

SERFF Tracking Number: AMMA-127143617 State: Arkansas
Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-H-11-1-RR
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-11-1-RR
Project Name/Number: Rate and Rule Revision/

Filing at a Glance

Company: Amica Mutual Insurance Company

Product Name: AR-H-11-1-RR

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Filing Type: Rate/Rule

SERFF Tr Num: AMMA-127143617 State: Arkansas

SERFF Status: Closed-Filed

Co Tr Num: AR-H-11-1-RR

Authors: Brenda Miller, Carol Pedro, Brenda Walker, Christina Perfetti

Date Submitted: 05/12/2011

State Tr Num: EFT \$100

State Status:

Reviewer(s): Becky Harrington, Nancy Horton

Disposition Date: 06/17/2011

Disposition Status: Filed

Effective Date Requested (New): 10/01/2011

Effective Date Requested (Renewal): 10/01/2011

Effective Date (New): 10/01/2011

Effective Date (Renewal): 10/01/2011

State Filing Description:
referred to Commissioner

General Information

Project Name: Rate and Rule Revision

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 06/17/2011

State Status Changed: 06/10/2011

Created By: Carol Pedro

Corresponding Filing Tracking Number:

Filing Description:

Rate and Rule Revision

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Submitted By: Brenda Miller

Company and Contact

Filing Contact Information

Brenda Miller, Sr. Compliance & Filing Analyst bmiller@amica.com

SERFF Tracking Number: AMMA-127143617 State: Arkansas
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 Project Name/Number: Rate and Rule Revision/

P.O. Box 6008 800-652-6422 [Phone] 24889 [Ext]
 Providence, RI 02940 401-334-6518 [FAX]

Filing Company Information

Amica Mutual Insurance Company CoCode: 19976 State of Domicile: Rhode Island
 P.O. Box 6008 Group Code: 28 Company Type:
 Providence, RI 02940 Group Name: State ID Number:
 (800) 652-6422 ext. [Phone] FEIN Number: 05-0348344

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Amica Mutual Insurance Company	\$100.00	05/12/2011	47522938

SERFF Tracking Number: AMMA-127143617

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TOI: 04.0 Homeowners

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Product Name: AR-H-11-1-RR

Project Name/Number: Rate and Rule Revision/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	06/17/2011	06/17/2011

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	06/10/2011	06/10/2011	Brenda Miller	06/17/2011	06/17/2011
No response necessary	Becky Harrington	06/08/2011	06/08/2011	Brenda Miller	06/17/2011	06/17/2011
Pending Industry Response	Becky Harrington	06/02/2011	06/02/2011	Brenda Miller	06/08/2011	06/08/2011
Pending Industry Response	Becky Harrington	05/13/2011	05/13/2011	Brenda Miller	06/02/2011	06/02/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	HPCS-Homeowners Premium Comparison Survey	Brenda Miller	06/17/2011	06/17/2011

SERFF Tracking Number: AMMA-127143617
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 TOI: 04.0 Homeowners
 Product Name: AR-H-11-1-RR
 Project Name/Number: Rate and Rule Revision/

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

Disposition

Disposition Date: 06/17/2011
 Effective Date (New): 10/01/2011
 Effective Date (Renewal): 10/01/2011
 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):
Amica Mutual Insurance Company	68.400%	10.000%	\$	297	\$338,655	12.000%	4.300%

SERFF Tracking Number: AMMA-127143617 State: Arkansas
 Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: AR-H-11-1-RR
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: AR-H-11-1-RR
 Project Name/Number: Rate and Rule Revision/

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 (revised)	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document (revised)	Explanatory and Exhibits	Filed	Yes
Supporting Document	Explanatory and Exhibits		Yes
Supporting Document	Explanatory and Exhibits		Yes
Supporting Document	Indications	Filed	Yes
Rate (revised)	Revised Manual Pages	Filed	Yes
Rate	Revised Manual Pages		Yes

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Product Name: AR-H-11-1-RR
Project Name/Number: Rate and Rule Revision/

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/10/2011

Submitted Date 06/10/2011

Respond By Date

Dear Brenda Miller,

This filing has been reviewed by the Commissioner.

Objection 1

Comment: Please amend the overall increase to 10%, with individual increase no greater than 12% per Commissioner Bradford.

Please submit a revised HPCS in xls format.

NOTICE regarding, corrections to filings and scrivener's Errors:

Effective for all filings made on or after June 1, 2011, Arkansas no longer allows the re-opening of closed filings for corrections, changes in effective dates, scrivener's errors, amendments or substantive changes. Please see the General Instructions for how these events will be handled after the effective date of the change."

Sincerely,

Becky Harrington

<i>SERFF Tracking Number:</i>	AMMA-127143617	<i>State:</i>	Arkansas
<i>Filing Company:</i>	Amica Mutual Insurance Company	<i>State Tracking Number:</i>	EFT \$100
<i>Company Tracking Number:</i>	AR-H-11-1-RR		
<i>TOI:</i>	04.0 Homeowners	<i>Sub-TOI:</i>	04.0000 Homeowners Sub-TOI Combinations
<i>Product Name:</i>	AR-H-11-1-RR		
<i>Project Name/Number:</i>	Rate and Rule Revision/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/17/2011
Submitted Date	06/17/2011

Dear Becky Harrington,

Comments:

Please refer to your Objection Letter dated June 10, 2011.

Response 1

Comments: We reduced our dwelling base rate change from +11.9% to +10.2%. As a result, the overall rate level impact is +10.0%. No policyholder will receive an increase greater than +12.0%.

A revised dwelling base rate page has been included in the Revised Manual Pages and a revised changes by coverage exhibit has been attached to the Supporting Documentation Tab.

Related Objection 1

Comment:

Please amend the overall increase to 10%, with individual increase no greater than 12% per Commissioner Bradford.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Explanatory and Exhibits

Comment:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Revised Manual Pages		Replacement	
Previous Version			
Revised Manual Pages		Replacement	

We trust that this information will enable you to complete your review of our filing.

SERFF Tracking Number: *AMMA-127143617* *State:* *Arkansas*
Filing Company: *Amica Mutual Insurance Company* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *AR-H-11-1-RR*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *AR-H-11-1-RR*
Project Name/Number: *Rate and Rule Revision/*

Sincerely,
Brenda Miller, Brenda Walker, Carol Pedro, Christina Perfetti

SERFF Tracking Number: AMMA-127143617 State: Arkansas
Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-H-11-1-RR
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-11-1-RR
Project Name/Number: Rate and Rule Revision/

Objection Letter

Objection Letter Status No response necessary

Objection Letter Date 06/08/2011

Submitted Date 06/08/2011

Respond By Date

Dear Brenda Miller,

This will acknowledge receipt of the recent response.

Rate change requests greater than 6% are subject to Commissioner Bradford's review.

NOTICE regarding, corrections to filings and scrivener's Errors:

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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

SERFF Tracking Number: AMMA-127143617 State: Arkansas
Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-H-11-1-RR
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-11-1-RR
Project Name/Number: Rate and Rule Revision/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/17/2011
Submitted Date 06/17/2011

Dear Becky Harrington,

Comments:

Response 1

Comments: We understand.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Brenda Miller, Brenda Walker, Carol Pedro, Christina Perfetti

SERFF Tracking Number: AMMA-127143617 State: Arkansas
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Company Tracking Number: AR-H-11-1-RR
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-11-1-RR
Project Name/Number: Rate and Rule Revision/

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/02/2011

Submitted Date 06/02/2011

Respond By Date

Dear Brenda Miller,

This will acknowledge receipt of the recent response.

Objection 1

Comment: Please identify the exhibit that shows the calculation of the indicated rate change amount shown on the RF-1.

Explain adjustments for catastrophic losses.

Explain the credibility of AR data.

NOTICE regarding, corrections to filings and scrivener's Errors:

Effective for all filings made on or after June 1, 2011, Arkansas no longer allows the re-opening of closed filings for corrections, changes in effective dates, scrivener's errors, amendments or substantive changes. Please see the General Instructions for how these events will be handled after the effective date of the change."

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

SERFF Tracking Number: AMMA-127143617 State: Arkansas
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Company Tracking Number: AR-H-11-1-RR
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-11-1-RR
Project Name/Number: Rate and Rule Revision/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/08/2011
Submitted Date 06/08/2011

Dear Becky Harrington,

Comments:

Please refer to your Objection Letter dated June 2, 2011.

Response 1

Comments: We have attached exhibits that show the calculation of the indicated rate change amount as seen on RF-1.

The attached indications contain no smoothing for catastrophic losses. However, if Amica were to reflect our excess wind and water procedure, the dwelling indication would exceed 100%.

Amica's Arkansas data has little credibility as seen on the attached exhibits. Credibility weighting the overall dwelling indicated change with our annual loss trend of 1.060 still produces an indicated change greater than our filed dwelling change.

Related Objection 1

Comment:

Please identify the exhibit that shows the calculation of the indicated rate change amount shown on the RF-1.

Explain adjustments for catastrophic losses.

Explain the credibility of AR data.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Indications

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking Number: *AMMA-127143617* *State:* *Arkansas*
Filing Company: *Amica Mutual Insurance Company* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *AR-H-11-1-RR*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *AR-H-11-1-RR*
Project Name/Number: *Rate and Rule Revision/*

We trust that this information will enable you to complete your review of our filing.

Sincerely,
Brenda Miller, Brenda Walker, Carol Pedro, Christina Perfetti

SERFF Tracking Number: AMMA-127143617 State: Arkansas
Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-H-11-1-RR
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-11-1-RR
Project Name/Number: Rate and Rule Revision/

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/13/2011

Submitted Date 05/13/2011

Respond By Date

Dear Brenda Miller,

This will acknowledge receipt of the captioned filing.

Objection 1

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

Form HPCS must be submitted in Excel spreadsheet format. Companies may not change the form in any way or include formulas.

Objection 2

- Explanatory and Exhibits (Supporting Document)

Comment: Provide the supporting data required by ACA 23-67-209(a) and Rule 23.

NOTICE regarding, corrections to filings and scrivener's Errors:

Effective for all filings made on or after June 1, 2011, Arkansas no longer allows the re-opening of closed filings for corrections, changes in effective dates, scrivener's errors, amendments or substantive changes. Please see the General Instructions for how these events will be handled after the effective date of the change."

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

SERFF Tracking Number: AMMA-127143617 State: Arkansas
Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-H-11-1-RR
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-11-1-RR
Project Name/Number: Rate and Rule Revision/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/02/2011
Submitted Date 06/02/2011

Dear Becky Harrington,

Comments:

Please refer to your Objection Letter dated May 13, 2011.

Response 1

Comments: We have attached Form HPCS in Excel format.

Related Objection 1

Applies To:

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

Form HPCS must be submitted in Excel spreadsheet format. Companies may not change the form in any way or include formulas.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: HPCS-Homeowners Premium Comparison Survey

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments: Amica submitted 5 years of Arkansas calendar year loss ratios, an expected loss ratio, five years of expense data and investment income. Although we are unsure what additional information is required, we have attached countrywide loss ratios and expense data as well as Amica's rate level history, on-level factors and the calculation of earned premium at present rates.

SERFF Tracking Number: AMMA-127143617 State: Arkansas
Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-H-11-1-RR
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-11-1-RR
Project Name/Number: Rate and Rule Revision/

Related Objection 1

Applies To:

- Explanatory and Exhibits (Supporting Document)

Comment:

Provide the supporting data required by ACA 23-67-209(a) and Rule 23.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Explanatory and Exhibits

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We trust that this information will enable you to complete your review of our filing.

Sincerely,

Brenda Miller, Brenda Walker, Carol Pedro, Christina Perfetti

SERFF Tracking Number: AMMA-127143617 State: Arkansas
Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-H-11-1-RR
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-11-1-RR
Project Name/Number: Rate and Rule Revision/

Amendment Letter

Submitted Date: 06/17/2011

Comments:

Sorry, I forgot to attach the spreadsheet in the response.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: HPCS-Homeowners Premium Comparison Survey

Comment:

HO Survey FORM HPCS.pdf

HO Survey FORM HPCS.xls

SERFF Tracking Number: AMMA-127143617
 Filing Company: Amica Mutual Insurance Company
 Company Tracking Number: AR-H-11-1-RR
 TOI: 04.0 Homeowners
 Product Name: AR-H-11-1-RR
 Project Name/Number: Rate and Rule Revision/

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

Rate Information

Rate data applies to filing.

Filing Method: File and Use
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 12.100%
Effective Date of Last Rate Revision: 10/01/2010
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):
Amica Mutual Insurance Company	68.400%	11.600%	\$39,284	297	\$338,655	12.000%	4.300%

SERFF Tracking Number: AMMA-127143617 State: Arkansas
Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-H-11-1-RR
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-11-1-RR
Project Name/Number: Rate and Rule Revision/

Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Filed 06/17/2011	Revised Manual		Replacement	Revised Manual
	Pages			Pages.pdf

**ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL**

RULE 525.
MOTORIZED GOLF CART – PHYSICAL LOSS COVERAGE

Effective **OCTOBER 1, 2011**

For Use in **PG7 Rating**

A. Coverage Description

The policy may be endorsed to provide coverage for physical loss to a motorized golf cart, including permanently installed accessories, equipment and parts, owned by an insured.

Also covered, for an amount equal to 10% of the limit of the highest scheduled cart, are accessories, equipment or parts designed or made solely for the cart that are **not** permanently installed provided such property is at an insured's residence or in or upon the cart off the insured's residence at the time of loss.

Coverage for loss caused by collision is optional and only applies if declared on the schedule of the endorsement.

B. Eligibility

To be eligible for coverage, the motorized golf cart shall be of the type designed to carry up to four people on a golf course for the purpose of playing golf and shall not have been built, or modified after manufacture, to exceed a speed of 25 m.p.h. on level ground.

Read the endorsement for all conditions of coverage.

C. Limit Of Liability

The limit of liability shall be selected by the insured. However, that limit should be representative of the actual cash value of the motorized golf cart including any permanently installed accessories, etc.

D. Deductible

A deductible amount of \$500 applies separately to each involved golf cart and, separately to Section I Property Coverages if not in or upon a golf cart at the time of loss.

The \$500 deductible replaces any other deductible in the policy with respect to property covered under the endorsement.

E. Premium

The following charge is the minimum annual premium for each motorized golf cart for any period within a policy year.

Rate per \$500 per motorized golf cart

Without Collision.....	\$11
With Collision.....	\$19

F. Endorsement

Use Owned Motorized Golf Cart – Physical Loss Coverage Endorsement **HO 05 28.**

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

RULE 528.
HOME BUSINESS INSURANCE COVERAGE

Effective **OCTOBER 1, 2011**

For Use in PG7 Rating

A. Eligibility

1. The Home Business Insurance Coverage Endorsement, may be used in conjunction with a Homeowners policy to cover the Section I and Section II exposures of a permitted business.
2. To be eligible for coverage under this endorsement, a risk must meet at least the following criteria:
 - a. The home business:
 - (1) Must be owned by the named insured or by a partnership, joint venture or other organization comprised only of the named insured and resident relatives;
 - (2) Must be operated from the residence premises that is declared on the Homeowners Declarations and used principally for residential purposes.
 - (3) May be operated from the home and/or other structure on the residence premises.
 - (4) May have up to three employees; and
 - (5) May not involve the:
 - (a) Manufacture, sale or distribution of food products;
 - (b) Manufacture of personal care products such as shampoo, hair color, soap, perfume or other like items applied to the body or consumed; or
 - (c) Sale or distribution of personal care products **manufactured by the insured** such as shampoo, hair color, soap, perfume or other like items applied to the body or consumed;
 - b. For all business classifications described in Paragraph C. that follows, the Gross Annual Receipts of the home business may not exceed \$250,000.
3. Certain businesses may be **ineligible** for coverage under this endorsement. Refer to Company for its underwriting instructions.
4. When a permitted business that is operated from the residence premises is afforded coverage under either the Permitted Incidental Occupancy or Home Day Care Coverage Endorsement, that business may not be afforded coverage under the Home Business Endorsement.

B. Classifications

The four principal classifications of business accommodated in this rule follow. Refer to the Company for the businesses that are eligible within each of these classifications and name and describe the business in the Schedule that is part of the endorsement:

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

1. Office

Use this classification when the business involves professional or administrative activities for its customers. It could apply to businesses like accounting, resume writing, telephone answering, etc.

2. Service

Use this classification when the business provides repair or other services for its customers. It could apply to businesses like bicycle repair, clock/jewelry repair, housecleaning, videotaping, etc.

3. Sales

Use this classification when the business involves product sales, other than crafts made in the home or other structure and sold from the home or other locations. It could apply to businesses involving the sale of books and magazines, costume jewelry, plants and flowers, stationery/other paper products, etc.

4. Crafts

Use this classification when the business involves selling, from the home, other structure or other locations, crafts made in the home or other structure. It could apply to crafts like ceramics, dolls, flower arrangements, quilts, etc.

C. Coverages

1. Section I – Property

The Home Business Endorsement:

- a. Provides coverage for the property of the described business and for property of others in the care of the business up to the Coverage **C** limit of liability entered on the Homeowners Declarations. Therefore, the Coverage **C** limit should reflect the values of the personal and business property to be insured;
- b. Provides coverage for:
 - (1) Accounts receivable (\$5,000 limit);
 - (2) Loss of business income/extra expense (actual cost for a maximum of 12 months); and
 - (3) Valuable papers (\$2,500 limit); and
- c. Increases the Coverage **C** Special Limits of Liability on:
 - (1) Money up to \$1,000;
 - (2) Credit Cards up to \$1,000 (\$5,000 in **HO 00 05**); and
 - (3) Business property away from the residence premises up to \$5,000.

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HOMEOWNERS POLICY PROGRAM MANUAL**

2. Section II – Business Liability

a. The Home Business Endorsement provides coverage for such business liability exposures as premises operations, products-completed operations, advertising injury, and personal injury. The limits of liability for these coverages are on an annual aggregate basis and are determined in the following manner:

- (1) For Products-Completed Operations Hazard Liability, the limit is the **same as** the Coverage **E** limit shown in the Homeowners Declarations;
- (2) For All Other Business Liability, the limit is **twice the sum** of the combined Coverage **E** and Coverage **F** limits shown in the Homeowners Declarations; and
- (3) For the Coverage **F** Sublimit of Liability, the limit is the **same as** the Coverage **F** limit shown in the Homeowners Declarations.

b. The limit of liability for Additional Coverage **3.**, Damage To Property Of Others is increased to \$2,500.

3. Professional Liability

NO professional liability coverage is provided in the Home Business Endorsement.

4. Computer-Related Damage Or Injury Exclusion And Coverage Options

This rule does not apply.

D. Home Business Premium Computation

1. Development Of The Home Business Premium

Add the Section **I** and Section **II** premium components developed according to Paragraphs **D.2.** and **D.3.** that follow, to arrive at the Home Business premium.

2. Section I – Property

a. From the Company Homeowners Premium Tables, select the Base Class Premium that applies to the residence premises with the home business and multiply it by the appropriate factor in the following table:

Gross Annual Receipts*	HO 03 & HO 05	HO 04	HO 06
Up to \$50,000	.03	.16	.21
\$50,001 to \$100,000	.05	.25	.33
100,001 to 175,000	.07	.36	.47
175,001 to 250,000	.09	.49	.65

* New Business, use \$50,001 to \$100,000 classification

Table 528.D.2.a. Factors

b. Multiply the result computed in preceding Paragraph **a.** by the rating factors in the Homeowners Manual for the following risk categories – **For Use in PG1 Rating Only:**

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

- (1) Protection/Construction (Rule 301. Classification Table) – apply the factor that applies to **HO 00 04** regardless of the Homeowners form attached to the policy; and
- (2) Superior Construction (Rule 401.) and Protection Devices (Rule 404.) – apply these factors only if they are applied to the dwelling building or other structure for the residential exposure; and
- (3) Townhouse or Row House Construction (Rule 402.) in the following manner:
 - (a) For All Forms except **HO 00 04** and **HO 00 06**, apply the same factor used for the residential exposure; or
 - (b) For Forms **HO 00 04** and **HO 00 06**:
 - (i) Apply the factor for the number of individual family units within a fire division that best describes the building that contains the residential and business property; or
 - (ii) If such building has 9 or more individual family units within a fire division, apply the factor for the 5 through 8 units classification.
- c. When a home business is operated from one or more other structures on the residence premises and declared in the Schedule, multiply the limit of liability for each structure by the "premium per \$1,000" shown in Rule 514. **Other Structures**, Paragraph A.1.a.

3. Section II – Business Liability

a. Basic Limits Premium Coverages E and F

- (1) Office (Gross Annual Receipts Up To \$250,000)

Business Visitors		
<u>Per Week*</u>	<u>Under 10</u>	<u>10 or more</u>
	\$ 4	\$ 6

- (2) Service, Sales and Crafts

Business Visitors Per Week*						
Gross Annual Receipts**	Services		Sales		Crafts	
	Under 10	10 or More	Under 10	10 or More	Under 10	10 or More
Up to \$50,000	\$ 31	\$ 47	\$ 15	\$ 22	\$ 18	\$ 27
\$50,001 to \$100,000	94	141	44	66	54	81
\$100,001 to \$175,000	172	259	81	121	99	149
\$175,001 to \$250,000	266	400	125	187	153	230

*New Business, use 10 or more classification.
 ** New Business, use \$50,001 to \$100,000 classification

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

b. Coverage E – Increased Limits

- (1) When the Coverage E limit is increased for Homeowners Insurance, the Home Business limits shall also be increased as illustrated in following Paragraph (2).
- (2) Multiply the Company's basic limits premium determined in preceding Paragraph 3.a. by the appropriate factor from the following table:

Increased Limits of Liability					
Homeowners		Home Business			
Coverage E Personal Liability	Coverage F Med. Payments To Others	Products- Completed Operations	All Forms Except HO 00 05 All Other Liability	HO 00 05 All Other Liability	Increased Limit Factor
\$200,000*	\$1,000*	\$200,000*	\$ 402,000*	-----	1.15
300,000	\$1,000*	300,000	602,000	\$ 610,000	1.24
400,000	\$1,000*	400,000	802,000	810,000	1.30
500,000	\$1,000*	500,000	1,002,000	1,010,000	1.35

*Not available for **HO 00 05**

Table 528.D.3.b. (2) Factors

c. Coverage F – Increased Limits

- (1) When the Coverage F limit is increased for Homeowners Insurance, the Home Business Coverage F limit shall also be increased.
- (2)

ALL Home Business CLASSIFICATIONS				
	Homeowners Increased Limit of Liability			
Business Visitors Per Week	\$2,000*	\$3,000*	\$4,000*	\$5,000
Under 10	\$ 8	\$15	\$23	\$29
10 or More	13	21	31	37

* Not available for Form **HO 00 05**

- (3) Add the premium determined in Paragraph c.(2) to the premium developed in preceding Paragraph 3.a. or b. to compute the Section II premium component.

E. Endorsement

Use Home Business Insurance Coverage Endorsement **HO 07 01**.

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F. Options

The following options may only be used when the Home Business Coverage Endorsement is attached to the policy:

1. Additional Insured

a. Managers Or Lessors Of Premises Leased To An Insured

(1) Coverage

Covers persons or organizations designated on the endorsement for their liability as owners of designated premises leased to the named insured.

(2) Premium

Rate Per Location/per additional insured.....**\$22**

(3) Endorsement

Use Additional Insured – Managers Or Lessors Of Premises Leased To An Insured Endorsement **HO 07 50**.

2. Loss Payable Condition

a. Coverage

Enables the naming of a loss payee, lender's loss payee, or loss payable under a contract-of-sale arrangement.

b. Endorsement

Use Loss Payable Provision Endorsement **HO 07 52**

3. Personal and Advertising Injury Exclusion

a. Coverage

Excludes all Personal and Advertising Injury coverage.

b. Endorsement

Use Exclusion – Personal and Advertising Injury Endorsement **HO 07 53**

4. Liquor Liability Exclusion and Exception for Scheduled Activities

a. Coverage

This endorsement excludes liability coverage for:

- (1) Manufacturing, selling or distributing alcoholic beverages or
- (2) Serving or furnishing alcoholic beverages with a charge whether or not such activity requires a license and;
- (3) Serving or furnishing of alcoholic beverages without a charge, if a license is required for such activity.

This exclusion does not apply to bodily injury or property damage arising out of the selling, serving or furnishing of alcoholic beverages for an activity or function described in the Schedule of this endorsement.

b. Endorsement

Use Liquor Liability Exclusion and Exception For Scheduled Activities Endorsement **HO 07 54**

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

5. Special Coverage – Spoilage Of Perishable Stock

a. Coverage

Provides special coverage for the perishable stock specifically listed in the Schedule of Endorsement **HO 07 55**. The limit of liability is also listed in the endorsement.

b. Premium

- (1) Florists Rate per \$100.....**\$3**
- (2) Other Classes of Business Rate per \$1,000.....**NOT AVAILABLE**

c. Endorsement

Use Special Coverage – Spoilage Of Perishable Stock Endorsement **HO 07 55**.

6. Valuable Papers And Records Endorsements

a. Increased Limits

(1) Coverage

The Home Business Insurance Coverage Endorsement provides a basic limit of \$2,500 for Valuable Papers And Records Coverage. This limit may be increased. The amount is specified in the Schedule of Endorsement **HO 07 56**.

(2) Premium – Rate per \$1,000

- (a) Named Peril Groups Coverage (**HO 00 03, HO 00 04 and HO 00 06**).....**\$2**
- (b) Open Peril Groups Coverage (**HO 00 05, HO 00 04 with HO 05 24 and HO 00 06 with HO 17 31**)**\$3**

(3) Endorsement

Use Valuable Papers And Records Coverage Increased Limits Endorsement **HO 07 56**.

b. Special Coverage

(1) Coverage

Extends the basic \$2,500 limit of liability for Valuable Papers And Records Coverage from:

- (a) Named-perils in Forms **HO 00 03, HO 00 04 and HO 00 06**; and
- (b) Special coverage in Forms **HO 00 05, HO 00 04 with HO 05 24 and HO 00 06 with HO 17 31**;

to expanded special coverage. Increased Limits for expanded special coverage are also available.

**ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL**

(2) Premium

(a) First \$2,500	
HO 00 03, HO 00 04 and HO 00 06	\$4
HO 00 05, HO 00 04 with HO 05 24 and HO 00 06 with HO 17 31	\$3
(b) Each Additional \$1,000	
All Forms.....	\$3

(3) Endorsement

Use Special Coverage Valuable Papers and Records Endorsement **HO 07 57**.

7. Off-Premises Property Coverage – Increased Limits

a. Endorsement

Coverage for business property, other than money and securities, that is away from the residence premises at the time of loss may be increased from \$5,000 to \$10,000. Check the appropriate box in the schedule of the Home Business Endorsement.

b. Premium

Rate per \$2,500	
HO 00 03, HO 00 04 and HO 00 06	\$37
HO 00 05, HO 00 04 with HO 05 24 and HO 00 06 with HO 17 31	\$55

**ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL**

**RULE A.6
MULTI - LINE DISCOUNT**

Effective OCTOBER 1, 2011

All Forms

The homeowner's policy premium shall be reduced if a policyholder has both an automobile and homeowner's policy with Amica or if a policyholder has an automobile, homeowners and personal umbrella policy with Amica. To compute the discount, multiply the premiums by peril, by the following:

Coverage	Dwelling Forms	Contents Forms
Homeowners and Automobile Policy	15%	10%

The discount factors will also apply to any miscellaneous premiums, sump endorsement premiums and earthquake premiums. The discount shall not apply when the only vehicles insured on the automobile policy are the Miscellaneous Type with the exception of Motor Home and Antique Autos. The factors do not apply to Scheduled Personal Property.

Coverage	Dwelling Forms	Contents Forms
Homeowners, Automobile and Personal Umbrella Policy	Additional 3% Subject to a maximum credit per peril: PG1.....\$100 PG4.....5 PG5.....5 PG6.....5	Additional 3% (No maximum applies)

This applies separately to each of the rating by peril groups 1 through 6.
This does not apply to any individual premium endorsements.

Amica Mutual Insurance Company
 Homeowners Dwelling Page
Arkansas

Effective October 1, 2011

A. HO 00 03, HO 00 05

1. Dwelling Base Rates - \$500 Base Deductible

Peril	Base Rate	Platinum Fee	
		1-2 Family	3-4 Family
PG1	\$1,436.75	\$41.00	\$41.00
PG4	\$70.53	\$9.00	\$9.00
PG5	\$122.44		
PG6	\$84.27	\$9.00	\$9.00

2. Classification Tables

Form Relativities- Applies to All Perils except PG5

Form	Relativity
HO 3	1.00
HO 5	1.15

Protection - Construction Relativities (Applicable to PG1 Premium Only)		
PC	Frame	Masonry
1	1.000	0.920
2	1.000	0.920
3	1.000	0.920
4	1.000	0.920
5	1.000	0.920
6	1.000	0.920
7	1.080	0.920
8	1.325	1.120
8B	1.650	1.365
9	1.730	1.405
10	1.890	1.730

2. Three and Four Family Factor - All Perils
1.30

Amica Mutual Insurance Company
Homeowners Tenant Page

Arkansas

Effective October 1, 2011

HO 00 04

1. Tenants Base Rates - \$250 Base Deductible

Peril	Base Rate
PG1	\$145.36
PG4	\$123.46
PG5	\$57.23
PG6	\$12.48

2. Classification Tables

Protection - Construction Relativities (Applicable to PG1 Premium Only)		
PC	Frame	Masonry
1	1.000	0.920
2	1.000	0.920
3	1.000	0.920
4	1.000	0.920
5	1.000	0.920
6	1.000	0.920
7	1.160	0.920
8	1.240	1.000
8B	1.400	1.200
9	1.480	1.240
10	1.720	1.400

Amica Mutual Insurance Company
 Homeowners Condominium Page
Arkansas

Effective October 1, 2011

HO 00 06

1. Condominium Base Rates - \$250 Base Deductible

Peril	Base Rate
PG1	\$175.49
PG4	\$22.87
PG5	\$49.16
PG6	\$8.66

2. Classification Tables

Protection - Construction Relativities (Applicable to PG1 Premium Only)		
PC	Frame	Masonry
1	1.000	0.920
2	1.000	0.920
3	1.000	0.920
4	1.000	0.920
5	1.000	0.920
6	1.000	0.920
7	1.160	0.920
8	1.240	1.000
8B	1.400	1.200
9	1.480	1.240
10	1.720	1.400

SERFF Tracking Number: AMMA-127143617 State: Arkansas
 Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: AR-H-11-1-RR
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: AR-H-11-1-RR
 Project Name/Number: Rate and Rule Revision/

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Form RF-2 Loss Costs Only (not for workers' compensation) Bypass Reason: Not Applicable Comments:		
Satisfied - Item: H-1 Homeowners Abstract Comments: Attachment: H-1 ed1-06.pdf	Filed	06/17/2011
Satisfied - Item: HPCS-Homeowners Premium Comparison Survey Comments: Attachments: HO Survey FORM HPCS.pdf HO Survey FORM HPCS.xls	Filed	06/17/2011
Satisfied - Item: NAIC loss cost data entry document Comments: Attachment: FORM RF-1 Rate Filing Abstract.pdf	Filed	06/17/2011
	Item Status:	Status Date:

SERFF Tracking Number: AMMA-127143617 *State:* Arkansas
Filing Company: Amica Mutual Insurance Company *State Tracking Number:* EFT \$100
Company Tracking Number: AR-H-11-1-RR
TOI: 04.0 Homeowners *Sub-TOI:* 04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-11-1-RR
Project Name/Number: Rate and Rule Revision/

Satisfied - Item: Explanatory and Exhibits Filed 06/17/2011

Comments:

Attachments:

- Explanatory Memo.pdf
- CY Loss Ratios.pdf
- Expense Data.pdf
- CW Loss Ratios.pdf
- CW Expenses.pdf
- RLH.pdf
- On Level Factors.pdf
- EPPR.pdf
- Changes by Coverage Revised.pdf

		Item Status:	Status
			Date:
Satisfied - Item:	Indications	Filed	06/17/2011
Comments:			
Attachment:			
AY Indications.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 Amica Mutual Insurance Company

NAIC # (including group #) 028-19976

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

We have not had an insurance to value campaign during the filing experience period. All homes have been re-inspected since June of 2006. We adjust dwelling values on our policies with HO 04 20 Replacement Cost Endorsement by our renewal multipliers upon renewal. We have achieved better insurance to value. We also inform our customers without this protection by endorsement to review their dwelling limits and contact us with any questions.

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.

In April of 2005, we began using RCT (Residential Component Technology) by MS&B (Marshall & Swift/Boeckh). This estimator has had a positive impact as we feel it provides a more accurate replacement estimate.

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.

We do not have a hard fast rule. However, we encourage and promote the Replacement Cost Endorsement HO 04 20 for all homeowner policyholders. Also, we inspect each location and estimate the replacement cost which we share with the insured. We point out the 80% replacement cost provision for those customers who don't select the HO 04 20.

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.

We don't use the inflation guard endorsement. We use the ISO HO 04 20 endorsement to provide replacement cost protection for homes and the HO 04 90 for contents.

5. Specify the percentage given for credit or discounts for the following:
- | | | | |
|---|---|---------------|---|
| a. Fire Extinguisher | | <u>N/A</u> | % |
| b. Burglar Alarm | | <u>8-20</u> | % |
| c. Smoke Alarm | | <u>4-10</u> | % |
| d. Insured who has both homeowners, auto & Personal Umbrella Policy w/co. | | <u>10-18</u> | % |
| e. Deadbolt Locks | | <u>N/A</u> | % |
| f. Window or Door Locks | | <u>N/A</u> | % |
| g. Other (specify) | 1. Additional Discounts or Surcharges may apply based on the Household Risk Factor
2. Age of Home - 5% to 35%
3. Automatic Sprinklers-all areas including attic, bathrooms, closets and attached structures (26%)
4. Automatic Sprinklers-all other areas except attic, bathroom, and closet and attached structures (16%) | <u>varies</u> | % |

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
Form 3	\$304,432
Form 4	10,473
Form 5	21,600
Form 6	2,150

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

9. Is there a surcharge on risks with wood heat? No
 If yes, state the surcharge _____
 Does the surcharge apply to conventional fire places? No
 If yes, state the surcharge _____

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

Brenda D. Miller

 Signature
Brenda D. Miller

 Printed Name
Sr. Compliance & Filing Analyst

 Title
1-800-652-6422, ext. 24889

 Telephone Number
bmiller@amica.com

 Email Address

NAIC Number: 028-19976
 Company Name: Amica Mutual Insurance Company
 Contact Person: Brenda D. Miller
 Telephone No.: 1-800-652-6422, ext. 24889
 Email Address: bmiller@amica.com
 Effective Date: 10/1/2011

**Homeowners Premium Comparison Survey Form
 FORM HP3S - last modified August, 2005**

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

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

Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Covers risk of direct physical loss for dwelling and other structures; named perils for personal property, replacement cost on dwelling, actual cash value on personal property)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$1,113.00	\$1,133.00	\$1,113.00	\$1,133.00	\$1,135.00	\$1,155.00	\$1,168.00	\$1,188.00	\$1,148.00	\$1,168.00	\$1,148.00	\$1,168.00	\$1,148.00	\$1,168.00	\$1,137.00	\$1,157.00	\$1,141.00	\$1,161.00
	\$120,000	\$1,268.00	\$1,291.00	\$1,268.00	\$1,291.00	\$1,293.00	\$1,316.00	\$1,332.00	\$1,355.00	\$1,309.00	\$1,332.00	\$1,309.00	\$1,332.00	\$1,309.00	\$1,332.00	\$1,295.00	\$1,318.00	\$1,299.00	\$1,322.00
	\$160,000	\$1,448.00	\$1,475.00	\$1,448.00	\$1,475.00	\$1,477.00	\$1,504.00	\$1,521.00	\$1,548.00	\$1,494.00	\$1,521.00	\$1,494.00	\$1,521.00	\$1,494.00	\$1,521.00	\$1,480.00	\$1,507.00	\$1,483.00	\$1,510.00
6	\$80,000	\$1,113.00	\$1,133.00	\$1,113.00	\$1,133.00	\$1,135.00	\$1,155.00	\$1,168.00	\$1,188.00	\$1,148.00	\$1,168.00	\$1,148.00	\$1,168.00	\$1,148.00	\$1,168.00	\$1,137.00	\$1,157.00	\$1,141.00	\$1,161.00
	\$120,000	\$1,268.00	\$1,291.00	\$1,268.00	\$1,291.00	\$1,293.00	\$1,316.00	\$1,332.00	\$1,355.00	\$1,309.00	\$1,332.00	\$1,309.00	\$1,332.00	\$1,309.00	\$1,332.00	\$1,295.00	\$1,318.00	\$1,299.00	\$1,322.00
	\$160,000	\$1,448.00	\$1,475.00	\$1,448.00	\$1,475.00	\$1,477.00	\$1,504.00	\$1,521.00	\$1,548.00	\$1,494.00	\$1,521.00	\$1,494.00	\$1,521.00	\$1,494.00	\$1,521.00	\$1,480.00	\$1,507.00	\$1,483.00	\$1,510.00
9	\$80,000	\$1,233.00	\$1,313.00	\$1,233.00	\$1,313.00	\$1,255.00	\$1,335.00	\$1,288.00	\$1,368.00	\$1,268.00	\$1,348.00	\$1,268.00	\$1,348.00	\$1,268.00	\$1,348.00	\$1,257.00	\$1,337.00	\$1,261.00	\$1,341.00
	\$120,000	\$1,406.00	\$1,500.00	\$1,406.00	\$1,500.00	\$1,431.00	\$1,525.00	\$1,470.00	\$1,564.00	\$1,447.00	\$1,541.00	\$1,447.00	\$1,541.00	\$1,447.00	\$1,541.00	\$1,433.00	\$1,527.00	\$1,437.00	\$1,531.00
	\$160,000	\$1,608.00	\$1,715.00	\$1,608.00	\$1,715.00	\$1,637.00	\$1,744.00	\$1,681.00	\$1,788.00	\$1,654.00	\$1,761.00	\$1,654.00	\$1,761.00	\$1,654.00	\$1,761.00	\$1,640.00	\$1,747.00	\$1,643.00	\$1,750.00

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	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	\$15,000	\$189.00	\$194.00	\$189.00	\$194.00	\$189.00	\$194.00	\$197.00	\$202.00	\$197.00	\$202.00	\$197.00	\$202.00	\$197.00	\$202.00	\$189.00	\$194.00	\$197.00	\$202.00
	\$25,000	\$218.00	\$224.00	\$218.00	\$224.00	\$218.00	\$224.00	\$227.00	\$233.00	\$227.00	\$233.00	\$227.00	\$233.00	\$227.00	\$233.00	\$218.00	\$224.00	\$227.00	\$233.00
6	\$5,000	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	\$15,000	\$189.00	\$194.00	\$189.00	\$194.00	\$189.00	\$194.00	\$197.00	\$202.00	\$197.00	\$202.00	\$197.00	\$202.00	\$197.00	\$202.00	\$189.00	\$194.00	\$197.00	\$202.00
	\$25,000	\$218.00	\$224.00	\$218.00	\$224.00	\$218.00	\$224.00	\$227.00	\$233.00	\$227.00	\$233.00	\$227.00	\$233.00	\$227.00	\$233.00	\$218.00	\$224.00	\$227.00	\$233.00
9	\$5,000	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	\$15,000	\$209.00	\$224.00	\$209.00	\$224.00	\$209.00	\$224.00	\$217.00	\$232.00	\$217.00	\$232.00	\$217.00	\$232.00	\$217.00	\$232.00	\$209.00	\$224.00	\$217.00	\$232.00
	\$25,000	\$242.00	\$260.00	\$242.00	\$260.00	\$242.00	\$260.00	\$251.00	\$269.00	\$251.00	\$269.00	\$251.00	\$269.00	\$251.00	\$269.00	\$242.00	\$260.00	\$251.00	\$269.00

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	n/a	%	Deadbolt Lock	n/a	%
Burglar Alarm	8 to 20	%	Window Locks	n/a	%
Smoke Alarm	4 to 10	%	\$1,000 Deductible	vary by limit	%
	Other (specify)				
	sprinkler, multi-line, home	5 to 35	%		
	Maximum Credit Allowed	50	%		

EARTHQUAKE INSURANCE

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

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

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? %

	Zone	Brick	Frame
WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?	Highest Risk	\$ 2.48	\$ 1.17
	Lowest Risk	\$ 1.36	\$ 0.5

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	AR-H-11-1-RR
-----------	---	---------------------

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	
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Company Name		Company NAIC Number		
3.	A.	Amica Mutual Insurance Company	B.	028-19976

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)		
4.	A.	Homeowners	B.	

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Dwelling	73.4%	+11.9%					
Tenants	-68.5%	+5.0%					
Condominiums	-59.1%	+4.3%					
TOTAL OVERALL EFFECT	68.4%	+11.9%					

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
2010	297	+12.1	10/01/10	329	221	0.672	0.525
2009	274	-0.2	09/01/09	319	250	0.784	0.492
2008	274	7.7	05/01/08	305	213	0.698	0.584
2007	257	-4.4	04/01/07	314	280	0.892	0.364
2006	270	--	--	313	296	0.946	0.371

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	0.235
B. General Expense	0.047
C. Taxes, License & Fees	0.037
D. Underwriting Profit & Contingencies	0.040
E. Other (explain)	0.067
F. TOTAL	0.436

- 8.** Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** +12.0 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** + 4.3 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

**Arkansas
Amica Mutual Insurance Company
Homeowners Insurance**

Explanatory Memorandum

Effective October 1, 2011 new business and renewals, Amica will implement the following base rate changes:

<u>Form</u>	<u>Rate Level Change</u>
Dwelling	+ 11.9%
Tenants	+ 5.0
Condominiums	+ 4.3%

Changes by form by peril are displayed on Exhibit 1.

In addition to the above rate level changes, Amica wishes to revise the following rating rules:

1. Rule 525. Motorized Golf Carts – Physical Loss Coverage – this rule is being revised to display the rate per \$500 per motorized golf cart as ISO has done.
2. Rule 528. Home Business Insurance Coverage – we will revise the rating factors in Paragraph D.2 so that the premium for this coverage does not change as a result of the revised base rates.
3. Rule A.6 Multi-line Discount. In particular, we are revising this rule to clarify that that the discount does not apply when the only vehicles insured on an automobile policy are of the miscellaneous type.

The overall rate level change associated with this revisions is + 11.6%. Calendar year loss ratios are calculated on Exhibit 2. Expense data is found on Exhibit 3.

Arkansas
Amica Mutual Insurance Company
Homeowners Insurance

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>Total</u>
Collected Earned Prem	\$312,680	\$314,310	\$304,805	\$318,640	\$329,174	\$1,579,609
On-Level Factor	1.164	1.166	1.183	1.123	1.116	
Collected Earned PPR	363,960	366,485	360,584	357,833	367,358	1,816,220
Paid Losses	256,237	291,131	209,194	262,324	244,549	
O/S Losses	50,317	38,692	42,550	30,331	7,090	
Change in O/S	39,590	-11,625	3,858	-12,219	-23,241	
Incurred Losses	295,827	279,506	213,052	250,105	221,308	1,259,797
Paid ALAE	85	68	4,572	4,947	2,049	
O/S LAE	13,513	10,449	11,256	10,109	2,111	
Change in O/S LAE	10,169	-3,064	807	-1,147	-7,998	
Adj. To O/S LAE	0	0	0	0	0	
Incurred ALAE	10,254	-2,996	5,379	3,800	-5,949	
ULAE	43,744	25,095	34,259	44,501	53,118	
Total Loss Expense	53,998	22,099	39,638	48,301	47,169	211,205
Inc. Loss and LAE	349,825	301,605	252,690	298,406	268,476	1,471,002
Loss Ratio	0.961	0.823	0.701	0.834	0.731	0.810

Arkansas
Calculation Of Amica Expected Loss Ratios

<u>Expense Provisions</u>	<u>All Forms</u>
1. General	0.047
2. Other Acquisition	0.235
3. Taxes, Licenses, And Fees	
a. Amica Total TLF ([3b]+[3C])	0.037
b. Premium Tax (PCI)	0.025
c. Miscellaneous (AMICA)	0.012
4. Dividend	0.067
5. Profit (include FIT & II if required)	0.040
6. Contingencies	0.010
7. Reinsurance Provision	0.000
8. Fixed Expense Ratio (a) .75*([1]+[2])+[3c]+[7]	0.224
9. Variable Expense Ratio (a) ([1]+[2]+[3A]+[4]+[5]+[6]+[7])-[8]	0.212
10. Variable Expense Excluding Dividend (a) [9]-[4]	0.145
11. Expected Loss Ratio 1-[8]-[9]	0.564
12. Variable Expected Loss Ratio 1-[9]	0.788

(a) Assumes General And Other Acquisition Expenses Are 75% Fixed

**Arkansas
Amica Mutual Insurance Company
Homeowners Expense Exhibit**

<u>Year</u>	<u>Earned Premium</u>	<u>Other Acquisition</u>	<u>Ratio To EP</u>	<u>General Expenses</u>	<u>Ratio To EP</u>
2006	312,680	49,867	0.159	12,511	0.040
2007	314,311	69,515	0.221	14,579	0.046
2008	304,805	64,889	0.213	14,250	0.047
2009	318,640	68,387	0.215	7,137	0.022
2010	<u>329,174</u>	<u>90,855</u>	<u>0.276</u>	<u>17,283</u>	<u>0.053</u>
3 Yr Total	952,619	224,130	0.235	38,671	0.041
5 Yr Total	1,579,610	343,512	0.217	65,760	0.042
Selection:			0.235		0.047

<u>Year</u>	<u>Earned Premium</u>	<u>Taxes, Lic. and Fees</u>	<u>Ratio To EP</u>	<u>Misc. Tax</u>	<u>Ratio To EP</u>	<u>Dividends to Policyholders</u>	<u>Ratio To EP</u>
2006	312,680	12,260	0.039	3,256	0.010		
2007	314,311	11,772	0.037	2,733	0.009		
2008	304,805	10,037	0.033	1,685	0.006	21,577	0.071
2009	318,640	11,587	0.036	3,263	0.010	23,747	0.075
2010	<u>329,174</u>	<u>15,915</u>	<u>0.048</u>	<u>4,857</u>	<u>0.015</u>	<u>22,103</u>	<u>0.067</u>
3 Yr Total	952,619	37,539	0.039	9,805	0.010	67,427	0.071
5 Yr Total	1,579,610	61,571	0.039	15,793	0.010		
Selection:					0.012		0.067

Arkansas
AMICA MUTUAL INSURANCE COMPANY
HOMEOWNERS INSURANCE

ESTIMATED INVESTMENT EARNINGS ON UNEARNED

PREMIUM RESERVES AND ON LOSS RESERVES

A. UNEARNED PREMIUM RESERVE		
1. State Earned Premium for 2010		\$329,174
2. Mean Unearned Premium Reserve: (1) x	0.558	\$183,679
3. Deduction for Prepaid Expenses		
Commission and Brokerage Expense	0.0%	
Taxes, Licenses and Fees	3.7%	
50% of Other Acquisition Expense	11.8%	
50% of Company Operating Expense	2.4%	
Total	17.9%	
4. Deduction for Federal Taxes Payable		0.3%
5. [(2) x [(3) + (4)]]		\$33,430
6. Net Subject to Investment (2) - (5)		\$150,249
B. DELAYED REMISSION OF PREMIUM (AGENTS' BALANCES)		
1. State Earned Premium (A-1)		\$329,174
2. Average Agents' Balance		0.294
3. Delayed Remission (1) x (2)		\$96,777
C. LOSS RESERVE		
1. State Earned Premium (A-1)		\$329,174
2. Expected Incurred Losses and Loss Adjustment Expenses (1) x	0.564	\$185,654
3. Expected Mean Loss Reserves (2) x	0.440	\$81,688
D. NET SUBJECT TO INVESTMENT (A-6) - (B-3) + (C-3)		
		\$135,160
E. AVERAGE RATE OF RETURN		
		3.4%
F. INVESTMENT EARNINGS ON NET SUBJECT TO INVESTMENT (D) X (E)		
		\$4,595
G. AVERAGE RATE OF RETURN AS A PERCENT OF DIRECT EARNED PREMIUM (F) ÷ (A-1)		
		0.014
H. AVERAGE RATE OF RETURN AS A PERCENT OF DIRECT EARNED PREMIUM AFTER FEDERAL INCOME TAXES (G) X		
	0.716	0.010

Countrywide
Amica Mutual Insurance Company
Homeowners Insurance

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>Total</u>
Collected Earned Prem	\$388,414,807	\$402,371,692	\$407,761,148	\$419,422,640	\$441,982,998	\$2,059,953,285
On-Level Factor	1.064	1.089	1.100	1.101	1.086	
Collected Earned PPR	413,273,355	438,182,773	448,537,263	461,784,327	479,993,536	2,241,771,254
Paid Losses	160,979,994	147,623,936	225,875,010	223,305,732	223,190,011	
O/S Losses	92,689,821	91,583,312	103,864,547	87,003,516	96,257,990	
Change in O/S	-16,700,760	-1,106,509	12,281,235	-16,861,031	9,254,474	
Incurred Losses	144,279,234	146,517,427	238,156,245	206,444,701	232,444,484	967,842,091
Paid ALAE	4,687,303	5,789,097	6,153,032	6,651,234	7,001,292	
O/S LAE	26,707,713	26,237,643	26,789,448	29,269,083	25,861,701	
Change in O/S LAE	-5,879,088	-470,070	551,805	2,479,635	-3,407,382	
Adj. To O/S LAE	0	0	0	0	0	
Incurred ALAE	-1,191,785	5,319,027	6,704,837	9,130,869	3,593,910	
ULAE	30,022,910	30,412,901	35,472,886	37,231,266	31,018,597	
Total Loss Expense	28,831,125	35,731,928	42,177,723	46,362,135	34,612,507	187,715,418
Inc. Loss and LAE	173,110,359	182,249,355	280,333,968	252,806,836	267,056,991	1,155,557,509
Loss Ratio	0.419	0.416	0.625	0.547	0.556	0.515

**AMICA COMPANIES
HOMEOWNERS COUNTRYWIDE
EXPENSE EXHIBIT**

2006 - 2010

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>3 YearTotal</u>	<u>5 YearTotal</u>
<u>OTHER ACQUISITION</u>							
1. Expense	69,740,484	67,091,184	75,861,999	81,589,265	81,655,613	239,106,877	375,938,545
2. Earned Premium	388,414,809	402,371,691	407,761,148	419,422,640	441,982,998	1,269,166,786	2,059,953,286
3. Ratio (1) ÷ (2)	0.180	0.167	0.186	0.195	0.185	0.188	0.182
SELECTED:						0.185	

<u>GENERAL EXPENSE</u>							
1. Expense	16,060,450	15,535,116	21,032,597	20,661,141	17,663,806	59,357,544	90,953,110
2. Earned Premium	388,414,809	402,371,691	407,761,148	419,422,640	441,982,998	1,269,166,786	2,059,953,286
3. Ratio (1) ÷ (2)	0.041	0.039	0.052	0.049	0.040	0.047	0.044
SELECTED:						0.045	

<u>INC. A&O (EXCL. IND. ADJ. FEES)</u>							
1. Expense	18,251,824	26,110,183	27,853,975	29,912,996	27,982,188	85,749,159	130,111,166
2. Earned Premium	388,414,809	402,371,691	407,761,148	419,422,640	441,982,998	1,269,166,786	2,059,953,286
3. Ratio (1) ÷ (2)	0.047	0.065	0.068	0.071	0.063	0.068	0.063
SELECTED:						0.065	

<u>TAXES, LICENSES & FEES</u>							
1. Expense	10,060,672	9,060,932	10,225,903	10,742,686	11,240,413	32,209,002	51,330,606
2. Earned Premium	388,414,809	402,371,691	407,761,148	419,422,640	441,982,998	1,269,166,786	2,059,953,286
3. Ratio (1) ÷ (2)	0.026	0.023	0.025	0.026	0.025	0.025	0.025
SELECTED:						0.025	

TLF	
Prem. Tax	0.022
Misc.	<u>0.003</u>
Total TLF	0.025

**Arkansas
Amica Companies
Homeowners**

History of Rate Level Changes

<u>Effective Date</u>	<u>Dwelling</u>	<u>Tenants</u>	<u>Condo</u>	<u>All Forms</u>
10/2005	3.7%	3.7%	3.7%	3.7%
4/2007	-4.6%	-0.5%	-1.3%	-4.4%
5/2008	8.2%	-0.5%	-5.4%	7.7%
9/2009	-0.2%	-0.2%	1.4%	-0.2%
10/2010	12.4%	5.0%	4.5%	12.1%

**Arkansas
Amica Companies
Homeowners**

**Calculation of On-Level Factor
Dwelling**

1. Rate Level History	<u>Renewal Effective Date</u>	<u>Rate Change</u>	<u>Cumulative</u>							
	10/2005	3.7%	1.037							
	4/2007	-4.6%	0.989							
	5/2008	8.2%	1.070							
	9/2009	-0.2%	1.068							
	10/2010	12.4%	1.201							
	Overall Cumulative		1.201							
2. Average Rating Factor*	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>					
	1.027	1.024	1.009	1.066	1.073					
3. Calculation of On-Level Factor	<u>1.201</u>	<u>1.201</u>	<u>1.201</u>	<u>1.201</u>	<u>1.201</u>					
[Overall Cumulative / (2)]	1.027	= 1.17	1.024	= 1.173	1.009	= 1.19	1.066	= 1.127	1.073	= 1.119

* Average Rating Factor is the weighted average of the Cumulative Value and the Proportion of each year at that value.

**Arkansas
Amica Companies
Homeowners**

**Calculation of On-Level Factor
Tenants**

1. Rate Level History	<u>Renewal Effective Date</u>		<u>Rate Change</u>		<u>Cumulative</u>					
	10/2005		3.7%		1.037					
	4/2007		-0.5%		1.032					
	5/2008		-0.5%		1.027					
	9/2009		-0.2%		1.025					
	10/2010		5.0%		1.076					
	Overall Cumulative				1.076					
2. Average Rating Factor*	<u>2006</u>		<u>2007</u>		<u>2008</u>		<u>2009</u>		<u>2010</u>	
	1.027		1.036		1.031		1.027		1.027	
3. Calculation of On-Level Factor	<u>1.076</u>		<u>1.076</u>		<u>1.076</u>		<u>1.076</u>		<u>1.076</u>	
[Overall Cumulative / (2)]	1.027	= 1.048	1.036	= 1.039	1.031	= 1.044	1.027	= 1.048	1.027	= 1.048

* Average Rating Factor is the weighted average of the Cumulative Value and the Proportion of each year at that value.

**Arkansas
Amica Companies
Homeowners**

**Calculation of On-Level Factor
Condo**

1. Rate Level History	<u>Renewal Effective Date</u>		<u>Rate Change</u>		<u>Cumulative</u>					
	10/2005		3.7%		1.037					
	4/2007		-1.3%		1.024					
	5/2008		-5.4%		0.968					
	9/2009		1.4%		0.982					
	10/2010		4.5%		1.026					
	Overall Cumulative				1.026					
2. Average Rating Factor*	<u>2006</u>		<u>2007</u>		<u>2008</u>		<u>2009</u>		<u>2010</u>	
	1.027		1.033		1.012		0.972		0.980	
3. Calculation of On-Level Factor	<u>1.026</u>		<u>1.026</u>		<u>1.026</u>		<u>1.026</u>		<u>1.026</u>	
[Overall Cumulative / (2)]	1.027	= 0.999	1.033	= 0.993	1.012	= 1.014	0.972	= 1.055	0.980	= 1.047

* Average Rating Factor is the weighted average of the Cumulative Value and the Proportion of each year at that value.

**Arkansas
Amica Companies
Homeowners**

Collected Earned Premium

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Dwelling	298,615	301,933	292,496	303,917	316,762
Tenants	10,997	9,551	9,701	12,360	10,278
Condos	3,068	2,827	2,608	2,363	2,134
All Forms	312,680	314,311	304,805	318,640	329,174

On-Level factors

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Dwelling	1.170	1.173	1.190	1.127	1.119
Tenants	1.048	1.039	1.044	1.048	1.048
Condos	0.999	0.993	1.014	1.055	1.047
All Forms	1.164	1.166	1.183	1.123	1.116

Collected Earned Premium at Present Rates

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Dwelling	349,380	354,167	348,070	342,514	354,457
Tenants	11,525	9,923	10,128	12,953	10,771
Condos	3,065	2,807	2,645	2,493	2,234
All Forms	363,960	366,487	360,584	357,833	367,358

Arkansas
Proposed Rate Level Changes - All Forms Combined

	2010 EPPR	Base Rate Change	Other Effects	Offsets	Total Change	Percent Change
<u>DWELLING</u>						
Wind	0	1.103	1.000	1.000	1.103	10.3%
Water	0	1.103	1.000	1.000	1.103	10.3%
Fire	298,931	1.103	1.000	1.000	1.103	10.3%
Theft	15,237	1.103	1.000	1.000	1.103	10.3%
Liability	17,322	1.103	1.000	1.000	1.103	10.3%
Other	19,102	1.103	1.000	1.000	1.103	10.3%
Hurricane	0	1.000	1.000	1.000	1.000	0.0%
Miscellaneous	3,865	1.000	1.000	1.000	1.000	0.0%
Total Dwelling	354,457				1.102	10.2%
<u>TENANTS</u>						
Wind	0	1.050	1.000	1.000	1.050	5.0%
Water	0	1.050	1.000	1.000	1.050	5.0%
Fire	4,750	1.050	1.000	1.000	1.050	5.0%
Theft	4,219	1.050	1.000	1.000	1.050	5.0%
Liability	1,358	1.050	1.000	1.000	1.050	5.0%
Other	431	1.050	1.000	1.000	1.050	5.0%
Hurricane	0	1.000	1.000	1.000	1.000	0.0%
Miscellaneous	13	1.000	1.000	1.000	1.000	0.0%
Total Tenants	10,771				1.050	5.0%
<u>CONDO</u>						
Wind	0	1.050	1.000	1.000	1.050	5.0%
Water	0	1.050	1.000	1.000	1.050	5.0%
Fire	1,175	1.050	1.000	1.000	1.050	5.0%
Theft	201	1.050	1.000	1.000	1.050	5.0%
Liability	202	1.050	1.000	1.000	1.050	5.0%
Other	64	1.050	1.000	1.000	1.050	5.0%
Hurricane	0	1.000	1.000	1.000	1.000	0.0%
Miscellaneous	592	1.025	1.000	1.000	1.025	2.5%
Total Condo	2,234				1.043	4.3%
<u>OVERALL CHANGE</u>	367,462				1.100	10.0%

	<u>New Business</u>	<u>Renewals</u>
Rate Level Change Effective Date	October 1, 2011	October 1, 2011
Tenant Effective Date	October 1, 2011	October 1, 2011
Condo Effective Date	October 1, 2011	October 1, 2011

ARKANSAS
AMICA MUTUAL INSURANCE COMPANY
HOMEOWNERS INSURANCE
ACCIDENT YEAR EXPERIENCE
DWELLING FORMS

	2006	2007	2008	2009	2010	Total
Earned Policies	222	217	214	222	240	1,115
Collected Earned Premium					316,762	
On-Level Factor					1.119	
Earned Premium at Present Rates					354,457	
Premium Trend Factor					0.982	
Projected EPPR					348,109	
Projected Average Rate based on Collected EPPR					1,450.45	
Incurring Losses	248,168	269,575	216,760	293,472	189,911	1,217,886
Paid ALAE	85	128	4,512	4,947	2,049	11,721
Incurring Losses and Paid ALAE	248,253	269,703	221,272	298,419	191,960	1,229,607
Loss Development Factor	1.000	1.000	1.000	1.000	1.060	
Paid Defense and Cost Containment Factor	1.075	1.165	1.364	1.698	2.938	
Adjusted Developed Losses	248,168	269,575	216,760	293,472	201,306	1,229,281
Adjusted Developed ALAE	91	149	6,154	8,400	6,020	20,814
Adjusted Developed Losses and ALAE	248,259	269,724	222,914	301,872	207,326	1,250,095
ULAE Incurred * (0.167 of loss and alae)	41,459	45,044	37,227	50,413	34,623	208,766
Loss Projection Factor	1.439	1.358	1.281	1.208	1.140	
Projected Losses and ALAE	357,245	366,285	285,553	364,661	236,352	1,610,096
ULAE Projection Factor	1.203	1.168	1.134	1.101	1.069	
Projected ULAE	49,875	52,611	42,215	55,505	37,012	237,218
Projected Loss and LAE	407,120	418,896	327,768	420,166	273,364	1,847,314
Pure Premium	1833.87	1930.40	1531.63	1892.64	1139.02	1656.78
Fixed Ratio	0.224					
Variable Ratio	0.145					
Dividend Rate	0.067					
Indicated Average Rate	2739.56	2862.06	2356.00	2814.14	1857.77	2514.82
Indication	88.9%	97.3%	62.4%	94.0%	28.1%	73.4%
Credibility	0.10					

ARKANSAS
AMICA MUTUAL INSURANCE COMPANY
HOMEOWNERS INSURANCE
ACCIDENT YEAR EXPERIENCE
TENANTS FORMS

	2006	2007	2008	2009	2010	Total
Earned Policies	25	24	28	30	25	132
Collected Earned Premium					10,278	
On-Level Factor					1.048	
Earned Premium at Present Rates					10,771	
Premium Trend Factor					1.000	
Projected EPPR					10,771	
Projected Average Rate based on Collected EPPR					430.84	
Incurring Losses	883	0	0	0	0	883
Paid ALAE	0	0	0	0	0	0
Incurring Losses and Paid ALAE	883	0	0	0	0	883
Loss Development Factor	1.000	1.000	1.000	0.940	0.902	
Paid Defense and Cost Containment Factor	1.018	1.045	1.385	1.939	3.296	
Adjusted Developed Losses	883	0	0	0	0	883
Adjusted Developed ALAE	0	0	0	0	0	0
Adjusted Developed Losses and ALAE	883	0	0	0	0	883
ULAE Incurred * (0.167 of loss and alae)	147	0	0	0	0	147
Loss Projection Factor	1.357	1.292	1.230	1.172	1.116	
Projected Losses and ALAE	1,198	0	0	0	0	1,198
ULAE Projection Factor	1.203	1.168	1.134	1.101	1.069	
Projected ULAE	177	0	0	0	0	177
Projected Loss and LAE	1,375	0	0	0	0	1,375
Pure Premium	55.00	0.00	0.00	0.00	0.00	10.42
Fixed Ratio	0.224					
Variable Ratio	0.145					
Dividend Rate	0.067					
Indicated Average Rate	192.27	122.47	122.47	122.47	122.47	135.70
Indication	-55.4%	-71.6%	-71.6%	-71.6%	-71.6%	-68.5%
Credibility	0.00					

ARKANSAS
AMICA MUTUAL INSURANCE COMPANY
HOMEOWNERS INSURANCE
ACCIDENT YEAR EXPERIENCE
CONDOMINIUM FORMS

	2006	2007	2008	2009	2010	Total
Earned Policies	5	5	5	5	5	25
Collected Earned Premium					2,134	
On-Level Factor					1.047	
Earned Premium at Present Rates					2,234	
Premium Trend Factor					1.000	
Projected EPPR					2,234	
Projected Average Rate based on Collected EPPR					446.80	
Incurring Losses	722	0	0	0	0	722
Paid ALAE	0	0	0	0	0	0
Incurring Losses and Paid ALAE	722	0	0	0	0	722
Loss Development Factor	1.000	1.000	1.000	0.961	0.923	
Paid Defense and Cost Containment Factor	1.031	1.069	1.274	1.571	2.767	
Adjusted Developed Losses	722	0	0	0	0	722
Adjusted Developed ALAE	0	0	0	0	0	0
Adjusted Developed Losses and ALAE	722	0	0	0	0	722
ULAE Incurred * (0.167 of loss and alae)	121	0	0	0	0	121
Loss Projection Factor	1.317	1.260	1.206	1.154	1.104	
Projected Losses and ALAE	951	0	0	0	0	951
ULAE Projection Factor	1.203	1.168	1.134	1.101	1.069	
Projected ULAE	146	0	0	0	0	146
Projected Loss and LAE	1,097	0	0	0	0	1,097
Pure Premium	219.40	0.00	0.00	0.00	0.00	43.88
Fixed Ratio	0.224					
Variable Ratio	0.145					
Dividend Rate	0.067					
Indicated Average Rate	405.44	127.01	127.01	127.01	127.01	182.69
Indication	-9.3%	-71.6%	-71.6%	-71.6%	-71.6%	-59.1%
Credibility	0.00					

SERFF Tracking Number: AMMA-127143617 State: Arkansas
 Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: AR-H-11-1-RR
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: AR-H-11-1-RR
 Project Name/Number: Rate and Rule Revision/

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)
05/09/2011	Rate and Rule	Revised Manual Pages	06/17/2011	Revised Manual Pages.pdf (Superseded)
06/02/2011	Supporting Document	HPCS-Homeowners Premium Comparison Survey	06/17/2011	HO Survey FORM HPCS.pdf (Superseded) HO Survey FORM HPCS.xls (Superseded)
04/27/2011	Supporting Document	HPCS-Homeowners Premium Comparison Survey	06/02/2011	HO Survey FORM HPCS.pdf
06/02/2011	Supporting Document	Explanatory and Exhibits	06/17/2011	Explanatory Memo.pdf Changes by Coverage.pdf (Superseded) CY Loss Ratios.pdf Expense Data.pdf CW Loss Ratios.pdf CW Expenses.pdf RLH.pdf On Level Factors.pdf EPPR.pdf
05/11/2011	Supporting Document	Explanatory and Exhibits	06/02/2011	Explanatory Memo.pdf Changes by Coverage.pdf CY Loss Ratios.pdf Expense Data.pdf

**ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL**

**RULE 525.
MOTORIZED GOLF CART – PHYSICAL LOSS COVERAGE**

Effective **OCTOBER 1, 2011**

For Use in **PG7 Rating**

A. Coverage Description

The policy may be endorsed to provide coverage for physical loss to a motorized golf cart, including permanently installed accessories, equipment and parts, owned by an insured.

Also covered, for an amount equal to 10% of the limit of the highest scheduled cart, are accessories, equipment or parts designed or made solely for the cart that are **not** permanently installed provided such property is at an insured's residence or in or upon the cart off the insured's residence at the time of loss.

Coverage for loss caused by collision is optional and only applies if declared on the schedule of the endorsement.

B. Eligibility

To be eligible for coverage, the motorized golf cart shall be of the type designed to carry up to four people on a golf course for the purpose of playing golf and shall not have been built, or modified after manufacture, to exceed a speed of 25 m.p.h. on level ground.

Read the endorsement for all conditions of coverage.

C. Limit Of Liability

The limit of liability shall be selected by the insured. However, that limit should be representative of the actual cash value of the motorized golf cart including any permanently installed accessories, etc.

D. Deductible

A deductible amount of \$500 applies separately to each involved golf cart and, separately to Section I Property Coverages if not in or upon a golf cart at the time of loss.

The \$500 deductible replaces any other deductible in the policy with respect to property covered under the endorsement.

E. Premium

The following charge is the minimum annual premium for each motorized golf cart for any period within a policy year.

Rate per \$500 per motorized golf cart

Without Collision.....	\$11
With Collision.....	\$19

F. Endorsement

Use Owned Motorized Golf Cart – Physical Loss Coverage Endorsement **HO 05 28.**

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HOMEOWNERS POLICY PROGRAM MANUAL

RULE 528.
HOME BUSINESS INSURANCE COVERAGE

Effective **OCTOBER 1, 2011**

For Use in **PG7 Rating**

A. Eligibility

1. The Home Business Insurance Coverage Endorsement, may be used in conjunction with a Homeowners policy to cover the Section I and Section II exposures of a permitted business.
2. To be eligible for coverage under this endorsement, a risk must meet at least the following criteria:
 - a. The home business:
 - (1) Must be owned by the named insured or by a partnership, joint venture or other organization comprised only of the named insured and resident relatives;
 - (2) Must be operated from the residence premises that is declared on the Homeowners Declarations and used principally for residential purposes.
 - (3) May be operated from the home and/or other structure on the residence premises.
 - (4) May have up to three employees; and
 - (5) May not involve the:
 - (a) Manufacture, sale or distribution of food products;
 - (b) Manufacture of personal care products such as shampoo, hair color, soap, perfume or other like items applied to the body or consumed; or
 - (c) Sale or distribution of personal care products **manufactured by the insured** such as shampoo, hair color, soap, perfume or other like items applied to the body or consumed;
 - b. For all business classifications described in Paragraph **C.** that follows, the Gross Annual Receipts of the home business may not exceed \$250,000.
3. Certain businesses may be **ineligible** for coverage under this endorsement. Refer to Company for its underwriting instructions.
4. When a permitted business that is operated from the residence premises is afforded coverage under either the Permitted Incidental Occupancy or Home Day Care Coverage Endorsement, that business may not be afforded coverage under the Home Business Endorsement.

B. Classifications

The four principal classifications of business accommodated in this rule follow. Refer to the Company for the businesses that are eligible within each of these classifications and name and describe the business in the Schedule that is part of the endorsement:

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1. Office

Use this classification when the business involves professional or administrative activities for its customers. It could apply to businesses like accounting, resume writing, telephone answering, etc.

2. Service

Use this classification when the business provides repair or other services for its customers. It could apply to businesses like bicycle repair, clock/jewelry repair, housecleaning, videotaping, etc.

3. Sales

Use this classification when the business involves product sales, other than crafts made in the home or other structure and sold from the home or other locations. It could apply to businesses involving the sale of books and magazines, costume jewelry, plants and flowers, stationery/other paper products, etc.

4. Crafts

Use this classification when the business involves selling, from the home, other structure or other locations, crafts made in the home or other structure. It could apply to crafts like ceramics, dolls, flower arrangements, quilts, etc.

C. Coverages

1. Section I – Property

The Home Business Endorsement:

- a. Provides coverage for the property of the described business and for property of others in the care of the business up to the Coverage **C** limit of liability entered on the Homeowners Declarations. Therefore, the Coverage **C** limit should reflect the values of the personal and business property to be insured;
- b. Provides coverage for:
 - (1) Accounts receivable (\$5,000 limit);
 - (2) Loss of business income/extra expense (actual cost for a maximum of 12 months); and
 - (3) Valuable papers (\$2,500 limit); and
- c. Increases the Coverage **C** Special Limits of Liability on:
 - (1) Money up to \$1,000;
 - (2) Credit Cards up to \$1,000 (\$5,000 in **HO 00 05**); and
 - (3) Business property away from the residence premises up to \$5,000.

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2. Section II – Business Liability

a. The Home Business Endorsement provides coverage for such business liability exposures as premises operations, products-completed operations, advertising injury, and personal injury. The limits of liability for these coverages are on an annual aggregate basis and are determined in the following manner:

- (1) For Products-Completed Operations Hazard Liability, the limit is the **same as** the Coverage **E** limit shown in the Homeowners Declarations;
- (2) For All Other Business Liability, the limit is **twice the sum** of the combined Coverage **E** and Coverage **F** limits shown in the Homeowners Declarations; and
- (3) For the Coverage **F** Sublimit of Liability, the limit is the **same as** the Coverage **F** limit shown in the Homeowners Declarations.

b. The limit of liability for Additional Coverage **3.**, Damage To Property Of Others is increased to \$2,500.

3. Professional Liability

NO professional liability coverage is provided in the Home Business Endorsement.

4. Computer-Related Damage Or Injury Exclusion And Coverage Options

This rule does not apply.

D. Home Business Premium Computation

1. Development Of The Home Business Premium

Add the Section **I** and Section **II** premium components developed according to Paragraphs **D.2.** and **D.3.** that follow, to arrive at the Home Business premium.

2. Section I – Property

a. From the Company Homeowners Premium Tables, select the Base Class Premium that applies to the residence premises with the home business and multiply it by the appropriate factor in the following table:

Gross Annual Receipts*	HO 03 & HO 05	HO 04	HO 06
Up to \$50,000	.03	.16	.21
\$50,001 to \$100,000	.05	.25	.33
100,001 to 175,000	.07	.36	.47
175,001 to 250,000	.09	.49	.65

* New Business, use \$50,001 to \$100,000 classification

Table 528.D.2.a. Factors

b. Multiply the result computed in preceding Paragraph **a.** by the rating factors in the Homeowners Manual for the following risk categories – **For Use in PG1 Rating Only:**

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HOMEOWNERS POLICY PROGRAM MANUAL

- (1) Protection/Construction (Rule 301. Classification Table) – apply the factor that applies to **HO 00 04** regardless of the Homeowners form attached to the policy; and
- (2) Superior Construction (Rule 401.) and Protection Devices (Rule 404.) – apply these factors only if they are applied to the dwelling building or other structure for the residential exposure; and
- (3) Townhouse or Row House Construction (Rule 402.) in the following manner:
 - (a) For All Forms except **HO 00 04** and **HO 00 06**, apply the same factor used for the residential exposure; or
 - (b) For Forms **HO 00 04** and **HO 00 06**:
 - (i) Apply the factor for the number of individual family units within a fire division that best describes the building that contains the residential and business property; or
 - (ii) If such building has 9 or more individual family units within a fire division, apply the factor for the 5 through 8 units classification.
- c. When a home business is operated from one or more other structures on the residence premises and declared in the Schedule, multiply the limit of liability for each structure by the "premium per \$1,000" shown in Rule 514. **Other Structures**, Paragraph A.1.a.

3. Section II – Business Liability

a. Basic Limits Premium Coverages E and F

- (1) Office (Gross Annual Receipts Up To \$250,000)

Business Visitors		
<u>Per Week*</u>	<u>Under 10</u>	<u>10 or more</u>
	\$ 4	\$ 6

- (2) Service, Sales and Crafts

Business Visitors Per Week*						
Gross Annual Receipts**	Services		Sales		Crafts	
	Under 10	10 or More	Under 10	10 or More	Under 10	10 or More
Up to \$50,000	\$ 31	\$ 47	\$ 15	\$ 22	\$ 18	\$ 27
\$50,001 to \$100,000	94	141	44	66	54	81
\$100,001 to \$175,000	172	259	81	121	99	149
\$175,001 to \$250,000	266	400	125	187	153	230

*New Business, use 10 or more classification.
 ** New Business, use \$50,001 to \$100,000 classification

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HOMEOWNERS POLICY PROGRAM MANUAL

b. Coverage E – Increased Limits

- (1) When the Coverage E limit is increased for Homeowners Insurance, the Home Business limits shall also be increased as illustrated in following Paragraph (2).
- (2) Multiply the Company's basic limits premium determined in preceding Paragraph 3.a. by the appropriate factor from the following table:

Increased Limits of Liability					
Homeowners		Home Business			
Coverage E Personal Liability	Coverage F Med. Payments To Others	Products- Completed Operations	All Forms Except HO 00 05 All Other Liability	HO 00 05 All Other Liability	Increased Limit Factor
\$200,000*	\$1,000*	\$200,000*	\$ 402,000*	-----	1.15
300,000	\$1,000*	300,000	602,000	\$ 610,000	1.24
400,000	\$1,000*	400,000	802,000	810,000	1.30
500,000	\$1,000*	500,000	1,002,000	1,010,000	1.35

*Not available for **HO 00 05**

Table 528.D.3.b. (2) Factors

c. Coverage F – Increased Limits

- (1) When the Coverage F limit is increased for Homeowners Insurance, the Home Business Coverage F limit shall also be increased.
- (2)

ALL Home Business CLASSIFICATIONS				
	Homeowners Increased Limit of Liability			
Business Visitors Per Week	\$2,000*	\$3,000*	\$4,000*	\$5,000
Under 10	\$ 8	\$15	\$23	\$29
10 or More	13	21	31	37

* Not available for Form **HO 00 05**

- (3) Add the premium determined in Paragraph c.(2) to the premium developed in preceding Paragraph 3.a. or b. to compute the Section II premium component.

E. Endorsement

Use Home Business Insurance Coverage Endorsement **HO 07 01**.

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F. Options

The following options may only be used when the Home Business Coverage Endorsement is attached to the policy:

1. Additional Insured

a. Managers Or Lessors Of Premises Leased To An Insured

(1) Coverage

Covers persons or organizations designated on the endorsement for their liability as owners of designated premises leased to the named insured.

(2) Premium

Rate Per Location/per additional insured.....**\$22**

(3) Endorsement

Use Additional Insured – Managers Or Lessors Of Premises Leased To An Insured Endorsement **HO 07 50**.

2. Loss Payable Condition

a. Coverage

Enables the naming of a loss payee, lender's loss payee, or loss payable under a contract-of-sale arrangement.

b. Endorsement

Use Loss Payable Provision Endorsement **HO 07 52**

3. Personal and Advertising Injury Exclusion

a. Coverage

Excludes all Personal and Advertising Injury coverage.

b. Endorsement

Use Exclusion – Personal and Advertising Injury Endorsement **HO 07 53**

4. Liquor Liability Exclusion and Exception for Scheduled Activities

a. Coverage

This endorsement excludes liability coverage for:

- (1) Manufacturing, selling or distributing alcoholic beverages or
- (2) Serving or furnishing alcoholic beverages with a charge whether or not such activity requires a license and;
- (3) Serving or furnishing of alcoholic beverages without a charge, if a license is required for such activity.

This exclusion does not apply to bodily injury or property damage arising out of the selling, serving or furnishing of alcoholic beverages for an activity or function described in the Schedule of this endorsement.

b. Endorsement

Use Liquor Liability Exclusion and Exception For Scheduled Activities Endorsement **HO 07 54**

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5. Special Coverage – Spoilage Of Perishable Stock

a. Coverage

Provides special coverage for the perishable stock specifically listed in the Schedule of Endorsement **HO 07 55**. The limit of liability is also listed in the endorsement.

b. Premium

- (1) Florists Rate per \$100.....**\$3**
- (2) Other Classes of Business Rate per \$1,000.....**NOT AVAILABLE**

c. Endorsement

Use Special Coverage – Spoilage Of Perishable Stock Endorsement **HO 07 55**.

6. Valuable Papers And Records Endorsements

a. Increased Limits

(1) Coverage

The Home Business Insurance Coverage Endorsement provides a basic limit of \$2,500 for Valuable Papers And Records Coverage. This limit may be increased. The amount is specified in the Schedule of Endorsement **HO 07 56**.

(2) Premium – Rate per \$1,000

- (a) Named Peril Groups Coverage (**HO 00 03, HO 00 04 and HO 00 06**).....**\$2**
- (b) Open Peril Groups Coverage (**HO 00 05, HO 00 04 with HO 05 24 and HO 00 06 with HO 17 31**)**\$3**

(3) Endorsement

Use Valuable Papers And Records Coverage Increased Limits Endorsement **HO 07 56**.

b. Special Coverage

(1) Coverage

Extends the basic \$2,500 limit of liability for Valuable Papers And Records Coverage from:

- (a) Named-perils in Forms **HO 00 03, HO 00 04 and HO 00 06**; and
- (b) Special coverage in Forms **HO 00 05, HO 00 04 with HO 05 24 and HO 00 06 with HO 17 31**;

to expanded special coverage. Increased Limits for expanded special coverage are also available.

**ARKANSAS (03)
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(2) Premium

(a) First \$2,500	
HO 00 03, HO 00 04 and HO 00 06	\$4
HO 00 05, HO 00 04 with HO 05 24 and HO 00 06 with HO 17 31	\$3
(b) Each Additional \$1,000	
All Forms.....	\$3

(3) Endorsement

Use Special Coverage Valuable Papers and Records Endorsement **HO 07 57**.

7. Off-Premises Property Coverage – Increased Limits

a. Endorsement

Coverage for business property, other than money and securities, that is away from the residence premises at the time of loss may be increased from \$5,000 to \$10,000. Check the appropriate box in the schedule of the Home Business Endorsement.

b. Premium

Rate per \$2,500	
HO 00 03, HO 00 04 and HO 00 06	\$37
HO 00 05, HO 00 04 with HO 05 24 and HO 00 06 with HO 17 31	\$55

**ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL**

**RULE A.6
MULTI - LINE DISCOUNT**

Effective OCTOBER 1, 2011

All Forms

The homeowner's policy premium shall be reduced if a policyholder has both an automobile and homeowner's policy with Amica or if a policyholder has an automobile, homeowners and personal umbrella policy with Amica. To compute the discount, multiply the premiums by peril, by the following:

Coverage	Dwelling Forms	Contents Forms
Homeowners and Automobile Policy	15%	10%

The discount factors will also apply to any miscellaneous premiums, sump endorsement premiums and earthquake premiums. The discount shall not apply when the only vehicles insured on the automobile policy are the Miscellaneous Type with the exception of Motor Home and Antique Autos. The factors do not apply to Scheduled Personal Property.

Coverage	Dwelling Forms	Contents Forms
Homeowners, Automobile and Personal Umbrella Policy	Additional 3% Subject to a maximum credit per peril: PG1.....\$100 PG4.....5 PG5.....5 PG6.....5	Additional 3% (No maximum applies)

This applies separately to each of the rating by peril groups 1 through 6.
 This does not apply to any individual premium endorsements.

Amica Mutual Insurance Company
 Homeowners Dwelling Page
Arkansas

Effective October 1, 2011

A. HO 00 03, HO 00 05

1. Dwelling Base Rates - \$500 Base Deductible

Peril	Base Rate	Platinum Fee	
		1-2 Family	3-4 Family
PG1	\$1,458.90	\$41.00	\$41.00
PG4	\$71.61	\$9.00	\$9.00
PG5	\$124.33		
PG6	\$85.57	\$9.00	\$9.00

2. Classification Tables

Form Relativities- Applies to All Perils except PG5

Form	Relativity
HO 3	1.00
HO 5	1.15

Protection - Construction Relativities (Applicable to PG1 Premium Only)		
PC	Frame	Masonry
1	1.000	0.920
2	1.000	0.920
3	1.000	0.920
4	1.000	0.920
5	1.000	0.920
6	1.000	0.920
7	1.080	0.920
8	1.325	1.120
8B	1.650	1.365
9	1.730	1.405
10	1.890	1.730

2. Three and Four Family Factor - All Perils
1.30

Amica Mutual Insurance Company
Homeowners Tenant Page

Arkansas

Effective October 1, 2011

HO 00 04

1. Tenants Base Rates - \$250 Base Deductible

Peril	Base Rate
PG1	\$145.36
PG4	\$123.46
PG5	\$57.23
PG6	\$12.48

2. Classification Tables

Protection - Construction Relativities (Applicable to PG1 Premium Only)		
PC	Frame	Masonry
1	1.000	0.920
2	1.000	0.920
3	1.000	0.920
4	1.000	0.920
5	1.000	0.920
6	1.000	0.920
7	1.160	0.920
8	1.240	1.000
8B	1.400	1.200
9	1.480	1.240
10	1.720	1.400

Amica Mutual Insurance Company
 Homeowners Condominium Page
Arkansas

Effective October 1, 2011

HO 00 06

1. Condominium Base Rates - \$250 Base Deductible

Peril	Base Rate
PG1	\$175.49
PG4	\$22.87
PG5	\$49.16
PG6	\$8.66

2. Classification Tables

Protection - Construction Relativities (Applicable to PG1 Premium Only)		
PC	Frame	Masonry
1	1.000	0.920
2	1.000	0.920
3	1.000	0.920
4	1.000	0.920
5	1.000	0.920
6	1.000	0.920
7	1.160	0.920
8	1.240	1.000
8B	1.400	1.200
9	1.480	1.240
10	1.720	1.400

NAIC Number: 028-19976
 Company Name: Amica Mutual Insurance Company
 Contact Person: Brenda D. Miller
 Telephone No.: 1-800-652-6422, ext. 24889
 Email Address: bmiller@amica.com
 Effective Date: 10/1/2011

**Homeowners Premium Comparison Survey Form
 FORM HP3S - last modified August, 2005**

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

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

Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Covers risk of direct physical loss for dwelling and other structures; named perils for personal property, replacement cost on dwelling, actual cash value on personal property)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$1,131.00	\$1,151.00	\$1,131.00	\$1,151.00	\$1,153.00	\$1,173.00	\$1,188.00	\$1,208.00	\$1,166.00	\$1,186.00	\$1,166.00	\$1,186.00	\$1,166.00	\$1,186.00	\$1,157.00	\$1,177.00	\$1,157.00	\$1,177.00
	\$120,000	\$1,289.00	\$1,313.00	\$1,289.00	\$1,313.00	\$1,314.00	\$1,338.00	\$1,355.00	\$1,379.00	\$1,329.00	\$1,353.00	\$1,329.00	\$1,353.00	\$1,329.00	\$1,353.00	\$1,318.00	\$1,342.00	\$1,320.00	\$1,344.00
	\$160,000	\$1,473.00	\$1,500.00	\$1,473.00	\$1,500.00	\$1,503.00	\$1,530.00	\$1,548.00	\$1,575.00	\$1,520.00	\$1,547.00	\$1,520.00	\$1,547.00	\$1,520.00	\$1,547.00	\$1,506.00	\$1,533.00	\$1,507.00	\$1,534.00
6	\$80,000	\$1,131.00	\$1,151.00	\$1,131.00	\$1,151.00	\$1,153.00	\$1,173.00	\$1,188.00	\$1,208.00	\$1,166.00	\$1,186.00	\$1,166.00	\$1,186.00	\$1,166.00	\$1,186.00	\$1,157.00	\$1,177.00	\$1,157.00	\$1,177.00
	\$120,000	\$1,289.00	\$1,313.00	\$1,289.00	\$1,313.00	\$1,314.00	\$1,338.00	\$1,355.00	\$1,379.00	\$1,329.00	\$1,353.00	\$1,329.00	\$1,353.00	\$1,329.00	\$1,353.00	\$1,318.00	\$1,342.00	\$1,320.00	\$1,344.00
	\$160,000	\$1,473.00	\$1,500.00	\$1,473.00	\$1,500.00	\$1,503.00	\$1,530.00	\$1,548.00	\$1,575.00	\$1,520.00	\$1,547.00	\$1,520.00	\$1,547.00	\$1,520.00	\$1,547.00	\$1,506.00	\$1,533.00	\$1,507.00	\$1,534.00
9	\$80,000	\$1,254.00	\$1,336.00	\$1,254.00	\$1,336.00	\$1,276.00	\$1,358.00	\$1,311.00	\$1,393.00	\$1,289.00	\$1,371.00	\$1,289.00	\$1,371.00	\$1,289.00	\$1,371.00	\$1,280.00	\$1,362.00	\$1,280.00	\$1,362.00
	\$120,000	\$1,430.00	\$1,524.00	\$1,430.00	\$1,524.00	\$1,455.00	\$1,549.00	\$1,496.00	\$1,590.00	\$1,470.00	\$1,564.00	\$1,470.00	\$1,564.00	\$1,470.00	\$1,564.00	\$1,459.00	\$1,553.00	\$1,461.00	\$1,555.00
	\$160,000	\$1,635.00	\$1,744.00	\$1,635.00	\$1,744.00	\$1,665.00	\$1,774.00	\$1,710.00	\$1,819.00	\$1,682.00	\$1,791.00	\$1,682.00	\$1,791.00	\$1,682.00	\$1,791.00	\$1,668.00	\$1,777.00	\$1,669.00	\$1,778.00

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	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	\$15,000	\$189.00	\$194.00	\$189.00	\$194.00	\$189.00	\$194.00	\$197.00	\$202.00	\$197.00	\$202.00	\$197.00	\$202.00	\$197.00	\$202.00	\$189.00	\$194.00	\$197.00	\$202.00
	\$25,000	\$218.00	\$224.00	\$218.00	\$224.00	\$218.00	\$224.00	\$227.00	\$233.00	\$227.00	\$233.00	\$227.00	\$233.00	\$227.00	\$233.00	\$218.00	\$224.00	\$227.00	\$233.00
6	\$5,000	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	\$15,000	\$189.00	\$194.00	\$189.00	\$194.00	\$189.00	\$194.00	\$197.00	\$202.00	\$197.00	\$202.00	\$197.00	\$202.00	\$197.00	\$202.00	\$189.00	\$194.00	\$197.00	\$202.00
	\$25,000	\$218.00	\$224.00	\$218.00	\$224.00	\$218.00	\$224.00	\$227.00	\$233.00	\$227.00	\$233.00	\$227.00	\$233.00	\$227.00	\$233.00	\$218.00	\$224.00	\$227.00	\$233.00
9	\$5,000	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	\$15,000	\$209.00	\$224.00	\$209.00	\$224.00	\$209.00	\$224.00	\$217.00	\$232.00	\$217.00	\$232.00	\$217.00	\$232.00	\$217.00	\$232.00	\$209.00	\$224.00	\$217.00	\$232.00
	\$25,000	\$242.00	\$260.00	\$242.00	\$260.00	\$242.00	\$260.00	\$251.00	\$269.00	\$251.00	\$269.00	\$251.00	\$269.00	\$251.00	\$269.00	\$242.00	\$260.00	\$251.00	\$269.00

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	n/a	%	Deadbolt Lock	n/a	%
Burglar Alarm	8 to 20	%	Window Locks	n/a	%
Smoke Alarm	4 to 10	%	\$1,000 Deductible	vary by limit	%
	Other (specify)				
	sprinkler, multi-line, home	5 to 35	%		
	Maximum Credit Allowed	50	%		

EARTHQUAKE INSURANCE

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

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

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? %

Zone	Brick	Frame
Highest Risk	\$ 2.48	\$ 1.17
Lowest Risk	\$ 1.36	\$ 0.5

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

Arkansas
Proposed Rate Level Changes - All Forms Combined

	2010 EPPR	Base Rate Change	Other Effects	Offsets	Total Change	Percent Change
<u>DWELLING</u>						
Wind	0	1.120	1.000	1.000	1.120	12.0%
Water	0	1.120	1.000	1.000	1.120	12.0%
Fire	298,931	1.120	1.000	1.000	1.120	12.0%
Theft	15,237	1.120	1.000	1.000	1.120	12.0%
Liability	17,322	1.120	1.000	1.000	1.120	12.0%
Other	19,102	1.120	1.000	1.000	1.120	12.0%
Hurricane	0	1.000	1.000	1.000	1.000	0.0%
Miscellaneous	3,865	1.000	1.000	1.000	1.000	0.0%
Total Dwelling	354,457				1.119	11.9%
<u>TENANTS</u>						
Wind	0	1.050	1.000	1.000	1.050	5.0%
Water	0	1.050	1.000	1.000	1.050	5.0%
Fire	4,750	1.050	1.000	1.000	1.050	5.0%
Theft	4,219	1.050	1.000	1.000	1.050	5.0%
Liability	1,358	1.050	1.000	1.000	1.050	5.0%
Other	431	1.050	1.000	1.000	1.050	5.0%
Hurricane	0	1.000	1.000	1.000	1.000	0.0%
Miscellaneous	13	1.000	1.000	1.000	1.000	0.0%
Total Tenants	10,771				1.050	5.0%
<u>CONDO</u>						
Wind	0	1.050	1.000	1.000	1.050	5.0%
Water	0	1.050	1.000	1.000	1.050	5.0%
Fire	1,175	1.050	1.000	1.000	1.050	5.0%
Theft	201	1.050	1.000	1.000	1.050	5.0%
Liability	202	1.050	1.000	1.000	1.050	5.0%
Other	64	1.050	1.000	1.000	1.050	5.0%
Hurricane	0	1.000	1.000	1.000	1.000	0.0%
Miscellaneous	592	1.025	1.000	1.000	1.025	2.5%
Total Condo	2,234				1.043	4.3%
<u>OVERALL CHANGE</u>	367,462				1.116	11.6%