	393	447	509	599	701	1,117
$32,000	367	404	459	523	616	721	1,148
$34,000	377	415	472	538	633	741	1,180
$36,000	388	426	485	553	650	761	1,212
$38,000	398	438	498	567	667	781	1,244
$40,000	408	449	510	582	684	801	1,276
$42,000	418	460	523	596	701	821	1,308
$44,000	428	471	536	611	718	841	1,340
$46,000	439	482	549	625	735	861	1,372
$48,000	449	494	561	640	752	881	1,404
$50,000	459	505	574	654	770	901	1,436
$52,000	469	516	587	669	787	921	1,467
$54,000	479	527	600	683	804	941	1,499
$56,000	490	539	612	698	821	961	1,531
$58,000	500	550	625	712	838	981	1,563
$60,000	510	561	638	727	855	1,001	1,595
$62,000	528	581	661	753	886	1,037	1,652
$64,000	547	601	684	779	917	1,073	1,710
$66,000	565	622	707	806	947	1,109	1,767
$68,000	583	642	730	832	978	1,145	1,825
$70,000	602	662	753	858	1,009	1,181	1,882
$75,000	648	712	810	923	1,086	1,271	2,026
$80,000	694	763	868	989	1,163	1,361	2,169
$85,000	740	813	925	1,054	1,240	1,451	2,313
$90,000	785	864	983	1,120	1,317	1,542	2,456
$100,000	877	965	1,097	1,250	1,471	1,722	2,743
$110,000	969	1,066	1,212	1,381	1,625	1,902	3,031
$120,000	1,061	1,167	1,327	1,512	1,778	2,082	3,318
$130,000	1,153	1,268	1,442	1,643	1,932	2,262	3,605
$140,000	1,244	1,369	1,557	1,774	2,086	2,442	3,892
$150,000	1,336	1,470	1,672	1,905	2,240	2,623	4,179
$160,000	1,428	1,571	1,786	2,036	2,394	2,803	4,466
$170,000	1,520	1,672	1,901	2,166	2,548	2,983	4,753
$180,000	1,612	1,773	2,016	2,297	2,702	3,163	5,040
$190,000	1,703	1,874	2,131	2,428	2,856	3,343	5,327
$200,000	1,795	1,975	2,246	2,559	3,010	3,524	5,614
For each add'l $1,000 add:	9.18	10.10	11.48	13.09	15.39	18.02	28.71

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 31

$1,000 Deductible/All Perils **HO 00 08** Annual Premium

Amount of Insurance	Frame						
	Protection Class						
	1-3	4-5	6	7	8	9	10
Premium Group	16	18	20	22	24	26	28
$20,000	337	383	421	482	608	697	1,106
$22,000	348	396	435	498	629	720	1,143
$24,000	359	408	449	515	649	743	1,180
$26,000	370	421	463	531	669	766	1,216
$28,000	381	434	477	547	690	789	1,253
$30,000	393	447	491	563	710	813	1,290
$32,000	404	459	505	579	730	836	1,327
$34,000	415	472	519	595	750	859	1,364
$36,000	426	485	534	611	771	882	1,401
$38,000	438	498	548	627	791	906	1,438
$40,000	449	510	562	643	811	929	1,474
$42,000	460	523	576	659	831	952	1,511
$44,000	471	536	590	675	852	975	1,548
$46,000	482	549	604	691	872	998	1,585
$48,000	494	561	618	708	892	1,022	1,622
$50,000	505	574	632	724	913	1,045	1,659
$52,000	516	587	646	740	933	1,068	1,696
$54,000	527	600	660	756	953	1,091	1,732
$56,000	539	612	674	772	973	1,115	1,769
$58,000	550	625	688	788	994	1,138	1,806
$60,000	561	638	702	804	1,014	1,161	1,843
$62,000	581	661	727	833	1,051	1,203	1,909
$64,000	601	684	753	862	1,087	1,245	1,976
$66,000	622	707	778	891	1,124	1,286	2,042
$68,000	642	730	803	920	1,160	1,328	2,108
$70,000	662	753	828	949	1,197	1,370	2,175
$75,000	712	810	892	1,021	1,288	1,474	2,341
$80,000	763	868	955	1,093	1,379	1,579	2,506
$85,000	813	925	1,018	1,166	1,470	1,683	2,672
$90,000	864	983	1,081	1,238	1,562	1,788	2,838
$100,000	965	1,097	1,207	1,383	1,744	1,997	3,170
$110,000	1,066	1,212	1,334	1,528	1,927	2,206	3,502
$120,000	1,167	1,327	1,460	1,672	2,109	2,415	3,833
$130,000	1,268	1,442	1,587	1,817	2,292	2,624	4,165
$140,000	1,369	1,557	1,713	1,962	2,474	2,833	4,497
$150,000	1,470	1,672	1,839	2,106	2,657	3,042	4,829
$160,000	1,571	1,786	1,966	2,251	2,839	3,251	5,160
$170,000	1,672	1,901	2,092	2,396	3,022	3,460	5,492
$180,000	1,773	2,016	2,218	2,541	3,204	3,669	5,824
$190,000	1,874	2,131	2,345	2,685	3,387	3,878	6,156
$200,000	1,975	2,246	2,471	2,830	3,569	4,087	6,487
For each add'l $1,000 add:	10.10	11.48	12.64	14.47	18.25	20.90	33.17

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 32

$1,000 Deductible/All Perils **HO 00 02** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	29	31	33	35	37	39	41
$40,000	350	386	438	500	587	688	1,096
$42,000	359	395	449	513	602	705	1,123
$44,000	368	405	460	525	617	722	1,151
$46,000	377	415	471	538	631	740	1,178
$48,000	385	424	482	550	646	757	1,206
$50,000	394	434	493	563	661	774	1,233
$52,000	403	443	504	575	675	791	1,260
$54,000	412	453	515	588	690	808	1,288
$56,000	420	463	526	600	705	826	1,315
$58,000	429	472	537	613	719	843	1,343
$60,000	438	482	548	625	734	860	1,370
$62,000	454	499	568	648	760	891	1,419
$64,000	470	517	587	670	787	922	1,469
$66,000	485	534	607	693	813	953	1,518
$68,000	501	551	627	715	840	984	1,567
$70,000	517	569	647	738	866	1,015	1,617
$72,000	533	586	666	760	893	1,046	1,666
$74,000	548	603	686	783	919	1,077	1,715
$76,000	564	621	706	805	945	1,108	1,765
$78,000	580	638	726	828	972	1,139	1,814
$80,000	596	656	745	850	998	1,170	1,863
$82,000	611	673	765	873	1,025	1,201	1,913
$84,000	627	690	785	895	1,051	1,232	1,962
$86,000	643	708	804	918	1,078	1,262	2,011
$88,000	659	725	824	940	1,104	1,293	2,060
$90,000	675	742	844	963	1,130	1,324	2,110
$92,000	690	760	864	985	1,157	1,355	2,159
$94,000	706	777	883	1,008	1,183	1,386	2,208
$96,000	722	794	903	1,030	1,210	1,417	2,258
$98,000	738	812	923	1,053	1,236	1,448	2,307
$100,000	753	829	943	1,075	1,262	1,479	2,356
$110,000	832	916	1,041	1,188	1,395	1,634	2,603
$120,000	911	1,003	1,140	1,300	1,527	1,789	2,850
$130,000	990	1,089	1,238	1,413	1,659	1,944	3,096
$140,000	1,069	1,176	1,337	1,525	1,791	2,098	3,343
$150,000	1,148	1,263	1,436	1,638	1,923	2,253	3,589
$160,000	1,226	1,350	1,534	1,750	2,055	2,408	3,836
$170,000	1,305	1,436	1,633	1,863	2,187	2,563	4,083
$180,000	1,384	1,523	1,732	1,975	2,319	2,718	4,329
$190,000	1,463	1,610	1,830	2,088	2,452	2,872	4,576
$200,000	1,542	1,697	1,929	2,200	2,584	3,027	4,822
For each add'l $1,000 add:	7.88	8.68	9.86	11.25	13.21	15.48	24.66

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 32

$1,000 Deductible/All Perils **HO 00 02** Annual Premium

Amount of Insurance	Frame Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	30	32	34	36	38	40	42
*$12,000	251	285	314	359	453	518	824
*$14,000	260	296	326	373	470	538	855
*$16,000	270	307	338	387	488	558	887
*$18,000	280	318	350	401	505	578	919
*$20,000	289	329	362	415	523	598	950
*$22,000	299	340	374	428	540	618	982
*$24,000	308	351	386	442	557	638	1,014
*$26,000	318	362	398	456	575	658	1,045
*$28,000	328	373	410	470	592	678	1,077
*$30,000	337	384	422	484	610	698	1,109
*$32,000	347	395	434	498	627	718	1,140
*$34,000	357	406	446	511	645	738	1,172
*$36,000	366	416	458	525	662	758	1,204
*$38,000	376	427	470	539	679	778	1,236
$40,000	386	438	482	553	697	798	1,267
$42,000	395	449	494	567	714	818	1,299
$44,000	405	460	507	580	732	837	1,331
$46,000	415	471	519	594	749	857	1,362
$48,000	424	482	531	608	766	877	1,394
$50,000	434	493	543	622	784	897	1,426
$52,000	443	504	555	636	801	917	1,457
$54,000	453	515	567	650	819	937	1,489
$56,000	463	526	579	663	836	957	1,521
$58,000	472	537	591	677	854	977	1,552
$60,000	482	548	603	691	871	997	1,584
$62,000	499	568	625	716	902	1,033	1,641
$64,000	517	587	646	741	934	1,069	1,698
$66,000	534	607	668	766	965	1,105	1,755
$68,000	551	627	690	791	996	1,141	1,812
$70,000	569	647	712	815	1,028	1,176	1,869
$75,000	612	696	766	878	1,106	1,266	2,012
$80,000	656	745	820	940	1,185	1,356	2,154
$85,000	699	795	874	1,002	1,263	1,446	2,297
$90,000	742	844	929	1,064	1,341	1,535	2,439
$95,000	786	893	983	1,126	1,420	1,625	2,582
$100,000	829	943	1,037	1,189	1,498	1,715	2,724
$110,000	916	1,041	1,146	1,313	1,655	1,894	3,010
$120,000	1,003	1,140	1,254	1,437	1,812	2,074	3,295
$130,000	1,089	1,238	1,363	1,562	1,968	2,253	3,580
$140,000	1,176	1,337	1,471	1,686	2,125	2,433	3,865
For each add'l $1,000 add:	8.68	9.86	10.85	12.44	15.68	17.95	28.51

* For use with Mobile Home rating only.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 32

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	29	31	33	35	37	39	41
$40,000	362	398	452	515	606	710	1,130
$42,000	371	408	463	528	621	727	1,159
$44,000	380	417	475	541	636	745	1,187
$46,000	389	427	486	554	651	763	1,215
$48,000	398	437	497	567	666	781	1,243
$50,000	407	447	509	580	681	798	1,272
$52,000	416	457	520	592	696	816	1,300
$54,000	425	467	531	605	712	834	1,328
$56,000	434	477	542	618	727	852	1,356
$58,000	443	487	554	631	742	869	1,385
$60,000	452	497	565	644	757	887	1,413
$62,000	468	515	585	667	784	919	1,464
$64,000	485	533	606	690	812	951	1,515
$66,000	501	551	626	714	839	983	1,566
$68,000	517	569	646	737	866	1,015	1,616
$70,000	533	586	667	760	893	1,047	1,667
$72,000	550	604	687	783	921	1,079	1,718
$74,000	566	622	707	806	948	1,111	1,769
$76,000	582	640	728	829	975	1,142	1,820
$78,000	598	658	748	853	1,002	1,174	1,871
$80,000	615	676	768	876	1,030	1,206	1,922
$82,000	631	694	789	899	1,057	1,238	1,973
$84,000	647	712	809	922	1,084	1,270	2,023
$86,000	664	730	829	945	1,111	1,302	2,074
$88,000	680	747	850	969	1,139	1,334	2,125
$90,000	696	765	870	992	1,166	1,366	2,176
$92,000	712	783	890	1,015	1,193	1,398	2,227
$94,000	729	801	911	1,038	1,220	1,430	2,278
$96,000	745	819	931	1,061	1,248	1,462	2,329
$98,000	761	837	951	1,084	1,275	1,494	2,379
$100,000	777	855	972	1,108	1,302	1,526	2,430
$110,000	859	944	1,074	1,224	1,438	1,685	2,685
$120,000	940	1,034	1,175	1,340	1,575	1,845	2,939
$130,000	1,022	1,123	1,277	1,455	1,711	2,005	3,193
$140,000	1,103	1,213	1,379	1,571	1,847	2,164	3,448
$150,000	1,184	1,302	1,480	1,687	1,983	2,324	3,702
$160,000	1,266	1,392	1,582	1,803	2,120	2,484	3,956
$170,000	1,347	1,481	1,684	1,919	2,256	2,643	4,211
$180,000	1,428	1,571	1,785	2,035	2,392	2,803	4,465
$190,000	1,510	1,660	1,887	2,151	2,528	2,963	4,719
$200,000	1,591	1,749	1,989	2,267	2,665	3,122	4,974
For each add'l $1,000 add:	8.14	8.95	10.17	11.59	13.63	15.97	25.43

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 32

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Frame						
	Protection Class						
	1-3	4-5	6	7	8	9	10
Premium Group	30	32	34	36	38	40	42
$40,000	398	452	498	570	718	822	1,306
$42,000	408	463	510	584	736	843	1,339
$44,000	417	475	522	598	754	864	1,372
$46,000	427	486	535	612	772	884	1,404
$48,000	437	497	547	627	790	905	1,437
$50,000	447	509	560	641	808	925	1,470
$52,000	457	520	572	655	826	946	1,502
$54,000	467	531	585	669	844	966	1,535
$56,000	477	542	597	684	862	987	1,568
$58,000	487	554	610	698	880	1,007	1,600
$60,000	497	565	622	712	898	1,028	1,633
$62,000	515	585	644	738	930	1,065	1,692
$64,000	533	606	667	763	963	1,102	1,751
$66,000	551	626	689	789	995	1,139	1,809
$68,000	569	646	712	815	1,027	1,176	1,868
$70,000	586	667	734	840	1,060	1,213	1,927
$72,000	604	687	756	866	1,092	1,250	1,986
$74,000	622	707	779	891	1,124	1,287	2,045
$76,000	640	728	801	917	1,157	1,324	2,103
$78,000	658	748	824	943	1,189	1,361	2,162
$80,000	676	768	846	968	1,221	1,398	2,221
$82,000	694	789	868	994	1,254	1,435	2,280
$84,000	712	809	891	1,020	1,286	1,472	2,338
$86,000	730	829	913	1,045	1,318	1,509	2,397
$88,000	747	850	935	1,071	1,351	1,546	2,456
$90,000	765	870	958	1,096	1,383	1,583	2,515
$92,000	783	890	980	1,122	1,415	1,620	2,574
$94,000	801	911	1,003	1,148	1,448	1,657	2,632
$96,000	819	931	1,025	1,173	1,480	1,694	2,691
$98,000	837	951	1,047	1,199	1,512	1,731	2,750
$100,000	855	972	1,070	1,225	1,545	1,768	2,809
$110,000	944	1,074	1,182	1,353	1,706	1,953	3,103
$120,000	1,034	1,175	1,294	1,481	1,868	2,138	3,397
$130,000	1,123	1,277	1,406	1,609	2,029	2,323	3,691
$140,000	1,213	1,379	1,518	1,737	2,191	2,508	3,985
$150,000	1,302	1,480	1,630	1,865	2,353	2,693	4,278
$160,000	1,392	1,582	1,742	1,994	2,514	2,878	4,572
$170,000	1,481	1,684	1,854	2,122	2,676	3,063	4,866
$180,000	1,571	1,785	1,966	2,250	2,838	3,248	5,160
$190,000	1,660	1,887	2,077	2,378	2,999	3,434	5,454
$200,000	1,749	1,989	2,189	2,506	3,161	3,619	5,748
For each add'l $1,000 add:	8.95	10.17	11.20	12.82	16.16	18.50	29.39

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 32

$500 Deductible/All Perils **HO 00 04** Annual Premium

Amount of Insurance	Masonry				Frame			
	Protection Class				Protection Class			
	1-4	5-6	7-8	9-10	1-4	5-6	7-8	9-10
Premium Group	29	31	33	35	30	32	34	36
$10,000	137	140	140	140	162	169	169	169
$11,000	146	150	150	150	173	181	181	181
$12,000	156	160	160	160	185	193	193	193
$13,000	166	170	170	170	196	205	205	205
$14,000	175	180	180	180	207	217	217	217
$15,000	183	188	188	188	217	227	227	227
$16,000	192	197	197	197	227	237	237	237
$17,000	200	205	205	205	237	247	247	247
$18,000	208	213	213	213	246	257	257	257
$19,000	216	222	222	222	256	267	267	267
$20,000	224	230	230	230	266	277	277	277
$21,000	233	239	239	239	275	288	288	288
$22,000	241	247	247	247	285	298	298	298
$23,000	249	256	256	256	295	308	308	308
$24,000	257	264	264	264	305	318	318	318
$25,000	265	272	272	272	314	328	328	328
$26,000	274	281	281	281	324	338	338	338
$27,000	282	289	289	289	334	349	349	349
$28,000	290	298	298	298	343	359	359	359
$29,000	298	306	306	306	353	369	369	369
$30,000	306	314	314	314	363	379	379	379
$31,000	315	323	323	323	373	389	389	389
$32,000	323	331	331	331	382	399	399	399
$33,000	331	340	340	340	392	409	409	409
$34,000	339	348	348	348	402	420	420	420
$35,000	347	357	357	357	411	430	430	430
$36,000	356	365	365	365	421	440	440	440
$37,000	364	373	373	373	431	450	450	450
$38,000	372	382	382	382	441	460	460	460
$39,000	380	390	390	390	450	470	470	470
$40,000	389	399	399	399	460	481	481	481
For each add'l $1,000 add:	8.21	8.42	8.42	8.42	9.72	10.15	10.15	10.15

HO 00 06 For HO 00 06 rates, multiply the HO 00 04 rate by .80.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 32

$1,000 Deductible/All Perils **HO 00 08** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	29	31	33	35	37	39	41
$20,000	316	347	395	450	529	620	986
$22,000	326	359	408	465	546	640	1,019
$24,000	337	371	421	480	564	661	1,052
$26,000	347	382	434	495	581	682	1,085
$28,000	358	394	447	510	599	702	1,118
$30,000	368	405	461	525	617	723	1,151
$32,000	379	417	474	540	634	744	1,184
$34,000	389	428	487	555	652	764	1,217
$36,000	400	440	500	570	670	785	1,249
$38,000	410	452	513	585	687	806	1,282
$40,000	421	463	526	600	705	826	1,315
$42,000	431	475	540	615	722	847	1,348
$44,000	442	486	553	630	740	868	1,381
$46,000	452	498	566	645	758	888	1,414
$48,000	463	510	579	660	775	909	1,447
$50,000	473	521	592	675	793	930	1,480
$52,000	484	533	605	690	811	950	1,512
$54,000	494	544	619	705	828	971	1,545
$56,000	505	556	632	720	846	992	1,578
$58,000	515	567	645	735	863	1,012	1,611
$60,000	526	579	658	750	881	1,033	1,644
$62,000	545	600	682	777	913	1,070	1,703
$64,000	564	621	705	804	944	1,107	1,762
$66,000	583	642	729	831	976	1,145	1,822
$68,000	602	662	753	858	1,008	1,182	1,881
$70,000	621	683	776	885	1,040	1,219	1,940
$75,000	668	735	836	953	1,119	1,312	2,088
$80,000	715	787	895	1,020	1,198	1,405	2,236
$85,000	763	840	954	1,088	1,277	1,498	2,384
$90,000	810	892	1,013	1,155	1,357	1,591	2,532
$100,000	905	996	1,132	1,290	1,515	1,777	2,828
$110,000	999	1,100	1,250	1,425	1,674	1,963	3,124
$120,000	1,094	1,204	1,369	1,560	1,832	2,149	3,420
$130,000	1,189	1,309	1,487	1,695	1,991	2,335	3,715
$140,000	1,283	1,413	1,606	1,830	2,150	2,521	4,011
$150,000	1,378	1,517	1,724	1,965	2,308	2,706	4,307
$160,000	1,473	1,621	1,842	2,100	2,467	2,892	4,603
$170,000	1,567	1,725	1,961	2,235	2,625	3,078	4,899
$180,000	1,662	1,830	2,079	2,370	2,784	3,264	5,195
$190,000	1,757	1,934	2,198	2,505	2,943	3,450	5,491
$200,000	1,852	2,038	2,316	2,640	3,101	3,636	5,787
For each add'l $1,000 add:	9.47	10.42	11.84	13.50	15.86	18.59	29.59

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 32

$1,000 Deductible/All Perils **HO 00 08** Annual Premium

Amount of Insurance	Frame						
	Protection Class						
	1-3	4-5	6	7	8	9	10
Premium Group	30	32	34	36	38	40	42
$20,000	347	395	434	497	628	718	1,141
$22,000	359	408	448	514	649	742	1,179
$24,000	371	421	463	531	669	766	1,217
$26,000	382	434	477	547	690	790	1,255
$28,000	394	447	492	564	711	814	1,293
$30,000	405	461	506	580	732	838	1,331
$32,000	417	474	521	597	753	862	1,369
$34,000	428	487	535	613	774	886	1,407
$36,000	440	500	549	630	795	910	1,445
$38,000	452	513	564	647	816	934	1,483
$40,000	463	526	578	663	837	958	1,521
$42,000	475	540	593	680	858	982	1,559
$44,000	486	553	607	696	879	1,005	1,597
$46,000	498	566	622	713	900	1,029	1,635
$48,000	510	579	636	730	920	1,053	1,673
$50,000	521	592	651	746	941	1,077	1,711
$52,000	533	605	665	763	962	1,101	1,749
$54,000	544	619	680	779	983	1,125	1,787
$56,000	556	632	694	796	1,004	1,149	1,825
$58,000	567	645	709	812	1,025	1,173	1,863
$60,000	579	658	723	829	1,046	1,197	1,901
$62,000	600	682	749	859	1,084	1,240	1,969
$64,000	621	705	775	889	1,121	1,283	2,038
$66,000	642	729	801	919	1,159	1,326	2,106
$68,000	662	753	827	948	1,197	1,369	2,175
$70,000	683	776	853	978	1,234	1,412	2,243
$75,000	735	836	918	1,053	1,328	1,520	2,414
$80,000	787	895	983	1,127	1,423	1,628	2,585
$85,000	840	954	1,048	1,202	1,517	1,736	2,756
$90,000	892	1,013	1,113	1,277	1,611	1,843	2,928
$100,000	996	1,132	1,244	1,426	1,799	2,059	3,270
$110,000	1,100	1,250	1,374	1,575	1,987	2,274	3,612
$120,000	1,204	1,369	1,504	1,724	2,176	2,490	3,954
$130,000	1,309	1,487	1,634	1,874	2,364	2,705	4,296
$140,000	1,413	1,606	1,764	2,023	2,552	2,921	4,638
$150,000	1,517	1,724	1,894	2,172	2,741	3,136	4,981
$160,000	1,621	1,842	2,024	2,321	2,929	3,352	5,323
$170,000	1,725	1,961	2,155	2,470	3,117	3,567	5,665
$180,000	1,830	2,079	2,285	2,620	3,305	3,783	6,007
$190,000	1,934	2,198	2,415	2,769	3,494	3,998	6,349
$200,000	2,038	2,316	2,545	2,918	3,682	4,213	6,692
For each add'l $1,000 add:	10.42	11.84	13.01	14.92	18.83	21.55	34.22

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 34

$1,000 Deductible/All Perils **HO 00 02** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	43	45	47	49	51	53	55
$40,000	326	358	406	463	545	638	1,017
$42,000	334	367	417	475	558	654	1,042
$44,000	342	375	427	486	572	670	1,068
$46,000	350	384	437	498	586	686	1,093
$48,000	358	393	447	510	599	702	1,118
$50,000	366	402	457	521	613	718	1,144
$52,000	374	411	467	533	627	734	1,169
$54,000	383	420	478	544	640	750	1,195
$56,000	391	429	488	556	654	766	1,220
$58,000	399	438	498	567	667	782	1,246
$60,000	407	447	508	579	681	798	1,271
$62,000	422	463	526	600	706	827	1,317
$64,000	436	479	545	621	730	855	1,363
$66,000	451	495	563	642	755	884	1,408
$68,000	466	511	581	662	779	913	1,454
$70,000	480	527	599	683	804	942	1,500
$72,000	495	544	618	704	828	970	1,546
$74,000	510	560	636	725	853	999	1,591
$76,000	524	576	654	746	877	1,028	1,637
$78,000	539	592	673	767	902	1,057	1,683
$80,000	554	608	691	787	926	1,085	1,729
$82,000	568	624	709	808	951	1,114	1,774
$84,000	583	640	727	829	975	1,143	1,820
$86,000	597	656	746	850	1,000	1,171	1,866
$88,000	612	672	764	871	1,024	1,200	1,912
$90,000	627	688	782	892	1,049	1,229	1,957
$92,000	641	704	801	913	1,073	1,258	2,003
$94,000	656	721	819	933	1,098	1,286	2,049
$96,000	671	737	837	954	1,122	1,315	2,095
$98,000	685	753	855	975	1,147	1,344	2,140
$100,000	700	769	874	996	1,171	1,373	2,186
$110,000	773	849	965	1,100	1,294	1,516	2,415
$120,000	847	930	1,057	1,204	1,416	1,660	2,644
$130,000	920	1,010	1,148	1,309	1,539	1,803	2,872
$140,000	993	1,091	1,240	1,413	1,662	1,947	3,101
$150,000	1,066	1,171	1,331	1,517	1,784	2,091	3,330
$160,000	1,140	1,252	1,422	1,621	1,907	2,234	3,559
$170,000	1,213	1,332	1,514	1,725	2,029	2,378	3,788
$180,000	1,286	1,413	1,605	1,830	2,152	2,522	4,016
$190,000	1,359	1,493	1,697	1,934	2,275	2,665	4,245
$200,000	1,433	1,573	1,788	2,038	2,397	2,809	4,474
For each add'l $1,000 add:	7.33	8.05	9.14	10.42	12.26	14.36	22.88

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 34

$1,000 Deductible/All Perils **HO 00 02** Annual Premium

Amount of Insurance	Frame						
	Protection Class						
	1-3	4-5	6	7	8	9	10
Premium Group	44	46	48	50	52	54	56
*$12,000	232	264	291	333	420	481	764
*$14,000	241	274	302	346	436	500	793
*$16,000	250	284	313	358	452	518	823
*$18,000	259	295	324	371	469	537	852
*$20,000	268	305	335	384	485	555	881
*$22,000	277	315	347	397	501	574	911
*$24,000	286	325	358	410	517	592	940
*$26,000	295	335	369	422	533	611	970
*$28,000	304	345	380	435	549	629	999
*$30,000	313	356	391	448	566	648	1,028
*$32,000	322	366	402	461	582	666	1,058
*$34,000	331	376	414	474	598	685	1,087
*$36,000	340	386	425	486	614	703	1,116
*$38,000	349	396	436	499	630	722	1,146
$40,000	358	406	447	512	646	740	1,175
$42,000	367	417	458	525	663	759	1,205
$44,000	375	427	470	538	679	777	1,234
$46,000	384	437	481	550	695	796	1,263
$48,000	393	447	492	563	711	814	1,293
$50,000	402	457	503	576	727	833	1,322
$52,000	411	467	514	589	743	851	1,351
$54,000	420	478	525	602	760	870	1,381
$56,000	429	488	537	614	776	888	1,410
$58,000	438	498	548	627	792	907	1,440
$60,000	447	508	559	640	808	925	1,469
$62,000	463	526	579	663	837	958	1,522
$64,000	479	545	599	686	866	992	1,575
$66,000	495	563	619	709	895	1,025	1,628
$68,000	511	581	639	732	924	1,058	1,681
$70,000	527	599	660	755	953	1,092	1,733
$75,000	568	645	710	813	1,026	1,175	1,866
$80,000	608	691	760	870	1,099	1,258	1,998
$85,000	648	737	811	928	1,172	1,341	2,130
$90,000	688	782	861	986	1,244	1,425	2,262
$95,000	729	828	911	1,043	1,317	1,508	2,394
$100,000	769	874	961	1,101	1,390	1,591	2,527
$110,000	849	965	1,062	1,216	1,535	1,758	2,791
$120,000	930	1,057	1,163	1,331	1,681	1,924	3,056
$130,000	1,010	1,148	1,263	1,446	1,826	2,091	3,320
$140,000	1,091	1,240	1,364	1,562	1,972	2,257	3,584
For each add'l $1,000 add:	8.05	9.14	10.06	11.52	14.54	16.65	26.44

* For use with Mobile Home rating only.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 34

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	43	45	47	49	51	53	55
$40,000	335	369	419	478	562	658	1,048
$42,000	344	378	430	490	576	675	1,074
$44,000	352	387	440	501	590	691	1,100
$46,000	360	396	451	513	604	708	1,127
$48,000	369	406	461	525	618	724	1,153
$50,000	377	415	472	537	632	741	1,179
$52,000	385	424	482	549	646	757	1,205
$54,000	394	433	493	561	660	774	1,231
$56,000	402	443	503	573	674	790	1,258
$58,000	411	452	514	585	688	807	1,284
$60,000	419	461	524	597	702	823	1,310
$62,000	434	478	543	618	727	853	1,357
$64,000	449	494	562	640	753	882	1,404
$66,000	464	511	581	661	778	912	1,451
$68,000	479	527	599	683	803	942	1,499
$70,000	494	544	618	704	828	971	1,546
$72,000	510	561	637	726	854	1,001	1,593
$74,000	525	577	656	747	879	1,030	1,640
$76,000	540	594	675	769	904	1,060	1,687
$78,000	555	610	694	790	929	1,090	1,734
$80,000	570	627	713	812	955	1,119	1,782
$82,000	585	644	732	833	980	1,149	1,829
$84,000	600	660	750	855	1,005	1,179	1,876
$86,000	615	677	769	876	1,031	1,208	1,923
$88,000	630	693	788	898	1,056	1,238	1,970
$90,000	645	710	807	919	1,081	1,267	2,017
$92,000	660	727	826	941	1,106	1,297	2,065
$94,000	675	743	845	962	1,132	1,327	2,112
$96,000	691	760	864	984	1,157	1,356	2,159
$98,000	706	776	882	1,005	1,182	1,386	2,206
$100,000	721	793	901	1,027	1,207	1,416	2,253
$110,000	796	876	996	1,134	1,334	1,564	2,489
$120,000	872	959	1,090	1,242	1,460	1,712	2,725
$130,000	947	1,042	1,184	1,349	1,587	1,860	2,961
$140,000	1,022	1,125	1,279	1,457	1,713	2,008	3,196
$150,000	1,098	1,208	1,373	1,564	1,839	2,156	3,432
$160,000	1,173	1,291	1,467	1,672	1,966	2,304	3,668
$170,000	1,249	1,374	1,562	1,779	2,092	2,453	3,904
$180,000	1,324	1,457	1,656	1,887	2,218	2,601	4,140
$190,000	1,399	1,540	1,750	1,994	2,345	2,749	4,375
$200,000	1,475	1,623	1,844	2,101	2,471	2,897	4,611
For each add'l $1,000 add:	7.54	8.30	9.43	10.75	12.64	14.81	23.58

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 34

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Frame						
	Protection Class						
	1-3	4-5	6	7	8	9	10
Premium Group	44	46	48	50	52	54	56
$40,000	369	419	461	528	666	763	1,211
$42,000	378	430	472	541	683	782	1,241
$44,000	387	440	484	554	700	801	1,272
$46,000	396	451	495	568	716	820	1,302
$48,000	406	461	507	581	733	840	1,332
$50,000	415	472	518	594	750	859	1,363
$52,000	424	482	530	607	766	878	1,393
$54,000	433	493	541	620	783	897	1,423
$56,000	443	503	553	634	800	916	1,453
$58,000	452	514	564	647	816	935	1,484
$60,000	461	524	576	660	833	954	1,514
$62,000	478	543	597	684	863	988	1,569
$64,000	494	562	617	708	893	1,023	1,623
$66,000	511	581	638	731	923	1,057	1,678
$68,000	527	599	659	755	953	1,091	1,732
$70,000	544	618	680	779	983	1,126	1,787
$72,000	561	637	700	803	1,013	1,160	1,841
$74,000	577	656	721	826	1,043	1,194	1,896
$76,000	594	675	742	850	1,073	1,229	1,950
$78,000	610	694	763	874	1,103	1,263	2,005
$80,000	627	713	783	898	1,133	1,297	2,059
$82,000	644	732	804	921	1,163	1,332	2,114
$84,000	660	750	825	945	1,193	1,366	2,168
$86,000	677	769	846	969	1,223	1,400	2,223
$88,000	693	788	866	993	1,253	1,435	2,277
$90,000	710	807	887	1,016	1,283	1,469	2,332
$92,000	727	826	908	1,040	1,313	1,504	2,386
$94,000	743	845	929	1,064	1,343	1,538	2,441
$96,000	760	864	949	1,088	1,373	1,572	2,495
$98,000	776	882	970	1,111	1,403	1,607	2,550
$100,000	793	901	991	1,135	1,433	1,641	2,604
$110,000	876	996	1,094	1,254	1,583	1,813	2,877
$120,000	959	1,090	1,198	1,373	1,733	1,984	3,149
$130,000	1,042	1,184	1,302	1,492	1,883	2,156	3,422
$140,000	1,125	1,279	1,405	1,610	2,033	2,328	3,694
$150,000	1,208	1,373	1,509	1,729	2,182	2,499	3,967
$160,000	1,291	1,467	1,613	1,848	2,332	2,671	4,239
$170,000	1,374	1,562	1,716	1,967	2,482	2,843	4,512
$180,000	1,457	1,656	1,820	2,086	2,632	3,015	4,784
$190,000	1,540	1,750	1,924	2,204	2,782	3,186	5,057
$200,000	1,623	1,844	2,028	2,323	2,932	3,358	5,329
For each add'l $1,000 add:	8.30	9.43	10.37	11.88	14.99	17.17	27.25

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 34

$500 Deductible/All Perils **HO 00 04** Annual Premium

Amount of Insurance	Masonry				Frame			
	Protection Class				Protection Class			
	1-4	5-6	7-8	9-10	1-4	5-6	7-8	9-10
Premium Group	43	45	47	49	44	46	48	50
$10,000	125	128	128	128	149	155	155	155
$11,000	134	137	137	137	159	166	166	166
$12,000	142	146	146	146	170	176	176	176
$13,000	151	155	155	155	180	187	187	187
$14,000	160	164	164	164	190	198	198	198
$15,000	167	172	172	172	199	207	207	207
$16,000	175	180	180	180	208	217	217	217
$17,000	182	187	187	187	217	226	226	226
$18,000	190	195	195	195	226	235	235	235
$19,000	197	203	203	203	235	245	245	245
$20,000	205	211	211	211	244	254	254	254
$21,000	212	218	218	218	253	263	263	263
$22,000	220	226	226	226	262	272	272	272
$23,000	227	234	234	234	271	282	282	282
$24,000	235	241	241	241	280	291	291	291
$25,000	242	249	249	249	289	300	300	300
$26,000	250	257	257	257	298	310	310	310
$27,000	257	265	265	265	307	319	319	319
$28,000	265	272	272	272	315	328	328	328
$29,000	272	280	280	280	324	337	337	337
$30,000	280	288	288	288	333	347	347	347
$31,000	287	295	295	295	342	356	356	356
$32,000	295	303	303	303	351	365	365	365
$33,000	302	311	311	311	360	375	375	375
$34,000	310	318	318	318	369	384	384	384
$35,000	317	326	326	326	378	393	393	393
$36,000	324	334	334	334	387	402	402	402
$37,000	332	342	342	342	396	412	412	412
$38,000	339	349	349	349	405	421	421	421
$39,000	347	357	357	357	414	430	430	430
$40,000	354	365	365	365	423	440	440	440
For each add'l $1,000 add:	7.49	7.70	7.70	7.70	8.93	9.29	9.29	9.29

HO 00 06 For HO 00 06 rates, multiply the HO 00 04 rate by .80.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 34

$1,000 Deductible/All Perils **HO 00 08** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	43	45	47	49	51	53	55
$20,000	293	322	366	417	490	575	915
$22,000	303	333	378	431	507	594	946
$24,000	312	344	390	445	523	613	976
$26,000	322	354	403	459	539	632	1,007
$28,000	332	365	415	473	556	651	1,037
$30,000	342	376	427	487	572	671	1,068
$32,000	351	387	439	500	588	690	1,098
$34,000	361	397	451	514	605	709	1,129
$36,000	371	408	464	528	621	728	1,159
$38,000	381	419	476	542	637	747	1,190
$40,000	390	430	488	556	654	766	1,220
$42,000	400	440	500	570	670	786	1,251
$44,000	410	451	512	584	686	805	1,281
$46,000	420	462	525	598	703	824	1,312
$48,000	429	473	537	612	719	843	1,342
$50,000	439	483	549	626	735	862	1,373
$52,000	449	494	561	639	752	881	1,403
$54,000	459	505	573	653	768	901	1,434
$56,000	468	516	586	667	784	920	1,464
$58,000	478	526	598	681	801	939	1,495
$60,000	488	537	610	695	817	958	1,525
$62,000	506	556	632	720	846	992	1,580
$64,000	523	576	654	745	876	1,027	1,635
$66,000	541	595	676	770	905	1,061	1,690
$68,000	558	614	698	795	935	1,096	1,745
$70,000	576	634	720	820	964	1,130	1,800
$75,000	620	682	775	883	1,038	1,217	1,937
$80,000	664	730	830	945	1,111	1,303	2,074
$85,000	708	779	885	1,008	1,185	1,389	2,211
$90,000	752	827	939	1,070	1,258	1,475	2,349
$100,000	839	924	1,049	1,195	1,405	1,648	2,623
$110,000	927	1,020	1,159	1,321	1,552	1,820	2,898
$120,000	1,015	1,117	1,269	1,446	1,699	1,993	3,172
$130,000	1,103	1,214	1,379	1,571	1,846	2,165	3,447
$140,000	1,191	1,310	1,488	1,696	1,993	2,338	3,721
$150,000	1,279	1,407	1,598	1,821	2,141	2,510	3,996
$160,000	1,366	1,504	1,708	1,946	2,288	2,682	4,270
$170,000	1,454	1,600	1,818	2,071	2,435	2,855	4,545
$180,000	1,542	1,697	1,928	2,196	2,582	3,027	4,819
$190,000	1,630	1,794	2,037	2,321	2,729	3,200	5,094
$200,000	1,718	1,890	2,147	2,446	2,876	3,372	5,368
For each add'l $1,000 add:	8.78	9.67	10.98	12.51	14.71	17.24	27.45

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 34

$1,000 Deductible/All Perils **HO 00 08** Annual Premium

Amount of Insurance	Frame						
	Protection Class						
	1-3	4-5	6	7	8	9	10
Premium Group	44	46	48	50	52	54	56
$20,000	322	366	403	461	582	666	1,058
$22,000	333	378	416	477	601	688	1,093
$24,000	344	390	429	492	621	710	1,128
$26,000	354	403	443	508	640	733	1,164
$28,000	365	415	456	523	660	755	1,199
$30,000	376	427	470	538	679	777	1,234
$32,000	387	439	483	554	698	799	1,269
$34,000	397	451	497	569	718	821	1,305
$36,000	408	464	510	584	737	844	1,340
$38,000	419	476	523	600	757	866	1,375
$40,000	430	488	537	615	776	888	1,410
$42,000	440	500	550	631	795	910	1,446
$44,000	451	512	564	646	815	932	1,481
$46,000	462	525	577	661	834	955	1,516
$48,000	473	537	590	677	854	977	1,551
$50,000	483	549	604	692	873	999	1,587
$52,000	494	561	617	707	892	1,021	1,622
$54,000	505	573	631	723	912	1,043	1,657
$56,000	516	586	644	738	931	1,066	1,692
$58,000	526	598	658	754	951	1,088	1,728
$60,000	537	610	671	769	970	1,110	1,763
$62,000	556	632	695	797	1,005	1,150	1,826
$64,000	576	654	719	824	1,040	1,190	1,890
$66,000	595	676	743	852	1,075	1,230	1,953
$68,000	614	698	768	880	1,110	1,270	2,017
$70,000	634	720	792	907	1,145	1,310	2,080
$75,000	682	775	852	977	1,232	1,410	2,239
$80,000	730	830	913	1,046	1,319	1,510	2,398
$85,000	779	885	973	1,115	1,407	1,610	2,556
$90,000	827	939	1,033	1,184	1,494	1,709	2,715
$100,000	924	1,049	1,154	1,323	1,668	1,909	3,032
$110,000	1,020	1,159	1,275	1,461	1,843	2,109	3,350
$120,000	1,117	1,269	1,396	1,600	2,018	2,309	3,667
$130,000	1,214	1,379	1,516	1,738	2,192	2,509	3,984
$140,000	1,310	1,488	1,637	1,876	2,367	2,708	4,302
$150,000	1,407	1,598	1,758	2,015	2,541	2,908	4,619
$160,000	1,504	1,708	1,879	2,153	2,716	3,108	4,936
$170,000	1,600	1,818	2,000	2,292	2,891	3,308	5,254
$180,000	1,697	1,928	2,120	2,430	3,065	3,508	5,571
$190,000	1,794	2,037	2,241	2,568	3,240	3,707	5,888
$200,000	1,890	2,147	2,362	2,707	3,414	3,907	6,206
For each add'l $1,000 add:	9.67	10.98	12.08	13.84	17.46	19.98	31.73

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 35

$1,000 Deductible/All Perils **HO 00 02** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	57	59	61	63	65	67	69
$40,000	365	401	455	519	610	715	1,138
$42,000	374	411	467	532	626	733	1,167
$44,000	383	421	478	545	641	751	1,195
$46,000	392	431	489	558	656	769	1,224
$48,000	401	441	501	571	671	787	1,252
$50,000	410	451	512	584	687	805	1,281
$52,000	420	461	523	597	702	822	1,309
$54,000	429	471	535	610	717	840	1,338
$56,000	438	481	546	623	732	858	1,366
$58,000	447	491	558	636	748	876	1,395
$60,000	456	501	569	649	763	894	1,423
$62,000	472	519	589	672	790	926	1,474
$64,000	489	537	610	696	818	958	1,525
$66,000	505	555	630	719	845	991	1,577
$68,000	522	573	651	742	873	1,023	1,628
$70,000	538	591	671	766	900	1,055	1,679
$72,000	554	609	692	789	928	1,087	1,730
$74,000	571	627	712	813	955	1,119	1,782
$76,000	587	645	733	836	983	1,151	1,833
$78,000	604	663	753	859	1,010	1,184	1,884
$80,000	620	681	774	883	1,038	1,216	1,935
$82,000	637	699	794	906	1,065	1,248	1,987
$84,000	653	717	815	929	1,093	1,280	2,038
$86,000	669	735	835	953	1,120	1,312	2,089
$88,000	686	754	856	976	1,148	1,345	2,140
$90,000	702	772	876	999	1,175	1,377	2,191
$92,000	719	790	897	1,023	1,202	1,409	2,243
$94,000	735	808	917	1,046	1,230	1,441	2,294
$96,000	751	826	938	1,070	1,257	1,473	2,345
$98,000	768	844	958	1,093	1,285	1,505	2,396
$100,000	784	862	979	1,116	1,312	1,538	2,448
$110,000	866	952	1,081	1,233	1,450	1,699	2,704
$120,000	948	1,042	1,184	1,350	1,587	1,860	2,960
$130,000	1,031	1,132	1,286	1,467	1,724	2,020	3,216
$140,000	1,113	1,222	1,388	1,584	1,862	2,181	3,472
$150,000	1,195	1,313	1,491	1,700	1,999	2,342	3,728
$160,000	1,277	1,403	1,593	1,817	2,136	2,503	3,984
$170,000	1,359	1,493	1,696	1,934	2,274	2,664	4,241
$180,000	1,441	1,583	1,798	2,051	2,411	2,825	4,497
$190,000	1,523	1,673	1,900	2,168	2,548	2,986	4,753
$200,000	1,605	1,764	2,003	2,284	2,686	3,147	5,009
For each add'l $1,000 add:	8.21	9.02	10.24	11.68	13.73	16.09	25.61

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 35

$1,000 Deductible/All Perils **HO 00 02** Annual Premium

Amount of Insurance	Frame						
	Protection Class						
	1-3	4-5	6	7	8	9	10
Premium Group	58	60	62	64	66	68	70
*$12,000	261	296	326	373	471	539	856
*$14,000	271	307	338	387	489	559	889
*$16,000	281	319	351	402	507	580	922
*$18,000	291	330	363	416	525	601	955
*$20,000	301	341	376	430	543	622	988
*$22,000	311	353	388	445	561	642	1,021
*$24,000	321	364	401	459	579	663	1,053
*$26,000	331	376	413	473	597	684	1,086
*$28,000	341	387	426	488	615	704	1,119
*$30,000	351	398	438	502	634	725	1,152
*$32,000	361	410	451	516	652	746	1,185
*$34,000	371	421	463	531	670	767	1,218
*$36,000	381	432	476	545	688	787	1,251
*$38,000	391	444	488	559	706	808	1,284
$40,000	401	455	501	574	724	829	1,317
$42,000	411	467	513	588	742	850	1,350
$44,000	421	478	526	602	760	870	1,383
$46,000	431	489	538	617	778	891	1,416
$48,000	441	501	551	631	796	912	1,448
$50,000	451	512	563	645	815	932	1,481
$52,000	461	523	576	660	833	953	1,514
$54,000	471	535	588	674	851	974	1,547
$56,000	481	546	601	688	869	995	1,580
$58,000	491	558	613	703	887	1,015	1,613
$60,000	501	569	626	717	905	1,036	1,646
$62,000	519	589	649	743	938	1,073	1,705
$64,000	537	610	671	769	970	1,111	1,765
$66,000	555	630	694	794	1,003	1,148	1,824
$68,000	573	651	716	820	1,035	1,185	1,883
$70,000	591	671	739	846	1,068	1,222	1,942
$75,000	636	723	795	911	1,149	1,316	2,090
$80,000	681	774	851	975	1,231	1,409	2,239
$85,000	726	825	908	1,040	1,312	1,502	2,387
$90,000	772	876	964	1,104	1,394	1,595	2,535
$95,000	817	927	1,020	1,169	1,475	1,689	2,683
$100,000	862	979	1,077	1,233	1,557	1,782	2,831
$110,000	952	1,081	1,189	1,362	1,720	1,968	3,127
$120,000	1,042	1,184	1,302	1,491	1,882	2,155	3,424
$130,000	1,132	1,286	1,415	1,620	2,045	2,341	3,720
$140,000	1,222	1,388	1,527	1,749	2,208	2,528	4,016
For each add'l $1,000 add:	9.02	10.24	11.27	12.91	16.29	18.65	29.63

* For use with Mobile Home rating only.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 35

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	57	59	61	63	65	67	69
$40,000	376	414	470	535	630	738	1,174
$42,000	385	424	481	549	645	756	1,204
$44,000	395	434	493	562	661	774	1,233
$46,000	404	445	505	575	677	793	1,262
$48,000	414	455	517	589	693	811	1,292
$50,000	423	465	528	602	708	830	1,321
$52,000	432	476	540	615	724	848	1,351
$54,000	442	486	552	629	740	867	1,380
$56,000	451	496	564	642	756	885	1,409
$58,000	461	507	575	656	771	904	1,439
$60,000	470	517	587	669	787	922	1,468
$62,000	487	536	608	693	815	955	1,521
$64,000	504	554	629	717	844	988	1,574
$66,000	521	573	650	741	872	1,022	1,627
$68,000	538	591	672	765	900	1,055	1,679
$70,000	555	610	693	789	929	1,088	1,732
$72,000	572	629	714	814	957	1,121	1,785
$74,000	588	647	735	838	985	1,154	1,838
$76,000	605	666	756	862	1,014	1,188	1,891
$78,000	622	685	777	886	1,042	1,221	1,944
$80,000	639	703	798	910	1,070	1,254	1,996
$82,000	656	722	819	934	1,099	1,287	2,049
$84,000	673	740	841	958	1,127	1,320	2,102
$86,000	690	759	862	982	1,155	1,353	2,155
$88,000	707	778	883	1,006	1,184	1,387	2,208
$90,000	724	796	904	1,030	1,212	1,420	2,261
$92,000	741	815	925	1,054	1,240	1,453	2,314
$94,000	758	833	946	1,078	1,269	1,486	2,366
$96,000	775	852	967	1,103	1,297	1,519	2,419
$98,000	791	871	989	1,127	1,325	1,553	2,472
$100,000	808	889	1,010	1,151	1,354	1,586	2,525
$110,000	893	982	1,115	1,271	1,495	1,752	2,789
$120,000	978	1,075	1,221	1,392	1,637	1,918	3,053
$130,000	1,062	1,168	1,327	1,512	1,779	2,084	3,318
$140,000	1,147	1,261	1,432	1,632	1,920	2,250	3,582
$150,000	1,231	1,355	1,538	1,753	2,062	2,416	3,846
$160,000	1,316	1,448	1,644	1,873	2,204	2,582	4,110
$170,000	1,401	1,541	1,749	1,994	2,345	2,748	4,375
$180,000	1,485	1,634	1,855	2,114	2,487	2,914	4,639
$190,000	1,570	1,727	1,961	2,234	2,629	3,079	4,903
$200,000	1,654	1,820	2,066	2,355	2,770	3,245	5,167
For each add'l $1,000 add:	8.46	9.31	10.57	12.04	14.17	16.60	26.42

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 35

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Frame						
	Protection Class						
	1-3	4-5	6	7	8	9	10
Premium Group	58	60	62	64	66	68	70
$40,000	414	470	517	592	746	854	1,357
$42,000	424	481	530	607	765	876	1,391
$44,000	434	493	543	622	784	897	1,425
$46,000	445	505	556	636	802	918	1,459
$48,000	455	517	568	651	821	940	1,492
$50,000	465	528	581	666	840	961	1,526
$52,000	476	540	594	681	858	983	1,560
$54,000	486	552	607	696	877	1,004	1,594
$56,000	496	564	620	710	896	1,025	1,628
$58,000	507	575	633	725	914	1,047	1,662
$60,000	517	587	646	740	933	1,068	1,696
$62,000	536	608	669	767	967	1,106	1,757
$64,000	554	629	693	793	1,000	1,145	1,818
$66,000	573	650	716	820	1,034	1,183	1,879
$68,000	591	672	739	847	1,067	1,222	1,940
$70,000	610	693	762	873	1,101	1,260	2,001
$72,000	629	714	786	900	1,135	1,299	2,062
$74,000	647	735	809	926	1,168	1,337	2,123
$76,000	666	756	832	953	1,202	1,376	2,184
$78,000	685	777	855	980	1,235	1,414	2,246
$80,000	703	798	879	1,006	1,269	1,452	2,307
$82,000	722	819	902	1,033	1,302	1,491	2,368
$84,000	740	841	925	1,060	1,336	1,529	2,429
$86,000	759	862	948	1,086	1,370	1,568	2,490
$88,000	778	883	972	1,113	1,403	1,606	2,551
$90,000	796	904	995	1,140	1,437	1,645	2,612
$92,000	815	925	1,018	1,166	1,470	1,683	2,673
$94,000	833	946	1,041	1,193	1,504	1,722	2,734
$96,000	852	967	1,065	1,220	1,538	1,760	2,795
$98,000	871	989	1,088	1,246	1,571	1,799	2,856
$100,000	889	1,010	1,111	1,273	1,605	1,837	2,917
$110,000	982	1,115	1,227	1,406	1,773	2,029	3,222
$120,000	1,075	1,221	1,344	1,539	1,941	2,221	3,528
$130,000	1,168	1,327	1,460	1,672	2,109	2,414	3,833
$140,000	1,261	1,432	1,576	1,806	2,277	2,606	4,138
$150,000	1,355	1,538	1,693	1,939	2,444	2,798	4,444
$160,000	1,448	1,644	1,809	2,072	2,612	2,990	4,749
$170,000	1,541	1,749	1,925	2,205	2,780	3,183	5,054
$180,000	1,634	1,855	2,041	2,338	2,948	3,375	5,359
$190,000	1,727	1,961	2,158	2,472	3,116	3,567	5,665
$200,000	1,820	2,066	2,274	2,605	3,284	3,759	5,970
For each add'l $1,000 add:	9.31	10.57	11.63	13.32	16.79	19.22	30.53

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 35

$500 Deductible/All Perils **HO 00 04** Annual Premium

Amount of Insurance	Masonry				Frame			
	Protection Class				Protection Class			
	1-4	5-6	7-8	9-10	1-4	5-6	7-8	9-10
Premium Group	57	59	61	63	58	60	62	64
$10,000	125	128	128	128	149	155	155	155
$11,000	134	137	137	137	159	166	166	166
$12,000	142	146	146	146	170	176	176	176
$13,000	151	155	155	155	180	187	187	187
$14,000	160	164	164	164	190	198	198	198
$15,000	167	172	172	172	199	207	207	207
$16,000	175	180	180	180	208	217	217	217
$17,000	182	187	187	187	217	226	226	226
$18,000	190	195	195	195	226	235	235	235
$19,000	197	203	203	203	235	245	245	245
$20,000	205	211	211	211	244	254	254	254
$21,000	212	218	218	218	253	263	263	263
$22,000	220	226	226	226	262	272	272	272
$23,000	227	234	234	234	271	282	282	282
$24,000	235	241	241	241	280	291	291	291
$25,000	242	249	249	249	289	300	300	300
$26,000	250	257	257	257	298	310	310	310
$27,000	257	265	265	265	307	319	319	319
$28,000	265	272	272	272	315	328	328	328
$29,000	272	280	280	280	324	337	337	337
$30,000	280	288	288	288	333	347	347	347
$31,000	287	295	295	295	342	356	356	356
$32,000	295	303	303	303	351	365	365	365
$33,000	302	311	311	311	360	375	375	375
$34,000	310	318	318	318	369	384	384	384
$35,000	317	326	326	326	378	393	393	393
$36,000	324	334	334	334	387	402	402	402
$37,000	332	342	342	342	396	412	412	412
$38,000	339	349	349	349	405	421	421	421
$39,000	347	357	357	357	414	430	430	430
$40,000	354	365	365	365	423	440	440	440
For each add'l $1,000 add:	7.49	7.70	7.70	7.70	8.93	9.29	9.29	9.29

HO 00 06 For HO 00 06 rates, multiply the HO 00 04 rate by .80.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 35

$1,000 Deductible/All Perils **HO 00 08** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	57	59	61	63	65	67	69
$20,000	328	361	410	467	550	644	1,025
$22,000	339	373	423	483	568	665	1,059
$24,000	350	385	437	499	586	687	1,093
$26,000	361	397	451	514	605	708	1,127
$28,000	372	409	464	530	623	730	1,161
$30,000	383	421	478	545	641	751	1,196
$32,000	394	433	492	561	660	773	1,230
$34,000	405	445	505	576	678	794	1,264
$36,000	416	457	519	592	696	815	1,298
$38,000	427	469	533	608	714	837	1,332
$40,000	438	481	546	623	733	858	1,366
$42,000	449	493	560	639	751	880	1,401
$44,000	459	505	574	654	769	901	1,435
$46,000	470	517	587	670	788	923	1,469
$48,000	481	529	601	686	806	944	1,503
$50,000	492	541	615	701	824	966	1,537
$52,000	503	553	628	717	843	987	1,571
$54,000	514	565	642	732	861	1,009	1,606
$56,000	525	577	656	748	879	1,030	1,640
$58,000	536	589	669	763	898	1,052	1,674
$60,000	547	601	683	779	916	1,073	1,708
$62,000	567	623	708	807	949	1,112	1,769
$64,000	586	644	732	835	982	1,150	1,831
$66,000	606	666	757	863	1,015	1,189	1,892
$68,000	626	688	781	891	1,048	1,228	1,954
$70,000	645	709	806	919	1,081	1,266	2,015
$75,000	695	763	867	989	1,163	1,363	2,169
$80,000	744	817	929	1,059	1,246	1,459	2,323
$85,000	793	871	990	1,130	1,328	1,556	2,477
$90,000	842	926	1,052	1,200	1,411	1,652	2,630
$100,000	941	1,034	1,175	1,340	1,576	1,846	2,938
$110,000	1,039	1,142	1,298	1,480	1,740	2,039	3,245
$120,000	1,138	1,250	1,421	1,620	1,905	2,232	3,553
$130,000	1,236	1,358	1,544	1,761	2,070	2,425	3,860
$140,000	1,335	1,466	1,667	1,901	2,235	2,618	4,168
$150,000	1,433	1,575	1,789	2,041	2,400	2,811	4,475
$160,000	1,532	1,683	1,912	2,181	2,565	3,004	4,782
$170,000	1,630	1,791	2,035	2,321	2,730	3,198	5,090
$180,000	1,729	1,899	2,158	2,462	2,895	3,391	5,397
$190,000	1,827	2,007	2,281	2,602	3,059	3,584	5,705
$200,000	1,925	2,116	2,404	2,742	3,224	3,777	6,012
For each add'l $1,000 add:	9.85	10.82	12.29	14.02	16.49	19.31	30.74

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 35

$1,000 Deductible/All Perils **HO 00 08** Annual Premium

Amount of Insurance	Frame						
	Protection Class						
	1-3	4-5	6	7	8	9	10
Premium Group	58	60	62	64	66	68	70
$20,000	361	410	451	517	652	746	1,185
$22,000	373	423	466	534	673	771	1,225
$24,000	385	437	481	551	695	796	1,264
$26,000	397	451	496	568	717	821	1,304
$28,000	409	464	511	585	738	846	1,343
$30,000	421	478	526	603	760	871	1,383
$32,000	433	492	541	620	782	896	1,422
$34,000	445	505	556	637	804	921	1,462
$36,000	457	519	572	654	825	945	1,501
$38,000	469	533	587	672	847	970	1,541
$40,000	481	546	602	689	869	995	1,580
$42,000	493	560	617	706	891	1,020	1,620
$44,000	505	574	632	723	912	1,045	1,659
$46,000	517	587	647	740	934	1,070	1,699
$48,000	529	601	662	758	956	1,095	1,738
$50,000	541	615	677	775	977	1,120	1,778
$52,000	553	628	692	792	999	1,144	1,817
$54,000	565	642	707	809	1,021	1,169	1,857
$56,000	577	656	722	827	1,043	1,194	1,896
$58,000	589	669	737	844	1,064	1,219	1,936
$60,000	601	683	752	861	1,086	1,244	1,975
$62,000	623	708	779	892	1,125	1,289	2,046
$64,000	644	732	806	923	1,164	1,334	2,117
$66,000	666	757	833	954	1,203	1,378	2,188
$68,000	688	781	860	985	1,242	1,423	2,259
$70,000	709	806	887	1,016	1,281	1,468	2,331
$75,000	763	867	955	1,093	1,379	1,580	2,508
$80,000	817	929	1,023	1,171	1,477	1,692	2,686
$85,000	871	990	1,090	1,248	1,575	1,804	2,864
$90,000	926	1,052	1,158	1,326	1,672	1,916	3,042
$100,000	1,034	1,175	1,293	1,481	1,868	2,140	3,397
$110,000	1,142	1,298	1,429	1,636	2,063	2,364	3,753
$120,000	1,250	1,421	1,564	1,791	2,259	2,588	4,108
$130,000	1,358	1,544	1,700	1,946	2,454	2,811	4,464
$140,000	1,466	1,667	1,835	2,101	2,650	3,035	4,819
$150,000	1,575	1,789	1,970	2,256	2,845	3,259	5,175
$160,000	1,683	1,912	2,106	2,411	3,041	3,483	5,530
$170,000	1,791	2,035	2,241	2,566	3,236	3,707	5,886
$180,000	1,899	2,158	2,376	2,721	3,432	3,931	6,241
$190,000	2,007	2,281	2,512	2,876	3,627	4,155	6,597
$200,000	2,116	2,404	2,647	3,031	3,823	4,379	6,952
For each add'l $1,000 add:	10.82	12.29	13.54	15.50	19.55	22.39	35.55

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 36

$1,000 Deductible/All Perils **HO 00 02** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	71	73	75	77	79	81	83
$40,000	358	394	448	510	600	703	1,119
$42,000	367	404	459	523	615	721	1,147
$44,000	376	414	470	536	630	738	1,175
$46,000	385	424	482	549	645	756	1,203
$48,000	394	434	493	561	660	774	1,231
$50,000	403	444	504	574	675	791	1,259
$52,000	412	454	515	587	690	809	1,287
$54,000	421	463	526	600	705	826	1,315
$56,000	430	473	538	612	720	844	1,343
$58,000	439	483	549	625	735	861	1,371
$60,000	448	493	560	638	750	879	1,399
$62,000	464	511	580	661	777	911	1,449
$64,000	480	528	600	684	804	942	1,500
$66,000	496	546	620	707	831	974	1,550
$68,000	513	564	641	730	858	1,006	1,600
$70,000	529	582	661	753	885	1,037	1,651
$72,000	545	599	681	776	912	1,069	1,701
$74,000	561	617	701	799	939	1,101	1,752
$76,000	577	635	721	822	966	1,132	1,802
$78,000	593	653	741	845	993	1,164	1,852
$80,000	609	670	762	868	1,020	1,195	1,903
$82,000	625	688	782	891	1,047	1,227	1,953
$84,000	642	706	802	914	1,074	1,259	2,003
$86,000	658	724	822	937	1,101	1,290	2,054
$88,000	674	741	842	960	1,128	1,322	2,104
$90,000	690	759	862	983	1,155	1,354	2,154
$92,000	706	777	883	1,005	1,182	1,385	2,205
$94,000	722	795	903	1,028	1,209	1,417	2,255
$96,000	738	812	923	1,051	1,236	1,449	2,306
$98,000	754	830	943	1,074	1,263	1,480	2,356
$100,000	771	848	963	1,097	1,290	1,512	2,406
$110,000	851	937	1,064	1,212	1,425	1,670	2,658
$120,000	932	1,025	1,165	1,327	1,560	1,828	2,910
$130,000	1,012	1,114	1,266	1,442	1,695	1,987	3,162
$140,000	1,093	1,203	1,366	1,557	1,830	2,145	3,414
$150,000	1,174	1,292	1,467	1,672	1,965	2,303	3,665
$160,000	1,254	1,380	1,568	1,786	2,100	2,461	3,917
$170,000	1,335	1,469	1,669	1,901	2,235	2,619	4,169
$180,000	1,416	1,558	1,770	2,016	2,370	2,778	4,421
$190,000	1,496	1,647	1,870	2,131	2,505	2,936	4,673
$200,000	1,577	1,735	1,971	2,246	2,640	3,094	4,924
For each add'l $1,000 add:	8.06	8.87	10.08	11.48	13.50	15.82	25.18

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 36

$1,000 Deductible/All Perils **HO 00 02** Annual Premium

Amount of Insurance	Frame Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	72	74	76	78	80	82	84
*$12,000	256	291	320	367	463	530	841
*$14,000	266	302	333	381	481	550	874
*$16,000	276	314	345	395	498	571	906
*$18,000	286	325	357	409	516	591	938
*$20,000	296	336	370	423	534	611	971
*$22,000	306	347	382	437	552	632	1,003
*$24,000	316	358	394	451	570	652	1,036
*$26,000	325	370	407	465	587	673	1,068
*$28,000	335	381	419	479	605	693	1,100
*$30,000	345	392	431	494	623	713	1,133
*$32,000	355	403	444	508	641	734	1,165
*$34,000	365	414	456	522	659	754	1,197
*$36,000	375	426	468	536	676	774	1,230
*$38,000	385	437	480	550	694	795	1,262
$40,000	394	448	493	564	712	815	1,294
$42,000	404	459	505	578	730	836	1,327
$44,000	414	470	517	592	748	856	1,359
$46,000	424	482	530	606	765	876	1,391
$48,000	434	493	542	620	783	897	1,424
$50,000	444	504	554	635	801	917	1,456
$52,000	454	515	567	649	819	937	1,489
$54,000	463	526	579	663	837	958	1,521
$56,000	473	538	591	677	854	978	1,553
$58,000	483	549	604	691	872	999	1,586
$60,000	493	560	616	705	890	1,019	1,618
$62,000	511	580	638	730	922	1,056	1,676
$64,000	528	600	660	756	954	1,092	1,734
$66,000	546	620	683	781	986	1,129	1,793
$68,000	564	641	705	807	1,018	1,166	1,851
$70,000	582	661	727	832	1,050	1,202	1,909
$75,000	626	711	782	895	1,130	1,294	2,055
$80,000	670	762	838	959	1,210	1,386	2,200
$85,000	715	812	893	1,022	1,291	1,478	2,346
$90,000	759	862	949	1,086	1,371	1,569	2,492
$95,000	804	913	1,004	1,149	1,451	1,661	2,637
$100,000	848	963	1,060	1,213	1,531	1,753	2,783
$110,000	937	1,064	1,170	1,340	1,691	1,936	3,074
$120,000	1,025	1,165	1,281	1,466	1,851	2,120	3,365
$130,000	1,114	1,266	1,392	1,593	2,011	2,303	3,657
$140,000	1,203	1,366	1,503	1,720	2,172	2,486	3,948
For each add'l $1,000 add:	8.87	10.08	11.09	12.69	16.02	18.34	29.12

* For use with Mobile Home rating only.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 36

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	71	73	75	77	79	81	83
$40,000	370	406	462	526	618	725	1,154
$42,000	379	417	473	540	634	743	1,183
$44,000	388	427	485	553	649	761	1,212
$46,000	397	437	496	566	665	779	1,241
$48,000	407	447	508	579	680	797	1,270
$50,000	416	457	519	592	696	815	1,299
$52,000	425	467	531	605	711	834	1,328
$54,000	434	478	542	619	727	852	1,356
$56,000	444	488	554	632	742	870	1,385
$58,000	453	498	565	645	758	888	1,414
$60,000	462	508	577	658	773	906	1,443
$62,000	479	526	598	682	801	939	1,495
$64,000	495	545	619	705	829	971	1,547
$66,000	512	563	639	729	856	1,004	1,599
$68,000	529	581	660	753	884	1,036	1,651
$70,000	545	599	681	776	912	1,069	1,703
$72,000	562	618	702	800	940	1,102	1,755
$74,000	578	636	722	824	968	1,134	1,807
$76,000	595	654	743	848	996	1,167	1,859
$78,000	612	673	764	871	1,023	1,200	1,911
$80,000	628	691	785	895	1,051	1,232	1,962
$82,000	645	709	805	919	1,079	1,265	2,014
$84,000	662	727	826	942	1,107	1,297	2,066
$86,000	678	746	847	966	1,135	1,330	2,118
$88,000	695	764	868	990	1,163	1,363	2,170
$90,000	711	782	889	1,013	1,190	1,395	2,222
$92,000	728	801	909	1,037	1,218	1,428	2,274
$94,000	745	819	930	1,061	1,246	1,460	2,326
$96,000	761	837	951	1,084	1,274	1,493	2,378
$98,000	778	855	972	1,108	1,302	1,526	2,430
$100,000	795	874	992	1,132	1,330	1,558	2,482
$110,000	878	965	1,096	1,250	1,469	1,721	2,742
$120,000	961	1,057	1,200	1,369	1,608	1,884	3,001
$130,000	1,044	1,148	1,304	1,487	1,747	2,048	3,261
$140,000	1,127	1,240	1,408	1,606	1,886	2,211	3,521
$150,000	1,210	1,331	1,512	1,724	2,025	2,374	3,781
$160,000	1,294	1,422	1,616	1,842	2,164	2,537	4,040
$170,000	1,377	1,514	1,719	1,961	2,304	2,700	4,300
$180,000	1,460	1,605	1,823	2,079	2,443	2,863	4,560
$190,000	1,543	1,697	1,927	2,198	2,582	3,026	4,820
$200,000	1,626	1,788	2,031	2,316	2,721	3,189	5,079
For each add'l $1,000 add:	8.32	9.14	10.39	11.84	13.91	16.31	25.97

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 36

$1,000 Deductible/All Perils **HO 00 03** Annual Premium

Amount of Insurance	Frame						
	Protection Class						
	1-3	4-5	6	7	8	9	10
Premium Group	72	74	76	78	80	82	84
$40,000	406	462	508	582	734	840	1,334
$42,000	417	473	521	596	752	861	1,368
$44,000	427	485	533	611	770	882	1,401
$46,000	437	496	546	625	789	903	1,434
$48,000	447	508	559	640	807	924	1,468
$50,000	457	519	572	654	825	945	1,501
$52,000	467	531	584	669	844	966	1,535
$54,000	478	542	597	683	862	987	1,568
$56,000	488	554	610	698	880	1,008	1,601
$58,000	498	565	622	712	899	1,029	1,635
$60,000	508	577	635	727	917	1,050	1,668
$62,000	526	598	658	753	950	1,088	1,728
$64,000	545	619	681	779	983	1,126	1,788
$66,000	563	639	704	806	1,016	1,163	1,848
$68,000	581	660	726	832	1,049	1,201	1,908
$70,000	599	681	749	858	1,082	1,239	1,968
$72,000	618	702	772	884	1,115	1,277	2,028
$74,000	636	722	795	910	1,148	1,315	2,088
$76,000	654	743	818	936	1,181	1,352	2,148
$78,000	673	764	841	963	1,214	1,390	2,208
$80,000	691	785	864	989	1,247	1,428	2,268
$82,000	709	805	886	1,015	1,280	1,466	2,329
$84,000	727	826	909	1,041	1,313	1,504	2,389
$86,000	746	847	932	1,067	1,346	1,541	2,449
$88,000	764	868	955	1,093	1,379	1,579	2,509
$90,000	782	889	978	1,120	1,412	1,617	2,569
$92,000	801	909	1,001	1,146	1,445	1,655	2,629
$94,000	819	930	1,024	1,172	1,478	1,693	2,689
$96,000	837	951	1,046	1,198	1,511	1,730	2,749
$98,000	855	972	1,069	1,224	1,544	1,768	2,809
$100,000	874	992	1,092	1,250	1,577	1,806	2,869
$110,000	965	1,096	1,207	1,381	1,742	1,995	3,169
$120,000	1,057	1,200	1,321	1,512	1,907	2,184	3,469
$130,000	1,148	1,304	1,435	1,643	2,072	2,373	3,770
$140,000	1,240	1,408	1,549	1,774	2,237	2,562	4,070
$150,000	1,331	1,512	1,664	1,905	2,403	2,751	4,370
$160,000	1,422	1,616	1,778	2,036	2,568	2,940	4,670
$170,000	1,514	1,719	1,892	2,166	2,733	3,129	4,971
$180,000	1,605	1,823	2,007	2,297	2,898	3,318	5,271
$190,000	1,697	1,927	2,121	2,428	3,063	3,507	5,571
$200,000	1,788	2,031	2,235	2,559	3,228	3,696	5,871
For each add'l $1,000 add:	9.14	10.39	11.43	13.09	16.51	18.90	30.02

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 36

$500 Deductible/All Perils **HO 00 04** Annual Premium

Amount of Insurance	Masonry				Frame			
	Protection Class				Protection Class			
	1-4	5-6	7-8	9-10	1-4	5-6	7-8	9-10
Premium Group	71	73	75	77	72	74	76	78
$10,000	125	128	128	128	149	155	155	155
$11,000	134	137	137	137	159	166	166	166
$12,000	142	146	146	146	170	176	176	176
$13,000	151	155	155	155	180	187	187	187
$14,000	160	164	164	164	190	198	198	198
$15,000	167	172	172	172	199	207	207	207
$16,000	175	180	180	180	208	217	217	217
$17,000	182	187	187	187	217	226	226	226
$18,000	190	195	195	195	226	235	235	235
$19,000	197	203	203	203	235	245	245	245
$20,000	205	211	211	211	244	254	254	254
$21,000	212	218	218	218	253	263	263	263
$22,000	220	226	226	226	262	272	272	272
$23,000	227	234	234	234	271	282	282	282
$24,000	235	241	241	241	280	291	291	291
$25,000	242	249	249	249	289	300	300	300
$26,000	250	257	257	257	298	310	310	310
$27,000	257	265	265	265	307	319	319	319
$28,000	265	272	272	272	315	328	328	328
$29,000	272	280	280	280	324	337	337	337
$30,000	280	288	288	288	333	347	347	347
$31,000	287	295	295	295	342	356	356	356
$32,000	295	303	303	303	351	365	365	365
$33,000	302	311	311	311	360	375	375	375
$34,000	310	318	318	318	369	384	384	384
$35,000	317	326	326	326	378	393	393	393
$36,000	324	334	334	334	387	402	402	402
$37,000	332	342	342	342	396	412	412	412
$38,000	339	349	349	349	405	421	421	421
$39,000	347	357	357	357	414	430	430	430
$40,000	354	365	365	365	423	440	440	440
For each add'l $1,000 add:	7.49	7.70	7.70	7.70	8.93	9.29	9.29	9.29

HO 00 06 For HO 00 06 rates, multiply the HO 00 04 rate by .80.
Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 36

$1,000 Deductible/All Perils **HO 00 08** Annual Premium

Amount of Insurance	Masonry Protection Class 1-3	4-5	6	7	8	9	10
Premium Group	71	73	75	77	79	81	83
$20,000	322	355	403	460	540	632	1,007
$22,000	333	366	417	475	558	653	1,041
$24,000	344	378	430	490	576	675	1,075
$26,000	354	390	444	506	594	696	1,108
$28,000	365	402	457	521	612	717	1,142
$30,000	376	414	470	536	630	738	1,175
$32,000	387	426	484	552	648	759	1,209
$34,000	397	437	497	567	666	780	1,242
$36,000	408	449	511	582	684	801	1,276
$38,000	419	461	524	597	702	822	1,310
$40,000	430	473	538	613	720	843	1,343
$42,000	440	485	551	628	738	864	1,377
$44,000	451	496	564	643	756	885	1,410
$46,000	462	508	578	659	774	906	1,444
$48,000	473	520	591	674	792	928	1,478
$50,000	483	532	605	689	810	949	1,511
$52,000	494	544	618	705	828	970	1,545
$54,000	505	556	632	720	846	991	1,578
$56,000	516	567	645	735	864	1,012	1,612
$58,000	526	579	659	751	882	1,033	1,645
$60,000	537	591	672	766	900	1,054	1,679
$62,000	556	612	696	794	932	1,092	1,739
$64,000	576	634	720	821	965	1,130	1,800
$66,000	595	655	745	849	997	1,168	1,860
$68,000	614	676	769	876	1,030	1,206	1,921
$70,000	634	697	793	904	1,062	1,244	1,981
$75,000	682	751	853	973	1,143	1,339	2,132
$80,000	730	804	914	1,042	1,224	1,433	2,283
$85,000	779	857	974	1,111	1,305	1,528	2,435
$90,000	827	910	1,035	1,180	1,386	1,623	2,586
$100,000	924	1,017	1,156	1,318	1,548	1,813	2,888
$110,000	1,020	1,123	1,277	1,455	1,710	2,003	3,190
$120,000	1,117	1,229	1,398	1,593	1,872	2,192	3,492
$130,000	1,214	1,336	1,519	1,731	2,034	2,382	3,795
$140,000	1,310	1,442	1,640	1,869	2,196	2,572	4,097
$150,000	1,407	1,548	1,761	2,007	2,358	2,761	4,399
$160,000	1,504	1,655	1,882	2,145	2,520	2,951	4,701
$170,000	1,600	1,761	2,003	2,283	2,682	3,141	5,003
$180,000	1,697	1,868	2,124	2,421	2,844	3,331	5,306
$190,000	1,794	1,974	2,244	2,558	3,006	3,520	5,608
$200,000	1,890	2,080	2,365	2,696	3,168	3,710	5,910
For each add'l $1,000 add:	9.67	10.64	12.10	13.79	16.20	18.97	30.22

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM
PREMIUM TABLE

TERRITORY 36

$1,000 Deductible/All Perils **HO 00 08** Annual Premium

Amount of Insurance	Frame						
	Protection Class						
	1-3	4-5	6	7	8	9	10
Premium Group	72	74	76	78	80	82	84
$20,000	355	403	443	508	641	733	1,165
$22,000	366	417	458	525	662	758	1,203
$24,000	378	430	473	541	684	782	1,242
$26,000	390	444	488	558	705	807	1,281
$28,000	402	457	503	575	726	831	1,320
$30,000	414	470	517	592	748	855	1,359
$32,000	426	484	532	609	769	880	1,398
$34,000	437	497	547	626	790	904	1,436
$36,000	449	511	562	643	812	929	1,475
$38,000	461	524	576	660	833	953	1,514
$40,000	473	538	591	677	854	978	1,553
$42,000	485	551	606	694	876	1,002	1,592
$44,000	496	564	621	711	897	1,026	1,630
$46,000	508	578	636	728	918	1,051	1,669
$48,000	520	591	650	744	940	1,075	1,708
$50,000	532	605	665	761	961	1,100	1,747
$52,000	544	618	680	778	983	1,124	1,786
$54,000	556	632	695	795	1,004	1,149	1,825
$56,000	567	645	709	812	1,025	1,173	1,863
$58,000	579	659	724	829	1,047	1,198	1,902
$60,000	591	672	739	846	1,068	1,222	1,941
$62,000	612	696	766	876	1,106	1,266	2,011
$64,000	634	720	792	907	1,145	1,310	2,081
$66,000	655	745	819	937	1,183	1,354	2,151
$68,000	676	769	845	968	1,222	1,398	2,221
$70,000	697	793	872	998	1,260	1,442	2,290
$75,000	751	853	939	1,074	1,356	1,552	2,465
$80,000	804	914	1,005	1,151	1,452	1,662	2,640
$85,000	857	974	1,072	1,227	1,549	1,772	2,814
$90,000	910	1,035	1,138	1,303	1,645	1,882	2,989
$100,000	1,017	1,156	1,271	1,455	1,837	2,102	3,339
$110,000	1,123	1,277	1,404	1,607	2,029	2,322	3,688
$120,000	1,229	1,398	1,537	1,760	2,221	2,542	4,037
$130,000	1,336	1,519	1,670	1,912	2,414	2,762	4,387
$140,000	1,442	1,640	1,803	2,064	2,606	2,982	4,736
$150,000	1,548	1,761	1,936	2,217	2,798	3,202	5,085
$160,000	1,655	1,882	2,069	2,369	2,990	3,422	5,435
$170,000	1,761	2,003	2,202	2,521	3,183	3,642	5,784
$180,000	1,868	2,124	2,335	2,673	3,375	3,862	6,134
$190,000	1,974	2,244	2,468	2,826	3,567	4,081	6,483
$200,000	2,080	2,365	2,601	2,978	3,759	4,301	6,832
For each add'l $1,000 add:	10.64	12.10	13.30	15.23	19.22	22.00	34.94

Interpolate for other amounts of coverage.
For optional deductible factors, see the Deductibles section of this manual.

HOMEOWNERS POLICY PROGRAM

PREMIUM MODIFICATIONS

HOMEOWNERS RATING PROCEDURE ORDER OF COMPUTATION
Base Premium and if applicable:

Multiply base premium times Additional Protective Devices factor (rounded)
Multiply adjusted base premium times other than $1,000 deductible factor (rounded)
Multiply adjusted base premium times Wood Burning Heating Surcharge factor (rounded)
Multiply adjusted base premium times Insurance Score Factor (rounded)
Add any additional coverage premiums (rounded)

ADDITIONAL PROTECTIVE DEVICES - ALL FORMS
Approved and properly maintained installations of burglar alarms, fire alarms and automatic sprinklers in the dwelling may be recognized by applying the single lowest qualifying factor to the BASE MANUAL PREMIUM.

Type of Installation*	Factor
Central Station Reporting Burglar Alarm	.95
Central Station Reporting Fire Alarm	.95
Police Station Reporting Burglar Alarm	.97
Fire Department Reporting Fire Alarm	.97
Local Burglar and/or Fire Alarm	.98
Automatic Sprinklers in all areas including attics, bathrooms, closets, attached structures	.87
Automatic Sprinklers in all areas except attic, bathroom, closet and attached structure areas that are protected by a fire detector	.92

* Refer to company for eligibility, types of systems and devices, installations, an available credits.

Use Endorsement HO 04 16 Premises Alarm or Fire Protection System.

DEDUCTIBLES - ALL FORMS
The base deductible for the Homeowners programs is $1,000 All Perils.

A. Optional Higher Deductibles
All Perils Deductibles
To compute the premium for this provision, multiply the adjusted BASE PREMIUM by the factors listed below.

Deductible Amounts	Factor
$500	1.20
$1,000	1.00
$1,500	.96
$2,500	.90
$5,000	.83
$7,500	.75
$10,000	.69

B. Windstorm or Hail Deductibles

All forms except HO 00 04 and 06

The following deductible options are used in conjunction with the deductible applicable to All Other Section I perils. Separate deductibles for All Other Section I perils and Windstorm or Hail will be shown on the Declarations.

For both percentage and higher fixed-dollar deductibles, use Endorsement HO-412 Windstorm or Hail Deductible.

1. Percentage Deductibles
   a. A percentage deductible of 1%, 2%, or 5% of the Coverage A limit of liability is available when the dollar amount of the percentage deductible selected exceeds the amount of the deductible applicable to All Other Section I perils.
   b. In the event of a Windstorm or Hail loss to covered property, the dollar amount is deducted from the total of the loss for all coverages.
   c. Factors
      The factors displayed below incorporate the factors for the All Perils Deductibles. Do not use the factors for the All Perils Deductibles when rating a policy with a higher Windstorm or Hail deductible.
   d. Deductible Factors
      To compute the premium for this provision, multiply the BASE PREMIUM by the factor listed below for the deductible amounts selected:

1% Windstorm or Hail Deductible

All Other Perils Deductible Amt.	Factor
$ 500	1.15
$ 1,000	.99
$ 1,500	.97
$ 2,500	.90

2% Windstorm or Hail Deductible

All Other Perils Deductible Amt.	Factor
$ 500	1.13
$ 1,000	.96
$ 1,500	.94
$ 2,500	.89

5% Windstorm or Hail Deductible

All Other Perils Deductible Amt.	Factor
$ 500	1.06
$ 1,000	.90
$ 1,500	.89
$ 2,500	.84

2. Higher Fixed-Dollar Deductibles
   a. Deductible amounts of $1,000, $2,000 and $5,000 are available when the dollar amount of the higher fixed-dollar deductible selected exceeds the amount of the deductible applicable to All Other Section I perils.
   b. Factors

      The factors displayed below incorporate the factors for the All Perils Deductibles. Do not use the factors for the All Perils Deductible when rating a policy with a higher Windstorm or Hail deductible.
   c. Deductible Factors

      To compute the premium for this provision, multiply the BASE PREMIUM by the factor listed below for the deductible amounts selected:

$1,000 Windstorm or Hail Deductible

All Other Perils Deductible Amt.	Factor
$ 500	1.16
$1,000	1.00

$2,000 Windstorm or Hail Deductible

All Other Perils Deductible Amt.	Factor
$ 500	1.14
$ 1,000	.98
$ 1,500	.97

$5,000 Windstorm or Hail Deductible

All Other Perils Deductible Amt.	Factor
$ 500	1.09
$ 1,000	.94
$ 1,500	.93
$ 2,500	.88

$7,500 Windstorm or Hail Deductible

All Other Perils Deductible Amt.	Factor
$ 500	1.07
$ 1,000	.92
$ 1,500	.89
$ 2,500	.85
$ 5,000	.76

$10,000 Windstorm or Hail Deductible

All Other Perils Deductible Amt.	Factor
$ 500	1.04
$ 1,000	.90
$ 1,500	.86
$ 2,500	.83
$ 5,000	.75
$ 7,500	.68

HOMEOWNERS POLICY PROGRAM
CLASSIFICATION AND KEY FACTOR TABLES

KEY FACTORS: HO 00 02, HO 00 03 & HO 00 08

Coverage A Amount	Code	FACTOR	Coverage A Amount	Code	FACTOR	Coverage A Amount	Code	FACTOR	Coverage A Amount	Code	FACTOR
$4,000	(004)	.440	$38,000	(038)	.780	$90,000	(090)	1.540	$160,000	(160)	2.800
$6,000	(006)	.460	$40,000	(040)	.800	$95,000	(095)	1.630	$165,000	(165)	2.890
$8,000	(008)	.480	$42,000	(042)	.820	$100,000	(100)	1.720	$170,000	(170)	2.980
$10,000	(010)	.500	$44,000	(044)	.840	$105,000	(105)	1.810	$175,000	(175)	3.070
$12,000	(012)	.520	$46,000	(046)	.860	$110,000	(110)	1.900	$180,000	(180)	3.160
$14,000	(014)	.540	$48,000	(048)	.880	$115,000	(115)	1.990	$185,000	(185)	3.250
$16,000	(016)	.560	$50,000	(050)	.900	$120,000	(120)	2.080	$190,000	(190)	3.340
$18,000	(018)	.580	$55,000	(055)	.950	$125,000	(125)	2.170	$195,000	(195)	3.430
$20,000	(020)	.600	$60,000	(060)	1.000	$130,000	(130)	2.260	$200,000	(200)	3.520
$25,000	(025)	.650	$65,000	(065)	1.090	$135,000	(135)	2.350			
$30,000	(030)	.700	$70,000	(070)	1.180	$140,000	(140)	2.440			
$32,000	(032)	.720	$75,000	(075)	1.270	$145,000	(145)	2.530			
$34,000	(034)	.740	$80,000	(080)	1.360	$150,000	(150)	2.620	EACH ADD'L		
$36,000	(036)	.760	$85,000	(085)	1.450	$155,000	(155)	2.710	$1,000 add:		.018

KEY FACTORS: HO 00 04 and HO 00 06

Coverage C Amount	Code	FACTOR	Coverage C Amount	Code	FACTOR	Coverage C Amount	Code	FACTOR	Coverage C Amount	Code	FACTOR
$10,000	(010)	1.00	$19,000	(019)	1.58	$28,000	(028)	2.12	$37,000	(037)	2.66
$11,000	(011)	1.07	$20,000	(020)	1.64	$29,000	(029)	2.18	$38,000	(038)	2.72
$12,000	(012)	1.14	$21,000	(021)	1.70	$30,000	(030)	2.24	$39,000	(039)	2.78
$13,000	(013)	1.21	$22,000	(022)	1.76	$31,000	(031)	2.30	$40,000	(040)	2.84
$14,000	(014)	1.28	$23,000	(023)	1.82	$32,000	(032)	2.36			
$15,000	(015)	1.34	$24,000	(024)	1.88	$33,000	(033)	2.42			
$16,000	(016)	1.40	$25,000	(025)	1.94	$34,000	(034)	2.48	EACH ADD'L		
$17,000	(017)	1.46	$26,000	(026)	2.00	$35,000	(035)	2.54	$1,000 add:		.06
$18,000	(018)	1.52	$27,000	(027)	2.06	$36,000	(036)	2.60			

FORM FACTORS

Form:	**HO 00 02**	**HO 00 08**	**HO 00 06**
Factor:	HO 00 03 BASE * 0.97	HO 00 03 BASE * 1.164	HO 00 04 BASE * 0.8

CONSTRUCTION - PROTECTION CLASS FACTORS

Prot. Class	Const.	HO 00 02, 3&8 Factor	Prot. Class	HO 00 04 Factor
1-3	M	0.80	1-4	0.81
	F	0.88		0.96
4-5	M	0.88	5-6	0.83
	F	1.00		1.00
6	M	1.00	7-8	0.83
	F	1.10		1.00
7	M	1.14	9-10	0.83
	F	1.26		1.00
8	M	1.34		
	F	1.59		
9	M	1.57		
	F	1.82		
10	M	2.50		
	F	2.89		

TERRITORY BASE PREMIUMS

$1,000 Ded Territory	HO 00 03 Base Premium	HO 00 04 Base Premium
30	509	141
31	548	141
32	565	141
34	524	129
35	587	129
36	577	129

HOMEOWNERS POLICY PROGRAM

DEDUCTIBLES
All Homeowners business will be required to have a minimum of a $500 All Perils Deductible.

PHOTOGRAPH REQUIREMENTS
Photographs of the dwelling and all outbuildings for all 1-4 family dwelling units (all policy forms) are required with each application. Take at least one photograph of each building from a diagonal corner so two sides of the building will be shown.

GUIDELINES TO ACCEPTABILITY
The following will help you determine what to look for in the Homeowners risk. All conditions must be met for the risk to qualify. Property that does not qualify for a Homeowners policy in this program may qualify for coverage in another program.

A. **Roof Covering -** The roof must be of composition, wood or tile shingles in good condition and if composition not over 15 years old. Note that some new metal type roofing may be acceptable if signed form IL-365 Exclusion of Cosmetic Damage to Roof Coverings Caused by Hail is received.
B. **Siding -** The siding must be of masonry, brick, veneer, stone, concrete, concrete block, tile, frame, aluminum, vinyl or steel shingles.
C. **Foundation -** The dwelling must have a continuous masonry foundation.
D. **Heating Unit -** The dwelling must have a permanently installed central heating system with thermostatic controls and the heating system must not be over 25 years of age. If the primary heating source is NOT of the conventional electric, natural gas, oil or hot water furnace type with appropriate duct work and heat transfer devices, a Supplemental Heating Questionnaire must be completed and a photograph of the heating device must be submitted with the application.
   A wood, coal or kerosene space heater or stove is acceptable only if properly installed and only if used as a supplemental heating device. A Supplemental Heating Questionnaire must be completed and a photograph of the supplemental heating device and thimble must be submitted with the application.
   Note that when wood heat exists in homes located in fire protection classes 8 or higher, a Wood-Burning Heating Systems Surcharge will be applied. This surcharge will not apply to homes when a traditional fireplace is the only form of wood heat. Refer to the rate pages for this charge.
E. **Wiring -** The dwelling must have a minimum of one circuit per room with the exception of the kitchen. The kitchen must have a minimum of two circuits, plus heavy duty circuits as required for electric stoves, electric air conditioners and electric water heaters. Wiring must meet local building codes.
F. **Outbuildings -** When there are outbuildings, the application is to be submitted with pictures and complete underwriting information on each.
G. **Age of Dwelling -** Older homes may be written if they have been exceptionally well maintained and if the roof, wiring, heating and plumbing systems have been modernized and meet today's electrical and building codes. Do not confuse redecorating or room additions with updating of basic dwelling conditions. Comprehensive modernization is required.
H. **Acreage -** A Homeowners Policy shall not be issued where the business of farming is conducted on the premises, or where there are any farm type buildings, or generally where the home is located on more than ten acres.

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Form RF-2 Loss Costs Only (not for workers' compensation)		
Bypass Reason:	Not applicable.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	H-1 Homeowners Abstract	Filed	06/11/2010
Comments:			
Attachments:			
H-1- CNI-Preferred.pdf			
H-1 - CMI-Standard.pdf			

		Item Status:	Status Date:
Satisfied - Item:	HPCS-Homeowners Premium Comparison Survey	Filed	06/11/2010
Comments:			
Attachments:			
HPCS 6-10 Preferred.xls			
HPCS 6-10 Preferred.pdf			
HPCS 6-10 Standard.xls			
HPCS 6-10 Standard.pdf			

		Item Status:	Status Date:
Satisfied - Item:	NAIC loss cost data entry document	Filed	06/11/2010
Comments:			
Attachments:			
RF-1 - HOP - CMI.pdf			
RF-1 - HOP - CNI.pdf			

		Item Status:	**Status Date:**
Satisfied - Item:	Advserse Action Letter	Filed	06/11/2010

Comments:

Attachment:

Adverse Action Letter.pdf

		Item Status:	**Status Date:**
Satisfied - Item:	5 Year Tier Exhibit	Filed	06/11/2010

Comments:

Attachment:

Arkansas 5 Year Tier Exhibit.pdf

		Item Status:	**Status Date:**
Satisfied - Item:	Arkansas Homeowners Actuarial Review	Filed	06/11/2010

Comments:

Attachment:

Arkansas Exhibit.pdf

		Item Status:	**Status Date:**
Satisfied - Item:	Arkansas 2004-2009 Spreadsheet	Filed	06/11/2010

Comments:

Attachment:

2004-2009 Spreadsheet.pdf

		Item Status:	**Status Date:**
Satisfied - Item:	Chart - Amt of increase in policy count	Filed	06/11/2010

Comments:

Attachments:

CMI Chart - Amt of increase in policy count.pdf

CNI Chart - Amt of increase in policy count.pdf

		Item Status:	**Status Date:**
Satisfied - Item:	5 Year Tiers Charts - Arkansas and Countrywide	Filed	06/11/2010

Comments:

Attachments:

Arkansas 5 year Tier Chart.pdf

Countrywide 5 year Tier Chart.pdf

ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

INSTRUCTIONS: All questions must be answered. If the answer is "none" or "not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent homeowners rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name Columbia National Insurance Company
NAIC # (including group #) 807-19640

1. If you have had an insurance to value campaign during the experience filing period, describe the campaign and estimate its impact.
   N/A

2. If you use a cost estimator (or some similar method) in order to make sure that dwellings (or contents) are insured at their value, state when this program was started in Arkansas and estimate its impact.
   We began requiring 100% replacement cost using home cost estimator on 3-15-95. Unknown impact.

3. If you require a minimum relationship between the amount of insurance to be written and the replacement value of the dwelling (contents) in order to purchase insurance, describe the procedures that are used.
   Form HO 00 03 – We require 100% of replacement coverage based on e2Value Residential Cost Estimator.

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.
   Form HO 00 03 – The policy will be endorsed to provide automatic annual increases of the Section I Limits of Liability. This adjustment will be based upon the annual average e2Value Residential Building Cost Percentage Change Factors – unknown impact.

5. Specify the percentage given for credit or discounts for the following:

a.	Fire Extinguisher	0	%
b.	Burglar Alarm	2-5	%
c.	Smoke Alarm	2	%
d.	Insured who has both homeowners and auto with your company	10	%
e.	Deadbolt Locks	0	%
f.	Window or Door Locks	0	%
g.	Other (specify) Automatic Sprinkler	13	%
	Fire Alarm	2-5	%

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance? If so, state the areas and explain reason for not writing.
   No

7. Specify the form(s) utilized in writing homeowners insurance. Indicate the Arkansas premium volume for each form.

Form	Premium Volume
HO 00 03	$1,418,007
HO 00 04	$ 3,101
HO 00 06	$ 1,662

8. Do you write homeowner risks which have aluminum, steel or vinyl siding? ☒ Yes ☐ No

9. Is there a surcharge on risks with wood heat? Yes
If yes, state the surcharge Class 8 or higher – 5% surcharge
Does the surcharge apply to conventional fire places? No
If yes, state the surcharge N/A

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

DeeDee Williams
Printed Name

Assistant Analyst
Title

573-474-6193 x1261
Telephone Number

dwilliams@colinsgrp.com
Email Address

ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

INSTRUCTIONS: All questions must be answered. If the answer is "none" or "not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent homeowners rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name Columbia Mutual Insurance Company
NAIC # (including group #) 807-40371

1. If you have had an insurance to value campaign during the experience filing period, describe the campaign and estimate its impact.
   N/A

2. If you use a cost estimator (or some similar method) in order to make sure that dwellings (or contents) are insured at their value, state when this program was started in Arkansas and estimate its impact.
   We began requiring 100% replacement cost using home cost estimator on 3-15-95. Unknown impact.

3. If you require a minimum relationship between the amount of insurance to be written and the replacement value of the dwelling (contents) in order to purchase insurance, describe the procedures that are used.
   Form HO 00 02 and HO 00 03 – We require 100% of replacement coverage based on e2Value Residential Cost Estimator.

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.
   Form HO 00 02 and HO 00 03 – The policy will be endorsed to provide automatic annual increases of the Section I Limits of Liability. This adjustment will be based upon the annual average e2Value Residential Building Cost Percentage Change Factors – unknown impact.

5. Specify the percentage given for credit or discounts for the following:

a.	Fire Extinguisher	0	%
b.	Burglar Alarm	2-5	%
c.	Smoke Alarm	2	%
d.	Insured who has both homeowners and auto with your company	10	%
e.	Deadbolt Locks	0	%
f.	Window or Door Locks	0	%
g.	Other (specify) Automatic Sprinkler	13	%
	Fire Alarm	2-5	%

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance? If so, state the areas and explain reason for not writing.
   No

7. Specify the form(s) utilized in writing homeowners insurance. Indicate the Arkansas premium volume for each form.

Form	Premium Volume
HO 00 02	$111,552
HO 00 03	$829,184
HO 00 04	$ 24,655
HO 00 06	$ 4,834
HO 00 08	$ 41,450

8. Do you write homeowner risks which have aluminum, steel or vinyl siding? ☒ Yes ☐ No

9. Is there a surcharge on risks with wood heat? Yes
   If yes, state the surcharge Class 8 or higher – 5% surcharge
   Does the surcharge apply to conventional fire places? No
   If yes, state the surcharge N/A

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

DeeDee Williams
Printed Name

Assistant Analyst
Title

573-474-6193 x1261
Telephone Number

dwilliams@colinsgrp.com
Email Address

NAIC Number:	19640
Company Name:	Columbia National Insurance Company - Preferred Program
Contact Person:	DeeDee Williams
Telephone No.:	573-474-6193 x1261
Email Address:	dwilliams@colinsgrp.com
Effective Date:	

Homeowners Premium Comparision Survey Form
FORM HPCS - last modified April, 2010

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

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

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	605	666	605	666	678	746	678	746	666	731	666	731	666	731	605	666	632	695
	$120,000	840	924	840	924	941	1035	941	1035	924	1016	924	1016	924	1016	840	924	876	965
	$160,000	1047	1152	1047	1152	1173	1290	1173	1290	1152	1265	4452	1265	1152	1265	1047	1152	1092	1202
6	$80,000	756	940	756	831	847	932	847	932	831	915	831	915	831	915	756	831	789	868
	$120,000	1049	1154	1049	1154	1177	1294	1177	1294	1154	1270	1154	1270	1154	1270	1049	1154	1096	1205
	$160,000	1277	1439	1309	1439	1466	1614	1466	1614	1439	1583	1434	1583	1439	1583	1309	1439	1366	1503
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	204	241	204	241	204	241	204	241	204	241	204	241	204	241	204	241	224	265
6	$5,000																		
	$15,000																		
	$25,000	209	252	209	252	209	252	209	252	209	252	209	252	209	252	209	252	229	275
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																		
	$120,000																		
	$160,000																		
6	$80,000																		
	$120,000																		
	$160,000																		
9	$80,000																		
	$120,000																		
	$160,000																		

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

HO3 and HO4 only

Fire Extinguisher	0 %	*Deadbolt Lock*	0 %		
Burglar Alarm	2-5 %	*Window Locks*	0 %		
Smoke Alarm	2 %	*$1,000 Deductible*	Base Ded %		
		Other (specify)			
		Fire Alarm	2-5 %		
		Maximum Credit Allowed	N/A %		

EARTHQUAKE INSURANCE

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

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

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? 10 %

	Zone	Brick	Frame
WHAT IS YOUR PRICE PER $1,000 OF COVERAGE?	Highest Risk	$ 1.47	$ 0.68
	Lowest Risk	$ 1.13	$ 0.45

NAIC Number:	40371
Company Name:	Columbia Mutual Insurance Company - Standard Program
Contact Person:	DeeDee Williams
Telephone No.:	573-474-6193 x 1261
Email Address:	dwilliams@colinsgrp.com
Effective Date:	

Homeowners Premium Comparision Survey Form
FORM HPCS - last modified April, 2010

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

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

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*	633	696	633	696	709	780	709	780	697	767	697	767	697	767	633	696	662	728
	$120,000	968	1064	968	1064	1086	1193	1086	1193	1067	1173	1067	1173	1067	1173	968	1064	1011	1113
	$160,000	1302	1433	1302	1433	1461	1607	1461	1607	1436	1578	1436	1578	1436	1578	1302	1433	1361	1499
6	*$80,000*	791	869	791	869	886	976	886	1116	871	959	871	959	871	959	791	864	827	910
	$120,000	1210	1330	1210	1330	1355	1492	1355	1492	1332	1466	1332	1466	1332	1466	1210	1330	1265	1392
	$160,000	1628	1790	1628	1790	1825	2008	1825	2008	1794	1974	1794	1974	1794	1974	1628	1790	1703	1874
9	*$80,000*	1242	1440	1242	1440	1392	1612	1392	1612	1368	1585	1368	1585	1368	1585	1242	1440	1299	1505
	$120,000	1900	2202	1900	2202	2129	2465	2129	2465	2091	2424	2091	2424	2091	2424	1900	2202	1986	2302
	$160,000	2557	2965	2557	2965	2866	3319	2866	3319	2816	3263	2816	3263	2816	3263	2557	2965	2673	3099

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	154	184	154	184	154	184	154	184	154	184	154	184	154	184	154	184	170	201
	$25,000	224	268	224	268	224	268	224	268	224	268	224	268	224	268	224	268	245	291
6	*$5,000*																		
	$15,000	159	192	159	192	159	192	159	192	159	192	159	192	159	192	159	192	174	210
	$25,000	231	278	231	278	231	278	231	278	231	278	231	278	231	278	231	278	252	304
9	*$5,000*																		
	$15,000	159	192	159	192	159	192	159	192	159	192	159	192	159	192	159	192	174	210
	$25,000	231	278	231	278	231	278	231	278	231	278	231	278	231	278	231	278	252	304

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*																		
	$120,000																		
	$160,000																		
6	*$80,000*																		
	$120,000																		
	$160,000																		
9	*$80,000*																		
	$120,000																		
	$160,000																		

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

HO3 and HO4 only

Fire Extinquisher	*0*	%	*Deadbolt Lock*	*0*	%
Burglar Alarm	*2-5*	%	*Window Locks*	*0*	%
Smoke Alarm	*2*	%	*$1,000 Deductible*	*Base Ded.*	%
			Other (specify)		
			Fire Alarm	*2-5*	%
			Maximum Credit Allowed	*n/a*	%

EARTHQUAKE INSURANCE

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

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?	yes	*(yes or no)*
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	10	%

	Zone	Brick	Frame
WHAT IS YOUR PRICE PER $1,000 OF COVERAGE?	Highest Risk	$ 1.47	$ 0.68
	Lowest Risk	$ 1.13	$ 0.45

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

1.	This filing transmittal is part of Company Tracking #	CMI-HOP-10-R01

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	N/A

		Company Name		Company NAIC Number
3.	**A.**	Columbia Mutual Insurance Company	**B.**	40371

		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.**	4.0 Homeowners	**B.**	4.0005 Other Homeowners

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
Homeowners	+0.4%	4.5%	0	0	0	0	0
TOTAL OVERALL EFFECT	+0.4%	4.5%					

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
2005	1727	0	N/A	1,331	194	14.5%	31.8%
2006	1460	0	N/A	1,191	790	66.3%	84.9%
2007	1283	0	N/A	1,123	216	19.2%	71.2%
2008	1207	0	N/A	1,066	1,127	105.7%	74.7%
2009	1108	5.0%	5/1/09	1,012	819	81.0%	88.8%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	18.2
B. General Expense	5.8
C. Taxes, Licenses & Fees	3.2
D. Underwriting Profit & Contingencies	5.0
E. Other (explain)	0
F. TOTAL	32.0

8. N/A Apply Loss Cost Factors to Future filings? (Y or N)

9. 48.9 Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____

10. 15.2 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

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

1.	This filing transmittal is part of Company Tracking #	CNI-HOP-10-R01

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	N/A

		Company Name		Company NAIC Number
3.	**A.**	Columbia National Insurance Company	**B.**	19540

		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.**	4.0 Homeowners	**B.**	4.0005 Other Homeowners

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
Homeowners	+0.4%	4.5%	0	0	0	0	0
TOTAL OVERALL EFFECT	+0.4%	4.5%					

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
2005	2025	0	N/A	1,871	1,646	88.0%	62.4%
2006	1782	0	N/A	1,688	523	31.0%	107.2%
2007	1614	0	N/A	1,578	907	57.5%	47.8%
2008	1474	0	N/A	1,506	1,961	130.2%	109.5%
2009	1334	5.0%	5/1/09	1,423	2,150	151.1%	95.6%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	18.2
B. General Expense	5.8
C. Taxes, Licenses & Fees	3.2
D. Underwriting Profit & Contingencies	5.0
E. Other (explain)	0
F. TOTAL	32.0

8. N/A Apply Loss Cost Factors to Future filings? (Y or N)

9. 43.1 Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____

10. 15.2 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

COLUMBIA
INSURANCE GROUP
2102 White Gate Drive
P.O. Box 618
Columbia, Missouri 65205
(573)474-6193

Date

Insured Name
Insured Address

RE: **Policy Number:**
Type of Insurance: Homeowners

Dear Insured(s)

Thank you for purchasing your property coverage through Columbia Insurance Group. We appreciate the trust that you have placed in us and your independent insurance agent to insure your home or dwelling. We would like to take this opportunity to explain how your policy was rated with our company. The rating factors that we used in determining the premium for your policy include:

* Eligible discounts that we have available and
* Your insurance score, which is based on certain aspects of your credit history. If you have an existing automobile policy, we have applied the same insurance score currently on your auto policy.

While we were not able to offer you our lowest premium, we did use all of the factors listed above to ensure that you were given the best rate possible. Listed below are four of the financial factors that affected your insurance score. If nothing is listed, there were no adverse factors.

1.
2.
3.
4.

While ChoicePoint Inc. provided us with information on your credit history, they did not make any decisions on how your policy was rated. A copy of this report may be obtained from ChoicePoint. If you request a copy within 60 days, the report will be sent to you free of charge. If you do write or call ChoicePoint to request a copy, it will expedite handling by referring to your report as follows: NCF Reference #00000078786970. You may contact them at the following address or phone number:

ChoicePoint Consumer Credit
PO Box 105108
Atlanta GA 30348-5108
Telephone: 1-800-456-6004

If you feel that the information on the report is not accurate, please contact the Credit Bureau in your area and discuss any disputed items with them. If your report is modified after your contact with the Credit Bureau, please let us know, in writing, and we will update our files. If the modification in your report qualifies you for a better rate, we will make an adjustment in your policy premium.

We appreciate the trust you have in us for providing your insurance needs. If you have any further questions, please contact your agent.

Sincerely yours,

COLUMBIA MUTUAL INSURANCE CO
Personal Underwriting Department

Cc: Agent

Homeowners

Countrywide

2004-2009 data

Tier	Earned Premium	Incurred Loss	Indicated Factor	Proposed Factor
T-1	1,872,073	950,617	0.62	0.85
T-2	2,664,753	1,468,754	0.67	0.85
T-3	3,188,948	1,998,653	0.77	0.90
T-4	3,983,075	2,381,602	0.73	0.95
T-5	55,730,598	48,185,438	1.06	1.00
T-6	784,220	662,452	1.03	1.10
T-7	544,238	764,180	1.71	1.20
T-8	422,985	223,373	0.64	1.20
T-9	459,611	403,979	1.07	1.20
T-10	38,484	45,202	1.43	1.20
T-11	18,602	14,793	0.97	1.20
	69,707,586	57,099,045		

Arkansas

2004-2009 data

Tier	Earned Premium	Incurred Loss	Indicated Factor	Proposed Factor
T-1	292,036	227,271	1.04	0.85
T-2	323,722	152,480	0.63	0.85
T-3	426,187	172,711	0.54	0.90
T-4	747,748	398,437	0.71	0.95
T-5	11,546,316	8,818,165	1.02	1.00
T-6	150,707	94,100	0.83	1.10
T-7	95,076	348,413	4.89	1.20
T-8	102,027	40,207	0.53	1.20
T-9	92,437	80,855	1.17	1.20
T-10	9,737	-	0.00	1.20
T-11	2,943	1,371	0.62	1.20
	13,788,935	10,334,010		

Tier Groupings have been estimated by the current scores available on policies. Policies without a current score were placed in Tier 5.

ARKANSAS HOMEOWNERS ACTUARIAL REVIEW

Statewide Rate Level Change Calculations

(Data as of 12/31/2009)

Exhibit A

Form	Year	(1) Trended Premium	(2) Trended Loss & LAE	(3) Trended Loss Ratio	(4) Target Loss Ratio	(5) Preliminary Indication	(6) Credibility	(7) Indicated Change
Owners	2004	5,011,703	2,047,895	40.9%	68.0%	0.5%	100%	0.5%
	2005	4,040,984	2,079,559	51.5%				
	2006	3,529,582	2,138,152	60.6%				
	2007	3,187,622	1,395,439	43.8%				
	2008	2,924,137	3,573,637	122.2%				
	2009	2,637,887	3,349,404	127.0%				
		21,331,916	14,584,085	68.4%				
Form 04	2004	42,734	873	2.0%	68.0%	-83.3%	10%	-10.4%
	2005	32,913	4,286	13.0%				
	2006	33,109	695	2.1%				
	2007	32,469	689	2.1%				
	2008	29,904	8,952	29.9%				
	2009	28,299	7,196	25.4%				
		199,428	22,691	11.4%				
Form 06	2004	11,942	4,671	39.1%	68.0%	-68.1%	0%	-3.0%
	2005	11,582	6,174	53.3%				
	2006	9,204	191	2.1%				
	2007	9,000	189	2.1%				
	2008	9,360	201	2.1%				
	2009	6,652	1,111	16.7%				
		57,740	12,537	21.7%				
					Overall	**-0.5%**		**0.4%**

Exhibit B

Target Loss Ratios

	Commission	18.0%
	OAE	3.8%
	General	2.0%
	TLF	3.2%
(8)	Profit	5.0%
	Total Expenses	32.0%
	Target Ratio	68.0%

(1) Premium is brought to the current rate level and is adjusted using trend factors from ISO.

(2) Accident year incurred loss and LAE are combined and trended to the midpoint of the experience period using trend factors from ISO and fitted CIG severity. Also, incurred loss and LAE are developed to an ultimate settlement basis by applying loss development factors derived from CIG data.

(3) (2) / (1)

(4) See Exhibit B

(5) [(3) / (4)] - 1. The overall preliminary indication is calculated by taking the preliminary indication for each form weighted by written premium at the current rate level for 2009.

(6) See Exhibit C

(7) [(6) * (5)] + [1 - (6)] * (ISO review indication). This constitutes 100% credibility by complementing CIG's credibility with ISO's. The overall indicated change is calculated by taking the indicated change for each form weighted by written premium at the current rate level for 2009.

(8) Profit equals underwriting profit plus investment income.

ARKANSAS HOMEOWNERS ACTUARIAL REVIEW

Exhibit C

Indicated rate changes are weighted in accordance with the following:

Credibility	Determination of Coverage & Territory Credibility (A)(B)
0	0 - 10
.10	11 - 42
.20	43 - 97
.30	98 - 172
.40	173 - 270
.50	271 - 389
.60	390 - 530
.70	531 - 693
.80	694 - 877
.90	878 - 1,083
1.00	1,084 or more

(A) Coverage credibility is based on the number of claims for January 2004 through December 2009 for each coverage.

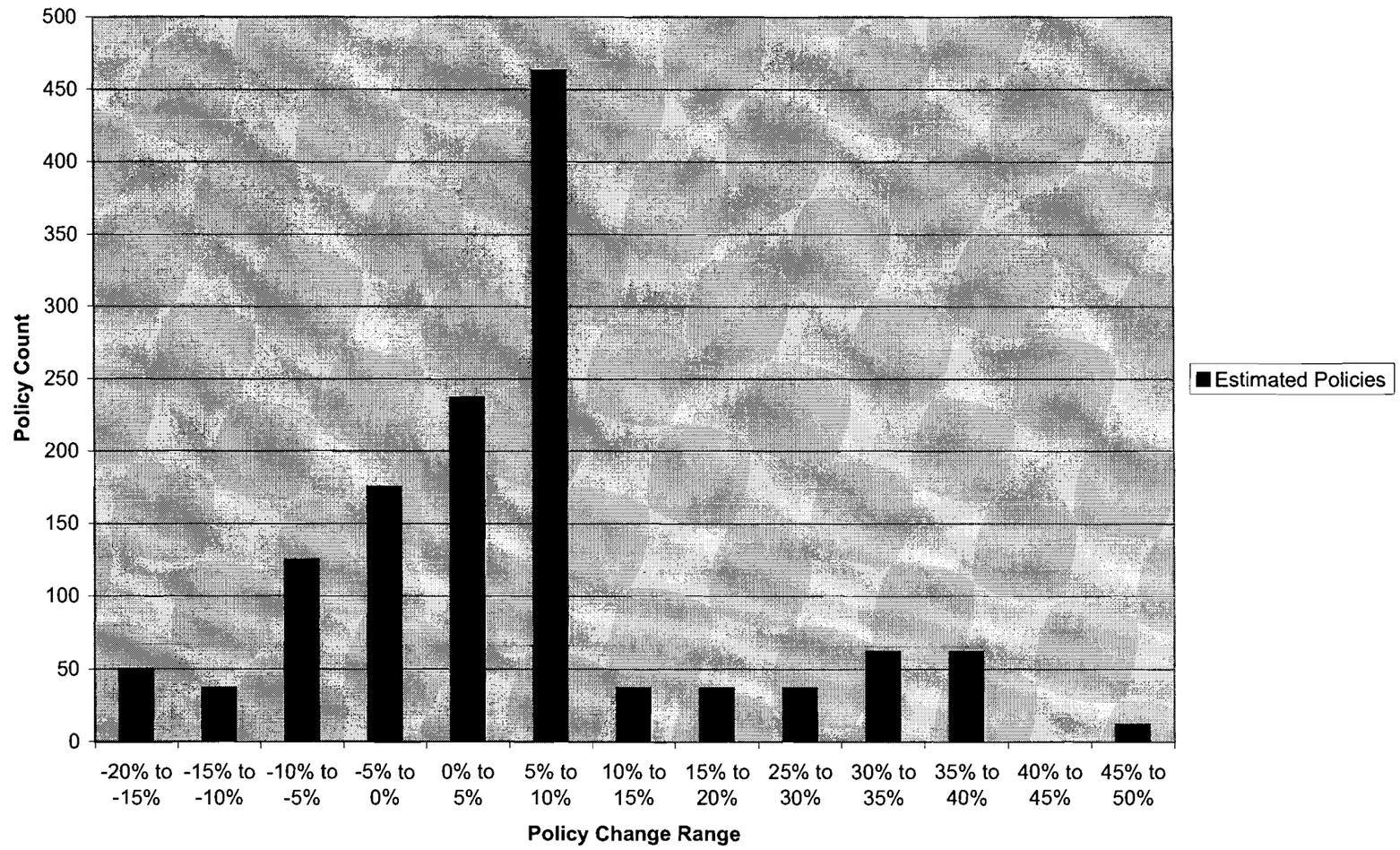
(B) Territory credibility is based on the number of claims for January 2004 through December 2009 for each territory.

Arkansas
2004 - 2009

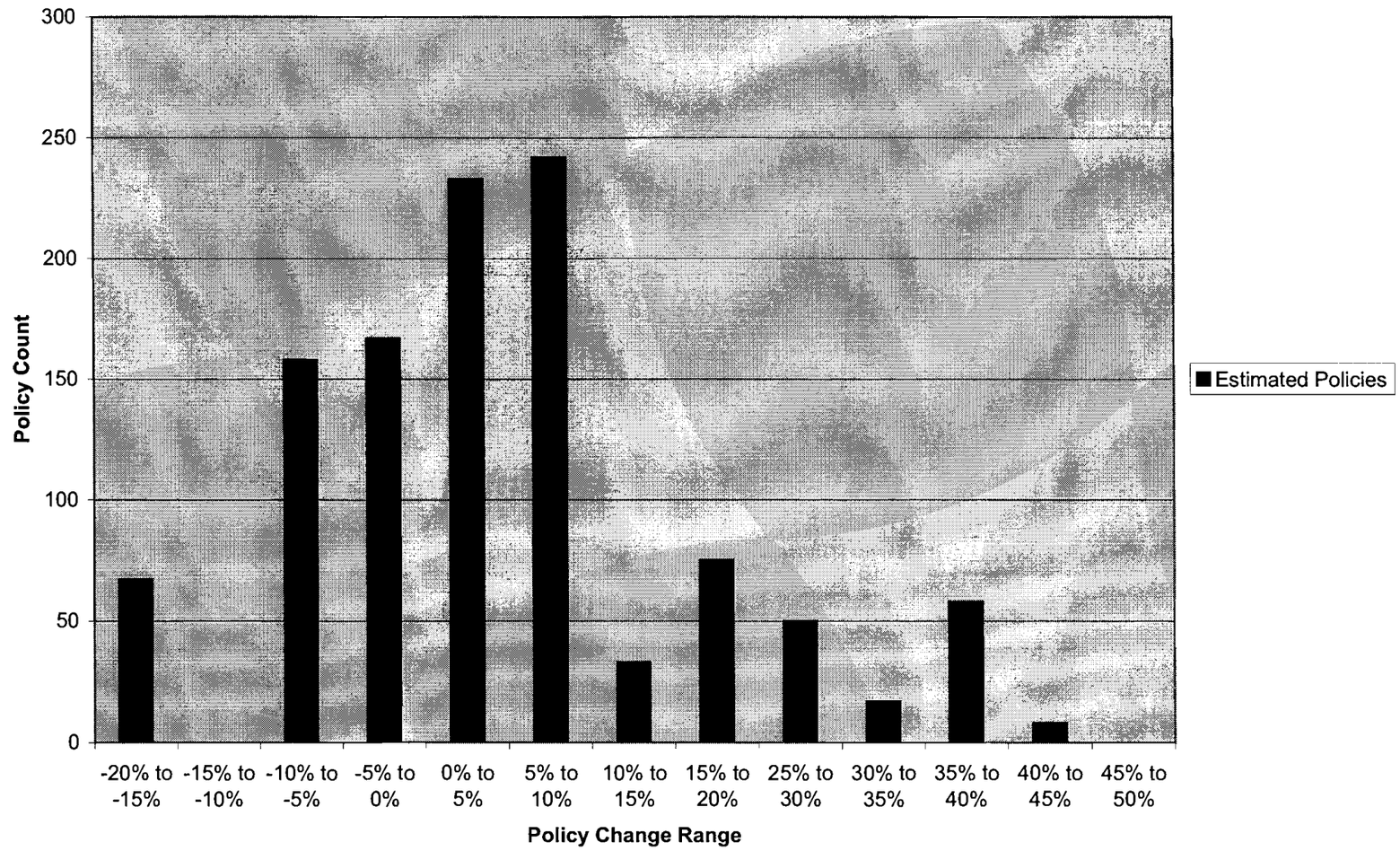
Tier	Earned Premium	Incurred Losses	Indicated Factors	Proposed Factors 2	Tier Factor Impact
T-1	$292,036	$227,271	1.04	0.85	$248,230.60
T-2	$323,722	$152,480	0.63	0.85	$275,163.70
T-3	$426,187	$172,711	0.54	0.90	$383,568.30
T-4	$747,748	$398,437	0.71	0.95	$710,360.60
T-5	$11,546,316	$8,818,165	1.02	1.00	$11,546,316.00
T-6	$150,707	$94,100	0.83	1.10	$165,777.70
T-7	$95,076	$348,413	4.89	1.20	$114,091.20
T-8	$102,027	$40,207	0.53	1.20	$122,432.40
T-9	$92,437	$80,855	1.17	1.20	$110,924.40
T-10	$9,737		0	1.20	$11,684.40
T-11	$2,943	$1,371	0.62	1.20	$3,531.60

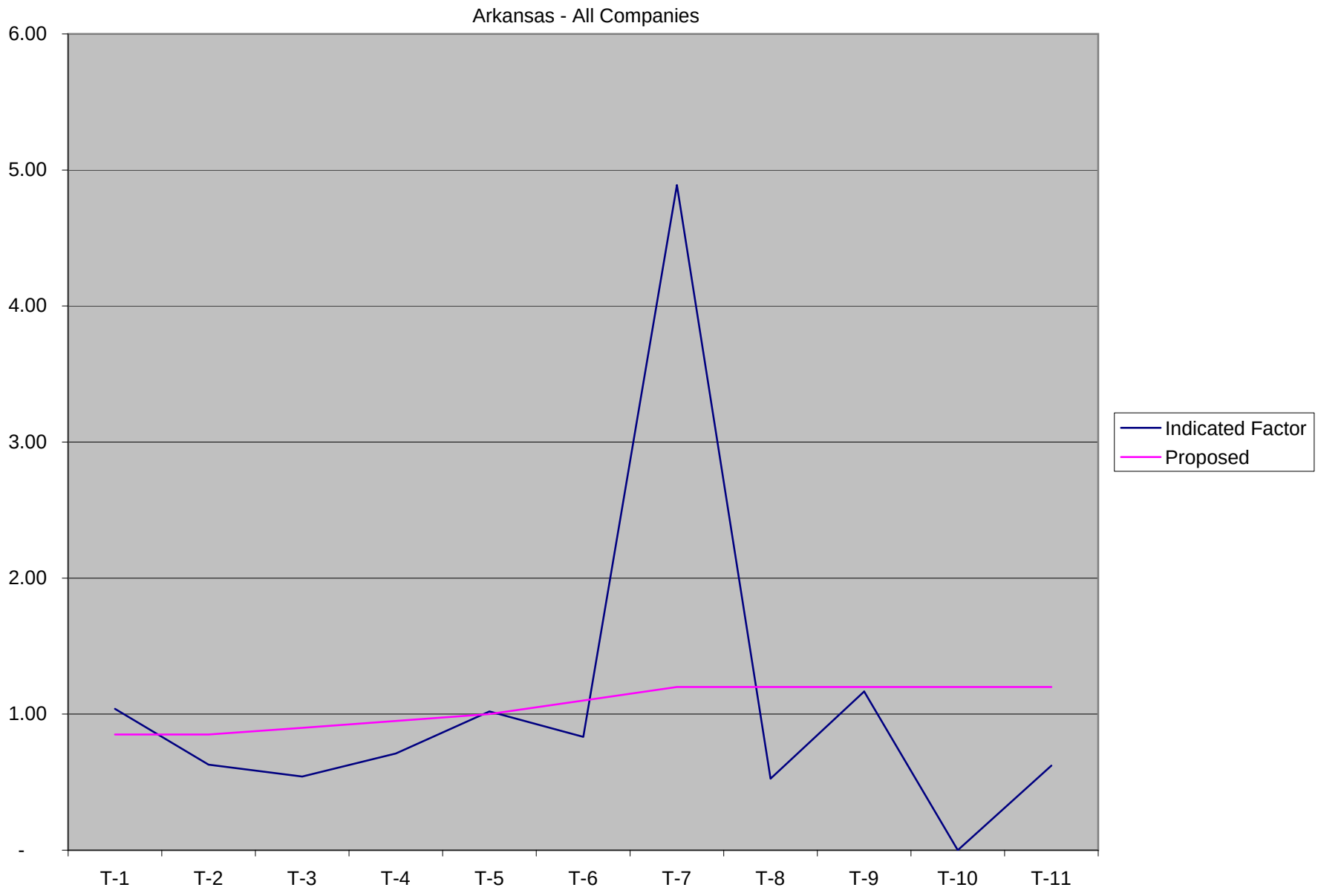
Totals	$13,788,936				$13,692,080.90

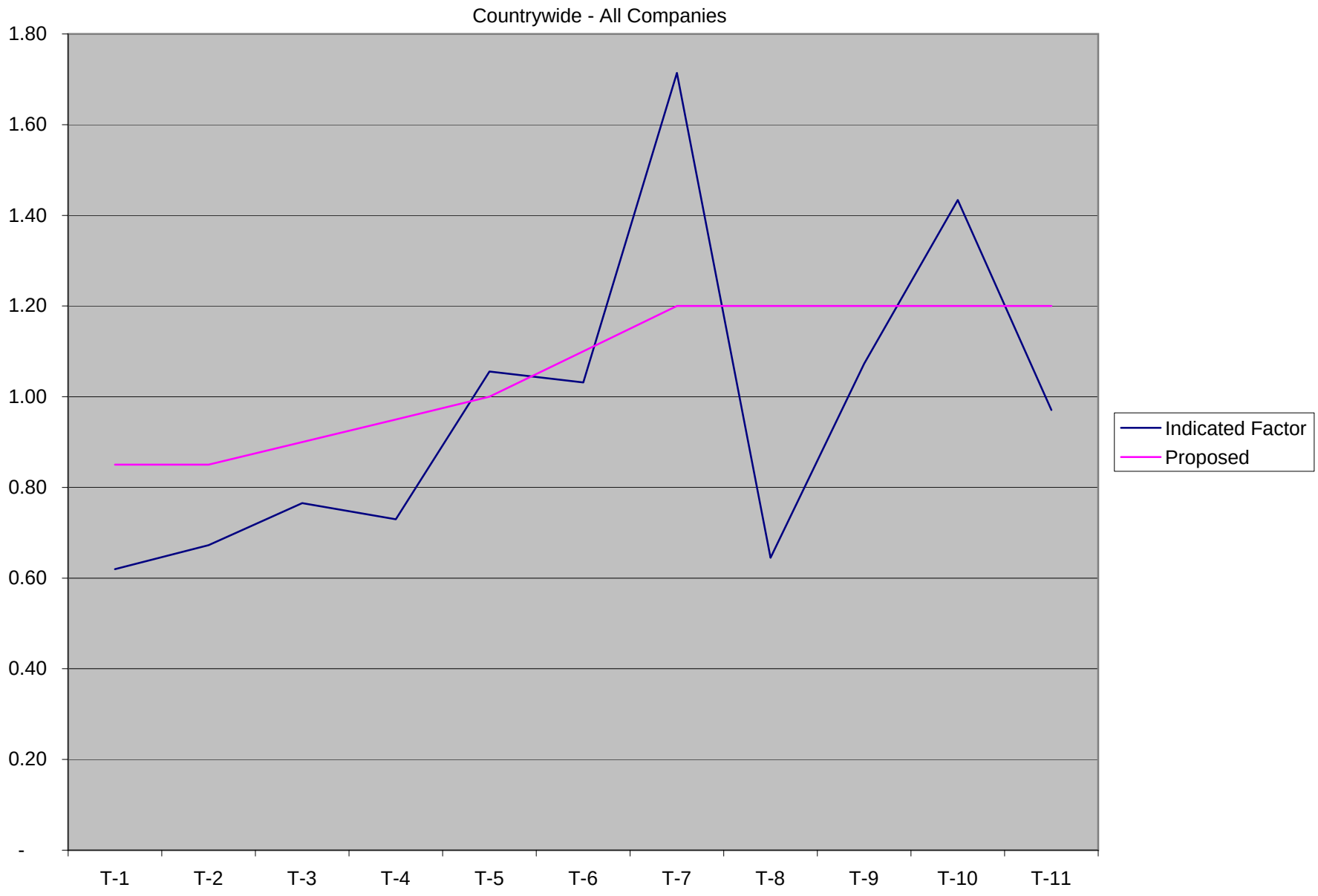
Columbia Mutual Homeowners Disruption Chart



Columbia National Homeowners Disruption Chart




Arkansas - All Companies
6.00
5.00
4.00
3.00
2.00
1.00
-
T-1
T-2
T-3
T-4
T-5
T-6
T-7
T-8
T-9
T-10
T-11
Indicated Factor
Proposed


Countrywide - All Companies
1.80
1.60
1.40
1.20
1.00
0.80
0.60
0.40
0.20
-
T-1
T-2
T-3
T-4
T-5
T-6
T-7
T-8
T-9
T-10
T-11
Indicated Factor
Proposed

Superseded Schedule Items

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.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/21/2010	Rate and Rule	Preferred - Revised manual pages	05/20/2010	UR 2-3.pdf (Superceded)
05/20/2010	Rate and Rule	Standard - Revised manual page	06/01/2010	UR-3.pdf (Superceded)
05/20/2010	Rate and Rule	Preferred - Revised manual pages	06/01/2010	UR 2-3.pdf (Superceded)
03/23/2010	Supporting Document	NAIC loss cost data entry document	05/20/2010	RF-1 - HOP - CMI.pdf (Superceded) RF-1 - HOP - CNI.pdf (Superceded)
05/20/2010	Supporting Document	5 Year Tier Exhibit	06/04/2010	Arkansas 5 Year Tier Exhibit.pdf (Superceded)
06/01/2010	Supporting Document	Arkansas 2004-2009 Spreadsheet	06/04/2010	Arkansas 2004-2009 Spreadsheet.pdf (Superceded)

HOMEOWNERS POLICY PROGRAM

BINDER RESTRICTIONS –HO 00 03, HO 00 04, HO 00 06

DO NOT BIND THE FOLLOWING:

A. When the applicant or a member of his/her household has been arrested for a felony or convicted for any offense other than traffic violations.
B. Applications for amounts of insurance in excess of limits authorized by the Company.
C. Modular homes or other homes of unusual construction without first obtaining permission from Home Office.

BINDER RESTRICTIONS –HO 00 03

DO NOT BIND THE FOLLOWING:

A. When the applicant or a member of his/her household has had a previous fire, theft or liability loss of $500 or more within the last 3 years under either a Homeowners, Fire or Automobile policy.
B. Dwellings which have composition roll roofing or metal roofs.
C. Homes over 30 years of age.

UNDERWRITING REQUIREMENTS – HO 00 04 and HO 00 06

A. Applicant should have prior insurance covering a homeowner type structure and/or contents. This qualification is considered met if the named insured was previously covered under a parent or guardian's policy.
B. Applicant should be 22 years old if married, 25 years old if single.
C. Applicant should be employed full-time or retired. If there is more than one named applicant, at least one must be employed full-time unless both are retired.
D. Applicant should be claim free for the past 3 years. This includes claims under any prior policy covering a homeowner type structure and/or contents.

The coverage and rates for the Preferred Homeowner Program forms HO 00 04 and HO 00 06 are designed for responsible and stable members of the community that are gainfully employed or retired. The property should be located in a reputable, stable residential area or apartment/condominium complex that experiences lower than average incidents of crime. Apartments located above an office or mercantile business may be considered if the applicant is the owner of that business.

BINDER RULES

A. A binder may not be back-dated.
B. The property is to be inspected by the agent and the application completed in full before binding.
C. Mail bound applications within (7) calendar days of the effective hour of the binder.
D. Unbound Applications - The Non-binder section of the application must be signed by the applicant.
E. Refer to company web site or underwriter for binding authority limits.

HOMEOWNERS POLICY PROGRAM

FORMS
Form HO 00 03, HO 00 04 and HO 00 06 are the only policy forms available in this program. Various endorsements are available for use with these forms.

AMOUNTS OF INSURANCE
Amount of insurance should be 100% of replacement cost for the HO 00 03.

DEDUCTIBLES
All Homeowners business will be required to have a minimum of a $500 All Perils Deductible.
Homes with wood shingle type roofs will be required to have a minimum of a $1000 Windstorm or Hail Deductible.
A Windstorm or Hail Deductible may also be required on homes with older roofs.

PHOTOGRAPH REQUIREMENTS
Photographs of the dwelling and all outbuildings for all 1-4 family dwelling units are required with each application. Take at least one photograph of each building from a diagonal corner so two sides of the building will be shown.

HOMEOWNERS POLICY PROGRAM

DEDUCTIBLES

All Homeowners business will be required to have a minimum of a $500 All Perils Deductible.
A Windstorm or Hail Deductible may also be required on homes with older roofs.

PHOTOGRAPH REQUIREMENTS

Photographs of the dwelling and all outbuildings for all 1-4 family dwelling units (all policy forms) are required with each application. Take at least one photograph of each building from a diagonal corner so two sides of the building will be shown.

GUIDELINES TO ACCEPTABILITY

The following will help you determine what to look for in the Homeowners risk. All conditions must be met for the risk to qualify. Property that does not qualify for a Homeowners policy in this program may qualify for coverage in another program.

A. **Roof Covering -** The roof must be of composition, wood or tile shingles in good condition and if composition not over 15 years old. Note that some new metal type roofing may be acceptable if signed form IL-365 Exclusion of Cosmetic Damage to Roof Coverings Caused by Hail is received.
B. **Siding -** The siding must be of masonry, brick, veneer, stone, concrete, concrete block, tile, frame, aluminum, vinyl or steel shingles.
C. **Foundation -** The dwelling must have a continuous masonry foundation.
D. **Heating Unit -** The dwelling must have a permanently installed central heating system with thermostatic controls and the heating system must not be over 25 years of age. If the primary heating source is NOT of the conventional electric, natural gas, oil or hot water furnace type with appropriate duct work and heat transfer devices, a Supplemental Heating Questionnaire must be completed and a photograph of the heating device must be submitted with the application.
   A wood, coal or kerosene space heater or stove is acceptable only if properly installed and only if used as a supplemental heating device. A Supplemental Heating Questionnaire must be completed and a photograph of the supplemental heating device and thimble must be submitted with the application.
   Note that when wood heat exists in homes located in fire protection classes 8 or higher, a Wood-Burning Heating Systems Surcharge will be applied. This surcharge will not apply to homes when a traditional fireplace is the only form of wood heat. Refer to the rate pages for this charge.
E. **Wiring -** The dwelling must have a minimum of one circuit per room with the exception of the kitchen. The kitchen must have a minimum of two circuits, plus heavy duty circuits as required for electric stoves, electric air conditioners and electric water heaters. Wiring must meet local building codes.
F. **Outbuildings -** When there are outbuildings, the application is to be submitted with pictures and complete underwriting information on each.
G. **Age of Dwelling -** Older homes may be written if they have been exceptionally well maintained and if the roof, wiring, heating and plumbing systems have been modernized and meet today's electrical and building codes. Do not confuse redecorating or room additions with updating of basic dwelling conditions. Comprehensive modernization is required.
H. **Acreage -** A Homeowners Policy shall not be issued where the business of farming is conducted on the premises, or where there are any farm type buildings, or generally where the home is located on more than ten acres.

HOMEOWNERS POLICY PROGRAM

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A. A binder may not be back-dated.
B. The property is to be inspected by the agent and the application completed in full before binding.
C. Mail bound applications within (7) calendar days of the effective hour of the binder.
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FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	CMI-HOP-10-R01

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	N/A

		Company Name		Company NAIC Number
3.	**A.**	Columbia Mutual Insurance Company	**B.**	40371

		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.**	4.0 Homeowners	**B.**	4.0005 Other Homeowners

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
Homeowners	+0.4%	4.5%	0	0	0	0	0
TOTAL OVERALL EFFECT	+0.4%	4.5%					

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
2005	1727	0	N/A	1,331	194	14.5%	31.8%
2006	1460	0	N/A	1,191	790	66.3%	84.9%
2007	1283	0	N/A	1,123	216	19.2%	71.2%
2008	1207	0	N/A	1,066	1,127	105.7%	74.7%
2009	1108	5.0%	5/1/09	1,012	819	81.0%	88.8%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	0
B. General Expense	0
C. Taxes, Licenses & Fees	0
D. Underwriting Profit & Contingencies	0
E. Other (explain)	0
F. TOTAL	0

8. N/A Apply Loss Cost Factors to Future filings? (Y or N)

9. N/A Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____

10. N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

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

1.	This filing transmittal is part of Company Tracking #	CNI-HOP-10-R01

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	N/A

		Company Name		Company NAIC Number
3.	**A.**	Columbia National Insurance Company	**B.**	19540

		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.**	4.0 Homeowners	**B.**	4.0005 Other Homeowners

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(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
Homeowners	+0.4%	4.5%	0	0	0	0	0
TOTAL OVERALL EFFECT	+0.4%	4.5%					

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7.

Expense Constants	Selected Provisions
A. Total Production Expense	0
B. General Expense	0
C. Taxes, Licenses & Fees	0
D. Underwriting Profit & Contingencies	0
E. Other (explain)	0
F. TOTAL	0

8. N/A Apply Loss Cost Factors to Future filings? (Y or N)

9. N/A Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____

10. N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

Homeowners

Countrywide

2004-2009 data

Tier	Earned Premium	Incurred Loss	Indicated Factor	Proposed Factor
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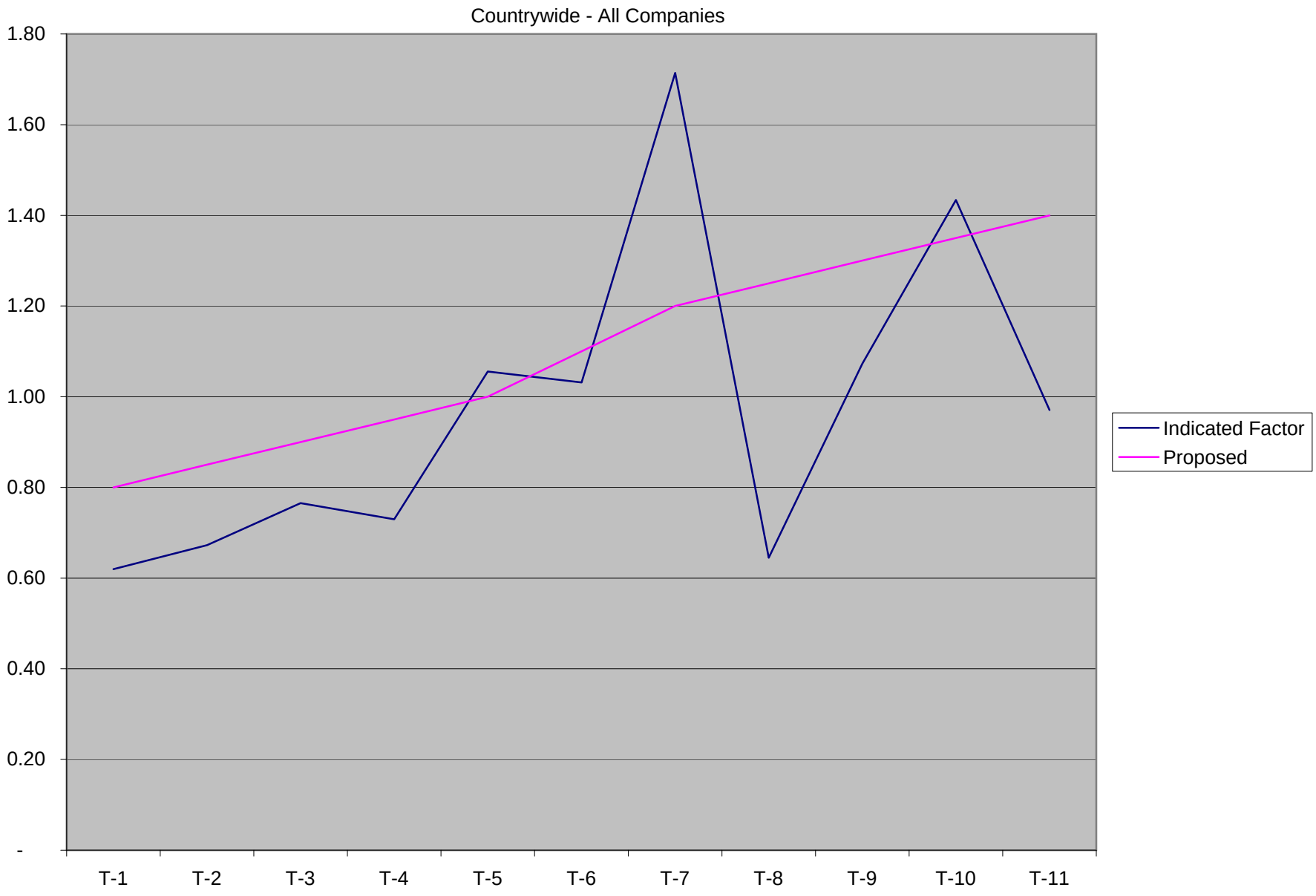
T-6	784,220	662,452	1.03	1.10
T-7	544,238	764,180	1.71	1.20
T-8	422,985	223,373	0.64	1.25
T-9	459,611	403,979	1.07	1.30
T-10	38,484	45,202	1.43	1.35
T-11	18,602	14,793	0.97	1.40
	69,707,586	57,099,045		

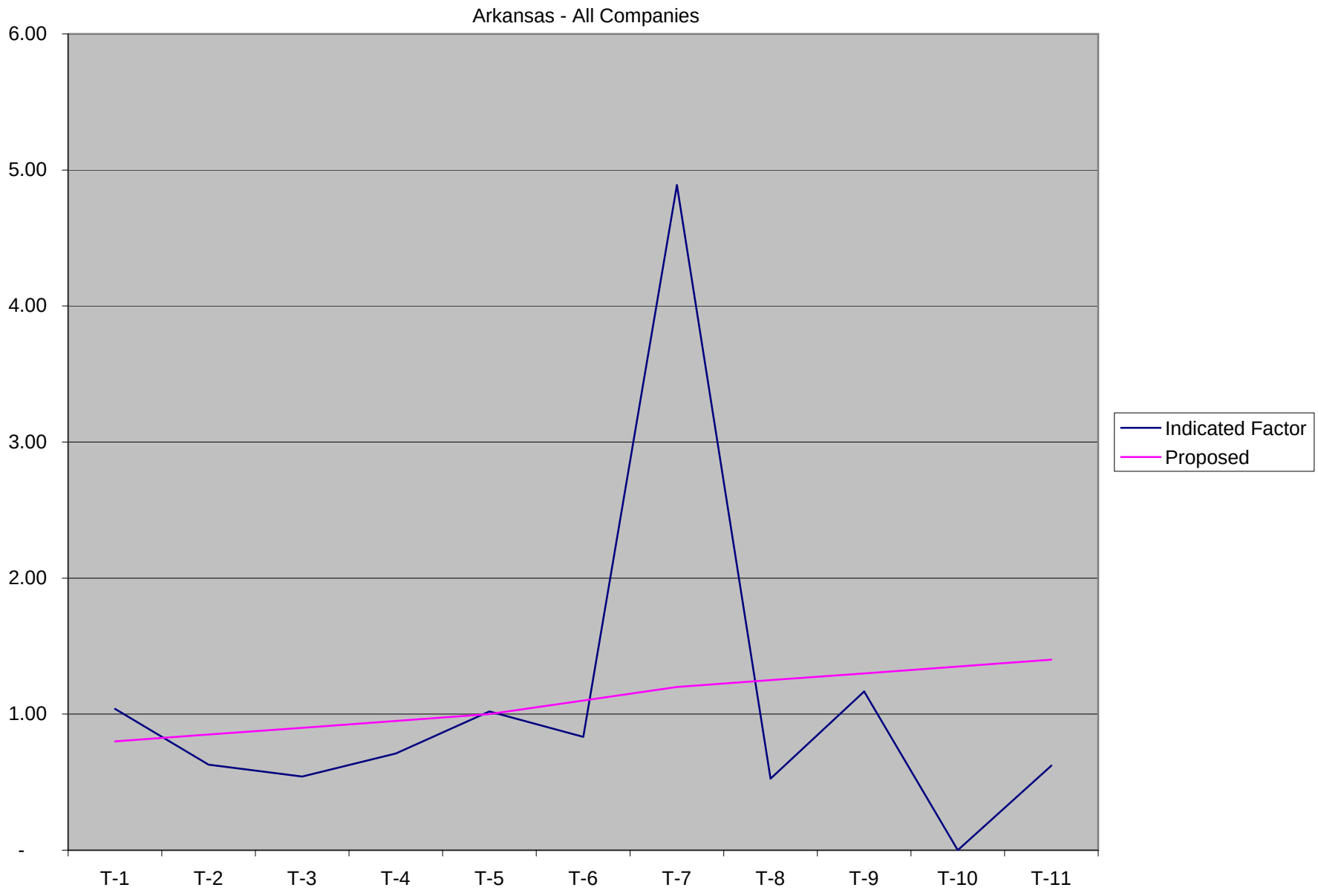
Arkansas

2004-2009 data

Tier	Earned Premium	Incurred Loss	Indicated Factor	Proposed Factor
T-1	292,036	227,271	1.04	0.80
T-2	323,722	152,480	0.63	0.85
T-3	426,187	172,711	0.54	0.90
T-4	747,748	398,437	0.71	0.95
T-5	11,546,316	8,818,165	1.02	1.00
T-6	150,707	94,100	0.83	1.10
T-7	95,076	348,413	4.89	1.20
T-8	102,027	40,207	0.53	1.25
T-9	92,437	80,855	1.17	1.30
T-10	9,737	-	0.00	1.35
T-11	2,943	1,371	0.62	1.40
	13,788,935	10,334,010		

Tier Groupings have been estimated by the current scores available on policies. Policies without a current score were placed in Tier 5.


Countrywide - All Companies
1.80
1.60
1.40
1.20
1.00
0.80
0.60
0.40
0.20
-
T-1
T-2
T-3
T-4
T-5
T-6
T-7
T-8
T-9
T-10
T-11
Indicated Factor
Proposed


Arkansas - All Companies
6.00
5.00
4.00
3.00
2.00
1.00
-
T-1
T-2
T-3
T-4
T-5
T-6
T-7
T-8
T-9
T-10
T-11
Indicated Factor
Proposed

Arkansas
2004 - 2009

Tier	Earned Premium	Incurred Losses	Indicated Factors	Proposed Factors	Tier Rate Impact
T-1	$292,036	$227,271	1.04	0.80	$233,629
T-2	$323,722	$152,480	0.63	0.85	$275,164
T-3	$426,187	$172,711	0.54	0.90	$383,568
T-4	$747,748	$398,437	0.71	0.95	$710,361
T-5	$11,546,316	$8,818,165	1.02	1.00	$11,546,316
T-6	$150,707	$94,100	0.83	1.10	$165,778
T-7	$95,076	$348,413	4.89	1.20	$114,091
T-8	$102,027	$40,207	0.53	1.25	$127,534
T-9	$92,437	$80,855	1.17	1.30	$120,168
T-10	$9,737		0	1.35	$13,145
T-11	$2,943	$1,371	0.62	1.40	$4,120
Totals	$13,788,936				$13,693,873

Note:
As shown above our implementation of Insurance/Credit Scoring will be .993 or very close to revenue neutral