

State: Arkansas **First Filing Company:** EMCASCO Insurance Company, ...
TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
Product Name: Homeowners
Project Name/Number: /

Filing at a Glance

Companies: EMCASCO Insurance Company
 Employers Mutual Casualty Company
 Union Insurance Company of Providence
Product Name: Homeowners
State: Arkansas
TOI: 04.0 Homeowners
Sub-TOI: 04.0003 Owner Occupied Homeowners
Filing Type: Rate/Rule
Date Submitted: 10/01/2013
SERFF Tr Num: EMCC-129228539
SERFF Status: Closed-Filed
State Tr Num:
State Status:
Co Tr Num: AR-HO-2013-02
Effective Date 01/15/2014
Requested (New):
Effective Date 01/15/2014
Requested (Renewal):
Author(s): Jo Byers
Reviewer(s): Becky Harrington (primary)
Disposition Date: 11/26/2013
Disposition Status: Filed
Effective Date (New): 02/15/2014
Effective Date (Renewal): 02/15/2014

State Filing Description:
 referred to commissioner; reviewed 10/21/13

State: Arkansas **First Filing Company:** EMCASCO Insurance Company, ...
TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
Product Name: Homeowners
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 11/26/2013
State Status Changed: 10/21/2013 Deemer Date:
Created By: Jo Byers Submitted By: Jo Byers
Corresponding Filing Tracking Number:

Filing Description:
October 1, 2013

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third St.
Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415
EMCASCO INSURANCE COMPANY – 062-21417
UNION INSURANCE COMPANY OF PROVIDENCE – 062-21423
Homeowners Program
Rate and Rule Revision
Company File # AR-HO-2013-02
Effective February 15, 2014

The captioned companies are members of Insurance Services Office (ISO) and currently have independent rates on file with your department. We are submitting for your review a rate level revision that will result in an estimated increase of 14.9% for the companies combined.

Our revision consists of:

- Revised base rates by territory – EMCC and Union will continue to be rated at 160% and 75% of EMCASCO, respectively
- Revised HO-3 and HO-5 deductible relativities (Rule 406) – writing new or renewal business below \$1,500 Flat is not anticipated at this time
- Revised new and renovated dwelling component credits (Rule 411)
- Revised rates for water backup of sewers or drains (Rule 521)
- Introduction of Continuous Insurance Score Discounts
- Revisions have been made to our Underwriting Eligibility Guidelines; rule changes for deductibles and revised credits have also been made. Side by side marked up manual pages attached for your review.

We are advising the insurance department of the following:

1. We do not offer Mobile Home Coverage
2. We currently follow ISO's earthquake territory definitions
3. The earthquake underwriting guidelines are in the agent's manual

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We supplement this filing with the following:

- \$150.00 filing fee (EFT)
- Rate Filing Abstract Form RF-1
- Homeowners Premium Comparison Survey Form
- Supporting Information
- Confidential Actuarial Memorandum Continuous Insurance Score Discount Rule
- Experience
- Investment Income
- Development of Permissible Loss & Loss Adjustment Expense Ratio
- Expense Provisions
- Rate Level Indications
- Revised manual pages HO-1 – HO-3A, HO-6, HO-21, HO-22, HO-26, HO-43, HO-R-5 – HO-R-9, HO-T-1 – HO-T-5 (marked up and final); these pages replace the same pages currently filed.

We respectfully request your acknowledgment of this filing, to be applicable to policies effective on or after February 15, 2014. Thank you.

Jo L. Byers, Filings Analyst
 Rates and Forms Compliance Dept.
 (800) 247-2128 Ext. 2707
 jo.l.byers@emcins.com

Company and Contact

Filing Contact Information

Jo Byers, Filings Analyst	Jo.L.Byers@EMCIns.com
PO Box 712	800-247-2128 [Phone] 2707 [Ext]
Des Moines, IA 50306-0712	515-345-2223 [FAX]

State: Arkansas **First Filing Company:** EMCASCO Insurance Company, ...
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Filing Company Information

EMCASCO Insurance Company	CoCode: 21407	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name: EMC Insurance	State ID Number:
(515) 280-2511 ext. [Phone]	Companies	
	FEIN Number: 42-6070764	

Employers Mutual Casualty Company	CoCode: 21415	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name: EMC Insurance	State ID Number:
(515) 280-2511 ext. [Phone]	Companies	
	FEIN Number: 42-0234980	

Union Insurance Company of Providence	CoCode: 21423	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name: EMC Insurance	State ID Number:
(515) 280-2511 ext. [Phone]	Companies	
	FEIN Number: 05-0230479	

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

Company	Amount	Date Processed	Transaction #
Employers Mutual Casualty Company	\$150.00	10/01/2013	74711104

State: Arkansas
TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
Product Name: Homeowners
Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	11/26/2013	11/26/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	11/06/2013	11/06/2013
Pending Industry Response	Becky Harrington	10/21/2013	10/21/2013
No response necessary	Becky Harrington	10/16/2013	10/16/2013
Pending Industry Response	Becky Harrington	10/07/2013	10/07/2013

Response Letters

Responded By	Created On	Date Submitted
Jo Byers	11/19/2013	11/19/2013
Jo Byers	11/05/2013	11/05/2013
Jo Byers	10/21/2013	10/21/2013
Tammi Dickey	10/15/2013	10/15/2013

State: Arkansas
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Disposition

Disposition Date: 11/26/2013

Effective Date (New): 02/15/2014

Effective Date (Renewal): 02/15/2014

Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
EMCASCO Insurance Company	16.300%	6.000%	\$99,797	1,826	\$1,662,311	%	%
Employers Mutual Casualty Company	16.300%	7.000%	\$24,433	302	\$347,983	%	%
Union Insurance Company of Providence	16.300%	3.200%	\$45,625	1,408	\$1,411,929	%	%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing

16.300%

Overall Percentage Rate Impact For This Filing

5.000%

Effect of Rate Filing-Written Premium Change For This Program

\$169,855

Effect of Rate Filing - Number of Policyholders Affected

3,536

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		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 (revised)	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document (revised)	Exhibits	Filed	Yes

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Exhibits		Yes
Supporting Document	Exhibits		Yes
Supporting Document	Exhibits		Yes
Supporting Document (revised)	Confidential	Filed	No
Supporting Document	Confidential		No
Supporting Document	Confidential		No
Supporting Document	Response to objection letter	Filed	Yes
Supporting Document	Revised Rate/Rule Schedule	Filed	Yes
Rate (revised)	manual pages	Filed	Yes
Rate	manual pages		Yes
Rate	manual pages		Yes
Rate	manual pages		Yes

State: Arkansas **First Filing Company:** EMCASCO Insurance Company, ...
TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
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Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/06/2013
Submitted Date	11/06/2013
Respond By Date	

Dear Jo Byers,

Introduction:

This will acknowledge receipt of the recent response.

Objection 1

Comments: The overall percentage increase for this filing allowed by the Commissioner per his review of 10/21/13 is 5%. Please revise as requested.

Conclusion:

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

Arkansas does not allow 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

State: Arkansas **First Filing Company:** EMCASCO Insurance Company, ...
TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
Product Name: Homeowners
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/21/2013
Submitted Date	10/21/2013
Respond By Date	

Dear Jo Byers,

Introduction:

The requested increase has been reviewed by the Commissioner.

Objection 1

Comments: Please amend the overall increase amount to 5%. Individual increase must be capped at 20%.

Conclusion:

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

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Sincerely,

Becky Harrington

State: Arkansas **First Filing Company:** EMCASCO Insurance Company, ...
TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
Product Name: Homeowners
Project Name/Number: /

Objection Letter

Objection Letter Status	No response necessary
Objection Letter Date	10/16/2013
Submitted Date	10/16/2013
Respond By Date	

Dear Jo Byers,

Introduction:

This will acknowledge receipt of the recent response.

Objection 1

Comments:

This filing is being referred to the Commissioner for review due to the requested increase amount being greater than 6%. Please do not respond at this time.

Conclusion:

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

State: Arkansas First Filing Company: EMCASCO Insurance Company, ...
TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
Product Name: Homeowners
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/07/2013
Submitted Date 10/07/2013
Respond By Date

Dear Jo Byers,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Exhibits (Supporting Document)

Comments: Please provide additional documentation supporting the increased water backup/sump overflow increases.

Objection 2

- Exhibits (Supporting Document)

Comments: Provide additional documentation showing the development of the catastrophe load factor.

Objection 3

- Confidential (Supporting Document)

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

The filing description indicates "introduction" of the continuous insurance score; the manual pages indicate revisions. Please provide the SERFF tracking number that includes the actual model if previously filed.

Objection 4

- manual pages, HO-1 – HO-3A, HO-6, HO-21, HO-22, HO-26, HO-43, HO-R-5 – HO-R-9, HO-T-1 – HO-T-5 (Rate)

Comments: Please provide the minimum deductible allowed for new business.

Objection 5

- manual pages, HO-1 – HO-3A, HO-6, HO-21, HO-22, HO-26, HO-43, HO-R-5 – HO-R-9, HO-T-1 – HO-T-5 (Rate)

Comments: Please explain how the allowable losses rule complies with Directive 2-2009.

Objection 6

Comments: Provide the rule for re-ordering credit scores in compliance with ACA 23-67-405.

Conclusion:

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

Arkansas does not allow 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 #:

EMCC-129228539

State Tracking #:

Company Tracking #:

AR-HO-2013-02

State:

Arkansas

First Filing Company:

EMCASCO Insurance Company, ...

TOI/Sub-TOI:

04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name:

Homeowners

Project Name/Number:

/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/19/2013
Submitted Date	11/19/2013

Dear Becky Harrington,

Introduction:

Response 1

Comments:

Per your instruction, we have changed the overall percentage increase for this filing to +5.0%.

Related Objection 1

Comments: The overall percentage increase for this filing allowed by the Commissioner per his review of 10/21/13 is 5%. Please revise as requested.

Changed Items:

State: Arkansas

First Filing Company: EMCASCO Insurance Company, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name: Homeowners

Project Name/Number: /

Supporting Document Schedule Item Changes**Satisfied - Item:** HPCS-Homeowners Premium Comparison Survey**Comments:****Attachment(s):**

rff_AMENDED ARHO13 HPCS-EMCASCO_111513.xlsx
 rff_AMENDED ARHO13 HPCS-EMCASCO_111513.pdf
 rff_AMENDED ARHO13 HPCS-EMCC_111513.pdf
 rff_AMENDED ARHO13 HPCS-EMCC_111513.xlsx
 rff_AMENDED ARHO13 HPCS-UNION_111513.pdf
 rff_AMENDED ARHO13 HPCS-UNION_111513.xlsx

*Previous Version***Satisfied - Item:** *HPCS-Homeowners Premium Comparison Survey***Comments:****Attachment(s):**

*rff_AMENDED HO13 HPCS-EMCC.pdf
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 rff_AMENDED HPCS-EMCASCO.xlsx
 rff_AMENDED HPCS-EMCC.xls
 rff_AMENDED HPCS-UNION.xlsx*

*Previous Version***Satisfied - Item:** *HPCS-Homeowners Premium Comparison Survey***Comments:****Attachment(s):**

*rff_HPCS-EMCASCO.pdf
 rff_HPCS-EMCASCO.xlsx
 rff_HPCS-EMCC.pdf
 rff_HPCS-EMCC.xls
 rff_HPCS-UNION.pdf
 rff_HPCS-UNION.xlsx*

Satisfied - Item: NAIC loss cost data entry document**Comments:****Attachment(s):**

rff_AMENDED ARHO13 RateFilingAbstractNAIC_EMCASCO_111513.pdf
 rff_AMENDED ARHO13 RateFilingAbstractNAIC_UNION_111513.pdf
 rff_RateFilingAbstractNAIC_EMCC_111513.pdf

*Previous Version***Satisfied - Item:** *NAIC loss cost data entry document***Comments:****Attachment(s):**

*rff_AMENDED- RateFilingAbstract-EMCASCO.pdf
 rff_AMENDED-RateFilingAbstract-EMCC.pdf
 rff_AMENDED-RateFilingAbstract-UNION.pdf*

SERFF Tracking #:

EMCC-129228539

State Tracking #:

Company Tracking #:

AR-HO-2013-02

State: Arkansas

TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name: Homeowners

Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

*Previous Version***Satisfied - Item:** NAIC loss cost data entry document**Comments:****Attachment(s):** *rff_RateFilingAbstract-EMCASCO.pdf*
rff_RateFilingAbstract-EMCC.pdf
*rff_RateFilingAbstract-Union.pdf***Satisfied - Item:** Exhibits**Comments:****Attachment(s):** *rff_SUPPORTING INFO.pdf*
act_exhibits_011514.pdf
act_amended base rates by territory_11-19-13.pdf
act_amended deductible rels_11-19-13.pdf
act_amended dwelling component credits_11-19-13.pdf
*act_amended summary of changes_11-19-13.pdf**Previous Version***Satisfied - Item:** Exhibits**Comments:****Attachment(s):** *rff_SUPPORTING INFO.pdf*
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act_amended summary of changes.pdf
*act_exhibits_011514.pdf**Previous Version***Satisfied - Item:** Exhibits**Comments:****Attachment(s):** *act_exhibits.pdf*
rff_SUPPORTING INFO.pdf
RFF_Obj 1 Response - Rule 521-2.pdf
*RFF_Obj 2 Response - Cat Load-2.pdf**Previous Version***Satisfied - Item:** Exhibits**Comments:****Attachment(s):** *act_exhibits.pdf*
rff_SUPPORTING INFO.pdf

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EMCC-129228539

State Tracking #:

Company Tracking #:

AR-HO-2013-02

State:

Arkansas

First Filing Company:

EMCASCO Insurance Company, ...

TOI/Sub-TOI:

04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name:

Homeowners

Project Name/Number:

/

Satisfied - Item:	Revised Rate/Rule Schedule
Comments:	
Attachment(s):	act_rrschedule.pdf

State: Arkansas

First Filing Company: EMCASCO Insurance Company, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name: Homeowners

Project Name/Number: /

Supporting Document Schedule Item Changes**Satisfied - Item:** HPCS-Homeowners Premium Comparison Survey**Comments:****Attachment(s):**

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*rff_AMENDED HO13 HPCS-EMCC.pdf
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AR-HO-2013-02

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First Filing Company:

EMCASCO Insurance Company, ...

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04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name:

Homeowners

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/

Satisfied - Item:	Revised Rate/Rule Schedule
Comments:	
Attachment(s):	act_rrschedule.pdf

State: Arkansas

First Filing Company: EMCASCO Insurance Company, ...

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Supporting Document Schedule Item Changes**Satisfied - Item:** HPCS-Homeowners Premium Comparison Survey**Comments:****Attachment(s):**

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rff_SUPPORTING INFO.pdf
RFF_Obj 1 Response - Rule 521-2.pdf
*RFF_Obj 2 Response - Cat Load-2.pdf**Previous Version***Satisfied - Item:** Exhibits**Comments:****Attachment(s):** *act_exhibits.pdf*
rff_SUPPORTING INFO.pdf

SERFF Tracking #:

EMCC-129228539

State Tracking #:

Company Tracking #:

AR-HO-2013-02

State:

Arkansas

First Filing Company:

EMCASCO Insurance Company, ...

TOI/Sub-TOI:

04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name:

Homeowners

Project Name/Number:

/

Satisfied - Item:	Revised Rate/Rule Schedule
Comments:	
Attachment(s):	act_rrschedule.pdf

State: Arkansas

First Filing Company: EMCASCO Insurance Company, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name: Homeowners

Project Name/Number: /

Supporting Document Schedule Item Changes**Satisfied - Item:** HPCS-Homeowners Premium Comparison Survey**Comments:****Attachment(s):**

rff_AMENDED ARHO13 HPCS-EMCASCO_111513.xlsx
 rff_AMENDED ARHO13 HPCS-EMCASCO_111513.pdf
 rff_AMENDED ARHO13 HPCS-EMCC_111513.pdf
 rff_AMENDED ARHO13 HPCS-EMCC_111513.xlsx
 rff_AMENDED ARHO13 HPCS-UNION_111513.pdf
 rff_AMENDED ARHO13 HPCS-UNION_111513.xlsx

*Previous Version***Satisfied - Item:** *HPCS-Homeowners Premium Comparison Survey***Comments:****Attachment(s):**

*rff_AMENDED HO13 HPCS-EMCC.pdf
 rff_AMENDED HPCS-EMCASCO.pdf
 rff_AMENDED HPCS-UNION.pdf
 rff_AMENDED HPCS-EMCASCO.xlsx
 rff_AMENDED HPCS-EMCC.xls
 rff_AMENDED HPCS-UNION.xlsx*

*Previous Version***Satisfied - Item:** *HPCS-Homeowners Premium Comparison Survey***Comments:****Attachment(s):**

*rff_HPCS-EMCASCO.pdf
 rff_HPCS-EMCASCO.xlsx
 rff_HPCS-EMCC.pdf
 rff_HPCS-EMCC.xls
 rff_HPCS-UNION.pdf
 rff_HPCS-UNION.xlsx*

Satisfied - Item: NAIC loss cost data entry document**Comments:****Attachment(s):**

rff_AMENDED ARHO13 RateFilingAbstractNAIC_EMCASCO_111513.pdf
 rff_AMENDED ARHO13 RateFilingAbstractNAIC_UNION_111513.pdf
 rff_RateFilingAbstractNAIC_EMCC_111513.pdf

*Previous Version***Satisfied - Item:** *NAIC loss cost data entry document***Comments:****Attachment(s):**

*rff_AMENDED- RateFilingAbstract-EMCASCO.pdf
 rff_AMENDED-RateFilingAbstract-EMCC.pdf
 rff_AMENDED-RateFilingAbstract-UNION.pdf*

SERFF Tracking #:

EMCC-129228539

State Tracking #:

Company Tracking #:

AR-HO-2013-02

State: Arkansas

TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name: Homeowners

Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

*Previous Version***Satisfied - Item:** NAIC loss cost data entry document**Comments:****Attachment(s):** *rff_RateFilingAbstract-EMCASCO.pdf*
rff_RateFilingAbstract-EMCC.pdf
*rff_RateFilingAbstract-Union.pdf***Satisfied - Item:** Exhibits**Comments:****Attachment(s):** *rff_SUPPORTING INFO.pdf*
act_exhibits_011514.pdf
act_amended base rates by territory_11-19-13.pdf
act_amended deductible rels_11-19-13.pdf
act_amended dwelling component credits_11-19-13.pdf
*act_amended summary of changes_11-19-13.pdf**Previous Version***Satisfied - Item:** Exhibits**Comments:****Attachment(s):** *rff_SUPPORTING INFO.pdf*
act_amended base rates by territory.pdf
act_amended deductible relativities.pdf
act_amended dwelling component credits.pdf
act_amended summary of changes.pdf
*act_exhibits_011514.pdf**Previous Version***Satisfied - Item:** Exhibits**Comments:****Attachment(s):** *act_exhibits.pdf*
rff_SUPPORTING INFO.pdf
RFF_Obj 1 Response - Rule 521-2.pdf
*RFF_Obj 2 Response - Cat Load-2.pdf**Previous Version***Satisfied - Item:** Exhibits**Comments:****Attachment(s):** *act_exhibits.pdf*
rff_SUPPORTING INFO.pdf

State: Arkansas
 TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
 Product Name: Homeowners
 Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

Satisfied - Item:	Revised Rate/Rule Schedule
Comments:	
Attachment(s):	act_rrschedule.pdf

No Form Schedule items changed.

Rate Schedule Item Changes					
Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	manual pages	HO-1 – HO-3A, HO-6, HO-21, HO-22, HO-26, HO-43, HO-R-5 – HO-R-9, HO-T-1 – HO-T-5	Replacement		11/19/2013 By: Jo Byers
<i>Previous Version</i>					
1	manual pages	HO-1 – HO-3A, HO-6, HO-21, HO-22, HO-26, HO-43, HO-R-5 – HO-R-9, HO-T-1 – HO-T-5	Replacement		11/05/2013 By: Jo Byers
<i>Previous Version</i>					
1	manual pages	HO-1 – HO-3A, HO-6, HO-21, HO-22, HO-26, HO-43, HO-R-5 – HO-R-9, HO-T-1 – HO-T-5	Replacement		10/15/2013 By: Tammi Dickey
<i>Previous Version</i>					
1	manual pages	HO-1 – HO-3A, HO-6, HO-21, HO-22, HO-26, HO-43, HO-R-5 – HO-R-9, HO-T-1 – HO-T-5	Replacement		10/01/2013 By: Jo Byers

Conclusion:

Sincerely,
Jo Byers

SERFF Tracking #:

EMCC-129228539

State Tracking #:

Company Tracking #:

AR-HO-2013-02

State:

Arkansas

First Filing Company:

EMCASCO Insurance Company, ...

TOI/Sub-TOI:

04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name:

Homeowners

Project Name/Number:

/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/05/2013
Submitted Date	11/05/2013

Dear Becky Harrington,

Introduction:

Response 1

Comments:

Response attached

Related Objection 1

Comments: Please amend the overall increase amount to 5%. Individual increase must be capped at 20%.

Changed Items:

State: Arkansas

TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name: Homeowners

Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

Supporting Document Schedule Item Changes**Satisfied - Item:** HPCS-Homeowners Premium Comparison Survey**Comments:****Attachment(s):**

rff_AMENDED HO13 HPCS-EMCC.pdf
 rff_AMENDED HPCS-EMCASCO.pdf
 rff_AMENDED HPCS-UNION.pdf
 rff_AMENDED HPCS-EMCASCO.xlsx
 rff_AMENDED HPCS-EMCC.xls
 rff_AMENDED HPCS-UNION.xlsx

*Previous Version***Satisfied - Item:** *HPCS-Homeowners Premium Comparison Survey***Comments:****Attachment(s):**

*rff_HPCS-EMCASCO.pdf
 rff_HPCS-EMCASCO.xlsx
 rff_HPCS-EMCC.pdf
 rff_HPCS-EMCC.xls
 rff_HPCS-UNION.pdf
 rff_HPCS-UNION.xlsx*

Satisfied - Item: NAIC loss cost data entry document**Comments:****Attachment(s):**

rff_AMENDED- RateFilingAbstract-EMCASCO.pdf
 rff_AMENDED-RateFilingAbstract-EMCC.pdf
 rff_AMENDED-RateFilingAbstract-UNION.pdf

*Previous Version***Satisfied - Item:** *NAIC loss cost data entry document***Comments:****Attachment(s):**

*rff_RateFilingAbstract-EMCASCO.pdf
 rff_RateFilingAbstract-EMCC.pdf
 rff_RateFilingAbstract-Union.pdf*

Satisfied - Item: Exhibits**Comments:****Attachment(s):**

rff_SUPPORTING INFO.pdf
 act_amended base rates by territory.pdf
 act_amended deductible relativities.pdf
 act_amended dwelling component credits.pdf
 act_amended summary of changes.pdf
 act_exhibits_011514.pdf

State: Arkansas
 TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
 Product Name: Homeowners
 Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

Previous Version

Satisfied - Item:

Exhibits

Comments:

Attachment(s):

*act_exhibits.pdf
 rff_SUPPORTING INFO.pdf
 RFF_Obj 1 Response - Rule 521-2.pdf
 RFF_Obj 2 Response - Cat Load-2.pdf*

Previous Version

Satisfied - Item:

Exhibits

Comments:

Attachment(s):

*act_exhibits.pdf
 rff_SUPPORTING INFO.pdf*

Satisfied - Item:

Confidential

Comments:

This information has been removed

Attachment(s):

Previous Version

Satisfied - Item:

Confidential

Comments:

Attachment(s):

*act_confidential memorandum.pdf
 RFF_Obj 3 Response - CIS Five Year Experience Data, etc (5 pages)-2.pdf*

Previous Version

Satisfied - Item:

Confidential

Comments:

Attachment(s):

act_confidential memorandum.pdf

Satisfied - Item:

Response to objection letter

Comments:

Attachment(s):

rep_11-5-13_ amd eff date.pdf

State: Arkansas

TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name: Homeowners

Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

Supporting Document Schedule Item Changes**Satisfied - Item:** HPCS-Homeowners Premium Comparison Survey**Comments:****Attachment(s):**

rff_AMENDED HO13 HPCS-EMCC.pdf
 rff_AMENDED HPCS-EMCASCO.pdf
 rff_AMENDED HPCS-UNION.pdf
 rff_AMENDED HPCS-EMCASCO.xlsx
 rff_AMENDED HPCS-EMCC.xls
 rff_AMENDED HPCS-UNION.xlsx

*Previous Version***Satisfied - Item:** *HPCS-Homeowners Premium Comparison Survey***Comments:****Attachment(s):**

*rff_HPCS-EMCASCO.pdf
 rff_HPCS-EMCASCO.xlsx
 rff_HPCS-EMCC.pdf
 rff_HPCS-EMCC.xls
 rff_HPCS-UNION.pdf
 rff_HPCS-UNION.xlsx*

Satisfied - Item: NAIC loss cost data entry document**Comments:****Attachment(s):**

rff_AMENDED- RateFilingAbstract-EMCASCO.pdf
 rff_AMENDED-RateFilingAbstract-EMCC.pdf
 rff_AMENDED-RateFilingAbstract-UNION.pdf

*Previous Version***Satisfied - Item:** *NAIC loss cost data entry document***Comments:****Attachment(s):**

*rff_RateFilingAbstract-EMCASCO.pdf
 rff_RateFilingAbstract-EMCC.pdf
 rff_RateFilingAbstract-Union.pdf*

Satisfied - Item: Exhibits**Comments:****Attachment(s):**

rff_SUPPORTING INFO.pdf
 act_amended base rates by territory.pdf
 act_amended deductible relativities.pdf
 act_amended dwelling component credits.pdf
 act_amended summary of changes.pdf
 act_exhibits_011514.pdf

State: Arkansas
 TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
 Product Name: Homeowners
 Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

Previous Version

Satisfied - Item:

Exhibits

Comments:

Attachment(s):

*act_exhibits.pdf
 rff_SUPPORTING INFO.pdf
 RFF_Obj 1 Response - Rule 521-2.pdf
 RFF_Obj 2 Response - Cat Load-2.pdf*

Previous Version

Satisfied - Item:

Exhibits

Comments:

Attachment(s):

*act_exhibits.pdf
 rff_SUPPORTING INFO.pdf*

Satisfied - Item:

Confidential

Comments:

This information has been removed

Attachment(s):

Previous Version

Satisfied - Item:

Confidential

Comments:

Attachment(s):

*act_confidential memorandum.pdf
 RFF_Obj 3 Response - CIS Five Year Experience Data, etc (5 pages)-2.pdf*

Previous Version

Satisfied - Item:

Confidential

Comments:

Attachment(s):

act_confidential memorandum.pdf

Satisfied - Item:

Response to objection letter

Comments:

Attachment(s):

rep_11-5-13_ amd eff date.pdf

State: Arkansas

TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name: Homeowners

Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

Supporting Document Schedule Item Changes**Satisfied - Item:** HPCS-Homeowners Premium Comparison Survey**Comments:****Attachment(s):**

rff_AMENDED HO13 HPCS-EMCC.pdf
 rff_AMENDED HPCS-EMCASCO.pdf
 rff_AMENDED HPCS-UNION.pdf
 rff_AMENDED HPCS-EMCASCO.xlsx
 rff_AMENDED HPCS-EMCC.xls
 rff_AMENDED HPCS-UNION.xlsx

*Previous Version***Satisfied - Item:** *HPCS-Homeowners Premium Comparison Survey***Comments:****Attachment(s):**

*rff_HPCS-EMCASCO.pdf
 rff_HPCS-EMCASCO.xlsx
 rff_HPCS-EMCC.pdf
 rff_HPCS-EMCC.xls
 rff_HPCS-UNION.pdf
 rff_HPCS-UNION.xlsx*

Satisfied - Item: NAIC loss cost data entry document**Comments:****Attachment(s):**

rff_AMENDED- RateFilingAbstract-EMCASCO.pdf
 rff_AMENDED-RateFilingAbstract-EMCC.pdf
 rff_AMENDED-RateFilingAbstract-UNION.pdf

*Previous Version***Satisfied - Item:** *NAIC loss cost data entry document***Comments:****Attachment(s):**

*rff_RateFilingAbstract-EMCASCO.pdf
 rff_RateFilingAbstract-EMCC.pdf
 rff_RateFilingAbstract-Union.pdf*

Satisfied - Item: Exhibits**Comments:****Attachment(s):**

rff_SUPPORTING INFO.pdf
 act_amended base rates by territory.pdf
 act_amended deductible relativities.pdf
 act_amended dwelling component credits.pdf
 act_amended summary of changes.pdf
 act_exhibits_011514.pdf

State: Arkansas
 TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
 Product Name: Homeowners
 Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

Previous Version

Satisfied - Item:

Exhibits

Comments:

Attachment(s):

*act_exhibits.pdf
 rff_SUPPORTING INFO.pdf
 RFF_Obj 1 Response - Rule 521-2.pdf
 RFF_Obj 2 Response - Cat Load-2.pdf*

Previous Version

Satisfied - Item:

Exhibits

Comments:

Attachment(s):

*act_exhibits.pdf
 rff_SUPPORTING INFO.pdf*

Satisfied - Item:

Confidential

Comments:

This information has been removed

Attachment(s):

Previous Version

Satisfied - Item:

Confidential

Comments:

Attachment(s):

*act_confidential memorandum.pdf
 RFF_Obj 3 Response - CIS Five Year Experience Data, etc (5 pages)-2.pdf*

Previous Version

Satisfied - Item:

Confidential

Comments:

Attachment(s):

act_confidential memorandum.pdf

Satisfied - Item:

Response to objection letter

Comments:

Attachment(s):

rep_11-5-13_ amd eff date.pdf

State: Arkansas

TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name: Homeowners

Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

Supporting Document Schedule Item Changes**Satisfied - Item:** HPCS-Homeowners Premium Comparison Survey**Comments:****Attachment(s):**

rff_AMENDED HO13 HPCS-EMCC.pdf
 rff_AMENDED HPCS-EMCASCO.pdf
 rff_AMENDED HPCS-UNION.pdf
 rff_AMENDED HPCS-EMCASCO.xlsx
 rff_AMENDED HPCS-EMCC.xls
 rff_AMENDED HPCS-UNION.xlsx

*Previous Version***Satisfied - Item:** *HPCS-Homeowners Premium Comparison Survey***Comments:****Attachment(s):**

*rff_HPCS-EMCASCO.pdf
 rff_HPCS-EMCASCO.xlsx
 rff_HPCS-EMCC.pdf
 rff_HPCS-EMCC.xls
 rff_HPCS-UNION.pdf
 rff_HPCS-UNION.xlsx*

Satisfied - Item: NAIC loss cost data entry document**Comments:****Attachment(s):**

rff_AMENDED- RateFilingAbstract-EMCASCO.pdf
 rff_AMENDED-RateFilingAbstract-EMCC.pdf
 rff_AMENDED-RateFilingAbstract-UNION.pdf

*Previous Version***Satisfied - Item:** *NAIC loss cost data entry document***Comments:****Attachment(s):**

*rff_RateFilingAbstract-EMCASCO.pdf
 rff_RateFilingAbstract-EMCC.pdf
 rff_RateFilingAbstract-Union.pdf*

Satisfied - Item: Exhibits**Comments:****Attachment(s):**

rff_SUPPORTING INFO.pdf
 act_amended base rates by territory.pdf
 act_amended deductible relativities.pdf
 act_amended dwelling component credits.pdf
 act_amended summary of changes.pdf
 act_exhibits_011514.pdf

State: Arkansas
TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
Product Name: Homeowners
Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

Previous Version

Satisfied - Item:

Exhibits

Comments:

Attachment(s):

act_exhibits.pdf
rff_SUPPORTING INFO.pdf
RFF_Obj 1 Response - Rule 521-2.pdf
RFF_Obj 2 Response - Cat Load-2.pdf

Previous Version

Satisfied - Item:

Exhibits

Comments:

Attachment(s):

act_exhibits.pdf
rff_SUPPORTING INFO.pdf

Satisfied - Item:

Confidential

Comments:

This information has been removed

Attachment(s):

Previous Version

Satisfied - Item:

Confidential

Comments:

Attachment(s):

act_confidential memorandum.pdf
RFF_Obj 3 Response - CIS Five Year Experience Data, etc (5 pages)-2.pdf

Previous Version

Satisfied - Item:

Confidential

Comments:

Attachment(s):

act_confidential memorandum.pdf

Satisfied - Item:

Response to objection letter

Comments:

Attachment(s):

rep_11-5-13_ amd eff date.pdf

State: Arkansas

TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name: Homeowners

Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

Supporting Document Schedule Item Changes**Satisfied - Item:** HPCS-Homeowners Premium Comparison Survey**Comments:****Attachment(s):**

rff_AMENDED HO13 HPCS-EMCC.pdf
 rff_AMENDED HPCS-EMCASCO.pdf
 rff_AMENDED HPCS-UNION.pdf
 rff_AMENDED HPCS-EMCASCO.xlsx
 rff_AMENDED HPCS-EMCC.xls
 rff_AMENDED HPCS-UNION.xlsx

*Previous Version***Satisfied - Item:** *HPCS-Homeowners Premium Comparison Survey***Comments:****Attachment(s):**

*rff_HPCS-EMCASCO.pdf
 rff_HPCS-EMCASCO.xlsx
 rff_HPCS-EMCC.pdf
 rff_HPCS-EMCC.xls
 rff_HPCS-UNION.pdf
 rff_HPCS-UNION.xlsx*

Satisfied - Item: NAIC loss cost data entry document**Comments:****Attachment(s):**

rff_AMENDED- RateFilingAbstract-EMCASCO.pdf
 rff_AMENDED-RateFilingAbstract-EMCC.pdf
 rff_AMENDED-RateFilingAbstract-UNION.pdf

*Previous Version***Satisfied - Item:** *NAIC loss cost data entry document***Comments:****Attachment(s):**

*rff_RateFilingAbstract-EMCASCO.pdf
 rff_RateFilingAbstract-EMCC.pdf
 rff_RateFilingAbstract-Union.pdf*

Satisfied - Item: Exhibits**Comments:****Attachment(s):**

rff_SUPPORTING INFO.pdf
 act_amended base rates by territory.pdf
 act_amended deductible relativities.pdf
 act_amended dwelling component credits.pdf
 act_amended summary of changes.pdf
 act_exhibits_011514.pdf

State: Arkansas
 TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
 Product Name: Homeowners
 Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

Previous Version

Satisfied - Item:

Exhibits

Comments:

Attachment(s):

*act_exhibits.pdf
 rff_SUPPORTING INFO.pdf
 RFF_Obj 1 Response - Rule 521-2.pdf
 RFF_Obj 2 Response - Cat Load-2.pdf*

Previous Version

Satisfied - Item:

Exhibits

Comments:

Attachment(s):

*act_exhibits.pdf
 rff_SUPPORTING INFO.pdf*

Satisfied - Item:

Confidential

Comments:

This information has been removed

Attachment(s):

Previous Version

Satisfied - Item:

Confidential

Comments:

Attachment(s):

*act_confidential memorandum.pdf
 RFF_Obj 3 Response - CIS Five Year Experience Data, etc (5 pages)-2.pdf*

Previous Version

Satisfied - Item:

Confidential

Comments:

Attachment(s):

act_confidential memorandum.pdf

Satisfied - Item:

Response to objection letter

Comments:

Attachment(s):

rep_11-5-13_ amd eff date.pdf

No Form Schedule items changed.

State: Arkansas

First Filing Company: EMCASCO Insurance Company, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name: Homeowners

Project Name/Number: /

Rate Schedule Item Changes

Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	manual pages	HO-1 – HO-3A, HO-6, HO-21, HO-22, HO-26, HO-43, HO-R-5 – HO-R-9, HO-T-1 – HO-T-5	Replacement		11/05/2013 By: Jo Byers
<i>Previous Version</i>					
1	manual pages	HO-1 – HO-3A, HO-6, HO-21, HO-22, HO-26, HO-43, HO-R-5 – HO-R-9, HO-T-1 – HO-T-5	Replacement		10/15/2013 By: Tammi Dickey
<i>Previous Version</i>					
1	manual pages	HO-1 – HO-3A, HO-6, HO-21, HO-22, HO-26, HO-43, HO-R-5 – HO-R-9, HO-T-1 – HO-T-5	Replacement		10/01/2013 By: Jo Byers

Conclusion:

Sincerely,
Jo Byers

State: Arkansas First Filing Company: EMCASCO Insurance Company, ...
TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
Product Name: Homeowners
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/21/2013
Submitted Date	10/21/2013

Dear Becky Harrington,

Introduction:

Response 1

Comments:

ok

Related Objection 1

Comments:

This filing is being referred to the Commissioner for review due to the requested increase amount being greater than 6%. Please do not respond at this time.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Jo Byers

State: Arkansas
TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
Product Name: Homeowners
Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 10/15/2013
 Submitted Date 10/15/2013

Dear Becky Harrington,

Introduction:

Response 1

Comments:

We have provided additional documentation supporting per your request

Related Objection 1

Applies To:

- Exhibits (Supporting Document)

Comments: Please provide additional documentation supporting the increased water backup/sump overflow increases.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	act_exhibits.pdf rff_SUPPORTING INFO.pdf RFF_Obj 1 Response - Rule 521-2.pdf RFF_Obj 2 Response - Cat Load-2.pdf
<i>Previous Version</i>	
Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	act_exhibits.pdf rff_SUPPORTING INFO.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Arkansas
TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
Product Name: Homeowners
Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

Response 2

Comments:

We have provided additional documentation supporting per your request

Related Objection 2

Applies To:

- Exhibits (Supporting Document)

Comments: Provide additional documentation showing the development of the catastrophe load factor.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	act_exhibits.pdf rff_SUPPORTING INFO.pdf RFF_Obj 1 Response - Rule 521-2.pdf RFF_Obj 2 Response - Cat Load-2.pdf
<i>Previous Version</i>	
Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	act_exhibits.pdf rff_SUPPORTING INFO.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

We have provided the information you have requested. The state tracking number that include the model is AR-02-003469 and serff tracking number USPH-5F5LHT106

Related Objection 3

Applies To:

- Confidential (Supporting Document)

State: Arkansas
TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
Product Name: Homeowners
Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

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

The filing description indicates "introduction" of the continuous insurance score; the manual pages indicate revisions. Please provide the SERFF tracking number that includes the actual model if previously filed.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Confidential
Comments:	
Attachment(s):	act_confidential memorandum.pdf RFF_Obj 3 Response - CIS Five Year Experience Data, etc (5 pages)-2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Confidential</i>
Comments:	
Attachment(s):	<i>act_confidential memorandum.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

The minimum deductible for HO0003 and HO0005 new and renewal business is \$1,000. The minimum deductible for new and renewal HO0004 and HO0006 is \$250.

Related Objection 4

Applies To:

- manual pages, HO-1 HO-3A, HO-6, HO-21, HO-22, HO-26, HO-43, HO-R-5 HO-R-9, HO-T-1 HO-T-5 (Rate)

Comments: Please provide the minimum deductible allowed for new business.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State: Arkansas

First Filing Company: EMCASCO Insurance Company, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name: Homeowners

Project Name/Number: /

Rate Schedule Item Changes

Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	manual pages	HO-1 – HO-3A, HO-6, HO-21, HO-22, HO-26, HO-43, HO-R-5 – HO-R-9, HO-T-1 – HO-T-5	Replacement		10/15/2013 By: Tammi Dickey
<i>Previous Version</i>					
1	<i>manual pages</i>	<i>HO-1 – HO-3A, HO-6, HO-21, HO-22, HO-26, HO-43, HO-R-5 – HO-R-9, HO-T-1 – HO-T-5</i>	<i>Replacement</i>		<i>10/01/2013 By: Jo Byers</i>

Response 5**Comments:**

Our cancellation/non-renewal process is not automated. Policies with losses are referred to the Branch Underwriter to determine if a loss can be counted when considering cancellation or movement to another company. The underwriter ensures compliance with Directive 2-2009. We are amending Agency Manual pages HO3A, HO-6 and HO-7 and submitting them in response to this objection to specifically identify ineligible claims as defined by Directive 2-2009.

Related Objection 5

Applies To:

- manual pages, HO-1 HO-3A, HO-6, HO-21, HO-22, HO-26, HO-43, HO-R-5 HO-R-9, HO-T-1 HO-T-5 (Rate)

Comments: Please explain how the allowable loss rule complies with Directive 2-2009.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State: Arkansas
 TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
 Product Name: Homeowners
 Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

Rate Schedule Item Changes					
Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	manual pages	HO-1 – HO-3A, HO-6, HO-21, HO-22, HO-26, HO-43, HO-R-5 – HO-R-9, HO-T-1 – HO-T-5	Replacement		10/15/2013 By: Tammi Dickey
<i>Previous Version</i>					
1	<i>manual pages</i>	<i>HO-1 – HO-3A, HO-6, HO-21, HO-22, HO-26, HO-43, HO-R-5 – HO-R-9, HO-T-1 – HO-T-5</i>	<i>Replacement</i>		<i>10/01/2013 By: Jo Byers</i>

Response 6

Comments:

EMC automatically re-orders credit scores on homeowner policy holders every three years and at any time the insured requests that it be re-ordered.

Related Objection 6

Comments: Provide the rule for re-ordering credit scores in compliance with ACA 23-67-405.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any other questions or concerns.

Thank you,
 Tammi Dickey
 Sincerely,
 Tammi Dickey

State: Arkansas **First Filing Company:** EMCASCO Insurance Company, ...
TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
Product Name: Homeowners
Project Name/Number: /

Post Submission Update Request Processed On 11/26/2013

Status: Disallowed
Created By: Jo Byers
Processed By: Becky Harrington
Comments: contains only effective date changes. rate information must be revised too

General Information:

Field Name	Requested Change	Prior Value
Effective Date Requested (New)	01/15/2014	02/15/2014
Effective Date Requested (Renew)	01/15/2014	02/15/2014

State: Arkansas First Filing Company: EMCASCO Insurance Company, ...
 TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
 Product Name: Homeowners
 Project Name/Number: /

Post Submission Update Request Processed On 11/06/2013

Status: Disallowed
 Created By: Jo Byers
 Processed By: Becky Harrington
 Comments: The Commissioner advised he will only allow 5% overall not 8.5% for this filing. Please revise per our original request.

Company Rate Information:

Company Name:EMCASCO Insurance Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	9.600%	16.700%
Written Premium Change for this Program	\$160244	\$277377
Number of Policy Holders Affected for this Program	1826	1835
Written Premium for this Program	\$1662311	\$1663159

Company Name:Employers Mutual Casualty Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	10.500%	19.400%
Written Premium Change for this Program	\$36564	\$66108
Number of Policy Holders Affected for this Program	302	292
Written Premium for this Program	\$347983	\$341090

Company Name:Union Insurance Company of Providence

Field Name	Requested Change	Prior Value
Overall % Rate Impact	6.600%	11.800%
Written Premium Change for this Program	\$92482	\$167902
Number of Policy Holders Affected for this Program	1408	1421
Written Premium for this Program	\$1411929	\$1418990

Overall Rate Information:

Field Name	Requested Change	Prior Value
Overall Percentage Rate Impact For This Filing	8.500%	14.900%

State: Arkansas First Filing Company: EMCASCO Insurance Company, ...
 TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
 Product Name: Homeowners
 Project Name/Number: /

Post Submission Update Request Processed On 11/26/2013

Status: Allowed
 Created By: Jo Byers
 Processed By: Becky Harrington
 Comments:

Company Rate Information:

Company Name:EMCASCO Insurance Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	6.000%	16.700%
Written Premium Change for this Program	\$99797	\$277377
Number of Policy Holders Affected for this Program	1826	1835
Written Premium for this Program	\$1662311	\$1663159

Company Name:Employers Mutual Casualty Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	7.000%	19.400%
Written Premium Change for this Program	\$24433	\$66108
Number of Policy Holders Affected for this Program	302	292
Written Premium for this Program	\$347983	\$341090

Company Name:Union Insurance Company of Providence

Field Name	Requested Change	Prior Value
Overall % Rate Impact	3.200%	11.800%
Written Premium Change for this Program	\$45625	\$167902
Number of Policy Holders Affected for this Program	1408	1421
Written Premium for this Program	\$1411929	\$1418990

Overall Rate Information:

Field Name	Requested Change	Prior Value
Overall Percentage Rate Impact For This Filing	5.000%	14.900%

State: Arkansas First Filing Company: EMCASCO Insurance Company, ...
TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
Product Name: Homeowners
Project Name/Number: /

Post Submission Update Request Processed On 11/26/2013

Status: Allowed
Created By: Jo Byers
Processed By: Becky Harrington
Comments:

General Information:

Field Name	Requested Change	Prior Value
Effective Date Requested (New)	01/15/2014	02/15/2014
Effective Date Requested (Renew)	01/15/2014	02/15/2014

State: Arkansas
TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
Product Name: Homeowners
Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

Rate Information

Rate data applies to filing.

Filing Method: file & use
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 14.900%
Effective Date of Last Rate Revision: 08/15/2012
Filing Method of Last Filing: file & use

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
EMCASCO Insurance Company	16.300%	6.000%	\$99,797	1,826	\$1,662,311	%	%
Employers Mutual Casualty Company	16.300%	7.000%	\$24,433	302	\$347,983	%	%
Union Insurance Company of Providence	16.300%	3.200%	\$45,625	1,408	\$1,411,929	%	%

SERFF Tracking #:

EMCC-129228539

State Tracking #:**Company Tracking #:**

AR-HO-2013-02

State:

Arkansas

First Filing Company:

EMCASCO Insurance Company, ...

TOI/Sub-TOI:

04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name:

Homeowners

Project Name/Number:

/

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1	Filed 11/26/2013	manual pages	HO-1 – HO-3A, HO-6, HO-21, HO-22, HO-26, HO-43, HO-R-5 – HO-R-9, HO-T-1 – HO-T-5	Replacement		amd_agency_11-19-13.pdf mark_agency_11-19-13.pdf

 UNDERWRITING ELIGIBILITY

1. NEW BUSINESS ELIGIBILITY

- * The basis of our competitive rate structure is the careful selection of risks. Our underwriting guidelines require that only preferred or superior risks be submitted for coverage. The maximum binding authority is 30 days for written binders, 72 hours for oral binders. Applications must be completed in their entirety, with current photographs (front & rear of dwelling) and replacement cost worksheet attached.

Minimum – Maximum (Protection Class 1-8) Limit Requirements:**EMCC**

HO0003 and **HO0005** — \$150,000 to \$350,000 Coverage A

HO0004 — \$20,000 to \$100,000 Coverage C

HO0006 — \$20,000 to \$200,000 Coverage C

EMCASCO

HO0003 and **HO0005** — \$200,000 to \$500,000 Coverage A

HO0004 — \$30,000 to \$100,000 Coverage C

HO0006 — \$30,000 to \$200,000 Coverage C

UNION

HO0003 and **HO0005** — \$300,000 to \$500,000 Coverage A

HO0006 — \$50,000 to \$200,000 Coverage C

- * **Maximum Binding Limit Requirements:**

EMCC

HO0003 and **HO0005** – \$200,000 Coverage A — Protection Class 9

All Companies:

Earthquake Coverage – No Binding Authority in Earthquake Territories 21 through 26. Submit for Branch Underwriting approval.

These acceptability provisions are offered as guidelines. The underwriter's discretion shall apply in cases of extenuating circumstances. Due to varying circumstances it may occasionally be necessary to decline a risk due to circumstances not contemplated in the guidelines.

A. PRIOR APPROVAL

Coverage shall not be bound for risks with the following characteristics or conditions until (1) all information has been submitted to the company for appropriate underwriting and (2) the agent has approval for binder coverage:

1. Any Business operation at the insured location that is not specifically shown as eligible in the rule section of this manual.

2. Insurance To Value:

- * Dwellings insured for less than 100% of estimated replacement cost, unless ACV or Special Loss Settlement endorsement is attached.

Replacement Cost as calculated from a current M&S/B Residential Component Technology software system (RCT).

3. Risks with lapse in coverage.

- * 4. Any risk with a wood burning stove, freestanding fireplace, or wood burning furnace unless the unit is:

a. factory built;

b. U.L. listed and tested;

c. professionally installed.

d. located within protection class 1-8 (protection class 9 with prior underwriting approval);

e. if located outside the home (must be modern or recently installed, and situated away from the home by at least 25 feet).

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

Acceptable risks are eligible in **EMCC** only (consideration may be given for placement in **EMCASCO** with prior underwriting approval).

Photo must be submitted. If the device is a woodstove then a completed questionnaire is required - refer to Wood Burning Supplemental Guidelines (pages A-1 – A-4.) If other than a woodstove then a copy of the manufacturer's installation instructions or a contractor's statement that the unit was installed according to the manufacturer's instruction, is required.

- * 5. Any Seasonal or Secondary Dwelling – (EMC must insure the primary dwelling) – Acceptable in **EMCC** only (consideration may be given for placement in **EMCASCO** with prior underwriting approval).
- * 6. Watercraft:
 - a. Jet Skis, Wave Runners, or other Personal Watercraft up to 140 horsepower;
 - b. Boats over 200 horsepower;
 - c. Boats over 20 years old;
 - d. Boats valued over \$45,000
- * 7. Any Risk located in actual protection class 9 or 10 (PC 10 is unacceptable for primary residences).

B. UNACCEPTABLE RISKS**THE FOLLOWING RISKS CANNOT BE SUBMITTED, ACCEPTED OR BOUND:**

- * 1. Dwellings over 40 years old in which the plumbing, heating and electrical (minimum 100 amp service with circuit breakers) have **not** been updated or which are **not** in compliance with all current building laws. Asphalt shingled roofs must have been replaced within the past 10 years. Dwellings with fuse boxes are not acceptable.
- * 2. Primary dwellings classified as an actual PPC 10 or more than 5 miles from the responding fire department.
- 3. Dwellings in a deteriorating condition or lacking proper upkeep and maintenance.
- 4. Unoccupied, vacant, or isolated dwellings (not visible from another residence).
- 5. Mobile homes (including Manufactured Homes—which is a reference to mobile homes built after 6-97), log homes, or housing using experimental construction techniques.
- * 6. Dwellings built prior to 1999 with exterior synthetic stucco (e.g. "EIFS"). EIFS construction for homes built 1999 or after is acceptable for Coverage A values up to \$500,000 (for homes over \$500,000—no more than 25% of the exterior may be EIFS).
- 7. Trampolines or skateboard ramps.
- 8. Exotic pets or animals (llamas, snakes, ostriches, etc.).
- * 9. Dogs with aggressive tendencies or any past bite history. Particular attention should be given to such breeds as Pit Bulls, Rottweilers, Chows, Doberman Pinschers and German Shepherds – if the dog is one of these breeds or is a mix with one of these breeds, only nonaggressive females or neutered males will be considered.
- * 10. Roofs with any of the following qualities:
 - a. Wood shingles or shakes
 - b. Roofs with no pitch (flat)
 - c. Asphalt Shingle Roof >10 years old.
 - d. Asphalt Shingle Roof with more than one layer of shingles
 - e. Roofs consisting of discontinued manufactured materials. i.e. T-lock Shingle Roofs
 - f. Metal roofs installed over the top of another roofing material (i.e. asphalt shingle).
- * 11. Solid Fuel Heating Devices:
 - a. with heat reclaimers or heat saver device;
 - b. used as a primary heat source;
 - c. That are located in Protection Class 9 or 10.

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- d. Fireplace inserts
- e. That are kerosene Heaters
- f. That are coal burning units
- g. In dwellings containing more than 3 solid fuel heating devices
- h. in **Union**.

12. **HO0004** outside of city limits or in commercial buildings.

- * 13. **UNION** – Any of the following qualities or hazards are unacceptable for placement in **UNION**:
 - a. two, three or four family owner-occupied residences;
 - b. dwelling is occupied as a secondary or seasonal residence;
 - c. any actual protection class 9 (Dwellings, other than PPC 10, qualifying for the Suburban Rating plan will be considered for exception);
 - d. any risk with a supplemental heating hazard including wood stoves or a device that burns solid fuel (corn, corncobs, cherry pits and wood pellets etc).

14. **HO0004** outside of city limits or in commercial buildings.

- * 15. Dwelling Replacement or Repair Cost Protection Coverage A - Dwelling (**HO7121**) – the following new business qualifications are unacceptable for this Company coverage & rating enhancement endorsement:
 - a. forms **HO0004** and **HO0006**;
 - b. dwellings constructed prior to 1940. With prior underwriting approval, homes that were built prior to 1940, updated and insured to 100% of the standard RCT may be eligible for the **HO7192.2** Excess Dwelling Coverage (Specified Additional Amount of Insurance for Coverage A – Dwelling – Common Construction
 - c. builder's risk or dwellings under construction (COC).

16. Swimming pools/spas/hot tubs that are not fenced in with gates that are self-closing and self-latching (exception--hot tubs/spas that are not fenced in must have locked covers). Pools with diving boards or slides must be pre-approved. Any acceptable pool exposure must have a photo and completed Company pool questionnaire submitted with application.

- * 17. ATV's and Trail Bikes (licensed, registered or required to be licensed and/or registered)
- * 18. Risks who have been cancelled or non-renewed by the previous carrier due to underwriting reasons (other circumstances should be submitted to the underwriter prior to binding).

19. Watercraft:

- a. over 26 feet in length (sailboats over 40 ft.);
- b. maximum rated speed exceeding 45 MPH;
- c. any personal watercraft (jet skis, wave runners, etc.) over 140 HP or with operators with less than 3 years experience (may be waived for operators with power school/water safety certificates of completion).

20. Three or four family dwellings in **EMCASCO** (two, three or four family in **Union**).

21. Earthquake coverage cannot be bound, added or increased to a policy mid-term.

22. Water Back Up coverage cannot be bound, added or increased to a policy mid-term.

- * 23. Dwellings up for Sale or in the process of repossession.

- * 24. Dwellings with uncorrected fire or building code violations.

C. DEDUCTIBLE OPTIONS

Current deductible options are displayed on the internet quote and application programs.

D. PERSONAL LIABILITY/MEDICAL PAYMENTS: \$100,000/\$1,000. Refer to Liability Rules 701. and 702. for higher limit options.

- * **E. BUILDER'S RISK**

- Coverage must be insured for 100% of the completed value.
- A copy of the contractor's bid specifications is required for dwellings valued at \$250,000 and over.

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- “Spec” homes and/or where construction has been stopped or suspended are unacceptable.
- The Named Insured must be the intended owner occupant.
- Owner built homes are not eligible for coverage.
- Dwellings being remodeled are not eligible for Builder’s Risk Coverage.
- Dwellings must be completed and occupied in 180 days or less.

*** F. HOME BUSINESS INSURANCE (HOBIZ)**

For coverage to be provided, the home business must be specifically listed under Rule 528 as an “eligible business”. The maximum binding authority for business property is \$40,000. Coverage is subject to the Section I policy deductible. This endorsement is not available for seasonal or secondary dwellings. The Home Business Coverage Questionnaire must be completed in its entirety and submitted with application.

*** G. SCHEDULED PERSONAL PROPERTY**

Refer to Inland Marine Section for all scheduled property items.

H. EARTHQUAKE

All binding authority for property coverage is suspended for 7 days immediately following an Earthquake measuring 4.0 or higher on the Richter Scale within a 500 mile radius of the insured location.

I. MAXIMUM ALLOWABLE LOSSES**36 MONTH HISTORY:**

EMCC – No more than 2 losses.

EMCASCO – No more than 1 loss.

UNION – No Losses.

*** Loss counts do not include those solely based on an insured’s past occurrence or history of claims arising from natural causes including but not limited to catastrophic and weather-related claims that are beyond the control of the insureds.**

A history of losses outside the three year experience may be considered.

The underwriter’s discretion shall apply in cases of extenuating circumstances.

****See Note under RENEWAL ELIGIBILITY**

J. NON-PAYMENT CANCELLATION

When a policy has been cancelled for non-payment of premium, it will not be reinstated after the cancellation date has become effective.

Subject to the underwriter’s authorization, a policy may be reinstated prior to the effective date of cancellation. However, this will not be done more than three times or more than twice in a two year period, regardless of how long the policy has been in force.

Agents are not authorized to accept payments for direct bill or premium financed policies on the company’s behalf under any circumstance without prior company approval.

2. RENEWAL ELIGIBILITY

EMCC

No more than 3 losses in the preceding three-year underwriting period.

EMCASCO

No more than 2 losses in the preceding three-year underwriting period.

UNION

No more than 1 loss in the preceding three-year underwriting period.

Loss history will be reviewed each year with the possibility of moving the risk to a higher rated company, placing a higher deductible on the policy, or non-renewal (losses due to natural causes shall not be the sole reason for such action). Other valid underwriting reasons (such as physical hazards that increase the potential for property or liability losses), permitted by the State Insurance Department, may also be considered for the above actions. The underwriter’s discretion shall apply in cases of extenuating circumstances.

Note: A claim for which the insurer has paid no damages will not be considered for acceptability or company placement (HB1178).

ADDITIONAL COMPANY RULE – ALL COMPANIES (Cont'd.)

2. INSURANCE SCORING

* *A discount will be applied to the Homeowners Policy premium, based upon the current Insurance Score derived from LexisNexis insurance scoring model, to reflect the correlation found between an individual's ability to handle and manage credit (responsibility characteristics) and the ability to manage insurance risk in the same responsible manner. The premium is computed by multiplying the Homeowners Policy Premium, following all other modifications except the Combination Policy Discount if applicable, by the appropriate factor as follows (Point of Sale message will indicate score level discount to apply):*

Score Level A – 1.00

Score Level B – .80 (includes Score Level N—No Hits/Unscorable)

Score Level C – .70

Score Level D – .60

Score Level E – .55

3. LOSS HISTORY MERIT RATING PLAN (ALL FORMS)

A. Introduction

The Loss History Merit Rating Plan recognizes the loss history of an insured or applicant (with consideration given for the number of consecutive years an insured has had homeowner's coverage with the EMC Insurance Companies), for both property and liability coverages, in determining the appropriate premium for a new or renewal policy.

B. Eligibility

A loss shall be considered eligible for rating under this Plan if:

- 1. The loss occurred during the three years immediately preceding the date of application for a new policy or the preparation (process or generation date) of the renewal policy;*
- 2. The loss occurred with respect to a risk eligible for coverage under the Homeowners Policy Program;*
- 3. The loss was sustained with respect to the property or liability of an "insured" under the policy being rated (whether to the current or prior location of the insured); and*
- 4. The combined claim "payments" generated for the loss equal or exceed \$500.*

C. Exceptions

The following shall not be considered eligible for rating under the Plan:

- * *1. Losses arising from natural causes including catastrophic and weather-related claims that are beyond the control of the insureds.*
- 2. A loss resulting from earthquake, mine subsidence or sinkhole collapse;*
 - 3. A loss resulting from Identity Fraud;*
 - 4. A loss for which payment occurred only with respect to Medical Payments To Others;*
 - 5. A loss to a dwelling currently owned by an insured or applicant which occurred prior to ownership.*

D. Refund of Increased Premium

If, after an increased premium is generated based on the requirements of this Plan, it is determined that a loss does not meet the requirements of this Plan, the increased portion of the premium attributable to such loss as generated by the Plan will be refunded in full to the insured.

E. Administration of Loss History Merit Rating Plan

Information necessary to determine the loss history of the named insured or applicant shall be obtained from any one or combination of the following:

- 1. An application signed by the applicant;*
- 2. A loss history or claims history database;*
- 3. A company's internal claim's records.*

F. Premium Computation

Multiply the Homeowners Policy Premium, following all other modifications except any applicable Insurance Score or Combination Policy factors, by the appropriate factor shown below:

Number of Eligible Losses	Claims/Persistency Premium Factor Years Insured With EMC Insurance Companies			
	0-3	Over 3 to 5	Over 5 to 7	Over 7
0	1.00	0.95	0.90	0.85
1	1.05	1.00	0.95	0.85
2	1.30	1.25	1.20	1.15
3	1.45	1.40	1.35	1.30
4 or More	1.60	1.60	1.60	1.60

ADDITIONAL COMPANY RULE – ALL COMPANIES (Cont'd.)***CLAIMS FREE DISCOUNT***

- * *If the applicant or insured has been Claim Free (including all claims from any cause code or prior location, with the following exceptions; “one paid claim” less than \$500 shall be permitted for the preceding three-year underwriting period, and catastrophic and/or weather related claims will be exempted. A 0.90 factor (10% credit) will be applied to the Homeowners Policy Premium, following all other modifications except any applicable Insurance Score or Combination Policy factors, for new or renewal policies (continuous insurance with EMC or other carrier is required).*

*(NOTE—this credit is NOT to be used in addition to the credit factors shown in the Loss History Merit Rating Plan table across from zero (*0*) claims. If both discount types are eligible, the highest discount will apply.)*

4. ELECTRONIC FUNDS TRANSFER DISCOUNT

An additional 3% off the policy premium, prior to all other discounts, will be applied when the premium is paid through Electronic Funds Transfer.

PART I
COVERAGE AND DEFINITION TYPE RULES

100. INTRODUCTION**A. About the Homeowners Manual**

The Homeowners Policy Program provides property and liability coverages, using the forms and endorsement specified in this Manual. This Manual contains the rules and classifications governing the writing of the Homeowners Policy. The rules, rates, forms and endorsements of the company for each coverage shall govern in all cases not specifically provided for in this Manual.

B. Manual Structure**1. Contents**

The manual includes multi-state general rules with specific state rules and company rules incorporated, where applicable.

2. General Rules

These rules are grouped into the following categories;

- a. **Part I** – Coverage And Definition Type Rules,
- b. **Part II** – Servicing Type Rules,
- c. **Part III** – Base Premium Computation Rules,
- d. **Part IV** – Adjusted Base Premium Computation Rules,
- e. **Part V** – Section I – Property – Additional Coverages And Increased Limits Rules,
- f. **Part VI** – Section II – Liability – Additional Coverages And Increased Limits Rules, and
- g. **Part VII** – Section II – Liability – Other Exposures Increased Limits Rules.

3. State Rules and Rates

Any State Exceptions, Additional Rules, Special State Requirements, etc. are incorporated into the General Rules of this Manual, where applicable.

Contact Branch Office for any premiums, credits, etc. that may be applicable and on file with the State Insurance Department, but not displayed in this manual.

4. Form References

* *The Manual refers to Forms HO0003, HO0004, HO0005, and HO0006. These Form references are identified as follows:*

- * a. *Homeowners 2 Broad Form: This form does not apply.*
- b. Homeowners 3 Special Form **HO0003**,
- c. Homeowners 4 Contents Broad Form **HO0004**,
- d. Homeowners 5 Comprehensive Form **HO0005**,
- e. Homeowners 6 Unit-Owners Form **HO0006**,
- * f. *Homeowners 8 – Modified Coverage Form: This form does not apply.*

406. DEDUCTIBLES

All policies are subject to a deductible applicable to loss from all Section I perils, except Earthquake. A separate deductible provision applies to Earthquake Coverage. Refer to the Earthquake Coverage rule for applicable deductible provision.

A. Base Deductible

1. **\$250 All Peril – HO0004 and HO0006**
2. **\$500 All Peril – HO0003 and HO0005**

* *Some of the deductibles shown below may not be available on new and/or renewal business.*

B. Optional Deductibles

This section does not apply.

C. Optional Higher Deductibles

All Forms — *The Homeowners Program provides a higher deductible applicable to any loss under Section I of the policy in an amount and at a premium credit developed below.*

1. All Peril Deductibles

Determine the credit by multiplying the base premium by the following factors:

Deductible Amounts	\$500	\$1,000	\$1,500	\$2,500	\$5,000
HO0003 and HO0005	1.00	.92	.86	.76	.58
HO0004 and HO0006	.93	.81	N/A	.65	.56

2. Windstorm or Hail Deductibles

(All Forms Except HO0004 and HO0006)

The following deductible options are used in conjunction with a deductible applicable to all Other Section I Perils.

a. Percentage Deductibles

(1) Deductible Amounts

This option provides for higher Windstorm or Hail percentage deductibles of 1%, 2% or 5% of the Coverage **A** limit of liability when the dollar amount of the percentage deductible selected exceeds the amount of the deductible applicable to All Other Section I Perils.

(2) Endorsement

Use Windstorm Or Hail Percentage Deductible Endorsement **HO0312**.

(3) Declarations instructions

Enter, on the policy declarations, the percentage amount that applies to Windstorm or Hail and the dollar amount that applies to All Other Section I Perils. For example:

- Deductible – Windstorm or Hail 1% of Coverage **A** limit and \$1,000 for All Other Perils.

(4) Deductible Application

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

Cov.	Limit Of Liability	1% Ded.	Amount Of Loss	
			Before Ded.	After Ded.
A	\$ 100,000	\$ 1,000	\$ 7,500	
B	50,000	–	3,000	
C	10,000	–	1,350	
D	30,000	–	660	
			\$ 12,510	\$ 11,510

406. DEDUCTIBLES (Cont'd.)

(5) Use Of Factors

The factors displayed in Paragraph **(6)** incorporate the factors for the All Peril Deductibles shown in Paragraph **C.1.** above. Do **not** use the factors for the All Perils Deductibles when rating a policy with a higher Windstorm or Hail deductible.

(6) Deductible Factors

To compute the premium for this provision, multiply the Base Premium by the factor selected from the following table for the deductible amounts desired:

All Other Perils Ded. Amt.	Windstorm Or Hail Deductible Amounts		
	1%	2%	5%
\$ 500	.89	.78	.57
1,000	.86	.75	.54
1,500	.83	.72	.51
2,500	–	.68	.47

*

b. Higher Fixed-Dollar Deductibles

(1) Deductible Amounts

This option provides for higher fixed dollar deductible amounts of \$1,000, \$2,000 and \$5,000 when the dollar amount of the higher fixed-dollar deductible selected exceeds the amount of the deductible applicable to All Other Perils deductible.

(2) Endorsement

An endorsement is not required.

(3) Declarations Instructions

Separately enter, on the policy declarations, the deductible amounts that apply to Windstorm or Hail and All Other Section I Perils. For example: \$2,500 for Windstorm or Hail and \$1,000 for All Other Perils.

(4) Use Of Factors

The factors displayed in Paragraph **(5)** incorporate the factors for the All Perils Deductibles shown in Paragraph **C.1.** Do **not** use the factors for the All Perils Deductibles when rating a policy with a higher Windstorm or Hail deductible.

(5) Deductible Factors

To compute the premium for this provision, multiply the Base Premium by the factor selected from the following table for the deductible amounts desired:

All Other Perils Ded. Amt.	Windstorm Or Hail Deductible Amounts			
	\$1,000	\$1,500	\$2,500	\$5,000
\$ 500	.96	.93	.86	–
1,000	–	.89	.83	.71
1,500	–	–	.80	.68
2,500	–	–	–	.64

*

407. ADDITIONAL AMOUNTS OF INSURANCE – FORMS HO0003 AND HO005

This rule does not apply.

**408. ACTUAL CASH VALUE LOSS SETTLEMENT
WINDSTORM OR HAIL LOSSES TO ROOF SURFACING – ALL FORMS EXCEPT HO0004**

This rule does not apply.

411. NEW OR RENOVATED DWELLING COMPONENTS (Cont'd.)

- 2. *Plumbing system discount is contingent upon new or evidence of complete replacement (lines, valves, faucets, water heaters, toilet floor gaskets and tank gaskets) of the system. Any sinks, tubs, toilets or vent stacks which show any evidence of leaking or cracks in the fixture should be replaced. The work must be done by a qualified plumbing contractor and/or inspected by a building inspector who certifies that the work meets all state and local codes.*
- * 3. *Roof discount is contingent upon a dwelling or other structures having all new asphalt/fiberglass/wood shingle roofing material. The work must be done by a qualified roofing or building contractor and/or be inspected by a building inspector who certifies that the work meets all state and local codes. All roofs, other than those constructed with asphalt/fiberglass/wood shingle, will receive the maximum credit regardless of age.*
- 4. *Heating and cooling system discount is contingent upon new or replacement (furnace heat exchangers, air conditioners, thermostats, registers, boilers including piping and expansion tanks) of the entire system. Forced air heating and cooling ducts should be repaired or replaced where necessary. The work must be done by a qualified heating and air conditioning contractor and/or inspected by a building inspector who certifies that the work meets all state and local codes.*

*

Years	Wiring	Plumbing	Roof	Heating & Cooling
Current Calendar Year	5.8%	5.8%	12.5%	5.8%
1st Preceding Calendar Year	5.8%	5.8%	12.4%	5.8%
2nd Preceding Calendar Year	5.8%	5.8%	12.3%	5.8%
3rd Preceding Calendar Year	5.8%	5.8%	11.6%	5.8%
4th Preceding Calendar Year	5.6%	5.6%	10.7%	5.6%
5th Preceding Calendar Year	5.3%	5.3%	9.5%	5.3%
6th Preceding Calendar Year	5.0%	5.0%	8.1%	5.0%
7th Preceding Calendar Year	4.6%	4.6%	6.8%	4.6%
8th Preceding Calendar Year	4.4%	4.4%	5.5%	4.4%
9th Preceding Calendar Year	4.0%	4.0%	4.1%	4.0%
10th Preceding Calendar Year	3.7%	3.7%	2.8%	3.7%
11th Preceding Calendar Year	3.2%	3.2%	1.6%	3.2%
12th Preceding Calendar Year	2.9%	2.9%	0.8%	2.9%
13th Preceding Calendar Year	2.6%	2.6%	0.2%	2.6%
14th Preceding Calendar Year	2.3%	2.3%	0.1%	2.3%
15th Preceding Calendar Year	1.9%	1.9%	0.0%	1.9%
16th Preceding Calendar Year	1.7%	1.7%	0.0%	1.7%
17th Preceding Calendar Year	1.4%	1.4%	0.0%	1.4%
18th Preceding Calendar Year	1.1%	1.1%	0.0%	1.1%
19th Preceding Calendar Year	0.8%	0.8%	0.0%	0.8%
20th Preceding Calendar Year	0.5%	0.5%	0.0%	0.5%
21st Preceding Calendar Year	0.3%	0.3%	0.0%	0.3%
22nd Preceding Calendar Year	0.2%	0.2%	0.0%	0.2%
23rd Preceding Calendar Year	0.1%	0.1%	0.0%	0.1%

*

NOTE: To be eligible for the renovated dwelling discount, other than for the roof, The Renovated Dwelling Credit Supplement (HO8090) is required to be completed and submitted with application.

412. — 500. RESERVED FOR FUTURE USE

COVERAGE A - ANNUAL KEY PREMIUMS

TERRITORY: 30,31

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	2084	2710	2313	3008
	03	2110	2743	2339	3041
	04	2262	2941	2517	3272
	05	2288	2975	2542	3305
	06	2313	3008	2669	3470
	07	2923	3801	3178	4131
	08	3813	4958	3940	5123
	8B	4830	6280	5338	6941
	09	5592	7271	6355	8263
	10	7626	9915	9024	11733
EMCASCO	01-02	1303	1694	1446	1880
	03	1319	1715	1462	1901
	04	1414	1839	1573	2045
	05	1430	1859	1589	2066
	06	1446	1880	1668	2169
	07	1827	2376	1986	2583
	08	2384	3099	2463	3202
	8B	3019	3925	3337	4339
	09	3496	4545	3973	5165
	10	4767	6198	5641	7334
UNION	01-02	977	1271	1085	1411
	03	989	1287	1097	1426
	04	1061	1380	1180	1535
	05	1073	1395	1192	1550
	06	1085	1411	1252	1628
	07	1371	1783	1490	1938
	08	1788	2325	1848	2403
	8B	2265	2945	2503	3255
	09	2622	3410	2980	3875
	10	3576	4650	4232	5503

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-5

EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

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COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 32

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	1973	2565	2189	2846
	03	1997	2596	2214	2878
	04	2141	2784	2382	3097
	05	2165	2815	2406	3128
	06	2189	2846	2526	3284
	07	2767	3597	3008	3910
	08	3609	4692	3729	4848
	8B	4571	5943	5053	6569
	09	5293	6882	6015	7820
	10	7218	9384	8541	11104
EMCASCO	01-02	1233	1603	1369	1779
	03	1248	1623	1384	1799
	04	1339	1740	1489	1935
	05	1354	1760	1504	1955
	06	1369	1779	1579	2053
	07	1730	2248	1880	2444
	08	2256	2933	2331	3030
	8B	2858	3715	3158	4106
	09	3309	4301	3760	4888
	10	4512	5865	5339	6940
UNION	01-02	925	1202	1026	1334
	03	936	1217	1038	1349
	04	1004	1305	1117	1451
	05	1015	1319	1128	1466
	06	1026	1334	1184	1539
	07	1297	1686	1410	1833
	08	1692	2199	1748	2272
	8B	2143	2785	2369	3079
	09	2482	3225	2820	3665
	10	3384	4398	4004	5204

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 72,82

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	1504	1955	1669	2169
	03	1522	1979	1687	2193
	04	1632	2122	1816	2360
	05	1651	2146	1834	2384
	06	1669	2169	1926	2503
	07	2109	2742	2293	2980
	08	2751	3576	2843	3695
	8B	3485	4530	3851	5006
	09	4035	5245	4585	5960
	10	5502	7152	6511	8463
EMCASCO	01-02	940	1222	1043	1356
	03	951	1237	1054	1371
	04	1020	1326	1135	1475
	05	1031	1341	1146	1490
	06	1043	1356	1203	1565
	07	1318	1714	1433	1863
	08	1719	2235	1776	2310
	8B	2177	2831	2407	3129
	09	2521	3278	2865	3725
	10	3438	4470	4068	5290
UNION	01-02	705	917	783	1017
	03	714	928	791	1029
	04	765	995	851	1107
	05	774	1006	860	1118
	06	783	1017	903	1174
	07	989	1286	1075	1398
	08	1290	1677	1333	1733
	8B	1634	2124	1806	2348
	09	1892	2460	2150	2795
	10	2580	3354	3053	3969

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

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COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 73

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	2250	2925	2497	3246
	03	2278	2961	2524	3282
	04	2442	3175	2717	3531
	05	2470	3210	2744	3567
	06	2497	3246	2881	3745
	07	3156	4102	3430	4459
	08	4116	5351	4253	5529
	8B	5214	6777	5762	7491
	09	6037	7847	6860	8918
	10	8232	10701	9741	12663
EMCASCO	01-02	1406	1829	1561	2029
	03	1423	1851	1578	2052
	04	1526	1985	1698	2208
	05	1544	2007	1715	2230
	06	1561	2029	1801	2342
	07	1972	2565	2144	2788
	08	2573	3345	2658	3457
	8B	3259	4237	3602	4683
	09	3773	4906	4288	5575
	10	5145	6690	6088	7917
UNION	01-02	1055	1371	1170	1522
	03	1067	1388	1183	1538
	04	1145	1488	1273	1655
	05	1157	1505	1286	1672
	06	1170	1522	1350	1756
	07	1479	1923	1608	2090
	08	1929	2508	1993	2592
	8B	2443	3177	2701	3511
	09	2829	3678	3215	4180
	10	3858	5016	4565	5936

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-8

EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
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COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 81

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	1935	2516	2148	2792
	03	1959	2546	2171	2823
	04	2100	2731	2336	3037
	05	2124	2761	2360	3068
	06	2148	2792	2478	3221
	07	2714	3528	2950	3835
	08	3540	4602	3658	4755
	8B	4484	5829	4956	6443
	09	5192	6750	5900	7670
	10	7080	9204	8378	10891
EMCASCO	01-02	1210	1573	1342	1745
	03	1224	1592	1357	1765
	04	1313	1707	1460	1899
	05	1328	1726	1475	1918
	06	1342	1745	1549	2014
	07	1696	2206	1844	2398
	08	2213	2877	2286	2973
	8B	2803	3644	3098	4028
	09	3245	4220	3688	4795
	10	4425	5754	5236	6809
UNION	01-02	907	1179	1006	1309
	03	918	1194	1018	1323
	04	984	1280	1095	1424
	05	995	1294	1106	1438
	06	1006	1309	1161	1510
	07	1272	1654	1383	1798
	08	1659	2157	1714	2229
	8B	2101	2732	2323	3020
	09	2433	3164	2765	3595
	10	3318	4314	3926	5105

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

EARTHQUAKE TERRITORY DEFINITIONS

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
71601	26	71743	27	71861	27
71602	27	71744	27	71862	27
71603	27	71745	27	71864	27
71611	26	71747	27	71865	27
71612	27	71748	27	71866	27
71613	27	71749	27	71901	27
71630	25	71750	27	71902	27
71631	27	71751	27	71903	27
71635	27	71752	27	71909	27
71638	26	71753	27	71910	27
71639	25	71754	27	71913	27
71640	27	71758	27	71914	27
71642	27	71759	27	71920	27
71643	25	71762	27	71921	27
71644	25	71763	27	71922	27
71646	27	71764	27	71923	27
71647	27	71765	27	71929	27
71651	27	71766	27	71932	27
71652	27	71770	27	71933	27
71653	27	71772	27	71935	27
71654	26	71801	27	71937	27
71655	27	71802	27	71940	27
71656	27	71820	27	71941	27
71657	27	71822	27	71942	27
71658	27	71823	27	71943	27
71659	26	71825	27	71944	27
71660	27	71826	27	71945	27
71661	27	71827	27	71949	27
71662	25	71828	27	71950	27
71663	27	71831	27	71951	27
71665	27	71832	27	71952	27
71666	26	71833	27	71953	27
71667	27	71834	27	71956	27
71670	26	71835	27	71957	27
71671	27	71836	27	71958	27
71674	25	71837	27	71959	27
71675	27	71838	27	71960	27
71676	27	71839	27	71961	27
71677	25	71840	27	71962	27
71678	26	71841	27	71964	27
71701	27	71842	27	71965	27
71711	27	71845	27	71966	27
71720	27	71846	27	71968	27
71721	27	71847	27	71969	27
71722	27	71851	27	71970	27
71724	27	71852	27	71971	27
71725	27	71853	27	71972	27
71726	27	71854	27	71973	27
71728	27	71855	27	71998	27
71730	27	71857	27	71999	27
71731	27	71858	27	72001	27
71740	27	71859	27	72002	27
71742	27	71860	27	72003	26

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EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72004	25	72064	25	72130	27
72005	24	72065	27	72131	27
72006	24	72066	26	72132	27
72007	27	72067	27	72133	25
72010	26	72068	25	72134	25
72011	27	72069	25	72135	27
72012	26	72070	27	72136	27
72013	27	72072	24	72137	27
72014	24	72073	24	72139	26
72015	27	72074	25	72140	25
72016	27	72075	24	72141	27
72017	25	72076	26	72142	24
72018	27	72078	26	72143	26
72019	27	72079	27	72145	26
72020	26	72080	27	72149	26
72021	25	72081	26	72150	27
72022	27	72082	25	72152	25
72023	26	72083	24	72153	27
72024	26	72084	27	72156	27
72025	27	72085	26	72157	27
72026	25	72086	26	72158	27
72027	27	72087	27	72160	25
72028	27	72088	27	72164	26
72029	25	72089	27	72165	25
72030	27	72099	27	72166	26
72031	27	72101	24	72167	27
72032	27	72102	26	72168	25
72033	27	72103	27	72169	24
72034	27	72104	27	72170	26
72035	27	72105	27	72173	27
72036	25	72106	27	72175	24
72037	24	72107	27	72176	26
72038	26	72108	25	72178	26
72039	27	72110	27	72179	27
72040	25	72111	27	72180	27
72041	25	72112	24	72181	27
72042	26	72113	26	72182	25
72043	24	72114	26	72183	26
72044	27	72115	26	72189	24
72045	27	72116	27	72190	27
72046	24	72117	25	72199	27
72047	27	72118	27	72201	27
72048	25	72119	26	72202	27
72051	27	72120	27	72203	27
72052	26	72121	26	72204	27
72053	26	72122	27	72205	27
72055	26	72123	24	72206	26
72057	27	72124	27	72207	27
72058	27	72125	27	72209	27
72059	24	72126	27	72210	27
72060	25	72127	27	72211	27
72061	27	72128	26	72212	27
72063	27	72129	27	72214	27

EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72215	27	72360	25	72437	21
72216	26	72364	22	72438	21
72217	27	72365	21	72440	26
72219	27	72366	25	72441	23
72221	27	72367	26	72442	21
72222	27	72368	25	72443	23
72223	27	72369	25	72444	26
72225	27	72370	21	72445	25
72227	27	72372	24	72447	21
72231	25	72373	21	72449	25
72255	27	72374	25	72450	23
72260	27	72376	22	72451	23
72295	26	72377	21	72453	24
72301	22	72379	25	72454	23
72303	22	72383	25	72455	26
72310	21	72384	21	72456	24
72311	25	72386	21	72457	25
72312	25	72387	24	72458	26
72313	21	72389	26	72459	26
72315	21	72390	25	72460	27
72316	21	72391	21	72461	23
72319	21	72392	25	72462	24
72320	23	72394	23	72464	22
72321	21	72395	21	72465	24
72322	24	72396	24	72466	26
72324	23	72401	23	72467	23
72325	21	72402	23	72469	26
72326	24	72403	23	72470	25
72327	21	72404	23	72471	25
72328	26	72410	25	72472	21
72329	21	72411	21	72473	25
72330	21	72412	24	72474	23
72331	21	72413	24	72475	24
72332	22	72414	21	72476	25
72333	26	72415	26	72478	27
72335	24	72416	24	72479	24
72336	24	72417	23	72482	27
72338	21	72419	21	72501	26
72339	21	72421	24	72503	26
72340	25	72422	24	72512	27
72341	24	72424	25	72513	27
72342	25	72425	24	72515	27
72346	21	72426	21	72517	27
72347	24	72427	24	72519	27
72348	22	72428	21	72520	27
72350	21	72429	24	72521	27
72351	21	72430	23	72522	26
72352	25	72431	24	72523	27
72353	26	72432	23	72524	25
72354	21	72433	25	72525	27
72355	25	72434	26	72526	26
72358	21	72435	24	72527	26
72359	24	72436	24	72528	27

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EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72529	27	72626	27	72717	27
72530	27	72628	27	72718	27
72531	27	72629	27	72719	27
72532	27	72630	27	72721	27
72533	27	72631	27	72722	27
72534	27	72632	27	72727	27
72536	27	72633	27	72728	27
72537	27	72634	27	72729	27
72538	27	72635	27	72730	27
72539	27	72636	27	72732	27
72540	27	72638	27	72733	27
72542	27	72639	27	72734	27
72543	27	72640	27	72735	27
72544	27	72641	27	72736	27
72545	27	72642	27	72737	27
72546	27	72644	27	72738	27
72550	27	72645	27	72739	27
72553	25	72648	27	72740	27
72554	27	72650	27	72741	27
72555	27	72651	27	72742	27
72556	27	72653	27	72744	27
72560	27	72654	27	72745	27
72561	27	72655	27	72747	27
72562	25	72657	27	72749	27
72564	24	72658	27	72751	27
72565	27	72659	27	72752	27
72566	27	72660	27	72753	27
72567	27	72661	27	72756	27
72568	26	72662	27	72757	27
72569	27	72663	27	72758	27
72571	26	72666	27	72760	27
72572	26	72668	27	72761	27
72573	27	72669	27	72762	27
72575	26	72670	27	72764	27
72576	27	72672	27	72765	27
72577	27	72675	27	72766	27
72578	27	72677	27	72768	27
72579	26	72679	27	72769	27
72581	27	72680	27	72770	27
72583	27	72682	27	72773	27
72584	27	72683	27	72774	27
72585	27	72685	27	72776	27
72587	27	72686	27	72801	27
72601	27	72687	27	72802	27
72602	27	72701	27	72811	27
72611	27	72702	27	72812	27
72613	27	72703	27	72820	27
72615	27	72704	27	72821	27
72616	27	72711	27	72823	27
72617	27	72712	27	72824	27
72619	27	72714	27	72826	27
72623	27	72715	27	72827	27
72624	27	72716	27	72828	27

HO-T-4

EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. 01-15-14

EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72829	27	72940	27		
72830	27	72941	27		
72832	27	72943	27		
72833	27	72944	27		
72834	27	72945	27		
72835	27	72946	27		
72837	27	72947	27		
72838	27	72948	27		
72839	27	72949	27		
72840	27	72950	27		
72841	27	72951	27		
72842	27	72952	27		
72843	27	72955	27		
72845	27	72956	27		
72846	27	72957	27		
72847	27	72958	27		
72851	27	72959	27		
72852	27				
72853	27				
72854	27				
72855	27				
72856	27				
72857	27				
72858	27				
72860	27				
72863	27				
72865	27				
72901	27				
72902	27				
72903	27				
72904	27				
72905	27				
72906	27				
72908	27				
72913	27				
72914	27				
72916	27				
72917	27				
72918	27				
72919	27				
72921	27				
72923	27				
72926	27				
72927	27				
72928	27				
72930	27				
72932	27				
72933	27				
72934	27				
72935	27				
72936	27				
72937	27				
72938	27				

HO-T-5

EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. 01-15-14

 UNDERWRITING ELIGIBILITY

 1. NEW BUSINESS ELIGIBILITY

The basis of our competitive rate structure is the careful selection of risks. Our underwriting guidelines require that only preferred or superior risks be submitted for coverage. The maximum binding authority is 330 days for both written and binders, 72 hours for oral binders. Applications must be completed in their entirety, with current photographs (front & rear of dwelling) and replacement cost worksheet attached.

Minimum – Maximum (Protection Class 1-8) Limit Requirements:
EMCC

~~HO0003 and HO0005 — \$150,000 to \$350,000 Coverage A~~
~~HO0004 and HO0006 — \$45 — \$20,000 to \$100,000 Coverage C~~
~~HO0006 — \$20,000 to \$200,000 Coverage C~~

EMCASCO

~~HO0003 and HO0005 — \$200,000 to \$500,000 Coverage A~~
~~HO0004 and — \$30,000 to \$100,000 Coverage C~~
~~HO0006 — \$2530,000 to \$200,000 Coverage C~~

UNION

~~HO0003 and HO0005 — \$300,000 to \$500,000 Coverage A~~
~~HO0006 — \$50,000 to \$200,000 Coverage C~~

Maximum Binding Limit Requirements:
EMCC

~~HO0003 and HO0005 — \$350,000 Coverage A — Protection Class 1-8~~

EMCASCO/UNION

~~HO0003 and HO0005 — \$500,000 Coverage A — Protection Class 1-8~~

EMCC/EMCASCO

~~HO0004 — \$100,000 Coverage C — Protection Class 1-8~~

EMCC/EMCASCO/UNION

~~HO0006 — \$200,000 Coverage C — Protection Class 1-8~~

EMCC

~~HO0003 and HO0005 — \$200,000 Coverage A — Protection Class 9~~

All Companies:

Earthquake Coverage – No Binding Authority in Earthquake Territories 21 through 26. Submit for Branch Underwriting approval.

These acceptability provisions are offered as guidelines. The underwriter's discretion shall apply in cases of extenuating circumstances. Due to varying circumstances it may occasionally be necessary to decline a risk due to circumstances not contemplated in the guidelines.

A. PRIOR APPROVAL

Coverage shall not be bound for risks with the following characteristics or conditions until (1) all information has been submitted to the company for appropriate underwriting and (2) the agent has approval for binder coverage:

1. Any Business operation at the insured location that is not specifically shown as eligible in the rule section of this manual.

2. Insurance To Value:

~~EMCC — Dwellings insured for less than 90% of estimated replacement cost, unless ACV or Special Loss Settlement endorsement is attached.~~

~~EMCASCO/UNION — Dwellings insured for less than 100% of estimated replacement cost, unless ACV or Special Loss Settlement endorsement is attached.~~

 HO-1

 EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

ED. 08-12

Replacement Cost as calculated from a current M&S/B Residential Component Technology software system (RCT).

3. Risks with lapse in coverage.

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- *
- 4. Any risk with a wood ~~burner~~burning stove, freestanding fireplace, or wood burning furnace ~~or fireplace insert. Unit must be~~unless the unit is:
- a. factory built;
 - b. U.L. listed and tested;
 - c. professionally installed.
 - d. located within protection class 1-8 (protection class 9 with prior underwriting approval);
 - e. if located outside the home (must be modern or recently installed, and situated away from the home by at least 25 feet).

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

Acceptable risks are eligible in EMCC only (consideration may be given for placement in EMCASCO with prior underwriting approval).

Photo must be submitted with. If the device is a woodstove then a completed questionnaire. Refer is required - refer to Wood Burning Supplemental Guidelines (pages A-1 – A-4). Not eligible in EMCASCO or UNION.) If other than a woodstove then a copy of the manufacturer's installation instructions or a contractor's statement that the unit was installed according to the manufacturer's instruction, is required.

- 5. Any Seasonal or Secondary Dwelling – We(EMC must insure the primary dwelling.) – Acceptable in EMCC only (consideration may be given for placement in EMCASCO with prior underwriting approval).
- 6. Any watercraft exceeding: \$25,000 in value, or Watercraft:
 - a. Jet Skis, Wave Runners, or other Personal Watercraft up to 140 horsepower;
 - b. Boats over 200 horsepower, or;
 - c. Boats over 20 years of age old;
 - d. Boats valued over \$45,000
- 7. Any Risk located in actual protection class 9 or 10 (PC 10 is unacceptable for primary residences).

B. UNACCEPTABLE RISKS**THE FOLLOWING RISKS CANNOT BE SUBMITTED, ACCEPTED OR BOUND:**

- 1. Dwellings over 40 years old in which the plumbing, heating and electrical (minimum 100 amp service with circuit breakers) have not been updated or which are not in compliance with all current building laws. The roof Asphalt shingled roofs must have been replaced within the past 2010 years. Dwellings with fuse boxes are not acceptable.
- ~~2. Roofs with wood shingles or shakes that have not been treated or maintained (must be fire rated and meet local building codes).~~
- 2. Primary dwellings classified as an actual PPC 10 or more than 5 miles from the responding fire department.
- 3. Dwellings in a deteriorating condition or lacking proper upkeep and maintenance.
- 4. Unoccupied, vacant, or isolated dwellings (not visible from another residence).
- 5. Mobile homes (including Manufactured Homes—which is a reference to mobile homes built after 6-97), log homes, or housing using experimental construction techniques.
- 6. Dwellings Dwellings built prior to 1999 with exterior synthetic stucco (e.g. "eifs", "EIFS"). EIFS construction for homes built 1999 or after is acceptable for Coverage A values up to \$500,000 (for homes over \$500,000—no more than 25% of the exterior may be EIFS).
- 7. Trampolines or skateboard ramps.
- 8. Exotic pets or animals (llamas, snakes, ostriches, etc.).
- 9. Risks Dogs with large dogs (Dalmations, Dobermans, aggressive tendencies or any past bite history. Particular attention should be given to such breeds as Pit Bulls, Rottweilers, Chow Chows) or dogs that have bitten, Doberman Pinschers and German Shepherds – if the dog is one of these breeds or attacked someone's a mix with one of these breeds, only nonaggressive females or neutered males will be considered.
- 10. Roofs with any of the following qualities:
 - a. Wood shingles or shakes
 - b. Roofs with no pitch (flat)
 - c. Asphalt Shingle Roof >10 years old.
 - d. Asphalt Shingle Roof with more than one layer of shingles
 - e. Roofs consisting of discontinued manufactured materials. i.e. T-lock Shingle Roofs
 - f. Metal roofs installed over the top of another roofing material (i.e. asphalt shingle).
- 11. Solid Fuel Heating Devices:
 - a. with heat reclaimers or heat saver device;

- [b. used as a primary heat source;](#)
- [c. That are located in Protection Class 9 or 10.](#)

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- d. Fireplace inserts
- e. That are kerosene Heaters
- f. That are coal burning units
- g. In dwellings containing more than 3 solid fuel heating devices
- h. in Union.

12. **HO0004** outside of city limits or in commercial buildings.

1413. **UNION** – Any of the following qualities or hazards are unacceptable for placement in **UNION**:

- a. two, three or four family owner-occupied residences;
- b. dwelling is occupied as a secondary or seasonal residence;
- c. any actual protection class 9 (Dwellings, other than PPC 10, qualifying for the Suburban Rating plan will be considered for exception);
- d. any risk with a supplemental heating hazard including wood stoves or a device that burns solid fuel (corn, corncobs, cherry pits and wood pellets etc).

14. **HO0004** outside of city limits or in commercial buildings.

15. Dwelling Replacement or Repair Cost Protection Coverage A - Dwelling (HO7121) – the following new business qualifications are unacceptable for this Company coverage & rating enhancement endorsement:

- a. forms HO0004 and HO0006;
- b. dwellings constructed prior to 1940. With prior underwriting approval, homes that were built prior to 1940, updated and insured to 100% of the standard RCT may be eligible for the HO7192.2 Excess Dwelling Coverage (Specified Additional Amount of Insurance for Coverage A – Dwelling – Common Construction
- c. builder's risk or dwellings under construction (COC).

16. Swimming pools/spas/hot tubs that are not fenced in with gates that are self-closing and self-latching (exception--hot tubs/spas that are not fenced in must have locked covers). Pools with diving boards or slides must be pre-approved. Any acceptable pool exposure must have a photo and completed Company pool questionnaire submitted with application.

12. ~~Primary dwellings located over 5 miles from the responding fire station (PC 10).~~

1317. ~~ATV's and Trail Bikes (licensed, registered or required to be licensed and/or registered)~~

18. ~~Risks who have been cancelled or non-renewed by the previous carrier due to underwriting reasons (other circumstances should be submitted to the underwriter prior to binding).~~

19. Watercraft:

- a. over 26 feet in length (sailboats over 40 ft.);
- b. maximum rated speed exceeding 45 MPH;
- c. any personal watercraft (jet skis, wave runners, etc.) over 140 HP or with operators with less than 3 years experience (may be waived for operators with power school/water safety certificates of completion).

14. ~~Dwelling Replacement or Repair Cost Protection Coverage A – Dwelling (HO7121) – the following new business qualifications are unacceptable for this Company coverage & rating enhancement endorsement:~~

- a. ~~forms HO0004 and HO0006;~~
- b. ~~any Coverage A limit that is less than 100% of the Company's estimated reconstruction cost (using M&S/B Residential Component Technology);~~
- c. ~~dwellings over 40 years old. With prior underwriting approval, homes that are over 40 years old, updated and insured to 100% of the standard RCT may be eligible for the HO7192.2 Excess Dwelling Coverage (Specified Additional Amount of Insurance for Coverage A – Dwelling – Common Construction);~~

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- ~~d. any unique, experimental or modular home type construction (modern modular homes calculated using the RCT "standard" construction type may receive underwriting consideration);~~
- ~~e. dwellings located in "rated" protection class 9 (Suburban Rated permitted) or in class 10;~~
- ~~f. Coverage A limits less than \$100,000 or greater than \$750,000;~~
- ~~g. ~~three~~^{20.} Three or four family dwellings;~~
- ~~h. builder's risk or dwellings under construction (COC).~~

15. UNION—Any of the following qualities or hazards are unacceptable for placement in **UNION**:

- ~~a. form HO0004;~~
- ~~b. year built of home at inception of policy is over 20 years;~~
- ~~e. in **EMCASCO** (two, three or four family ~~owner-occupied residences (forms HO0003 and HO0005);~~in **Union**).~~
- ~~d. any actual protection class 9 or 10 risk;~~
- ~~e. any risk with a wood stove or wood fireplace insert heating apparatus hazard;~~

~~1621. Earthquake coverage cannot be bound, added or increased to a policy mid-term.~~

~~22. Water Back Up coverage cannot be bound, added or increased to a policy mid-term.~~

~~23. Dwellings up for Sale or in the process of repossession.~~

~~24. Dwellings with uncorrected fire or building code violations.~~

C. DEDUCTIBLE OPTIONS

~~New Business Minimum All Peril Deductible of \$1,000 applies for forms **HO0003 & HO0005**; and a \$250 All Peril Deductible for forms **HO0004 & HO0006**. Refer to Deductible Rule 406. Current deductible options are displayed on the internet quote and application programs.~~

D. PERSONAL LIABILITY/MEDICAL PAYMENTS: \$100,000/\$1,000. Refer to Liability Rules 701 and 702. for higher limit options.

E. BUILDER'S BUILDER'S RISK

- Coverage must be insured for 100% of the completed value.
- A copy of the contractor's bid specifications is required for homesdwellings valued at \$250,000 and over.

406. DEDUCTIBLES

All policies are subject to a deductible applicable to loss from all Section I perils, except Earthquake. A separate deductible provision applies to Earthquake Coverage. Refer to the Earthquake Coverage rule for applicable deductible provision.

A. Base Deductible

- 1. \$250 All Peril – HO0004 and HO0006
- 2. \$500 All Peril – HO0003 and HO0005

The base ~~Some of the deductibles shown for HO0003 & HO0005 above are for rate calculation purposes only. The minimum deductible for HO0003 and HO0005 below may not be available on new and/or renewal business is \$1,000. The minimum deductible for new and renewal HO0004 and HO0006 is \$250.~~

B. Optional Deductibles

This section does not apply.

C. Optional Higher Deductibles

All Forms — *The Homeowners Program provides a higher deductible applicable to any loss under Section I of the policy in an amount and at a premium credit developed below.*

1. All Peril Deductibles

Determine the credit by multiplying the base premium by the following factors:

Deductible Amounts	\$500	\$1,000	\$1,500	\$2,500	\$5,000
HO0003 and HO0005	N/A 1.0 0	.8792	.86	.7976	.6058
HO0004 and HO0006	.93	.81	N/A	.65	.56

Inserted Cells

2. Windstorm or Hail Deductibles

(All Forms Except HO0004 and HO0006)

The following deductible options are used in conjunction with a deductible applicable to all Other Section I Perils.

a. Percentage Deductibles

(1) Deductible Amounts

This option provides for higher Windstorm or Hail percentage deductibles of 1%, 2% or 5% of the Coverage A limit of liability when the dollar amount of the percentage deductible selected exceeds the amount of the deductible applicable to All Other Section I Perils.

(2) Endorsement

Use Windstorm Or Hail Percentage Deductible Endorsement **HO0312**.

(3) Declarations instructions

Enter, on the policy declarations, the percentage amount that applies to Windstorm or Hail and the dollar amount that applies to All Other Section I Perils. For example:

- Deductible – Windstorm or Hail 1% of Coverage A limit and \$1,000 for All Other Perils.

(4) Deductible Application

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

Cov.	Limit Of Liability	1% Ded.	Amount Of Loss	
			Before Ded.	After Ded.
A	\$ 100,000	\$ 1,000	\$ 7,500	
B	50,000	–	3,000	
C	10,000	–	1,350	
D	30,000	–	660	
			\$ 12,510	\$ 11,510

406. DEDUCTIBLES (Cont'd.)

(5) Use Of Factors

The factors displayed in Paragraph (6) incorporate the factors for the All Peril Deductibles shown in Paragraph C.1. above. Do **not** use the factors for the All Perils Deductibles when rating a policy with a higher Windstorm or Hail deductible.

(6) Deductible Factors

To compute the premium for this provision, multiply the Base Premium by the factor selected from the following table for the deductible amounts desired:

All Other Perils Ded. Amt.	Windstorm Or Hail Deductible Amounts		
	1%	2%	5%
\$ 500	.89	.78	.57
1,000	.86	.75	.54
1,500	.83	.72	.51
\$1,000	.85	.81	.79
2,500	—	.6968	.6547

b. Higher Fixed-Dollar Deductibles

(1) Deductible Amounts

This option provides for higher fixed dollar deductible amounts of \$1,000, \$2,000 and \$5,000 when the dollar amount of the higher fixed-dollar deductible selected exceeds the amount of the deductible applicable to All Other Perils deductible.

(2) Endorsement

An endorsement is not required.

(3) Declarations Instructions

Separately enter, on the policy declarations, the deductible amounts that apply to Windstorm or Hail and All Other Section I Perils. For example: \$2,500 for Windstorm or Hail and ~~\$1,000,000~~ for All Other Perils.

(4) Use Of Factors

The factors displayed in Paragraph (5) incorporate the factors for the All Perils Deductibles shown in Paragraph C.1. Do **not** use the factors for the All Perils Deductibles when rating a policy with a higher Windstorm or Hail deductible.

(5) Deductible Factors

To compute the premium for this provision, multiply the Base Premium by the factor selected from the following table for the deductible amounts desired:

All Other Perils Ded. Amt.	Windstorm Or Hail Deductible Amounts			
	\$1,000	\$1,500	\$2,500	\$5,000
\$ 500	.96	.93	.86	—
1,000	—	.89	.83	.71
\$ 1,000	—	.82	—	.68
2,500	—	—	.6680	—
2,500	—	—	—	.64

Inserted Cells

Inserted Cells

407. ADDITIONAL AMOUNTS OF INSURANCE – FORMS HO0003 AND HO0005

This rule does not apply.

**408. ACTUAL CASH VALUE LOSS SETTLEMENT
WINDSTORM OR HAIL LOSSES TO ROOF SURFACING – ALL FORMS EXCEPT HO0004**

This rule does not apply.

411. NEW OR RENOVATED DWELLING COMPONENTS (Cont'd.)

- 2. Plumbing system discount is contingent upon new or evidence of complete replacement (lines, valves, faucets, water heaters, toilet floor gaskets and tank gaskets) of the system. Any sinks, tubs, toilets or vent stacks which show any evidence of leaking or cracks in the fixture should be replaced. The work must be done by a qualified plumbing contractor and/or inspected by a building inspector who certifies that the work meets all state and local codes.
- 3. Roof discount is contingent upon a dwelling or other structures having all new asphalt/fiberglass/wood shingle roofing material. The work must be done by a qualified roofing or building contractor and/or be inspected by a building inspector who certifies that the work meets all state and local codes. All roofs, other than those constructed with asphalt/fiberglass/wood shingle, will receive the maximum credit regardless of age.
- 4. Heating and cooling system discount is contingent upon new or replacement (furnace heat exchangers, air conditioners, thermostats, registers, boilers including piping and expansion tanks) of the entire system. Forced air heating and cooling ducts should be repaired or replaced where necessary. The work must be done by a qualified heating and air conditioning contractor and/or inspected by a building inspector who certifies that the work meets all state and local codes.

Years	Wiring	Plumbing	Roof	Heating & Cooling
Current Calendar Year	6.5.8%	6.05.8%	6.12.5%	6.05.8%
1st Preceding Calendar Year	5.8%	5.8%	12.4%	5.8%
2nd Preceding Calendar Year	5.8%	5.8%	12.3%	5.8%
3rd Preceding Calendar Year	6.5.8%	6.0%	6.5.8%	11.6.0%
4th Preceding Calendar Year	5.6.5%	5.6.0%	10.7%	5.8%
5th Preceding Calendar Year	5.53%	5.03%	69.5%	5.8%
6th Preceding Calendar Year	5.0%	5.0%	8.1%	5.8%
7th Preceding Calendar Year	4.6%	4.6%	6.8%	5.8%
8th Preceding Calendar Year	4.4%	4.4%	5.5%	4.4%
9th Preceding Calendar Year	4.50%	4.0%	4.51%	4.4%
10th Preceding Calendar Year	3.57%	3.07%	3.52.8%	3.07%
11th Preceding Calendar Year	3.2%	3.2%	1.6%	3.2%
12th Preceding Calendar Year	2.59%	2.59%	2.50.8%	2.59%
13th Preceding Calendar Year	2.06%	2.06%	0.2.0%	2.06%
14th Preceding Calendar Year	2.3%	2.3%	0.1%	2.3%
15th Preceding Calendar Year	1.59%	1.59%	1.50.0%	1.59%
16th Preceding Calendar Year	1.7%	1.7%	0.0%	1.7%
17th Preceding Calendar Year	1.4%	1.4%	0.0%	1.4%
18th Preceding Calendar Year	1.01%	1.01%	10.0%	1.01%
19th Preceding Calendar Year	0.58%	0.58%	0.50%	0.58%
20th Preceding Calendar Year	0.5%	0.5%	0.0%	0.5%
21st Preceding Calendar Year	0.3%	0.3%	0.0%	0.3%
22nd Preceding Calendar Year	0.2%	0.2%	0.0%	0.2%
23rd Preceding Calendar Year	0.1%	0.1%	0.0%	0.1%

~~NOTE: NOTE: To be eligible for the renovated dwelling discount, other than for the roof, The Renovated Dwelling Credit Supplement (HO8090) is required to be completed and submitted with application for attachment of this discount.~~

412. — 500. RESERVED FOR FUTURE USE

HO-26
EMPLOYERS MUTUAL CASUALTY COMPANY
EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE EFF. ~~10-1-08~~[10-1-15](#)

COVERAGE A - ANNUAL KEY PREMIUMS

TERRITORY: 30,31

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	49392084	25222710	21522313	27983008
	03	19632110	25522743	21762339	28293041
	04	21052262	27372941	23412517	30443272
	05	21292288	27682975	23652542	30753305
	06	21522313	27983008	24832669	32293470
	07	27202923	35363801	29563178	38444131
	08	35483813	46134958	36663940	47665123
	8B	44944830	58436280	49675338	64586941
	09	52935592	67657271	59136355	76888263
	10	70957626	92259915	83969024	10916117
					33
EMCASCO	01-02	42121303	45751694	43451446	47481880
	03	42271319	45941715	43601462	47671901
	04	43151414	47101839	44631573	49022045
	05	43301430	47291859	44781589	49212066
	06	43451446	47481880	45621668	49472169
	07	47001827	22092376	48481986	24012583
	08	22172384	28823099	22912463	29783202
	8B	28083019	36503925	31043337	40344339
	09	32523496	42264545	36953973	48035165
	10	44344767	57636198	52475641	68207334
	UNION	01-02	909977	41821271	10091085
03		920989	41971287	40201097	43271426
04		9871061	42831380	40981180	44281535
05		9981073	42981395	41091192	44421550
06		10091085	43121411	41641252	45141628
07		12751371	16581783	13861490	18031938
08		16641788	21632325	17191848	22352403
8B		21072265	27402945	23292503	30283255
09		24402622	31723410	27732980	36053875
10		33273576	43264650	39374232	51195503

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-5
 EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. [0801-15-4214](#)

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 32

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	48351973	23852565	20372189	26472846
	03	18581997	24142596	20592214	26762878
	04	19922141	25892784	22162382	28803097
	05	20142165	26182815	22382406	29093128
	06	20372189	26472846	23502526	30543284
	07	25742767	33453597	27983008	36363910
	08	33573609	43644692	34693729	45094848
	8B	42524571	55275943	47005053	61096569
	09	49245293	64006882	55956015	72737820
	10	67147218	87279384	79458541	10327111
				04	
EMCASCO	01-02	11471233	14921603	12731369	16551779
	03	11611248	15101623	12871384	16731799
	04	12451339	16191740	13851489	18011935
	05	12591354	16371760	13991504	18191955
	06	12731369	16551779	14691579	19102053
	07	16091730	20922248	17491880	22742444
	08	20992256	27292933	21682331	28193030
	8B	26582858	34563715	29383158	38204106
	09	30783309	40024301	34983760	45484888
	10	41974512	54575865	49665339	64576940
UNION	01-02	860925	11181202	9551026	12411334
	03	874936	11321217	9651038	12551349
	04	9341004	12141305	10391117	13501451
	05	9441015	12281319	10491128	13641466
	06	9551026	12411334	11011184	14321539
	07	12061297	15691686	13111410	17051833
	08	15741692	20462199	16261748	21442272
	8B	19932143	25922785	22032369	28643079
	09	23082482	30013225	26232820	34103665
	10	31473384	40924398	37244004	48425204

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-6
 EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. [0801-15-4214](#)

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 72,82

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	43991504	48191955	45521669	20182169
	03	14161522	48411979	15701687	20442193
	04	45181632	49742122	46891816	21962360
	05	15351651	19962146	17061834	22182384
	06	15521669	20182169	17911926	23292503
	07	19622109	25542742	21332293	27732980
	08	25592751	33273576	26442843	34383695
	8B	32413485	42144530	35833851	46585006
	09	37534035	48805245	42654585	65455960
	10	51185502	66547152	60566511	78748463
EMCASCO	01-02	874940	11371222	-9701043	12611356
	03	885951	11501237	-9811054	12751371
	04	-9491020	12341326	10551135	13721475
	05	-9591031	12471341	10661146	13861490
	06	-9701043	12611356	11191203	14551565
	07	12261318	15941714	13331433	17331863
	08	15991719	20792235	16521776	21482310
	8B	20252177	26332831	22392407	29113129
	09	23452521	30493278	26652865	34653725
	10	31983438	41584470	37844068	49205290
UNION	01-02	656705	853917	728783	-9461017
	03	664714	863928	736791	-9571029
	04	712765	926995	792851	10301107
	05	720774	-9361006	800860	10401118
	06	728783	-9461017	840903	10921174
	07	920989	11961286	10001075	13001398
	08	12001290	15601677	12401333	16121733
	8B	15201634	10762124	16801806	24842348
	09	17601892	22882460	20002150	26002795
	10	24002580	31203354	28403053	36923969

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-7
 EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. [0801-15-4214](#)

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 73

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	20942250	27222925	23242497	30213246
	03	21202278	27562961	23502524	30543282
	04	22732442	29553175	25282717	32873531
	05	22992470	29883210	25542744	33203567
	06	23242497	30213246	26822881	34863745
	07	29373156	38184102	31933430	41504459
	08	38344116	49805351	39594253	64465529
	8B	48535214	63086777	53635762	69727491
	09	56196037	73047847	63856860	83008918
	10	76628232	99601070	90679741	41786126
					63
				1	
EMCASCO	01-02	13091406	17021829	14521561	18882029
	03	13251423	17221851	14681578	19092052
	04	14201526	18471985	15801698	20542208
	05	14361544	18682007	15961715	20752230
	06	14521561	18882029	16761801	21792342
	07	18351972	23862565	19952144	25942788
	08	23942573	31133345	24742658	32163457
	8B	30323259	39434237	33523602	43584683
	09	35113773	45654906	39904288	61885575
	10	47885145	62256690	56666088	73667917
UNION	01-02	9821055	12761371	10891170	14461522
	03	9941067	12941388	11041183	14321538
	04	10651145	13851488	11851273	15401655
	05	10771157	14001505	11971286	15561672
	06	10891170	14161522	12571350	16341756
	07	13771479	17891923	14961608	19452090
	08	17961929	23342508	18551993	24122592
	8B	22742443	29563177	25442701	32683511
	09	26332829	34233678	20933215	38904180
	10	35913858	46685016	42494565	65245936

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-8
 EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. [0801-15-4214](#)

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 81

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	48001935	23402516	49972148	25972792
	03	48221959	23692546	20492171	26262823
	04	49542100	25402731	21732336	28253037
	05	49762124	25692761	21952360	28543068
	06	49972148	25972792	23052478	29973221
	07	25242714	32823528	27442950	35683835
	08	32933540	42844602	34023658	44244755
	8B	41744484	54235829	46104956	59936443
	09	48295192	62796750	54885900	71357670
	10	65857080	85629204	77928378	40132108
					91
EMCASCO	01-02	41251210	44631573	42491342	46231745
	03	41391224	44841592	42621357	46441765
	04	42241313	45881707	43581460	47661899
	05	42351328	46061726	43721475	47841918
	06	42491342	46231745	44441549	48732014
	07	45781696	20522206	47451844	22302398
	08	20582213	26762877	24272286	27652973
	8B	26072803	33903644	28843098	37464028
	09	30483245	39254220	34303688	44604795
	10	44464425	53525754	48745236	63336809
	UNION	01-02	844907	40971179	-9361006
03		854918	41441194	-9471018	42341323
04		946984	41941280	10491095	43251424
05		926995	42041294	10291106	43381438
06		-9361006	42481309	10801161	44051510
07		11831272	45391654	12861383	46731798
08		45441659	20072157	45951714	20742229
8B		19552101	25422732	24642323	28103020
09		22642433	29443164	25732765	33453595
10		30873318	40444314	36533926	47505105

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-9
EMPLOYERS MUTUAL CASUALTY COMPANY

EFF. [0801-15-4214](#)

EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

EARTHQUAKE TERRITORY DEFINITIONS

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
71601	26	71743	27	71861	27
71602	27	71744	27	71862	27
71603	27	71745	27	71864	27
71611	26	71747	27	71865	27
71612	27	71748	27	71866	27
71613	27	71749	27	71901	27
71630	25	71750	27	71902	27
71631	27	71751	27	71903	27
71635	27	71752	27	71909	27
71638	26	71753	27	71910	27
71639	25	71754	27	71913	27
71640	27	71758	27	71914	27
71642	27	71759	27	71920	27
71643	25	71762	27	71921	27
71644	25	71763	27	71922	27
71646	27	71764	27	71923	27
71647	27	71765	27	71929	27
71651	27	71766	27	71932	27
71652	27	71770	27	71933	27
71653	27	71772	27	71935	27
71654	26	71801	27	71937	27
71655	27	71802	27	71940	27
71656	27	71820	27	71941	27
71657	27	71822	27	71942	27
71658	27	71823	27	71943	27
71659	26	71825	27	71944	27
71660	27	71826	27	71945	27
71661	27	71827	27	71949	27
71662	25	71828	27	71950	27
71663	27	71831	27	71951	27
71665	27	71832	27	71952	27
71666	26	71833	27	71953	27
71667	27	71834	27	71956	27
71670	26	71835	27	71957	27
71671	27	71836	27	71958	27
71674	25	71837	27	71959	27
71675	27	71838	27	71960	27
71676	27	71839	27	71961	27
71677	25	71840	27	71962	27
71678	26	71841	27	71964	27
71701	27	71842	27	71965	27
71711	27	71845	27	71966	27
71720	27	71846	27	71968	27
71721	27	71847	27	71969	27
71722	27	71851	27	71970	27
71724	27	71852	27	71971	27
71725	27	71853	27	71972	27
71726	27	71854	27	71973	27
71728	27	71855	27	71998	27
71730	27	71857	27	71999	27
71731	27	71858	27	72001	27
71740	27	71859	27	72002	27
71742	27	71860	27	72003	26

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EMPLOYERS MUTUAL CASUALTY COMPANY

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EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72004	25	72064	25	72130	27
72005	24	72065	27	72131	27
72006	24	72066	26	72132	27
72007	27	72067	27	72133	25
72010	26	72068	25	72134	25
72011	27	72069	25	72135	27
72012	26	72070	27	72136	27
72013	27	72072	24	72137	27
72014	24	72073	24	72139	26
72015	27	72074	25	72140	25
72016	27	72075	24	72141	27
72017	25	72076	26	72142	24
72018	27	72078	26	72143	26
72019	27	72079	27	72145	26
72020	26	72080	27	72149	26
72021	25	72081	26	72150	27
72022	27	72082	25	72152	25
72023	26	72083	24	72153	27
72024	26	72084	27	72156	27
72025	27	72085	26	72157	27
72026	25	72086	26	72158	27
72027	27	72087	27	72160	25
72028	27	72088	27	72164	26
72029	25	72089	27	72165	25
72030	27	72099	27	72166	26
72031	27	72101	24	72167	27
72032	27	72102	26	72168	25
72033	27	72103	27	72169	24
72034	27	72104	27	72170	26
72035	27	72105	27	72173	27
72036	25	72106	27	72175	24
72037	24	72107	27	72176	26
72038	26	72108	25	72178	26
72039	27	72110	27	72179	27
72040	25	72111	27	72180	27
72041	25	72112	24	72181	27
72042	26	72113	26	72182	25
72043	24	72114	26	72183	26
72044	27	72115	26	72189	24
72045	27	72116	27	72190	27
72046	24	72117	25	72199	27
72047	27	72118	27	72201	27
72048	25	72119	26	72202	27
72051	27	72120	27	72203	27
72052	26	72121	26	72204	27
72053	26	72122	27	72205	27
72055	26	72123	24	72206	26
72057	27	72124	27	72207	27
72058	27	72125	27	72209	27
72059	24	72126	27	72210	27
72060	25	72127	27	72211	27
72061	27	72128	26	72212	27
72063	27	72129	27	72214	27

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EMPLOYERS MUTUAL CASUALTY COMPANY

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EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72215	27	72360	25	72437	21
7221572216	2726	72364	22	72438	21
7221672217	2627	72365	21	72440	26
7221772219	27	72366	25	72441	23
7221972221	27	72367	26	72442	21
7222172222	27	72368	25	72443	23
7222272223	27	72369	25	72444	26
7222372225	27	72370	21	72445	25
7222572227	27	72372	24	72447	21
7222772231	2725	72373	21	72449	25
7223472255	2527	72374	25	72450	23
72260	27	72376	22	72451	23
72295	2726	72377	21	72453	24
72301	22	72379	25	72454	23
72303	22	72383	25	72455	26
72310	21	72384	21	72456	24
72311	25	72386	21	72457	25
72312	25	72387	24	72458	26
72313	21	72389	26	72459	26
72315	21	72390	25	72460	27
72316	21	72391	21	72461	23
72319	21	72392	25	72462	24
72320	23	72394	23	72464	22
72321	21	72395	21	72465	24
72322	24	72396	24	72466	26
72324	23	72401	23	72467	23
72325	21	72402	23	72469	26
72326	24	72403	23	72470	25
72327	21	72404	23	72471	25
72328	26	72410	25	72472	21
72329	21	72411	21	72473	25
72330	21	72412	24	72474	23
72331	21	72413	24	72475	24
72332	22	72414	21	72476	25
72333	26	72415	26	72478	27
72335	24	72416	24	72479	24
72336	24	72417	23	72482	27
72338	21	72419	21	72501	26
72339	21	72421	24	72503	26
72340	25	72422	24	72512	27
72341	24	72424	25	72513	27
72342	25	72425	24	72515	27
72346	21	72426	21	72517	27
72347	24	72427	24	72519	27
72348	22	72428	21	72520	27
72350	21	72429	24	72521	27
72351	21	72430	23	72522	26
72352	25	72431	24	72523	27
72353	26	72432	23	72524	25
72354	21	72433	25	72525	27
72355	25	72434	26	72526	26
72358	21	72435	24	72527	26
72359	24	72436	24	72528	27
72360	25	72437	24	72529	27

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EMPLOYERS MUTUAL CASUALTY COMPANY

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EMCASCO INSURANCE COMPANY

UNION INSURANCE COMPANY OF PROVIDENCE

EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72529	27	72626	27	72717	27
72530	27	72628	27	72718	27
72531	27	72629	27	72719	27
72532	27	72630	27	72721	27
72533	27	72631	27	72722	27
72534	27	72632	27	72727	27
72536	27	72633	27	72728	27
72537	27	72634	27	72729	27
72538	27	72635	27	72730	27
72539	27	72636	27	72732	27
72540	27	72638	27	72733	27
72542	27	72639	27	72734	27
72543	27	72640	27	72735	27
72544	27	72641	27	72736	27
72545	27	72642	27	72737	27
72546	27	72644	27	72738	27
72550	27	72645	27	72739	27
72553	25	72648	27	72740	27
72554	27	72650	27	72741	27
72555	27	72651	27	72742	27
72556	27	72653	27	72744	27
72560	27	72654	27	72745	27
72561	27	72655	27	72747	27
72562	25	72657	27	72749	27
72564	24	72658	27	72751	27
72565	27	72659	27	72752	27
72566	27	72660	27	72753	27
72567	27	72661	27	72756	27
72568	26	72662	27	72757	27
72569	27	72663	27	72758	27
72571	26	72666	27	72760	27
72572	26	72668	27	72761	27
72573	27	72669	27	72762	27
72575	26	72670	27	72764	27
72576	27	72672	27	72765	27
72577	27	72675	27	72766	27
72578	27	72677	27	72768	27
72579	26	72679	27	72769	27
72581	27	72680	27	72770	27
72583	27	72682	27	72773	27
72584	27	72683	27	72774	27
72585	27	72685	27	72776	27
72587	27	72686	27	72801	27
72601	27	72687	27	72802	27
72602	27	72701	27	72811	27
72611	27	72702	27	72812	27
72613	27	72703	27	72820	27
72615	27	72704	27	72821	27
72616	27	72711	27	72823	27
72617	27	72712	27	72824	27
72619	27	72714	27	72826	27
72623	27	72715	27	72827	27
72624	27	72716	27	72828	27
72626	27	72717	27	72829	27

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EMPLOYERS MUTUAL CASUALTY COMPANY

EFF. ~~0801-15-~~
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EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72829	27	72940	27		
72830	27	72941	27		
72832	27	72943	27		
72833	27	72944	27		
72834	27	72945	27		
72835	27	72946	27		
72837	27	72947	27		
72838	27	72948	27		
72839	27	72949	27		
72840	27	72950	27		
72841	27	72951	27		
72842	27	72952	27		
72843	27	72955	27		
72845	27	72956	27		
72846	27	72957	27		
72847	27	72958	27		
72851	27	72959	27		
72852	27				
72853	27				
72854	27				
72855	27				
72856	27				
72857	27				
72858	27				
72860	27				
72863	27				
72865	27				
72901	27				
72902	27				
72903	27				
72904	27				
72905	27				
72906	27				
72908	27				
72913	27				
72914	27				
72916	27				
72917	27				
72918	27				
72919	27				
72921	27				
72923	27				
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72937	27				
72938	27				
72940	27				

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EMPLOYERS MUTUAL CASUALTY COMPANY

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EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

State: Arkansas
 TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners
 Product Name: Homeowners
 Project Name/Number: /

First Filing Company: EMCASCO Insurance Company, ...

Supporting Document Schedules

Bypassed - Item:	H-1 Homeowners Abstract
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	HPCS-Homeowners Premium Comparison Survey
Comments:	
Attachment(s):	rff_AMENDED ARHO13 HPCS-EMCASCO_111513.xlsx rff_AMENDED ARHO13 HPCS-EMCASCO_111513.pdf rff_AMENDED ARHO13 HPCS-EMCC_111513.pdf rff_AMENDED ARHO13 HPCS-EMCC_111513.xlsx rff_AMENDED ARHO13 HPCS-UNION_111513.pdf rff_AMENDED ARHO13 HPCS-UNION_111513.xlsx
Item Status:	Filed
Status Date:	11/26/2013
Satisfied - Item:	NAIC loss cost data entry document
Comments:	
Attachment(s):	rff_AMENDED ARHO13 RateFilingAbstractNAIC_EMCASCO_111513.pdf rff_AMENDED ARHO13 RateFilingAbstractNAIC_UNION_111513.pdf rff_RateFilingAbstractNAIC_EMCC_111513.pdf
Item Status:	Filed
Status Date:	11/26/2013
Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	rff_SUPPORTING INFO.pdf act_exhibits_011514.pdf act_amended base rates by territory_11-19-13.pdf act_amended deductible rels_11-19-13.pdf act_amended dwelling component credits_11-19-13.pdf act_amended summary of changes_11-19-13.pdf
Item Status:	Filed
Status Date:	11/26/2013
Satisfied - Item:	Confidential

SERFF Tracking #:

EMCC-129228539

State Tracking #:**Company Tracking #:**

AR-HO-2013-02

State:

Arkansas

First Filing Company:

EMCASCO Insurance Company, ...

TOI/Sub-TOI:

04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name:

Homeowners

Project Name/Number:

/

Comments:	This information has been removed
Attachment(s):	
Item Status:	Filed
Status Date:	11/26/2013
Satisfied - Item:	Response to objection letter
Comments:	
Attachment(s):	rep_11-5-13_amd eff date.pdf
Item Status:	Filed
Status Date:	11/26/2013
Satisfied - Item:	Revised Rate/Rule Schedule
Comments:	
Attachment(s):	act_rrschedule.pdf
Item Status:	Filed
Status Date:	11/26/2013

NAIC Number: 062-21407
 Company Name: EMCASCO Insurance Company
 Contact Person: Jo L. Byers
 Telephone No.: 800-247-2128 ext 2707
 Email Address: jo.l.byers@emcins.com
 Effective Date: 1/15/2014

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

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

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

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

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$845.00	\$936.00	\$845.00	\$936.00	\$1,264.00	\$1,401.00	\$1,264.00	\$1,401.00	\$1,087.00	\$1,205.00	\$1,087.00	\$1,205.00	\$1,087.00	\$1,205.00	\$845.00	\$936.00	\$1,171	\$1,298.00
	\$120,000	\$1,189.00	\$1,318.00	\$1,189.00	\$1,318.00	\$1,779.00	\$1,972.00	\$1,779.00	\$1,972.00	\$1,530.00	\$1,696.00	\$1,530.00	\$1,696.00	\$1,530.00	\$1,696.00	\$1,189.00	\$1,318.00	\$1,649.00	\$1,827.00
	\$160,000	\$1,531.00	\$1,697.00	\$1,531.00	\$1,697.00	\$2,292.00	\$2,540.00	\$2,292.00	\$2,540.00	\$1,971.00	\$2,185.00	\$1,971.00	\$2,185.00	\$1,971.00	\$2,185.00	\$1,531.00	\$1,697.00	\$2,123.00	\$2,354.00
6	\$80,000	\$926.00	\$1,069.00	\$926.00	\$1,069.00	\$1,386.00	\$1,599.00	\$1,386.00	\$1,599.00	\$1,192.00	\$1,375.00	\$1,192.00	\$1,375.00	\$1,192.00	\$1,375.00	\$926.00	\$1,069.00	\$1,284.00	\$1,482.00
	\$120,000	\$1,304.00	\$1,504.00	\$1,304.00	\$1,504.00	\$1,951.00	\$2,251.00	\$1,951.00	\$2,251.00	\$1,678.00	\$1,936.00	\$1,678.00	\$1,936.00	\$1,678.00	\$1,936.00	\$1,304.00	\$1,504.00	\$1,807.00	\$2,086.00
	\$160,000	\$1,679.00	\$1,937.00	\$1,679.00	\$1,937.00	\$2,513.00	\$2,899.00	\$2,513.00	\$2,899.00	\$2,161.00	\$2,493.00	\$2,161.00	\$2,493.00	\$2,161.00	\$2,493.00	\$1,679.00	\$1,937.00	\$2,328.00	\$2,686.00
9	\$80,000	\$2,239.00	\$2,544.00	\$2,239.00	\$2,544.00	\$3,350.00	\$3,807.00	\$3,350.00	\$3,807.00	\$2,882.00	\$3,275.00	\$2,882.00	\$3,275.00	\$2,882.00	\$3,275.00	\$2,239.00	\$2,544.00	\$3,104.00	\$3,528.00
	\$120,000	\$3,152.00	\$3,581.00	\$3,152.00	\$3,581.00	\$4,716.00	\$5,359.00	\$4,716.00	\$5,359.00	\$4,056.00	\$4,609.00	\$4,056.00	\$4,609.00	\$4,056.00	\$4,609.00	\$3,152.00	\$3,581.00	\$4,370.00	\$4,966.00
	\$160,000	\$4,059.00	\$4,613.00	\$4,059.00	\$4,613.00	\$6,075.00	\$6,903.00	\$6,075.00	\$6,903.00	\$5,224.00	\$5,937.00	\$5,224.00	\$5,937.00	\$5,224.00	\$5,937.00	\$4,059.00	\$4,613.00	\$5,628.00	\$6,396.00

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		Miller		Sebastian		Pulaski			
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame		
3	\$5,000	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$49.37	\$54.98
	\$15,000	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$105.51	\$117.50
	\$25,000	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$165.11	\$183.87
6	\$5,000	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$51.05	\$56.66
	\$15,000	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$109.10	\$121.09
	\$25,000	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$170.74	\$189.50
9	\$5,000	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$75.74	\$89.76
	\$15,000	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$161.86	\$191.83
	\$25,000	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$253.30	\$300.20

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	2 %	Deadbolt Lock	2 %
Burglar Alarm	2 %	Window Locks	1 %
Smoke Alarm	2 %	\$1,000 Deductible	8 %
		Other (specify)	
		New/Renovated Component	0 to 39.7 %

EARTHQUAKE INSURANCE

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

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?	yes	(yes or no)
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	5 %	
WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?	Zone Highest Risk \$ 2.07	Brick \$ 1.64

Maximum Credit Allowed

56.7%

Lowest Risk

\$ 0.55

\$ 0.2

NAIC Number: 062-21415
 Company Name: Employers Mutual Casualty Company
 Contact Person: Jo L. Byers
 Telephone No.: 800-247-2128 ext 2707
 Email Address: jo.l.byers@emcins.com
 Effective Date: 1/15/2014

**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	\$1,351.00	\$1,498.00	\$1,351.00	\$1,498.00	\$2,022.00	\$2,242.00	\$2,022.00	\$2,242.00	\$1,739.00	\$1,928.00	\$1,739.00	\$1,928.00	\$1,739.00	\$1,928.00	\$1,351.00	\$1,498.00	\$1,874	\$2,077.00
	\$120,000	\$1,902.00	\$2,109.00	\$1,902.00	\$2,109.00	\$2,847.00	\$3,156.00	\$2,847.00	\$3,156.00	\$2,449.00	\$2,714.00	\$2,449.00	\$2,714.00	\$2,449.00	\$2,714.00	\$1,902.00	\$2,109.00	\$2,638.00	\$2,924.00
	\$160,000	\$2,450.00	\$2,716.00	\$2,450.00	\$2,716.00	\$3,667.00	\$4,064.00	\$3,667.00	\$4,064.00	\$3,154.00	\$3,496.00	\$3,154.00	\$3,496.00	\$3,154.00	\$3,496.00	\$2,450.00	\$2,716.00	\$3,397.00	\$3,766.00
6	\$80,000	\$1,482.00	\$1,710.00	\$1,482.00	\$1,710.00	\$2,217.00	\$2,559.00	\$2,217.00	\$2,559.00	\$1,907.00	\$2,200.00	\$1,907.00	\$2,200.00	\$1,907.00	\$2,200.00	\$1,482.00	\$1,710.00	\$2,054.00	\$2,371.00
	\$120,000	\$2,086.00	\$2,407.00	\$2,086.00	\$2,407.00	\$3,121.00	\$3,602.00	\$3,121.00	\$3,602.00	\$2,685.00	\$3,098.00	\$2,685.00	\$3,098.00	\$2,685.00	\$3,098.00	\$2,086.00	\$2,407.00	\$2,892.00	\$3,337.00
	\$160,000	\$2,686.00	\$3,100.00	\$2,686.00	\$3,100.00	\$4,020.00	\$4,639.00	\$4,020.00	\$4,639.00	\$3,458.00	\$3,990.00	\$3,458.00	\$3,990.00	\$3,458.00	\$3,990.00	\$2,686.00	\$3,100.00	\$3,725.00	\$4,298.00
9	\$80,000	\$3,582.00	\$4,071.00	\$3,582.00	\$4,071.00	\$4,361.00	\$6,092.00	\$4,361.00	\$6,092.00	\$4,610.00	\$5,239.00	\$4,610.00	\$5,239.00	\$4,610.00	\$5,239.00	\$3,582.00	\$4,071.00	\$4,967.00	\$5,644.00
	\$120,000	\$5,042.00	\$5,730.00	\$5,042.00	\$5,730.00	\$7,546.00	\$8,575.00	\$7,546.00	\$8,575.00	\$6,490.00	\$7,375.00	\$6,490.00	\$7,375.00	\$6,490.00	\$7,375.00	\$5,042.00	\$5,730.00	\$6,992.00	\$7,945.00
	\$160,000	\$6,495.00	\$7,380.00	\$6,495.00	\$7,380.00	\$9,719.00	\$11,045.00	\$9,719.00	\$11,045.00	\$8,359.00	\$9,499.00	\$8,359.00	\$9,499.00	\$8,359.00	\$9,499.00	\$6,495.00	\$7,380.00	\$9,005.00	\$10,233.00

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	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29
	\$15,000	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66
	\$25,000	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27
6	\$5,000	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88
	\$15,000	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33
	\$25,000	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27
9	\$5,000	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49
	\$15,000	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24
	\$25,000	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44

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	2 %	Deadbolt Lock	2 %
Burglar Alarm	2 %	Window Locks	1 %
Smoke Alarm	2 %	\$1,000 Deductible	8 %
		Other (specify)	
		New/Renovated Component	0 to 39.7 %

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

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?	yes	(yes or no)
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	5 %	
WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?	Zone Highest Risk	Brick \$ 2.07
		Frame \$ 1.64

Maximum Credit Allowed

56.7%

Lowest Risk

\$ 0.55

\$ 0.2

NAIC Number: 062-21423
 Company Name: Union Insurance Company
 Contact Person: Jo L. Byers
 Telephone No.: 800-247-2128 ext 2707
 Email Address: jo.l.byers@emcins.com
 Effective Date: 1/15/2014

**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
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Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$633.00	\$702.00	\$633.00	\$702.00	\$948.00	\$1,051.00	\$948.00	\$1,051.00	\$815.00	\$904.00	\$815.00	\$904.00	\$815.00	\$904.00	\$633.00	\$702.00	\$878	\$974.00
	\$120,000	\$892.00	\$988.00	\$892.00	\$988.00	\$1,334.00	\$1,479.00	\$1,334.00	\$1,479.00	\$1,148.00	\$1,272.00	\$1,148.00	\$1,272.00	\$1,148.00	\$1,272.00	\$892.00	\$988.00	\$1,236.00	\$1,371.00
	\$160,000	\$1,149.00	\$1,273.00	\$1,149.00	\$1,273.00	\$1,719.00	\$1,905.00	\$1,719.00	\$1,905.00	\$1,478.00	\$1,639.00	\$1,478.00	\$1,639.00	\$1,478.00	\$1,639.00	\$1,149.00	\$1,273.00	\$1,593.00	\$1,765.00
6	\$80,000	\$695.00	\$801.00	\$695.00	\$801.00	\$1,039.00	\$1,199.00	\$1,039.00	\$1,199.00	\$894.00	\$1,031.00	\$894.00	\$1,031.00	\$894.00	\$1,031.00	\$695.00	\$801.00	\$963.00	\$1,111.00
	\$120,000	\$978.00	\$1,128.00	\$978.00	\$1,128.00	\$1,463.00	\$1,688.00	\$1,463.00	\$1,688.00	\$1,258.00	\$1,452.00	\$1,258.00	\$1,452.00	\$1,258.00	\$1,452.00	\$978.00	\$1,128.00	\$1,356.00	\$1,564.00
	\$160,000	\$1,259.00	\$1,453.00	\$1,259.00	\$1,453.00	\$1,884.00	\$2,174.00	\$1,884.00	\$2,174.00	\$1,621.00	\$1,870.00	\$1,621.00	\$1,870.00	\$1,621.00	\$1,870.00	\$1,259.00	\$1,453.00	\$1,746.00	\$2,015.00
9	\$80,000	\$1,679.00	\$1,908.00	\$1,679.00	\$1,908.00	\$2,513.00	\$2,855.00	\$2,513.00	\$2,855.00	\$2,161.00	\$2,456.00	\$2,161.00	\$2,456.00	\$2,161.00	\$2,456.00	\$1,679.00	\$1,908.00	\$2,328.00	\$2,646.00
	\$120,000	\$2,364.00	\$2,686.00	\$2,364.00	\$2,686.00	\$3,537.00	\$4,020.00	\$3,537.00	\$4,020.00	\$3,042.00	\$3,457.00	\$3,042.00	\$3,457.00	\$3,042.00	\$3,457.00	\$2,364.00	\$2,686.00	\$3,277.00	\$3,724.00
	\$160,000	\$3,044.00	\$3,459.00	\$3,044.00	\$3,459.00	\$4,556.00	\$5,177.00	\$4,556.00	\$5,177.00	\$3,918.00	\$4,453.00	\$3,918.00	\$4,453.00	\$3,918.00	\$4,453.00	\$3,044.00	\$3,459.00	\$4,221.00	\$4,797.00

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	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98
	\$15,000	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50
	\$25,000	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87
6	\$5,000	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66
	\$15,000	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09
	\$25,000	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50
9	\$5,000	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76
	\$15,000	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83
	\$25,000	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20

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	2 %	Deadbolt Lock	2 %
Burglar Alarm	2 %	Window Locks	1 %
Smoke Alarm	2 %	\$1,000 Deductible	8 %
		Other (specify)	
		New/Renovated Component	0 to 39.7 %

EARTHQUAKE INSURANCE

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

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?	yes	(yes or no)
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	5 %	
WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?	Zone Highest Risk	Brick \$ 2.07
		Frame \$ 1.64

Maximum Credit Allowed

56.7%

Lowest Risk

\$ 0.55

\$ 0.2

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

1.	This filing transmittal is part of Company Tracking #	AR-HO-2013-02
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	
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Company Name		Company NAIC Number	
3.	A. EMCASCO Insurance Company	B.	062-21407

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

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Homeowners	16.3%	6.0%					
TOTAL OVERALL EFFECT							

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
2008	782	-20.3%	10/01/08	719,958	2,289,537	318.0%	108.8%
2009	915			619,594	602,916	97.3%	94.4%
2010	1,326	+1.1%	01/01/10	830,904	1,085,264	130.6%	93.2%
2011	1,708	+10.2%	08/15/11	1,173,510	1,850,939	157.7%	150.4%
2012	1,829	+14.8%	08/15/12	1,427,028	704,077	49.3%	67.3%

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	25.4%
B. General Expense	6.0%
C. Taxes, Licenses & Fees	3.1%
D. Underwriting Profit & Contingencies	4.7%
E. Other (explain)	0.7% (Reinsurance)
F. TOTAL	39.9%

- 8.** _____ Apply Loss Cost Factors to Future filings? (Y or N)
- 9.** 19.2 Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____
- 10.** 16.2 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

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

1.	This filing transmittal is part of Company Tracking #	AR-HO-2013-02
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	
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Company Name		Company NAIC Number	
3.	A. Union Insurance Company	B.	062-21423

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

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Homeowners	16.3%	3.2%					
TOTAL OVERALL EFFECT							

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
2008	75	-19.8%	10/01/08	37,419	74,334	198.7%	100.1%
2009	306			123,772	143,960	116.3%	90.5%
2010	808			415,493	275,023	66.2%	117.4%
2011	1,354	+10.4%	08/15/11	850,608	1,299,788	152.8%	1113.0%
2012	1,428	+14.9%	08/15/12	1,161,712	651,394	56.1%	76.0%

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	25.4%
B. General Expense	6.0%
C. Taxes, Licenses & Fees	3.1%
D. Underwriting Profit & Contingencies	4.7%
E. Other (explain)	0.7%
F. TOTAL	39.9%

- 8.** _____ Apply Loss Cost Factors to Future filings? (Y or N)
- 9.** 17.6 Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____
- 10.** 30.6 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

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

1.	This filing transmittal is part of Company Tracking #	AR-HO-2013-02
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	
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Company Name		Company NAIC Number	
3.	A. Employers Mutual Casualty Company	B.	062-21415

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

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Homeowners	16.3%	7.0%					
TOTAL OVERALL EFFECT							

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
2008	226	-0.3%	10/01/08	237,060	356,589	150.4%	86.5%
2009	225			212,521	104,680	49.3%	64.5%
2010	248			224,249	98,142	43.8%	55.2%
2011	286	+10.8%	08/15/11	259,381	132,675	51.2%	113.0%
2012	294	+15.0%	08/15/12	295,626	35,750	12.1%	76.0%

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	25.4%
B. General Expense	6.0%
C. Taxes, Licenses & Fees	3.1%
D. Underwriting Profit & Contingencies	4.7%
E. Other (explain)	0.7% (Reinsurance)
F. TOTAL	39.9%

- 8.** _____ Apply Loss Cost Factors to Future filings? (Y or N)
- 9.** 19.2 Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____
- 10.** 28.8 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

ARKANSAS HOMEOWNERS

EMC INSURANCE COMPANIES

SUPPORTING INFORMATION

1. Explain the type of loss information utilized in this rate filing. Specify whether the data reflects a calendar period, accident period, or policy period.

Accident year data evaluated as of 3/31/13 was used in this filing.

2. If the methods used in this filing differ from those used in the insurer's last rate filing for this coverage in Arkansas, or if the Arkansas methods differ from those used countrywide, attach an explanation of the difference.

In developing losses in our indications, we continued to use a Catastrophe procedure. These are consistent with countrywide indication procedure.

3. Explain any adjustments for large or catastrophic losses that were made in the statistical information on losses.

We made one adjustment for large losses in 2010. We removed \$414,020 of a \$664,020 loss. A catastrophe loading of 2.400 was selected based upon statewide data.

4. Display the calculation of the estimate of investment income on net unearned premiums and loss reserves.

See attached "Estimated Investment Earnings on Unearned Premium and Loss Reserves" exhibit.

5. Display the calculation of any loading or contingency factor that is used in this filing.

See attached "Development of Permissible Loss & Loss Adjustment Expense Ratio" exhibit.

6. Display underwriting expenses. State procedures used in the filing to recognize the distinction between expenses that vary directly with losses, and expenses such as general expenses, that do not vary.

We have assumed that loss adjustment expenses vary directly with losses and all other expenses vary directly with premium.

ARKANSAS HOMEOWNERS

EMC INSURANCE COMPANIES

SUPPORTING INFORMATION (CONT.)

7. State steps taken to control losses for the coverage included in this filing.

(1) We maintain and periodically update underwriting guidelines while monitoring and adjusting the book of business according to these guidelines. (2) We monitor and maintain an acceptable mix of new to renewal business. (3) Homeowners' loss critiques are prepared in the Underwriting department to provide us with information about the larger losses that we incur. We review basic policyholder information, loss details, coverage and limits, dwelling information, estimated property valuation, inspection information and whether any special hazards were involved in the loss. This information is reviewed to determine what action needs to be taken on individual files. (4) We offer premium credits for approved and properly maintained protective devices. (5) Wood stove inspections are made to determine proper installation. We also require completion of a questionnaire and a photo of the stove.

8. Explain any adjustments made by the trending components of the filing. If significant trends within this State are utilized, a narrative describing the basis of the trend must be included.

The premium trend used was based on an exponential regression curve fit to ISO's average policy size in Arkansas. The loss trend selected was based on judgment with consideration given to ISO data for Arkansas & Countrywide.

9. The determination of the weighting of credibility assigned to Arkansas must be fully explained.

See attached "Credibility-weighted Indication" exhibit.

10. If common classes are grouped together for rate making purposes because the data for one particular class is not credible either for Arkansas or countrywide, all class codes utilized in developing credibility must be stated with Arkansas experience for each class affected shown separately.

No grouping was done.

**ARKANSAS
HOMEOWNERS
EMC INSURANCE COMPANIES**
Experience

Company	Year	Written Premium	Earned Premium	Cal Year Incurred Losses	Acc Year Incurred Loss	Cal Year I/E Loss Ratio	Acc Year I/E Loss Ratio
Employers Mutual Casualty Company	2008	220,108	237,060	392,561	356,589	165.6%	150.4%
	2009	212,401	212,521	72,187	104,680	34.0%	49.3%
	2010	244,826	224,249	96,417	98,142	43.0%	43.8%
	2011	281,201	259,381	129,302	132,675	49.9%	51.2%
	2012	317,752	295,626	49,536	35,750	16.8%	12.1%
	Total	1,276,288	1,228,837	740,003	727,836	60.2%	59.2%
EMCASCO Insurance Company	2008	646,155	719,958	2,303,735	2,289,537	320.0%	318.0%
	2009	659,556	619,594	597,306	602,916	96.4%	97.3%
	2010	990,482	830,904	1,081,367	1,085,264	130.1%	130.6%
	2011	1,322,569	1,173,510	1,728,076	1,850,939	147.3%	157.7%
	2012	1,528,157	1,427,028	801,475	704,077	56.2%	49.3%
	Total	5,146,919	4,770,994	6,511,959	6,532,733	136.5%	136.9%
Union Insurance Company	2008	58,398	37,419	72,660	74,334	194.2%	198.7%
	2009	225,177	123,772	105,110	143,960	84.9%	116.3%
	2010	608,668	415,493	326,545	275,023	78.6%	66.2%
	2011	1,063,554	850,608	1,257,333	1,299,788	147.8%	152.8%
	2012	1,242,309	1,161,712	661,076	651,394	56.9%	56.1%
	Total	3,198,106	2,589,004	2,422,724	2,444,499	93.6%	94.4%
All Companies Combined	2008	924,661	994,437	2,768,956	2,720,460	278.4%	273.6%
	2009	1,097,134	955,887	774,603	851,556	81.0%	89.1%
	2010	1,843,976	1,470,646	1,504,329	1,458,429	102.3%	99.2%
	2011	2,667,324	2,283,499	3,114,711	3,283,401	136.4%	143.8%
	2012	3,088,218	2,884,366	1,512,087	1,391,221	52.4%	48.2%
	Total	9,621,313	8,588,835	9,674,686	9,705,068	112.6%	113.0%

**ARKANSAS
HOMEOWNERS**

EMC INSURANCE COMPANIES

ESTIMATED INVESTMENT EARNINGS ON UNEARNED PREMIUM AND LOSS RESERVES

A. <u>UNEARNED PREMIUM RESERVE</u>	
1. Direct Earned Premium for Calendar Year Ended December 31, 2011	\$2,283,499
2. Countrywide Ratio of Mean Unearned Premium Reserve to Earned Premium	55.3%
3. Estimated Mean Unearned Premium Reserve for Arkansas (line A.1 × line A.2)	\$1,262,775
4. Percentage Total of Prepaid Expense	
a. Commission & Brokerage	16.9%
b. Taxes, Licenses & Fees	3.1%
c. 100% of Other Acquisition Cost	8.5%
d. 50% of General Expense	3.0%
e. 50% of Reinsurance Expense	0.4%
f. Total	31.9%
5. Federal Income Tax Payable on Unearned Reserve	7.0%
6. Dollar Total of Prepaid Expense & Federal Income Tax on Unearned Reserve [(line 3 × (line 4f + line 5))]	\$491,219
7. Subject to Investment (line 3 - line 6)	\$771,556
B. <u>DELAYED REMISSION OF PREMIUMS</u>	
1. Mean Agents' Balances (Annual Statement, page 2, line 9)	\$348,620,904
2. Countrywide Earned Premium (Annual Statement, page 4, line 1)	\$1,173,843,235
3. Delayed Remission of Premium for Arkansas [(line B.1 ÷ line B.2) × A.1]	\$678,199
C. <u>EXPECTED LOSS & LOSS ADJUSTMENT RESERVE</u>	
1. Direct Earned Premium (line A.1) × (Expected Loss & Loss Adjustment Ratio)	\$2,283,499 0.601
2. Expected Incurred Loss & Loss Adjustment × (Countrywide Reserve to Incurred Ratio, Adjusted for Federal Income Tax Payable on Loss & LAE Reserves)	\$1,372,383 0.309
3. Adjusted Expected Loss & Loss Adjustment Reserve for Arkansas	\$424,066
D. <u>NET SUBJECT TO INVESTMENT</u>	\$517,423
(line A.7 - line B.3 + line C.3)	
E. <u>AVERAGE RATE OF RETURN ON INVESTED ASSETS (AFTER TAX)</u>	3.6%
F. <u>INVESTMENT EARNINGS ON NET SUBJECT TO INVESTMENT</u>	\$18,627
G. <u>RATIO OF INVESTMENT EARNINGS TO EARNED PREMIUM</u>	0.8%
(line F ÷ line A.1)	

ARKANSAS HOMEOWNERS

EMC INSURANCE COMPANIES

DEVELOPMENT OF PERMISSIBLE LOSS & LOSS ADJUSTMENT EXPENSE RATIO

We believe a 12.5% return on equity after federal income taxes is reasonable. We have assigned statutory surplus to line of business on the basis of premium plus loss and loss adjustment expense reserves. The resulting premium to statutory surplus ratios by line of business are then adjusted to achieve an overall all-lines premium to statutory surplus ratio of approximately 1.75 to 1. With this methodology, the selected premium to statutory surplus ratio for this line is 2.60, which translates into a 2.311 premium to equity (GAAP) ratio. The 0.8% investment income on premium is a 1.8% return on equity after federal taxes. Based on an average after tax investment yield we earn an additional 3.6% return on equity. The difference of 0.071 (0.125-0.018-0.036) is the necessary after tax return on equity required from underwriting. The federal tax rate on underwriting profit is 35%, resulting in an underwriting profit loading of 0.047 $[(0.071/2.311)/0.65]$. Shown below is the development of the permissible loss and loss adjustment expense ratio.

<u>ITEM</u>	<u>Selected Provision</u>
Commission & Brokerage	16.9%
Other Acquisition	8.5% *
General Expense	6.0% *
Premium Taxes	3.0%
Misc. Taxes, Licenses & Fees	0.1% *
Reinsurance Expense	0.7%
Profit & Contingencies	4.7%
TOTAL	39.9%
	100.0%
	- 39.9%
Permissible Loss & Loss Adjustment Expense Ratio	60.1%
 Expense Indicated Loss Cost Multiplier	 1.66

* Based on study of I.E.E. for 2009-2011

**ARKANSAS
HOMEOWNERS**

EMC INSURANCE COMPANIES

EXPENSE PROVISIONS

	<u>% of Earned Premium (I.E.E.)</u>			<u>3-year Average</u>	<u>Selected Provision</u>	
	<u>2009</u>	<u>2010</u>	<u>2011</u>			
Other Acquisition	8.6%	8.7%	8.4%	8.6%	8.5%	
General Expense	6.5%	6.2%	5.7%	6.1%	6.0%	
Misc. Taxes, Licenses, & Fees	0.0%	0.1%	0.0%	0.1%	0.1%	
Premium Taxes	--	--	--	--	3.0%	*
Commissions	--	--	--	--	16.9%	**
Profit & Contingencies	--	--	--	--	4.7%	***
Reinsurance	--	--	--	--	0.7%	****
LAE (% of incurred losses)	17.0%	17.7%	14.9%	16.5%	16.5%	

* Arkansas Provision

** Budgeted percentage for Arkansas

*** The profit provision has been selected with consideration given to investment income.

**** Explanation of Reinsurance Cost Allocation

Property Excess of Loss (Catastrophe) Treaties

The allocation for Property Excess of Loss treaties is based on Eric Huls' paper titled *Using a Simulation Model to Incorporate the Cost of Catastrophe Excess Reinsurance into the Property Rate Level Indication Using the Net Cost of Reinsurance Method* found in the Casualty Actuarial Society *Forum*, Fall 2005.

The premiums for catastrophe reinsurance treaties are comprised of two basic costs: the expected ceded losses due to a catastrophe and the costs charged by the reinsurer to provide the reinsurance. Huls refers to the latter cost as the Net Cost of Reinsurance. Using RiskLink, a catastrophe model developed by Risk Management Solutions, Inc., and a recent EMC exposure distribution, the estimated ceded catastrophe losses were calculated for each treaty layer for the perils of Earthquake, Hurricane, and Tornado/Hail. These modeled ceded losses were then removed from the anticipated treaty premiums to get the estimated net cost of reinsurance. The net cost of reinsurance was then distributed to each state/line/peril combination proportionally based on modeled losses. This cost is then divided by the latest year's earned premium and this percentage is then included as an expense in the Loss Ratio calculation. The allocated reinsurance cost percent for Arkansas homeowners is 0.7%.

**ARKANSAS
HOMEOWNERS
EMC INSURANCE COMPANIES**

INDICATIONS DATA

I. Effective Date

Assumed effective date: 10/1/2013
 Premium projected to: 4/1/2014
 Losses projected to: 10/1/2014

II. Current Level Earned Premium Factors

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
	1.082	1.219	1.275	1.258	1.158

III. Premium Trend and Premium Projection Factors

Annual Premium Trend: 4.5%

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Prem Proj Factors:	1.317	1.260	1.206	1.154	1.104
Years Projected:	6.250	5.250	4.250	3.250	2.250

IV. Loss Development Factors (Countrywide)

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Evaluated @ 3/31/2013	0.997	0.996	0.997	0.988	0.978

V. Loss Adjustment Expense Loading

16.5%

VI. Loss Trend and Loss Projection Factors

Annual Loss Trend: 5.5%

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Loss Proj Factors:	1.397	1.325	1.256	1.190	1.128
Years Projected:	6.250	5.250	4.250	3.250	2.250

V. Permissible Loss and Loss Adjustment Expense Ratio

60.1%

**ARKANSAS
HOMEOWNERS
EMC INSURANCE COMPANIES**

RATE LEVEL INDICATIONS

<u>Year</u>	<u>(1) Calendar Year Earned Premium</u>	<u>(2) Current Level Earned Premium</u>	<u>(3) Projected Cur. Level Earned Premium</u>	<u>(4) Accident Year Incurred Losses</u>	<u>(5) Adjusted Incurred Losses¹</u>	<u>(6) Developed Incurred Losses</u>	<u>(7) Incurred Losses & Loss Adj. Expense</u>	<u>(8) Projected Losses & Loss Adj. Expense</u>	<u>(9) Projected Loss Ratio</u>	<u>(10) Permissible Loss Ratio</u>	<u>(11) Rate Level Indication</u>	<u>(12) Credibility- Weighted Indication</u>
2008	994,437	1,075,981	1,417,067	2,720,460	601,183	599,380	698,278	975,494	0.688	0.601	14.5%	
2009	955,887	1,165,226	1,468,185	851,556	521,888	519,800	605,567	802,376	0.547	0.601	-9.0%	
2010	1,470,646	1,875,074	2,261,339	1,458,429	1,478,385	1,473,950	1,717,152	2,156,743	0.954	0.601	58.7%	
2011	2,283,499	2,872,642	3,315,029	3,283,401	1,606,304	1,587,028	1,848,888	2,200,176	0.664	0.601	10.5%	
2012	2,884,366	3,340,095	3,687,465	1,381,582	1,813,938	1,774,031	2,066,746	2,331,290	0.632	0.601	5.2%	
Total	8,588,835	10,329,018	12,149,085	9,695,429	6,021,698	5,954,189	6,936,630	8,466,079	0.697	0.601	16.0%	16.3%

¹ Includes the following large loss adjustments:

2008	\$0
2009	\$0
2010	\$414,020
2011	\$0
2012	\$0

¹ Includes the following catastrophe adjustments:

2008	\$2,469,967	
2009	\$634,103	Catastrophe loading factor: 2.400
2010	\$428,415	
2011	\$2,614,108	
2012	\$625,774	

**ARKANSAS
HOMEOWNERS
EMC INSURANCE COMPANIES**

RATE LEVEL INDICATIONS EXPLANATORY NOTES

COLUMN (1): Direct Earned Premium for Arkansas.

COLUMN (2): Current Level Earned Premium for Arkansas.

COLUMN (3): Projected Current Level Earned Premium

The homeowners earned premiums were further adjusted to include annual average rate trends. The trend projects premium from the midpoint of the year to the average date of writing (6 months past the anticipated effective date.)

Average Date of Writing: 4/1/2014

Anticipated Effective Date: 10/1/2013

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Prem Proj Factor:	1.317	1.260	1.206	1.154	1.104
Years Projected:	6.250	5.250	4.250	3.250	2.250

Trend Factor = $[1 + (\text{Trend} \div 100)]^n$, where n = number of years projected

COLUMN (4): Accident Year Incurred Losses

COLUMN (5): Adjusted Incurred Losses

Large Losses

<u>Year</u>	<u>Adjustment</u>
2008	\$0
2009	\$0
2010	\$414,020
2011	\$0
2012	\$0

Catastrophe Losses

<u>Year</u>	<u>Adjustment</u>
2008	\$2,469,967
2009	\$634,103
2010	\$428,415
2011	\$2,614,108
2012	\$625,774

Selected Catastrophe Loading Factor:

2.400

COLUMN (6): Developed Incurred Losses

Development factors are applied to adjusted incurred losses, which are evaluated from accident year data as of 03/31/2013 and are based on countrywide data.

COLUMN (7): Incurred Losses & Loss Adjustment Expense

The factors used to adjust the incurred losses to include all loss adjustment expense were developed using 2009-2011 companywide data.

Loss Adjustment Expense Load: 16.5%

**ARKANSAS
HOMEOWNERS
EMC INSURANCE COMPANIES**

RATE LEVEL INDICATIONS EXPLANATORY NOTES

COLUMN (8): Projected Losses & Loss Adjustment Expense
The loss projection factors project losses from the midpoint of the year to the average date of loss (12 months past the anticipated effective date.)

Average Date of Loss: 10/1/2014
Anticipated Effective Date: 10/1/2013

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Loss Proj Factor:	1.397	1.325	1.256	1.190	1.128
Years Projected:	6.250	5.250	4.250	3.250	2.250

Trend Factor = $[1 + (\text{Trend} \div 100)]^n$, where n = number of years projected

COLUMN (9): Projected Loss Ratio
Projected Loss Ratio = Column (8) ÷ Column (3)

COLUMN (10): Permissible Loss Ratio
Percentage of premium necessary for payment of all losses and loss adjustment expenses based on analysis of all other expense provisions.

COLUMN (11): Rate Level Indication
Rate Level Indication = $\{[\text{Column (9)} \div \text{Column (10)}] - 1.00\} \times 100\%$

COLUMN (12): Credibility-Weighted Indication

**ARKANSAS
HOMEOWNERS**

EMC INSURANCE COMPANIES

CREDIBILITY-WEIGHTED INDICATIONS

Partial credibility is determined by the standard square root rule,
defined as:

$$\text{CREDIBILITY} = \text{SQRT}(n/k),$$

where n is the actual number or earned exposures in the experience
period and k is the number of earned exposures at the full credibility
standard of 240,000.

CALCULATION OF CREDIBILITY-WEIGHTED INDICATION

Earned exposures for 1/1/08 through 12/31/12	10,251
Credibility based on the formula: $\text{SQRT}(n/k)$	0.207
Selected Credibility	0.207
Statewide Experienced-Based Indication	16.0%
Countrywide Experience-Based Indication	16.4%
Credibility-weighted indication: [0.160(0.207) + 0.164(1-0.207)]	16.3%

**ARKANSAS
HOMEOWNERS
EMC INSURANCE COMPANIES**

EMCASCO INSURANCE COMPANY

	<u>Form 3 Base Rates</u>		<u>Form 4 Base Rates</u>		<u>Form 6 Base Rates</u>	
	\$100,000; \$500 Ded		\$25,000; \$250 Ded		\$25,000; \$250 Ded	
	P/C: Frame 5		P/C: Frame 5		P/C: Frame 5	
	Cov. E: \$100,000		Cov. E: \$100,000		Cov. E: \$100,000	
	Cov. F: \$1,000		Cov. F: \$1,000		Cov. F: \$1,000	
<u>TERR</u>	<u>CURRENT</u>	<u>REVISED</u>	<u>CURRENT</u>	<u>REVISED</u>	<u>CURRENT</u>	<u>REVISED</u>
30	1478	1589	269	NC	214	NC
31	1478	1589	269	NC	214	NC
32	1399	1504	269	NC	214	NC
72	1066	1146	269	NC	214	NC
73	1596	1715	269	NC	214	NC
81	1372	1475	269	NC	214	NC
82	1066	1146	269	NC	214	NC

**ARKANSAS
HOMEOWNERS**

EMC INSURANCE COMPANIES

FORMS 3 & 5 DEDUCTIBLE RELATIVITIES

<u>DEDUCTIBLE</u>	<u>CURRENT</u>	<u>REVISED</u>
\$500 Flat	1.00	N.C.
\$500 Flat/ \$1,000 Wind or Hail	0.96	N.C.
\$500 Flat/ \$1,500 Wind or Hail	---	0.93
\$500 Flat/ \$2,500 Wind or Hail	0.90	0.86
\$500 Flat/ 1% Wind or Hail	0.99	0.89
\$500 Flat/ 2% Wind or Hail	0.97	0.78
\$500 Flat/ 5% Wind or Hail	0.91	0.57
\$1,000 Flat	0.87	0.92
\$1,000 Flat/ \$1,500 Wind or Hail	---	0.89
\$1,000 Flat/ \$2,500 Wind or Hail	0.82	0.83
\$1,000 Flat/ \$5,000 Wind or Hail	---	0.71
\$1,000 Flat/ 1% Wind or Hail	0.85	0.86
\$1,000 Flat/ 2% Wind or Hail	0.81	0.75
\$1,000 Flat/ 5% Wind or Hail	0.79	0.54
\$1,500 Flat	---	0.86
\$1,500 Flat/ \$2,500 Wind or Hail	---	0.80
\$1,500 Flat/ \$5,000 Wind or Hail	---	0.68
\$1,500 Flat/ 1% Wind or Hail	---	0.83
\$1,500 Flat/ 2% Wind or Hail	---	0.72
\$1,500 Flat/ 5% Wind or Hail	---	0.51
\$2,500 Flat	0.70	0.76
\$2,500 Flat/ \$5,000 Wind or Hail	0.66	0.64
\$2,500 Flat/ 2% Wind or Hail	0.69	0.68
\$2,500 Flat/ 5% Wind or Hail	0.65	0.47
\$5,000 Flat	0.60	0.58

**ARKANSAS
HOMEOWNERS**

EMC INSURANCE COMPANIES

RULE 411 - NEW OR RENOVATED DWELLING COMPONENT DISCOUNTS

<u>AGE OF COMPONENTS</u>	<u>CURRENT AGE OF RENOVATED ADJUSTMENT</u>					<u>REVISED AGE OF RENOVATED ADJUSTMENT</u>					
	<u>WIRING</u>	<u>PLUMBING</u>	<u>ROOF</u>	<u>HEATING & COOLING</u>	<u>CURRENT AGE OF HOME ADJUSTMENT</u>	<u>WIRING</u>	<u>PLUMBING</u>	<u>ROOF^{1,2}</u>	<u>HEATING & COOLING</u>	<u>REVISED AGE OF HOME ADJUSTMENT</u>	<u>REVISED AGE OF HOME ADJUSTMENT RATE IMPACT</u>
CURRENT CALENDAR YEAR	6.5%	6.0%	6.5%	6.0%	25.0%	5.8%	5.8%	12.5%	5.8%	29.8%	-6.4%
1ST PRECEDING	6.5%	6.0%	6.5%	6.0%	25.0%	5.8%	5.8%	12.4%	5.8%	29.7%	-6.3%
2ND PRECEDING	6.5%	6.0%	6.5%	6.0%	25.0%	5.8%	5.8%	12.3%	5.8%	29.6%	-6.2%
3RD PRECEDING	5.5%	5.0%	5.5%	5.0%	21.0%	5.8%	5.8%	11.6%	5.8%	29.0%	-10.1%
4TH PRECEDING	4.5%	4.0%	4.5%	4.0%	17.0%	5.6%	5.6%	10.7%	5.6%	27.3%	-12.4%
5TH PRECEDING	3.5%	3.0%	3.5%	3.0%	13.0%	5.3%	5.3%	9.5%	5.3%	25.2%	-14.0%
6TH PRECEDING	2.5%	2.5%	2.5%	2.5%	10.0%	5.0%	5.0%	8.1%	5.0%	23.2%	-14.6%
7TH PRECEDING	2.0%	2.0%	2.0%	2.0%	8.0%	4.6%	4.6%	6.8%	4.6%	20.6%	-13.6%
8TH PRECEDING	15.0%	1.5%	1.5%	1.5%	19.5%	4.4%	4.4%	5.5%	4.4%	18.5%	1.2%
9TH PRECEDING	1.0%	1.0%	1.0%	1.0%	4.0%	4.0%	4.0%	4.1%	4.0%	16.1%	-12.6%
10TH PRECEDING	0.5%	0.5%	0.5%	0.5%	2.0%	3.7%	3.7%	2.8%	3.7%	13.8%	-12.0%
11th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%	3.2%	1.6%	3.2%	11.3%	-11.3%
12th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	2.9%	2.9%	0.8%	2.9%	9.3%	-9.3%
13th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	2.6%	2.6%	0.2%	2.6%	8.1%	-8.1%
14th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	2.3%	2.3%	0.1%	2.3%	6.8%	-6.8%
15th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%	1.9%	0.0%	1.9%	5.6%	-5.6%
16th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	1.7%	1.7%	0.0%	1.7%	5.0%	-5.0%
17th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	1.4%	0.0%	1.4%	4.1%	-4.1%
18th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	1.1%	0.0%	1.1%	3.2%	-3.2%
19th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	0.8%	0.0%	0.8%	2.3%	-2.3%
20th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.5%	0.0%	0.5%	1.6%	-1.6%
21st PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.3%	0.0%	0.3%	0.9%	-0.9%
22nd PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%	0.0%	0.2%	0.5%	-0.4%
23rd PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.1%	0.2%	-0.2%

¹ Qualifying roof types (i.e. other than asphalt/fiberglass/wood shingles) will have the new roof discount of 12.5% applied regardless of actual roof age.

² Policies in which the age of roof has not been verified will be rated (i.e. discounted) as verified if the roof age in the system implies a discount should be granted.

Rate Review Test: Home - ARKANSAS
All Companies Combined
Summary of Changes

Form	Policy Count	%Total	Annual Written Premium		\$ Effect	%Change
			Current	Revised		
HO 3	3,235	91.5%	3,219,629.00	3,384,322.00	164,693.00	5.1%
HO 5	124	3.5%	150,434.00	155,596.00	5,162.00	3.4%
Subtotal	3,359	95.0%	3,370,063.00	3,539,918.00	169,855.00	5.0%
HO 4	146	4.1%	37,311.00	37,311.00	0.00	0.0%
HO 6	31	0.9%	14,849.00	14,849.00	0.00	0.0%
Total	3,536	100.0%	3,422,223.00	3,592,078.00	169,855.00	5.0%

Rate Review Test: Home - ARKANSAS
Employers Mutual Casualty Company
Summary of Changes

Form	Policy Count	%Total	Annual Written Premium		\$ Effect	%Change
			Current	Revised		
HO 3	278	7.9%	339,951.00	364,324.00	24,373.00	7.2%
HO 5	1	0.0%	526.00	586.00	60.00	11.4%
Subtotal	279	7.9%	340,477.00	364,910.00	24,433.00	7.2%
HO 4	21	0.6%	6,398.00	6,398.00	0.00	0.0%
HO 6	2	0.1%	1,108.00	1,108.00	0.00	0.0%
Total	302	8.5%	347,983.00	372,416.00	24,433.00	7.0%

Rate Review Test: Home - ARKANSAS
EMCASCO Insurance Company
Summary of Changes

Form	Policy Count	%Total	Annual Written Premium		\$ Effect	%Change
			Current	Revised		
HO 3	1,667	47.1%	1,595,380.00	1,693,391.00	98,011.00	6.1%
HO 5	24	0.7%	31,472.00	33,258.00	1,786.00	5.7%
Subtotal	1,691	47.8%	1,626,852.00	1,726,649.00	99,797.00	6.1%
HO 4	125	3.5%	30,913.00	30,913.00	0.00	0.0%
HO 6	10	0.3%	4,546.00	4,546.00	0.00	0.0%
Total	1,826	51.6%	1,662,311.00	1,762,108.00	99,797.00	6.0%

Rate Review Test: Home - ARKANSAS
 Union Insurance Company of Providence
 Summary of Changes

Form	Policy Count	%Total	Annual Written Premium		\$ Effect	%Change
			Current	Revised		
HO 3	1,290	36.5%	1,284,298.00	1,326,607.00	42,309.00	3.3%
HO 5	99	2.8%	118,436.00	121,752.00	3,316.00	2.8%
Subtotal	1,389	39.3%	1,402,734.00	1,448,359.00	45,625.00	3.3%
HO 4	0	0.0%	0.00	0.00	0.00	0.0%
HO 6	19	0.5%	9,195.00	9,195.00	0.00	0.0%
Total	1,408	39.8%	1,411,929.00	1,457,554.00	45,625.00	3.2%

November 5, 2013

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third St.
Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415
EMCASCO INSURANCE COMPANY – 062-21417
UNION INSURANCE COMPANY OF PROVIDENCE – 062-21423
Homeowners Program
Rate and Rule Revision
Company File # AR-HO-2013-02
Amended Effective January 15, 2014

In response to the objection letter dated October 21, 2013, we have made several changes to our Arkansas Homeowners filing. The changes are outlined below:

- Removed proposed changes to our insurance score discounts
- Removed proposed increases to our water backup rates (Rule 521)
- Revised proposed factors for new and renovated dwelling (Rule 411)
- Revised proposed deductible factors – specifically \$2,500 All Peril factor (Rule 406)
- Revised proposed base rates by territory

As a result of these changes, no policyholder will see an increase greater than 20%. Our overall percent change previously requested was a combined change of 14.9%, and is now 8.5%. We are primarily a Midwestern carrier. As such, EMC Insurance is committed to providing quality insurance products in Arkansas.

Also at this time, we are amending our requested effective date to **January 15, 2014**.

The following exhibits have been amended:

- Current and revised base rates by territory – EMCC and Union will continue to be rated at 160% and 75% of EMCASCO, respectively
- Current and revised HO-3 and HO-5 deductible relativities (Rule 406) – note that writing new or renewal business below \$1,500 Flat is not anticipated at this time.
- Current and revised new and renovated dwelling component credits (Rule 411)
- Summary of Changes

Amended filing forms, exhibits, and manual pages HO-1 – HO-3A, HO-6 – HO-7, HO-21 – HO-22, HO-26, HO-R-5 – HO-R-30, HO-T-1 – HO-T-5 (marked up and final) are attached; these pages replace the manual pages previously filed.

We respectfully request your acknowledgment of this filing, to be applicable to policies effective on or after January 15, 2014. Thank you.

Jo L. Byers, Filings Analyst
Rates and Forms Compliance Dept.
(800) 247-2128 Ext. 2707
jo.l.byers@emcins.com

RATE/RULE FILING SCHEDULE

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

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

1.	This filing transmittal is part of Company Tracking #	
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

Rate Increase Rate Decrease Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
EMCC	16.3%	+7.0%	+24,433	302	347,983	19.2%	-28.8%
EMCASCO	16.3%	+6.0%	+99,797	1,826	1,662,311	19.2%	-16.2%
Union	16.3%	+3.2%	+45,625	1,408	1,411,929	17.6%	-30.6%

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

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	+16.3%	
5b.	Overall percentage rate impact for this filing	+5.0%	
5c.	Effect of Rate Filing – Written premium change for this program	+169,855	
5d.	Effect of Rate Filing – Number of policyholders affected	3,536	

6.	Overall percentage of last rate revision	14.9%
7.	Effective Date of last rate revision	8/15/12
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

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

State: Arkansas

First Filing Company: EMCASCO Insurance Company, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name: Homeowners

Project Name/Number: /

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 Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/05/2013		Supporting Document	HPCS-Homeowners Premium Comparison Survey	11/19/2013	rff_AMENDED HO13 HPCS-EMCC.pdf (Superseded) rff_AMENDED HPCS-EMCASCO.pdf (Superseded) rff_AMENDED HPCS-UNION.pdf (Superseded) rff_AMENDED HPCS-EMCASCO.xlsx (Superseded) rff_AMENDED HPCS-EMCC.xls (Superseded) rff_AMENDED HPCS-UNION.xlsx (Superseded)
11/05/2013		Supporting Document	NAIC loss cost data entry document	11/19/2013	rff_AMENDED- RateFilingAbstract-EMCASCO.pdf (Superseded) rff_AMENDED-RateFilingAbstract-EMCC.pdf (Superseded) rff_AMENDED-RateFilingAbstract-UNION.pdf (Superseded)
11/05/2013		Supporting Document	Exhibits	11/19/2013	rff_SUPPORTING INFO.pdf act_amended base rates by territory.pdf (Superseded) act_amended deductible relativities.pdf (Superseded) act_amended dwelling component credits.pdf (Superseded) act_amended summary of changes.pdf (Superseded) act_exhibits_011514.pdf
11/05/2013		Rate	manual pages	11/19/2013	Amd_agency_011514.pdf (Superseded) mark_agency_011514.pdf (Superseded)
10/15/2013		Rate	manual pages	11/05/2013	subm_agency.pdf (Superseded) mark_agency.pdf (Superseded) AMD_AGENCY.pdf (Superseded) MARK_AGENCY Revised.pdf (Superseded)

State: Arkansas

First Filing Company: EMCASCO Insurance Company, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0003 Owner Occupied Homeowners

Product Name: Homeowners

Project Name/Number: /

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/15/2013		Supporting Document	Exhibits	11/05/2013	act_exhibits.pdf (Superceded) rff_SUPPORTING INFO.pdf RFF_Obj 1 Response - Rule 521-2.pdf (Superceded) RFF_Obj 2 Response - Cat Load-2.pdf (Superceded)
10/01/2013		Rate	manual pages	10/15/2013	subm_agency.pdf mark_agency.pdf
10/01/2013		Supporting Document	Exhibits	10/15/2013	act_exhibits.pdf rff_SUPPORTING INFO.pdf
10/01/2013		Supporting Document	HPCS-Homeowners Premium Comparison Survey	11/05/2013	rff_HPCS-EMCASCO.pdf (Superceded) rff_HPCS-EMCASCO.xlsx (Superceded) rff_HPCS-EMCC.pdf (Superceded) rff_HPCS-EMCC.xls (Superceded) rff_HPCS-UNION.pdf (Superceded) rff_HPCS-UNION.xlsx (Superceded)
10/01/2013		Supporting Document	NAIC loss cost data entry document	11/05/2013	rff_RateFilingAbstract-EMCASCO.pdf (Superceded) rff_RateFilingAbstract-EMCC.pdf (Superceded) rff_RateFilingAbstract-Union.pdf (Superceded)

NAIC Number: 062-21415
 Company Name: Employers Mutual Casualty Company
 Contact Person: Jo L. Byers
 Telephone No.: 800-247-2128 ext 2707
 Email Address: jo.l.byers@emcins.com
 Effective Date: 1/15/2014

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

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

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

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

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$1,403.00	\$1,555.00	\$1,403.00	\$1,555.00	\$1,323.00	\$1,466.00	\$1,323.00	\$1,466.00	\$1,810.00	\$2,006.00	\$1,810.00	\$2,006.00	\$1,810.00	\$2,006.00	\$1,403.00	\$1,555.00	\$1,952	\$2,163.00
	\$120,000	\$1,975.00	\$2,190.00	\$1,975.00	\$2,190.00	\$1,862.00	\$2,064.00	\$1,862.00	\$2,064.00	\$2,548.00	\$2,824.00	\$2,548.00	\$2,824.00	\$2,548.00	\$2,824.00	\$1,975.00	\$2,190.00	\$2,747.00	\$3,045.00
	\$160,000	\$2,544.00	\$2,820.00	\$2,544.00	\$2,820.00	\$2,399.00	\$2,659.00	\$2,399.00	\$2,659.00	\$3,282.00	\$3,638.00	\$3,282.00	\$3,638.00	\$3,282.00	\$3,638.00	\$2,544.00	\$2,820.00	\$3,539.00	\$3,922.00
6	\$80,000	\$1,539.00	\$1,775.00	\$1,539.00	\$1,775.00	\$1,451.00	\$1,674.00	\$1,451.00	\$1,674.00	\$1,985.00	\$2,290.00	\$1,985.00	\$2,290.00	\$1,985.00	\$2,290.00	\$1,539.00	\$1,775.00	\$2,140.00	\$2,469.00
	\$120,000	\$2,166.00	\$2,499.00	\$2,166.00	\$2,499.00	\$2,042.00	\$2,356.00	\$2,042.00	\$2,356.00	\$2,794.00	\$3,224.00	\$2,794.00	\$3,224.00	\$2,794.00	\$3,224.00	\$2,166.00	\$2,499.00	\$3,012.00	\$3,476.00
	\$160,000	\$2,790.00	\$3,219.00	\$2,790.00	\$3,219.00	\$2,630.00	\$3,034.00	\$2,630.00	\$3,034.00	\$3,598.00	\$4,152.00	\$3,598.00	\$4,152.00	\$3,598.00	\$4,152.00	\$2,790.00	\$3,219.00	\$3,880.00	\$4,476.00
9	\$80,000	\$3,720.00	\$4,227.00	\$3,720.00	\$4,227.00	\$3,507.00	\$3,985.00	\$3,507.00	\$3,985.00	\$4,798.00	\$5,452.00	\$4,798.00	\$5,452.00	\$4,798.00	\$5,452.00	\$3,720.00	\$4,227.00	\$5,173.00	\$5,879.00
	\$120,000	\$5,236.00	\$5,950.00	\$5,236.00	\$5,950.00	\$4,936.00	\$5,609.00	\$4,936.00	\$5,609.00	\$6,754.00	\$7,675.00	\$6,754.00	\$7,675.00	\$6,754.00	\$7,675.00	\$5,236.00	\$5,950.00	\$7,282.00	\$8,275.00
	\$160,000	\$6,744.00	\$7,664.00	\$6,744.00	\$7,664.00	\$6,358.00	\$7,225.00	\$6,358.00	\$7,225.00	\$8,699.00	\$9,885.00	\$8,699.00	\$9,885.00	\$8,699.00	\$9,885.00	\$6,744.00	\$7,664.00	\$9,379.00	\$10,658.00

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	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29
	\$15,000	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66
	\$25,000	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27
6	\$5,000	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88
	\$15,000	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33
	\$25,000	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27
9	\$5,000	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49
	\$15,000	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24
	\$25,000	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44

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	2 %	Deadbolt Lock	2 %
Burglar Alarm	2 %	Window Locks	1 %
Smoke Alarm	2 %	\$1,000 Deductible	8 %
		Other (specify)	
		New/Renovated Component	0 to 39.7 %

EARTHQUAKE INSURANCE

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

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?	yes	(yes or no)
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	5 %	
WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?	Zone Highest Risk	Brick \$ 2.07
		Frame \$ 1.64

Maximum Credit Allowed

56.7%

Lowest Risk

\$ 0.55

\$ 0.2

NAIC Number: 062-21407
 Company Name: EMCASCO Insurance Company
 Contact Person: Jo L. Byers
 Telephone No.: 800-247-2128 ext 2707
 Email Address: jo.l.byers@emcins.com
 Effective Date: 1/15/2014

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

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**USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE
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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	\$877.00	\$972.00	\$877.00	\$972.00	\$1,323.00	\$1,466.00	\$1,323.00	\$1,466.00	\$1,131.00	\$1,254.00	\$1,131.00	\$1,254.00	\$1,131.00	\$1,254.00	\$877.00	\$972.00	\$1,220	\$1,352.00
	\$120,000	\$1,235.00	\$1,369.00	\$1,235.00	\$1,369.00	\$1,862.00	\$2,064.00	\$1,862.00	\$2,064.00	\$1,593.00	\$1,765.00	\$1,593.00	\$1,765.00	\$1,593.00	\$1,765.00	\$1,235.00	\$1,369.00	\$1,717.00	\$1,903.00
	\$160,000	\$1,590.00	\$1,763.00	\$1,590.00	\$1,763.00	\$2,399.00	\$2,659.00	\$2,399.00	\$2,659.00	\$2,051.00	\$2,274.00	\$2,051.00	\$2,274.00	\$2,051.00	\$2,274.00	\$1,590.00	\$1,763.00	\$2,212.00	\$2,451.00
6	\$80,000	\$962.00	\$1,110.00	\$962.00	\$1,110.00	\$1,451.00	\$1,674.00	\$1,451.00	\$1,674.00	\$1,240.00	\$1,431.00	\$1,240.00	\$1,431.00	\$1,240.00	\$1,431.00	\$962.00	\$1,110.00	\$1,337.00	\$1,543.00
	\$120,000	\$1,354.00	\$1,562.00	\$1,354.00	\$1,562.00	\$2,042.00	\$2,356.00	\$2,042.00	\$2,356.00	\$1,746.00	\$2,015.00	\$1,746.00	\$2,015.00	\$1,746.00	\$2,015.00	\$1,354.00	\$1,562.00	\$1,883.00	\$2,172.00
	\$160,000	\$1,743.00	\$2,012.00	\$1,743.00	\$2,012.00	\$2,630.00	\$3,034.00	\$2,630.00	\$3,034.00	\$2,249.00	\$2,595.00	\$2,249.00	\$2,595.00	\$2,249.00	\$2,595.00	\$1,743.00	\$2,012.00	\$2,425.00	\$2,798.00
9	\$80,000	\$2,325.00	\$2,642.00	\$2,325.00	\$2,642.00	\$3,507.00	\$3,985.00	\$3,507.00	\$3,985.00	\$2,999.00	\$3,408.00	\$2,999.00	\$3,408.00	\$2,999.00	\$3,408.00	\$2,325.00	\$2,642.00	\$3,233.00	\$3,674.00
	\$120,000	\$3,273.00	\$3,719.00	\$3,273.00	\$3,719.00	\$4,936.00	\$5,609.00	\$4,936.00	\$5,609.00	\$4,221.00	\$4,797.00	\$4,221.00	\$4,797.00	\$4,221.00	\$4,797.00	\$3,273.00	\$3,719.00	\$4,551.00	\$5,172.00
	\$160,000	\$4,215.00	\$4,790.00	\$4,215.00	\$4,790.00	\$6,358.00	\$7,225.00	\$6,358.00	\$7,225.00	\$5,437.00	\$6,178.00	\$5,437.00	\$6,178.00	\$5,437.00	\$6,178.00	\$4,215.00	\$4,790.00	\$5,862.00	\$6,661.00

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	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$49.37	\$54.98
	\$15,000	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$105.51	\$117.50
	\$25,000	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$165.11	\$183.87
6	\$5,000	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$51.05	\$56.66
	\$15,000	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$109.10	\$121.09
	\$25,000	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$170.74	\$189.50
9	\$5,000	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$75.74	\$89.76
	\$15,000	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$161.86	\$191.83
	\$25,000	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$253.30	\$300.20

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	2 %	Deadbolt Lock	2 %
Burglar Alarm	2 %	Window Locks	1 %
Smoke Alarm	2 %	\$1,000 Deductible	8 %
		Other (specify)	
		New/Renovated Component	0 to 39.7 %

EARTHQUAKE INSURANCE

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

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?	yes	(yes or no)
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	5 %	
WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?	Zone Highest Risk \$ 2.07	Brick \$ 1.64

Maximum Credit Allowed

56.7%

Lowest Risk

\$ 0.55

\$ 0.2

NAIC Number: 062-21423
 Company Name: Union Insurance Company
 Contact Person: Jo L. Byers
 Telephone No.: 800-247-2128 ext 2707
 Email Address: jo.l.byers@emcins.com
 Effective Date: 1/15/2014

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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	\$658.00	\$729.00	\$658.00	\$729.00	\$992.00	\$1,100.00	\$992.00	\$1,100.00	\$849.00	\$941.00	\$849.00	\$941.00	\$849.00	\$941.00	\$658.00	\$729.00	\$915	\$1,014.00
	\$120,000	\$926.00	\$1,026.00	\$926.00	\$1,026.00	\$1,397.00	\$1,548.00	\$1,397.00	\$1,548.00	\$1,194.00	\$1,324.00	\$1,194.00	\$1,324.00	\$1,194.00	\$1,324.00	\$926.00	\$1,026.00	\$1,288.00	\$1,427.00
	\$160,000	\$1,193.00	\$1,322.00	\$1,193.00	\$1,322.00	\$1,799.00	\$1,994.00	\$1,799.00	\$1,994.00	\$1,538.00	\$1,705.00	\$1,538.00	\$1,705.00	\$1,538.00	\$1,705.00	\$1,193.00	\$1,322.00	\$1,659.00	\$1,839.00
6	\$80,000	\$721.00	\$832.00	\$721.00	\$832.00	\$1,088.00	\$1,255.00	\$1,088.00	\$1,255.00	\$930.00	\$1,073.00	\$930.00	\$1,073.00	\$930.00	\$1,073.00	\$721.00	\$832.00	\$1,003.00	\$1,157.00
	\$120,000	\$1,015.00	\$1,171.00	\$1,015.00	\$1,171.00	\$1,531.00	\$1,767.00	\$1,531.00	\$1,767.00	\$1,310.00	\$1,511.00	\$1,310.00	\$1,511.00	\$1,310.00	\$1,511.00	\$1,015.00	\$1,171.00	\$1,412.00	\$1,629.00
	\$160,000	\$1,308.00	\$1,509.00	\$1,308.00	\$1,509.00	\$1,972.00	\$2,276.00	\$1,972.00	\$2,276.00	\$1,687.00	\$1,946.00	\$1,687.00	\$1,946.00	\$1,687.00	\$1,946.00	\$1,308.00	\$1,509.00	\$1,819.00	\$2,098.00
9	\$80,000	\$1,744.00	\$1,981.00	\$1,744.00	\$1,981.00	\$2,630.00	\$2,989.00	\$2,630.00	\$2,989.00	\$2,249.00	\$2,556.00	\$2,249.00	\$2,556.00	\$2,249.00	\$2,556.00	\$1,744.00	\$1,981.00	\$2,425.00	\$2,756.00
	\$120,000	\$2,454.00	\$2,789.00	\$2,454.00	\$2,789.00	\$3,702.00	\$4,207.00	\$3,702.00	\$4,207.00	\$3,166.00	\$3,598.00	\$3,166.00	\$3,598.00	\$3,166.00	\$3,598.00	\$2,454.00	\$2,789.00	\$3,413.00	\$3,879.00
	\$160,000	\$3,161.00	\$3,592.00	\$3,161.00	\$3,592.00	\$4,768.00	\$5,419.00	\$4,768.00	\$5,419.00	\$4,078.00	\$4,634.00	\$4,078.00	\$4,634.00	\$4,078.00	\$4,634.00	\$3,161.00	\$3,592.00	\$4,397.00	\$4,996.00

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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	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98
	\$15,000	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50
	\$25,000	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87
6	\$5,000	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66
	\$15,000	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09
	\$25,000	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50
9	\$5,000	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76
	\$15,000	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83
	\$25,000	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20

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	2 %	Deadbolt Lock	2 %
Burglar Alarm	2 %	Window Locks	1 %
Smoke Alarm	2 %	\$1,000 Deductible	8 %
		Other (specify)	
		New/Renovated Component	0 to 39.7 %

EARTHQUAKE INSURANCE

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

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?	yes	(yes or no)
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	5 %	
WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?	Zone Highest Risk \$ 2.07	Brick \$ 1.64

Maximum Credit Allowed

56.7%

Lowest Risk

\$ 0.55

\$ 0.2

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

1.	This filing transmittal is part of Company Tracking #	AR-HO-2013-02
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	
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Company Name		Company NAIC Number	
3.	A. EMCASCO Insurance Company	B.	062-21407

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

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Homeowners	16.3%	9.6%					
TOTAL OVERALL EFFECT							

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
2008	782	-20.3%	10/01/08	719,958	2,289,537	318.0%	108.8%
2009	915			619,594	602,916	97.3%	94.4%
2010	1,326	+1.1%	01/01/10	830,904	1,085,264	130.6%	93.2%
2011	1,708	+10.2%	08/15/11	1,173,510	1,850,939	157.7%	150.4%
2012	1,829	+14.8%	08/15/12	1,427,028	704,077	49.3%	67.3%

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	25.4%
B. General Expense	6.0%
C. Taxes, Licenses & Fees	3.1%
D. Underwriting Profit & Contingencies	4.7%
E. Other (explain)	0.7% (Reinsurance)
F. TOTAL	39.9%

- 8.** _____ Apply Loss Cost Factors to Future filings? (Y or N)
- 9.** 19.8 Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____
- 10.** 13.2 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

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

1.	This filing transmittal is part of Company Tracking #	AR-HO-2013-02
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	
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Company Name		Company NAIC Number	
3.	A. Employers Mutual Casualty Company	B.	062-21415

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

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Homeowners	16.3%	10.5%					
TOTAL OVERALL EFFECT							

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
2008	226	-0.3%	10/01/08	237,060	356,589	150.4%	86.5%
2009	225			212,521	104,680	49.3%	64.5%
2010	248			224,249	98,142	43.8%	55.2%
2011	286	+10.8%	08/15/11	259,381	132,675	51.2%	113.0%
2012	294	+15.0%	08/15/12	295,626	35,750	12.1%	76.0%

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	25.4%
B. General Expense	6.0%
C. Taxes, Licenses & Fees	3.1%
D. Underwriting Profit & Contingencies	4.7%
E. Other (explain)	0.7% (Reinsurance)
F. TOTAL	39.9%

- 8.** _____ Apply Loss Cost Factors to Future filings? (Y or N)
- 9.** 19.9 Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____
- 10.** 25.6 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

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

1.	This filing transmittal is part of Company Tracking #	AR-HO-2013-02
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	
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Company Name		Company NAIC Number	
3.	A. Union Insurance Company	B.	062-21423

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

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Homeowners	16.3%	8.5%					
TOTAL OVERALL EFFECT							

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
2008	75	-19.8%	10/01/08	37,419	74,334	198.7%	100.1%
2009	306			123,772	143,960	116.3%	90.5%
2010	808			415,493	275,023	66.2%	117.4%
2011	1,354	+10.4%	08/15/11	850,608	1,299,788	152.8%	1113.0%
2012	1,428	+14.9%	08/15/12	1,161,712	651,394	56.1%	76.0%

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	25.4%
B. General Expense	6.0%
C. Taxes, Licenses & Fees	3.1%
D. Underwriting Profit & Contingencies	4.7%
E. Other (explain)	0.7%
F. TOTAL	39.9%

- 8.** _____ Apply Loss Cost Factors to Future filings? (Y or N)
- 9.** 19.2 Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____
- 10.** 28.2 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

**ARKANSAS
HOMEOWNERS
EMC INSURANCE COMPANIES**

EMCASCO INSURANCE COMPANY

	<u>Form 3 Base Rates</u>		<u>Form 4 Base Rates</u>		<u>Form 6 Base Rates</u>	
	\$100,000; \$500 Ded		\$25,000; \$250 Ded		\$25,000; \$250 Ded	
	P/C: Frame 5		P/C: Frame 5		P/C: Frame 5	
	Cov. E: \$100,000		Cov. E: \$100,000		Cov. E: \$100,000	
	Cov. F: \$1,000		Cov. F: \$1,000		Cov. F: \$1,000	
<u>TERR</u>	<u>CURRENT</u>	<u>REVISED</u>	<u>CURRENT</u>	<u>REVISED</u>	<u>CURRENT</u>	<u>REVISED</u>
30	1478	1655	269	NC	214	NC
31	1478	1663	269	NC	214	NC
32	1399	1574	269	NC	214	NC
72	1066	1190	269	NC	214	NC
73	1596	1795	269	NC	214	NC
81	1372	1535	269	NC	214	NC
82	1066	1199	269	NC	214	NC

**ARKANSAS
HOMEOWNERS**

EMC INSURANCE COMPANIES

FORMS 3 & 5 DEDUCTIBLE RELATIVITIES

<u>DEDUCTIBLE</u>	<u>CURRENT</u>	<u>REVISED</u>
FORMS 3 & 5 RELATIVITIES		
\$500 Flat	1.00	N.C.
\$500 Flat/ \$1,000 Wind or Hail	0.96	N.C.
\$500 Flat/ \$1,500 Wind or Hail	---	0.93
\$500 Flat/ \$2,500 Wind or Hail	0.90	0.86
\$500 Flat/ 1% Wind or Hail	0.99	0.89
\$500 Flat/ 2% Wind or Hail	0.97	0.78
\$500 Flat/ 5% Wind or Hail	0.91	0.57
\$1,000 Flat	0.87	0.92
\$1,000 Flat/ \$1,500 Wind or Hail	---	0.89
\$1,000 Flat/ \$2,500 Wind or Hail	0.82	0.83
\$1,000 Flat/ \$5,000 Wind or Hail	---	0.72
\$1,000 Flat/ 1% Wind or Hail	0.85	0.86
\$1,000 Flat/ 2% Wind or Hail	0.81	0.75
\$1,000 Flat/ 5% Wind or Hail	0.79	0.54
\$1,500 Flat	---	0.86
\$1,500 Flat/ \$2,500 Wind or Hail	---	0.80
\$1,500 Flat/ \$5,000 Wind or Hail	---	0.68
\$1,500 Flat/ 1% Wind or Hail	---	0.83
\$1,500 Flat/ 2% Wind or Hail	---	0.72
\$1,500 Flat/ 5% Wind or Hail	---	0.51
\$2,500 Flat	0.70	0.73
\$2,500 Flat/ \$5,000 Wind or Hail	0.66	0.64
\$2,500 Flat/ 2% Wind or Hail	0.69	0.68
\$2,500 Flat/ 5% Wind or Hail	0.65	0.47
\$5,000 Flat	0.60	0.58

**ARKANSAS
HOMEOWNERS**

EMC INSURANCE COMPANIES

RULE 411 - NEW OR RENOVATED DWELLING COMPONENT DISCOUNTS

CURRENT AGE OF RENOVATED ADJUSTMENT

AGE OF COMPONENTS	CURRENT AGE OF HOME				
	WIRING	PLUMBING	ROOF	HEATING & COOLING	ADJUSTMENT
CURRENT CALENDAR YEAR	6.5%	6.0%	6.5%	6.0%	25.0%
1ST PRECEDING	6.5%	6.0%	6.5%	6.0%	25.0%
2ND PRECEDING	6.5%	6.0%	6.5%	6.0%	25.0%
3RD PRECEDING	5.5%	5.0%	5.5%	5.0%	21.0%
4TH PRECEDING	4.5%	4.0%	4.5%	4.0%	17.0%
5TH PRECEDING	3.5%	3.0%	3.5%	3.0%	13.0%
6TH PRECEDING	2.5%	2.5%	2.5%	2.5%	10.0%
7TH PRECEDING	2.0%	2.0%	2.0%	2.0%	8.0%
8TH PRECEDING	15.0%	1.5%	1.5%	1.5%	19.5%
9TH PRECEDING	1.0%	1.0%	1.0%	1.0%	4.0%
10TH PRECEDING	0.5%	0.5%	0.5%	0.5%	2.0%
11th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%
12th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%
13th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%
14th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%
15th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%
16th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%
17th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%
18th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%
19th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%
20th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%
21st PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%
22nd PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%
23rd PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%

REVISED AGE OF RENOVATED ADJUSTMENT

REVISED AGE OF HOME					REVISED AGE OF HOME ADJUSTMENT
WIRING	PLUMBING	ROOF ^{1,2}	HEATING & COOLING	ADJUSTMENT	RATE IMPACT
5.8%	5.8%	12.5%	5.8%	29.8%	-6.4%
5.8%	5.8%	12.4%	5.8%	29.7%	-6.3%
5.8%	5.8%	12.3%	5.8%	29.6%	-6.2%
5.8%	5.8%	11.6%	5.8%	29.0%	-10.1%
5.6%	5.6%	10.7%	5.6%	27.3%	-12.4%
5.3%	5.3%	9.5%	5.3%	25.2%	-14.0%
5.0%	5.0%	8.1%	5.0%	23.2%	-14.6%
4.6%	4.6%	6.8%	4.6%	20.6%	-13.6%
4.4%	4.4%	5.5%	4.4%	18.5%	1.2%
4.0%	4.0%	4.1%	4.0%	16.1%	-12.6%
3.7%	3.7%	2.8%	3.7%	13.8%	-12.0%
3.2%	3.2%	1.6%	3.2%	11.3%	-11.3%
2.9%	2.9%	0.8%	2.9%	9.3%	-9.3%
2.6%	2.6%	0.2%	2.6%	8.1%	-8.1%
2.3%	2.3%	0.1%	2.3%	6.8%	-6.8%
1.9%	1.9%	0.0%	1.9%	5.6%	-5.6%
1.7%	1.7%	0.0%	1.7%	5.0%	-5.0%
1.4%	1.4%	0.0%	1.4%	4.1%	-4.1%
1.1%	1.1%	0.0%	1.1%	3.2%	-3.2%
0.8%	0.8%	0.0%	0.8%	2.3%	-2.3%
0.5%	0.5%	0.0%	0.5%	1.6%	-1.6%
0.3%	0.3%	0.0%	0.3%	0.9%	-0.9%
0.2%	0.2%	0.0%	0.2%	0.5%	-0.4%
0.1%	0.1%	0.0%	0.1%	0.2%	-0.2%

¹ Qualifying roof types (i.e. other than asphalt/fiberglass/wood shingles) will have the new roof discount of 12.5% applied regardless of actual roof age.

² Policies in which the age of roof has not been verified will be rated (i.e. discounted) as verified if the roof age in the system implies a discount should be granted.

Rate Review Test: Home - ARKANSAS
Employers Mutual Casualty Company
Summary of Changes

Form	Policy Count	%Total	Annual Written Premium		\$ Effect	%Change
			Current	Revised		
HO 3	278	7.9%	339,951.00	376,435.00	36,484.00	10.7%
HO 5	1	0.0%	526.00	606.00	80.00	15.2%
Subtotal	279	7.9%	340,477.00	377,041.00	36,564.00	10.7%
HO 4	21	0.6%	6,398.00	6,398.00	0.00	0.0%
HO 6	2	0.1%	1,108.00	1,108.00	0.00	0.0%
Total	302	8.5%	347,983.00	384,547.00	36,564.00	10.5%

Rate Review Test: Home - ARKANSAS
EMCASCO Insurance Company
Summary of Changes

Form	Policy Count	%Total	Annual Written Premium		\$ Effect	%Change
			Current	Revised		
HO 3	1,667	47.1%	1,595,380.00	1,752,853.00	157,473.00	9.9%
HO 5	24	0.7%	31,472.00	34,243.00	2,771.00	8.8%
Subtotal	1,691	47.8%	1,626,852.00	1,787,096.00	160,244.00	9.8%
HO 4	125	3.5%	30,913.00	30,913.00	0.00	0.0%
HO 6	10	0.3%	4,546.00	4,546.00	0.00	0.0%
Total	1,826	51.6%	1,662,311.00	1,822,555.00	160,244.00	9.6%

Rate Review Test: Home - ARKANSAS
 Union Insurance Company of Providence
 Summary of Changes

Form	Policy Count	%Total	Annual Written Premium		\$ Effect	%Change
			Current	Revised		
HO 3	1,290	36.5%	1,284,298.00	1,369,355.00	85,057.00	6.6%
HO 5	99	2.8%	118,436.00	125,861.00	7,425.00	6.3%
Subtotal	1,389	39.3%	1,402,734.00	1,495,216.00	92,482.00	6.6%
HO 4	0	0.0%	0.00	0.00	0.00	0.0%
HO 6	19	0.5%	9,195.00	9,195.00	0.00	0.0%
Total	1,408	39.8%	1,411,929.00	1,504,411.00	92,482.00	6.6%

Rate Review Test: Home - ARKANSAS
All Companies Combined
Summary of Changes

Form	Policy Count	%Total	Annual Written Premium		\$ Effect	%Change
			Current	Revised		
HO 3	3,235	91.5%	3,219,629.00	3,498,643.00	279,014.00	8.7%
HO 5	124	3.5%	150,434.00	160,710.00	10,276.00	6.8%
Subtotal	3,359	95.0%	3,370,063.00	3,659,353.00	289,290.00	8.6%
HO 4	146	4.1%	37,311.00	37,311.00	0.00	0.0%
HO 6	31	0.9%	14,849.00	14,849.00	0.00	0.0%
Total	3,536	100.0%	3,422,223.00	3,711,513.00	289,290.00	8.5%

 UNDERWRITING ELIGIBILITY

1. NEW BUSINESS ELIGIBILITY

- * The basis of our competitive rate structure is the careful selection of risks. Our underwriting guidelines require that only preferred or superior risks be submitted for coverage. The maximum binding authority is 30 days for written binders, 72 hours for oral binders. Applications must be completed in their entirety, with current photographs (front & rear of dwelling) and replacement cost worksheet attached.

Minimum – Maximum (Protection Class 1-8) Limit Requirements:**EMCC**

HO0003 and **HO0005** — \$150,000 to \$350,000 Coverage A

HO0004 — \$20,000 to \$100,000 Coverage C

HO0006 — \$20,000 to \$200,000 Coverage C

EMCASCO

HO0003 and **HO0005** — \$200,000 to \$500,000 Coverage A

HO0004 — \$30,000 to \$100,000 Coverage C

HO0006 — \$30,000 to \$200,000 Coverage C

UNION

HO0003 and **HO0005** — \$300,000 to \$500,000 Coverage A

HO0006 — \$50,000 to \$200,000 Coverage C

- * **Maximum Binding Limit Requirements:**

EMCC

HO0003 and **HO0005** – \$200,000 Coverage A — Protection Class 9

All Companies:

Earthquake Coverage – No Binding Authority in Earthquake Territories 21 through 26. Submit for Branch Underwriting approval.

These acceptability provisions are offered as guidelines. The underwriter's discretion shall apply in cases of extenuating circumstances. Due to varying circumstances it may occasionally be necessary to decline a risk due to circumstances not contemplated in the guidelines.

A. PRIOR APPROVAL

Coverage shall not be bound for risks with the following characteristics or conditions until (1) all information has been submitted to the company for appropriate underwriting and (2) the agent has approval for binder coverage:

1. Any Business operation at the insured location that is not specifically shown as eligible in the rule section of this manual.

2. Insurance To Value:

* Dwellings insured for less than 100% of estimated replacement cost, unless ACV or Special Loss Settlement endorsement is attached.

Replacement Cost as calculated from a current M&S/B Residential Component Technology software system (RCT).

3. Risks with lapse in coverage.

4. Any risk with a wood burning stove, freestanding fireplace, or wood burning furnace unless the unit is:

a. factory built;

b. U.L. listed and tested;

c. professionally installed.

d. located within protection class 1-8 (protection class 9 with prior underwriting approval);

e. if located outside the home (must be modern or recently installed, and situated away from the home by at least 25 feet).

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

Acceptable risks are eligible in **EMCC** only (consideration may be given for placement in **EMCASCO** with prior underwriting approval).

Photo must be submitted. If the device is a woodstove then a completed questionnaire is required - refer to Wood Burning Supplemental Guidelines (pages A-1 – A-4.) If other than a woodstove then a copy of the manufacturer's installation instructions or a contractor's statement that the unit was installed according to the manufacturer's instruction, is required.

- * 5. Any Seasonal or Secondary Dwelling – (EMC must insure the primary dwelling) – Acceptable in **EMCC** only (consideration may be given for placement in **EMCASCO** with prior underwriting approval).
- * 6. Watercraft:
 - a. Jet Skis, Wave Runners, or other Personal Watercraft up to 140 horsepower;
 - b. Boats over 200 horsepower;
 - c. Boats over 20 years old;
 - d. Boats valued over \$45,000
- * 7. Any Risk located in actual protection class 9 or 10 (PC 10 is unacceptable for primary residences).

B. UNACCEPTABLE RISKS**THE FOLLOWING RISKS CANNOT BE SUBMITTED, ACCEPTED OR BOUND:**

- * 1. Dwellings over 40 years old in which the plumbing, heating and electrical (minimum 100 amp service with circuit breakers) have **not** been updated or which are **not** in compliance with all current building laws. Asphalt shingled roofs must have been replaced within the past 10 years. Dwellings with fuse boxes are not acceptable.
- * 2. Primary dwellings classified as an actual PPC 10 or more than 5 miles from the responding fire department.
- 3. Dwellings in a deteriorating condition or lacking proper upkeep and maintenance.
- 4. Unoccupied, vacant, or isolated dwellings (not visible from another residence).
- 5. Mobile homes (including Manufactured Homes—which is a reference to mobile homes built after 6-97), log homes, or housing using experimental construction techniques.
- * 6. Dwellings built prior to 1999 with exterior synthetic stucco (e.g. "EIFS"). EIFS construction for homes built 1999 or after is acceptable for Coverage A values up to \$500,000 (for homes over \$500,000—no more than 25% of the exterior may be EIFS).
- 7. Trampolines or skateboard ramps.
- 8. Exotic pets or animals (llamas, snakes, ostriches, etc.).
- * 9. Dogs with aggressive tendencies or any past bite history. Particular attention should be given to such breeds as Pit Bulls, Rottweilers, Chows, Doberman Pinschers and German Shepherds – if the dog is one of these breeds or is a mix with one of these breeds, only nonaggressive females or neutered males will be considered.
- * 10. Roofs with any of the following qualities:
 - a. Wood shingles or shakes
 - b. Roofs with no pitch (flat)
 - c. Asphalt Shingle Roof >10 years old.
 - d. Asphalt Shingle Roof with more than one layer of shingles
 - e. Roofs consisting of discontinued manufactured materials. i.e. T-lock Shingle Roofs
 - f. Metal roofs installed over the top of another roofing material (i.e. asphalt shingle).
- * 11. Solid Fuel Heating Devices:
 - a. with heat reclaimers or heat saver device;
 - b. used as a primary heat source;
 - c. That are located in Protection Class 9 or 10.

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- d. Fireplace inserts
- e. That are kerosene Heaters
- f. That are coal burning units
- g. In dwellings containing more than 3 solid fuel heating devices
- h. in **Union**.

12. **HO0004** outside of city limits or in commercial buildings.

- * 13. **UNION** – Any of the following qualities or hazards are unacceptable for placement in **UNION**:
 - a. two, three or four family owner-occupied residences;
 - b. dwelling is occupied as a secondary or seasonal residence;
 - c. any actual protection class 9 (Dwellings, other than PPC 10, qualifying for the Suburban Rating plan will be considered for exception);
 - d. any risk with a supplemental heating hazard including wood stoves or a device that burns solid fuel (corn, corncobs, cherry pits and wood pellets etc).
- * 14. **HO0004** outside of city limits or in commercial buildings.
- * 15. Dwelling Replacement or Repair Cost Protection Coverage A - Dwelling (**HO7121**) – the following new business qualifications are unacceptable for this Company coverage & rating enhancement endorsement:
 - a. forms **HO0004** and **HO0006**;
 - b. dwellings constructed prior to 1940. With prior underwriting approval, homes that were built prior to 1940, updated and insured to 100% of the standard RCT may be eligible for the **HO7192.2** Excess Dwelling Coverage (Specified Additional Amount of Insurance for Coverage A – Dwelling – Common Construction
 - c. builder's risk or dwellings under construction (COC).
- 16. Swimming pools/spas/hot tubs that are not fenced in with gates that are self-closing and self-latching (exception--hot tubs/spas that are not fenced in must have locked covers). Pools with diving boards or slides must be pre-approved. Any acceptable pool exposure must have a photo and completed Company pool questionnaire submitted with application.
- * 17. ATV's and Trail Bikes (licensed, registered or required to be licensed and/or registered)
- 18. Risks who have been cancelled or non-renewed by the previous carrier due to underwriting reasons (other circumstances should be submitted to the underwriter prior to binding).
- 19. Watercraft:
 - a. over 26 feet in length (sailboats over 40 ft.);
 - b. maximum rated speed exceeding 45 MPH;
 - c. any personal watercraft (jet skis, wave runners, etc.) over 140 HP or with operators with less than 3 years experience (may be waived for operators with power school/water safety certificates of completion).
- 20. Three or four family dwellings in **EMCASCO** (two, three or four family in **Union**).
- 21. Earthquake coverage cannot be bound, added or increased to a policy mid-term.
- 22. Water Back Up coverage cannot be bound, added or increased to a policy mid-term.
- * 23. Dwellings up for Sale or in the process of repossession.
- * 24. Dwellings with uncorrected fire or building code violations.

C. DEDUCTIBLE OPTIONS

Current deductible options are displayed on the internet quote and application programs.

D. PERSONAL LIABILITY/MEDICAL PAYMENTS: \$100,000/\$1,000. Refer to Liability Rules 701. and 702. for higher limit options.

* **E. BUILDER'S RISK**

- Coverage must be insured for 100% of the completed value.
- A copy of the contractor's bid specifications is required for dwellings valued at \$250,000 and over.

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- “Spec” homes and/or where construction has been stopped or suspended are unacceptable.
- The Named Insured must be the intended owner occupant.
- Owner built homes are not eligible for coverage.
- Dwellings being remodeled are not eligible for Builder’s Risk Coverage.
- Dwellings must be completed and occupied in 180 days or less.

*** F. HOME BUSINESS INSURANCE (HOBIZ)**

For coverage to be provided, the home business must be specifically listed under Rule 528 as an “eligible business”. The maximum binding authority for business property is \$40,000. Coverage is subject to the Section I policy deductible. This endorsement is not available for seasonal or secondary dwellings. The Home Business Coverage Questionnaire must be completed in its entirety and submitted with application.

G. SCHEDULED PERSONAL PROPERTY

*** Refer to Inland Marine Section for all scheduled property items.**

H. EARTHQUAKE

All binding authority for property coverage is suspended for 7 days immediately following an Earthquake measuring 4.0 or higher on the Richter Scale within a 500 mile radius of the insured location.

I. MAXIMUM ALLOWABLE LOSSES**36 MONTH HISTORY:**

EMCC – No more than 2 losses.

EMCASCO – No more than 1 loss.

UNION – No Losses.

*** Loss counts do not include those solely based on an insured’s past occurrence or history of claims arising from natural causes including but not limited to catastrophic and weather-related claims that are beyond the control of the insureds.**

A history of losses outside the three year experience may be considered.

The underwriter’s discretion shall apply in cases of extenuating circumstances.

****See Note under RENEWAL ELIGIBILITY**

J. NON-PAYMENT CANCELLATION

When a policy has been cancelled for non-payment of premium, it will not be reinstated after the cancellation date has become effective.

Subject to the underwriter’s authorization, a policy may be reinstated prior to the effective date of cancellation. However, this will not be done more than three times or more than twice in a two year period, regardless of how long the policy has been in force.

Agents are not authorized to accept payments for direct bill or premium financed policies on the company’s behalf under any circumstance without prior company approval.

2. RENEWAL ELIGIBILITY

EMCC

No more than 3 losses in the preceding three-year underwriting period.

EMCASCO

No more than 2 losses in the preceding three-year underwriting period.

UNION

No more than 1 loss in the preceding three-year underwriting period.

Loss history will be reviewed each year with the possibility of moving the risk to a higher rated company, placing a higher deductible on the policy, or non-renewal (losses due to natural causes shall not be the sole reason for such action). Other valid underwriting reasons (such as physical hazards that increase the potential for property or liability losses), permitted by the State Insurance Department, may also be considered for the above actions. The underwriter’s discretion shall apply in cases of extenuating circumstances.

Note: A claim for which the insurer has paid no damages will not be considered for acceptability or company placement (HB1178).

ADDITIONAL COMPANY RULE – ALL COMPANIES (Cont'd.)

2. INSURANCE SCORING

* *A discount will be applied to the Homeowners Policy premium, based upon the current Insurance Score derived from LexisNexis insurance scoring model, to reflect the correlation found between an individual's ability to handle and manage credit (responsibility characteristics) and the ability to manage insurance risk in the same responsible manner. The premium is computed by multiplying the Homeowners Policy Premium, following all other modifications except the Combination Policy Discount if applicable, by the appropriate factor as follows (Point of Sale message will indicate score level discount to apply):*

Score Level A – 1.00

Score Level B – .80 (includes Score Level N—No Hits/Unscorable)

Score Level C – .70

Score Level D – .60

Score Level E – .55

3. LOSS HISTORY MERIT RATING PLAN (ALL FORMS)

A. Introduction

The Loss History Merit Rating Plan recognizes the loss history of an insured or applicant (with consideration given for the number of consecutive years an insured has had homeowner's coverage with the EMC Insurance Companies), for both property and liability coverages, in determining the appropriate premium for a new or renewal policy.

B. Eligibility

A loss shall be considered eligible for rating under this Plan if:

- 1. The loss occurred during the three years immediately preceding the date of application for a new policy or the preparation (process or generation date) of the renewal policy;*
- 2. The loss occurred with respect to a risk eligible for coverage under the Homeowners Policy Program;*
- 3. The loss was sustained with respect to the property or liability of an "insured" under the policy being rated (whether to the current or prior location of the insured); and*
- 4. The combined claim "payments" generated for the loss equal or exceed \$500.*

C. Exceptions

The following shall not be considered eligible for rating under the Plan:

- * *1. Losses arising from natural causes including catastrophic and weather-related claims that are beyond the control of the insureds.*
- 2. A loss resulting from earthquake, mine subsidence or sinkhole collapse;*
 - 3. A loss resulting from Identity Fraud;*
 - 4. A loss for which payment occurred only with respect to Medical Payments To Others;*
 - 5. A loss to a dwelling currently owned by an insured or applicant which occurred prior to ownership.*

D. Refund of Increased Premium

If, after an increased premium is generated based on the requirements of this Plan, it is determined that a loss does not meet the requirements of this Plan, the increased portion of the premium attributable to such loss as generated by the Plan will be refunded in full to the insured.

E. Administration of Loss History Merit Rating Plan

Information necessary to determine the loss history of the named insured or applicant shall be obtained from any one or combination of the following:

- 1. An application signed by the applicant;*
- 2. A loss history or claims history database;*
- 3. A company's internal claim's records.*

F. Premium Computation

Multiply the Homeowners Policy Premium, following all other modifications except any applicable Insurance Score or Combination Policy factors, by the appropriate factor shown below:

Number of Eligible Losses	Claims/Persistency Premium Factor Years Insured With EMC Insurance Companies			
	0-3	Over 3 to 5	Over 5 to 7	Over 7
0	1.00	0.95	0.90	0.85
1	1.05	1.00	0.95	0.85
2	1.30	1.25	1.20	1.15
3	1.45	1.40	1.35	1.30
4 or More	1.60	1.60	1.60	1.60

ADDITIONAL COMPANY RULE – ALL COMPANIES (Cont'd.)***CLAIMS FREE DISCOUNT***

- * *If the applicant or insured has been Claim Free (including all claims from any cause code or prior location, with the following exceptions; “one paid claim” less than \$500 shall be permitted for the preceding three-year underwriting period, and catastrophic and/or weather related claims will be exempted. A 0.90 factor (10% credit) will be applied to the Homeowners Policy Premium, following all other modifications except any applicable Insurance Score or Combination Policy factors, for new or renewal policies (continuous insurance with EMC or other carrier is required).*

*(NOTE—this credit is NOT to be used in addition to the credit factors shown in the Loss History Merit Rating Plan table across from zero (*0*) claims. If both discount types are eligible, the highest discount will apply.)*

4. ELECTRONIC FUNDS TRANSFER DISCOUNT

An additional 3% off the policy premium, prior to all other discounts, will be applied when the premium is paid through Electronic Funds Transfer.

PART I
COVERAGE AND DEFINITION TYPE RULES

100. INTRODUCTION**A. About the Homeowners Manual**

The Homeowners Policy Program provides property and liability coverages, using the forms and endorsement specified in this Manual. This Manual contains the rules and classifications governing the writing of the Homeowners Policy. The rules, rates, forms and endorsements of the company for each coverage shall govern in all cases not specifically provided for in this Manual.

B. Manual Structure**1. Contents**

The manual includes multi-state general rules with specific state rules and company rules incorporated, where applicable.

2. General Rules

These rules are grouped into the following categories;

- a. **Part I** – Coverage And Definition Type Rules,
- b. **Part II** – Servicing Type Rules,
- c. **Part III** – Base Premium Computation Rules,
- d. **Part IV** – Adjusted Base Premium Computation Rules,
- e. **Part V** – Section I – Property – Additional Coverages And Increased Limits Rules,
- f. **Part VI** – Section II – Liability – Additional Coverages And Increased Limits Rules, and
- g. **Part VII** – Section II – Liability – Other Exposures Increased Limits Rules.

3. State Rules and Rates

Any State Exceptions, Additional Rules, Special State Requirements, etc. are incorporated into the General Rules of this Manual, where applicable.

Contact Branch Office for any premiums, credits, etc. that may be applicable and on file with the State Insurance Department, but not displayed in this manual.

4. Form References

* *The Manual refers to Forms HO0003, HO0004, HO0005, and HO0006. These Form references are identified as follows:*

- * a. *Homeowners 2 Broad Form: This form does not apply.*
- b. Homeowners 3 Special Form **HO0003**,
- c. Homeowners 4 Contents Broad Form **HO0004**,
- d. Homeowners 5 Comprehensive Form **HO0005**,
- e. Homeowners 6 Unit-Owners Form **HO0006**,
- * f. *Homeowners 8 – Modified Coverage Form: This form does not apply.*

406. DEDUCTIBLES

All policies are subject to a deductible applicable to loss from all Section I perils, except Earthquake. A separate deductible provision applies to Earthquake Coverage. Refer to the Earthquake Coverage rule for applicable deductible provision.

A. Base Deductible

1. **\$250 All Peril – HO0004 and HO0006**
2. **\$500 All Peril – HO0003 and HO0005**

* *Some of the deductibles shown below may not be available on new and/or renewal business.*

B. Optional Deductibles

This section does not apply.

C. Optional Higher Deductibles

All Forms — *The Homeowners Program provides a higher deductible applicable to any loss under Section I of the policy in an amount and at a premium credit developed below.*

1. All Peril Deductibles

Determine the credit by multiplying the base premium by the following factors:

Deductible Amounts	\$500	\$1,000	\$1,500	\$2,500	\$5,000
HO0003 and HO0005	1.00	.92	.86	.73	.58
HO0004 and HO0006	.93	.81	N/A	.65	.56

2. Windstorm or Hail Deductibles

(All Forms Except HO0004 and HO0006)

The following deductible options are used in conjunction with a deductible applicable to all Other Section I Perils.

a. Percentage Deductibles

(1) Deductible Amounts

This option provides for higher Windstorm or Hail percentage deductibles of 1%, 2% or 5% of the Coverage **A** limit of liability when the dollar amount of the percentage deductible selected exceeds the amount of the deductible applicable to All Other Section I Perils.

(2) Endorsement

Use Windstorm Or Hail Percentage Deductible Endorsement **HO0312**.

(3) Declarations instructions

Enter, on the policy declarations, the percentage amount that applies to Windstorm or Hail and the dollar amount that applies to All Other Section I Perils. For example:

- Deductible – Windstorm or Hail 1% of Coverage **A** limit and \$1,000 for All Other Perils.

(4) Deductible Application

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

Cov.	Limit Of Liability	1% Ded.	Amount Of Loss	
			Before Ded.	After Ded.
A	\$ 100,000	\$ 1,000	\$ 7,500	
B	50,000	–	3,000	
C	10,000	–	1,350	
D	30,000	–	660	
			\$ 12,510	\$ 11,510

406. DEDUCTIBLES (Cont'd.)

(5) Use Of Factors

The factors displayed in Paragraph **(6)** incorporate the factors for the All Peril Deductibles shown in Paragraph **C.1.** above. Do **not** use the factors for the All Perils Deductibles when rating a policy with a higher Windstorm or Hail deductible.

(6) Deductible Factors

To compute the premium for this provision, multiply the Base Premium by the factor selected from the following table for the deductible amounts desired:

All Other Perils Ded. Amt.	Windstorm Or Hail Deductible Amounts		
	1%	2%	5%
\$ 500	.89	.78	.57
1,000	.86	.75	.54
1,500	.83	.72	.51
2,500	—	.68	.47

*

b. Higher Fixed-Dollar Deductibles

(1) Deductible Amounts

This option provides for higher fixed dollar deductible amounts of \$1,000, \$2,000 and \$5,000 when the dollar amount of the higher fixed-dollar deductible selected exceeds the amount of the deductible applicable to All Other Perils deductible.

(2) Endorsement

An endorsement is not required.

(3) Declarations Instructions

Separately enter, on the policy declarations, the deductible amounts that apply to Windstorm or Hail and All Other Section I Perils. For example: \$2,500 for Windstorm or Hail and \$1,000 for All Other Perils.

(4) Use Of Factors

The factors displayed in Paragraph **(5)** incorporate the factors for the All Perils Deductibles shown in Paragraph **C.1.** Do **not** use the factors for the All Perils Deductibles when rating a policy with a higher Windstorm or Hail deductible.

(5) Deductible Factors

To compute the premium for this provision, multiply the Base Premium by the factor selected from the following table for the deductible amounts desired:

All Other Perils Ded. Amt.	Windstorm Or Hail Deductible Amounts			
	\$1,000	\$1,500	\$2,500	\$5,000
\$ 500	.96	.93	.86	—
1,000	—	.89	.83	.72
1,500	—	—	.80	.68
2,500	—	—	—	.64

*

407. ADDITIONAL AMOUNTS OF INSURANCE – FORMS HO0003 AND HO005

This rule does not apply.

**408. ACTUAL CASH VALUE LOSS SETTLEMENT
WINDSTORM OR HAIL LOSSES TO ROOF SURFACING – ALL FORMS EXCEPT HO0004**

This rule does not apply.

411. NEW OR RENOVATED DWELLING COMPONENTS (Cont'd.)

- 2. *Plumbing system discount is contingent upon new or evidence of complete replacement (lines, valves, faucets, water heaters, toilet floor gaskets and tank gaskets) of the system. Any sinks, tubs, toilets or vent stacks which show any evidence of leaking or cracks in the fixture should be replaced. The work must be done by a qualified plumbing contractor and/or inspected by a building inspector who certifies that the work meets all state and local codes.*
- * 3. *Roof discount is contingent upon a dwelling or other structures having all new asphalt/fiberglass/wood shingle roofing material. The work must be done by a qualified roofing or building contractor and/or be inspected by a building inspector who certifies that the work meets all state and local codes. All roofs, other than those constructed with asphalt/fiberglass/wood shingle, will receive the maximum credit regardless of age.*
- 4. *Heating and cooling system discount is contingent upon new or replacement (furnace heat exchangers, air conditioners, thermostats, registers, boilers including piping and expansion tanks) of the entire system. Forced air heating and cooling ducts should be repaired or replaced where necessary. The work must be done by a qualified heating and air conditioning contractor and/or inspected by a building inspector who certifies that the work meets all state and local codes.*

*

Years	Wiring	Plumbing	Roof	Heating & Cooling
Current Calendar Year	5.8%	5.8%	12.5%	5.8%
1st Preceding Calendar Year	5.8%	5.8%	12.4%	5.8%
2nd Preceding Calendar Year	5.8%	5.8%	12.3%	5.8%
3rd Preceding Calendar Year	5.8%	5.8%	11.6%	5.8%
4th Preceding Calendar Year	5.6%	5.6%	10.7%	5.6%
5th Preceding Calendar Year	5.3%	5.3%	9.5%	5.3%
6th Preceding Calendar Year	5.0%	5.0%	8.1%	5.0%
7th Preceding Calendar Year	4.6%	4.6%	6.8%	4.6%
8th Preceding Calendar Year	4.4%	4.4%	5.5%	4.4%
9th Preceding Calendar Year	4.0%	4.0%	4.1%	4.0%
10th Preceding Calendar Year	3.7%	3.7%	2.8%	3.7%
11th Preceding Calendar Year	3.2%	3.2%	1.6%	3.2%
12th Preceding Calendar Year	2.9%	2.9%	0.8%	2.9%
13th Preceding Calendar Year	2.6%	2.6%	0.2%	2.6%
14th Preceding Calendar Year	2.3%	2.3%	0.1%	2.3%
15th Preceding Calendar Year	1.9%	1.9%	0.0%	1.9%
16th Preceding Calendar Year	1.7%	1.7%	0.0%	1.7%
17th Preceding Calendar Year	1.4%	1.4%	0.0%	1.4%
18th Preceding Calendar Year	1.1%	1.1%	0.0%	1.1%
19th Preceding Calendar Year	0.8%	0.8%	0.0%	0.8%
20th Preceding Calendar Year	0.5%	0.5%	0.0%	0.5%
21st Preceding Calendar Year	0.3%	0.3%	0.0%	0.3%
22nd Preceding Calendar Year	0.2%	0.2%	0.0%	0.2%
23rd Preceding Calendar Year	0.1%	0.1%	0.0%	0.1%

*

NOTE: To be eligible for the renovated dwelling discount, other than for the roof, The Renovated Dwelling Credit Supplement (HO8090) is required to be completed and submitted with application.

412. — 500. RESERVED FOR FUTURE USE

COVERAGE A - ANNUAL KEY PREMIUMS

TERRITORY: 30

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	2171	2822	2410	3132
	03	2198	2857	2436	3167
	04	2357	3063	2622	3408
	05	2383	3098	2648	3442
	06	2410	3132	2780	3614
	07	3045	3958	3310	4303
	08	3972	5163	4104	5335
	8B	5031	6540	5561	7228
	09	5826	7572	6620	8605
	10	7944	10326	9400	12219
EMCASCO	01-02	1357	1765	1506	1958
	03	1374	1786	1523	1980
	04	1473	1915	1638	2130
	05	1490	1937	1655	2152
	06	1506	1958	1738	2260
	07	1903	2475	2069	2690
	08	2483	3228	2565	3336
	8B	3145	4089	3476	4519
	09	3641	4734	4138	5380
	10	4965	6456	5875	7640
UNION	01-02	1018	1323	1129	1468
	03	1030	1339	1142	1484
	04	1104	1436	1229	1597
	05	1117	1452	1241	1613
	06	1129	1468	1303	1694
	07	1427	1855	1551	2016
	08	1862	2420	1924	2500
	8B	2358	3065	2606	3387
	09	2730	3549	3103	4033
	10	3723	4839	4406	5726

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-5

EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. 01-15-14

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 31

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	2182	2836	2422	3148
	03	2209	2871	2448	3182
	04	2368	3079	2634	3424
	05	2395	3113	2661	3459
	06	2422	3148	2794	3632
	07	3060	3978	3326	4324
	08	3992	5189	4125	5361
	8B	5056	6572	5588	7264
	09	5854	7610	6653	8648
	10	7983	10377	9447	12279
EMCASCO	01-02	1364	1773	1513	1967
	03	1380	1794	1530	1989
	04	1480	1924	1646	2140
	05	1497	1946	1663	2162
	06	1513	1967	1746	2270
	07	1912	2486	2079	2703
	08	2495	3243	2578	3351
	8B	3160	4108	3492	4540
	09	3659	4756	4158	5405
	10	4989	6486	5904	7675
UNION	01-02	1023	1329	1135	1475
	03	1035	1345	1147	1491
	04	1110	1443	1235	1605
	05	1122	1459	1247	1621
	06	1135	1475	1309	1702
	07	1434	1864	1559	2026
	08	1871	2432	1933	2513
	8B	2369	3080	2619	3404
	09	2743	3566	3118	4053
	10	3741	4863	4427	5755

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-6

EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. 01-15-14

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 32

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	2065	2684	2291	2978
	03	2090	2717	2317	3011
	04	2241	2913	2493	3240
	05	2266	2946	2518	3273
	06	2291	2978	2644	3437
	07	2896	3764	3148	4091
	08	3777	4910	3903	5073
	8B	4784	6219	5288	6873
	09	5540	7201	6295	8183
	10	7554	9819	8939	11619
EMCASCO	01-02	1291	1678	1432	1862
	03	1306	1698	1448	1882
	04	1401	1821	1558	2026
	05	1417	1841	1574	2046
	06	1432	1862	1653	2148
	07	1810	2353	1968	2558
	08	2361	3069	2440	3171
	8B	2991	3887	3305	4297
	09	3463	4501	3935	5115
	10	4722	6138	5588	7263
UNION	01-02	968	1259	1075	1397
	03	980	1274	1087	1412
	04	1051	1366	1169	1520
	05	1063	1382	1181	1535
	06	1075	1397	1240	1612
	07	1358	1765	1476	1919
	08	1772	2303	1831	2379
	8B	2244	2917	2480	3224
	09	2598	3377	2953	3838
	10	3543	4605	4193	5449

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-7

EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. 01-15-14

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 72

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	1561	2030	1733	2252
	03	1580	2054	1752	2277
	04	1695	2203	1885	2450
	05	1714	2228	1904	2475
	06	1733	2252	1999	2599
	07	2190	2846	2380	3094
	08	2856	3713	2951	3836
	8B	3618	4703	3998	5198
	09	4189	5445	4760	6188
	10	5712	7425	6759	8786
EMCASCO	01-02	976	1269	1083	1408
	03	988	1284	1095	1423
	04	1059	1377	1178	1532
	05	1071	1392	1190	1547
	06	1083	1408	1250	1624
	07	1369	1779	1488	1934
	08	1785	2321	1845	2398
	8B	2261	2939	2499	3249
	09	2618	3403	2975	3868
	10	3570	4641	4225	5492
UNION	01-02	732	952	813	1057
	03	741	964	822	1068
	04	795	1033	884	1149
	05	804	1045	893	1161
	06	813	1057	938	1219
	07	1027	1335	1116	1451
	08	1340	1742	1384	1800
	8B	1697	2206	1875	2438
	09	1965	2554	2233	2903
	10	2679	3483	3170	4122

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-8

EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. 01-15-14

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 73

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	2355	3062	2614	3398
	03	2384	3099	2642	3435
	04	2556	3323	2843	3697
	05	2585	3361	2872	3734
	06	2614	3398	3016	3921
	07	3303	4294	3590	4668
	08	4308	5601	4452	5788
	8B	5457	7095	6031	7841
	09	6318	8215	7180	9335
	10	8616	11202	10196	13256
EMCASCO	01-02	1472	1914	1633	2124
	03	1490	1937	1651	2147
	04	1598	2077	1777	2311
	05	1616	2101	1795	2334
	06	1633	2124	1885	2451
	07	2064	2684	2244	2918
	08	2693	3501	2782	3618
	8B	3411	4435	3770	4901
	09	3949	5135	4488	5835
	10	5385	7002	6372	8286
UNION	01-02	1104	1435	1225	1593
	03	1117	1453	1238	1610
	04	1198	1558	1333	1733
	05	1211	1575	1346	1750
	06	1225	1593	1413	1838
	07	1548	2013	1683	2188
	08	2019	2625	2086	2713
	8B	2557	3325	2827	3675
	09	2961	3850	3365	4375
	10	4038	5250	4778	6213

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-9

EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. 01-15-14

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 81

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	2014	2618	2235	2906
	03	2038	2650	2260	2938
	04	2186	2842	2431	3161
	05	2210	2874	2456	3193
	06	2235	2906	2579	3353
	07	2824	3672	3070	3991
	08	3684	4790	3807	4949
	8B	4666	6067	5158	6705
	09	5403	7025	6140	7983
	10	7368	9579	8719	11335
EMCASCO	01-02	1259	1637	1397	1816
	03	1274	1657	1412	1836
	04	1366	1776	1520	1976
	05	1382	1796	1535	1996
	06	1397	1816	1612	2096
	07	1765	2295	1919	2495
	08	2303	2994	2379	3094
	8B	2917	3792	3224	4192
	09	3377	4391	3838	4990
	10	4605	5988	5449	7086
UNION	01-02	944	1227	1047	1361
	03	955	1242	1059	1376
	04	1024	1331	1139	1481
	05	1036	1346	1151	1496
	06	1047	1361	1209	1571
	07	1324	1720	1439	1870
	08	1727	2244	1784	2319
	8B	2187	2842	2417	3142
	09	2532	3291	2878	3740
	10	3453	4488	4086	5311

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-10

EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. 01-15-14

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 82

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	1573	2044	1745	2269
	03	1592	2069	1765	2294
	04	1707	2219	1899	2468
	05	1726	2244	1918	2493
	06	1745	2269	2014	2618
	07	2206	2867	2398	3116
	08	2877	3740	2973	3864
	8B	3644	4737	4028	5235
	09	4220	5485	4795	6233
	10	5754	7479	6809	8850
EMCASCO	01-02	983	1278	1091	1419
	03	995	1294	1103	1434
	04	1067	1388	1187	1543
	05	1079	1403	1199	1559
	06	1091	1419	1259	1637
	07	1379	1793	1499	1949
	08	1799	2339	1858	2416
	8B	2278	2962	2518	3274
	09	2638	3430	2998	3898
	10	3597	4677	4256	5534
UNION	01-02	737	959	818	1064
	03	746	970	827	1075
	04	800	1040	890	1157
	05	809	1052	899	1169
	06	818	1064	944	1227
	07	1034	1344	1124	1461
	08	1349	1754	1393	1812
	8B	1708	2221	1888	2455
	09	1978	2572	2248	2923
	10	2697	3507	3191	4150

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-11

EMPLOYERS MUTUAL CASUALTY COMPANY
EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

EFF. 01-15-14

COVERAGE C - ANNUAL KEY PREMIUMS

TERRITORY: 30-32,72-73,81-82

\$25,000 COV. C / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$250 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY				FRAME			
		HO0004	HO0524	HO0006	HO0006 & HO1731	HO0004	HO0524	HO0006	HO0006 & HO1731
EMCC	01	370	518	294	412	413	578	328	460
	02	374	524	298	417	417	584	332	465
	03	378	530	301	422	421	590	335	469
	04	383	536	304	426	426	596	339	474
	05	387	542	308	431	430	602	342	479
	06	391	548	311	436	434	608	345	484
	07	396	554	315	441	559	783	445	623
	08	400	560	318	445	559	783	445	623
	8B	495	692	393	551	636	891	506	709
	09	581	813	462	647	688	963	547	766
10	667	933	530	742	839	1174	667	934	
EMCASCO	01	231	324	184	258	258	362	205	288
	02	234	328	186	261	261	366	208	291
	03	237	332	188	264	264	369	210	294
	04	239	336	190	267	266	373	212	297
	05	242	339	193	270	269	377	214	300
	06	245	343	195	273	272	381	216	303
	07	247	347	197	276	350	490	278	390
	08	250	351	199	279	350	490	278	390
	8B	309	434	246	345	398	558	317	444
	09	363	509	289	405	430	603	342	480
10	417	584	332	465	525	735	417	585	
UNION	01	N/A	N/A	138	194	N/A	N/A	155	216
	02	N/A	N/A	140	196	N/A	N/A	156	218
	03	N/A	N/A	142	198	N/A	N/A	158	221
	04	N/A	N/A	143	200	N/A	N/A	159	223
	05	N/A	N/A	145	203	N/A	N/A	161	225
	06	N/A	N/A	147	205	N/A	N/A	163	227
	07	N/A	N/A	148	207	N/A	N/A	209	293
	08	N/A	N/A	150	209	N/A	N/A	209	293
	8B	N/A	N/A	185	259	N/A	N/A	238	333
	09	N/A	N/A	217	304	N/A	N/A	258	360
10	N/A	N/A	250	349	N/A	N/A	314	439	

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

SECTION II COVERAGE RATES

NOTE: THIS SECTION CONTAINS SECTION II RATES ONLY. THE RULES AND APPLICABLE ENDORSEMENTS FOR THESE SECTION II EXPOSURES ARE CONTAINED IN THE RULE SECTION OF THIS MANUAL.

ALL APPLICABLE RATES ARE DISPLAYED FOR THE FOLLOWING SECTION II LIMITS:

COVERAGE E LIABILITY	COVERAGE F MEDICAL PAYMENTS TO OTHERS
\$ 100,000	\$ 1,000
200,000	2,000
300,000	3,000
500,000	4,000
1,000,000	5,000

SECTION II RATING TERRITORY DEFINITIONS

ROS = REMAINDER OF STATE; OR RATES APPLY TO ENTIRE STATE

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
523. ASSISTED LIVING CARE COVERAGE (RATE PER PERSON)					
TERR: ROS					
(COV. F: N/A)	70	72	74	75	77
524. OTHER MEMBERS OF A NAMED INSURED'S HOUSEHOLD (RATE PER PERSON)					
TERR: ROS					
1,000	55	62	66	71	77
2,000	56	63	67	72	78
3,000	57	64	68	73	79
4,000	58	65	69	74	80
5,000	59	66	70	75	81

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
526. RESIDENCE HELD IN TRUST (ALL FORMS EXCEPT HO0004)					
TERR: ROS					
TRUST/TRUSTEE					
1,000	23	26	29	31	34
2,000	24	27	30	32	35
3,000	25	28	31	33	36
4,000	26	29	32	34	37
5,000	27	30	33	35	38
BENEFICIARY OR GRANTOR TRUSTEE - RESIDENT					
1,000	23	26	29	31	34
2,000	24	27	30	32	35
3,000	25	28	31	33	36
4,000	26	29	32	34	37
5,000	27	30	33	35	38
BENEFICIARY OR GRANTOR TRUSTEE - NOT RESIDENT					
NO CHARGE					
BENEFICIARY AND GRANTOR TRUSTEE - RESIDENT					
1,000	47	54	58	63	69
2,000	48	55	59	64	70
3,000	49	56	60	65	71
4,000	50	57	61	66	72
5,000	51	58	62	67	73
BENEFICIARY AND GRANTOR TRUSTEE - NOT RESIDENT					
1,000	23	26	29	31	34
2,000	24	27	30	32	35
3,000	25	28	31	33	36
4,000	26	29	32	34	37
5,000	27	30	33	35	38
527. STUDENT AWAY FROM HOME (RATE PER LOCATION)					
TERR: ROS					
1,000	62	69	73	78	84
2,000	63	70	74	79	85
3,000	64	71	75	80	86
4,000	65	72	76	81	87
5,000	66	73	77	82	88

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
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528. HOME BUSINESS INSURANCE COVERAGE LIABILITY

*NEW BUSINESS, USE 10 OR MORE CLASSIFICATION

**NEW BUSINESS, USE \$50,001 TO \$100,000 CLASSIFICATION

OFFICE

GROSS ANNUAL RECEIPTS UP TO \$250,000

*BUSINESS VISITORS PER WEEK

UNDER 10 VISITORS

1,000	2	2	2	3	3
2,000	6	6	6	7	7
3,000	11	11	11	12	12
4,000	15	15	15	16	16
5,000	19	19	19	20	20

10 OR MORE VISITORS

1,000	4	5	5	5	6
2,000	12	13	13	13	14
3,000	16	17	17	17	18
4,000	22	23	23	23	24
5,000	26	27	27	27	28

SERVICES

**GROSS ANNUAL RECEIPTS

*BUSINESS VISITORS PER WEEK

UP TO \$50,000

UNDER 10 VISITORS

1,000	18	21	22	24	26
2,000	22	25	26	28	30
3,000	27	30	31	33	35
4,000	31	34	35	37	39
5,000	35	38	39	41	43

\$50,001 TO \$100,000

UNDER 10 VISITORS

1,000	55	63	68	74	81
2,000	59	67	72	78	85
3,000	64	72	77	83	90
4,000	68	76	81	87	94
5,000	72	80	85	91	98

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
528. HOME BUSINESS INSURANCE COVERAGE LIABILITY - (CONT.)					
\$100,001 TO \$175,000 UNDER 10 VISITORS					
1,000	101	116	125	136	148
2,000	105	120	129	140	152
3,000	110	125	134	145	157
4,000	114	129	138	149	161
5,000	118	133	142	153	165
\$175,001 TO \$250,000 UNDER 10 VISITORS					
1,000	156	179	193	211	229
2,000	160	183	197	215	233
3,000	165	188	202	220	238
4,000	169	192	206	224	242
5,000	173	196	210	228	246
SERVICES					
**GROSS ANNUAL RECEIPTS *BUSINESS VISITORS PER WEEK					
UP TO \$50,000 10 OR MORE VISITORS					
1,000	28	32	35	38	41
2,000	36	40	43	46	49
3,000	40	44	47	50	53
4,000	46	50	53	56	59
5,000	50	54	57	60	63
\$50,001 TO \$100,000 10 OR MORE VISITORS					
1,000	82	94	102	111	121
2,000	90	102	110	119	129
3,000	94	106	114	123	133
4,000	100	112	120	129	139
5,000	104	116	124	133	143
\$100,001 TO \$175,000 10 OR MORE VISITORS					
1,000	151	174	187	204	222
2,000	159	182	195	212	230
3,000	163	186	199	216	234
4,000	169	192	205	222	240
5,000	173	196	209	226	244

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
528. HOME BUSINESS INSURANCE COVERAGE LIABILITY - (CONT.)					
\$175,001 TO \$250,000 10 OR MORE VISITORS					
1,000	234	269	290	316	344
2,000	242	277	298	324	352
3,000	246	281	302	328	356
4,000	252	287	308	334	362
5,000	256	291	312	338	366
SALES					
**GROSS ANNUAL RECEIPTS *BUSINESS VISITORS PER WEEK					
UP TO \$50,000 UNDER 10 VISITORS					
1,000	9	10	11	12	13
2,000	13	14	15	16	17
3,000	18	19	20	21	22
4,000	22	23	24	25	26
5,000	26	27	28	29	30
\$50,001 TO \$100,000 UNDER 10 VISITORS					
1,000	26	30	32	35	38
2,000	30	34	36	39	42
3,000	35	39	41	44	47
4,000	39	43	45	48	51
5,000	43	47	49	52	55
\$100,001 TO \$175,000 UNDER 10 VISITORS					
1,000	47	54	58	63	69
2,000	51	58	62	67	73
3,000	56	63	67	72	78
4,000	60	67	71	76	82
5,000	64	71	75	80	86
\$175,001 TO \$250,000 UNDER 10 VISITORS					
1,000	73	84	91	99	107
2,000	77	88	95	103	111
3,000	82	93	100	108	116
4,000	86	97	104	112	120
5,000	90	101	108	116	124

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
528. HOME BUSINESS INSURANCE COVERAGE LIABILITY - (CONT.)					
SALES					
**GROSS ANNUAL RECEIPTS					
*BUSINESS VISITORS PER WEEK					
UP TO \$50,000					
10 OR MORE VISITORS					
1,000	13	15	16	18	19
2,000	21	23	24	26	27
3,000	25	27	28	30	31
4,000	31	33	34	36	37
5,000	35	37	38	40	41
\$50,001 TO \$100,000					
10 OR MORE VISITORS					
1,000	39	45	48	53	57
2,000	47	53	56	61	65
3,000	51	57	60	65	69
4,000	57	63	66	71	75
5,000	61	67	70	75	79
\$100,001 TO \$175,000					
10 OR MORE VISITORS					
1,000	71	82	88	96	104
2,000	79	90	96	104	112
3,000	83	94	100	108	116
4,000	89	100	106	114	122
5,000	93	104	110	118	126
\$175,001 TO \$250,000					
10 OR MORE VISITORS					
1,000	109	125	135	147	160
2,000	117	133	143	155	168
3,000	121	137	147	159	172
4,000	127	143	153	165	178
5,000	131	147	157	169	182

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
528. HOME BUSINESS INSURANCE COVERAGE LIABILITY - (CONT.)					
CRAFTS					
**GROSS ANNUAL RECEIPTS					
*BUSINESS VISITORS PER WEEK					
UP TO \$50,000					
UNDER 10 VISITORS					
1,000	11	13	14	15	16
2,000	15	17	18	19	20
3,000	20	22	23	24	25
4,000	24	26	27	28	29
5,000	28	30	31	32	33
\$50,001 TO \$100,000					
UNDER 10 VISITORS					
1,000	32	37	40	43	47
2,000	36	41	44	47	51
3,000	41	46	49	52	56
4,000	45	50	53	56	60
5,000	49	54	57	60	64
\$100,001 TO \$175,000					
UNDER 10 VISITORS					
1,000	58	67	72	78	85
2,000	62	71	76	82	89
3,000	67	76	81	87	94
4,000	71	80	85	91	98
5,000	75	84	89	95	102
\$175,001 TO \$250,000					
UNDER 10 VISITORS					
1,000	90	104	112	122	132
2,000	94	108	116	126	136
3,000	99	113	121	131	141
4,000	103	117	125	135	145
5,000	107	121	129	139	149

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
528. HOME BUSINESS INSURANCE COVERAGE LIABILITY - (CONT.)					
CRAFTS					
**GROSS ANNUAL RECEIPTS					
*BUSINESS VISITORS PER WEEK					
UP TO \$50,000					
10 OR MORE VISITORS					
1,000	16	18	20	22	24
2,000	24	26	28	30	32
3,000	28	30	32	34	36
4,000	34	36	38	40	42
5,000	38	40	42	44	46
\$50,001 TO \$100,000					
10 OR MORE VISITORS					
1,000	47	54	58	63	69
2,000	55	62	66	71	77
3,000	59	66	70	75	81
4,000	65	72	76	81	87
5,000	69	76	80	85	91
\$100,001 TO \$175,000					
10 OR MORE VISITORS					
1,000	87	100	108	117	128
2,000	95	108	116	125	136
3,000	99	112	120	129	140
4,000	105	118	126	135	146
5,000	109	122	130	139	150
\$175,001 TO \$250,000					
10 OR MORE VISITORS					
1,000	134	154	166	181	197
2,000	142	162	174	189	205
3,000	146	166	178	193	209
4,000	152	172	184	199	215
5,000	156	176	188	203	219

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
601. RESIDENCE PREMISES					
TERR: ROS					
ONE OR TWO FAMILY					
1,000	0	3	5	8	10
2,000	3	6	8	11	13
3,000	5	8	10	13	15
4,000	8	11	13	16	18
5,000	11	14	16	19	21
602. OTHER INSURED LOCATION OCCUPIED BY INSURED (RATE PER RESIDENCE)					
TERR: ROS					
ONE FAMILY					
1,000	6	7	7	8	9
2,000	7	8	8	9	10
3,000	8	9	9	10	11
4,000	9	10	10	11	12
5,000	10	11	11	12	13
TWO FAMILY					
1,000	12	14	15	16	18
2,000	13	15	16	17	19
3,000	14	16	17	18	20
4,000	15	17	18	19	21
5,000	16	18	19	20	22
THREE FAMILY					
1,000	24	28	30	32	35
2,000	25	29	31	33	36
3,000	26	30	32	34	37
4,000	27	31	33	35	38
5,000	28	32	34	36	39
FOUR FAMILY					
1,000	27	31	33	36	40
2,000	28	32	34	37	41
3,000	29	33	35	38	42
4,000	30	34	36	39	43
5,000	31	35	37	40	44

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
603. RESIDENCE EMPLOYEES (RATE PER PERSON IN EXCESS OF TWO)					
TERR: ROS					
1,000	4	5	5	5	6
2,000	5	6	6	6	7
3,000	6	7	7	7	8
4,000	7	8	8	8	9
5,000	8	9	9	9	10
604. ADDITIONAL RESIDENCE RENTED TO OTHERS (RATE PER RESIDENCE)					
TERR: ROS					
ONE FAMILY					
1,000	18	21	22	24	26
2,000	19	22	23	25	27
3,000	20	23	24	26	28
4,000	21	24	25	27	29
5,000	22	25	26	28	30
TWO FAMILY					
1,000	29	33	36	39	43
2,000	30	34	37	40	44
3,000	31	35	38	41	45
4,000	32	36	39	42	46
5,000	33	37	40	43	47
THREE FAMILY					
1,000	65	75	81	88	96
2,000	66	76	82	89	97
3,000	67	77	83	90	98
4,000	68	78	84	91	99
5,000	69	79	85	92	100
FOUR FAMILY					
1,000	81	93	100	109	119
2,000	82	94	101	110	120
3,000	83	95	102	111	121
4,000	84	96	103	112	122
5,000	85	97	104	113	123

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
605. OTHER STRUCTURES RENTED TO OTHERS - RESIDENCE PREMISES					
(RATE PER STRUCTURE)					
TERR: ROS					
1,000	18	21	22	24	26
2,000	19	22	23	25	27
3,000	20	23	24	26	28
4,000	21	24	25	27	29
5,000	22	25	26	28	30
607. HOME DAY CARE COVERAGE					
CONTACT BRANCH OFFICE FOR ANY APPLICABLE RATES AND RULES ON FILE WITH THE INSURANCE DEPARTMENT.					
608. PERMITTED INCIDENTAL OCCUPANCIES					
RESIDENCE PREMISES AND OTHER RESIDENCES (RATE PER RESIDENCE)					
TERR: ROS					
RESIDENCE PREMISES					
1,000	15	17	19	20	22
2,000	20	22	24	25	27
3,000	24	26	28	29	31
4,000	29	31	33	34	36
5,000	32	34	36	37	39
OTHER RESIDENCES					
1,000	16	18	20	22	24
2,000	19	21	23	25	27
3,000	21	23	25	27	29
4,000	24	26	28	30	32
5,000	26	28	30	32	34
609. BUSINESS PURSUITS (RATE PER INSURED PERSON)					
TERR: ROS					
CLERICAL EMPLOYEES					
1,000	4	5	5	5	6
2,000	5	6	6	6	7
3,000	6	7	7	7	8
4,000	7	8	8	8	9
5,000	8	9	9	9	10

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
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609. BUSINESS PURSUITS (RATE PER INSURED PERSON) - (CONT.)

SALES PERSON, COLLECTOR OR MESSENGER -
INSTALLATION, DEMONSTRATION OR SERVICING:

INCLUDED

1,000	6	7	7	8	9
2,000	7	8	8	9	10
3,000	8	9	9	10	11
4,000	9	10	10	11	12
5,000	10	11	11	12	13

EXCLUDED

1,000	4	5	5	5	6
2,000	5	6	6	6	7
3,000	6	7	7	7	8
4,000	7	8	8	8	9
5,000	8	9	9	9	10

TEACHERS: LABORATORY, ATHLETIC, MANUAL OR PHYSICAL TRAINING

1,000	11	13	14	15	16
2,000	13	15	16	17	18
3,000	15	17	18	19	20
4,000	16	18	19	20	21
5,000	17	19	20	21	22

TEACHERS: NOT OTHERWISE CLASSIFIED

1,000	5	6	6	7	7
2,000	6	7	7	8	8
3,000	7	8	8	9	9
4,000	8	9	9	10	10
5,000	9	10	10	11	11

TEACHERS: CORPORAL PUNISHMENT

(COV. F: N/A)	4	5	5	5	6
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SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
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610. PERSONAL INJURY (RATE PER POLICY)

TERR: ROS

COVERAGE INCLUDED
REFER TO RULES 515. G, H & I

611. INCIDENTAL LOW POWER RECREATIONAL MOTOR VEHICLES (RATE PER VEHICLE)

TERR: ROS

1,000	13	15	16	18	19
2,000	14	16	17	19	20
3,000	15	17	18	20	21
4,000	16	18	19	21	22
5,000	17	19	20	22	23

612. OUTBOARD MOTORS AND WATERCRAFT

OUTBOARD, INBOARD OR INBOARD-OUTDRIVE ENGINES OR MOTORS

TERR: ROS

COVERAGE INCLUDED AT NO ADDITIONAL PREMIUM:

*SAILBOATS LESS THAN 26 FEET IN OVERALL LENGTH WITH OR WITHOUT
AUXILIARY POWER
(COVERED IN THE POLICY FORM)

*OUTBOARD ENGINES OR MOTORS OF UP TO 100 HORSEPOWER
(COVERED UNDER EMC EXTENSION ENDORSEMENTS - SEE RULES 515. G, H & I)

FOR ALL OTHER WATERCRAFT, THE FOLLOWING RATES APPLY:

UP TO 15 FT -
*UP TO 50 HP

1,000	8	9	10	11	12
2,000	11	12	13	14	15
3,000	13	14	15	16	17
4,000	16	17	18	19	20
5,000	18	19	20	21	22

UP TO 15 FT -
*51 TO 100 HP

1,000	14	16	17	19	21
2,000	18	20	21	23	25
3,000	21	23	24	26	28
4,000	25	27	28	30	32
5,000	27	29	30	32	34

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
612. OUTBOARD MOTORS AND WATERCRAFT - (CONT.)					
UP TO 15 FT - 101 TO 150 HP					
1,000	20	23	25	27	29
2,000	25	28	30	32	34
3,000	31	34	36	38	40
4,000	36	39	41	43	45
5,000	39	42	44	46	48
OVER 15 TO 26 FT - *UP TO 50 HP					
1,000	13	15	16	18	19
2,000	17	19	20	22	23
3,000	20	22	23	25	26
4,000	24	26	27	29	30
5,000	26	28	29	31	32
OVER 15 TO 26 FT - *51 TO 100 HP					
1,000	19	22	24	26	28
2,000	24	27	29	31	33
3,000	30	33	35	37	39
4,000	35	38	40	42	44
5,000	38	41	43	45	47
OVER 15 TO 26 FT - 101 TO 150 HP					
1,000	24	28	30	32	35
2,000	31	35	37	39	42
3,000	39	43	45	47	50
4,000	46	50	52	54	57
5,000	50	54	56	58	61
OVER 15 TO 26 FT - 151 TO 200 HP					
1,000	30	35	37	41	44
2,000	41	46	48	52	55
3,000	52	57	59	63	66
4,000	63	68	70	74	77
5,000	68	73	75	79	82

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
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612. OUTBOARD MOTORS AND WATERCRAFT - (CONT.)

OVER 15 TO 26 FT -
201 TO 300 HP

1,000	51	59	63	69	75
2,000	68	76	80	86	92
3,000	85	93	97	103	109
4,000	102	110	114	120	126
5,000	111	119	123	129	135

OVER 15 TO 26 FT -
OVER 300 HP

CONTACT BRANCH OFFICE FOR ANY APPLICABLE RATES AND
RULES ON FILE WITH THE INSURANCE DEPARTMENT.

SAILBOATS WITH OR WITHOUT
AUXILIARY POWER

*26 TO 40 FT

1,000	8	9	10	11	12
2,000	11	12	13	14	15
3,000	13	14	15	16	17
4,000	16	17	18	19	20
5,000	18	19	20	21	22

613. OWNED RECREATIONAL VEHICLE (RATE PER VEHICLE)

TERR: ROS

1,000	31	36	38	42	46
2,000	32	37	39	43	47
3,000	33	38	40	44	48
4,000	34	39	41	45	49
5,000	35	40	42	46	50

614. FARMERS PERSONAL LIABILITY (FPL)

OWNED AND OPERATED BY INSURED: INITIAL FARM PREMISES
TERR: ROS

UP TO 160 ACRES

1,000	92	106	114	124	135
2,000	95	109	117	127	138
3,000	97	111	119	129	140
4,000	100	114	122	132	143
5,000	102	116	124	134	145

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SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
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614. FARMERS PERSONAL LIABILITY (FPL) - (CONT.)

OVER 160 TO 500 ACRES

1,000	157	181	195	212	231
2,000	160	184	198	215	234
3,000	162	186	200	217	236
4,000	165	189	203	220	239
5,000	167	191	205	222	241

OVER 500 ACRES

1,000	289	332	358	390	425
2,000	292	335	361	393	428
3,000	294	337	363	395	430
4,000	297	340	366	398	433
5,000	299	342	368	400	435

ADD'L RATE PER EACH ADD'L FARM PREMISES WITH BUILDINGS

1,000	13	15	16	18	19
2,000	14	16	17	19	20
3,000	15	17	18	20	21
4,000	16	18	19	21	22
5,000	17	19	20	22	23

OWNED BY INSURED AND RENTED TO OTHERS

***ALL FARM PREMISES WITHOUT BUILDINGS**

1,000	13	15	16	18	19
2,000	14	16	17	19	20
3,000	15	17	18	20	21
4,000	16	18	19	21	22
5,000	17	19	20	22	23

***EACH FARM PREMISES WITH BUILDINGS**

1,000	13	15	16	18	19
2,000	14	16	17	19	20
3,000	15	17	18	20	21
4,000	16	18	19	21	22
5,000	17	19	20	22	23

***TOTAL ALL ACREAGE OF FARMS OWNED BY INSURED AND RENTED TO OTHERS. ADD THE FOLLOWING FLAT CHARGE (NOT SUBJECT TO INCREASED LIMITS FACTORS) WHEN TOTAL ACREAGE IS:**

OVER 160 TO 500 ACRES	OVER 500 ACRES
\$2	\$7

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
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614. FARMERS PERSONAL LIABILITY (FPL) - (CONT.)

**FARM EMPLOYEES
PER 100 PERSON DAYS OR FRACTION THEREOF**

1,000	10	12	12	14	15
2,000	11	13	13	15	16
3,000	12	14	14	16	17
4,000	13	15	15	17	18
5,000	14	16	16	18	19

EACH FARM EMPLOYEE PART TIME

1,000	12	14	15	16	18
2,000	13	15	16	17	19
3,000	14	16	17	18	20
4,000	15	17	18	19	21
5,000	16	18	19	20	22

EACH FARM EMPLOYEE FULL TIME

1,000	28	32	35	38	41
2,000	29	33	36	39	42
3,000	30	34	37	40	43
4,000	31	35	38	41	44
5,000	32	36	39	42	45

615. INCIDENTAL FARMING PERSONAL LIABILITY

TERR: ROS

FARMING DONE ON THE RESIDENCE PREMISES

1,000	36	41	45	49	53
2,000	37	42	46	50	54
3,000	38	43	47	51	55
4,000	39	44	48	52	56
5,000	40	45	49	53	57

FARMING DONE AWAY FROM PREMISES

1,000	54	62	67	73	79
2,000	55	63	68	74	80
3,000	56	64	69	75	81
4,000	57	65	70	76	82
5,000	58	66	71	77	83

617. WATERBED LIABILITY COVERAGE (HO0004 AND HO0006 ONLY)

(RATE PER WATERBED)

TERR: ROS

(COV. F: N/A)	25	29	31	34	37
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SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
621. SWIMMING POOL LIABILITY					
TERR: ROS					
1,000	35	40	43	47	51
2,000	39	44	47	51	55
3,000	42	47	50	54	58
4,000	46	51	54	58	62
5,000	49	54	57	61	65

EARTHQUAKE TERRITORY DEFINITIONS

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
71601	26	71743	27	71861	27
71602	27	71744	27	71862	27
71603	27	71745	27	71864	27
71611	26	71747	27	71865	27
71612	27	71748	27	71866	27
71613	27	71749	27	71901	27
71630	25	71750	27	71902	27
71631	27	71751	27	71903	27
71635	27	71752	27	71909	27
71638	26	71753	27	71910	27
71639	25	71754	27	71913	27
71640	27	71758	27	71914	27
71642	27	71759	27	71920	27
71643	25	71762	27	71921	27
71644	25	71763	27	71922	27
71646	27	71764	27	71923	27
71647	27	71765	27	71929	27
71651	27	71766	27	71932	27
71652	27	71770	27	71933	27
71653	27	71772	27	71935	27
71654	26	71801	27	71937	27
71655	27	71802	27	71940	27
71656	27	71820	27	71941	27
71657	27	71822	27	71942	27
71658	27	71823	27	71943	27
71659	26	71825	27	71944	27
71660	27	71826	27	71945	27
71661	27	71827	27	71949	27
71662	25	71828	27	71950	27
71663	27	71831	27	71951	27
71665	27	71832	27	71952	27
71666	26	71833	27	71953	27
71667	27	71834	27	71956	27
71670	26	71835	27	71957	27
71671	27	71836	27	71958	27
71674	25	71837	27	71959	27
71675	27	71838	27	71960	27
71676	27	71839	27	71961	27
71677	25	71840	27	71962	27
71678	26	71841	27	71964	27
71701	27	71842	27	71965	27
71711	27	71845	27	71966	27
71720	27	71846	27	71968	27
71721	27	71847	27	71969	27
71722	27	71851	27	71970	27
71724	27	71852	27	71971	27
71725	27	71853	27	71972	27
71726	27	71854	27	71973	27
71728	27	71855	27	71998	27
71730	27	71857	27	71999	27
71731	27	71858	27	72001	27
71740	27	71859	27	72002	27
71742	27	71860	27	72003	26

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 EMCASCO INSURANCE COMPANY
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EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72004	25	72064	25	72130	27
72005	24	72065	27	72131	27
72006	24	72066	26	72132	27
72007	27	72067	27	72133	25
72010	26	72068	25	72134	25
72011	27	72069	25	72135	27
72012	26	72070	27	72136	27
72013	27	72072	24	72137	27
72014	24	72073	24	72139	26
72015	27	72074	25	72140	25
72016	27	72075	24	72141	27
72017	25	72076	26	72142	24
72018	27	72078	26	72143	26
72019	27	72079	27	72145	26
72020	26	72080	27	72149	26
72021	25	72081	26	72150	27
72022	27	72082	25	72152	25
72023	26	72083	24	72153	27
72024	26	72084	27	72156	27
72025	27	72085	26	72157	27
72026	25	72086	26	72158	27
72027	27	72087	27	72160	25
72028	27	72088	27	72164	26
72029	25	72089	27	72165	25
72030	27	72099	27	72166	26
72031	27	72101	24	72167	27
72032	27	72102	26	72168	25
72033	27	72103	27	72169	24
72034	27	72104	27	72170	26
72035	27	72105	27	72173	27
72036	25	72106	27	72175	24
72037	24	72107	27	72176	26
72038	26	72108	25	72178	26
72039	27	72110	27	72179	27
72040	25	72111	27	72180	27
72041	25	72112	24	72181	27
72042	26	72113	26	72182	25
72043	24	72114	26	72183	26
72044	27	72115	26	72189	24
72045	27	72116	27	72190	27
72046	24	72117	25	72199	27
72047	27	72118	27	72201	27
72048	25	72119	26	72202	27
72051	27	72120	27	72203	27
72052	26	72121	26	72204	27
72053	26	72122	27	72205	27
72055	26	72123	24	72206	26
72057	27	72124	27	72207	27
72058	27	72125	27	72209	27
72059	24	72126	27	72210	27
72060	25	72127	27	72211	27
72061	27	72128	26	72212	27
72063	27	72129	27	72214	27

EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72215	27	72360	25	72437	21
72216	26	72364	22	72438	21
72217	27	72365	21	72440	26
72219	27	72366	25	72441	23
72221	27	72367	26	72442	21
72222	27	72368	25	72443	23
72223	27	72369	25	72444	26
72225	27	72370	21	72445	25
72227	27	72372	24	72447	21
72231	25	72373	21	72449	25
72255	27	72374	25	72450	23
72260	27	72376	22	72451	23
72295	26	72377	21	72453	24
72301	22	72379	25	72454	23
72303	22	72383	25	72455	26
72310	21	72384	21	72456	24
72311	25	72386	21	72457	25
72312	25	72387	24	72458	26
72313	21	72389	26	72459	26
72315	21	72390	25	72460	27
72316	21	72391	21	72461	23
72319	21	72392	25	72462	24
72320	23	72394	23	72464	22
72321	21	72395	21	72465	24
72322	24	72396	24	72466	26
72324	23	72401	23	72467	23
72325	21	72402	23	72469	26
72326	24	72403	23	72470	25
72327	21	72404	23	72471	25
72328	26	72410	25	72472	21
72329	21	72411	21	72473	25
72330	21	72412	24	72474	23
72331	21	72413	24	72475	24
72332	22	72414	21	72476	25
72333	26	72415	26	72478	27
72335	24	72416	24	72479	24
72336	24	72417	23	72482	27
72338	21	72419	21	72501	26
72339	21	72421	24	72503	26
72340	25	72422	24	72512	27
72341	24	72424	25	72513	27
72342	25	72425	24	72515	27
72346	21	72426	21	72517	27
72347	24	72427	24	72519	27
72348	22	72428	21	72520	27
72350	21	72429	24	72521	27
72351	21	72430	23	72522	26
72352	25	72431	24	72523	27
72353	26	72432	23	72524	25
72354	21	72433	25	72525	27
72355	25	72434	26	72526	26
72358	21	72435	24	72527	26
72359	24	72436	24	72528	27

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EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72529	27	72626	27	72717	27
72530	27	72628	27	72718	27
72531	27	72629	27	72719	27
72532	27	72630	27	72721	27
72533	27	72631	27	72722	27
72534	27	72632	27	72727	27
72536	27	72633	27	72728	27
72537	27	72634	27	72729	27
72538	27	72635	27	72730	27
72539	27	72636	27	72732	27
72540	27	72638	27	72733	27
72542	27	72639	27	72734	27
72543	27	72640	27	72735	27
72544	27	72641	27	72736	27
72545	27	72642	27	72737	27
72546	27	72644	27	72738	27
72550	27	72645	27	72739	27
72553	25	72648	27	72740	27
72554	27	72650	27	72741	27
72555	27	72651	27	72742	27
72556	27	72653	27	72744	27
72560	27	72654	27	72745	27
72561	27	72655	27	72747	27
72562	25	72657	27	72749	27
72564	24	72658	27	72751	27
72565	27	72659	27	72752	27
72566	27	72660	27	72753	27
72567	27	72661	27	72756	27
72568	26	72662	27	72757	27
72569	27	72663	27	72758	27
72571	26	72666	27	72760	27
72572	26	72668	27	72761	27
72573	27	72669	27	72762	27
72575	26	72670	27	72764	27
72576	27	72672	27	72765	27
72577	27	72675	27	72766	27
72578	27	72677	27	72768	27
72579	26	72679	27	72769	27
72581	27	72680	27	72770	27
72583	27	72682	27	72773	27
72584	27	72683	27	72774	27
72585	27	72685	27	72776	27
72587	27	72686	27	72801	27
72601	27	72687	27	72802	27
72602	27	72701	27	72811	27
72611	27	72702	27	72812	27
72613	27	72703	27	72820	27
72615	27	72704	27	72821	27
72616	27	72711	27	72823	27
72617	27	72712	27	72824	27
72619	27	72714	27	72826	27
72623	27	72715	27	72827	27
72624	27	72716	27	72828	27

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EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. 01-15-14

EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72829	27	72940	27		
72830	27	72941	27		
72832	27	72943	27		
72833	27	72944	27		
72834	27	72945	27		
72835	27	72946	27		
72837	27	72947	27		
72838	27	72948	27		
72839	27	72949	27		
72840	27	72950	27		
72841	27	72951	27		
72842	27	72952	27		
72843	27	72955	27		
72845	27	72956	27		
72846	27	72957	27		
72847	27	72958	27		
72851	27	72959	27		
72852	27				
72853	27				
72854	27				
72855	27				
72856	27				
72857	27				
72858	27				
72860	27				
72863	27				
72865	27				
72901	27				
72902	27				
72903	27				
72904	27				
72905	27				
72906	27				
72908	27				
72913	27				
72914	27				
72916	27				
72917	27				
72918	27				
72919	27				
72921	27				
72923	27				
72926	27				
72927	27				
72928	27				
72930	27				
72932	27				
72933	27				
72934	27				
72935	27				
72936	27				
72937	27				
72938	27				

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EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. 01-15-14

 UNDERWRITING ELIGIBILITY

1. NEW BUSINESS ELIGIBILITY

The basis of our competitive rate structure is the careful selection of risks. Our underwriting guidelines require that only preferred or superior risks be submitted for coverage. The maximum binding authority is 330 days for both-written and binders, 72 hours for oral binders. Applications must be completed in their entirety, with current photographs (front & rear of dwelling) and replacement cost worksheet attached.

Minimum – Maximum (Protection Class 1-8) Limit Requirements:
EMCC

~~HO0003 and HO0005 — \$150,000 to \$350,000 Coverage A~~
~~HO0004 and HO0006 — \$15 — \$20,000 to \$100,000 Coverage C~~
~~HO0006 — \$20,000 to \$200,000 Coverage C~~

EMCASCO

~~HO0003 and HO0005 — \$200,000 to \$500,000 Coverage A~~
~~HO0004 and — \$30,000 to \$100,000 Coverage C~~
~~HO0006 — \$2530,000 to \$200,000 Coverage C~~

UNION

~~HO0003 and HO0005 — \$300,000 to \$500,000 Coverage A~~
~~HO0006 — \$50,000 to \$200,000 Coverage C~~

Maximum Binding Limit Requirements:
EMCC

~~HO0003 and HO0005 — \$350,000 Coverage A — Protection Class 1-8~~

EMCASCO/UNION

~~HO0003 and HO0005 — \$500,000 Coverage A — Protection Class 1-8~~

EMCC/EMCASCO

~~HO0004 — \$100,000 Coverage C — Protection Class 1-8~~

EMCC/EMCASCO/UNION

~~HO0006 — \$200,000 Coverage C — Protection Class 1-8~~

EMCC

~~HO0003 and HO0005 — \$200,000 Coverage A — Protection Class 9~~

All Companies:

Earthquake Coverage – No Binding Authority in Earthquake Territories 21 through 26. Submit for Branch Underwriting approval.

These acceptability provisions are offered as guidelines. The underwriter's discretion shall apply in cases of extenuating circumstances. Due to varying circumstances it may occasionally be necessary to decline a risk due to circumstances not contemplated in the guidelines.

A. PRIOR APPROVAL

Coverage shall not be bound for risks with the following characteristics or conditions until (1) all information has been submitted to the company for appropriate underwriting and (2) the agent has approval for binder coverage:

1. Any Business operation at the insured location that is not specifically shown as eligible in the rule section of this manual.
2. Insurance To Value:

~~EMCC — Dwellings insured for less than 90% of estimated replacement cost, unless ACV or Special Loss Settlement endorsement is attached.~~

~~EMCASCO/UNION — Dwellings insured for less than 100% of estimated replacement cost, unless ACV or Special Loss Settlement endorsement is attached.~~

Replacement Cost as calculated from a current M&S/B Residential Component Technology software system (RCT).

3. Risks with lapse in coverage.

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- *
- 4. Any risk with a wood ~~burner~~burning stove, freestanding fireplace, or wood burning furnace ~~or fireplace insert. Unit must be~~unless the unit is:
- a. factory built;
 - b. U.L. listed and tested;
 - c. professionally installed.
 - d. located within protection class 1-8 (protection class 9 with prior underwriting approval);
 - e. if located outside the home (must be modern or recently installed, and situated away from the home by at least 25 feet).

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

Acceptable risks are eligible in EMCC only (consideration may be given for placement in EMCASCO with prior underwriting approval).

Photo must be submitted with. If the device is a woodstove then a completed questionnaire-Refer is required - refer to Wood Burning Supplemental Guidelines (pages A-1 – A-4).—Not eligible in EMCASCO or UNION.) If other than a woodstove then a copy of the manufacturer's installation instructions or a contractor's statement that the unit was installed according to the manufacturer's instruction, is required.

- * 5. Any Seasonal or Secondary Dwelling – We(EMC must insure the primary dwelling.) – Ac-
 - ceptable in EMCC only (consideration may be given for placement in EMCASCO with prior
 * underwriting approval).
- * 6. Any watercraft exceeding: \$25,000 in value, or Watercraft:
 - a. Jet Skis, Wave Runners, or other Personal Watercraft up to 140 horsepower;
b. Boats over 200 horsepower, or;
c. Boats over 20 years of age old;
d. Boats valued over \$45,000
- * 7. Any Risk located in actual protection class 9 or 10 (PC 10 is unacceptable for primary resi-
 - dences).

B. UNACCEPTABLE RISKS**THE FOLLOWING RISKS CANNOT BE SUBMITTED, ACCEPTED OR BOUND:**

- * 1. Dwellings over 40 years old in which the plumbing, heating and electrical (minimum 100 amp
 - service with circuit breakers) have not been updated or which are not in compliance with all
current building laws. The roof Asphalt shingled roofs must have been replaced within the
past 2010 years. Dwellings with fuse boxes are not acceptable.
- * 2. Roofs with wood shingles or shakes that have not been treated or maintained (must be fire
 - rated and meet local building codes).
- * 2. Primary dwellings classified as an actual PPC 10 or more than 5 miles from the responding
 - fire department.
- * 3. Dwellings in a deteriorating condition or lacking proper upkeep and maintenance.
- * 4. Unoccupied, vacant, or isolated dwellings (not visible from another residence).
- * 5. Mobile homes (including Manufactured Homes—which is a reference to mobile homes built
 - after 6-97), log homes, or housing using experimental construction techniques.
- * 6. Dwellings Dwellings built prior to 1999 with exterior synthetic stucco (e.g. "EIFS"). "EIFS".
 - EIFS construction for homes built 1999 or after is acceptable for Coverage A values up to
\$500,000 (for homes over \$500,000—no more than 25% of the exterior may be EIFS).
- * 7. Trampolines or skateboard ramps.
- * 8. Exotic pets or animals (llamas, snakes, ostriches, etc.).
- * 9. Risks Dogs with large dogs (Dalmations, Dobermans, aggressive tendencies or any past bite
 - history. Particular attention should be given to such breeds as Pit Bulls, Rottweilers, Chow
Chows) or dogs that have bitten, Doberman Pinschers and German Shepherds – if the dog is
one of these breeds or attacked someone's a mix with one of these breeds, only nonaggres-
sive females or neutered males will be considered.
- * 10. Roofs with any of the following qualities:
 - a. Wood shingles or shakes
b. Roofs with no pitch (flat)
c. Asphalt Shingle Roof >10 years old.
d. Asphalt Shingle Roof with more than one layer of shingles
e. Roofs consisting of discontinued manufactured materials. i.e. T-lock Shingle Roofs
f. Metal roofs installed over the top of another roofing material (i.e. asphalt shingle).
- * 11. Solid Fuel Heating Devices:
 - a. with heat reclaimers or heat saver device;

- b. used as a primary heat source;
- c. That are located in Protection Class 9 or 10.

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- d. Fireplace inserts
- e. That are kerosene Heaters
- f. That are coal burning units
- g. In dwellings containing more than 3 solid fuel heating devices
- h. in Union.

12. HO0004 outside of city limits or in commercial buildings.

~~1413. UNION – Any of the following qualities or hazards are unacceptable for placement in UNION:~~

- a. two, three or four family owner-occupied residences;
- b. dwelling is occupied as a secondary or seasonal residence;
- c. any actual protection class 9 (Dwellings, other than PPC 10, qualifying for the Suburban Rating plan will be considered for exception);
- d. any risk with a supplemental heating hazard including wood stoves or a device that burns solid fuel (corn, corncobs, cherry pits and wood pellets etc).

14. HO0004 outside of city limits or in commercial buildings.

15. Dwelling Replacement or Repair Cost Protection Coverage A - Dwelling (HO7121) – the following new business qualifications are unacceptable for this Company coverage & rating enhancement endorsement:

- a. forms HO0004 and HO0006;
- b. dwellings constructed prior to 1940. With prior underwriting approval, homes that were built prior to 1940, updated and insured to 100% of the standard RCT may be eligible for the HO7192.2 Excess Dwelling Coverage (Specified Additional Amount of Insurance for Coverage A – Dwelling – Common Construction
- c. builder's risk or dwellings under construction (COC).

16. Swimming pools/spas/hot tubs that are not fenced in with gates that are self-closing and self-latching (exception--hot tubs/spas that are not fenced in must have locked covers). Pools with diving boards or slides must be pre-approved. Any acceptable pool exposure must have a photo and completed Company pool questionnaire submitted with application.

~~12. Primary dwellings located over 5 miles from the responding fire station (PC 10).~~

~~1317. ATV's and Trail Bikes (licensed, registered or required to be licensed and/or registered)~~

18. Risks who have been cancelled or non-renewed by the previous carrier due to underwriting reasons (other circumstances should be submitted to the underwriter prior to binding).

19. Watercraft:

- a. over 26 feet in length (sailboats over 40 ft.);
- b. maximum rated speed exceeding 45 MPH;
- c. any personal watercraft (jet skis, wave runners, etc.) over 140 HP or with operators with less than 3 years experience (may be waived for operators with power school/water safety certificates of completion).

~~14. Dwelling Replacement or Repair Cost Protection Coverage A – Dwelling (HO7121) – the following new business qualifications are unacceptable for this Company coverage & rating enhancement endorsement:~~

- a. ~~forms HO0004 and HO0006;~~
- b. ~~any Coverage A limit that is less than 100% of the Company's estimated reconstruction cost (using M&S/B Residential Component Technology);~~
- c. ~~dwellings over 40 years old. With prior underwriting approval, homes that are over 40 years old, updated and insured to 100% of the standard RCT may be eligible for the HO7192.2 Excess Dwelling Coverage (Specified Additional Amount of Insurance for Coverage A – Dwelling – Common Construction);~~

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- ~~d. any unique, experimental or modular home type construction (modern modular homes calculated using the RCT "standard" construction type may receive underwriting consideration);~~
- ~~e. dwellings located in "rated" protection class 9 (Suburban Rated permitted) or in class 10;~~
- ~~f. Coverage A limits less than \$100,000 or greater than \$750,000;~~
- ~~g. ~~three~~ **20.** Three or four family dwellings;~~
- ~~h. builder's risk or dwellings under construction (COC);~~

15. UNION— Any of the following qualities or hazards are unacceptable for placement in **UNION**:

- ~~a. form HO0004;~~
- ~~b. year built of home at inception of policy is over 20 years;~~
- ~~c. in **EMCASCO** (two, three or four family owner-occupied residences (forms HO0003 and HO0005); in **Union**);~~
- ~~d. any actual protection class 9 or 10 risk;~~
- ~~e. any risk with a wood stove or wood fireplace insert heating apparatus hazard;~~

1621. Earthquake coverage cannot be bound, added or increased to a policy mid-term.**22.** Water Back Up coverage cannot be bound, added or increased to a policy mid-term.**23.** Dwellings up for Sale or in the process of repossession.**24.** Dwellings with uncorrected fire or building code violations.**C. DEDUCTIBLE OPTIONS**

~~New Business Minimum All Peril Deductible of \$1,000 applies for forms **HO0003 & HO0005**; and a \$250 All Peril Deductible for forms **HO0004 & HO0006**. Refer to Deductible Rule 406. Current deductible options are displayed on the internet quote and application programs.~~

D. PERSONAL LIABILITY/MEDICAL PAYMENTS: \$100,000/\$1,000. Refer to Liability Rules 701. and 702. for higher limit options.**E. BUILDER'S BUILDER'S RISK**

- Coverage must be insured for 100% of the completed value.
- A copy of the contractor's bid specifications is required for homes/dwellings valued at \$250,000 and over.

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- “Spec” homes and/or where construction has been stopped or suspended are unacceptable.
- The Named Insured must be the intended owner occupant.
- Owner built homes are not eligible for coverage.
- Dwellings being remodeled are not eligible for Builder's Risk Coverage.
- Dwellings must be completed and occupied in 180 days or less.

F. HOME BUSINESS INSURANCE (HOBIZ)

For coverage to be provided, the home business must be specifically listed under Rule 528 as an “eligible business”. The maximum binding authority for business property is \$40,000. Coverage is subject to the Section I policy deductible. This endorsement is not available for seasonal or secondary dwellings. The Home Business Coverage Questionnaire must be completed in its entirety and submitted with application.

G. SCHEDULED PERSONAL PROPERTY

~~Refer to Company any Inland Marine schedule that exceeds 50% of the unscheduled personal property limit or \$50,000, or any single scheduled item that exceeds \$10,000 (except watercraft). Current appraisals are required on items valued at \$5,000 or more.~~

Refer to Inland Marine Section for all scheduled property items.

H. EARTHQUAKE

All binding authority for property coverage is suspended for 7 days immediately following an Earthquake measuring 4.0 or higher on the Richter Scale within a 500 mile radius of the insured location.

I. MAXIMUM ALLOWABLE LOSSES**36 MONTH HISTORY:**

EMCC – No more than 2 losses.

EMCASCO – No more than 1 loss.

UNION – No Losses.

Loss counts do not include those solely based on an insured's past occurrence or history of claims arising from natural causes including but not limited to catastrophic and weather-related claims that are beyond the control of the insureds.

A history of losses outside the three year experience may be considered.

The underwriter's discretion shall apply in cases of extenuating circumstances.

****See Note under RENEWAL ELIGIBILITY**

1. ~~NEW BUSINESS ELIGIBILITY (Cont'd.)~~

J. NON-PAYMENT CANCELLATION

When a policy has been cancelled for non-payment of premium, it will not be reinstated after the cancellation date has become effective.

Subject to the underwriter's authorization, a policy may be reinstated prior to the effective date of cancellation. However, this will not be done more than three times or more than twice in a two year period, regardless of how long the policy has been in force.

Agents are not authorized to accept payments for direct bill or premium financed policies on the company's behalf under any circumstance without prior company approval.

2. RENEWAL ELIGIBILITY

EMCC

No more than 3 losses in the preceding three-year underwriting period.

EMCASCO

No more than 2 losses in the preceding three-year underwriting period.

UNION

No more than 1 loss in the preceding three-year underwriting period.

Loss history will be reviewed each year with the possibility of moving the risk to a higher rated company, placing a higher deductible on the policy, or non-renewal (losses due to natural causes shall not be the sole reason for such action). Other valid underwriting reasons (such as physical hazards that increase the potential for property or liability losses), permitted by the State Insurance Department, may also be considered for the above actions. The underwriter's discretion shall apply in cases of extenuating circumstances.

Note: A claim for which the insurer has paid no damages will not be considered for acceptability or company placement (HB1178).

ADDITIONAL COMPANY RULE – ALL COMPANIES (Cont'd.)

2. INSURANCE SCORING

A discount will be applied to the Homeowners Policy premium, based upon the current Insurance Score derived from ~~ChoicePoint's~~ LexisNexis insurance scoring model, to reflect the correlation found between an individual's ability to handle and manage credit (responsibility characteristics) and the ability to manage insurance risk in the same responsible manner. The premium is computed by multiplying the Homeowners Policy Premium, following all other modifications except the Combination Policy Discount if applicable, by the appropriate factor as follows (Point of Sale message will indicate score level discount to apply):

- Score Level A – 1.00
- Score Level B – .80 (includes Score Level N—No Hits/Unscorables)
- Score Level C – .70
- Score Level D – .60
- Score Level E – .55

3. LOSS HISTORY MERIT RATING PLAN (ALL FORMS)

A. Introduction

The Loss History Merit Rating Plan recognizes the loss history of an insured or applicant (with consideration given for the number of consecutive years an insured has had homeowner's coverage with the EMC Insurance Companies), for both property and liability coverages, in determining the appropriate premium for a new or renewal policy.

B. Eligibility

A loss shall be considered eligible for rating under this Plan if:

1. The loss occurred during the three years immediately preceding the date of application for a new policy or the preparation (process or generation date) of the renewal policy;
2. The loss occurred with respect to a risk eligible for coverage under the Homeowners Policy Program;
3. The loss was sustained with respect to the property or liability of an "insured" under the policy being rated (whether to the current or prior location of the insured); and
4. The combined claim "payments" generated for the loss equal or exceed \$500.

C. Exceptions

The following shall not be considered eligible for rating under the Plan:

1. ~~A loss resulting from weather~~ Losses arising from weather/natural causes including but not limited to windstorm or hail; catastrophic and weather-related claims that are beyond the control of the insureds.
2. A loss resulting from earthquake, mine subsidence or sinkhole collapse;
3. A loss resulting from Identity Fraud;
4. A loss for which payment occurred only with respect to Medical Payments To Others;
5. A loss to a dwelling currently owned by an insured or applicant which occurred prior to ownership.

D. Refund of Increased Premium

If, after an increased premium is generated based on the requirements of this Plan, it is determined that a loss does not meet the requirements of this Plan, the increased portion of the premium attributable to such loss as generated by the Plan will be refunded in full to the insured.

E. Administration of Loss History Merit Rating Plan

Information necessary to determine the loss history of the named insured or applicant shall be obtained from any one or combination of the following:

1. An application signed by the applicant;
2. A loss history or claims history database;
3. A company's internal claim's records.

F. Premium Computation

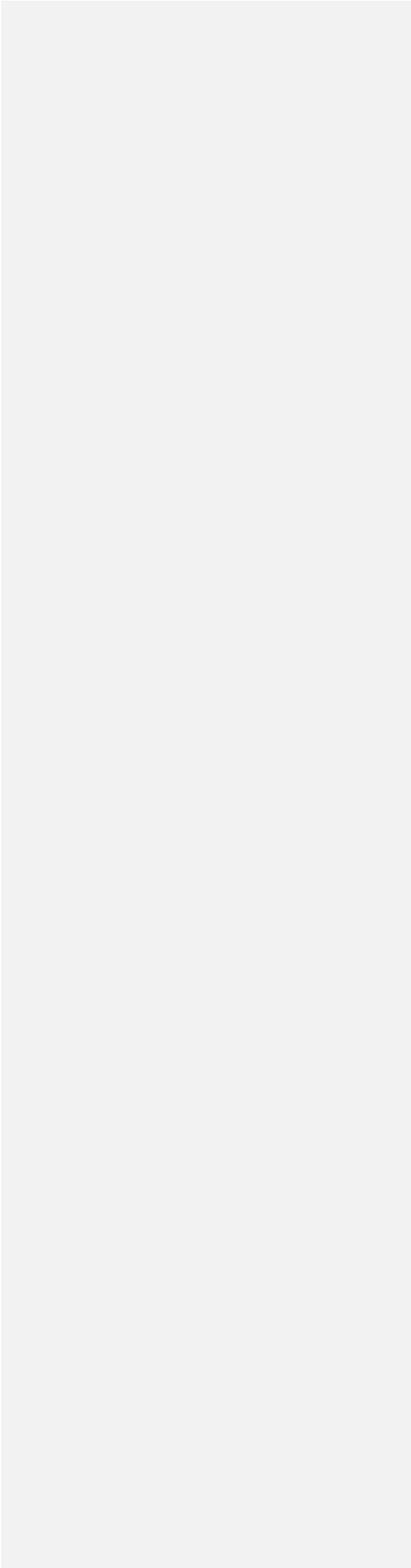
Multiply the Homeowners Policy Premium, following all other modifications except any applicable Insurance Score or Combination Policy factors, by the appropriate factor shown below:

Number of Eligible Losses	Claims/Persistency Premium Factor Years Insured With EMC Insurance Companies			
	0-3	Over 3 to 5	Over 5 to 7	Over 7
0	1.00	0.95	0.90	0.85
1	1.05	1.00	0.95	0.85
2	1.30	1.25	1.20	1.15
3	1.45	1.40	1.35	1.30
4 or More	1.60	1.60	1.60	1.60

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EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
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ADDITIONAL COMPANY RULE – ALL COMPANIES (Cont'd.)***CLAIMS FREE DISCOUNT***

If the applicant or insured has been Claim Free (including all claims from any cause code or prior location, with the ~~exception that~~ following exceptions: "one paid claim" less than \$500 shall be permitted) for the preceding three-year underwriting period, and catastrophic and/or weather related claims will be exempted. A 0.90 factor (10% credit) will be applied to the Homeowners Policy Premium, following all other modifications except any applicable Insurance Score or Combination Policy factors, for new or renewal policies (continuous insurance with EMC or other carrier is required).

*(NOTE—this credit is NOT to be used in addition to the credit factors shown in the Loss History Merit Rating Plan table across from zero (*0*) claims. If both discount types are eligible, the highest discount will apply.)*

*** 4. ELECTRONIC ELECTRONIC FUNDS TRANSFER DISCOUNT**

An additional 3% off the policy premium, prior to all other discounts, will be applied when the premium is paid through Electronic Funds Transfer.

PART I
COVERAGE AND DEFINITION TYPE RULES

100. INTRODUCTION**A. About the Homeowners Manual**

The Homeowners Policy Program provides property and liability coverages, using the forms and endorsement specified in this Manual. This Manual contains the rules and classifications governing the writing of the Homeowners Policy. The rules, rates, forms and endorsements of the company for each coverage shall govern in all cases not specifically provided for in this Manual.

B. Manual Structure**1. Contents**

The manual includes multi-state general rules with specific state rules and company rules incorporated, where applicable.

2. General Rules

These rules are grouped into the following categories;

- a. **Part I** – Coverage And Definition Type Rules,
- b. **Part II** – Servicing Type Rules,
- c. **Part III** – Base Premium Computation Rules,
- d. **Part IV** – Adjusted Base Premium Computation Rules,
- e. **Part V** – Section I – Property – Additional Coverages And Increased Limits Rules,
- f. **Part VI** – Section II – Liability – Additional Coverages And Increased Limits Rules, and
- g. **Part VII** – Section II – Liability – Other Exposures Increased Limits Rules.

3. State Rules and Rates

Any State Exceptions, Additional Rules, Special State Requirements, etc. are incorporated into the General Rules of this Manual, where applicable.

Contact Branch Office for any premiums, credits, etc. that may be applicable and on file with the State Insurance Department, but not displayed in this manual.

4. Form References

*The Manual refers to Forms **HO0003**, **HO0004**, **HO0005**, and **HO0006**. These Form references are identified as follows:*

- a. *Homeowners 2 Broad Form: This form does not apply.*
- b. Homeowners 3 Special Form **HO0003**,
- c. Homeowners 4 Contents Broad Form **HO0004**,
- d. Homeowners 5 Comprehensive Form **HO0005**,
- e. Homeowners 6 Unit-Owners Form **HO0006**,
- f. *Homeowners 8 – Modified Coverage Form: This form does not apply.*

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EMPLOYERS MUTUAL CASUALTY COMPANY
EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE EFF. [0801-15-1214](#)

406. DEDUCTIBLES

All policies are subject to a deductible applicable to loss from all Section I perils, except Earthquake. A separate deductible provision applies to Earthquake Coverage. Refer to the Earthquake Coverage rule for applicable deductible provision.

A. Base Deductible

- 1. \$250 All Peril – HO0004 and HO0006
- 2. \$500 All Peril – HO0003 and HO0005

The base Some of the deductibles shown for HO0003 & HO0005 above are for rate calculation purposes only. The minimum deductible for HO0003 and HO0005 below may not be available on new and/or renewal business is \$1,000. The minimum deductible for new and renewal HO0004 and HO0006 is \$250.

B. Optional Deductibles

This section does not apply.

C. Optional Higher Deductibles

All Forms — *The Homeowners Program provides a higher deductible applicable to any loss under Section I of the policy in an amount and at a premium credit developed below.*

1. All Peril Deductibles

Determine the credit by multiplying the base premium by the following factors:

Deductible Amounts	\$500	\$1,000	\$1,500	\$2,500	\$5,000
HO0003 and HO0005	N/A 1.0 0	.8792	.86	.7973	.6058
HO0004 and HO0006	.93	.81	N/A	.65	.56

Inserted Cells

2. Windstorm or Hail Deductibles

(All Forms Except HO0004 and HO0006)

The following deductible options are used in conjunction with a deductible applicable to all Other Section I Perils.

a. Percentage Deductibles

(1) Deductible Amounts

This option provides for higher Windstorm or Hail percentage deductibles of 1%, 2% or 5% of the Coverage A limit of liability when the dollar amount of the percentage deductible selected exceeds the amount of the deductible applicable to All Other Section I Perils.

(2) Endorsement

Use Windstorm Or Hail Percentage Deductible Endorsement **HO0312**.

(3) Declarations instructions

Enter, on the policy declarations, the percentage amount that applies to Windstorm or Hail and the dollar amount that applies to All Other Section I Perils. For example:

- Deductible – Windstorm or Hail 1% of Coverage A limit and \$1,000 for All Other Perils.

(4) Deductible Application

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

Cov.	Limit Of Liability	1% Ded.	Amount Of Loss	
			Before Ded.	After Ded.
A	\$ 100,000	\$ 1,000	\$ 7,500	
B	50,000	–	3,000	
C	10,000	–	1,350	
D	30,000	–	660	
			\$ 12,510	\$ 11,510

406. DEDUCTIBLES (Cont'd.)

(5) Use Of Factors

The factors displayed in Paragraph (6) incorporate the factors for the All Peril Deductibles shown in Paragraph C.1. above. Do **not** use the factors for the All Perils Deductibles when rating a policy with a higher Windstorm or Hail deductible.

(6) Deductible Factors

To compute the premium for this provision, multiply the Base Premium by the factor selected from the following table for the deductible amounts desired:

All Other Perils Ded. Amt.	Windstorm Or Hail Deductible Amounts		
	1%	2%	5%
\$ 500	.89	.78	.57
1,000	.86	.75	.54
1,500	.83	.72	.51
\$1,000	.85	.84	.79
2,500	---	.6968	.6547

b. Higher Fixed-Dollar Deductibles

(1) Deductible Amounts

This option provides for higher fixed dollar deductible amounts of \$1,000, \$2,000 and \$5,000 when the dollar amount of the higher fixed-dollar deductible selected exceeds the amount of the deductible applicable to All Other Perils deductible.

(2) Endorsement

An endorsement is not required.

(3) Declarations Instructions

Separately enter, on the policy declarations, the deductible amounts that apply to Windstorm or Hail and All Other Section I Perils. For example: \$2,500 for Windstorm or Hail and ~~\$1,000,000~~ for All Other Perils.

(4) Use Of Factors

The factors displayed in Paragraph (5) incorporate the factors for the All Perils Deductibles shown in Paragraph C.1. Do **not** use the factors for the All Perils Deductibles when rating a policy with a higher Windstorm or Hail deductible.

(5) Deductible Factors

To compute the premium for this provision, multiply the Base Premium by the factor selected from the following table for the deductible amounts desired:

All Other Perils Ded. Amt.	Windstorm Or Hail Deductible Amounts			
	\$1,000	\$1,500	\$2,500	\$5,000
\$ 500	.96	.93	.86	—
1,000	—	.89	.83	.72
\$ 1,000	—	.82	—	.68
2,500	—	—	.6680	—
2,500	—	—	—	.64

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Inserted Cells

407. ADDITIONAL AMOUNTS OF INSURANCE – FORMS HO0003 AND HO0005

This rule does not apply.

**408. ACTUAL CASH VALUE LOSS SETTLEMENT
WINDSTORM OR HAIL LOSSES TO ROOF SURFACING – ALL FORMS EXCEPT HO0004**

This rule does not apply.

411. NEW OR RENOVATED DWELLING COMPONENTS (Cont'd.)

- 2. Plumbing system discount is contingent upon new or evidence of complete replacement (lines, valves, faucets, water heaters, toilet floor gaskets and tank gaskets) of the system. Any sinks, tubs, toilets or vent stacks which show any evidence of leaking or cracks in the fixture should be replaced. The work must be done by a qualified plumbing contractor and/or inspected by a building inspector who certifies that the work meets all state and local codes.
- 3. Roof discount is contingent upon a dwelling or other structures having all new asphalt/fiberglass/wood shingle roofing material. The work must be done by a qualified roofing or building contractor and/or be inspected by a building inspector who certifies that the work meets all state and local codes. All roofs, other than those constructed with asphalt/fiberglass/wood shingle, will receive the maximum credit regardless of age.
- 4. Heating and cooling system discount is contingent upon new or replacement (furnace heat exchangers, air conditioners, thermostats, registers, boilers including piping and expansion tanks) of the entire system. Forced air heating and cooling ducts should be repaired or replaced where necessary. The work must be done by a qualified heating and air conditioning contractor and/or inspected by a building inspector who certifies that the work meets all state and local codes.

Years	Wiring	Plumbing	Roof	Heating & Cooling
Current Calendar Year	6.5.8%	6.05.8%	6.12.5%	6.05.8%
1st Preceding Calendar Year	5.8%	5.8%	12.4%	5.8%
2nd Preceding Calendar Year	5.8%	5.8%	12.3%	5.8%
1st 3rd Preceding Calendar Year	6.5.8% 6.0%	6.5.8%	11.6.0%	Deleted Cells
2nd 4th Preceding Calendar Year	5.6.5%	5.6.0%	10.7%	Deleted Cells
3rd 5th Preceding Calendar Year	5.5.3%	5.0.3%	6.9.5%	Inserted Cells
6th Preceding Calendar Year	5.0%	5.0%	8.1%	Inserted Cells
7th Preceding Calendar Year	4.6%	4.6%	6.8%	Deleted Cells
8th Preceding Calendar Year	4.4%	4.4%	5.5%	4.4%
4th 9th Preceding Calendar Year	4.5.0%	4.0%	4.5.1%	Deleted Cells
5th 10th Preceding Calendar Year	3.5.7%	3.0.7%	3.5.2.8%	3.0.7%
11th Preceding Calendar Year	3.2%	3.2%	1.6%	3.2%
6th 12th Preceding Calendar Year	2.5.9%	2.5.9%	2.5.0.8%	Deleted Cells
7th 13th Preceding Calendar Year	2.0.6%	2.0.6%	0.2.0%	2.0.6%
14th Preceding Calendar Year	2.3%	2.3%	0.1%	2.3%
8th 15th Preceding Calendar Year	1.5.9%	1.5.9%	1.5.0.0%	Deleted Cells
16th Preceding Calendar Year	1.7%	1.7%	0.0%	1.7%
17th Preceding Calendar Year	1.4%	1.4%	0.0%	1.4%
9th 18th Preceding Calendar Year	1.0.1%	1.0.1%	1.0.0%	Deleted Cells
10th 19th Preceding Calendar Year	0.5.8%	0.5.8%	0.5.0%	0.5.8%
20th Preceding Calendar Year	0.5%	0.5%	0.0%	0.5%
21st Preceding Calendar Year	0.3%	0.3%	0.0%	0.3%
22nd Preceding Calendar Year	0.2%	0.2%	0.0%	0.2%
23rd Preceding Calendar Year	0.1%	0.1%	0.0%	0.1%

~~NOTE: NOTE: To be eligible for the renovated dwelling discount, other than for the roof, The Renovated Dwelling Credit Supplement (HO8090) is required to be completed and submitted with application for attachment of this discount.~~

412. — 500. RESERVED FOR FUTURE USE

HO-26
EMPLOYERS MUTUAL CASUALTY COMPANY
EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE EFF. ~~10-1-08~~10-1-15

COVERAGE A - ANNUAL KEY PREMIUMS

TERRITORY: 30,34

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	<u>19392171</u>	<u>25222822</u>	<u>21522410</u>	<u>27983132</u>
	03	<u>19632198</u>	<u>25522857</u>	<u>21762436</u>	<u>28293167</u>
	04	<u>21052357</u>	<u>27373063</u>	<u>23442622</u>	<u>30443408</u>
	05	<u>21292383</u>	<u>27683098</u>	<u>23652648</u>	<u>30753442</u>
	06	<u>21522410</u>	<u>27983132</u>	<u>24832780</u>	<u>32293614</u>
	07	<u>27203045</u>	<u>35363958</u>	<u>29563310</u>	<u>38444303</u>
	08	<u>35483972</u>	<u>46435163</u>	<u>36664104</u>	<u>47665335</u>
	8B	<u>44945031</u>	<u>58436540</u>	<u>49675561</u>	<u>64587228</u>
	09	<u>52035826</u>	<u>67657572</u>	<u>59136620</u>	<u>76888605</u>
	10	<u>70957944</u>	<u>92251032</u>	<u>83969400</u>	<u>10916122</u>
			<u>6</u>		<u>19</u>
EMCASCO	01-02	<u>12421357</u>	<u>15751765</u>	<u>13451506</u>	<u>17481958</u>
	03	<u>12271374</u>	<u>15941786</u>	<u>13601523</u>	<u>17671980</u>
	04	<u>13151473</u>	<u>17101915</u>	<u>14631638</u>	<u>19022130</u>
	05	<u>13301490</u>	<u>17291937</u>	<u>14781655</u>	<u>19242152</u>
	06	<u>13451506</u>	<u>17481958</u>	<u>15521738</u>	<u>20172260</u>
	07	<u>17001903</u>	<u>22092475</u>	<u>18482069</u>	<u>24042690</u>
	08	<u>22172483</u>	<u>28823228</u>	<u>22942565</u>	<u>29783336</u>
	8B	<u>28083145</u>	<u>36504089</u>	<u>31043476</u>	<u>40344519</u>
	09	<u>32523641</u>	<u>42264734</u>	<u>36954138</u>	<u>48035380</u>
	10	<u>44344965</u>	<u>57636456</u>	<u>52475875</u>	<u>68207640</u>
	UNION	01-02	<u>9091018</u>	<u>11821323</u>	<u>10091129</u>
03		<u>9201030</u>	<u>11971339</u>	<u>10201142</u>	<u>13271484</u>
04		<u>9871104</u>	<u>12831436</u>	<u>10981229</u>	<u>14281597</u>
05		<u>9981117</u>	<u>12981452</u>	<u>11091241</u>	<u>14421613</u>
06		<u>10091129</u>	<u>13121468</u>	<u>11641303</u>	<u>15141694</u>
07		<u>12751427</u>	<u>16581855</u>	<u>13861551</u>	<u>18032016</u>
08		<u>16641862</u>	<u>21632420</u>	<u>17191924</u>	<u>22352500</u>
8B		<u>21072358</u>	<u>27403065</u>	<u>23292606</u>	<u>30283387</u>
09		<u>24402730</u>	<u>31723549</u>	<u>27733103</u>	<u>36054033</u>
10		<u>33273723</u>	<u>43264839</u>	<u>39374406</u>	<u>51195726</u>

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-5
 EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. ~~0801-15-~~
1214

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 31

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	2182	2836	2422	3148
	03	2209	2871	2448	3182
	04	2368	3079	2634	3424
	05	2395	3113	2661	3459
	06	2422	3148	2794	3632
	07	3060	3978	3326	4324
	08	3992	5189	4125	5361
	8B	5056	6572	5588	7264
	09	5854	7610	6653	8648
	10	7983	10377	9447	12279
	EMCASCO	01-02	1364	1773	1513
03		1380	1794	1530	1989
04		1480	1924	1646	2140
05		1497	1946	1663	2162
06		1513	1967	1746	2270
07		1912	2486	2079	2703
08		2495	3243	2578	3351
8B		3160	4108	3492	4540
09		3659	4756	4158	5405
10		4989	6486	5904	7675
UNION		01-02	1023	1329	1135
	03	1035	1345	1147	1491
	04	1110	1443	1235	1605
	05	1122	1459	1247	1621
	06	1135	1475	1309	1702
	07	1434	1864	1559	2026
	08	1871	2432	1933	2513
	8B	2369	3080	2619	3404
	09	2743	3566	3118	4053
	10	3741	4863	4427	5755

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 32

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	48352065	23852684	20372291	26472978
	03	48582090	24442717	20592317	26763011
	04	49922241	25892913	22462493	28803240
	05	20442266	26182946	22382518	29093273
	06	20372291	26472978	23502644	30543437
	07	25742896	33453764	27983148	36364091
	08	33573777	43644910	34693903	45095073
	8B	42524784	55276219	47005288	61096873
	09	49245540	64007201	55956295	72738183
	10	67447554	87279819	79458939	10327116
					19
EMCASCO	01-02	1291	1678	1432	1862
	03	1306	1698	1448	1882
	04	1401	1821	1558	2026
	05	1417	1841	1574	2046
	06	1432	1862	1653	2148
	07	1810	2353	1968	2558
	08	2361	3069	2440	3171
	8B	2991	3887	3305	4297
	09	3463	4501	3935	5115
	10	4722	6138	5588	7263
	UNION	01-02	968	1259	1075
03		980	1274	1087	1412
04		1051	1366	1169	1520
05		1063	1382	1181	1535
06		1075	1397	1240	1612
07		1358	1765	1476	1919
08		1772	2303	1831	2379
8B		2244	2917	2480	3224
09		2598	3377	2953	3838
10		3543	4605	4193	5449

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 72

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

<u>COMPANY</u>	<u>PROT CLASS</u>	<u>MASONRY</u>		<u>FRAME</u>	
		<u>HO0003</u>	<u>HO0005</u>	<u>HO0003</u>	<u>HO0005</u>
<u>EMCC</u>	<u>01-02</u>	<u>1561</u>	<u>2030</u>	<u>1733</u>	<u>2252</u>
	<u>03</u>	<u>1580</u>	<u>2054</u>	<u>1752</u>	<u>2277</u>
	<u>04</u>	<u>1695</u>	<u>2203</u>	<u>1885</u>	<u>2450</u>
	<u>05</u>	<u>1714</u>	<u>2228</u>	<u>1904</u>	<u>2475</u>
	<u>06</u>	<u>1733</u>	<u>2252</u>	<u>1999</u>	<u>2599</u>
	<u>07</u>	<u>2190</u>	<u>2846</u>	<u>2380</u>	<u>3094</u>
	<u>08</u>	<u>2856</u>	<u>3713</u>	<u>2951</u>	<u>3836</u>
	<u>8B</u>	<u>3618</u>	<u>4703</u>	<u>3998</u>	<u>5198</u>
	<u>09</u>	<u>4189</u>	<u>5445</u>	<u>4760</u>	<u>6188</u>
	<u>10</u>	<u>5712</u>	<u>7425</u>	<u>6759</u>	<u>8786</u>
	<u>EMCASCO</u>	<u>01-02</u>	<u>976</u>	<u>1269</u>	<u>1083</u>
<u>03</u>		<u>988</u>	<u>1284</u>	<u>1095</u>	<u>1423</u>
<u>04</u>		<u>1059</u>	<u>1377</u>	<u>1178</u>	<u>1532</u>
<u>05</u>		<u>1071</u>	<u>1392</u>	<u>1190</u>	<u>1547</u>
<u>06</u>		<u>1083</u>	<u>1408</u>	<u>1250</u>	<u>1624</u>
<u>07</u>		<u>1369</u>	<u>1779</u>	<u>1488</u>	<u>1934</u>
<u>08</u>		<u>1785</u>	<u>2321</u>	<u>1845</u>	<u>2398</u>
<u>8B</u>		<u>2261</u>	<u>2939</u>	<u>2499</u>	<u>3249</u>
<u>09</u>		<u>2618</u>	<u>3403</u>	<u>2975</u>	<u>3868</u>
<u>10</u>		<u>3570</u>	<u>4641</u>	<u>4225</u>	<u>5492</u>
<u>UNION</u>		<u>01-02</u>	<u>732</u>	<u>952</u>	<u>813</u>
	<u>03</u>	<u>741</u>	<u>964</u>	<u>822</u>	<u>1068</u>
	<u>04</u>	<u>795</u>	<u>1033</u>	<u>884</u>	<u>1149</u>
	<u>05</u>	<u>804</u>	<u>1045</u>	<u>893</u>	<u>1161</u>
	<u>06</u>	<u>813</u>	<u>1057</u>	<u>938</u>	<u>1219</u>
	<u>07</u>	<u>1027</u>	<u>1335</u>	<u>1116</u>	<u>1451</u>
	<u>08</u>	<u>1340</u>	<u>1742</u>	<u>1384</u>	<u>1800</u>
	<u>8B</u>	<u>1697</u>	<u>2206</u>	<u>1875</u>	<u>2438</u>
	<u>09</u>	<u>1965</u>	<u>2554</u>	<u>2233</u>	<u>2903</u>
	<u>10</u>	<u>2679</u>	<u>3483</u>	<u>3170</u>	<u>4122</u>

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 73

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

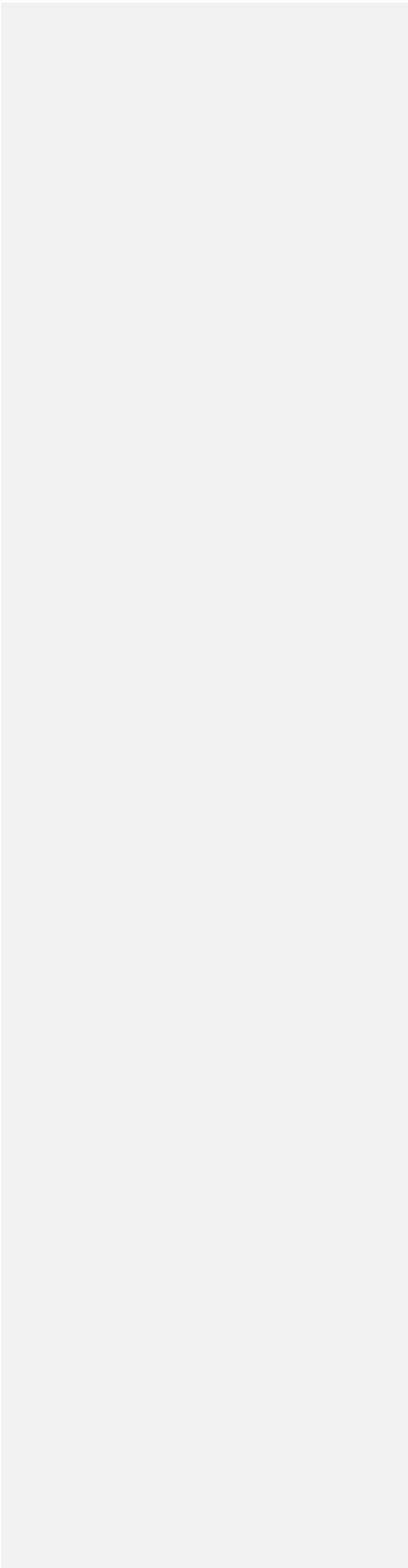
DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	2355	3062	2614	3398
	03	2384	3099	2642	3435
	04	2556	3323	2843	3697
	05	2585	3361	2872	3734
	06	2614	3398	3016	3921
	07	3303	4294	3590	4668
	08	4308	5601	4452	5788
	8B	5457	7095	6031	7841
	09	6318	8215	7180	9335
	10	8616	11202	10196	13256
	EMCASCO	01-02	11471472	14921914	12731633
03		11641490	15101937	12871651	16732147
04		12451598	16492077	13851777	18042311
05		12591616	16372101	13991795	18192334
06		12731633	16552124	14691885	19102451
07		16092064	20922684	17492244	22742918
08		20992693	27293501	21682782	28193618
8B		26583411	34564435	29383770	38204901
09		30783949	40025135	34984488	45485835
10		41975385	54577002	49666372	64578286
UNION	01-02	8601104	11181435	9551225	12411593
	03	8741117	11321453	9651238	12551610
	04	9341198	12141558	10391333	13501733
	05	9441211	12281575	10491346	13641750
	06	9551225	12411593	11041413	14321838
	07	12061548	15692013	13141683	17052188
	08	15742019	20462625	16262086	21142713
	8B	19932557	25923325	22032827	28643675
	09	23082961	30013850	26233365	34104375
	10	31474038	40925250	37244778	48426213

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

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HO-R-9
EMPLOYERS MUTUAL CASUALTY COMPANY
EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

EFF. 01-15-14

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 72,8281

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	<u>43992014</u>	<u>48192618</u>	<u>45522235</u>	<u>20482906</u>
	03	<u>44162038</u>	<u>48442650</u>	<u>45702260</u>	<u>20442938</u>
	04	<u>45182186</u>	<u>49742842</u>	<u>46892431</u>	<u>21963161</u>
	05	<u>45352210</u>	<u>49962874</u>	<u>47062456</u>	<u>22183193</u>
	06	<u>45522235</u>	<u>20482906</u>	<u>47942579</u>	<u>23293353</u>
	07	<u>49622824</u>	<u>25513672</u>	<u>21333070</u>	<u>27733991</u>
	08	<u>25593684</u>	<u>33274790</u>	<u>26443807</u>	<u>34384949</u>
	8B	<u>32444666</u>	<u>42146067</u>	<u>35835158</u>	<u>46586705</u>
	09	<u>37535403</u>	<u>48807025</u>	<u>42656140</u>	<u>55457983</u>
	10	<u>51187368</u>	<u>66549579</u>	<u>60568719</u>	<u>78741133</u>
				<u>5</u>	
EMCASCO	01-02	<u>-8741259</u>	<u>41371637</u>	<u>-9701397</u>	<u>42611816</u>
	03	<u>-8851274</u>	<u>41501657</u>	<u>-9811412</u>	<u>42751836</u>
	04	<u>-9491366</u>	<u>42341776</u>	<u>40551520</u>	<u>43721976</u>
	05	<u>-9691382</u>	<u>42471796</u>	<u>40661535</u>	<u>43861996</u>
	06	<u>-9701397</u>	<u>42611816</u>	<u>41491612</u>	<u>44552096</u>
	07	<u>42261765</u>	<u>45942295</u>	<u>43331919</u>	<u>47332495</u>
	08	<u>45992303</u>	<u>20792994</u>	<u>46522379</u>	<u>21483094</u>
	8B	<u>20252917</u>	<u>26333792</u>	<u>22393224</u>	<u>29114192</u>
	09	<u>23453377</u>	<u>30494391</u>	<u>26653838</u>	<u>34654990</u>
	10	<u>31984605</u>	<u>41585988</u>	<u>37845449</u>	<u>49207086</u>
UNION	01-02	<u>656944</u>	<u>-8531227</u>	<u>-7281047</u>	<u>-9461361</u>
	03	<u>664955</u>	<u>-8631242</u>	<u>-7361059</u>	<u>-9571376</u>
	04	<u>-7121024</u>	<u>-9261331</u>	<u>-7921139</u>	<u>40301481</u>
	05	<u>-7201036</u>	<u>-9361346</u>	<u>-8001151</u>	<u>40401496</u>
	06	<u>-7281047</u>	<u>-9461361</u>	<u>-8401209</u>	<u>40921571</u>
	07	<u>-9201324</u>	<u>41961720</u>	<u>40001439</u>	<u>43001870</u>
	08	<u>42001727</u>	<u>45602244</u>	<u>42401784</u>	<u>46122319</u>
	8B	<u>45202187</u>	<u>49762842</u>	<u>46802417</u>	<u>21843142</u>
	09	<u>47602532</u>	<u>22883291</u>	<u>20002878</u>	<u>26003740</u>
	10	<u>24003453</u>	<u>34204488</u>	<u>28404086</u>	<u>36925311</u>

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-710
 EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE
 EFF. 0801-15-
4214

~~COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)~~

~~TERRITORY - 73~~

~~REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)~~

HO-R-~~710~~

EMPLOYERS MUTUAL CASUALTY COMPANY

EFF. ~~0801-15-~~

~~4214~~

EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 82

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	<u>20941573</u>	<u>27222044</u>	<u>23241745</u>	<u>30212269</u>
	03	<u>21201592</u>	<u>27562069</u>	<u>23501765</u>	<u>30542294</u>
	04	<u>22731707</u>	<u>29552219</u>	<u>25281899</u>	<u>32872468</u>
	05	<u>22991726</u>	<u>29882244</u>	<u>25541918</u>	<u>33202493</u>
	06	<u>23241745</u>	<u>30212269</u>	<u>26822014</u>	<u>34862618</u>
	07	<u>29372206</u>	<u>38182867</u>	<u>31932398</u>	<u>41503116</u>
	08	<u>38342877</u>	<u>49803740</u>	<u>39592973</u>	<u>61463864</u>
	8B	<u>48533644</u>	<u>63084737</u>	<u>53634028</u>	<u>69725235</u>
	09	<u>56194220</u>	<u>73045485</u>	<u>63854795</u>	<u>83006233</u>
	10	<u>76625754</u>	<u>99607479</u>	<u>90676809</u>	<u>117868850</u>
	EMCASCO	01-02	<u>1309.983</u>	<u>17021278</u>	<u>14521091</u>
03		<u>1325.995</u>	<u>17221294</u>	<u>14681103</u>	<u>19091434</u>
04		<u>14201067</u>	<u>18471388</u>	<u>15801187</u>	<u>20541543</u>
05		<u>14361079</u>	<u>18681403</u>	<u>15961199</u>	<u>20751559</u>
06		<u>14621091</u>	<u>18881419</u>	<u>16761259</u>	<u>21791637</u>
07		<u>18351379</u>	<u>23861793</u>	<u>19951499</u>	<u>25941949</u>
08		<u>23941799</u>	<u>31132339</u>	<u>24741858</u>	<u>32162416</u>
8B		<u>30322278</u>	<u>39432962</u>	<u>33522518</u>	<u>43583274</u>
09		<u>35112638</u>	<u>45653430</u>	<u>39902998</u>	<u>51883898</u>
10		<u>47883597</u>	<u>62254677</u>	<u>56664256</u>	<u>73665534</u>
UNION		01-02	<u>982737</u>	<u>1276.959</u>	<u>1089.818</u>
	03	<u>994746</u>	<u>1291.970</u>	<u>1101.827</u>	<u>14321075</u>
	04	<u>1065.800</u>	<u>13851040</u>	<u>1185.890</u>	<u>15401157</u>
	05	<u>1077.809</u>	<u>14001052</u>	<u>1197.899</u>	<u>15561169</u>
	06	<u>1089.818</u>	<u>14161064</u>	<u>1257.944</u>	<u>16341227</u>
	07	<u>13771034</u>	<u>17891344</u>	<u>14961124</u>	<u>19451461</u>
	08	<u>17961349</u>	<u>23341754</u>	<u>18551393</u>	<u>24121812</u>
	8B	<u>22741708</u>	<u>29562221</u>	<u>25141888</u>	<u>32682455</u>
	09	<u>26331978</u>	<u>34232572</u>	<u>29932248</u>	<u>38902923</u>
	10	<u>35912697</u>	<u>46683507</u>	<u>42493191</u>	<u>55244150</u>

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 81

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	-1800	-2340	-1997	-2597
	03	-1822	-2369	-2019	-2626
	04	-1954	-2540	-2173	-2825
	05	-1976	-2569	-2195	-2854
	06	-1997	-2597	-2305	-2997
	07	-2524	-3282	-2744	-3568
	08	-3293	-4284	-3402	-4424
	8B	-4171	-5423	-4610	-5993
	09	-4829	-6279	-5488	-7135
	10	-6585	-8562	-7792	-10132
EMCASCO	01-02	-1125	-1463	-1249	-1623
	03	-1139	-1481	-1262	-1641
	04	-1221	-1588	-1358	-1766
	05	-1235	-1606	-1372	-1784
	06	-1249	-1623	-1441	-1873
	07	-1578	-2052	-1715	-2230
	08	-2058	-2676	-2127	-2765
	8B	-2607	-3390	-2881	-3746
	09	-3018	-3925	-3430	-4460
	10	-4116	-5352	-4871	-6333
UNION	01-02	-844	-1097	-936	-1218
	03	-854	-1111	-947	-1231
	04	-916	-1191	-1019	-1325
	05	-926	-1204	-1029	-1338
	06	-936	-1218	-1080	-1405
	07	-1183	-1539	-1286	-1673
	08	-1544	-2007	-1595	-2074
	8B	-1955	-2542	-2161	-2810
	09	-2264	-2944	-2573	-3345
	10	-3087	-4014	-3653	-4750

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

SECTION II COVERAGE RATES

NOTE: THIS SECTION CONTAINS SECTION II RATES ONLY. THE RULES AND APPLICABLE ENDORSEMENTS FOR THESE SECTION II EXPOSURES ARE CONTAINED IN THE RULE SECTION OF THIS MANUAL.

ALL APPLICABLE RATES ARE DISPLAYED FOR THE FOLLOWING SECTION II LIMITS:

COVERAGE E LIABILITY	COVERAGE F MEDICAL PAYMENTS TO OTHERS
\$ 100,000	\$ 1,000
200,000	2,000
300,000	3,000
500,000	4,000
1,000,000	5,000

SECTION II RATING TERRITORY DEFINITIONS

ROS = REMAINDER OF STATE; OR RATES APPLY TO ENTIRE STATE

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
523. ASSISTED LIVING CARE COVERAGE (RATE PER PERSON)					
TERR: ROS					
(COV. F: N/A)	70	72	74	75	77
524. OTHER MEMBERS OF A NAMED INSURED'S HOUSEHOLD (RATE PER PERSON)					
TERR: ROS					
1,000	55	62	66	71	77
2,000	56	63	67	72	78
3,000	57	64	68	73	79
4,000	58	65	69	74	80
5,000	59	66	70	75	81

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
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528. HOME BUSINESS INSURANCE COVERAGE LIABILITY

*NEW BUSINESS, USE 10 OR MORE CLASSIFICATION
 **NEW BUSINESS, USE \$50,001 TO \$100,000 CLASSIFICATION

OFFICE

GROSS ANNUAL RECEIPTS UP TO \$250,000
 *BUSINESS VISITORS PER WEEK

UNDER 10 VISITORS

1,000	2	2	2	3	3
2,000	6	6	6	7	7
3,000	11	11	11	12	12
4,000	15	15	15	16	16
5,000	19	19	19	20	20

10 OR MORE VISITORS

1,000	4	5	5	5	6
2,000	12	13	13	13	14
3,000	16	17	17	17	18
4,000	22	23	23	23	24
5,000	26	27	27	27	28

SERVICES

**GROSS ANNUAL RECEIPTS
 *BUSINESS VISITORS PER WEEK

UP TO \$50,000
 UNDER 10 VISITORS

1,000	18	21	22	24	26
2,000	22	25	26	28	30
3,000	27	30	31	33	35
4,000	31	34	35	37	39
5,000	35	38	39	41	43

\$50,001 TO \$100,000
 UNDER 10 VISITORS

1,000	55	63	68	74	81
2,000	59	67	72	78	85
3,000	64	72	77	83	90
4,000	68	76	81	87	94
5,000	72	80	85	91	98

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
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528. HOME BUSINESS INSURANCE COVERAGE LIABILITY - (CONT.)

\$100,001 TO \$175,000
UNDER 10 VISITORS

1,000	101	116	125	136	148
2,000	105	120	129	140	152
3,000	110	125	134	145	157
4,000	114	129	138	149	161
5,000	118	133	142	153	165

\$175,001 TO \$250,000
UNDER 10 VISITORS

1,000	156	179	193	211	229
2,000	160	183	197	215	233
3,000	165	188	202	220	238
4,000	169	192	206	224	242
5,000	173	196	210	228	246

SERVICES

**GROSS ANNUAL RECEIPTS
*BUSINESS VISITORS PER WEEK

UP TO \$50,000
10 OR MORE VISITORS

1,000	28	32	35	38	41
2,000	36	40	43	46	49
3,000	40	44	47	50	53
4,000	46	50	53	56	59
5,000	50	54	57	60	63

\$50,001 TO \$100,000
10 OR MORE VISITORS

1,000	82	94	102	111	121
2,000	90	102	110	119	129
3,000	94	106	114	123	133
4,000	100	112	120	129	139
5,000	104	116	124	133	143

\$100,001 TO \$175,000
10 OR MORE VISITORS

1,000	151	174	187	204	222
2,000	159	182	195	212	230
3,000	163	186	199	216	234
4,000	169	192	205	222	240
5,000	173	196	209	226	244

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
528. HOME BUSINESS INSURANCE COVERAGE LIABILITY - (CONT.)					
\$175,001 TO \$250,000 10 OR MORE VISITORS					
1,000	234	269	290	316	344
2,000	242	277	298	324	352
3,000	246	281	302	328	356
4,000	252	287	308	334	362
5,000	256	291	312	338	366
SALES					
**GROSS ANNUAL RECEIPTS *BUSINESS VISITORS PER WEEK					
UP TO \$50,000 UNDER 10 VISITORS					
1,000	9	10	11	12	13
2,000	13	14	15	16	17
3,000	18	19	20	21	22
4,000	22	23	24	25	26
5,000	26	27	28	29	30
\$50,001 TO \$100,000 UNDER 10 VISITORS					
1,000	26	30	32	35	38
2,000	30	34	36	39	42
3,000	35	39	41	44	47
4,000	39	43	45	48	51
5,000	43	47	49	52	55
\$100,001 TO \$175,000 UNDER 10 VISITORS					
1,000	47	54	58	63	69
2,000	51	58	62	67	73
3,000	56	63	67	72	78
4,000	60	67	71	76	82
5,000	64	71	75	80	86
\$175,001 TO \$250,000 UNDER 10 VISITORS					
1,000	73	84	91	99	107
2,000	77	88	95	103	111
3,000	82	93	100	108	116
4,000	86	97	104	112	120
5,000	90	101	108	116	124

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
528. HOME BUSINESS INSURANCE COVERAGE LIABILITY - (CONT.)					
SALES					
**GROSS ANNUAL RECEIPTS					
*BUSINESS VISITORS PER WEEK					
UP TO \$50,000					
10 OR MORE VISITORS					
1,000	13	15	16	18	19
2,000	21	23	24	26	27
3,000	25	27	28	30	31
4,000	31	33	34	36	37
5,000	35	37	38	40	41
\$50,001 TO \$100,000					
10 OR MORE VISITORS					
1,000	39	45	48	53	57
2,000	47	53	56	61	65
3,000	51	57	60	65	69
4,000	57	63	66	71	75
5,000	61	67	70	75	79
\$100,001 TO \$175,000					
10 OR MORE VISITORS					
1,000	71	82	88	96	104
2,000	79	90	96	104	112
3,000	83	94	100	108	116
4,000	89	100	106	114	122
5,000	93	104	110	118	126
\$175,001 TO \$250,000					
10 OR MORE VISITORS					
1,000	109	125	135	147	160
2,000	117	133	143	155	168
3,000	121	137	147	159	172
4,000	127	143	153	165	178
5,000	131	147	157	169	182

HO-R-~~4618~~

EMPLOYERS MUTUAL CASUALTY COMPANY

EFF. ~~10-01-0815-~~

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EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
528. HOME BUSINESS INSURANCE COVERAGE LIABILITY - (CONT.)					
CRAFTS					
**GROSS ANNUAL RECEIPTS					
*BUSINESS VISITORS PER WEEK					
UP TO \$50,000					
UNDER 10 VISITORS					
1,000	11	13	14	15	16
2,000	15	17	18	19	20
3,000	20	22	23	24	25
4,000	24	26	27	28	29
5,000	28	30	31	32	33
\$50,001 TO \$100,000					
UNDER 10 VISITORS					
1,000	32	37	40	43	47
2,000	36	41	44	47	51
3,000	41	46	49	52	56
4,000	45	50	53	56	60
5,000	49	54	57	60	64
\$100,001 TO \$175,000					
UNDER 10 VISITORS					
1,000	58	67	72	78	85
2,000	62	71	76	82	89
3,000	67	76	81	87	94
4,000	71	80	85	91	98
5,000	75	84	89	95	102
\$175,001 TO \$250,000					
UNDER 10 VISITORS					
1,000	90	104	112	122	132
2,000	94	108	116	126	136
3,000	99	113	121	131	141
4,000	103	117	125	135	145
5,000	107	121	129	139	149

HO-R-~~4719~~

EMPLOYERS MUTUAL CASUALTY COMPANY

EFF. ~~10-01-0815-~~

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EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
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528. HOME BUSINESS INSURANCE COVERAGE LIABILITY - (CONT.)

CRAFTS

**GROSS ANNUAL RECEIPTS
*BUSINESS VISITORS PER WEEK

UP TO \$50,000

10 OR MORE VISITORS

1,000	16	18	20	22	24
2,000	24	26	28	30	32
3,000	28	30	32	34	36
4,000	34	36	38	40	42
5,000	38	40	42	44	46

\$50,001 TO \$100,000

10 OR MORE VISITORS

1,000	47	54	58	63	69
2,000	55	62	66	71	77
3,000	59	66	70	75	81
4,000	65	72	76	81	87
5,000	69	76	80	85	91

\$100,001 TO \$175,000

10 OR MORE VISITORS

1,000	87	100	108	117	128
2,000	95	108	116	125	136
3,000	99	112	120	129	140
4,000	105	118	126	135	146
5,000	109	122	130	139	150

\$175,001 TO \$250,000

10 OR MORE VISITORS

1,000	134	154	166	181	197
2,000	142	162	174	189	205
3,000	146	166	178	193	209
4,000	152	172	184	199	215
5,000	156	176	188	203	219

HO-R-1820

EMPLOYERS MUTUAL CASUALTY COMPANY

EFF. 10-01-0815-

14

EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
601. RESIDENCE PREMISES					
TERR: ROS					
ONE OR TWO FAMILY					
1,000	0	3	5	8	10
2,000	3	6	8	11	13
3,000	5	8	10	13	15
4,000	8	11	13	16	18
5,000	11	14	16	19	21
602. OTHER INSURED LOCATION OCCUPIED BY INSURED (RATE PER RESIDENCE)					
TERR: ROS					
ONE FAMILY					
1,000	6	7	7	8	9
2,000	7	8	8	9	10
3,000	8	9	9	10	11
4,000	9	10	10	11	12
5,000	10	11	11	12	13
TWO FAMILY					
1,000	12	14	15	16	18
2,000	13	15	16	17	19
3,000	14	16	17	18	20
4,000	15	17	18	19	21
5,000	16	18	19	20	22
THREE FAMILY					
1,000	24	28	30	32	35
2,000	25	29	31	33	36
3,000	26	30	32	34	37
4,000	27	31	33	35	38
5,000	28	32	34	36	39
FOUR FAMILY					
1,000	27	31	33	36	40
2,000	28	32	34	37	41
3,000	29	33	35	38	42
4,000	30	34	36	39	43
5,000	31	35	37	40	44

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
603. RESIDENCE EMPLOYEES (RATE PER PERSON IN EXCESS OF TWO)					
TERR: ROS					
1,000	4	5	5	5	6
2,000	5	6	6	6	7
3,000	6	7	7	7	8
4,000	7	8	8	8	9
5,000	8	9	9	9	10
604. ADDITIONAL RESIDENCE RENTED TO OTHERS (RATE PER RESIDENCE)					
TERR: ROS					
ONE FAMILY					
1,000	18	21	22	24	26
2,000	19	22	23	25	27
3,000	20	23	24	26	28
4,000	21	24	25	27	29
5,000	22	25	26	28	30
TWO FAMILY					
1,000	29	33	36	39	43
2,000	30	34	37	40	44
3,000	31	35	38	41	45
4,000	32	36	39	42	46
5,000	33	37	40	43	47
THREE FAMILY					
1,000	65	75	81	88	96
2,000	66	76	82	89	97
3,000	67	77	83	90	98
4,000	68	78	84	91	99
5,000	69	79	85	92	100
FOUR FAMILY					
1,000	81	93	100	109	119
2,000	82	94	101	110	120
3,000	83	95	102	111	121
4,000	84	96	103	112	122
5,000	85	97	104	113	123

HO-R-2022

EMPLOYERS MUTUAL CASUALTY COMPANY

EFF. 10-01-0815-

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EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
605. OTHER STRUCTURES RENTED TO OTHERS - RESIDENCE PREMISES					
(RATE PER STRUCTURE)					
TERR: ROS					
1,000	18	21	22	24	26
2,000	19	22	23	25	27
3,000	20	23	24	26	28
4,000	21	24	25	27	29
5,000	22	25	26	28	30
607. HOME DAY CARE COVERAGE					
CONTACT BRANCH OFFICE FOR ANY APPLICABLE RATES AND RULES ON FILE WITH THE INSURANCE DEPARTMENT.					
608. PERMITTED INCIDENTAL OCCUPANCIES					
RESIDENCE PREMISES AND OTHER RESIDENCES (RATE PER RESIDENCE)					
TERR: ROS					
RESIDENCE PREMISES					
1,000	15	17	19	20	22
2,000	20	22	24	25	27
3,000	24	26	28	29	31
4,000	29	31	33	34	36
5,000	32	34	36	37	39
OTHER RESIDENCES					
1,000	16	18	20	22	24
2,000	19	21	23	25	27
3,000	21	23	25	27	29
4,000	24	26	28	30	32
5,000	26	28	30	32	34
609. BUSINESS PURSUITS (RATE PER INSURED PERSON)					
TERR: ROS					
CLERICAL EMPLOYEES					
1,000	4	5	5	5	6
2,000	5	6	6	6	7
3,000	6	7	7	7	8
4,000	7	8	8	8	9
5,000	8	9	9	9	10

HO-R-2423

EMPLOYERS MUTUAL CASUALTY COMPANY

EFF. 10-01-0815-
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EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
609. BUSINESS PURSUITS (RATE PER INSURED PERSON) - (CONT.)					
SALES PERSON, COLLECTOR OR MESSENGER - INSTALLATION, DEMONSTRATION OR SERVICING:					
INCLUDED					
1,000	6	7	7	8	9
2,000	7	8	8	9	10
3,000	8	9	9	10	11
4,000	9	10	10	11	12
5,000	10	11	11	12	13
EXCLUDED					
1,000	4	5	5	5	6
2,000	5	6	6	6	7
3,000	6	7	7	7	8
4,000	7	8	8	8	9
5,000	8	9	9	9	10
TEACHERS: LABORATORY, ATHLETIC, MANUAL OR PHYSICAL TRAINING					
1,000	11	13	14	15	16
2,000	13	15	16	17	18
3,000	15	17	18	19	20
4,000	16	18	19	20	21
5,000	17	19	20	21	22
TEACHERS: NOT OTHERWISE CLASSIFIED					
1,000	5	6	6	7	7
2,000	6	7	7	8	8
3,000	7	8	8	9	9
4,000	8	9	9	10	10
5,000	9	10	10	11	11
TEACHERS: CORPORAL PUNISHMENT					
(COV. F: N/A)	4	5	5	5	6

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
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610. PERSONAL INJURY (RATE PER POLICY)
TERR: ROS

COVERAGE INCLUDED
REFER TO RULES 515. G, H & I

611. INCIDENTAL LOW POWER RECREATIONAL MOTOR VEHICLES (RATE PER VEHICLE)
TERR: ROS

1,000	13	15	16	18	19
2,000	14	16	17	19	20
3,000	15	17	18	20	21
4,000	16	18	19	21	22
5,000	17	19	20	22	23

612. OUTBOARD MOTORS AND WATERCRAFT
OUTBOARD, INBOARD OR INBOARD-OUTDRIVE ENGINES OR MOTORS
TERR: ROS

COVERAGE INCLUDED AT NO ADDITIONAL PREMIUM:

*SAILBOATS LESS THAN 26 FEET IN OVERALL LENGTH WITH OR WITHOUT
AUXILIARY POWER
(COVERED IN THE POLICY FORM)

*OUTBOARD ENGINES OR MOTORS OF UP TO 100 HORSEPOWER
(COVERED UNDER EMC EXTENSION ENDORSEMENTS - SEE RULES 515. G, H & I)

FOR ALL OTHER WATERCRAFT, THE FOLLOWING RATES APPLY:

UP TO 15 FT -
*UP TO 50 HP

1,000	8	9	10	11	12
2,000	11	12	13	14	15
3,000	13	14	15	16	17
4,000	16	17	18	19	20
5,000	18	19	20	21	22

UP TO 15 FT -
*51 TO 100 HP

1,000	14	16	17	19	21
2,000	18	20	21	23	25
3,000	21	23	24	26	28
4,000	25	27	28	30	32
5,000	27	29	30	32	34

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EMPLOYERS MUTUAL CASUALTY COMPANY
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SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
612. OUTBOARD MOTORS AND WATERCRAFT - (CONT.)					
UP TO 15 FT - 101 TO 150 HP					
1,000	20	23	25	27	29
2,000	25	28	30	32	34
3,000	31	34	36	38	40
4,000	36	39	41	43	45
5,000	39	42	44	46	48
OVER 15 TO 26 FT - *UP TO 50 HP					
1,000	13	15	16	18	19
2,000	17	19	20	22	23
3,000	20	22	23	25	26
4,000	24	26	27	29	30
5,000	26	28	29	31	32
OVER 15 TO 26 FT - *51 TO 100 HP					
1,000	19	22	24	26	28
2,000	24	27	29	31	33
3,000	30	33	35	37	39
4,000	35	38	40	42	44
5,000	38	41	43	45	47
OVER 15 TO 26 FT - 101 TO 150 HP					
1,000	24	28	30	32	35
2,000	31	35	37	39	42
3,000	39	43	45	47	50
4,000	46	50	52	54	57
5,000	50	54	56	58	61
OVER 15 TO 26 FT - 151 TO 200 HP					
1,000	30	35	37	41	44
2,000	41	46	48	52	55
3,000	52	57	59	63	66
4,000	63	68	70	74	77
5,000	68	73	75	79	82

SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
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612. OUTBOARD MOTORS AND WATERCRAFT - (CONT.)

OVER 15 TO 26 FT -
201 TO 300 HP

1,000	51	59	63	69	75
2,000	68	76	80	86	92
3,000	85	93	97	103	109
4,000	102	110	114	120	126
5,000	111	119	123	129	135

OVER 15 TO 26 FT -
OVER 300 HP

CONTACT BRANCH OFFICE FOR ANY APPLICABLE RATES AND
RULES ON FILE WITH THE INSURANCE DEPARTMENT.

SAILBOATS WITH OR WITHOUT
AUXILIARY POWER

*26 TO 40 FT

1,000	8	9	10	11	12
2,000	11	12	13	14	15
3,000	13	14	15	16	17
4,000	16	17	18	19	20
5,000	18	19	20	21	22

613. OWNED RECREATIONAL VEHICLE (RATE PER VEHICLE)

TERR: ROS

1,000	31	36	38	42	46
2,000	32	37	39	43	47
3,000	33	38	40	44	48
4,000	34	39	41	45	49
5,000	35	40	42	46	50

614. FARMERS PERSONAL LIABILITY (FPL)

OWNED AND OPERATED BY INSURED: INITIAL FARM PREMISES
TERR: ROS

UP TO 160 ACRES

1,000	92	106	114	124	135
2,000	95	109	117	127	138
3,000	97	111	119	129	140
4,000	100	114	122	132	143
5,000	102	116	124	134	145

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SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
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614. FARMERS PERSONAL LIABILITY (FPL) - (CONT.)

OVER 160 TO 500 ACRES

1,000	157	181	195	212	231
2,000	160	184	198	215	234
3,000	162	186	200	217	236
4,000	165	189	203	220	239
5,000	167	191	205	222	241

OVER 500 ACRES

1,000	289	332	358	390	425
2,000	292	335	361	393	428
3,000	294	337	363	395	430
4,000	297	340	366	398	433
5,000	299	342	368	400	435

ADD'L RATE PER EACH ADD'L FARM PREMISES WITH BUILDINGS

1,000	13	15	16	18	19
2,000	14	16	17	19	20
3,000	15	17	18	20	21
4,000	16	18	19	21	22
5,000	17	19	20	22	23

OWNED BY INSURED AND RENTED TO OTHERS

*ALL FARM PREMISES WITHOUT BUILDINGS

1,000	13	15	16	18	19
2,000	14	16	17	19	20
3,000	15	17	18	20	21
4,000	16	18	19	21	22
5,000	17	19	20	22	23

*EACH FARM PREMISES WITH BUILDINGS

1,000	13	15	16	18	19
2,000	14	16	17	19	20
3,000	15	17	18	20	21
4,000	16	18	19	21	22
5,000	17	19	20	22	23

*TOTAL ALL ACREAGE OF FARMS OWNED BY INSURED AND RENTED TO OTHERS. ADD THE FOLLOWING FLAT CHARGE (NOT SUBJECT TO INCREASED LIMITS FACTORS) WHEN TOTAL ACREAGE IS:

OVER 160 TO 500 ACRES	OVER 500 ACRES
\$2	\$7

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SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
614. FARMERS PERSONAL LIABILITY (FPL) - (CONT.)					
FARM EMPLOYEES PER 100 PERSON DAYS OR FRACTION THEREOF					
1,000	10	12	12	14	15
2,000	11	13	13	15	16
3,000	12	14	14	16	17
4,000	13	15	15	17	18
5,000	14	16	16	18	19
EACH FARM EMPLOYEE PART TIME					
1,000	12	14	15	16	18
2,000	13	15	16	17	19
3,000	14	16	17	18	20
4,000	15	17	18	19	21
5,000	16	18	19	20	22
EACH FARM EMPLOYEE FULL TIME					
1,000	28	32	35	38	41
2,000	29	33	36	39	42
3,000	30	34	37	40	43
4,000	31	35	38	41	44
5,000	32	36	39	42	45
615. INCIDENTAL FARMING PERSONAL LIABILITY TERR: ROS					
FARMING DONE ON THE RESIDENCE PREMISES					
1,000	36	41	45	49	53
2,000	37	42	46	50	54
3,000	38	43	47	51	55
4,000	39	44	48	52	56
5,000	40	45	49	53	57
FARMING DONE AWAY FROM PREMISES					
1,000	54	62	67	73	79
2,000	55	63	68	74	80
3,000	56	64	69	75	81
4,000	57	65	70	76	82
5,000	58	66	71	77	83
617. WATERBED LIABILITY COVERAGE (HO0004 AND HO0006 ONLY) (RATE PER WATERBED) TERR: ROS					
(COV. F: N/A)	25	29	31	34	37

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SECTION II COVERAGE RATES (Cont'd.)

LIMITS OF LIABILITY	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
621. SWIMMING POOL LIABILITY					
TERR: ROS					
1,000	35	40	43	47	51
2,000	39	44	47	51	55
3,000	42	47	50	54	58
4,000	46	51	54	58	62
5,000	49	54	57	61	65

EARTHQUAKE TERRITORY DEFINITIONS

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
71601	26	71743	27	71861	27
71602	27	71744	27	71862	27
71603	27	71745	27	71864	27
71611	26	71747	27	71865	27
71612	27	71748	27	71866	27
71613	27	71749	27	71901	27
71630	25	71750	27	71902	27
71631	27	71751	27	71903	27
71635	27	71752	27	71909	27
71638	26	71753	27	71910	27
71639	25	71754	27	71913	27
71640	27	71758	27	71914	27
71642	27	71759	27	71920	27
71643	25	71762	27	71921	27
71644	25	71763	27	71922	27
71646	27	71764	27	71923	27
71647	27	71765	27	71929	27
71651	27	71766	27	71932	27
71652	27	71770	27	71933	27
71653	27	71772	27	71935	27
71654	26	71801	27	71937	27
71655	27	71802	27	71940	27
71656	27	71820	27	71941	27
71657	27	71822	27	71942	27
71658	27	71823	27	71943	27
71659	26	71825	27	71944	27
71660	27	71826	27	71945	27
71661	27	71827	27	71949	27
71662	25	71828	27	71950	27
71663	27	71831	27	71951	27
71665	27	71832	27	71952	27
71666	26	71833	27	71953	27
71667	27	71834	27	71956	27
71670	26	71835	27	71957	27
71671	27	71836	27	71958	27
71674	25	71837	27	71959	27
71675	27	71838	27	71960	27
71676	27	71839	27	71961	27
71677	25	71840	27	71962	27
71678	26	71841	27	71964	27
71701	27	71842	27	71965	27
71711	27	71845	27	71966	27
71720	27	71846	27	71968	27
71721	27	71847	27	71969	27
71722	27	71851	27	71970	27
71724	27	71852	27	71971	27
71725	27	71853	27	71972	27
71726	27	71854	27	71973	27
71728	27	71855	27	71998	27
71730	27	71857	27	71999	27
71731	27	71858	27	72001	27
71740	27	71859	27	72002	27
71742	27	71860	27	72003	26

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EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72004	25	72064	25	72130	27
72005	24	72065	27	72131	27
72006	24	72066	26	72132	27
72007	27	72067	27	72133	25
72010	26	72068	25	72134	25
72011	27	72069	25	72135	27
72012	26	72070	27	72136	27
72013	27	72072	24	72137	27
72014	24	72073	24	72139	26
72015	27	72074	25	72140	25
72016	27	72075	24	72141	27
72017	25	72076	26	72142	24
72018	27	72078	26	72143	26
72019	27	72079	27	72145	26
72020	26	72080	27	72149	26
72021	25	72081	26	72150	27
72022	27	72082	25	72152	25
72023	26	72083	24	72153	27
72024	26	72084	27	72156	27
72025	27	72085	26	72157	27
72026	25	72086	26	72158	27
72027	27	72087	27	72160	25
72028	27	72088	27	72164	26
72029	25	72089	27	72165	25
72030	27	72099	27	72166	26
72031	27	72101	24	72167	27
72032	27	72102	26	72168	25
72033	27	72103	27	72169	24
72034	27	72104	27	72170	26
72035	27	72105	27	72173	27
72036	25	72106	27	72175	24
72037	24	72107	27	72176	26
72038	26	72108	25	72178	26
72039	27	72110	27	72179	27
72040	25	72111	27	72180	27
72041	25	72112	24	72181	27
72042	26	72113	26	72182	25
72043	24	72114	26	72183	26
72044	27	72115	26	72189	24
72045	27	72116	27	72190	27
72046	24	72117	25	72199	27
72047	27	72118	27	72201	27
72048	25	72119	26	72202	27
72051	27	72120	27	72203	27
72052	26	72121	26	72204	27
72053	26	72122	27	72205	27
72055	26	72123	24	72206	26
72057	27	72124	27	72207	27
72058	27	72125	27	72209	27
72059	24	72126	27	72210	27
72060	25	72127	27	72211	27
72061	27	72128	26	72212	27
72063	27	72129	27	72214	27

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EMCASCO INSURANCE COMPANY

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EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72215	27	72360	25	72437	21
7221572216	2726	72364	22	72438	21
7224672217	2627	72365	21	72440	26
7224772219	27	72366	25	72441	23
7224972221	27	72367	26	72442	21
7222472222	27	72368	25	72443	23
7222272223	27	72369	25	72444	26
7222372225	27	72370	21	72445	25
7222572227	27	72372	24	72447	21
7222772231	2725	72373	21	72449	25
7223472255	2527	72374	25	72450	23
72260	27	72376	22	72451	23
72295	2726	72377	21	72453	24
72301	22	72379	25	72454	23
72303	22	72383	25	72455	26
72310	21	72384	21	72456	24
72311	25	72386	21	72457	25
72312	25	72387	24	72458	26
72313	21	72389	26	72459	26
72315	21	72390	25	72460	27
72316	21	72391	21	72461	23
72319	21	72392	25	72462	24
72320	23	72394	23	72464	22
72321	21	72395	21	72465	24
72322	24	72396	24	72466	26
72324	23	72401	23	72467	23
72325	21	72402	23	72469	26
72326	24	72403	23	72470	25
72327	21	72404	23	72471	25
72328	26	72410	25	72472	21
72329	21	72411	21	72473	25
72330	21	72412	24	72474	23
72331	21	72413	24	72475	24
72332	22	72414	21	72476	25
72333	26	72415	26	72478	27
72335	24	72416	24	72479	24
72336	24	72417	23	72482	27
72338	21	72419	21	72501	26
72339	21	72421	24	72503	26
72340	25	72422	24	72512	27
72341	24	72424	25	72513	27
72342	25	72425	24	72515	27
72346	21	72426	21	72517	27
72347	24	72427	24	72519	27
72348	22	72428	21	72520	27
72350	21	72429	24	72521	27
72351	21	72430	23	72522	26
72352	25	72431	24	72523	27
72353	26	72432	23	72524	25
72354	21	72433	25	72525	27
72355	25	72434	26	72526	26
72358	21	72435	24	72527	26
72359	24	72436	24	72528	27
72360	25	72437	24	72529	27

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EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72529	27	72626	27	72717	27
72530	27	72628	27	72718	27
72531	27	72629	27	72719	27
72532	27	72630	27	72721	27
72533	27	72631	27	72722	27
72534	27	72632	27	72727	27
72536	27	72633	27	72728	27
72537	27	72634	27	72729	27
72538	27	72635	27	72730	27
72539	27	72636	27	72732	27
72540	27	72638	27	72733	27
72542	27	72639	27	72734	27
72543	27	72640	27	72735	27
72544	27	72641	27	72736	27
72545	27	72642	27	72737	27
72546	27	72644	27	72738	27
72550	27	72645	27	72739	27
72553	25	72648	27	72740	27
72554	27	72650	27	72741	27
72555	27	72651	27	72742	27
72556	27	72653	27	72744	27
72560	27	72654	27	72745	27
72561	27	72655	27	72747	27
72562	25	72657	27	72749	27
72564	24	72658	27	72751	27
72565	27	72659	27	72752	27
72566	27	72660	27	72753	27
72567	27	72661	27	72756	27
72568	26	72662	27	72757	27
72569	27	72663	27	72758	27
72571	26	72666	27	72760	27
72572	26	72668	27	72761	27
72573	27	72669	27	72762	27
72575	26	72670	27	72764	27
72576	27	72672	27	72765	27
72577	27	72675	27	72766	27
72578	27	72677	27	72768	27
72579	26	72679	27	72769	27
72581	27	72680	27	72770	27
72583	27	72682	27	72773	27
72584	27	72683	27	72774	27
72585	27	72685	27	72776	27
72587	27	72686	27	72801	27
72601	27	72687	27	72802	27
72602	27	72701	27	72811	27
72611	27	72702	27	72812	27
72613	27	72703	27	72820	27
72615	27	72704	27	72821	27
72616	27	72711	27	72823	27
72617	27	72712	27	72824	27
72619	27	72714	27	72826	27
72623	27	72715	27	72827	27
72624	27	72716	27	72828	27
72626	27	72717	27	72829	27

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EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72829	27	72940	27		
72830	27	72941	27		
72832	27	72943	27		
72833	27	72944	27		
72834	27	72945	27		
72835	27	72946	27		
72837	27	72947	27		
72838	27	72948	27		
72839	27	72949	27		
72840	27	72950	27		
72841	27	72951	27		
72842	27	72952	27		
72843	27	72955	27		
72845	27	72956	27		
72846	27	72957	27		
72847	27	72958	27		
72851	27	72959	27		
72852	27				
72853	27				
72854	27				
72855	27				
72856	27				
72857	27				
72858	27				
72860	27				
72863	27				
72865	27				
72901	27				
72902	27				
72903	27				
72904	27				
72905	27				
72906	27				
72908	27				
72913	27				
72914	27				
72916	27				
72917	27				
72918	27				
72919	27				
72921	27				
72923	27				
72926	27				
72927	27				
72928	27				
72930	27				
72932	27				
72933	27				
72934	27				
72935	27				
72936	27				
72937	27				
72938	27				
72940	27				

HO-T-5

EMPLOYERS MUTUAL CASUALTY COMPANY

EFF. ~~0801-15-~~

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EMCASCO INSURANCE COMPANY

UNION INSURANCE COMPANY OF PROVIDENCE

 UNDERWRITING ELIGIBILITY

1. NEW BUSINESS ELIGIBILITY

- * The basis of our competitive rate structure is the careful selection of risks. Our underwriting guidelines require that only preferred or superior risks be submitted for coverage. The maximum binding authority is 30 days for written binders, 72 hours for oral binders. Applications must be completed in their entirety, with current photographs (front & rear of dwelling) and replacement cost worksheet attached.

Minimum – Maximum (Protection Class 1-8) Limit Requirements:**EMCC**

HO0003 and **HO0005** — \$150,000 to \$350,000 Coverage A

HO0004 — \$20,000 to \$100,000 Coverage C

HO0006 — \$20,000 to \$200,000 Coverage C

EMCASCO

HO0003 and **HO0005** — \$200,000 to \$500,000 Coverage A

HO0004 — \$30,000 to \$100,000 Coverage C

HO0006 — \$30,000 to \$200,000 Coverage C

UNION

HO0003 and **HO0005** — \$300,000 to \$500,000 Coverage A

HO0006 — \$50,000 to \$200,000 Coverage C

- * **Maximum Binding Limit Requirements:**

EMCC

HO0003 and **HO0005** – \$200,000 Coverage A — Protection Class 9

All Companies:

Earthquake Coverage – No Binding Authority in Earthquake Territories 21 through 26. Submit for Branch Underwriting approval.

These acceptability provisions are offered as guidelines. The underwriter's discretion shall apply in cases of extenuating circumstances. Due to varying circumstances it may occasionally be necessary to decline a risk due to circumstances not contemplated in the guidelines.

A. PRIOR APPROVAL

Coverage shall not be bound for risks with the following characteristics or conditions until (1) all information has been submitted to the company for appropriate underwriting and (2) the agent has approval for binder coverage:

1. Any Business operation at the insured location that is not specifically shown as eligible in the rule section of this manual.

2. Insurance To Value:

* Dwellings insured for less than 100% of estimated replacement cost, unless ACV or Special Loss Settlement endorsement is attached.

Replacement Cost as calculated from a current M&S/B Residential Component Technology software system (RCT).

3. Risks with lapse in coverage.

4. Any risk with a wood burning stove, freestanding fireplace, or wood burning furnace unless the unit is:

a. factory built;

b. U.L. listed and tested;

c. professionally installed.

d. located within protection class 1-8 (protection class 9 with prior underwriting approval);

e. if located outside the home (must be modern or recently installed, and situated away from the home by at least 25 feet).

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

Acceptable risks are eligible in **EMCC** only (consideration may be given for placement in **EMCASCO** with prior underwriting approval).

Photo must be submitted. If the device is a woodstove then a completed questionnaire is required - refer to Wood Burning Supplemental Guidelines (pages A-1 – A-4.) If other than a woodstove then a copy of the manufacturer's installation instructions or a contractor's statement that the unit was installed according to the manufacturer's instruction, is required.

- * 5. Any Seasonal or Secondary Dwelling – (EMC must insure the primary dwelling) – Acceptable in **EMCC** only (consideration may be given for placement in **EMCASCO** with prior underwriting approval).
- * 6. Watercraft:
 - a. Jet Skis, Wave Runners, or other Personal Watercraft up to 140 horsepower;
 - b. Boats over 200 horsepower;
 - c. Boats over 20 years old;
 - d. Boats valued over \$45,000
- * 7. Any Risk located in actual protection class 9 or 10 (PC 10 is unacceptable for primary residences).

B. UNACCEPTABLE RISKS**THE FOLLOWING RISKS CANNOT BE SUBMITTED, ACCEPTED OR BOUND:**

- * 1. Dwellings over 40 years old in which the plumbing, heating and electrical (minimum 100 amp service with circuit breakers) have **not** been updated or which are **not** in compliance with all current building laws. Asphalt shingled roofs must have been replaced within the past 10 years. Dwellings with fuse boxes are not acceptable.
- * 2. Primary dwellings classified as an actual PPC 10 or more than 5 miles from the responding fire department.
- 3. Dwellings in a deteriorating condition or lacking proper upkeep and maintenance.
- 4. Unoccupied, vacant, or isolated dwellings (not visible from another residence).
- 5. Mobile homes (including Manufactured Homes—which is a reference to mobile homes built after 6-97), log homes, or housing using experimental construction techniques.
- * 6. Dwellings built prior to 1999 with exterior synthetic stucco (e.g. "EIFS"). EIFS construction for homes built 1999 or after is acceptable for Coverage A values up to \$500,000 (for homes over \$500,000—no more than 25% of the exterior may be EIFS).
- 7. Trampolines or skateboard ramps.
- 8. Exotic pets or animals (llamas, snakes, ostriches, etc.).
- * 9. Dogs with aggressive tendencies or any past bite history. Particular attention should be given to such breeds as Pit Bulls, Rottweilers, Chows, Doberman Pinschers and German Shepherds – if the dog is one of these breeds or is a mix with one of these breeds, only nonaggressive females or neutered males will be considered.
- * 10. Roofs with any of the following qualities:
 - a. Wood shingles or shakes
 - b. Roofs with no pitch (flat)
 - c. Asphalt Shingle Roof >10 years old.
 - d. Asphalt Shingle Roof with more than one layer of shingles
 - e. Roofs consisting of discontinued manufactured materials. i.e. T-lock Shingle Roofs
 - f. Metal roofs installed over the top of another roofing material (i.e. asphalt shingle).
- * 11. Solid Fuel Heating Devices:
 - a. with heat reclaimers or heat saver device;
 - b. used as a primary heat source;
 - c. That are located in Protection Class 9 or 10.

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- d. Fireplace inserts
- e. That are kerosene Heaters
- f. That are coal burning units
- g. In dwellings containing more than 3 solid fuel heating devices
- h. in **Union**.

12. **HO0004** outside of city limits or in commercial buildings.

- * 13. **UNION** – Any of the following qualities or hazards are unacceptable for placement in **UNION**:
 - a. two, three or four family owner-occupied residences;
 - b. dwelling is occupied as a secondary or seasonal residence;
 - c. any actual protection class 9 (Dwellings, other than PPC 10, qualifying for the Suburban Rating plan will be considered for exception);
 - d. any risk with a supplemental heating hazard including wood stoves or a device that burns solid fuel (corn, corncobs, cherry pits and wood pellets etc).
- * 14. **HO0004** outside of city limits or in commercial buildings.
- * 15. Dwelling Replacement or Repair Cost Protection Coverage A - Dwelling (**HO7121**) – the following new business qualifications are unacceptable for this Company coverage & rating enhancement endorsement:
 - a. forms **HO0004** and **HO0006**;
 - b. dwellings constructed prior to 1940. With prior underwriting approval, homes that were built prior to 1940, updated and insured to 100% of the standard RCT may be eligible for the **HO7192.2** Excess Dwelling Coverage (Specified Additional Amount of Insurance for Coverage A – Dwelling – Common Construction
 - c. builder's risk or dwellings under construction (COC).
- 16. Swimming pools/spas/hot tubs that are not fenced in with gates that are self-closing and self-latching (exception--hot tubs/spas that are not fenced in must have locked covers). Pools with diving boards or slides must be pre-approved. Any acceptable pool exposure must have a photo and completed Company pool questionnaire submitted with application.
- * 17. ATV's and Trail Bikes (licensed, registered or required to be licensed and/or registered)
- 18. Risks who have been cancelled or non-renewed by the previous carrier due to underwriting reasons (other circumstances should be submitted to the underwriter prior to binding).
- 19. Watercraft:
 - a. over 26 feet in length (sailboats over 40 ft.);
 - b. maximum rated speed exceeding 45 MPH;
 - c. any personal watercraft (jet skis, wave runners, etc.) over 140 HP or with operators with less than 3 years experience (may be waived for operators with power school/water safety certificates of completion).
- 20. Three or four family dwellings in **EMCASCO** (two, three or four family in **Union**).
- 21. Earthquake coverage cannot be bound, added or increased to a policy mid-term.
- 22. Water Back Up coverage cannot be bound, added or increased to a policy mid-term.
- * 23. Dwellings up for Sale or in the process of repossession.
- * 24. Dwellings with uncorrected fire or building code violations.

C. DEDUCTIBLE OPTIONS

Current deductible options are displayed on the internet quote and application programs.

D. PERSONAL LIABILITY/MEDICAL PAYMENTS: \$100,000/\$1,000. Refer to Liability Rules 701. and 702. for higher limit options.

E. BUILDER'S RISK

- Coverage must be insured for 100% of the completed value.
- A copy of the contractor's bid specifications is required for dwellings valued at \$250,000 and over.

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- “Spec” homes and/or where construction has been stopped or suspended are unacceptable.
- The Named Insured must be the intended owner occupant.
- Owner built homes are not eligible for coverage.
- Dwellings being remodeled are not eligible for Builder’s Risk Coverage.
- Dwellings must be completed and occupied in 180 days or less.

*** F. HOME BUSINESS INSURANCE (HOBIZ)**

For coverage to be provided, the home business must be specifically listed under Rule 528 as an “eligible business”. The maximum binding authority for business property is \$40,000. Coverage is subject to the Section I policy deductible. This endorsement is not available for seasonal or secondary dwellings. The Home Business Coverage Questionnaire must be completed in its entirety and submitted with application.

*** G. SCHEDULED PERSONAL PROPERTY**

Refer to Inland Marine Section for all scheduled property items.

H. EARTHQUAKE

All binding authority for property coverage is suspended for 7 days immediately following an Earthquake measuring 4.0 or higher on the Richter Scale within a 500 mile radius of the insured location.

I. MAXIMUM ALLOWABLE LOSSES**36 MONTH HISTORY:**

EMCC – No more than 2 losses.

EMCASCO – No more than 1 loss.

UNION – No Losses.

A history of losses outside the three year experience may be considered.

The underwriter's discretion shall apply in cases of extenuating circumstances.

****See Note under RENEWAL ELIGIBILITY**

J. NON-PAYMENT CANCELLATION

When a policy has been cancelled for non-payment of premium, it will not be reinstated after the cancellation date has become effective.

Subject to the underwriter's authorization, a policy may be reinstated prior to the effective date of cancellation. However, this will not be done more than three times or more than twice in a two year period, regardless of how long the policy has been in force.

Agents are not authorized to accept payments for direct bill or premium financed policies on the company's behalf under any circumstance without prior company approval.

2. RENEWAL ELIGIBILITY

EMCC

No more than 3 losses in the preceding three-year underwriting period.

EMCASCO

No more than 2 losses in the preceding three-year underwriting period.

UNION

No more than 1 loss in the preceding three-year underwriting period.

Loss history will be reviewed each year with the possibility of moving the risk to a higher rated company, placing a higher deductible on the policy, or non-renewal (losses due to natural causes shall not be the sole reason for such action). Other valid underwriting reasons (such as physical hazards that increase the potential for property or liability losses), permitted by the State Insurance Department, may also be considered for the above actions. The underwriter's discretion shall apply in cases of extenuating circumstances.

Note: A claim for which the insurer has paid no damages will not be considered for acceptability or company placement (HB1178).

ADDITIONAL COMPANY RULE – ALL COMPANIES (Cont'd.)

*

2. INSURANCE SCORING

A discount will be applied to the Homeowners Policy premium, based upon the LexisNexis insurance scoring model, to reflect the correlation found between an individual’s ability to handle and manage credit (responsibility characteristics) and the ability to manage insurance risk in the same responsible manner. The premium is computed by multiplying the Homeowners Policy Premium, following all other modifications except the Combination Policy Discount if applicable, by the appropriate factor.

3. LOSS HISTORY MERIT RATING PLAN (ALL FORMS)

A. Introduction

The Loss History Merit Rating Plan recognizes the loss history of an insured or applicant (with consideration given for the number of consecutive years an insured has had homeowner’s coverage with the EMC Insurance Companies), for both property and liability coverages, in determining the appropriate premium for a new or renewal policy.

B. Eligibility

A loss shall be considered eligible for rating under this Plan if:

- 1. The loss occurred during the three years immediately preceding the date of application for a new policy or the preparation (process or generation date) of the renewal policy;*
- 2. The loss occurred with respect to a risk eligible for coverage under the Homeowners Policy Program;*
- 3. The loss was sustained with respect to the property or liability of an “insured” under the policy being rated (whether to the current or prior location of the insured); and*
- 4. The combined claim “payments” generated for the loss equal or exceed \$500.*

C. Exceptions

The following shall not be considered eligible for rating under the Plan:

- 1. A loss resulting from weather including but not limited to windstorm or hail;*
- 2. A loss resulting from earthquake, mine subsidence or sinkhole collapse;*
- 3. A loss resulting from Identity Fraud;*
- 4. A loss for which payment occurred only with respect to Medical Payments To Others;*
- 5. A loss to a dwelling currently owned by an insured or applicant which occurred prior to ownership.*

D. Refund of Increased Premium

If, after an increased premium is generated based on the requirements of this Plan, it is determined that a loss does not meet the requirements of this Plan, the increased portion of the premium attributable to such loss as generated by the Plan will be refunded in full to the insured.

E. Administration of Loss History Merit Rating Plan

Information necessary to determine the loss history of the named insured or applicant shall be obtained from any one or combination of the following:

- 1. An application signed by the applicant;*
- 2. A loss history or claims history database;*
- 3. A company’s internal claim’s records.*

F. Premium Computation

Multiply the Homeowners Policy Premium, following all other modifications except any applicable Insurance Score or Combination Policy factors, by the appropriate factor shown below:

Number of Eligible Losses	Claims/Persistency Premium Factor Years Insured With EMC Insurance Companies			
	0-3	Over 3 to 5	Over 5 to 7	Over 7
0	1.00	0.95	0.90	0.85
1	1.05	1.00	0.95	0.85
2	1.30	1.25	1.20	1.15
3	1.45	1.40	1.35	1.30
4 or More	1.60	1.60	1.60	1.60

406. DEDUCTIBLES

All policies are subject to a deductible applicable to loss from all Section I perils, except Earthquake. A separate deductible provision applies to Earthquake Coverage. Refer to the Earthquake Coverage rule for applicable deductible provision.

A. Base Deductible

1. \$250 All Peril – HO0004 and HO0006
2. \$500 All Peril – HO0003 and HO0005

* *Some of the deductibles shown below may not be available on new and/or renewal business.*

B. Optional Deductibles

This section does not apply.

C. Optional Higher Deductibles

All Forms — *The Homeowners Program provides a higher deductible applicable to any loss under Section I of the policy in an amount and at a premium credit developed below.*

1. All Peril Deductibles

Determine the credit by multiplying the base premium by the following factors:

Deductible Amounts	\$500	\$1,000	\$1,500	\$2,500	\$5,000
HO0003 and HO0005	1.00	.92	.86	.76	.58
HO0004 and HO0006	.93	.81	N/A	.65	.56

2. Windstorm or Hail Deductibles

(All Forms Except HO0004 and HO0006)

The following deductible options are used in conjunction with a deductible applicable to all Other Section I Perils.

a. Percentage Deductibles

(1) Deductible Amounts

This option provides for higher Windstorm or Hail percentage deductibles of 1%, 2% or 5% of the Coverage A limit of liability when the dollar amount of the percentage deductible selected exceeds the amount of the deductible applicable to All Other Section I Perils.

(2) Endorsement

Use Windstorm Or Hail Percentage Deductible Endorsement **HO0312**.

(3) Declarations instructions

Enter, on the policy declarations, the percentage amount that applies to Windstorm or Hail and the dollar amount that applies to All Other Section I Perils. For example:

- Deductible – Windstorm or Hail 1% of Coverage A limit and \$1,000 for All Other Perils.

(4) Deductible Application

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

Cov.	Limit Of Liability	1% Ded.	Amount Of Loss	
			Before Ded.	After Ded.
A	\$ 100,000	\$ 1,000	\$ 7,500	
B	50,000	–	3,000	
C	10,000	–	1,350	
D	30,000	–	660	
			\$ 12,510	\$ 11,510

406. DEDUCTIBLES (Cont'd.)

(5) Use Of Factors

The factors displayed in Paragraph **(6)** incorporate the factors for the All Peril Deductibles shown in Paragraph **C.1.** above. Do **not** use the factors for the All Perils Deductibles when rating a policy with a higher Windstorm or Hail deductible.

(6) Deductible Factors

To compute the premium for this provision, multiply the Base Premium by the factor selected from the following table for the deductible amounts desired:

All Other Perils Ded. Amt.	Windstorm Or Hail Deductible Amounts		
	1%	2%	5%
\$ 500	.89	.78	.57
1,000	.86	.75	.54
1,500	.83	.72	.51
2,500	–	.68	.47

*

b. Higher Fixed-Dollar Deductibles

(1) Deductible Amounts

This option provides for higher fixed dollar deductible amounts of \$1,000, \$2,000 and \$5,000 when the dollar amount of the higher fixed-dollar deductible selected exceeds the amount of the deductible applicable to All Other Perils deductible.

(2) Endorsement

An endorsement is not required.

(3) Declarations Instructions

Separately enter, on the policy declarations, the deductible amounts that apply to Windstorm or Hail and All Other Section I Perils. For example: \$2,500 for Windstorm or Hail and \$1,000 for All Other Perils.

(4) Use Of Factors

The factors displayed in Paragraph **(5)** incorporate the factors for the All Perils Deductibles shown in Paragraph **C.1.** Do **not** use the factors for the All Perils Deductibles when rating a policy with a higher Windstorm or Hail deductible.

(5) Deductible Factors

To compute the premium for this provision, multiply the Base Premium by the factor selected from the following table for the deductible amounts desired:

All Other Perils Ded. Amt.	Windstorm Or Hail Deductible Amounts			
	\$1,000	\$1,500	\$2,500	\$5,000
\$ 500	.96	.93	.86	–
1,000	–	.89	.83	.72
1,500	–	–	.80	.68
2,500	–	–	–	.64

*

407. ADDITIONAL AMOUNTS OF INSURANCE – FORMS HO0003 AND HO0005

This rule does not apply.

**408. ACTUAL CASH VALUE LOSS SETTLEMENT
WINDSTORM OR HAIL LOSSES TO ROOF SURFACING – ALL FORMS EXCEPT HO0004**

This rule does not apply.

411. NEW OR RENOVATED DWELLING COMPONENTS (Cont'd.)

- 2. *Plumbing system discount is contingent upon new or evidence of complete replacement (lines, valves, faucets, water heaters, toilet floor gaskets and tank gaskets) of the system. Any sinks, tubs, toilets or vent stacks which show any evidence of leaking or cracks in the fixture should be replaced. The work must be done by a qualified plumbing contractor and/or inspected by a building inspector who certifies that the work meets all state and local codes.*
- * 3. *Roof discount is contingent upon a dwelling or other structures having all new asphalt/fiberglass/wood shingle roofing material. The work must be done by a qualified roofing or building contractor and/or be inspected by a building inspector who certifies that the work meets all state and local codes. All roofs, other than those constructed with asphalt/fiberglass/wood shingle, will receive the maximum credit regardless of age.*
- 4. *Heating and cooling system discount is contingent upon new or replacement (furnace heat exchangers, air conditioners, thermostats, registers, boilers including piping and expansion tanks) of the entire system. Forced air heating and cooling ducts should be repaired or replaced where necessary. The work must be done by a qualified heating and air conditioning contractor and/or inspected by a building inspector who certifies that the work meets all state and local codes.*

Years	Wiring	Plumbing	Roof	Heating & Cooling
Current Calendar Year	7.7%	7.7%	16.6%	7.7%
1st Preceding Calendar Year	7.7%	7.7%	16.5%	7.7%
2nd Preceding Calendar Year	7.7%	7.7%	16.4%	7.7%
3rd Preceding Calendar Year	7.7%	7.7%	15.5%	7.7%
4th Preceding Calendar Year	7.4%	7.4%	14.2%	7.4%
5th Preceding Calendar Year	7.0%	7.0%	12.6%	7.0%
6th Preceding Calendar Year	6.7%	6.7%	10.8%	6.7%
7th Preceding Calendar Year	6.1%	6.1%	9.1%	6.1%
8th Preceding Calendar Year	5.8%	5.8%	7.3%	5.8%
9th Preceding Calendar Year	5.3%	5.3%	5.5%	5.3%
10th Preceding Calendar Year	4.9%	4.9%	3.7%	4.9%
11th Preceding Calendar Year	4.3%	4.3%	2.1%	4.3%
12th Preceding Calendar Year	3.8%	3.8%	1.0%	3.8%
13th Preceding Calendar Year	3.5%	3.5%	0.3%	3.5%
14th Preceding Calendar Year	3.0%	3.0%	0.1%	3.0%
15th Preceding Calendar Year	2.5%	2.5%	0.0%	2.5%
16th Preceding Calendar Year	2.2%	2.2%	0.0%	2.2%
17th Preceding Calendar Year	1.8%	1.8%	0.0%	1.8%
18th Preceding Calendar Year	1.4%	1.4%	0.0%	1.4%
19th Preceding Calendar Year	1.0%	1.0%	0.0%	1.0%
20th Preceding Calendar Year	0.7%	0.7%	0.0%	0.7%
21st Preceding Calendar Year	0.4%	0.4%	0.0%	0.4%
22nd Preceding Calendar Year	0.2%	0.2%	0.0%	0.2%
23rd Preceding Calendar Year	0.1%	0.1%	0.0%	0.1%

* *NOTE: To be eligible for the renovated dwelling discount, other than for the roof, The Renovated Dwelling Credit Supplement (HO8090) is required to be completed and submitted with application.*

412. — 500. RESERVED FOR FUTURE USE

520. LIVESTOCK COLLISION COVERAGE (Cont'd.)

B. Coverage Exclusion

Coverage is excluded if a vehicle owned or operated by an insured or an insured's employee:

1. Collides with the vehicle on which the livestock are being transported; or
2. Strikes the livestock.

C. Premium

1. Each horse, mule or head of cattle under one year of age at the time of loss will be counted as 1/2 head.
2. No deductible applies to this coverage.
3. The limit per head of livestock is \$400.
4. **Rates**

Estimated No. of Head	Premium
1 — 100	\$ 9
101 — 250	18
251 — 500	27
501 — 1,000	36

D. Endorsement

Use Livestock Collision Coverage Endorsement **HO0452**.

521. WATER BACKUP OF SEWERS OR DRAINS

(FORMS HO0003, HO0005 AND HO0006)

THIS IS NOT FLOOD INSURANCE

The policy may be endorsed to provide coverage for loss resulting from water which backs up through sewers or drains or which overflows from a sump.

A. \$2,000 Limit

1. *Annual Aggregate Limit — \$2,000.*
2. *Policy Deductible Applies.*
3. *Additional Premium — \$45.00*

*

Use Water Back Up of Sewers or Drains Endorsement **HO7220.1 (\$2,000 Aggregate)**.

B. \$5,000 Limit

1. *Annual Aggregate Limit — \$5,000.*
2. *Policy Deductible Applies.*
3. *Additional premium — \$93.00*

*

Use Water Back Up of Sewers or Drains Endorsement **HO7215.1 (\$5,000 Aggregate)**.

C. \$10,000 Limit

1. *Annual Aggregate Limit — \$10,000.*
2. *Policy Deductible Applies.*
3. *Additional premium — \$139.00*

*

Use Water Back Up of Sewers or Drains Endorsement **HO7216.1 (\$10,000 Aggregate)**.

COVERAGE A - ANNUAL KEY PREMIUMS

TERRITORY: 30,31

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	2745	3568	3046	3959
	03	2778	3611	3079	4003
	04	2979	3872	3314	4307
	05	3012	3916	3347	4351
	06	3046	3959	3514	4569
	07	3849	5004	4184	5439
	08	5021	6527	5188	6744
	8B	6359	8267	7029	9137
	09	7363	9572	8368	10878
	10	10041	13053	11882	15446
EMCASCO	01-02	1715	2230	1904	2475
	03	1736	2258	1925	2502
	04	1862	2421	2071	2693
	05	1883	2448	2092	2720
	06	1904	2475	2197	2856
	07	2406	3128	2615	3400
	08	3138	4080	3243	4216
	8B	3975	5168	4393	5712
	09	4602	5984	5230	6800
	10	6276	8160	7427	9656
UNION	01-02	1287	1673	1428	1856
	03	1302	1693	1443	1877
	04	1396	1816	1553	2020
	05	1412	1836	1569	2040
	06	1428	1856	1647	2142
	07	1804	2346	1961	2550
	08	2354	3060	2432	3162
	8B	2981	3876	3295	4284
	09	3452	4488	3923	5100
	10	4707	6120	5570	7242

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-5

EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. 02-15-14

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 32

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	2598	3377	2883	3747
	03	2629	3418	2915	3789
	04	2820	3665	3136	4077
	05	2851	3706	3168	4118
	06	2883	3747	3326	4324
	07	3643	4736	3960	5148
	08	4752	6177	4910	6383
	8B	6019	7824	6653	8648
	09	6970	9060	7920	10295
	10	9504	12354	11246	14619
EMCASCO	01-02	1624	2111	1802	2342
	03	1643	2136	1822	2368
	04	1762	2291	1960	2548
	05	1782	2317	1980	2574
	06	1802	2342	2079	2703
	07	2277	2960	2475	3218
	08	2970	3861	3069	3990
	8B	3762	4891	4158	5405
	09	4356	5663	4950	6435
	10	5940	7722	7029	9138
UNION	01-02	1218	1583	1351	1757
	03	1233	1603	1366	1777
	04	1322	1719	1470	1912
	05	1337	1738	1485	1931
	06	1351	1757	1559	2028
	07	1708	2221	1856	2414
	08	2228	2897	2302	2993
	8B	2822	3669	3119	4055
	09	3267	4248	3713	4828
	10	4455	5793	5272	6855

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-6

EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. 02-15-14

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 72,82

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	1979	2573	2197	2856
	03	2004	2605	2221	2887
	04	2148	2793	2390	3107
	05	2173	2824	2414	3138
	06	2197	2856	2535	3295
	07	2776	3609	3018	3923
	08	3621	4707	3742	4864
	8B	4587	5962	5069	6590
	09	5311	6904	6035	7845
	10	7242	9414	8570	11140
EMCASCO	01-02	1237	1609	1373	1785
	03	1252	1628	1388	1805
	04	1343	1746	1494	1942
	05	1358	1766	1509	1962
	06	1373	1785	1584	2060
	07	1735	2256	1886	2453
	08	2264	2943	2339	3041
	8B	2867	3728	3169	4120
	09	3320	4316	3773	4905
	10	4527	5886	5357	6965
UNION	01-02	928	1207	1030	1340
	03	940	1222	1041	1354
	04	1007	1310	1121	1457
	05	1019	1325	1132	1472
	06	1030	1340	1189	1546
	07	1302	1693	1415	1840
	08	1698	2208	1755	2282
	8B	2151	2797	2377	3091
	09	2490	3238	2830	3680
	10	3396	4416	4019	5226

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 73

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	2963	3852	3288	4274
	03	2999	3899	3324	4321
	04	3216	4180	3577	4650
	05	3252	4227	3613	4697
	06	3288	4274	3794	4932
	07	4155	5402	4516	5871
	08	5420	7046	5600	7280
	8B	6865	8924	7587	9864
	09	7949	10333	9033	11743
	10	10839	14091	12826	16674
EMCASCO	01-02	1852	2407	2055	2671
	03	1874	2436	2077	2700
	04	2010	2612	2235	2906
	05	2032	2642	2258	2935
	06	2055	2671	2371	3082
	07	2597	3375	2823	3669
	08	3387	4403	3500	4549
	8B	4290	5577	4742	6164
	09	4968	6457	5645	7338
	10	6774	8805	8016	10419
UNION	01-02	1389	1806	1542	2004
	03	1406	1828	1558	2026
	04	1508	1960	1677	2180
	05	1525	1982	1694	2202
	06	1542	2004	1779	2312
	07	1948	2532	2118	2753
	08	2541	3303	2626	3413
	8B	3219	4184	3557	4624
	09	3727	4844	4235	5505
	10	5082	6606	6014	7817

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-8

EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. 02-15-14

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 81

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	2547	3311	2826	3675
	03	2578	3352	2858	3715
	04	2764	3594	3075	3998
	05	2795	3634	3106	4038
	06	2826	3675	3261	4240
	07	3572	4644	3883	5048
	08	4659	6057	4814	6259
	8B	5901	7672	6523	8480
	09	6833	8884	7765	10095
	10	9318	12114	11026	14335
EMCASCO	01-02	1592	2069	1766	2296
	03	1611	2094	1786	2321
	04	1727	2245	1922	2498
	05	1747	2271	1941	2523
	06	1766	2296	2038	2649
	07	2232	2901	2426	3154
	08	2912	3785	3009	3911
	8B	3688	4794	4076	5298
	09	4270	5551	4853	6308
	10	5823	7569	6891	8957
UNION	01-02	1194	1552	1325	1723
	03	1208	1571	1340	1742
	04	1296	1685	1441	1874
	05	1310	1704	1456	1893
	06	1325	1723	1529	1988
	07	1674	2177	1820	2366
	08	2184	2840	2257	2934
	8B	2766	3597	3058	3975
	09	3203	4165	3640	4733
	10	4368	5679	5169	6720

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-9

EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

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EARTHQUAKE TERRITORY DEFINITIONS

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
71601	26	71743	27	71861	27
71602	27	71744	27	71862	27
71603	27	71745	27	71864	27
71611	26	71747	27	71865	27
71612	27	71748	27	71866	27
71613	27	71749	27	71901	27
71630	25	71750	27	71902	27
71631	27	71751	27	71903	27
71635	27	71752	27	71909	27
71638	26	71753	27	71910	27
71639	25	71754	27	71913	27
71640	27	71758	27	71914	27
71642	27	71759	27	71920	27
71643	25	71762	27	71921	27
71644	25	71763	27	71922	27
71646	27	71764	27	71923	27
71647	27	71765	27	71929	27
71651	27	71766	27	71932	27
71652	27	71770	27	71933	27
71653	27	71772	27	71935	27
71654	26	71801	27	71937	27
71655	27	71802	27	71940	27
71656	27	71820	27	71941	27
71657	27	71822	27	71942	27
71658	27	71823	27	71943	27
71659	26	71825	27	71944	27
71660	27	71826	27	71945	27
71661	27	71827	27	71949	27
71662	25	71828	27	71950	27
71663	27	71831	27	71951	27
71665	27	71832	27	71952	27
71666	26	71833	27	71953	27
71667	27	71834	27	71956	27
71670	26	71835	27	71957	27
71671	27	71836	27	71958	27
71674	25	71837	27	71959	27
71675	27	71838	27	71960	27
71676	27	71839	27	71961	27
71677	25	71840	27	71962	27
71678	26	71841	27	71964	27
71701	27	71842	27	71965	27
71711	27	71845	27	71966	27
71720	27	71846	27	71968	27
71721	27	71847	27	71969	27
71722	27	71851	27	71970	27
71724	27	71852	27	71971	27
71725	27	71853	27	71972	27
71726	27	71854	27	71973	27
71728	27	71855	27	71998	27
71730	27	71857	27	71999	27
71731	27	71858	27	72001	27
71740	27	71859	27	72002	27
71742	27	71860	27	72003	26

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EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

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EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72004	25	72064	25	72130	27
72005	24	72065	27	72131	27
72006	24	72066	26	72132	27
72007	27	72067	27	72133	25
72010	26	72068	25	72134	25
72011	27	72069	25	72135	27
72012	26	72070	27	72136	27
72013	27	72072	24	72137	27
72014	24	72073	24	72139	26
72015	27	72074	25	72140	25
72016	27	72075	24	72141	27
72017	25	72076	26	72142	24
72018	27	72078	26	72143	26
72019	27	72079	27	72145	26
72020	26	72080	27	72149	26
72021	25	72081	26	72150	27
72022	27	72082	25	72152	25
72023	26	72083	24	72153	27
72024	26	72084	27	72156	27
72025	27	72085	26	72157	27
72026	25	72086	26	72158	27
72027	27	72087	27	72160	25
72028	27	72088	27	72164	26
72029	25	72089	27	72165	25
72030	27	72099	27	72166	26
72031	27	72101	24	72167	27
72032	27	72102	26	72168	25
72033	27	72103	27	72169	24
72034	27	72104	27	72170	26
72035	27	72105	27	72173	27
72036	25	72106	27	72175	24
72037	24	72107	27	72176	26
72038	26	72108	25	72178	26
72039	27	72110	27	72179	27
72040	25	72111	27	72180	27
72041	25	72112	24	72181	27
72042	26	72113	26	72182	25
72043	24	72114	26	72183	26
72044	27	72115	26	72189	24
72045	27	72116	27	72190	27
72046	24	72117	25	72199	27
72047	27	72118	27	72201	27
72048	25	72119	26	72202	27
72051	27	72120	27	72203	27
72052	26	72121	26	72204	27
72053	26	72122	27	72205	27
72055	26	72123	24	72206	26
72057	27	72124	27	72207	27
72058	27	72125	27	72209	27
72059	24	72126	27	72210	27
72060	25	72127	27	72211	27
72061	27	72128	26	72212	27
72063	27	72129	27	72214	27

EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72215	27	72360	25	72437	21
72216	26	72364	22	72438	21
72217	27	72365	21	72440	26
72219	27	72366	25	72441	23
72221	27	72367	26	72442	21
72222	27	72368	25	72443	23
72223	27	72369	25	72444	26
72225	27	72370	21	72445	25
72227	27	72372	24	72447	21
72231	25	72373	21	72449	25
72255	27	72374	25	72450	23
72260	27	72376	22	72451	23
72295	26	72377	21	72453	24
72301	22	72379	25	72454	23
72303	22	72383	25	72455	26
72310	21	72384	21	72456	24
72311	25	72386	21	72457	25
72312	25	72387	24	72458	26
72313	21	72389	26	72459	26
72315	21	72390	25	72460	27
72316	21	72391	21	72461	23
72319	21	72392	25	72462	24
72320	23	72394	23	72464	22
72321	21	72395	21	72465	24
72322	24	72396	24	72466	26
72324	23	72401	23	72467	23
72325	21	72402	23	72469	26
72326	24	72403	23	72470	25
72327	21	72404	23	72471	25
72328	26	72410	25	72472	21
72329	21	72411	21	72473	25
72330	21	72412	24	72474	23
72331	21	72413	24	72475	24
72332	22	72414	21	72476	25
72333	26	72415	26	72478	27
72335	24	72416	24	72479	24
72336	24	72417	23	72482	27
72338	21	72419	21	72501	26
72339	21	72421	24	72503	26
72340	25	72422	24	72512	27
72341	24	72424	25	72513	27
72342	25	72425	24	72515	27
72346	21	72426	21	72517	27
72347	24	72427	24	72519	27
72348	22	72428	21	72520	27
72350	21	72429	24	72521	27
72351	21	72430	23	72522	26
72352	25	72431	24	72523	27
72353	26	72432	23	72524	25
72354	21	72433	25	72525	27
72355	25	72434	26	72526	26
72358	21	72435	24	72527	26
72359	24	72436	24	72528	27

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EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

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EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72529	27	72626	27	72717	27
72530	27	72628	27	72718	27
72531	27	72629	27	72719	27
72532	27	72630	27	72721	27
72533	27	72631	27	72722	27
72534	27	72632	27	72727	27
72536	27	72633	27	72728	27
72537	27	72634	27	72729	27
72538	27	72635	27	72730	27
72539	27	72636	27	72732	27
72540	27	72638	27	72733	27
72542	27	72639	27	72734	27
72543	27	72640	27	72735	27
72544	27	72641	27	72736	27
72545	27	72642	27	72737	27
72546	27	72644	27	72738	27
72550	27	72645	27	72739	27
72553	25	72648	27	72740	27
72554	27	72650	27	72741	27
72555	27	72651	27	72742	27
72556	27	72653	27	72744	27
72560	27	72654	27	72745	27
72561	27	72655	27	72747	27
72562	25	72657	27	72749	27
72564	24	72658	27	72751	27
72565	27	72659	27	72752	27
72566	27	72660	27	72753	27
72567	27	72661	27	72756	27
72568	26	72662	27	72757	27
72569	27	72663	27	72758	27
72571	26	72666	27	72760	27
72572	26	72668	27	72761	27
72573	27	72669	27	72762	27
72575	26	72670	27	72764	27
72576	27	72672	27	72765	27
72577	27	72675	27	72766	27
72578	27	72677	27	72768	27
72579	26	72679	27	72769	27
72581	27	72680	27	72770	27
72583	27	72682	27	72773	27
72584	27	72683	27	72774	27
72585	27	72685	27	72776	27
72587	27	72686	27	72801	27
72601	27	72687	27	72802	27
72602	27	72701	27	72811	27
72611	27	72702	27	72812	27
72613	27	72703	27	72820	27
72615	27	72704	27	72821	27
72616	27	72711	27	72823	27
72617	27	72712	27	72824	27
72619	27	72714	27	72826	27
72623	27	72715	27	72827	27
72624	27	72716	27	72828	27

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EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

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EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72829	27	72940	27		
72830	27	72941	27		
72832	27	72943	27		
72833	27	72944	27		
72834	27	72945	27		
72835	27	72946	27		
72837	27	72947	27		
72838	27	72948	27		
72839	27	72949	27		
72840	27	72950	27		
72841	27	72951	27		
72842	27	72952	27		
72843	27	72955	27		
72845	27	72956	27		
72846	27	72957	27		
72847	27	72958	27		
72851	27	72959	27		
72852	27				
72853	27				
72854	27				
72855	27				
72856	27				
72857	27				
72858	27				
72860	27				
72863	27				
72865	27				
72901	27				
72902	27				
72903	27				
72904	27				
72905	27				
72906	27				
72908	27				
72913	27				
72914	27				
72916	27				
72917	27				
72918	27				
72919	27				
72921	27				
72923	27				
72926	27				
72927	27				
72928	27				
72930	27				
72932	27				
72933	27				
72934	27				
72935	27				
72936	27				
72937	27				
72938	27				

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EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. 02-15-14

 UNDERWRITING ELIGIBILITY

 1. NEW BUSINESS ELIGIBILITY

The basis of our competitive rate structure is the careful selection of risks. Our underwriting guidelines require that only preferred or superior risks be submitted for coverage. The maximum binding authority is 330 days for both-written and binders, 72 hours for oral binders. Applications must be completed in their entirety, with current photographs (front & rear of dwelling) and replacement cost worksheet attached.

Minimum – Maximum (Protection Class 1-8) Limit Requirements:
EMCC

~~HO0003 and HO0005 — \$150,000 to \$350,000 Coverage A~~
~~HO0004 and HO0006 — \$45 — \$20,000 to \$100,000 Coverage C~~
~~HO0006 — \$20,000 to \$200,000 Coverage C~~

EMCASCO

~~HO0003 and HO0005 — \$200,000 to \$500,000 Coverage A~~
~~HO0004 and — \$30,000 to \$100,000 Coverage C~~
~~HO0006 — \$2530,000 to \$200,000 Coverage C~~

UNION

~~HO0003 and HO0005 — \$300,000 to \$500,000 Coverage A~~
~~HO0006 — \$50,000 to \$200,000 Coverage C~~

Maximum Binding Limit Requirements:
EMCC

~~HO0003 and HO0005 — \$350,000 Coverage A — Protection Class 1-8~~

EMCASCO/UNION

~~HO0003 and HO0005 — \$500,000 Coverage A — Protection Class 1-8~~

EMCC/EMCASCO

~~HO0004 — \$100,000 Coverage C — Protection Class 1-8~~

EMCC/EMCASCO/UNION

~~HO0006 — \$200,000 Coverage C — Protection Class 1-8~~

EMCC

~~HO0003 and HO0005 — \$200,000 Coverage A — Protection Class 9~~

All Companies:

Earthquake Coverage – No Binding Authority in Earthquake Territories 21 through 26. Submit for Branch Underwriting approval.

These acceptability provisions are offered as guidelines. The underwriter's discretion shall apply in cases of extenuating circumstances. Due to varying circumstances it may occasionally be necessary to decline a risk due to circumstances not contemplated in the guidelines.

A. PRIOR APPROVAL

Coverage shall not be bound for risks with the following characteristics or conditions until (1) all information has been submitted to the company for appropriate underwriting and (2) the agent has approval for binder coverage:

1. Any Business operation at the insured location that is not specifically shown as eligible in the rule section of this manual.

2. Insurance To Value:

~~EMCC — Dwellings insured for less than 90% of estimated replacement cost, unless ACV or Special Loss Settlement endorsement is attached.~~

~~EMCASCO/UNION — Dwellings insured for less than 100% of estimated replacement cost, unless ACV or Special Loss Settlement endorsement is attached.~~

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EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
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ED. 08-12

Replacement Cost as calculated from a current M&S/B Residential Component Technology software system (RCT).

3. Risks with lapse in coverage.

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- *
- 4. Any risk with a wood ~~burner~~burning stove, freestanding fireplace, or wood burning furnace ~~or fireplace insert. Unit must be~~unless the unit is:
- a. factory built;
 - b. U.L. listed and tested;
 - c. professionally installed.
 - d. located within protection class 1-8 (protection class 9 with prior underwriting approval);
 - e. if located outside the home (must be modern or recently installed, and situated away from the home by at least 25 feet).

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

Acceptable risks are eligible in EMCC only (consideration may be given for placement in EMCASCO with prior underwriting approval).

Photo must be submitted with. If the device is a woodstove then a completed questionnaire. Refer is required - refer to Wood Burning Supplemental Guidelines (pages A-1 – A-4). Not eligible in EMCASCO or UNION.) If other than a woodstove then a copy of the manufacturer's installation instructions or a contractor's statement that the unit was installed according to the manufacturer's instruction, is required.

- 5. Any Seasonal or Secondary Dwelling – We(EMC must insure the primary dwelling.) – Acceptable in EMCC only (consideration may be given for placement in EMCASCO with prior underwriting approval).
- 6. Any watercraft exceeding: \$25,000 in value, or Watercraft:
 - a. Jet Skis, Wave Runners, or other Personal Watercraft up to 140 horsepower;
 - b. Boats over 200 horsepower, or;
 - c. Boats over 20 years of age old;
 - d. Boats valued over \$45,000
- 7. Any Risk located in actual protection class 9 or 10 (PC 10 is unacceptable for primary residences).

B. UNACCEPTABLE RISKS**THE FOLLOWING RISKS CANNOT BE SUBMITTED, ACCEPTED OR BOUND:**

- 1. Dwellings over 40 years old in which the plumbing, heating and electrical (minimum 100 amp service with circuit breakers) have not been updated or which are not in compliance with all current building laws. The roof Asphalt shingled roofs must have been replaced within the past 2010 years. Dwellings with fuse boxes are not acceptable.
- ~~2. Roofs with wood shingles or shakes that have not been treated or maintained (must be fire rated and meet local building codes).~~
- 2. Primary dwellings classified as an actual PPC 10 or more than 5 miles from the responding fire department.
- 3. Dwellings in a deteriorating condition or lacking proper upkeep and maintenance.
- 4. Unoccupied, vacant, or isolated dwellings (not visible from another residence).
- 5. Mobile homes (including Manufactured Homes—which is a reference to mobile homes built after 6-97), log homes, or housing using experimental construction techniques.
- 6. Dwellings Dwellings built prior to 1999 with exterior synthetic stucco (e.g. "EIFS"). EIFS construction for homes built 1999 or after is acceptable for Coverage A values up to \$500,000 (for homes over \$500,000—no more than 25% of the exterior may be EIFS).
- 7. Trampolines or skateboard ramps.
- 8. Exotic pets or animals (llamas, snakes, ostriches, etc.).
- 9. Risks Dogs with large dogs (Dalmations, Dobermans, aggressive tendencies or any past bite history. Particular attention should be given to such breeds as Pit Bulls, Rottweilers, Chow Chows) or dogs that have bitten, Doberman Pinschers and German Shepherds – if the dog is one of these breeds or attacked someone's a mix with one of these breeds, only nonaggressive females or neutered males will be considered.
- 10. Roofs with any of the following qualities:
 - a. Wood shingles or shakes
 - b. Roofs with no pitch (flat)
 - c. Asphalt Shingle Roof >10 years old.
 - d. Asphalt Shingle Roof with more than one layer of shingles
 - e. Roofs consisting of discontinued manufactured materials. i.e. T-lock Shingle Roofs
 - f. Metal roofs installed over the top of another roofing material (i.e. asphalt shingle).
- 11. Solid Fuel Heating Devices:
 - a. with heat reclaimers or heat saver device;

- [b. used as a primary heat source;](#)
- [c. That are located in Protection Class 9 or 10.](#)

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- d. Fireplace inserts
- e. That are kerosene Heaters
- f. That are coal burning units
- g. In dwellings containing more than 3 solid fuel heating devices
- h. in Union.

12. HO0004 outside of city limits or in commercial buildings.

1413. UNION – Any of the following qualities or hazards are unacceptable for placement in **UNION**:

- a. two, three or four family owner-occupied residences;
- b. dwelling is occupied as a secondary or seasonal residence;
- c. any actual protection class 9 (Dwellings, other than PPC 10, qualifying for the Suburban Rating plan will be considered for exception);
- d. any risk with a supplemental heating hazard including wood stoves or a device that burns solid fuel (corn, corncobs, cherry pits and wood pellets etc).

14. HO0004 outside of city limits or in commercial buildings.

15. Dwelling Replacement or Repair Cost Protection Coverage A - Dwelling (HO7121) – the following new business qualifications are unacceptable for this Company coverage & rating enhancement endorsement:

- a. forms HO0004 and HO0006;
- b. dwellings constructed prior to 1940. With prior underwriting approval, homes that were built prior to 1940, updated and insured to 100% of the standard RCT may be eligible for the HO7192.2 Excess Dwelling Coverage (Specified Additional Amount of Insurance for Coverage A – Dwelling – Common Construction
- c. builder's risk or dwellings under construction (COC).

16. Swimming pools/spas/hot tubs that are not fenced in with gates that are self-closing and self-latching (exception--hot tubs/spas that are not fenced in must have locked covers). Pools with diving boards or slides must be pre-approved. Any acceptable pool exposure must have a photo and completed Company pool questionnaire submitted with application.

~~**12.** Primary dwellings located over 5 miles from the responding fire station (PC 10).~~

~~**1317.** ATV's and Trail Bikes (licensed, registered or required to be licensed and/or registered)~~

~~**18.** Risks who have been cancelled or non-renewed by the previous carrier due to underwriting reasons (other circumstances should be submitted to the underwriter prior to binding).~~

19. Watercraft:

- a. over 26 feet in length (sailboats over 40 ft.);
- b. maximum rated speed exceeding 45 MPH;
- c. any personal watercraft (jet skis, wave runners, etc.) over 140 HP or with operators with less than 3 years experience (may be waived for operators with power school/water safety certificates of completion).

~~**14.** Dwelling Replacement or Repair Cost Protection Coverage A – Dwelling (HO7121) – the following new business qualifications are unacceptable for this Company coverage & rating enhancement endorsement:~~

- a. ~~forms HO0004 and HO0006;~~
- b. ~~any Coverage A limit that is less than 100% of the Company's estimated reconstruction cost (using M&S/B Residential Component Technology);~~
- c. ~~dwellings over 40 years old. With prior underwriting approval, homes that are over 40 years old, updated and insured to 100% of the standard RCT may be eligible for the HO7192.2 Excess Dwelling Coverage (Specified Additional Amount of Insurance for Coverage A – Dwelling – Common Construction);~~

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- ~~d. any unique, experimental or modular home type construction (modern modular homes calculated using the RCT "standard" construction type may receive underwriting consideration);~~
- ~~e. dwellings located in "rated" protection class 9 (Suburban Rated permitted) or in class 10;~~
- ~~f. Coverage A limits less than \$100,000 or greater than \$750,000;~~
- ~~g. ~~three~~^{20.} Three or four family dwellings;~~
- ~~h. builder's risk or dwellings under construction (COC);~~

15. UNION—Any of the following qualities or hazards are unacceptable for placement in **UNION**:

- ~~a. form HO0004;~~
- ~~b. year built of home at inception of policy is over 20 years;~~
- ~~e. in **EMCASCO** (two, three or four family ~~owner-occupied residences (forms HO0003 and HO0005);~~in **Union**);~~
- ~~d. any actual protection class 9 or 10 risk;~~
- ~~e. any risk with a wood stove or wood fireplace insert heating apparatus hazard;~~

~~1621. Earthquake coverage cannot be bound, added or increased to a policy mid-term.~~

~~22. Water Back Up coverage cannot be bound, added or increased to a policy mid-term.~~

~~23. Dwellings up for Sale or in the process of repossession.~~

~~24. Dwellings with uncorrected fire or building code violations.~~

C. DEDUCTIBLE OPTIONS

~~New Business Minimum All Peril Deductible of \$1,000 applies for forms **HO0003 & HO0005**; and a \$250 All Peril Deductible for forms **HO0004 & HO0006**. Refer to Deductible Rule 406. Current deductible options are displayed on the internet quote and application programs.~~

D. PERSONAL LIABILITY/MEDICAL PAYMENTS: \$100,000/\$1,000. Refer to Liability Rules 701 and 702. for higher limit options.

E. BUILDER'S BUILDER'S RISK

- Coverage must be insured for 100% of the completed value.
- A copy of the contractor's bid specifications is required for homesdwellings valued at \$250,000 and over.

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- "Spec" homes and/or where construction has been stopped or suspended are unacceptable.
- The Named Insured must be the intended owner occupant.
- Owner built homes are not eligible for coverage.
- Dwellings being remodeled are not eligible for Builder's Risk Coverage.
- Dwellings must be completed and occupied in 180 days or less.

F. HOME BUSINESS INSURANCE (HOBIZ)

For coverage to be provided, the home business must be specifically listed under Rule 528 as an "eligible business". The maximum binding authority for business property is \$40,000. Coverage is subject to the Section I policy deductible. This endorsement is not available for seasonal or secondary dwellings. The Home Business Coverage Questionnaire must be completed in its entirety and submitted with application.

G. SCHEDULED PERSONAL PROPERTY

~~Refer to Company any Inland Marine schedule that exceeds 50% of the unscheduled personal property limit or \$50,000, or any single scheduled item that exceeds \$10,000 (except watercraft). Current appraisals are required on items valued at \$5,000 or more.~~

Refer to Inland Marine Section for all scheduled property items.

H. EARTHQUAKE

All binding authority for property coverage is suspended for 7 days immediately following an Earthquake measuring 4.0 or higher on the Richter Scale within a 500 mile radius of the insured location.

I. MAXIMUM ALLOWABLE LOSSES**36 MONTH HISTORY:**

EMCC – No more than 2 losses.

EMCASCO – No more than 1 loss.

UNION – No Losses.

A history of losses outside the three year experience may be considered.

The underwriter's discretion shall apply in cases of extenuating circumstances.

****See Note under RENEWAL ELIGIBILITY**

1. ~~NEW BUSINESS ELIGIBILITY (Cont'd.)~~

J. NON-PAYMENT CANCELLATION

When a policy has been cancelled for non-payment of premium, it will not be reinstated after the cancellation date has become effective.

Subject to the underwriter's authorization, a policy may be reinstated prior to the effective date of cancellation. However, this will not be done more than three times or more than twice in a two year period, regardless of how long the policy has been in force.

Agents are not authorized to accept payments for direct bill or premium financed policies on the company's behalf under any circumstance without prior company approval.

2. RENEWAL ELIGIBILITY

EMCC

No more than 3 losses in the preceding three-year underwriting period.

EMCASCO

No more than 2 losses in the preceding three-year underwriting period.

UNION

No more than 1 loss in the preceding three-year underwriting period.

Loss history will be reviewed each year with the possibility of moving the risk to a higher rated company, placing a higher deductible on the policy, or non-renewal (losses due to natural causes shall not be the sole reason for such action). Other valid underwriting reasons (such as physical hazards that increase the potential for property or liability losses), permitted by the State Insurance Department, may also be considered for the above actions. The underwriter's discretion shall apply in cases of extenuating circumstances.

Note: A claim for which the insurer has paid no damages will not be considered for acceptability or company placement (HB1178).

ADDITIONAL COMPANY RULE – ALL COMPANIES (Cont'd.)

2. ~~INSURANCE~~INSURANCE SCORING

A discount will be applied to the Homeowners Policy premium, based upon the ~~current Insurance Score derived from ChoicePoint's LexisNexis~~ insurance scoring model, to reflect the correlation found between an individual's ability to handle and manage credit (responsibility characteristics) and the ability to manage insurance risk in the same responsible manner. - The premium is computed by multiplying the Homeowners Policy Premium, following all other modifications except the Combination Policy Discount if applicable, by the appropriate factor as follows (Point of Sale message will indicate score level discount to apply):

~~Score Level A — 1.00~~

~~Score Level B — .80 (includes Score Level N — No Hits/Unscorable)~~

~~Score Level C — .70~~

~~Score Level D — .60~~

~~Score Level E — .55~~

3. LOSS HISTORY MERIT RATING PLAN (ALL FORMS)

A. Introduction

The Loss History Merit Rating Plan recognizes the loss history of an insured or applicant (with consideration given for the number of consecutive years an insured has had homeowner's coverage with the EMC Insurance Companies), for both property and liability coverages, in determining the appropriate premium for a new or renewal policy.

B. Eligibility

A loss shall be considered eligible for rating under this Plan if:

- 1. The loss occurred during the three years immediately preceding the date of application for a new policy or the preparation (process or generation date) of the renewal policy;*
- 2. The loss occurred with respect to a risk eligible for coverage under the Homeowners Policy Program;*
- 3. The loss was sustained with respect to the property or liability of an "insured" under the policy being rated (whether to the current or prior location of the insured); and*
- 4. The combined claim "payments" generated for the loss equal or exceed \$500.*

C. Exceptions

The following shall not be considered eligible for rating under the Plan:

- 1. A loss resulting from weather including but not limited to windstorm or hail;*
- 2. A loss resulting from earthquake, mine subsidence or sinkhole collapse;*
- 3. A loss resulting from Identity Fraud;*
- 4. A loss for which payment occurred only with respect to Medical Payments To Others;*
- 5. A loss to a dwelling currently owned by an insured or applicant which occurred prior to ownership.*

D. Refund of Increased Premium

If, after an increased premium is generated based on the requirements of this Plan, it is determined that a loss does not meet the requirements of this Plan, the increased portion of the premium attributable to such loss as generated by the Plan will be refunded in full to the insured.

E. Administration of Loss History Merit Rating Plan

Information necessary to determine the loss history of the named insured or applicant shall be obtained from any one or combination of the following:

- 1. An application signed by the applicant;*
- 2. A loss history or claims history database;*
- 3. A company's internal claim's records.*

F. Premium Computation

Multiply the Homeowners Policy Premium, following all other modifications except any applicable Insurance Score or Combination Policy factors, by the appropriate factor shown below:

Number of Eligible Losses	Claims/Persistency Premium Factor Years Insured With EMC Insurance Companies			
	0-3	Over 3 to 5	Over 5 to 7	Over 7
0	1.00	0.95	0.90	0.85
1	1.05	1.00	0.95	0.85
2	1.30	1.25	1.20	1.15
3	1.45	1.40	1.35	1.30

HO-6

EMPLOYERS MUTUAL CASUALTY COMPANY

EMCASCO INSURANCE COMPANY

UNION INSURANCE COMPANY OF PROVIDENCE EFF. [10-1-0802-15-](#)

4 or More	1.60	1.60	1.60	1.60
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HO-6
EMPLOYERS MUTUAL CASUALTY COMPANY
EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE EFF. ~~10-1-08~~[10-1-15](#)

406. DEDUCTIBLES

All policies are subject to a deductible applicable to loss from all Section I perils, except Earthquake. A separate deductible provision applies to Earthquake Coverage. Refer to the Earthquake Coverage rule for applicable deductible provision.

A. Base Deductible

- 1. \$250 All Peril – HO0004 and HO0006
- 2. \$500 All Peril – HO0003 and HO0005

The base deductible shown for HO0003 & HO0005 above are for rate calculation purposes only. The minimum deductible for HO0003 and HO0005 below may not be available on new and/or renewal business is \$1,000. The minimum deductible for new and renewal HO0004 and HO0006 is \$250.

B. Optional Deductibles

This section does not apply.

C. Optional Higher Deductibles

All Forms — *The Homeowners Program provides a higher deductible applicable to any loss under Section I of the policy in an amount and at a premium credit developed below.*

1. All Peril Deductibles

Determine the credit by multiplying the base premium by the following factors:

Deductible Amounts	\$500	\$1,000	\$1,500	\$2,500	\$5,000
HO0003 and HO0005	N/A 1.00	.8792	.86	.7976	.6058
HO0004 and HO0006	.93	.81	N/A	.65	.56

Inserted Cells

2. Windstorm or Hail Deductibles

(All Forms Except HO0004 and HO0006)

The following deductible options are used in conjunction with a deductible applicable to all Other Section I Perils.

a. Percentage Deductibles

(1) Deductible Amounts

This option provides for higher Windstorm or Hail percentage deductibles of 1%, 2% or 5% of the Coverage A limit of liability when the dollar amount of the percentage deductible selected exceeds the amount of the deductible applicable to All Other Section I Perils.

(2) Endorsement

Use Windstorm Or Hail Percentage Deductible Endorsement **HO0312**.

(3) Declarations instructions

Enter, on the policy declarations, the percentage amount that applies to Windstorm or Hail and the dollar amount that applies to All Other Section I Perils. For example:

- Deductible – Windstorm or Hail 1% of Coverage A limit and \$1,000 for All Other Perils.

(4) Deductible Application

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

Cov.	Limit Of Liability	1% Ded.	Amount Of Loss	
			Before Ded.	After Ded.
A	\$ 100,000	\$ 1,000	\$ 7,500	
B	50,000	–	3,000	
C	10,000	–	1,350	
D	30,000	–	660	
			\$ 12,510	\$ 11,510

406. DEDUCTIBLES (Cont'd.)

(5) Use Of Factors

The factors displayed in Paragraph **(6)** incorporate the factors for the All Peril Deductibles shown in Paragraph **C.1.** above. Do **not** use the factors for the All Perils Deductibles when rating a policy with a higher Windstorm or Hail deductible.

(6) Deductible Factors

To compute the premium for this provision, multiply the Base Premium by the factor selected from the following table for the deductible amounts desired:

All Other Perils Ded. Amt.	Windstorm Or Hail Deductible Amounts		
	1%	2%	5%
\$ 500	.89	.78	.57
1,000	.86	.75	.54
1,500	.83	.72	.51
\$1,000	.85	.81	.79
2,500	—	.6968	.6547

b. Higher Fixed-Dollar Deductibles

(1) Deductible Amounts

This option provides for higher fixed dollar deductible amounts of \$1,000, \$2,000 and \$5,000 when the dollar amount of the higher fixed-dollar deductible selected exceeds the amount of the deductible applicable to All Other Perils deductible.

(2) Endorsement

An endorsement is not required.

(3) Declarations Instructions

Separately enter, on the policy declarations, the deductible amounts that apply to Windstorm or Hail and All Other Section I Perils. For example: \$2,500 for Windstorm or Hail and ~~\$1,000,000~~ for All Other Perils.

(4) Use Of Factors

The factors displayed in Paragraph **(5)** incorporate the factors for the All Perils Deductibles shown in Paragraph **C.1.** Do **not** use the factors for the All Perils Deductibles when rating a policy with a higher Windstorm or Hail deductible.

(5) Deductible Factors

To compute the premium for this provision, multiply the Base Premium by the factor selected from the following table for the deductible amounts desired:

All Other Perils Ded. Amt.	Windstorm Or Hail Deductible Amounts			
	\$1,000	\$1,500	\$2,500	\$5,000
\$ 500	.96	.93	.86	—
1,000	—	.89	.83	.72
\$ 1,000	—	.82	—	.68
2,500	—	—	.6680	—
2,500	—	—	—	.64

Inserted Cells

Inserted Cells

407. ADDITIONAL AMOUNTS OF INSURANCE – FORMS HO0003 AND HO0005

This rule does not apply.

**408. ACTUAL CASH VALUE LOSS SETTLEMENT
WINDSTORM OR HAIL LOSSES TO ROOF SURFACING – ALL FORMS EXCEPT HO0004**

This rule does not apply.

411. NEW OR RENOVATED DWELLING COMPONENTS (Cont'd.)

2. *Plumbing system discount is contingent upon new or evidence of complete replacement (lines, valves, faucets, water heaters, toilet floor gaskets and tank gaskets) of the system. Any sinks, tubs, toilets or vent stacks which show any evidence of leaking or cracks in the fixture should be replaced. The work must be done by a qualified plumbing contractor and/or inspected by a building inspector who certifies that the work meets all state and local codes.*
3. *Roof discount is contingent upon a dwelling or other structures having all new asphalt/fiberglass/wood shingle roofing material. The work must be done by a qualified roofing or building contractor and/or be inspected by a building inspector who certifies that the work meets all state and local codes. All roofs, other than those constructed with asphalt/fiberglass/wood shingle, will receive the maximum credit regardless of age.*
4. *Heating and cooling system discount is contingent upon new or replacement (furnace heat exchangers, air conditioners, thermostats, registers, boilers including piping and expansion tanks) of the entire system. Forced air heating and cooling ducts should be repaired or replaced where necessary. The work must be done by a qualified heating and air conditioning contractor and/or inspected by a building inspector who certifies that the work meets all state and local codes.*

<u>Years</u>	<u>Years</u>	<u>Wiring</u>	<u>Plumbing</u>	<u>Roof</u>	<u>Heating & Cooling</u>
Current	Calendar Year	7.7%	7.7%	16.6%	7.7%
1st	Preceding Calendar Year	7.7%	7.7%	16.5%	7.7%
2nd	Preceding Calendar Year	7.7%	7.7%	16.4%	7.7%
3rd	Preceding Calendar Year	7.7%	7.7%	15.5%	7.7%
4th	Preceding Calendar Year	7.4%	7.4%	14.2%	7.4%
Current	5th Preceding Calendar Year	6.57%	6.7%	12.6%	6.7%
1st	6th Preceding Calendar Year	6.57%	6.07%	6.510.8%	6 Deleted Cells
2nd	7th Preceding Calendar Year	6.51%	6.01%	6.59.1%	6.01%
8th	Preceding Calendar Year	5.8%	5.8%	7.3%	5.8%
3rd	9th Preceding Calendar Year	5.53%	5.03%	5.5%	5 Deleted Cells
4th	10th Preceding Calendar Year	4.59%	4.09%	4.53.7%	4.09%
11th	Preceding Calendar Year	4.3%	4.3%	2.1%	4.3%
12th	Preceding Calendar Year	3.8%	3.8%	1.0%	3.8%
5th	13th Preceding Calendar Year	3.5%	3.0%	0.3.0%	3 Deleted Cells
14th	Preceding Calendar Year	3.0%	3.0%	0.1%	3 Deleted Cells
6th	15th Preceding Calendar Year	2.5%	2.5%	2.50.0%	2 Inserted Cells
7th	16th Preceding Calendar Year	2.02%	2.02%	20.0%	2 Deleted Cells
8th	17th Preceding Calendar Year	1.58%	1.58%	1.50.0%	1.58%
18th	Preceding Calendar Year	1.4%	1.4%	0.0%	1.4%
9th	19th Preceding Calendar Year	1.0%	1.0%	40.0%	1 Deleted Cells
10th	20th Preceding Calendar Year	0.57%	0.57%	0.50%	0.57%
21st	Preceding Calendar Year	0.4%	0.4%	0.0%	0.4%
22nd	Preceding Calendar Year	0.2%	0.2%	0.0%	0.2%
23rd	Preceding Calendar Year	0.1%	0.1%	0.0%	0.1%

NOTE- NOTE: To be eligible for the renovated dwelling discount, other than for the roof, The Renovated Dwelling Credit Supplement (HO8090) is required to be completed and submitted with application for attachment of this discount.

412. — 500. RESERVED FOR FUTURE USE

520. LIVESTOCK COLLISION COVERAGE (Cont'd.)**B. Coverage Exclusion**

Coverage is excluded if a vehicle owned or operated by an insured or an insured's employee:

1. Collides with the vehicle on which the livestock are being transported; or
2. Strikes the livestock.

C. Premium

1. Each horse, mule or head of cattle under one year of age at the time of loss will be counted as 1/2 head.
2. No deductible applies to this coverage.
3. The limit per head of livestock is \$400.

4. Rates

Estimated No. of Head	Premium
1 — 100	\$ 9
101 — 250	18
251 — 500	27
501 — 1,000	36

D. Endorsement

Use Livestock Collision Coverage Endorsement **HO0452**.

521. WATER BACKUP OF SEWERS OR DRAINS

(FORMS HO0003, HO0005 AND HO0006)

THIS IS NOT FLOOD INSURANCE

The policy may be endorsed to provide coverage for loss resulting from water which backs up through sewers or drains or which overflows from a sump.

A. \$2,000 Limit

1. *Annual Aggregate Limit — \$2,000.*
2. *Policy Deductible Applies.*
3. *Additional Premium — \$405.00*

Use Water Back Up of Sewers or Drains Endorsement **HO7220.1 (\$2,000 Aggregate)**.

B. \$5,000 Limit

1. *Annual Aggregate Limit — \$5,000.*
2. *Policy Deductible Applies.*
3. *Additional premium — \$693.00*

Use Water Back Up of Sewers or Drains Endorsement **HO7215.1 (\$5,000 Aggregate)**.

C. \$10,000 Limit

1. *Annual Aggregate Limit — \$10,000.*
2. *Policy Deductible Applies.*
3. *Additional premium — \$85139.00*

Use Water Back Up of Sewers or Drains Endorsement **HO7216.1 (\$10,000 Aggregate)**.

HO-43

EMPLOYERS MUTUAL CASUALTY COMPANY
EMCASCO INSURANCE COMPANY

UNION INSURANCE COMPANY OF PROVIDENCE EFF. [0802-15-1214](#)

COVERAGE A - ANNUAL KEY PREMIUMS

TERRITORY: 30,31

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	49392745	25223568	21523046	27983959
	03	19632778	25523611	21763079	28294003
	04	21052979	27373872	23413314	30444307
	05	21293012	27683916	23653347	30754351
	06	21523046	27983959	24833514	32294569
	07	27203849	35365004	29564184	38445439
	08	35485021	46136527	36665188	47666744
	8B	44946359	58438267	49677029	64589137
	09	52937363	67659572	59138368	76881087
	10				10916154
		70951004	92251305	83961188	46
		1	3	2	
EMCASCO	01-02	12121715	15752230	13451904	17482475
	03	12271736	15942258	13601925	17672502
	04	13151862	17102421	14632071	19022693
	05	13301883	17292448	14782092	19242720
	06	13451904	17482475	15522197	20172856
	07	17002406	22093128	18482615	24013400
	08	22173138	28824080	22913243	29784216
	8B	28083975	36505168	31044393	40345712
	09	32524602	42265984	36955230	48036800
	10	44346276	57638160	52477427	68209656
UNION	01-02	9091287	11821673	10091428	13121856
	03	9201302	11971693	10201443	13271877
	04	9871396	12831816	10981553	14282020
	05	9981412	12981836	11091569	14422040
	06	10091428	13121856	11641647	15142142
	07	12751804	16582346	13861961	18032550
	08	16642354	21633060	17192432	22353162
	8B	21072981	27403876	23293295	30284284
	09	24403452	31724488	27733923	36055100
	10	33274707	43266120	39375570	51197242

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-5
 EMPLOYERS MUTUAL CASUALTY COMPANY EFF. [0802-15-4214](#)
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

HO-R-5
EMPLOYERS MUTUAL CASUALTY COMPANY
EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

EFF. [0802-15-4214](#)

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 32

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	48352598	23853377	20372883	26473747
	03	48582629	24143418	20592915	26763789
	04	49922820	25893665	22463136	28894077
	05	20442851	26183706	22383168	29094118
	06	20372883	26473747	23503326	30544324
	07	25743643	33454736	27983960	36365148
	08	33574752	43646177	34694910	45096383
	8B	42526019	55277824	47006653	61098648
	09	49246970	64099060	55957920	72731029
	10	67149504	87271235	79451124	10327146
EMCASCO	01-02	41471624	44922111	12731802	16552342
	03	41641643	45402136	12871822	46732368
	04	12451762	46192291	13851960	48042548
	05	42591782	46372317	43991980	48492574
	06	12731802	46552342	14692079	49102703
	07	16092277	20922960	17492475	22743218
	08	20992970	27293861	21683069	28193990
	8B	26583762	34564891	29384158	38205405
	09	30784356	40025663	34984950	45486435
	10	41975940	54577722	49667029	64579138
UNION	01-02	8601218	44481583	9551351	42441757
	03	8741233	41321603	9651366	42551777
	04	9341322	42141719	10391470	43501912
	05	9441337	42281738	10491485	43641931
	06	9551351	42441757	11041559	44322028
	07	12061708	45692221	13141856	47052414
	08	15742228	20462897	16262302	21142993
	8B	49932822	25923669	22033119	28644055
	09	23083267	30044248	26233713	34404828
	10	31474455	40925793	37245272	48426855

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-6
 EMPLOYERS MUTUAL CASUALTY COMPANY EFF. [0802-15-4214](#)
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

HO-R-6
EMPLOYERS MUTUAL CASUALTY COMPANY
EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

EFF. [0802-15-4214](#)

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 72,82

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	43991979	48492573	45522197	20482856
	03	44462004	48442605	45702221	20442887
	04	45482148	49742793	46892390	21963107
	05	45352173	49962824	47062414	22483138
	06	45522197	20482856	47942535	23293295
	07	49622776	25543609	21333018	27733923
	08	25593621	33274707	26443742	34384864
	8B	32444587	42445962	35835069	46586590
	09	37535311	48806904	42656035	55457845
	10	51487242	66549414	60568570	78741114
				0	
EMCASCO	01-02	8741237	44371609	9701373	42641785
	03	8851252	44501628	9811388	42751805
	04	9491343	42341746	10551494	43721942
	05	9691358	42471766	10661509	43861962
	06	9701373	42641785	11491584	44552060
	07	42261735	45942256	13331886	47332453
	08	15992264	20792943	16522339	21483041
	8B	20252867	26333728	22393169	29114120
	09	23453320	30494316	26653773	34654905
	10	34984527	44585886	37845357	49206965
UNION	01-02	656928	8531207	7281030	9461340
	03	664940	8631222	7361041	9571354
	04	7121007	9261310	7921121	40301457
	05	7201019	9361325	8001132	40401472
	06	7281030	9461340	8401189	40921546
	07	9201302	11961693	10001415	13001840
	08	12001698	15602208	12401755	46122282
	8B	15202151	49762797	46802377	21843091
	09	17602490	22883238	20002830	26003680
	10	24003396	34204416	28404019	36925226

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-7
 EMPLOYERS MUTUAL CASUALTY COMPANY
 EMCASCO INSURANCE COMPANY
 UNION INSURANCE COMPANY OF PROVIDENCE

EFF. [0802-15-4214](#)

COVERAGE A - ANNUAL KEY PREMIUMS (Cont'd.)

TERRITORY: 73

\$100,000 COV. A / \$100,000 COV. E. / \$1,000 COV. F

DEDUCTIBLE: \$500 FLAT - ALL SECTION I PERILS

COMPANY	PROT CLASS	MASONRY		FRAME	
		HO0003	HO0005	HO0003	HO0005
EMCC	01-02	<u>20942963</u>	<u>27223852</u>	<u>23243288</u>	<u>30214274</u>
	03	<u>21202999</u>	<u>27563899</u>	<u>23503324</u>	<u>30544321</u>
	04	<u>22733216</u>	<u>29554180</u>	<u>25283577</u>	<u>32874650</u>
	05	<u>22993252</u>	<u>29884227</u>	<u>25543613</u>	<u>33204697</u>
	06	<u>23243288</u>	<u>30214274</u>	<u>26823794</u>	<u>34864932</u>
	07	<u>29374155</u>	<u>38185402</u>	<u>31934516</u>	<u>41505871</u>
	08	<u>38345420</u>	<u>49897046</u>	<u>39595600</u>	<u>64467280</u>
	8B	<u>48536865</u>	<u>63088924</u>	<u>53637587</u>	<u>69729864</u>
	09	<u>56197949</u>	<u>73041033</u>	<u>63859033</u>	<u>83001174</u>
					<u>3</u>
	10				<u>11786166</u>
		<u>76621083</u>	<u>99601409</u>	<u>90671282</u>	<u>74</u>
		<u>9</u>	<u>1</u>	<u>6</u>	
EMCASCO	01-02	<u>13091852</u>	<u>17022407</u>	<u>14522055</u>	<u>18882671</u>
	03	<u>13251874</u>	<u>17222436</u>	<u>14682077</u>	<u>19092700</u>
	04	<u>14202010</u>	<u>18472612</u>	<u>15802235</u>	<u>20542906</u>
	05	<u>14362032</u>	<u>18682642</u>	<u>15962258</u>	<u>20752935</u>
	06	<u>14522055</u>	<u>18882671</u>	<u>16762371</u>	<u>21793082</u>
	07	<u>18352597</u>	<u>23863375</u>	<u>19952823</u>	<u>25943669</u>
	08	<u>23943387</u>	<u>31134403</u>	<u>24743500</u>	<u>32164549</u>
	8B	<u>30324290</u>	<u>39435577</u>	<u>33524742</u>	<u>43586164</u>
	09	<u>35114968</u>	<u>45656457</u>	<u>39905645</u>	<u>51887338</u>
	10	<u>47886774</u>	<u>62258805</u>	<u>56668016</u>	<u>73661041</u>
					<u>9</u>
UNION	01-02	<u>9821389</u>	<u>12761806</u>	<u>10891542</u>	<u>14462004</u>
	03	<u>9941406</u>	<u>12911828</u>	<u>11011558</u>	<u>14322026</u>
	04	<u>10651508</u>	<u>13851960</u>	<u>11851677</u>	<u>15402180</u>
	05	<u>10771525</u>	<u>14001982</u>	<u>11971694</u>	<u>15562202</u>
	06	<u>10891542</u>	<u>14162004</u>	<u>12571779</u>	<u>16342312</u>
	07	<u>13771948</u>	<u>17892532</u>	<u>14962118</u>	<u>19452753</u>
	08	<u>17962541</u>	<u>23343303</u>	<u>18552626</u>	<u>24123413</u>
	8B	<u>22743219</u>	<u>29564184</u>	<u>25143557</u>	<u>32684624</u>
	09	<u>26333727</u>	<u>34234844</u>	<u>20934235</u>	<u>38905505</u>
	10	<u>35915082</u>	<u>46686606</u>	<u>42496014</u>	<u>55247817</u>

HO-R-8

EMPLOYERS MUTUAL CASUALTY COMPANY

EFF. 0802-15-

4214

EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

REFER TO PAGES HO-R-1 THRU HO-R-4 FOR POLICY SIZE RELATIVITIES (KEY FACTORS)

HO-R-8
EMPLOYERS MUTUAL CASUALTY COMPANY
EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

EFF. [0802-15-4214](#)

EARTHQUAKE TERRITORY DEFINITIONS

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
71601	26	71743	27	71861	27
71602	27	71744	27	71862	27
71603	27	71745	27	71864	27
71611	26	71747	27	71865	27
71612	27	71748	27	71866	27
71613	27	71749	27	71901	27
71630	25	71750	27	71902	27
71631	27	71751	27	71903	27
71635	27	71752	27	71909	27
71638	26	71753	27	71910	27
71639	25	71754	27	71913	27
71640	27	71758	27	71914	27
71642	27	71759	27	71920	27
71643	25	71762	27	71921	27
71644	25	71763	27	71922	27
71646	27	71764	27	71923	27
71647	27	71765	27	71929	27
71651	27	71766	27	71932	27
71652	27	71770	27	71933	27
71653	27	71772	27	71935	27
71654	26	71801	27	71937	27
71655	27	71802	27	71940	27
71656	27	71820	27	71941	27
71657	27	71822	27	71942	27
71658	27	71823	27	71943	27
71659	26	71825	27	71944	27
71660	27	71826	27	71945	27
71661	27	71827	27	71949	27
71662	25	71828	27	71950	27
71663	27	71831	27	71951	27
71665	27	71832	27	71952	27
71666	26	71833	27	71953	27
71667	27	71834	27	71956	27
71670	26	71835	27	71957	27
71671	27	71836	27	71958	27
71674	25	71837	27	71959	27
71675	27	71838	27	71960	27
71676	27	71839	27	71961	27
71677	25	71840	27	71962	27
71678	26	71841	27	71964	27
71701	27	71842	27	71965	27
71711	27	71845	27	71966	27
71720	27	71846	27	71968	27
71721	27	71847	27	71969	27
71722	27	71851	27	71970	27
71724	27	71852	27	71971	27
71725	27	71853	27	71972	27
71726	27	71854	27	71973	27
71728	27	71855	27	71998	27
71730	27	71857	27	71999	27
71731	27	71858	27	72001	27
71740	27	71859	27	72002	27
71742	27	71860	27	72003	26

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EMPLOYERS MUTUAL CASUALTY COMPANY

EFF. 0802-15-

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EMCASCO INSURANCE COMPANY

UNION INSURANCE COMPANY OF PROVIDENCE

EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72004	25	72064	25	72130	27
72005	24	72065	27	72131	27
72006	24	72066	26	72132	27
72007	27	72067	27	72133	25
72010	26	72068	25	72134	25
72011	27	72069	25	72135	27
72012	26	72070	27	72136	27
72013	27	72072	24	72137	27
72014	24	72073	24	72139	26
72015	27	72074	25	72140	25
72016	27	72075	24	72141	27
72017	25	72076	26	72142	24
72018	27	72078	26	72143	26
72019	27	72079	27	72145	26
72020	26	72080	27	72149	26
72021	25	72081	26	72150	27
72022	27	72082	25	72152	25
72023	26	72083	24	72153	27
72024	26	72084	27	72156	27
72025	27	72085	26	72157	27
72026	25	72086	26	72158	27
72027	27	72087	27	72160	25
72028	27	72088	27	72164	26
72029	25	72089	27	72165	25
72030	27	72099	27	72166	26
72031	27	72101	24	72167	27
72032	27	72102	26	72168	25
72033	27	72103	27	72169	24
72034	27	72104	27	72170	26
72035	27	72105	27	72173	27
72036	25	72106	27	72175	24
72037	24	72107	27	72176	26
72038	26	72108	25	72178	26
72039	27	72110	27	72179	27
72040	25	72111	27	72180	27
72041	25	72112	24	72181	27
72042	26	72113	26	72182	25
72043	24	72114	26	72183	26
72044	27	72115	26	72189	24
72045	27	72116	27	72190	27
72046	24	72117	25	72199	27
72047	27	72118	27	72201	27
72048	25	72119	26	72202	27
72051	27	72120	27	72203	27
72052	26	72121	26	72204	27
72053	26	72122	27	72205	27
72055	26	72123	24	72206	26
72057	27	72124	27	72207	27
72058	27	72125	27	72209	27
72059	24	72126	27	72210	27
72060	25	72127	27	72211	27
72061	27	72128	26	72212	27
72063	27	72129	27	72214	27

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EMPLOYERS MUTUAL CASUALTY COMPANY

EFF. 0802-15-

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EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE

EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72215	27	72360	25	72437	21
7221572216	2726	72364	22	72438	21
7221672217	2627	72365	21	72440	26
7221772219	27	72366	25	72441	23
7221972221	27	72367	26	72442	21
7222172222	27	72368	25	72443	23
7222272223	27	72369	25	72444	26
7222372225	27	72370	21	72445	25
7222572227	27	72372	24	72447	21
7222772231	2725	72373	21	72449	25
7223472255	2527	72374	25	72450	23
72260	27	72376	22	72451	23
72295	2726	72377	21	72453	24
72301	22	72379	25	72454	23
72303	22	72383	25	72455	26
72310	21	72384	21	72456	24
72311	25	72386	21	72457	25
72312	25	72387	24	72458	26
72313	21	72389	26	72459	26
72315	21	72390	25	72460	27
72316	21	72391	21	72461	23
72319	21	72392	25	72462	24
72320	23	72394	23	72464	22
72321	21	72395	21	72465	24
72322	24	72396	24	72466	26
72324	23	72401	23	72467	23
72325	21	72402	23	72469	26
72326	24	72403	23	72470	25
72327	21	72404	23	72471	25
72328	26	72410	25	72472	21
72329	21	72411	21	72473	25
72330	21	72412	24	72474	23
72331	21	72413	24	72475	24
72332	22	72414	21	72476	25
72333	26	72415	26	72478	27
72335	24	72416	24	72479	24
72336	24	72417	23	72482	27
72338	21	72419	21	72501	26
72339	21	72421	24	72503	26
72340	25	72422	24	72512	27
72341	24	72424	25	72513	27
72342	25	72425	24	72515	27
72346	21	72426	21	72517	27
72347	24	72427	24	72519	27
72348	22	72428	21	72520	27
72350	21	72429	24	72521	27
72351	21	72430	23	72522	26
72352	25	72431	24	72523	27
72353	26	72432	23	72524	25
72354	21	72433	25	72525	27
72355	25	72434	26	72526	26
72358	21	72435	24	72527	26
72359	24	72436	24	72528	27
72360	25	72437	24	72529	27

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EMPLOYERS MUTUAL CASUALTY COMPANY

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EMCASCO INSURANCE COMPANY

UNION INSURANCE COMPANY OF PROVIDENCE

EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72529	27	72626	27	72717	27
72530	27	72628	27	72718	27
72531	27	72629	27	72719	27
72532	27	72630	27	72721	27
72533	27	72631	27	72722	27
72534	27	72632	27	72727	27
72536	27	72633	27	72728	27
72537	27	72634	27	72729	27
72538	27	72635	27	72730	27
72539	27	72636	27	72732	27
72540	27	72638	27	72733	27
72542	27	72639	27	72734	27
72543	27	72640	27	72735	27
72544	27	72641	27	72736	27
72545	27	72642	27	72737	27
72546	27	72644	27	72738	27
72550	27	72645	27	72739	27
72553	25	72648	27	72740	27
72554	27	72650	27	72741	27
72555	27	72651	27	72742	27
72556	27	72653	27	72744	27
72560	27	72654	27	72745	27
72561	27	72655	27	72747	27
72562	25	72657	27	72749	27
72564	24	72658	27	72751	27
72565	27	72659	27	72752	27
72566	27	72660	27	72753	27
72567	27	72661	27	72756	27
72568	26	72662	27	72757	27
72569	27	72663	27	72758	27
72571	26	72666	27	72760	27
72572	26	72668	27	72761	27
72573	27	72669	27	72762	27
72575	26	72670	27	72764	27
72576	27	72672	27	72765	27
72577	27	72675	27	72766	27
72578	27	72677	27	72768	27
72579	26	72679	27	72769	27
72581	27	72680	27	72770	27
72583	27	72682	27	72773	27
72584	27	72683	27	72774	27
72585	27	72685	27	72776	27
72587	27	72686	27	72801	27
72601	27	72687	27	72802	27
72602	27	72701	27	72811	27
72611	27	72702	27	72812	27
72613	27	72703	27	72820	27
72615	27	72704	27	72821	27
72616	27	72711	27	72823	27
72617	27	72712	27	72824	27
72619	27	72714	27	72826	27
72623	27	72715	27	72827	27
72624	27	72716	27	72828	27
72626	27	72717	27	72829	27

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EMPLOYERS MUTUAL CASUALTY COMPANY

EFF. ~~0802-15-~~

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EMCASCO INSURANCE COMPANY

UNION INSURANCE COMPANY OF PROVIDENCE

EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72829	27	72940	27		
72830	27	72941	27		
72832	27	72943	27		
72833	27	72944	27		
72834	27	72945	27		
72835	27	72946	27		
72837	27	72947	27		
72838	27	72948	27		
72839	27	72949	27		
72840	27	72950	27		
72841	27	72951	27		
72842	27	72952	27		
72843	27	72955	27		
72845	27	72956	27		
72846	27	72957	27		
72847	27	72958	27		
72851	27	72959	27		
72852	27				
72853	27				
72854	27				
72855	27				
72856	27				
72857	27				
72858	27				
72860	27				
72863	27				
72865	27				
72901	27				
72902	27				
72903	27				
72904	27				
72905	27				
72906	27				
72908	27				
72913	27				
72914	27				
72916	27				
72917	27				
72918	27				
72919	27				
72921	27				
72923	27				
72926	27				
72927	27				
72928	27				
72930	27				
72932	27				
72933	27				
72934	27				
72935	27				
72936	27				
72937	27				
72938	27				
72940	27				

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EMPLOYERS MUTUAL CASUALTY COMPANY

EFF. ~~0802-15-~~

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EMCASCO INSURANCE COMPANY

UNION INSURANCE COMPANY OF PROVIDENCE

1. NEW BUSINESS ELIGIBILITY (Cont'd.)

- “Spec” homes and/or where construction has been stopped or suspended are unacceptable.
- The Named Insured must be the intended owner occupant.
- Owner built homes are not eligible for coverage.
- Dwellings being remodeled are not eligible for Builder’s Risk Coverage.
- Dwellings must be completed and occupied in 180 days or less.

* **F. HOME BUSINESS INSURANCE (HOBIZ)**

For coverage to be provided, the home business must be specifically listed under Rule 528 as an “eligible business”. The maximum binding authority for business property is \$40,000. Coverage is subject to the Section I policy deductible. This endorsement is not available for seasonal or secondary dwellings. The Home Business Coverage Questionnaire must be completed in its entirety and submitted with application.

* **G. SCHEDULED PERSONAL PROPERTY**

Refer to Inland Marine Section for all scheduled property items.

H. EARTHQUAKE

All binding authority for property coverage is suspended for 7 days immediately following an Earthquake measuring 4.0 or higher on the Richter Scale within a 500 mile radius of the insured location.

I. MAXIMUM ALLOWABLE LOSSES

36 MONTH HISTORY:

EMCC – No more than 2 losses.

EMCASCO – No more than 1 loss.

UNION – No Losses.

- * Loss counts do not include those solely based on an insured’s past occurrence or history of claims arising from natural causes including but not limited to catastrophic and weather-related claims that are beyond the control of the insureds.

A history of losses outside the three year experience may be considered.

The underwriter’s discretion shall apply in cases of extenuating circumstances.

****See Note under RENEWAL ELIGIBILITY**

J. NON-PAYMENT CANCELLATION

When a policy has been cancelled for non-payment of premium, it will not be reinstated after the cancellation date has become effective.

Subject to the underwriter’s authorization, a policy may be reinstated prior to the effective date of cancellation. However, this will not be done more than three times or more than twice in a two year period, regardless of how long the policy has been in force.

Agents are not authorized to accept payments for direct bill or premium financed policies on the company’s behalf under any circumstance without prior company approval.

2. RENEWAL ELIGIBILITY

EMCC

No more than 3 losses in the preceding three-year underwriting period.

EMCASCO

No more than 2 losses in the preceding three-year underwriting period.

UNION

No more than 1 loss in the preceding three-year underwriting period.

Loss history will be reviewed each year with the possibility of moving the risk to a higher rated company, placing a higher deductible on the policy, or non-renewal (losses due to natural causes shall not be the sole reason for such action). Other valid underwriting reasons (such as physical hazards that increase the potential for property or liability losses), permitted by the State Insurance Department, may also be considered for the above actions. The underwriter’s discretion shall apply in cases of extenuating circumstances.

Note: A claim for which the insurer has paid no damages will not be considered for acceptability or company placement (HB1178).

ADDITIONAL COMPANY RULE – ALL COMPANIES (Cont'd.)

- * **2. INSURANCE SCORING**
A discount will be applied to the Homeowners Policy premium, based upon the LexisNexis insurance scoring model, to reflect the correlation found between an individual’s ability to handle and manage credit (responsibility characteristics) and the ability to manage insurance risk in the same responsible manner. The premium is computed by multiplying the Homeowners Policy Premium, following all other modifications except the Combination Policy Discount if applicable, by the appropriate factor.
- 3. LOSS HISTORY MERIT RATING PLAN (ALL FORMS)**
 - A. Introduction**
The Loss History Merit Rating Plan recognizes the loss history of an insured or applicant (with consideration given for the number of consecutive years an insured has had homeowner’s coverage with the EMC Insurance Companies), for both property and liability coverages, in determining the appropriate premium for a new or renewal policy.
 - B. Eligibility**
A loss shall be considered eligible for rating under this Plan if:
 - 1. The loss occurred during the three years immediately preceding the date of application for a new policy or the preparation (process or generation date) of the renewal policy;*
 - 2. The loss occurred with respect to a risk eligible for coverage under the Homeowners Policy Program;*
 - 3. The loss was sustained with respect to the property or liability of an “insured” under the policy being rated (whether to the current or prior location of the insured); and*
 - 4. The combined claim “payments” generated for the loss equal or exceed \$500.*
 - C. Exceptions**
The following shall not be considered eligible for rating under the Plan:
 - * *1. Losses arising from natural causes including catastrophic and weather-related claims that are beyond the control of the insureds.*
 - 2. A loss resulting from earthquake, mine subsidence or sinkhole collapse;*
 - 3. A loss resulting from Identity Fraud;*
 - 4. A loss for which payment occurred only with respect to Medical Payments To Others;*
 - 5. A loss to a dwelling currently owned by an insured or applicant which occurred prior to ownership.*
 - D. Refund of Increased Premium**
If, after an increased premium is generated based on the requirements of this Plan, it is determined that a loss does not meet the requirements of this Plan, the increased portion of the premium attributable to such loss as generated by the Plan will be refunded in full to the insured.
 - E. Administration of Loss History Merit Rating Plan**
Information necessary to determine the loss history of the named insured or applicant shall be obtained from any one or combination of the following:
 - 1. An application signed by the applicant;*
 - 2. A loss history or claims history database;*
 - 3. A company’s internal claim’s records.*
 - F. Premium Computation**
Multiply the Homeowners Policy Premium, following all other modifications except any applicable Insurance Score or Combination Policy factors, by the appropriate factor shown below:

Number of Eligible Losses	Claims/Persistency Premium Factor Years Insured With EMC Insurance Companies			
	0-3	Over 3 to 5	Over 5 to 7	Over 7
0	1.00	0.95	0.90	0.85
1	1.05	1.00	0.95	0.85
2	1.30	1.25	1.20	1.15
3	1.45	1.40	1.35	1.30
4 or More	1.60	1.60	1.60	1.60

ADDITIONAL COMPANY RULE – ALL COMPANIES (Cont'd.)***CLAIMS FREE DISCOUNT***

- * *If the applicant or insured has been Claim Free (including all claims from any cause code or prior location, with the following exceptions; “one paid claim” less than \$500 shall be permitted for the preceding three-year underwriting period, and catastrophic and/or weather related claims will be exempted. A 0.90 factor (10% credit) will be applied to the Homeowners Policy Premium, following all other modifications except any applicable Insurance Score or Combination Policy factors, for new or renewal policies (continuous insurance with EMC or other carrier is required).*

*(NOTE—this credit is NOT to be used in addition to the credit factors shown in the Loss History Merit Rating Plan table across from zero (*0*) claims. If both discount types are eligible, the highest discount will apply.)*

4. ELECTRONIC FUNDS TRANSFER DISCOUNT

An additional 3% off the policy premium, prior to all other discounts, will be applied when the premium is paid through Electronic Funds Transfer.

PART I
COVERAGE AND DEFINITION TYPE RULES

100. INTRODUCTION**A. About the Homeowners Manual**

The Homeowners Policy Program provides property and liability coverages, using the forms and endorsement specified in this Manual. This Manual contains the rules and classifications governing the writing of the Homeowners Policy. The rules, rates, forms and endorsements of the company for each coverage shall govern in all cases not specifically provided for in this Manual.

B. Manual Structure**1. Contents**

The manual includes multi-state general rules with specific state rules and company rules incorporated, where applicable.

2. General Rules

These rules are grouped into the following categories;

- a. **Part I** – Coverage And Definition Type Rules,
- b. **Part II** – Servicing Type Rules,
- c. **Part III** – Base Premium Computation Rules,
- d. **Part IV** – Adjusted Base Premium Computation Rules,
- e. **Part V** – Section I – Property – Additional Coverages And Increased Limits Rules,
- f. **Part VI** – Section II – Liability – Additional Coverages And Increased Limits Rules, and
- g. **Part VII** – Section II – Liability – Other Exposures Increased Limits Rules.

3. State Rules and Rates

Any State Exceptions, Additional Rules, Special State Requirements, etc. are incorporated into the General Rules of this Manual, where applicable.

Contact Branch Office for any premiums, credits, etc. that may be applicable and on file with the State Insurance Department, but not displayed in this manual.

4. Form References

* *The Manual refers to Forms HO0003, HO0004, HO0005, and HO0006. These Form references are identified as follows:*

- * a. *Homeowners 2 Broad Form: This form does not apply.*
- b. Homeowners 3 Special Form **HO0003**,
- c. Homeowners 4 Contents Broad Form **HO0004**,
- d. Homeowners 5 Comprehensive Form **HO0005**,
- e. Homeowners 6 Unit-Owners Form **HO0006**,
- * f. *Homeowners 8 – Modified Coverage Form: This form does not apply.*

Page HO3A

I. MAXIMUM ALLOWABLE LOSSES

36 MONTH HISTORY:

EMCC – No more than 2 losses.

EMCASCO – No more than 1 loss.

UNION – No Losses.

Loss counts do not include those solely based on an insured's past occurrence or history of claims arising from natural causes including but not limited to catastrophic and weather-related claims that are beyond the control of the insureds.

A history of losses outside the three year experience may be considered.

The underwriter's discretion shall apply in cases of extenuating circumstances.

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The following shall not be considered eligible for rating under the Plan:

- 1. A loss resulting from weather including but not limited to windstorm or hail; Losses arising from natural causes including catastrophic and weather-related claims that are beyond the control of the insureds.*
- 2. A loss resulting from earthquake, mine subsidence or sinkhole collapse;*
- 3. A loss resulting from Identity Fraud;*
- 4. A loss for which payment occurred only with respect to Medical Payments To Others;*
- 5. A loss to a dwelling currently owned by an insured or applicant which occurred prior to ownership.*

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CLAIMS FREE DISCOUNT

If the applicant or insured has been Claim Free (including all claims from any cause code or prior location, with the following exceptions; "one paid claim" less than \$500 shall be permitted for the preceding three-year underwriting period, and catastrophic and/or weather related claims will be exempted. ~~a~~ A 0.90 factor (10% credit) will be applied to the Homeowners Policy Premium, following all other modifications except any applicable Insurance Score or Combination Policy factors, for new or renewal policies (continuous insurance with EMC or other carrier is required).

*(NOTE—this credit is NOT to be used in addition to the credit factors shown in the Loss History Merit Rating Plan table across from zero (*0*) claims. If both discount types are eligible, the highest discount will apply.)*

**ARKANSAS
HOMEOWNERS
EMC INSURANCE COMPANIES**
Experience

Company	Year	Written Premium	Earned Premium	Cal Year Incurred Losses	Acc Year Incurred Loss	Cal Year I/E Loss Ratio	Acc Year I/E Loss Ratio
Employers Mutual Casualty Company	2008	220,108	237,060	392,561	356,589	165.6%	150.4%
	2009	212,401	212,521	72,187	104,680	34.0%	49.3%
	2010	244,826	224,249	96,417	98,142	43.0%	43.8%
	2011	281,201	259,381	129,302	132,675	49.9%	51.2%
	2012	317,752	295,626	49,536	35,750	16.8%	12.1%
	Total	1,276,288	1,228,837	740,003	727,836	60.2%	59.2%
EMCASCO Insurance Company	2008	646,155	719,958	2,303,735	2,289,537	320.0%	318.0%
	2009	659,556	619,594	597,306	602,916	96.4%	97.3%
	2010	990,482	830,904	1,081,367	1,085,264	130.1%	130.6%
	2011	1,322,569	1,173,510	1,728,076	1,850,939	147.3%	157.7%
	2012	1,528,157	1,427,028	801,475	704,077	56.2%	49.3%
	Total	5,146,919	4,770,994	6,511,959	6,532,733	136.5%	136.9%
Union Insurance Company	2008	58,398	37,419	72,660	74,334	194.2%	198.7%
	2009	225,177	123,772	105,110	143,960	84.9%	116.3%
	2010	608,668	415,493	326,545	275,023	78.6%	66.2%
	2011	1,063,554	850,608	1,257,333	1,299,788	147.8%	152.8%
	2012	1,242,309	1,161,712	661,076	651,394	56.9%	56.1%
	Total	3,198,106	2,589,004	2,422,724	2,444,499	93.6%	94.4%
All Companies Combined	2008	924,661	994,437	2,768,956	2,720,460	278.4%	273.6%
	2009	1,097,134	955,887	774,603	851,556	81.0%	89.1%
	2010	1,843,976	1,470,646	1,504,329	1,458,429	102.3%	99.2%
	2011	2,667,324	2,283,499	3,114,711	3,283,401	136.4%	143.8%
	2012	3,088,218	2,884,366	1,512,087	1,391,221	52.4%	48.2%
	Total	9,621,313	8,588,835	9,674,686	9,705,068	112.6%	113.0%

**ARKANSAS
HOMEOWNERS**

EMC INSURANCE COMPANIES

ESTIMATED INVESTMENT EARNINGS ON UNEARNED PREMIUM AND LOSS RESERVES

A. <u>UNEARNED PREMIUM RESERVE</u>	
1. Direct Earned Premium for Calendar Year Ended December 31, 2011	\$2,283,499
2. Countrywide Ratio of Mean Unearned Premium Reserve to Earned Premium	55.3%
3. Estimated Mean Unearned Premium Reserve for Arkansas (line A.1 × line A.2)	\$1,262,775
4. Percentage Total of Prepaid Expense	
a. Commission & Brokerage	16.9%
b. Taxes, Licenses & Fees	3.1%
c. 100% of Other Acquisition Cost	8.5%
d. 50% of General Expense	3.0%
e. 50% of Reinsurance Expense	0.4%
f. Total	31.9%
5. Federal Income Tax Payable on Unearned Reserve	7.0%
6. Dollar Total of Prepaid Expense & Federal Income Tax on Unearned Reserve [(line 3 × (line 4f + line 5))]	\$491,219
7. Subject to Investment (line 3 - line 6)	\$771,556
B. <u>DELAYED REMISSION OF PREMIUMS</u>	
1. Mean Agents' Balances (Annual Statement, page 2, line 9)	\$348,620,904
2. Countrywide Earned Premium (Annual Statement, page 4, line 1)	\$1,173,843,235
3. Delayed Remission of Premium for Arkansas [(line B.1 ÷ line B.2) × A.1]	\$678,199
C. <u>EXPECTED LOSS & LOSS ADJUSTMENT RESERVE</u>	
1. Direct Earned Premium (line A.1) × (Expected Loss & Loss Adjustment Ratio)	\$2,283,499 0.601
2. Expected Incurred Loss & Loss Adjustment × (Countrywide Reserve to Incurred Ratio, Adjusted for Federal Income Tax Payable on Loss & LAE Reserves)	\$1,372,383 0.309
3. Adjusted Expected Loss & Loss Adjustment Reserve for Arkansas	\$424,066
D. <u>NET SUBJECT TO INVESTMENT</u>	\$517,423
(line A.7 - line B.3 + line C.3)	
E. <u>AVERAGE RATE OF RETURN ON INVESTED ASSETS (AFTER TAX)</u>	3.6%
F. <u>INVESTMENT EARNINGS ON NET SUBJECT TO INVESTMENT</u>	\$18,627
G. <u>RATIO OF INVESTMENT EARNINGS TO EARNED PREMIUM</u>	0.8%
(line F ÷ line A.1)	

ARKANSAS HOMEOWNERS

EMC INSURANCE COMPANIES

DEVELOPMENT OF PERMISSIBLE LOSS & LOSS ADJUSTMENT EXPENSE RATIO

We believe a 12.5% return on equity after federal income taxes is reasonable. We have assigned statutory surplus to line of business on the basis of premium plus loss and loss adjustment expense reserves. The resulting premium to statutory surplus ratios by line of business are then adjusted to achieve an overall all-lines premium to statutory surplus ratio of approximately 1.75 to 1. With this methodology, the selected premium to statutory surplus ratio for this line is 2.60, which translates into a 2.311 premium to equity (GAAP) ratio. The 0.8% investment income on premium is a 1.8% return on equity after federal taxes. Based on an average after tax investment yield we earn an additional 3.6% return on equity. The difference of 0.071 (0.125-0.018-0.036) is the necessary after tax return on equity required from underwriting. The federal tax rate on underwriting profit is 35%, resulting in an underwriting profit loading of 0.047 $[(0.071/2.311)/0.65]$. Shown below is the development of the permissible loss and loss adjustment expense ratio.

<u>ITEM</u>	<u>Selected Provision</u>
Commission & Brokerage	16.9%
Other Acquisition	8.5% *
General Expense	6.0% *
Premium Taxes	3.0%
Misc. Taxes, Licenses & Fees	0.1% *
Reinsurance Expense	0.7%
Profit & Contingencies	4.7%
TOTAL	39.9%
	100.0%
	- 39.9%
Permissible Loss & Loss Adjustment Expense Ratio	60.1%
 Expense Indicated Loss Cost Multiplier	 1.66

* Based on study of I.E.E. for 2009-2011

**ARKANSAS
HOMEOWNERS**

EMC INSURANCE COMPANIES

EXPENSE PROVISIONS

	<u>% of Earned Premium (I.E.E.)</u>			<u>3-year Average</u>	<u>Selected Provision</u>	
	<u>2009</u>	<u>2010</u>	<u>2011</u>			
Other Acquisition	8.6%	8.7%	8.4%	8.6%	8.5%	
General Expense	6.5%	6.2%	5.7%	6.1%	6.0%	
Misc. Taxes, Licenses, & Fees	0.0%	0.1%	0.0%	0.1%	0.1%	
Premium Taxes	--	--	--	--	3.0%	*
Commissions	--	--	--	--	16.9%	**
Profit & Contingencies	--	--	--	--	4.7%	***
Reinsurance	--	--	--	--	0.7%	****
LAE (% of incurred losses)	17.0%	17.7%	14.9%	16.5%	16.5%	

* Arkansas Provision

** Budgeted percentage for Arkansas

*** The profit provision has been selected with consideration given to investment income.

**** Explanation of Reinsurance Cost Allocation

Property Excess of Loss (Catastrophe) Treaties

The allocation for Property Excess of Loss treaties is based on Eric Huls' paper titled *Using a Simulation Model to Incorporate the Cost of Catastrophe Excess Reinsurance into the Property Rate Level Indication Using the Net Cost of Reinsurance Method* found in the Casualty Actuarial Society *Forum*, Fall 2005.

The premiums for catastrophe reinsurance treaties are comprised of two basic costs: the expected ceded losses due to a catastrophe and the costs charged by the reinsurer to provide the reinsurance. Huls refers to the latter cost as the Net Cost of Reinsurance. Using RiskLink, a catastrophe model developed by Risk Management Solutions, Inc., and a recent EMC exposure distribution, the estimated ceded catastrophe losses were calculated for each treaty layer for the perils of Earthquake, Hurricane, and Tornado/Hail. These modeled ceded losses were then removed from the anticipated treaty premiums to get the estimated net cost of reinsurance. The net cost of reinsurance was then distributed to each state/line/peril combination proportionally based on modeled losses. This cost is then divided by the latest year's earned premium and this percentage is then included as an expense in the Loss Ratio calculation. The allocated reinsurance cost percent for Arkansas homeowners is 0.7%.

**ARKANSAS
HOMEOWNERS
EMC INSURANCE COMPANIES**

INDICATIONS DATA

I. Effective Date

Assumed effective date: 10/1/2013
 Premium projected to: 4/1/2014
 Losses projected to: 10/1/2014

II. Current Level Earned Premium Factors

<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
1.082	1.219	1.275	1.258	1.158

III. Premium Trend and Premium Projection Factors

Annual Premium Trend: 4.5%

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Prem Proj Factors:	1.317	1.260	1.206	1.154	1.104
Years Projected:	6.250	5.250	4.250	3.250	2.250

IV. Loss Development Factors (Countrywide)

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Evaluated @ 3/31/2013	0.997	0.996	0.997	0.988	0.978

V. Loss Adjustment Expense Loading

16.5%

VI. Loss Trend and Loss Projection Factors

Annual Loss Trend: 5.5%

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Loss Proj Factors:	1.397	1.325	1.256	1.190	1.128
Years Projected:	6.250	5.250	4.250	3.250	2.250

V. Permissible Loss and Loss Adjustment Expense Ratio

60.1%

**ARKANSAS
HOMEOWNERS
EMC INSURANCE COMPANIES**

RATE LEVEL INDICATIONS

<u>Year</u>	<u>(1) Calendar Year Earned Premium</u>	<u>(2) Current Level Earned Premium</u>	<u>(3) Projected Cur. Level Earned Premium</u>	<u>(4) Accident Year Incurred Losses</u>	<u>(5) Adjusted Incurred Losses¹</u>	<u>(6) Developed Incurred Losses</u>	<u>(7) Incurred Losses & Loss Adj. Expense</u>	<u>(8) Projected Losses & Loss Adj. Expense</u>	<u>(9) Projected Loss Ratio</u>	<u>(10) Permissible Loss Ratio</u>	<u>(11) Rate Level Indication</u>	<u>(12) Credibility- Weighted Indication</u>
2008	994,437	1,075,981	1,417,067	2,720,460	601,183	599,380	698,278	975,494	0.688	0.601	14.5%	
2009	955,887	1,165,226	1,468,185	851,556	521,888	519,800	605,567	802,376	0.547	0.601	-9.0%	
2010	1,470,646	1,875,074	2,261,339	1,458,429	1,478,385	1,473,950	1,717,152	2,156,743	0.954	0.601	58.7%	
2011	2,283,499	2,872,642	3,315,029	3,283,401	1,606,304	1,587,028	1,848,888	2,200,176	0.664	0.601	10.5%	
2012	2,884,366	3,340,095	3,687,465	1,381,582	1,813,938	1,774,031	2,066,746	2,331,290	0.632	0.601	5.2%	
Total	8,588,835	10,329,018	12,149,085	9,695,429	6,021,698	5,954,189	6,936,630	8,466,079	0.697	0.601	16.0%	16.3%

¹ Includes the following large loss adjustments:

2008	\$0
2009	\$0
2010	\$414,020
2011	\$0
2012	\$0

¹ Includes the following catastrophe adjustments:

2008	\$2,469,967	
2009	\$634,103	Catastrophe loading factor: 2.400
2010	\$428,415	
2011	\$2,614,108	
2012	\$625,774	

**ARKANSAS
HOMEOWNERS
EMC INSURANCE COMPANIES**

RATE LEVEL INDICATIONS EXPLANATORY NOTES

COLUMN (1): Direct Earned Premium for Arkansas.

COLUMN (2): Current Level Earned Premium for Arkansas.

COLUMN (3): Projected Current Level Earned Premium

The homeowners earned premiums were further adjusted to include annual average rate trends. The trend projects premium from the midpoint of the year to the average date of writing (6 months past the anticipated effective date.)

Average Date of Writing: 4/1/2014

Anticipated Effective Date: 10/1/2013

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Prem Proj Factor:	1.317	1.260	1.206	1.154	1.104
Years Projected:	6.250	5.250	4.250	3.250	2.250

Trend Factor = $[1 + (\text{Trend} \div 100)]^n$, where n = number of years projected

COLUMN (4): Accident Year Incurred Losses

COLUMN (5): Adjusted Incurred Losses

Large Losses

<u>Year</u>	<u>Adjustment</u>
2008	\$0
2009	\$0
2010	\$414,020
2011	\$0
2012	\$0

Catastrophe Losses

<u>Year</u>	<u>Adjustment</u>
2008	\$2,469,967
2009	\$634,103
2010	\$428,415
2011	\$2,614,108
2012	\$625,774

Selected Catastrophe Loading Factor:

2.400

COLUMN (6): Developed Incurred Losses

Development factors are applied to adjusted incurred losses, which are evaluated from accident year data as of 03/31/2013 and are based on countrywide data.

COLUMN (7): Incurred Losses & Loss Adjustment Expense

The factors used to adjust the incurred losses to include all loss adjustment expense were developed using 2009-2011 companywide data.

Loss Adjustment Expense Load: 16.5%

**ARKANSAS
HOMEOWNERS
EMC INSURANCE COMPANIES**

RATE LEVEL INDICATIONS EXPLANATORY NOTES

COLUMN (8): Projected Losses & Loss Adjustment Expense
The loss projection factors project losses from the midpoint of the year to the average date of loss (12 months past the anticipated effective date.)

Average Date of Loss: 10/1/2014
Anticipated Effective Date: 10/1/2013

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Loss Proj Factor:	1.397	1.325	1.256	1.190	1.128
Years Projected:	6.250	5.250	4.250	3.250	2.250

Trend Factor = $[1 + (\text{Trend} \div 100)]^n$, where n = number of years projected

COLUMN (9): Projected Loss Ratio
Projected Loss Ratio = Column (8) ÷ Column (3)

COLUMN (10): Permissible Loss Ratio
Percentage of premium necessary for payment of all losses and loss adjustment expenses based on analysis of all other expense provisions.

COLUMN (11): Rate Level Indication
Rate Level Indication = $\{[\text{Column (9)} \div \text{Column (10)}] - 1.00\} \times 100\%$

COLUMN (12): Credibility-Weighted Indication

**ARKANSAS
HOMEOWNERS**

EMC INSURANCE COMPANIES

CREDIBILITY-WEIGHTED INDICATIONS

Partial credibility is determined by the standard square root rule,
defined as:

$$\text{CREDIBILITY} = \text{SQRT}(n/k),$$

where n is the actual number or earned exposures in the experience
period and k is the number of earned exposures at the full credibility
standard of 240,000.

CALCULATION OF CREDIBILITY-WEIGHTED INDICATION

Earned exposures for 1/1/08 through 12/31/12	10,251
Credibility based on the formula: $\text{SQRT}(n/k)$	0.207
Selected Credibility	0.207
Statewide Experienced-Based Indication	16.0%
Countrywide Experience-Based Indication	16.4%
Credibility-weighted indication: [0.160(0.207) + 0.164(1-0.207)]	16.3%

**ARKANSAS
HOMEOWNERS
EMC INSURANCE COMPANIES**

EMCASCO INSURANCE COMPANY

	<u>Form 3 Base Rates</u>		<u>Form 4 Base Rates</u>		<u>Form 6 Base Rates</u>	
	\$100,000; \$500 Ded		\$25,000; \$250 Ded		\$25,000; \$250 Ded	
	P/C: Frame 5		P/C: Frame 5		P/C: Frame 5	
	Cov. E: \$100,000		Cov. E: \$100,000		Cov. E: \$100,000	
	Cov. F: \$1,000		Cov. F: \$1,000		Cov. F: \$1,000	
<u>TERR</u>	<u>CURRENT</u>	<u>REVISED</u>	<u>CURRENT</u>	<u>REVISED</u>	<u>CURRENT</u>	<u>REVISED</u>
30	1478	2092	269	NC	214	NC
31	1478	2092	269	NC	214	NC
32	1399	1980	269	NC	214	NC
72	1066	1509	269	NC	214	NC
73	1596	2258	269	NC	214	NC
81	1372	1941	269	NC	214	NC
82	1066	1509	269	NC	214	NC

**ARKANSAS
HOMEOWNERS**

EMC INSURANCE COMPANIES

FORMS 3 & 5 DEDUCTIBLE RELATIVITIES

<u>DEDUCTIBLE</u>	<u>CURRENT</u>	<u>REVISED</u>
FORMS 3 & 5 RELATIVITIES		
\$500 Flat	1.00	N.C.
\$500 Flat/ \$1,000 Wind or Hail	0.96	N.C.
\$500 Flat/ \$1,500 Wind or Hail	---	0.93
\$500 Flat/ \$2,500 Wind or Hail	0.90	0.86
\$500 Flat/ 1% Wind or Hail	0.99	0.89
\$500 Flat/ 2% Wind or Hail	0.97	0.78
\$500 Flat/ 5% Wind or Hail	0.91	0.57
\$1,000 Flat	0.87	0.92
\$1,000 Flat/ \$1,500 Wind or Hail	---	0.89
\$1,000 Flat/ \$2,500 Wind or Hail	0.82	0.83
\$1,000 Flat/ \$5,000 Wind or Hail	---	0.72
\$1,000 Flat/ 1% Wind or Hail	0.85	0.86
\$1,000 Flat/ 2% Wind or Hail	0.81	0.75
\$1,000 Flat/ 5% Wind or Hail	0.79	0.54
\$1,500 Flat	---	0.86
\$1,500 Flat/ \$2,500 Wind or Hail	---	0.80
\$1,500 Flat/ \$5,000 Wind or Hail	---	0.68
\$1,500 Flat/ 1% Wind or Hail	---	0.83
\$1,500 Flat/ 2% Wind or Hail	---	0.72
\$1,500 Flat/ 5% Wind or Hail	---	0.51
\$2,500 Flat	0.70	0.76
\$2,500 Flat/ \$5,000 Wind or Hail	0.66	0.64
\$2,500 Flat/ 2% Wind or Hail	0.69	0.68
\$2,500 Flat/ 5% Wind or Hail	0.65	0.47
\$5,000 Flat	0.60	0.58

**ARKANSAS
HOMEOWNERS**

EMC INSURANCE COMPANIES

RULE 411 - NEW OR RENOVATED DWELLING COMPONENT DISCOUNTS

AGE OF COMPONENTS	<u>CURRENT</u>					<u>REVISED</u>				
	<u>WIRING</u>	<u>PLUMBING</u>	<u>ROOF</u>	<u>HEATING & COOLING</u>	<u>MAXIMUM POSSIBLE DISCOUNT</u>	<u>WIRING</u>	<u>PLUMBING</u>	<u>ROOF</u>	<u>HEATING & COOLING</u>	<u>MAXIMUM POSSIBLE DISCOUNT</u>
CURRENT CALENDAR YEAR	6.5%	6.0%	6.5%	6.0%	25.0%	7.7%	7.7%	16.6%	7.7%	39.7%
1ST PRECEDING	6.5%	6.0%	6.5%	6.0%	25.0%	7.7%	7.7%	16.5%	7.7%	39.6%
2ND PRECEDING	6.5%	6.0%	6.5%	6.0%	25.0%	7.7%	7.7%	16.4%	7.7%	39.5%
3RD PRECEDING	5.5%	5.0%	5.5%	5.0%	21.0%	7.7%	7.7%	15.5%	7.7%	38.6%
4TH PRECEDING	4.5%	4.0%	4.5%	4.0%	17.0%	7.4%	7.4%	14.2%	7.4%	36.4%
5TH PRECEDING	3.5%	3.0%	3.5%	3.0%	13.0%	7.0%	7.0%	12.6%	7.0%	33.6%
6TH PRECEDING	2.5%	2.5%	2.5%	2.5%	10.0%	6.7%	6.7%	10.8%	6.7%	30.9%
7TH PRECEDING	2.0%	2.0%	2.0%	2.0%	8.0%	6.1%	6.1%	9.1%	6.1%	27.4%
8TH PRECEDING	1.5%	1.5%	1.5%	1.5%	6.0%	5.8%	5.8%	7.3%	5.8%	24.7%
9TH PRECEDING	1.0%	1.0%	1.0%	1.0%	4.0%	5.3%	5.3%	5.5%	5.3%	21.4%
10TH PRECEDING	0.5%	0.5%	0.5%	0.5%	2.0%	4.9%	4.9%	3.7%	4.9%	18.4%
11th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	4.3%	4.3%	2.1%	4.3%	15.0%
12th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	3.8%	3.8%	1.0%	3.8%	12.4%
13th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	3.5%	3.5%	0.3%	3.5%	10.8%
14th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	0.1%	3.0%	9.1%
15th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	2.5%	2.5%	0.0%	2.5%	7.5%
16th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	2.2%	0.0%	2.2%	6.6%
17th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%	1.8%	0.0%	1.8%	5.4%
18th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	1.4%	0.0%	1.4%	4.2%
19th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	1.0%	0.0%	1.0%	3.0%
20th PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	0.7%	0.0%	0.7%	2.1%
21st PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.4%	0.0%	0.4%	1.2%
22nd PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%	0.0%	0.2%	0.6%
23rd PRECEDING	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.1%	0.3%

**ARKANSAS
HOMEOWNERS**

EMC INSURANCE COMPANIES

OPTIONAL SECTION I RATES

	<u>CUR</u>	<u>REV</u>
<u>521 WATER BACKUP AND SUMP OVERFLOW</u>		
EMC Rule		
Annual Aggregate Limit - \$2,000	\$40	\$45
Annual Aggregate Limit - \$5,000	60	93
Annual Aggregate Limit - \$10,000	85	139

**ARKANSAS
HOMEOWNERS**

EMC INSURANCE COMPANIES

OPTIONAL SECTION I RATES

Loss Cost Multiplier: 1.66

	<u>LOSS COST</u>	<u>LC x LCM</u>	<u>CUR</u>	<u>REV</u>	<u>2012 POLICY COUNT</u>
	--	--	\$40	\$45	107
	\$56	\$93	60	93	981
	\$84	\$139	85	139	1,015
	\$98	\$163	--	163	--
	\$106	\$176	--	176	--
	\$112	\$186	--	186	--

521 WATER BACKUP AND SUMP OVERFLOW

EMC Rule

- Annual Aggregate Limit - \$2,000
- Annual Aggregate Limit - \$5,000
- Annual Aggregate Limit - \$10,000
- Annual Aggregate Limit - \$15,000
- Annual Aggregate Limit - \$20,000
- Annual Aggregate Limit - \$25,000

**ARKANSAS
HOMEOWNERS
EMC INSURANCE COMPANIES
DEVELOPMENT OF CATASTROPHE ADJUSTMENT FACTOR**

<u>Year</u>	(1) <u>Incurred Losses</u>	(2) <u>Catastrophe Losses</u>	(3) <u>Non-Cat Losses (1)-(2)</u>	(4) <u>(2)/(3)</u>
1986	152,977	52,016	100,962	0.51520
1987	237,364	14,613	222,751	0.06560
1988	176,450	8,424	168,026	0.05013
1989	696,272	305,516	390,756	0.78186
1990	605,523	156,983	448,540	0.34999
1991	500,725	131,697	369,028	0.35688
1992	410,889	32,596	378,292	0.08617
1993	283,137	10,349	272,788	0.03794
1994	525,698	126,981	398,717	0.31848
1995	516,325	51,187	465,138	0.11005
1996	643,038	282,230	360,808	0.78222
1997	572,156	144,089	428,067	0.33660
1998	570,577	70,691	499,886	0.14141
1999	1,290,573	827,256	463,317	1.78551
2000	1,292,859	459,214	833,644	0.55085
2001	823,981	82,438	741,543	0.11117
2002	761,083	94,343	666,739	0.14150
2003	1,601,655	352,317	1,249,338	0.28200
2004	833,800	211,054	622,746	0.33891
2005	964,077	452,858	511,219	0.88584
2006	382,681	205,936	176,745	1.16516
2007	175,313	70,968	104,345	0.68013
2008	2,720,460	2,469,967	250,493	9.86042
2009	851,556	634,103	217,453	2.91604
2010	1,458,429	428,415	1,030,014	0.41593
2011	3,283,401	2,614,108	669,293	3.90577
2012	1,381,582	625,774	755,807	0.82795
TOTAL	23,712,581	10,916,124	12,796,457	27.79971

**Catastrophe
Loading
Factor**

1986 to 2012 (All Years/Last 27Years) 2.030

1988 to 2012 (Last 25 Years) 2.089

1993 to 2012 (Last 20 Years) 2.280

1998 to 2012 (Last 15 Years) 2.601

2003 to 2012 (Last 10 Years) 3.128

2008 to 2012 (Last 5 Years) 4.585

SELECTED

2.400

NAIC Number: 062-21407
 Company Name: EMCASCO Insurance Company
 Contact Person: Jo L. Byers
 Telephone No.: 800-247-2128 ext 2707
 Email Address: jo.l.byers@emcins.com
 Effective Date: 2/15/2014

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

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

**USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE
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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	\$1,112.19	\$1,232.79	\$1,112.19	\$1,232.79	\$1,664.24	\$1,844.70	\$1,664.24	\$1,844.70	\$1,430.59	\$1,585.72	\$1,430.59	\$1,585.72	\$1,430.59	\$1,585.72	\$1,112.19	\$1,232.79	\$1,542	\$1,709.08
	\$120,000	\$1,565.59	\$1,735.35	\$1,565.59	\$1,735.35	\$2,342.68	\$2,596.70	\$2,342.68	\$2,596.70	\$2,013.79	\$2,232.15	\$2,013.79	\$2,232.15	\$2,013.79	\$2,232.15	\$1,565.59	\$1,735.35	\$2,170.45	\$2,405.80
	\$160,000	\$2,016.48	\$2,235.13	\$2,016.48	\$2,235.13	\$3,017.37	\$3,344.55	\$3,017.37	\$3,344.55	\$2,593.76	\$2,875.01	\$2,593.76	\$2,875.01	\$2,593.76	\$2,875.01	\$2,016.48	\$2,235.13	\$2,795.54	\$3,098.67
6	\$80,000	\$1,219.39	\$1,406.99	\$1,219.39	\$1,406.99	\$1,824.64	\$2,105.36	\$1,824.64	\$2,105.36	\$1,568.48	\$1,809.79	\$1,568.48	\$1,809.79	\$1,568.48	\$1,809.79	\$1,219.39	\$1,406.99	\$1,690.50	\$1,950.58
	\$120,000	\$1,716.49	\$1,980.56	\$1,716.49	\$1,980.56	\$2,568.48	\$2,963.63	\$2,568.48	\$2,963.63	\$2,207.89	\$2,547.56	\$2,207.89	\$2,547.56	\$2,207.89	\$2,547.56	\$1,716.49	\$1,980.56	\$2,379.65	\$2,745.75
	\$160,000	\$2,210.84	\$2,550.96	\$2,210.84	\$2,550.96	\$3,308.20	\$3,817.15	\$3,308.20	\$3,817.15	\$2,843.76	\$3,281.26	\$2,843.76	\$3,281.26	\$2,843.76	\$3,281.26	\$2,210.84	\$2,550.96	\$3,064.99	\$3,536.53
9	\$80,000	\$2,947.98	\$3,349.98	\$2,947.98	\$3,349.98	\$4,411.23	\$5,012.76	\$4,411.23	\$5,012.76	\$3,791.94	\$4,309.02	\$3,791.94	\$4,309.02	\$3,791.94	\$4,309.02	\$2,947.98	\$3,349.98	\$4,086.93	\$4,644.24
	\$120,000	\$4,149.75	\$4,715.63	\$4,149.75	\$4,715.63	\$6,209.50	\$7,056.25	\$6,209.50	\$7,056.25	\$5,337.75	\$6,065.63	\$5,337.75	\$6,065.63	\$5,337.75	\$6,065.63	\$4,149.75	\$4,715.63	\$5,753.00	\$6,537.50
	\$160,000	\$5,344.88	\$6,073.73	\$5,344.88	\$6,073.73	\$7,997.84	\$9,088.45	\$7,997.84	\$9,088.45	\$6,875.02	\$7,812.53	\$6,875.02	\$7,812.53	\$6,875.02	\$7,812.53	\$5,344.88	\$6,073.73	\$7,409.86	\$8,420.30

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		Miller		Sebastian		Pulaski			
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame		
3	\$5,000	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$65.82	\$73.30	\$49.37	\$54.98
	\$15,000	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$140.68	\$156.66	\$105.51	\$117.50
	\$25,000	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$220.15	\$245.17	\$165.11	\$183.87
6	\$5,000	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$68.07	\$75.55	\$51.05	\$56.66
	\$15,000	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$145.47	\$161.46	\$109.10	\$121.09
	\$25,000	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$227.65	\$252.67	\$170.74	\$189.50
9	\$5,000	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$100.98	\$119.68	\$75.74	\$89.76
	\$15,000	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$215.81	\$255.77	\$161.86	\$191.83
	\$25,000	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$337.73	\$400.27	\$253.30	\$300.20

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	2 %	Deadbolt Lock	2 %
Burglar Alarm	2 %	Window Locks	1 %
Smoke Alarm	2 %	\$1,000 Deductible	8 %
		Other (specify)	
		New/Renovated Component	0 to 39.7 %

EARTHQUAKE INSURANCE

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

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?	yes	(yes or no)
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	5 %	
WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?	Zone Highest Risk	Brick \$ 2.07
		Frame \$ 1.64

Maximum Credit Allowed

56.7%

Lowest Risk

\$ 0.55

\$ 0.2

NAIC Number: 062-21415
 Company Name: Employers Mutual Casualty Company
 Contact Person: Jo L. Byers
 Telephone No.: 800-247-2128 ext 2707
 Email Address: jo.l.byers@emcins.com
 Effective Date: 2/15/2014

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

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

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

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

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$1,779.51	\$1,972.47	\$1,779.51	\$1,972.47	\$2,662.78	\$2,951.51	\$2,662.78	\$2,951.51	\$2,288.95	\$2,537.15	\$2,288.95	\$2,537.15	\$2,288.95	\$2,537.15	\$1,779.51	\$1,972.47	\$2,467	\$2,734.53
	\$120,000	\$2,504.94	\$2,776.56	\$2,504.94	\$2,776.56	\$3,748.28	\$4,154.72	\$3,748.28	\$4,154.72	\$3,222.06	\$3,571.44	\$3,222.06	\$3,571.44	\$3,222.06	\$3,571.44	\$2,504.94	\$2,776.56	\$3,472.72	\$3,849.28
	\$160,000	\$3,226.36	\$3,576.21	\$3,226.36	\$3,576.21	\$4,827.78	\$5,351.28	\$4,827.78	\$5,351.28	\$4,150.01	\$4,600.01	\$4,150.01	\$4,600.01	\$4,150.01	\$4,600.01	\$3,226.36	\$3,576.21	\$4,472.86	\$4,957.87
6	\$80,000	\$1,951.03	\$2,251.19	\$1,951.03	\$2,251.19	\$2,919.43	\$3,368.57	\$2,919.43	\$3,368.57	\$2,509.57	\$2,895.66	\$2,509.57	\$2,895.66	\$2,509.57	\$2,895.66	\$1,951.03	\$2,251.19	\$2,704.81	\$3,120.93
	\$120,000	\$2,746.38	\$3,168.90	\$2,746.38	\$3,168.90	\$4,109.56	\$4,741.80	\$4,109.56	\$4,741.80	\$3,532.62	\$4,076.10	\$3,532.62	\$4,076.10	\$3,532.62	\$4,076.10	\$2,746.38	\$3,168.90	\$3,807.44	\$4,393.20
	\$160,000	\$3,537.34	\$4,081.54	\$3,537.34	\$4,081.54	\$5,293.11	\$6,107.44	\$5,293.11	\$6,107.44	\$4,550.01	\$5,250.02	\$4,550.01	\$5,250.02	\$4,550.01	\$5,250.02	\$3,537.34	\$4,081.54	\$4,903.98	\$5,658.44
9	\$80,000	\$4,716.77	\$5,359.97	\$4,716.77	\$5,359.97	\$7,057.97	\$8,020.42	\$7,057.97	\$8,020.42	\$6,067.10	\$6,894.43	\$6,067.10	\$6,894.43	\$6,067.10	\$6,894.43	\$4,716.77	\$5,359.97	\$6,539.09	\$7,430.78
	\$120,000	\$6,639.60	\$7,545.00	\$6,639.60	\$7,545.00	\$9,935.20	\$11,290.00	\$9,935.20	\$11,290.00	\$8,540.40	\$9,705.00	\$8,540.40	\$9,705.00	\$8,540.40	\$9,705.00	\$6,639.60	\$7,545.00	\$9,204.80	\$10,460.00
	\$160,000	\$8,551.80	\$9,717.96	\$8,551.80	\$9,717.96	\$12,796.54	\$14,541.52	\$12,796.54	\$14,541.52	\$11,000.04	\$12,500.04	\$11,000.04	\$12,500.04	\$11,000.04	\$12,500.04	\$8,551.80	\$9,717.96	\$11,855.78	\$13,472.48

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		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29	\$105.32	\$117.29
	\$15,000	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66	\$225.08	\$250.66
	\$25,000	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27	\$352.24	\$392.27
6	\$5,000	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88	\$108.91	\$120.88
	\$15,000	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33	\$232.75	\$258.33
	\$25,000	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27	\$364.25	\$404.27
9	\$5,000	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49	\$161.57	\$191.49
	\$15,000	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24	\$345.29	\$409.24
	\$25,000	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44	\$540.37	\$640.44

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	2 %	Deadbolt Lock	2 %
Burglar Alarm	2 %	Window Locks	1 %
Smoke Alarm	2 %	\$1,000 Deductible	8 %
		Other (specify)	
		New/Renovated Component	0 to 39.7 %

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 Highest Risk Brick Frame

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

Maximum Credit Allowed

56.7%

Lowest Risk

\$ 0.55

\$ 0.2

NAIC Number: 062-21423
 Company Name: Union Insurance Company
 Contact Person: Jo L. Byers
 Telephone No.: 800-247-2128 ext 2707
 Email Address: jo.l.byers@emcins.com
 Effective Date: 2/15/2014

**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	\$834.15	\$924.59	\$834.15	\$924.59	\$1,248.18	\$1,383.52	\$1,248.18	\$1,383.52	\$1,072.95	\$1,189.29	\$1,072.95	\$1,189.29	\$1,072.95	\$1,189.29	\$834.15	\$924.59	\$1,156	\$1,281.81
	\$120,000	\$1,174.19	\$1,301.51	\$1,174.19	\$1,301.51	\$1,757.01	\$1,947.53	\$1,757.01	\$1,947.53	\$1,510.34	\$1,674.11	\$1,510.34	\$1,674.11	\$1,510.34	\$1,674.11	\$1,174.19	\$1,301.51	\$1,627.84	\$1,804.35
	\$160,000	\$1,512.36	\$1,676.35	\$1,512.36	\$1,676.35	\$2,263.02	\$2,508.41	\$2,263.02	\$2,508.41	\$1,945.32	\$2,156.26	\$1,945.32	\$2,156.26	\$1,945.32	\$2,156.26	\$1,512.36	\$1,676.35	\$2,096.65	\$2,324.00
6	\$80,000	\$914.54	\$1,055.24	\$914.54	\$1,055.24	\$1,368.48	\$1,579.02	\$1,368.48	\$1,579.02	\$1,176.36	\$1,357.34	\$1,176.36	\$1,357.34	\$1,176.36	\$1,357.34	\$914.54	\$1,055.24	\$1,267.88	\$1,462.94
	\$120,000	\$1,287.37	\$1,485.42	\$1,287.37	\$1,485.42	\$1,926.36	\$2,222.72	\$1,926.36	\$2,222.72	\$1,655.92	\$1,910.67	\$1,655.92	\$1,910.67	\$1,655.92	\$1,910.67	\$1,287.37	\$1,485.42	\$1,784.74	\$2,059.31
	\$160,000	\$1,658.13	\$1,913.22	\$1,658.13	\$1,913.22	\$2,481.15	\$2,862.86	\$2,481.15	\$2,862.86	\$2,132.82	\$2,460.95	\$2,132.82	\$2,460.95	\$2,132.82	\$2,460.95	\$1,658.13	\$1,913.22	\$2,298.74	\$2,652.39
9	\$80,000	\$2,210.99	\$2,512.49	\$2,210.99	\$2,512.49	\$3,308.42	\$3,759.57	\$3,308.42	\$3,759.57	\$2,843.95	\$3,231.77	\$2,843.95	\$3,231.77	\$2,843.95	\$3,231.77	\$2,210.99	\$2,512.49	\$3,065.20	\$3,483.18
	\$120,000	\$3,112.31	\$3,536.72	\$3,112.31	\$3,536.72	\$4,657.13	\$5,292.19	\$4,657.13	\$5,292.19	\$4,003.31	\$4,549.22	\$4,003.31	\$4,549.22	\$4,003.31	\$4,549.22	\$3,112.31	\$3,536.72	\$4,314.75	\$4,903.13
	\$160,000	\$4,008.66	\$4,555.29	\$4,008.66	\$4,555.29	\$5,998.38	\$6,816.34	\$5,998.38	\$6,816.34	\$5,156.27	\$5,859.39	\$5,156.27	\$5,859.39	\$5,156.27	\$5,859.39	\$4,008.66	\$4,555.29	\$5,557.40	\$6,315.23

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	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98	\$49.37	\$54.98
	\$15,000	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50	\$105.51	\$117.50
	\$25,000	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87	\$165.11	\$183.87
6	\$5,000	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66	\$51.05	\$56.66
	\$15,000	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09	\$109.10	\$121.09
	\$25,000	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50	\$170.74	\$189.50
9	\$5,000	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76	\$75.74	\$89.76
	\$15,000	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83	\$161.86	\$191.83
	\$25,000	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20	\$253.30	\$300.20

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	2 %	Deadbolt Lock	2 %
Burglar Alarm	2 %	Window Locks	1 %
Smoke Alarm	2 %	\$1,000 Deductible	8 %
		Other (specify)	
		New/Renovated Component	0 to 39.7 %

EARTHQUAKE INSURANCE

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

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?	yes	(yes or no)
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	5 %	
WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?	Zone Highest Risk \$ 2.07	Brick \$ 1.64
	Frame	

Maximum Credit Allowed

56.7%

Lowest Risk

\$ 0.55

\$ 0.2

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

1.	This filing transmittal is part of Company Tracking #	AR-HO-2013-02
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	
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Company Name		Company NAIC Number	
3.	A. EMCASCO Insurance Company	B.	062-21407

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

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Homeowners	16.3%	16.7%					
TOTAL OVERALL EFFECT							

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
2008	782	-20.3%	10/01/08	719,958	2,289,537	318.0%	108.8%
2009	915			619,594	602,916	97.3%	94.4%
2010	1,326	+1.1%	01/01/10	830,904	1,085,264	130.6%	93.2%
2011	1,708	+10.2%	08/15/11	1,173,510	1,850,939	157.7%	150.4%
2012	1,829	+14.8%	08/15/12	1,427,028	704,077	49.3%	67.3%

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	25.4%
B. General Expense	6.0%
C. Taxes, Licenses & Fees	3.1%
D. Underwriting Profit & Contingencies	4.7%
E. Other (explain)	0.7% (Reinsurance)
F. TOTAL	39.9%

- 8.** _____ Apply Loss Cost Factors to Future filings? (Y or N)
- 9.** 55.5% Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____
- 10.** 31.3% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

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

1.	This filing transmittal is part of Company Tracking #	AR-HO-2013-02
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	
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Company Name		Company NAIC Number	
3.	A. Employers Mutual Casualty Company	B.	062-21415

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

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Homeowners	16.3%	19.4%					
TOTAL OVERALL EFFECT							

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
2008	226	-0.3%	10/01/08	237,060	356,589	150.4%	86.5%
2009	225			212,521	104,680	49.3%	64.5%
2010	248			224,249	98,142	43.8%	55.2%
2011	286	+10.8%	08/15/11	259,381	132,675	51.2%	113.0%
2012	294	+15.0%	08/15/12	295,626	35,750	12.1%	76.0%

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	25.4%
B. General Expense	6.0%
C. Taxes, Licenses & Fees	3.1%
D. Underwriting Profit & Contingencies	4.7%
E. Other (explain)	0.7% (Reinsurance)
F. TOTAL	39.9%

- 8.** _____ Apply Loss Cost Factors to Future filings? (Y or N)
- 9.** 59.4% Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____
- 10.** 24.2% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

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

1.	This filing transmittal is part of Company Tracking #	AR-HO-2013-02
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	
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Company Name		Company NAIC Number	
3.	A. Union Insurance Company	B.	062-21423

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

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Homeowners	16.3%	+11.8%					
TOTAL OVERALL EFFECT							

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
2008	75	-19.8%	10/01/08	37,419	74,334	198.7%	100.1%
2009	306			123,772	143,960	116.3%	90.5%
2010	808			415,493	275,023	66.2%	117.4%
2011	1,354	+10.4%	08/15/11	850,608	1,299,788	152.8%	1113.0%
2012	1,428	+14.9%	08/15/12	1,161,712	651,394	56.1%	76.0%

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	25.4%
B. General Expense	6.0%
C. Taxes, Licenses & Fees	3.1%
D. Underwriting Profit & Contingencies	4.7%
E. Other (explain)	0.7%
F. TOTAL	39.9%

- 8.** _____ Apply Loss Cost Factors to Future filings? (Y or N)
- 9.** 57.1% Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____
- 10.** 32.1% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____