

State: Arkansas **Filing Company:** Amica Mutual Insurance Company
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-14-2-R
Project Name/Number: Rate Revision/

Filing at a Glance

Company: Amica Mutual Insurance Company
 Product Name: AR-H-14-2-R
 State: Arkansas
 TOI: 04.0 Homeowners
 Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Filing Type: Rate
 Date Submitted: 09/24/2014
 SERFF Tr Num: AMMA-129660301
 SERFF Status: Closed-Filed
 State Tr Num:
 State Status:
 Co Tr Num: AR-H-14-2-R

 Effective Date: 04/01/2015
 Requested (New):
 Effective Date: 04/01/2015
 Requested (Renewal):
 Author(s): Brenda Miller, Carol Pedro, Brenda Walker, Christina Perfetti
 Reviewer(s): Becky Harrington (primary)
 Disposition Date: 11/07/2014
 Disposition Status: Filed
 Effective Date (New): 04/01/2015
 Effective Date (Renewal): 04/01/2015

State Filing Description:

State: Arkansas **Filing Company:** Amica Mutual Insurance Company
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-14-2-R
Project Name/Number: Rate Revision/

General Information

Project Name: Rate Revision Status of Filing in Domicile: Not Filed
 Project Number: Domicile Status Comments:
 Reference Organization: Reference Number: HO-2014-RLA1
 Reference Title: Advisory Org. Circular: LI-HO-2014-160, LI-HO-2014-077
 Filing Status Changed: 11/07/2014
 State Status Changed: Deemer Date:
 Created By: Carol Pedro Submitted By: Brenda Walker
 Corresponding Filing Tracking Number:
 Filing Description:
 Rate Revision

Company and Contact

Filing Contact Information

Brenda Walker, Sr. Regulatory/Compliance bwalker@amica.com
 Anlys
 P.O. Box 6008 800-652-6422 [Phone] 24584 [Ext]
 Providence, RI 02940 401-334-6518 [FAX]

Filing Company Information

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

Filing Fees

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

Company	Amount	Date Processed	Transaction #
Amica Mutual Insurance Company	\$100.00	09/24/2014	86688656

State: Arkansas

Filing Company:

Amica Mutual Insurance Company

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: AR-H-14-2-R

Project Name/Number: Rate Revision/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	11/07/2014	11/07/2014

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	10/17/2014	10/17/2014
No response necessary	Becky Harrington	10/08/2014	10/08/2014
Pending Industry Response	Becky Harrington	09/26/2014	09/26/2014
Pending Industry Response	Becky Harrington	09/24/2014	09/24/2014

Response Letters

Responded By	Created On	Date Submitted
Brenda Walker	11/07/2014	11/07/2014
Brenda Walker	10/07/2014	10/07/2014
Brenda Walker	09/24/2014	09/26/2014

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Suspend Disposition	Note To Reviewer	Brenda Walker	09/15/2014	09/24/2014

State: Arkansas

Filing Company:

Amica Mutual Insurance Company

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: AR-H-14-2-R

Project Name/Number: Rate Revision/

Disposition

Disposition Date: 11/07/2014

Effective Date (New): 04/01/2015

Effective Date (Renewal): 04/01/2015

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):
Amica Mutual Insurance Company	22.000%	5.000%	\$26,974	384	\$539,473	11.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Form RF-2 Loss Costs Only (not for workers' compensation)		Yes
Supporting Document	H-1 Homeowners Abstract	Filed	Yes
Supporting Document (revised)	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document (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	Explanatory Memorandum and Filing Exhibits	Filed	Yes
Supporting Document	Supplemental Filing Exhibits referenced in response to objection dated 9-24-14	Filed	Yes
Supporting Document	Additional Exhibit referenced in response to objection dated 9-26-14	Filed	Yes
Rate (revised)	Revised Manual Pages	Filed	Yes
Rate	Revised Manual Pages		Yes

State: Arkansas **Filing Company:** Amica Mutual Insurance Company
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-14-2-R
Project Name/Number: Rate Revision/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/17/2014
Submitted Date	10/17/2014
Respond By Date	

Dear Brenda Walker,

Introduction:

The requested increase has been reviewed by the Commissioner.

Please amend the overall increase to 5%.

Please indicate in your response the desired effective dates.

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."

Sincerely,
Becky Harrington

State: Arkansas **Filing Company:** Amica Mutual Insurance Company
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-14-2-R
Project Name/Number: Rate Revision/

Objection Letter

Objection Letter Status	No response necessary
Objection Letter Date	10/08/2014
Submitted Date	10/08/2014
Respond By Date	

Dear Brenda Walker,

Introduction:

This will acknowledge receipt of the recent response.

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:

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 **Filing Company:** Amica Mutual Insurance Company
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-14-2-R
Project Name/Number: Rate Revision/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/26/2014
Submitted Date	09/26/2014
Respond By Date	

Dear Brenda Walker,

Introduction:

This will acknowledge receipt of the recent response.

Objection 1

Comments: The requested increase does not appear to be supported by the data or indicated rate need. Please provide additional supporting information or withdraw the filing.

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 **Filing Company:** Amica Mutual Insurance Company
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-14-2-R
Project Name/Number: Rate Revision/

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/24/2014
Submitted Date 09/24/2014
Respond By Date

Dear Brenda Walker,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- NAIC loss cost data entry document (Supporting Document)

Comments: Please submit the correct form for AR.

Objection 2

- Explanatory Memorandum and Filing Exhibits (Supporting Document)

Comments: The memo states Exhibit 5 supports the rate change in dwelling peril group 1. Please provide additional details regarding this exhibit. Include formulas or supporting exhibits that show the development of the indicated average rate, the indication, loss projection factors, and excess wind factor.

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 **Filing Company:** Amica Mutual Insurance Company
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-14-2-R
Project Name/Number: Rate Revision/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/07/2014
Submitted Date	11/07/2014

Dear Becky Harrington,

Introduction:

Please refer to your objection dated 10-17-14; Amica submits the following changes;

Response 1

Comments:

As requested by the AR Department of Insurance, we have amended the overall increase to 5%. Attached are all the revised manual pages reflecting the anticipated effective date of 4-1-15 upon approval. The Dwelling base rate page has been revised, along with the Form RF-1 Rate Filing Abstract and a revised HO Survey FORM HPCS. In addition, we completed a post submission update reflecting the overall rate level change to 5%, revised written premium change and the anticipated new effective date of April 1, 2015.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	HPCS-Homeowners Premium Comparison Survey
Comments:	
Attachment(s):	HO Survey FORM HPCS.xls HO Survey FORM HPCS.pdf
<i>Previous Version</i>	
Satisfied - Item:	HPCS-Homeowners Premium Comparison Survey
Comments:	
Attachment(s):	HO Survey FORM HPCS.pdf HO Survey FORM HPCS.xls

SERFF Tracking #:

AMMA-129660301

State Tracking #:

Company Tracking #:

AR-H-14-2-R

State: Arkansas

Filing Company:

Amica Mutual Insurance Company

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: AR-H-14-2-R

Project Name/Number: Rate Revision/

Supporting Document Schedule Item Changes**Satisfied - Item:** HPCS-Homeowners Premium Comparison Survey**Comments:****Attachment(s):** HO Survey FORM HPCS.xls
HO Survey FORM HPCS.pdf*Previous Version***Satisfied - Item:** *HPCS-Homeowners Premium Comparison Survey***Comments:****Attachment(s):** *HO Survey FORM HPCS.pdf*
*HO Survey FORM HPCS.xls***Satisfied - Item:** NAIC loss cost data entry document**Comments:****Attachment(s):** FORM RF-1 Rate Filing Abstract.pdf*Previous Version***Satisfied - Item:** *NAIC loss cost data entry document***Comments:****Attachment(s):** *FORM RF-1 Rate Filing Abstract.pdf**Previous Version***Satisfied - Item:** *NAIC loss cost data entry document***Comments:****Attachment(s):** *OKREA2.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	Revised Manual Pages		Replacement		11/07/2014 By: Brenda Walker
<i>Previous Version</i>					
1	Revised Manual Pages		Replacement		09/24/2014 By: Brenda Walker

SERFF Tracking #:

AMMA-129660301

State Tracking #:

Company Tracking #:

AR-H-14-2-R

State:

Arkansas

Filing Company:

Amica Mutual Insurance Company

TOI/Sub-TOI:

04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name:

AR-H-14-2-R

Project Name/Number:

Rate Revision/

Conclusion:

We hope this enables you to complete your review of our filing.

Sincerely,

Brenda Walker

State: Arkansas **Filing Company:** Amica Mutual Insurance Company
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-14-2-R
Project Name/Number: Rate Revision/

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 10/07/2014
 Submitted Date 10/07/2014

Dear Becky Harrington,

Introduction:

Please refer to your objection dated 9-26-14; Amica submits the following additional support:

Response 1

Comments:

We do recognize that the indicated rate need does not appear to warrant the proposed increase but unfortunately the indications have very minimal credibility. In order to fully determine the rate needs of this state we have historically looked to financial results as well as the indicated rate need to determine an appropriate course of action. Please see the attached Financial Results Exhibit which shows Amicas historical Arkansas homeowners profitability. Over the most recent five years Amica has experienced a 25% loss on the homeowners book of business. While the last two years have been profitable, we have already sustained a 238% loss through the first half of 2014. As a result of this experience we have determined that the proposed increase is justified.

Related Objection 1

Comments: The requested increase does not appear to be supported by the data or indicated rate need. Please provide additional supporting information or withdraw the filing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Additional Exhibit referenced in response to objection dated 9-26-14
Comments:	
Attachment(s):	Financial Results.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We hope this enables you to complete your review of our filing.

Sincerely,

Brenda Walker

SERFF Tracking #:

AMMA-129660301

State Tracking #:

Company Tracking #:

AR-H-14-2-R

State:

Arkansas

Filing Company:

Amica Mutual Insurance Company

TOI/Sub-TOI:

04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name:

AR-H-14-2-R

Project Name/Number:

Rate Revision/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/24/2014
Submitted Date	09/26/2014

Dear Becky Harrington,

Introduction:

Please refer to your objection dated 9-24-2014; Amica submits the following response:

Response 1

Comments:

Our apologies for attaching the wrong state information.

Related Objection 1

Applies To:

- NAIC loss cost data entry document (Supporting Document)

Comments: Please submit the correct form for AR.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	NAIC loss cost data entry document
Comments:	
Attachment(s):	FORM RF-1 Rate Filing Abstract.pdf
<i>Previous Version</i>	
Satisfied - Item:	NAIC loss cost data entry document
Comments:	
Attachment(s):	OKREA2.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

SERFF Tracking #:

AMMA-129660301

State Tracking #:

Company Tracking #:

AR-H-14-2-R

State: Arkansas

Filing Company: Amica Mutual Insurance Company

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: AR-H-14-2-R

Project Name/Number: Rate Revision/

See attached Supplemental Exhibit A - Revised Indication Exhibit(with formulas) that now includes formulas showing the development of the indicated rate. The development of the loss projection factors and the excess wind factor can be found in Supplemental Exhibit B Loss Projection Factors (LPF) and Supplemental Exhibit C HOExcessWind.

Related Objection 2

Applies To:

- Explanatory Memorandum and Filing Exhibits (Supporting Document)

Comments: The memo states Exhibit 5 supports the rate change in dwelling peril group 1. Please provide additional details regarding this exhibit. Include formulas or supporting exhibits that show the development of the indicated average rate, the indication, loss projection factors, and excess wind factor.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Supplemental Filing Exhibits referenced in response to objection dated 9-24-14
Comments:	
Attachment(s):	Supplemental Exhibits.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We hop[e this enables you to complete your review of our filing.

Sincerely,

Brenda Walker

State: Arkansas **Filing Company:** Amica Mutual Insurance Company
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-14-2-R
Project Name/Number: Rate Revision/

Note To Reviewer

Created By:

Brenda Walker on 09/15/2014 12:34 PM

Last Edited By:

Becky Harrington

Submitted On:

11/07/2014 12:10 PM

Subject:

Suspend Disposition

Comments:

We respectfully request that the department suspend disposition once review is completed so that we may be sure that the proposed effective date may be met.

Thank you.

State: Arkansas **Filing Company:** Amica Mutual Insurance Company
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-14-2-R
Project Name/Number: Rate Revision/

Post Submission Update Request Processed On 11/07/2014

Status: Allowed
Created By: Brenda Walker
Processed By: Becky Harrington
Comments:

General Information:

Field Name	Requested Change	Prior Value
Effective Date Requested (New)	04/01/2015	02/01/2015
Effective Date Requested (Renew)	04/01/2015	02/01/2015

Company Rate Information:

Company Name:Amica Mutual Insurance Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	5.000%	8.100%
Written Premium Change for this Program	\$26974	\$43697
Maximum %Change (where required)	11.000%	15.000%

SERFF Tracking #:

AMMA-129660301

State Tracking #:

Company Tracking #:

AR-H-14-2-R

State: Arkansas

Filing Company: Amica Mutual Insurance Company

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: AR-H-14-2-R

Project Name/Number: Rate Revision/

Rate Information

Rate data applies to filing.

Filing Method: File & Use

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 10.000%

Effective Date of Last Rate Revision: 02/01/2014

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):
Amica Mutual Insurance Company	22.000%	5.000%	\$26,974	384	\$539,473	11.000%	0.000%

SERFF Tracking #:

AMMA-129660301

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

AR-H-14-2-R

State:

Arkansas

Filing Company:

Amica Mutual Insurance Company

TOI/Sub-TOI:

04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name:

AR-H-14-2-R

Project Name/Number:

Rate Revision/

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1	Filed 11/07/2014	Revised Manual Pages		Replacement		Amended 04 15 Revised Manual Pages.pdf

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

RULE 528.
HOME BUSINESS INSURANCE COVERAGE

Effective APRIL 1, 2015

For Use in PG7 Rating

A. Eligibility

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

B. Classifications

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

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

1. Office

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

2. Service

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

3. Sales

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

4. Crafts

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

C. Coverages

1. Section I – Property

The Home Business endorsement:

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

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

2. Section II – Business Liability

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

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

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

3. Professional Liability

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

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

This rule does not apply.

D. Home Business Premium Computation

1. Development Of The Home Business Premium

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

2. Section I – Property

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

Gross Annual Receipts*	HO 03 & HO 05	HO 04	HO 06
Up to \$50,000	.02	.14	.16
\$50,001 to \$100,000	.03	.21	.26
100,001 to 175,000	.05	.31	.37
175,001 to 250,000	.07	.42	.51

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

Table 528.D.2.a. Factors

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

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

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

3. Section II – Business Liability

a. Basic Limits Premium Coverages E and F

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

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

- (2) Service, Sales and Crafts

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

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

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

b. Coverage E – Increased Limits

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

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

*Not available for **HO 00 05**

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

c. Coverage F – Increased Limits

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

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

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

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

E. Endorsement

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

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

F. Options

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

1. Additional Insured

a. Managers Or Lessors Of Premises Leased To An Insured

(1) Coverage

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

(2) Premium

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

(3) Endorsement

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

2. Loss Payable Condition

a. Coverage

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

b. Endorsement

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

3. Personal and Advertising Injury Exclusion

a. Coverage

Excludes all Personal and Advertising Injury Coverage.

b. Endorsement

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

4. Liquor Liability Exclusion and Exception for Scheduled Activities

a. Coverage

This endorsement excludes liability coverage for:

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

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

b. Endorsement

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

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

5. Special Coverage – Spoilage Of Perishable Stock

a. Coverage

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

b. Premium

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

c. Endorsement

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

6. Valuable Papers And Records Endorsements

a. Increased Limits

(1) Coverage

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

(2) Premium – Rate per \$1,000

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

(3) Endorsement

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

b. Special Coverage

(1) Coverage

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

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

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

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

(2) Premium

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

(3) Endorsement

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

7. Off-premises Property Coverage – Increased Limits

a. Endorsement

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

b. Premium

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

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

RULE 604.
ADDITIONAL RESIDENCE RENTED TO OTHERS

Effective APRIL 1, 2015

For Use in PG5 Rating

A. Introduction

1. The policy may be endorsed to provide coverage when an additional residence is rented to others.

B. Premium

Rate per Residence

One Family.....	\$ 15.66
Two Family.....	\$ 25.84
Three Family.....	\$ 54.83
Four Family.....	\$ 70.49

C. Endorsement

Use Additional Residence Rented To Others Endorsement **HO 24 70.**

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

RULE 605.

OTHER STRUCTURES RENTED TO OTHERS – RESIDENCE PREMISES

Effective APRIL 1, 2015

For Use in PG7 Rating

A. Coverage Description

1. The policy may be endorsed to provide coverage when a structure on the residence premises is rented to others for dwelling purposes.
2. Refer to Rule **514.A.2.** for rating Section I Coverage.

B. Premium

Rate per Structure.....\$ **15.66**

C. Endorsement

Use Structures Rented To Others – Residence Premises Endorsement **HO 04 40.**

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

RULE 612.
OUTBOARD MOTORS AND WATERCRAFT

Effective APRIL 1, 2015

For Use in PG5 Rating

A. Introduction

Coverage is included in the policy form, at no additional charge, for certain watercraft powered by an outboard engine or motor or combination of outboard engines or motors of up to 25 horsepower, and sailboats less than 26 feet in overall length with or without auxiliary power. Coverage is also included for watercraft powered by inboard or inboard-outdrive engines or motors, including those that power a water jet pump, of 50 horsepower or less when not owned by an insured or more than 50 horsepower when not owned by or rented to an insured.

B. Coverage Description

1. The policy may be endorsed to provide coverage for the following types of craft:
 - a. Watercraft, up to 26 feet in length powered by outboard engines or motors exceeding 25 horsepower; or powered by inboard or inboard-outdrive engines or motors, including those that power a water jet pump.

Accumulate total horsepower if two or more engines or motors are regularly used together with any single watercraft owned by insured.
 - b. Sailboats 26 feet or more in overall length, with or without auxiliary power.
2. Coverage must be written to expiration of the policy. It is permissible, however, to stipulate for all watercraft eligible in this rule, the navigational period of each year. Premium shall be adjusted on a pro rata basis.
3. For watercraft not described in preceding paragraphs **A.** and **B.1.**, coverage is not permitted under the Homeowners Policy.
4. The premium in the state where the insured's residence premises is located shall apply. However, if the insured owns another residence premises in a different state and principally operates the watercraft from that residence, apply the premium for that state.

C. Premium

1. Outboard, Inboard, or Inboard-Outdrive Engines or Motors

	Length	
	Up to 15 Ft.	Over 15 to 26 Feet
Horsepower	Rate	Rate
Up – 50*	\$ 5.91	\$ 9.21
51 – 100	10.02	13.31
101 – 150	14.10	17.40
151 – 200	18.19	21.56
Over 200	22.28	24.75

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

2. Sailboats With or Without Auxiliary Power

Overall Length/Feet	Rate
26 to 40 feet*	\$ 5.91
Over 40 feet	10.02

*Outboard engines or motors of up to 25 horsepower or sailboats less than 26 feet in overall length with or without auxiliary power are covered in the policy form.

D. Endorsement

Use Watercraft Endorsement **HO 24 75**.

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

**RULE 613.
OWNED SNOWMOBILE**

Effective APRIL 1, 2015

For Use in PG5 Rating

A. Coverage Description

1. The policy may be endorsed to provide coverage when a snowmobile is used off of the insured location.
2. Rate each snowmobile owned by the named insured or any other insured separately. This charge is the minimum annual premium for each snowmobile for any period within a policy year.

B. Premium

| Rate per snowmobile.....\$ **18.57**

C. Endorsement

Use Owned Snowmobile Endorsement **HO 24 64.**

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

RULE A.11
HOMEOWNERS PREMIUM CALCULATION TABLES

Effective APRIL 1, 2015

The Base Premium by Peril is calculated according to Rule **301**. The application of additional charges and credits is summarized by form in the following tables:

Table A – Rate Order of Calculation – Forms **HO 00 03** and **HO 00 05**

Table B – Rate Order of Calculation – Form **HO 00 04**

Table C – Rate Order of Calculation – Form **HO 00 06**

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

Table A – Rate Order of Calculation – Forms HO 00 03 and HO 00 05

	Rating Formula	Applicable Peril Group
1	Base Rate	PG1, PG4, PG5, PG6
2	x Territory Factor	PG1, PG4, PG5, PG6
BCP	Base Class Premium	
3	x Form Factor	PG1, PG4, PG6
4	x Prot-Constr Factor	PG1
5	x Cov A/Ded Factor	PG1, PG4, PG6
6	x #Family Factor	PG1, PG4, PG5, PG6
BP	Base Premium	
7	x Increase Coverage E/F	PG5
8	+ Ordinance/Law (BP * OrdLaw)	PG1, PG6
9	+ Repl Cost Loss Settle (BP * ReplCost)	PG1, PG6
10	x Mitigation Credit Factor	PG1, PG6
11	x HRF Factor	PG1, PG4, PG5, PG6
12	x Non-Dividend Factor	PG1, PG4, PG5, PG6
ABP	Adjusted Base Prem	
13	+ Superior Constr Credit (ABP * SupConCr) ^a	PG1
14	+ Protective Device Credit (ABP * ProtDev) ^a	PG1, PG4
15	+ Automatic Generator Credit (ABP*AutoGen) ^a	PG1
16	+ Lightning Suppression Credit (ABP * LightSup) ^a	PG1
17	+ Automatic Detection Device Credit (ABP*DetDev) ^a	PG1
18	+ Age of Home/Remodeled (ABP * AgeHome)	PG1, PG4, PG5, PG6
19	+ BCEG (BCP * 5 * 11 * 12 * BCEG)	PG1
20	+ Secondary/Seasonal Charge (ABP * SecSeasChg)	PG1, PG4, PG5, PG6
21	+ Platinum Charge (11 * 12 * PlatChrg)	PG1, PG4, PG6
22	+-Incr/Decr Covg B (11* 12* Incr/Decr B)	PG7
23	+- Incr/Decr Covg C (11 * 12 * Incr/DecrC)	PG7
24	+ Incr Covg D (11 * 12 * IncrD)	PG7
25	+ Townhouse Prem (ABP * Townhouse)	PG1
26	+ Inflation Guard Premium (ABP * InflGuard)	PG1, PG4, PG6
27	+ Personal Prop Repl Cost (ABP * ReplCost)	PG1, PG4, PG6
28	+ Wood Roof Surcharge (ABP*Wood Roof)	PG1, PG6
29	Sub-Total	All
30	+ Multi Line Disc	All
31	x AutoPay Discount Factor	All
32	x All Electronic Discount Factor	All
Ann.	Annual Basic Premium^b	
33	+ Ann. Other Premium ^c	All
Tot.	Total Premium	
34	+ PAF Premium ^d	PG7
Fin.	Final Premium	

Notes:

^aMaximum total credit of 50% applies.

^bThe Annual Basic Premium is subject to a minimum premium as displayed in Rule 205.

^c Each endorsement with an associated rate in Annual Other Premium multiplied by HRF, Non-Dividend, Protective Devices, Multi-Line, AutoPay discount and All Electronic discount where applicable. (HRF does not apply to Earthquake)

^dPAF Premium is multiplied by HRF, Non-Dividend, AutoPay discount and All-Electronic discount where applicable.

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

Table B – Rate Order of Calculation – Form HO 00 04

	Rating Formula	Applicable Peril/Coverage
1	Base Rate	PG1, PG4, PG5, PG6
2	x Territory Factor	PG1, PG4, PG5, PG6
BCP	Base Class Premium	
3	x Prot-Constr Factor	PG1
4	x Cov C/Ded Factor	PG1, PG4, PG6
BP	Base Premium	
5	x Increase Coverage E/F	PG5
6	+ Ordinance/Law (BP * OrdLaw)	PG1, PG6
7	+ Spec Pers Prop (BP*Spec PP)	PG1, PG4, PG6
8	x Mitigation Credit Factor	PG1
9	x HRF Factor	PG1, PG4, PG5, PG6
10	x Non-Dividend Factor	PG1, PG4, PG5, PG6
ABP	Adjusted Base Prem	
11	+ Superior Constr Credit (ABP * SupConCr) ^a	PG1
12	+ Automatic Generator Credit (ABP * AutoGen) ^a	PG1
13	+ Automatic Detection Device Credit (ABP * DetDev) ^a	PG1
14	+ BCEG (BCP * 4 * 9 * 10 * BCEG)	PG1
15	+ Secondary/Seasonal Charge (ABP * SecSeasChg)	PG1, PG4, PG5, PG6
16	+ Incr Covg D (9 * 10 * IncrD)	PG7
17	+ Personal Prop Repl Cost (ABP * ReplCost)	PG1, PG4, PG6
18	Sub-Total	All
19	+ Multi Line Disc	All
20	x AutoPay Discount Factor	All
21	x All Electronic Discount Factor	All
Ann.	Annual Basic Premium^b	
22	+ Ann. Other Premium ^c	All
Tot.	Total Premium	
23	+ PAF Premium ^d	PG7
Fin.	Final Premium	

Notes:

^aMaximum total credit of 50% applies.

^bThe Annual Basic Premium is subject to a minimum premium as displayed in Rule 205.

^cEach endorsement with an associated rate in Annual Other Premium multiplied by HRF, Non-Dividend, Multi-Line, Protective Devices, AutoPay discount and All Electronic discount where applicable. (HRF does not apply to Earthquake.)

^dPAF Premium is multiplied by HRF, Non-Dividend, AutoPay discount and All-Electronic discount where applicable.

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

Table C – Rate Order of Calculation – Form HO 00 06

	Rating Formula	Applicable Perils
1	Base Rate	PG1, PG4, PG5, PG6
2	x Territory Factor	PG1, PG4, PG5, PG6
BCP	Base Class Premium	
3	x Prot-Constr Factor	PG1
4	x Cov C/Ded Factor	PG1, PG4, PG6
BP	Base Premium	
5	x Increase Coverage E/F	PG5
6	+ Ordinance/Law (BP * OrdLaw)	PG1, PG6
7	+ Spec Pers Prop (BP*Spec PP)	PG1, PG4, PG6
8	x Mitigation Credit Factor	PG1
9	x HRF Factor	PG1, PG4, PG5, PG6
10	x Non-Dividend Factor	PG1, PG4, PG5, PG6
ABP	Adjusted Base Prem	
11	+ Superior Constr Credit (ABP * SupConCr) ^a	PG1
12	+ Protective Device Credit (ABP * ProtDev) ^a	PG1, PG4
13	+ Automatic Generator Credit (ABP * AutoGen) ^a	PG1
14	+ Lightning Suppression Credit (ABP * LightSup) ^a	PG1
15	+ Automatic Detection Device Credit (ABP * DetDev) ^a	PG1
16	+ BCEG (BCP * 4 * 9 * 10 * BCEG)	PG1
17	+ Secondary/Seasonal Charge (ABP * SecSeasChg)	PG1, PG4, PG5, PG6
18	+ Incr Covg D (9 * 10 * IncrD)	PG7
19	+ Incr Cov A (9*10*incr A Chrg)	PG7
20	+ Personal Prop Repl Cost (ABP * ReplCost)	PG1, PG4, PG6
21	Sub-Total	All
22	+ Multi Line Disc	All
23	x AutoPay Discount Factor	All
24	x All Electronic Discount Factor	All
Ann.	Annual Basic Premium^b	
25	+ Ann. Other Premium ^c	All
Tot.	Total Premium	
26	+ PAF Premium ^d	PG7
Fin.	Final Premium	

Notes:

^aMaximum total credit of 50% applies.

^bThe Annual Basic Premium is subject to a minimum premium as displayed in Rule 205.

^cEach endorsement with an associated rate in Annual Other Premium multiplied by HRF, Non-Dividend, Multi-Line, Protective Devices, AutoPay discount and All Electronic discount where applicable. (HRF does not apply to Earthquake.)

^dPAF Premium is multiplied by HRF, Non-Dividend, AutoPay discount and All-Electronic discount where applicable.

3. TERRITORY DEFINITIONS – EARTHQUAKE

ZIP CODES 71601 – 71801

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
71601	PINE BLUFF	26	71676	WILMOT	27
71602	WHITE HALL	27	71677	WINCHESTER	25
71603	PINE BLUFF	27	71678	YORKTOWN	26
71611	PINE BLUFF	26	71701	CAMDEN	27
71612	WHITE HALL	27	71711	CAMDEN	27
71613	PINE BLUFF	27	71720	BEARDEN	27
71630	ARKANSAS CITY	25	71721	BEIRNE	27
71631	BANKS	27	71722	BLUFF CITY	27
71635	CROSSETT	27	71724	CALION	27
71638	DERMOTT	26	71725	CARTHAGE	27
71639	DUMAS	25	71726	CHIDESTER	27
71640	EUDORA	27	71728	CURTIS	27
71642	FOUNTAIN HILL	27	71730	EL DORADO	27
71643	GOULD	25	71731	EL DORADO	27
71644	GRADY	25	71740	EMERSON	27
71646	HAMBURG	27	71742	FORDYCE	27
71647	HERMITAGE	27	71743	GURDON	27
71651	JERSEY	27	71744	HAMPTON	27
71652	KINGSLAND	27	71745	HARRELL	27
71653	LAKE VILLAGE	27	71747	HUTTIG	27
71654	MC GEHEE	26	71748	IVAN	27
71655	MONTICELLO	27	71749	JUNCTION CITY	27
71656	MONTICELLO	27	71750	LAWSON	27
71657	MONTICELLO	27	71751	LOUANN	27
71658	MONTROSE	27	71752	MC NEIL	27
71659	MOSCOW	26	71753	MAGNOLIA	27
71660	NEW EDINBURG	27	71754	MAGNOLIA	27
71661	PARKDALE	27	71758	MOUNT HOLLY	27
71662	PICKENS	25	71759	NORPHLET	27
71663	PORTLAND	27	71762	SMACKOVER	27
71665	RISON	27	71763	SPARKMAN	27
71666	ROHWER	26	71764	STEPHENS	27
71667	STAR CITY	27	71765	STRONG	27
71670	TILLAR	26	71766	THORNTON	27
71671	WARREN	27	71770	WALDO	27
71674	WATSON	25	71772	WHELEN SPRINGS	27
71675	WILMAR	27	71801	HOPE	27

Table #1(T) ZIP Codes 71601 – 71801

ZIP CODES 71802 – 71998

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
71802	HOPE	27	71909	HOT SPRINGS VILLAGE	27
71820	ALLEENE	27	71910	HOT SPRINGS VILLAGE	27
71822	ASHDOWN	27	71913	HOT SPRINGS NATIONAL PARK	27
71823	BEN LOMOND	27	71914	HOT SPRINGS NATIONAL PARK	27
71825	BLEVINS	27	71920	ALPINE	27
71826	BRADLEY	27	71921	AMITY	27
71827	BUCKNER	27	71922	ANTOINE	27
71828	CALE	27	71923	ARKADELPHIA	27
71831	COLUMBUS	27	71929	BISMARCK	27
71832	DE QUEEN	27	71932	BOARD CAMP	27
71833	DIERKS	27	71933	BONNERDALE	27
71834	DODDRIDGE	27	71935	CADDO GAP	27
71835	EMMET	27	71937	COVE	27
71836	FOREMAN	27	71940	DELIGHT	27
71837	FOUKE	27	71941	DONALDSON	27
71838	FULTON	27	71942	FRIENDSHIP	27
71839	GARLAND CITY	27	71943	GLENWOOD	27
71840	GENOA	27	71944	GRANNIS	27
71841	GILLHAM	27	71945	HATFIELD	27
71842	HORATIO	27	71949	JESSIEVILLE	27
71845	LEWISVILLE	27	71950	KIRBY	27
71846	LOCKESBURG	27	71952	LANGLEY	27
71847	MC CASKILL	27	71953	MENA	27
71851	MINERAL SPRINGS	27	71956	MOUNTAIN PINE	27
71852	NASHVILLE	27	71957	MOUNT IDA	27
71853	OGDEN	27	71958	MURFREESBORO	27
71854	TEXARKANA	27	71959	NEWHOPE	27
71855	OZAN	27	71960	NORMAN	27
71857	PRESCOTT	27	71961	ODEN	27
71858	ROSTON	27	71962	OKOLONA	27
71859	SARATOGA	27	71964	PEARCY	27
71860	STAMPS	27	71965	PENCIL BLUFF	27
71861	TAYLOR	27	71966	ODEN	27
71862	WASHINGTON	27	71968	ROYAL	27
71864	WILLISVILLE	27	71969	SIMS	27
71865	WILTON	27	71970	STORY	27
71866	WINTHROP	27	71971	UMPIRE	27
71901	HOT SPRINGS NATIONAL PARK	27	71972	VANDERVOORT	27
71902	HOT SPRINGS NATIONAL PARK	27	71973	WICKES	27
71903	HOT SPRINGS NATIONAL PARK	27	71998	ARKADELPHIA	27

Table #2(T) ZIP Codes 71802 – 71998

ZIP CODES 71999 – 72088

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
71999	ARKADELPHIA	27	72042	DE WITT	26
72001	ADONA	27	72043	DIAZ	24
72002	ALEXANDER	27	72044	EDGEMONT	27
72003	ALMYRA	26	72045	EL PASO	27
72004	ALTHEIMER	25	72046	ENGLAND	24
72005	AMAGON	24	72047	ENOLA	27
72006	AUGUSTA	24	72048	ETHEL	25
72007	AUSTIN	27	72051	FOX	27
72010	BALD KNOB	26	72052	GARNER	26
72011	BAUXITE	27	72053	COLLEGE STATION	26
72012	BEEBE	26	72055	GILLETT	26
72013	BEE BRANCH	27	72057	GRAPEVINE	27
72014	BEEDEVILLE	24	72058	GREENBRIER	27
72015	BENTON	27	72059	GREGORY	24
72016	BIGELOW	27	72060	GRIFFITHVILLE	25
72017	BISCOE	25	72061	GUY	27
72018	BENTON	27	72063	HATTIEVILLE	27
72019	BENTON	27	72064	HAZEN	25
72020	BRADFORD	26	72065	HENSLEY	27
72021	BRINKLEY	25	72066	HICKORY PLAINS	26
72022	BRYANT	27	72067	HIGDEN	27
72023	CABOT	26	72068	HIGGINSON	25
72024	CARLISLE	26	72069	HOLLY GROVE	25
72025	CASA	27	72070	HOUSTON	27
72026	CASSCOE	25	72072	HUMNOKE	24
72027	CENTER RIDGE	27	72073	HUMPHREY	24
72028	CHOCTAW	27	72074	HUNTER	25
72029	CLARENDON	25	72075	JACKSONPORT	24
72030	CLEVELAND	27	72076	JACKSONVILLE	26
72031	CLINTON	27	72078	JACKSONVILLE	26
72032	CONWAY	27	72079	JEFFERSON	27
72033	CONWAY	27	72080	JERUSALEM	27
72034	CONWAY	27	72081	JUDSONIA	26
72035	CONWAY	27	72082	KENSETT	25
72036	COTTON PLANT	25	72083	KEO	24
72037	COY	24	72084	LEOLA	27
72038	CROCKETTS BLUFF	26	72085	LETONA	26
72039	DAMASCUS	27	72086	LONOKE	26
72040	DES ARC	25	72087	LONSDALE	27
72041	DE VALLS BLUFF	25	72088	FAIRFIELD BAY	27

Table #3(T) ZIP Codes 71999 – 72088

ZIP CODES 72089 – 72211

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
72089	BRYANT	27	72141	SCOTLAND	27
72099	LITTLE ROCK AIR FORCE BASE	27	72142	SCOTT	24
72101	MC CRORY	24	72143	SEARCY	26
72102	MC RAE	26	72145	SEARCY	26
72103	MABELVALE	27	72149	SEARCY	26
72104	MALVERN	27	72150	SHERIDAN	27
72105	JONES MILL	27	72152	SHERRILL	25
72106	MAYFLOWER	27	72153	SHIRLEY	27
72107	MENIFEE	27	72156	SOLGOHACHIA	27
72108	MONROE	25	72157	SPRINGFIELD	27
72110	MORRILTON	27	72158	BENTON	27
72111	MOUNT VERNON	27	72160	STUTTGART	25
72112	NEWPORT	24	72164	SWEET HOME	26
72113	MAUMELLE	26	72165	THIDA	25
72114	NORTH LITTLE ROCK	26	72166	TICHNOR	26
72115	NORTH LITTLE ROCK	26	72167	TRASKWOOD	27
72116	NORTH LITTLE ROCK	27	72168	TUCKER	25
72117	NORTH LITTLE ROCK	25	72169	TUPELO	24
72118	NORTH LITTLE ROCK	27	72170	ULM	26
72119	NORTH LITTLE ROCK	26	72173	VILONIA	27
72120	SHERWOOD	27	72175	WABBASEKA	24
72121	PANGBURN	26	72176	WARD	26
72122	PARON	27	72178	WEST POINT	26
72123	PATTERSON	24	72179	WILBURN	27
72124	NORTH LITTLE ROCK	27	72180	WOODSON	27
72125	PERRY	27	72181	WOOSTER	27
72126	PERRYVILLE	27	72182	WRIGHT	25
72127	PLUMERVILLE	27	72183	WRIGHTSVILLE	26
72128	POYEN	26	72190	NORTH LITTLE ROCK	27
72129	PRATTSVILLE	27	72199	NORTH LITTLE ROCK	27
72130	PRIM	27	72201	LITTLE ROCK	27
72131	QUITMAN	27	72202	LITTLE ROCK	27
72132	REDFIELD	27	72203	LITTLE ROCK	27
72133	REYDELL	25	72204	LITTLE ROCK	27
72134	ROE	25	72205	LITTLE ROCK	27
72135	ROLAND	27	72206	LITTLE ROCK	26
72136	ROMANCE	27	72207	LITTLE ROCK	27
72137	ROSE BUD	27	72209	LITTLE ROCK	27
72139	RUSSELL	26	72210	LITTLE ROCK	27
72140	SAINT CHARLES	25	72211	LITTLE ROCK	27

Table #4(T) ZIP Codes 72089 – 72211

ZIP CODES 72212 – 72396

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
72212	LITTLE ROCK	27	72339	GILMORE	21
72214	LITTLE ROCK	27	72340	GOODWIN	25
72215	LITTLE ROCK	27	72341	HAYNES	25
72216	LITTLE ROCK	26	72342	HELENA	25
72217	LITTLE ROCK	27	72346	HETH	21
72219	LITTLE ROCK	27	72347	HICKORY RIDGE	24
72221	LITTLE ROCK	27	72348	HUGHES	22
72222	LITTLE ROCK	27	72350	JOINER	21
72223	LITTLE ROCK	27	72351	KEISER	21
72225	LITTLE ROCK	27	72352	LA GRANGE	25
72227	LITTLE ROCK	27	72353	LAMBROOK	26
72231	LITTLE ROCK	25	72354	LEPANTO	21
72255	LITTLE ROCK	27	72355	LEXA	25
72260	LITTLE ROCK	27	72358	LUXORA	21
72295	LITTLE ROCK	26	72359	MADISON	24
72301	WEST MEMPHIS	22	72360	MARIANNA	25
72303	WEST MEMPHIS	22	72364	MARION	22
72310	ARMOREL	21	72365	MARKED TREE	21
72311	AUBREY	25	72366	MARVELL	25
72312	BARTON	25	72367	MELLWOOD	26
72313	BASSETT	21	72368	MORO	25
72315	BLYTHEVILLE	21	72369	ONEIDA	25
72316	BLYTHEVILLE	21	72370	OSCEOLA	21
72319	GOSNELL	21	72372	PALESTINE	24
72320	BRICKEYS	23	72373	PARKIN	21
72321	BURDETTE	21	72374	POPLAR GROVE	25
72322	CALDWELL	24	72376	PROCTOR	22
72324	CHERRY VALLEY	23	72377	RIVERVALE	21
72325	CLARKEDALE	21	72379	SNOW LAKE	25
72326	COLT	24	72383	TURNER	25
72327	CRAWFORDSVILLE	21	72384	TURRELL	21
72328	CRUMROD	26	72386	TYRONZA	21
72329	DRIVER	21	72387	VANNDALE	24
72330	DYESS	21	72389	WABASH	26
72331	EARLE	21	72390	WEST HELENA	25
72332	EDMONDSON	22	72391	WEST RIDGE	21
72333	ELAINE	26	72392	WHEATLEY	25
72335	FORREST CITY	24	72394	WIDENER	23
72336	FORREST CITY	24	72395	WILSON	21
72338	FRENCHMANS BAYOU	21	72396	WYNNE	24

Table #5(T) ZIP Codes 72212 – 72396

ZIP CODES 72401 – 72527

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
72401	JONESBORO	23	72453	PEACH ORCHARD	24
72402	JONESBORO	23	72454	PIGGOTT	23
72403	JONESBORO	23	72455	POCAHONTAS	26
72404	JONESBORO	23	72456	POLLARD	24
72410	ALICIA	25	72457	PORTIA	25
72411	BAY	21	72458	POWHATAN	26
72412	BEECH GROVE	24	72459	RAVENDEN	26
72413	BIGGERS	24	72460	RAVENDEN SPRINGS	27
72414	BLACK OAK	21	72461	RECTOR	23
72415	BLACK ROCK	26	72462	REYNO	24
72416	BONO	24	72464	SAINT FRANCIS	22
72417	BROOKLAND	23	72465	SEDGWICK	24
72419	CARAWAY	21	72466	SMITHVILLE	26
72421	CASH	24	72467	STATE UNIVERSITY	23
72422	CORNING	24	72469	STRAWBERRY	26
72424	DATTO	24	72470	SUCCESS	25
72425	DELAPLAINE	24	72471	SWIFTON	25
72426	DELL	21	72472	TRUMANN	21
72427	EGYPT	24	72473	TUCKERMAN	25
72428	ETOWAH	21	72474	WALCOTT	23
72429	FISHER	24	72475	WALDENBURG	24
72430	GREENWAY	23	72476	WALNUT RIDGE	25
72431	GRUBBS	24	72478	WARM SPRINGS	26
72432	HARRISBURG	23	72479	WEINER	24
72433	HOXIE	25	72482	WILLIFORD	27
72434	IMBODEN	26	72501	BATESVILLE	26
72435	NOBEL	24	72503	BATESVILLE	26
72436	LAFE	24	72512	HORSESHOE BEND	27
72437	LAKE CITY	21	72513	ASH FLAT	27
72438	LEACHVILLE	21	72515	BEXAR	27
72440	LYNN	26	72517	BROCKWELL	27
72441	MC DOUGAL	23	72519	CALICO ROCK	27
72442	MANILA	21	72520	CAMP	27
72443	MARMADUKE	23	72521	CAVE CITY	27
72444	MAYNARD	26	72522	CHARLOTTE	26
72445	MINTURN	25	72523	CONCORD	27
72447	MONETTE	21	72524	CORD	25
72449	O KEAN	25	72525	CHEROKEE VILLAGE	27
72450	PARAGOULD	23	72526	CUSHMAN	26
72451	PARAGOULD	23	72527	DESHA	26

Table #6(T) ZIP Codes 72401 – 72527

ZIP CODES 72528 – 72659

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
72528	DOLPH	27	72583	VIOLA	27
72529	CHEROKEE VILLAGE	27	72584	VIOLET HILL	27
72530	DRASCO	27	72585	WIDEMAN	27
72531	ELIZABETH	27	72587	WISEMAN	27
72532	EVENING SHADE	27	72601	HARRISON	27
72533	FIFTY SIX	27	72602	HARRISON	27
72534	FLORAL	27	72611	ALPENA	27
72536	FRANKLIN	27	72613	BEAVER	27
72537	GAMALIEL	27	72615	BERGMAN	27
72538	GEPP	27	72616	BERRYVILLE	27
72539	GLENCOE	27	72617	BIG FLAT	27
72540	GUION	27	72619	BULL SHOALS	27
72542	HARDY	27	72623	CLARKRIDGE	27
72543	HEBER SPRINGS	27	72624	COMPTON	27
72544	HENDERSON	27	72626	COTTER	27
72545	HEBER SPRINGS	27	72628	DEER	27
72546	IDA	27	72629	DENNARD	27
72550	LOCUST GROVE	27	72630	DIAMOND CITY	27
72553	MAGNESS	25	72631	EUREKA SPRINGS	27
72554	MAMMOTH SPRING	27	72632	EUREKA SPRINGS	27
72555	MARCELLA	27	72633	EVERTON	27
72556	MELBOURNE	27	72634	FLIPPIN	27
72560	MOUNTAIN VIEW	27	72635	GASSVILLE	27
72561	MOUNT PLEASANT	27	72636	GILBERT	27
72562	NEWARK	25	72638	GREEN FOREST	27
72564	OIL TROUGH	24	72639	HARRIET	27
72565	OXFORD	27	72640	HASTY	27
72566	PINEVILLE	27	72641	JASPER	27
72567	PLEASANT GROVE	27	72642	LAKEVIEW	27
72568	PLEASANT PLAINS	26	72644	LEAD HILL	27
72569	POUGHKEEPSIE	27	72645	LESLIE	27
72571	ROSIE	26	72648	MARBLE FALLS	27
72572	SAFFELL	26	72650	MARSHALL	27
72573	SAGE	27	72651	MIDWAY	27
72575	SALADO	26	72653	MOUNTAIN HOME	27
72576	SALEM	27	72654	MOUNTAIN HOME	27
72577	SIDNEY	27	72655	MOUNT JUDEA	27
72578	STURKIE	27	72657	TIMBO	27
72579	SULPHUR ROCK	26	72658	NORFORK	27
72581	TUMBLING SHOALS	27	72659	NORFORK	27

Table #7(T) ZIP Codes 72528 – 72659

ZIP CODES 72660 – 72828

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
72660	OAK GROVE	27	72736	GRAVETTE	27
72661	OAKLAND	27	72737	GREENLAND	27
72662	OMAHA	27	72738	HINDSVILLE	27
72663	ONIA	27	72739	HIWASSE	27
72666	PARTHENON	27	72740	HUNTSVILLE	27
72668	PEEL	27	72741	JOHNSON	27
72669	PINDALL	27	72742	KINGSTON	27
72670	PONCA	27	72744	LINCOLN	27
72672	PYATT	27	72745	LOWELL	27
72675	SAINT JOE	27	72747	MAYSVILLE	27
72677	SUMMIT	27	72749	MORROW	27
72679	TILLY	27	72751	PEA RIDGE	27
72680	TIMBO	27	72752	PETTIGREW	27
72682	VALLEY SPRINGS	27	72753	PRAIRIE GROVE	27
72683	VENDOR	27	72756	ROGERS	27
72685	WESTERN GROVE	27	72757	ROGERS	27
72686	WITTS SPRINGS	27	72758	ROGERS	27
72687	YELLVILLE	27	72760	SAINT PAUL	27
72701	FAYETTEVILLE	27	72761	SILOAM SPRINGS	27
72702	FAYETTEVILLE	27	72762	SPRINGDALE	27
72703	FAYETTEVILLE	27	72764	SPRINGDALE	27
72704	FAYETTEVILLE	27	72765	SPRINGDALE	27
72711	AVOCA	27	72766	SPRINGDALE	27
72712	BENTONVILLE	27	72768	SULPHUR SPRINGS	27
72714	BELLA VISTA	27	72769	SUMMERS	27
72715	BELLA VISTA	27	72770	TONTITOWN	27
72716	BENTONVILLE	27	72773	WESLEY	27
72717	CANEHILL	27	72774	WEST FORK	27
72718	CAVE SPRINGS	27	72776	WITTER	27
72719	CENTERTON	27	72801	RUSSELLVILLE	27
72721	COMBS	27	72802	RUSSELLVILLE	27
72722	DECATUR	27	72811	RUSSELLVILLE	27
72727	ELKINS	27	72812	RUSSELLVILLE	27
72728	ELM SPRINGS	27	72820	ALIX	27
72729	EVANSVILLE	27	72821	ALTUS	27
72730	FARMINGTON	27	72823	ATKINS	27
72732	GARFIELD	27	72824	BELLEVILLE	27
72733	GATEWAY	27	72826	BLUE MOUNTAIN	27
72734	GENTRY	27	72827	BLUFFTON	27
72735	GOSHEN	27	72828	BRIGGSVILLE	27

Table #8(T) ZIP Codes 72660 – 72828

ZIP CODES 72829 – 72959

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
72829	CENTERVILLE	27	72921	ALMA	27
72830	CLARKSVILLE	27	72923	BARLING	27
72832	COAL HILL	27	72926	BOLES	27
72833	DANVILLE	27	72927	BOONEVILLE	27
72834	DARDANELLE	27	72928	BRANCH	27
72835	DELAWARE	27	72930	CECIL	27
72837	DOVER	27	72932	CEDARVILLE	27
72838	GRAVELLY	27	72933	CHARLESTON	27
72839	HAGARVILLE	27	72934	CHESTER	27
72840	HARTMAN	27	72935	DYER	27
72841	HARVEY	27	72936	GREENWOOD	27
72842	HAVANA	27	72937	HACKETT	27
72843	HECTOR	27	72938	HARTFORD	27
72845	KNOXVILLE	27	72940	HUNTINGTON	27
72846	LAMAR	27	72941	LAVACA	27
72847	LONDON	27	72943	MAGAZINE	27
72851	NEW BLAINE	27	72944	MANSFIELD	27
72852	OARK	27	72945	MIDLAND	27
72853	OLA	27	72946	MOUNTAINBURG	27
72854	OZONE	27	72947	MULBERRY	27
72855	PARIS	27	72948	NATURAL DAM	27
72856	PELSOR	27	72949	OZARK	27
72857	PLAINVIEW	27	72950	PARKS	27
72858	POTTSVILLE	27	72951	RATCLIFF	27
72860	ROVER	27	72952	RUDY	27
72863	SCRANTON	27	72955	UNIONTOWN	27
72865	SUBIACO	27	72956	VAN BUREN	27
72901	FORT SMITH	27	72957	VAN BUREN	27
72902	FORT SMITH	27	72958	WALDRON	27
72903	FORT SMITH	27	72959	WINSLOW	27
72904	FORT SMITH	27			
72905	FORT SMITH	27			
72906	FORT SMITH	27			
72908	FORT SMITH	27			
72913	FORT SMITH	27			
72914	FORT SMITH	27			
72916	FORT SMITH	27			
72917	FORT SMITH	27			
72918	FORT SMITH	27			
72919	FORT SMITH	27			

Table #9(T) ZIP Codes 72829 – 72959

Amica Mutual Insurance Company
Homeowners Dwelling Page

Arkansas

Effective April 1, 2015

A. HO 00 03, HO 00 05

1. Dwelling Base Rates - \$500 Base Deductible

Peril	Base Rate	Platinum Fee	
		1-2 Family	3-4 Family
PG1	\$1,856.77	\$41.00	\$41.00
PG4	\$79.11	\$9.00	\$9.00
PG5	\$124.03		
PG6	\$104.02	\$9.00	\$9.00

2. Classification Tables

Form Relativities- Applies to All Perils except Liability

Form	Relativity
HO 3	1.00
HO 5	1.15

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

2. Three and Four Family Factor - All Perils 1.30
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Amica Mutual Insurance Company
Homeowners Dwelling Page

Arkansas

Dwelling Coverage A/Deductible Factor Tables

PG1

Effective April 1, 2015

All Territories

1% Wind/Hail Deductible

Additional Rate per \$1000: 0.0075

(000) Cov A	Deductible									
	500	1,000	1,500	2,000	2,500	5,000	7,500	10,000	15,000	25,000
15										
20										
30										
40										
50	0.897									
60	0.908									
70	0.918									
80	0.930									
90	0.940									
100	0.952	0.936								
110	0.968	0.950								
120	0.983	0.965								
130	0.999	0.981								
140	1.016	0.998								
150	1.033	1.014	1.001							
160	1.051	1.031	1.018							
170	1.069	1.049	1.035							
180	1.087	1.066	1.052							
190	1.107	1.085	1.071							
200	1.127	1.105	1.090	1.077						
210	1.148	1.124	1.109	1.095						
220	1.169	1.145	1.129	1.115						
230	1.191	1.166	1.150	1.136						
240	1.212	1.187	1.170	1.155						
250	1.237	1.210	1.194	1.178	1.162					
260	1.264	1.237	1.219	1.203	1.187					
270	1.292	1.264	1.246	1.229	1.213					
280	1.322	1.293	1.274	1.257	1.240					
290	1.351	1.321	1.302	1.284	1.267					
300	1.383	1.352	1.333	1.314	1.296					
310	1.416	1.384	1.364	1.345	1.326					
320	1.448	1.416	1.395	1.375	1.356					
330	1.483	1.449	1.428	1.407	1.387					
340	1.518	1.484	1.462	1.440	1.420					
350	1.555	1.519	1.496	1.475	1.454					
360	1.587	1.551	1.527	1.505	1.483					
370	1.618	1.580	1.556	1.533	1.512					
380	1.654	1.615	1.591	1.568	1.545					
390	1.686	1.649	1.624	1.600	1.577					
400	1.721	1.683	1.659	1.635	1.612					
410	1.755	1.717	1.692	1.668	1.645					
420	1.788	1.750	1.726	1.701	1.678					
430	1.817	1.779	1.755	1.730	1.705					
440	1.848	1.809	1.784	1.759	1.734					
450	1.875	1.836	1.810	1.784	1.759					
460	1.902	1.862	1.836	1.809	1.783					
470	1.929	1.888	1.860	1.834	1.807					
480	1.956	1.914	1.887	1.859	1.832					
490	1.983	1.941	1.913	1.885	1.857					
500	2.011	1.969	1.940	1.912	1.884	1.793				
550	2.176	2.132	2.101	2.070	2.039	1.937				
600	2.340	2.294	2.260	2.227	2.193	2.082				
650	2.502	2.456	2.420	2.383	2.348	2.227				
700	2.662	2.615	2.576	2.538	2.499	2.369				
750	2.822	2.775	2.735	2.693	2.653	2.513	2.465			
800	2.988	2.941	2.898	2.854	2.811	2.665	2.614			
850	3.156	3.107	3.062	3.017	2.973	2.819	2.766			
900	3.328	3.279	3.231	3.186	3.139	2.979	2.924			
950	3.493	3.442	3.394	3.346	3.300	3.133	3.075			
1,000	3.667	3.617	3.566	3.517	3.468	3.296	3.237	3.186		
1,100	4.025	3.973	3.916	3.864	3.813	3.626	3.561	3.506		
1,200	4.390	4.337	4.275	4.220	4.166	3.967	3.896	3.835		
1,300	4.727	4.671	4.607	4.549	4.492	4.276	4.200	4.134		
1,400	5.058	5.000	4.932	4.871	4.812	4.578	4.494	4.421		
1,500	5.383	5.321	5.252	5.189	5.125	4.874	4.782	4.701	4.620	
1,750	6.212	6.144	6.072	6.005	5.939	5.637	5.522	5.420	5.327	
2,000	7.034	6.960	6.888	6.819	6.748	6.396	6.259	6.136	6.030	
2,250	7.961	7.886	7.813	7.743	7.675	7.308	7.153	7.015	6.896	
2,500	8.937	8.865	8.791	8.723	8.653	8.285	8.113	7.959	7.827	7.624
2,750	9.801	9.722	9.640	9.565	9.488	9.083	8.893	8.724	8.578	8.355
3,000	10.672	10.585	10.496	10.414	10.330	9.888	9.681	9.496	9.337	9.093

Minimum Limits of Liability:

Section I - Property	HO 00 03 & HO 00 05	
	Primary Location	\$25,000
Secondary Location	\$15,000	
Section II - Liability	All Forms Except	
	Personal Liability	HO 00 05 \$100,000
	Med. Pay to Others	HO 00 05 \$5,000

Amica Mutual Insurance Company
Homeowners Dwelling Page
Arkansas

Dwelling Coverage A/Deductible Factor Tables
PG1

Effective April 1, 2015

All Territories

2% Wind/Hail Deductible

Additional Rate per \$1000: **0.0075**

(000) Cov A	Deductible									
	500	1,000	1,500	2,000	2,500	5,000	7,500	10,000	15,000	25,000
15										
20										
30	0.936									
40	0.936									
50	0.937	0.923								
60	0.945	0.931								
70	0.952	0.937	0.928							
80	0.960	0.945	0.934							
90	0.968	0.952	0.941							
100	0.976	0.959	0.948	0.938						
110	0.984	0.967	0.956	0.946						
120	0.993	0.975	0.964	0.953	0.943					
130	1.004	0.985	0.974	0.963	0.952					
140	1.018	1.000	0.987	0.976	0.965					
150	1.033	1.014	1.001	0.990	0.978					
160	1.049	1.029	1.016	1.004	0.992					
170	1.065	1.044	1.031	1.018	1.006					
180	1.080	1.059	1.045	1.032	1.020					
190	1.097	1.075	1.061	1.048	1.035					
200	1.115	1.092	1.077	1.064	1.051					
210	1.133	1.110	1.095	1.081	1.067					
220	1.152	1.127	1.112	1.098	1.084					
230	1.170	1.145	1.129	1.114	1.100					
240	1.189	1.164	1.147	1.132	1.117					
250	1.210	1.183	1.167	1.151	1.135	1.093				
260	1.238	1.210	1.193	1.177	1.161	1.118				
270	1.264	1.236	1.218	1.201	1.185	1.140				
280	1.293	1.264	1.245	1.228	1.211	1.165				
290	1.321	1.292	1.273	1.254	1.237	1.190				
300	1.352	1.322	1.302	1.283	1.265	1.216				
310	1.385	1.353	1.333	1.314	1.295	1.245				
320	1.417	1.384	1.363	1.344	1.324	1.272				
330	1.450	1.416	1.395	1.374	1.354	1.301				
340	1.486	1.451	1.429	1.408	1.388	1.332				
350	1.522	1.487	1.464	1.442	1.421	1.363				
360	1.553	1.517	1.493	1.471	1.449	1.390				
370	1.583	1.546	1.522	1.499	1.477	1.416	1.392			
380	1.615	1.577	1.553	1.529	1.507	1.444	1.419			
390	1.646	1.608	1.583	1.560	1.537	1.471	1.445			
400	1.674	1.636	1.612	1.588	1.565	1.495	1.469			
410	1.703	1.666	1.641	1.617	1.594	1.521	1.494			
420	1.731	1.694	1.669	1.645	1.621	1.545	1.518			
430	1.761	1.723	1.698	1.673	1.649	1.570	1.543			
440	1.793	1.754	1.729	1.704	1.679	1.599	1.570			
450	1.822	1.783	1.758	1.732	1.706	1.624	1.594			
460	1.851	1.811	1.785	1.758	1.732	1.648	1.619			
470	1.882	1.841	1.814	1.787	1.760	1.675	1.644			
480	1.912	1.871	1.843	1.816	1.788	1.701	1.670			
490	1.942	1.899	1.872	1.844	1.816	1.727	1.695			
500	1.970	1.928	1.899	1.871	1.843	1.752	1.719	1.693		
550	2.125	2.081	2.050	2.018	1.987	1.886	1.850	1.822		
600	2.280	2.234	2.201	2.167	2.133	2.022	1.984	1.952		
650	2.433	2.386	2.350	2.314	2.278	2.157	2.115	2.081		
700	2.586	2.539	2.500	2.462	2.423	2.293	2.248	2.211		
750	2.734	2.687	2.647	2.605	2.565	2.425	2.377	2.337	2.298	
800	2.901	2.854	2.811	2.767	2.724	2.578	2.527	2.485	2.443	
850	3.070	3.021	2.976	2.931	2.887	2.733	2.680	2.636	2.590	
900	3.240	3.191	3.143	3.098	3.051	2.891	2.836	2.790	2.742	
950	3.408	3.357	3.308	3.261	3.214	3.047	2.990	2.941	2.891	
1,000	3.579	3.529	3.478	3.429	3.380	3.208	3.149	3.098	3.045	
1,100	3.914	3.861	3.805	3.753	3.702	3.515	3.450	3.395	3.337	
1,200	4.247	4.194	4.133	4.077	4.023	3.824	3.753	3.692	3.629	
1,300	4.572	4.516	4.451	4.393	4.336	4.121	4.045	3.979	3.909	3.822
1,400	4.905	4.846	4.778	4.718	4.659	4.424	4.340	4.267	4.192	4.096
1,500	5.226	5.164	5.095	5.032	4.968	4.717	4.625	4.544	4.463	4.361
1,750	6.046	5.978	5.905	5.838	5.773	5.470	5.356	5.253	5.161	5.036
2,000	6.856	6.782	6.710	6.640	6.570	6.217	6.080	5.957	5.851	5.706
2,250	7.746	7.671	7.598	7.528	7.460	7.093	6.939	6.800	6.681	6.509
2,500	8.689	8.617	8.543	8.475	8.405	8.037	7.865	7.711	7.579	7.376
2,750	9.528	9.449	9.367	9.292	9.215	8.810	8.620	8.451	8.305	8.081
3,000	10.374	10.287	10.198	10.116	10.032	9.590	9.383	9.198	9.038	8.794

Minimum Limits of Liability:

Section I - Property	HO 00 03 & HO 00 05	
Primary Location	\$25,000	
Secondary Location	\$15,000	
	All Forms Except	
Section II - Liability	HO 00 05	HO 00 05
Personal Liability	\$100,000	\$300,000
Med. Pay to Others	\$1,000	\$5,000

Amica Mutual Insurance Company
Homeowners Dwelling Page
Arkansas

Dwelling Coverage A/Deductible Factor Tables
PG1

Effective April 1, 2015

All Territories

5% Wind/Hail Deductible

Additional Rate per \$1000: **0.0075**

(000) Cov A	Deductible									
	500	1,000	1,500	2,000	2,500	5,000	7,500	10,000	15,000	25,000
15	0.954									
20	0.941	0.929								
30	0.933	0.920	0.911							
40	0.922	0.908	0.899	0.891						
50	0.913	0.899	0.890	0.881	0.873					
60	0.915	0.901	0.891	0.883	0.874					
70	0.917	0.902	0.893	0.884	0.875					
80	0.919	0.904	0.894	0.885	0.876					
90	0.922	0.906	0.896	0.886	0.877					
100	0.925	0.909	0.898	0.888	0.878	0.852				
110	0.938	0.921	0.910	0.900	0.890	0.863				
120	0.950	0.933	0.921	0.911	0.900	0.873				
130	0.964	0.946	0.934	0.923	0.912	0.884				
140	0.977	0.958	0.946	0.935	0.924	0.894				
150	0.992	0.973	0.960	0.948	0.937	0.907	0.895			
160	1.007	0.987	0.974	0.962	0.950	0.919	0.907			
170	1.022	1.001	0.988	0.975	0.963	0.931	0.919			
180	1.038	1.017	1.003	0.990	0.978	0.944	0.932			
190	1.054	1.032	1.018	1.005	0.992	0.957	0.944			
200	1.071	1.049	1.034	1.020	1.007	0.972	0.958	0.947		
210	1.091	1.068	1.053	1.039	1.025	0.988	0.974	0.963		
220	1.114	1.090	1.074	1.060	1.046	1.008	0.993	0.982		
230	1.136	1.111	1.095	1.080	1.066	1.027	1.011	0.999		
240	1.160	1.134	1.118	1.103	1.088	1.047	1.031	1.019		
250	1.184	1.157	1.141	1.125	1.109	1.067	1.051	1.038		
260	1.208	1.181	1.164	1.147	1.131	1.088	1.071	1.058		
270	1.234	1.206	1.188	1.171	1.154	1.110	1.092	1.078		
280	1.262	1.233	1.214	1.197	1.180	1.134	1.116	1.101		
290	1.290	1.260	1.241	1.223	1.205	1.158	1.139	1.124		
300	1.317	1.286	1.266	1.248	1.230	1.181	1.161	1.146	1.131	
310	1.347	1.315	1.295	1.276	1.257	1.207	1.187	1.170	1.155	
320	1.380	1.347	1.326	1.307	1.287	1.235	1.214	1.198	1.182	
330	1.413	1.379	1.357	1.337	1.317	1.263	1.242	1.225	1.208	
340	1.445	1.411	1.389	1.368	1.347	1.291	1.269	1.251	1.235	
350	1.481	1.445	1.422	1.401	1.379	1.322	1.299	1.281	1.263	
360	1.512	1.475	1.451	1.429	1.408	1.348	1.325	1.306	1.288	
370	1.543	1.505	1.481	1.458	1.436	1.375	1.351	1.332	1.313	
380	1.572	1.534	1.510	1.487	1.464	1.401	1.376	1.356	1.337	
390	1.598	1.561	1.536	1.512	1.489	1.423	1.398	1.377	1.357	
400	1.624	1.586	1.561	1.538	1.514	1.445	1.419	1.397	1.377	
410	1.650	1.612	1.588	1.564	1.540	1.467	1.441	1.419	1.398	
420	1.677	1.640	1.615	1.591	1.567	1.491	1.464	1.441	1.420	
430	1.706	1.668	1.643	1.619	1.594	1.516	1.488	1.464	1.443	
440	1.735	1.696	1.671	1.646	1.621	1.541	1.512	1.489	1.466	
450	1.764	1.725	1.699	1.673	1.647	1.565	1.536	1.512	1.489	
460	1.794	1.754	1.728	1.701	1.675	1.591	1.561	1.537	1.513	
470	1.824	1.783	1.756	1.729	1.702	1.617	1.587	1.562	1.538	
480	1.853	1.812	1.784	1.757	1.729	1.642	1.611	1.586	1.561	
490	1.881	1.839	1.811	1.783	1.755	1.666	1.635	1.608	1.584	
500	1.909	1.867	1.838	1.810	1.782	1.690	1.657	1.631	1.606	1.573
550	2.060	2.016	1.985	1.954	1.923	1.821	1.786	1.757	1.729	1.693
600	2.209	2.164	2.130	2.096	2.062	1.952	1.914	1.882	1.850	1.811
650	2.357	2.310	2.274	2.237	2.202	2.081	2.039	2.005	1.971	1.929
700	2.503	2.456	2.418	2.379	2.340	2.210	2.165	2.129	2.092	2.046
750	2.650	2.604	2.563	2.521	2.481	2.341	2.293	2.253	2.214	2.165
800	2.807	2.759	2.717	2.673	2.630	2.484	2.433	2.391	2.349	2.298
850	2.969	2.920	2.875	2.830	2.786	2.632	2.579	2.534	2.489	2.435
900	3.132	3.082	3.034	2.989	2.943	2.782	2.728	2.681	2.633	2.575
950	3.293	3.242	3.194	3.146	3.100	2.933	2.875	2.827	2.776	2.715
1,000	3.457	3.407	3.356	3.307	3.258	3.086	3.027	2.976	2.923	2.858
1,100	3.781	3.729	3.673	3.621	3.570	3.383	3.318	3.262	3.205	3.131
1,200	4.111	4.057	3.996	3.941	3.886	3.687	3.616	3.556	3.493	3.412
1,300	4.424	4.368	4.303	4.245	4.188	3.973	3.897	3.831	3.761	3.673
1,400	4.731	4.673	4.605	4.544	4.485	4.251	4.167	4.094	4.018	3.923
1,500	5.040	4.978	4.909	4.846	4.782	4.531	4.439	4.358	4.277	4.175
1,750	5.803	5.735	5.662	5.596	5.530	5.227	5.113	5.011	4.918	4.793
2,000	6.558	6.484	6.412	6.343	6.272	5.920	5.783	5.660	5.554	5.408
2,250	7.389	7.315	7.241	7.172	7.104	6.737	6.582	6.444	6.324	6.152
2,500	8.281	8.209	8.134	8.066	7.996	7.628	7.456	7.303	7.170	6.967
2,750	9.078	8.998	8.917	8.842	8.765	8.360	8.170	8.001	7.855	7.631
3,000	9.882	9.796	9.707	9.624	9.540	9.098	8.891	8.706	8.547	8.303

Minimum Limits of Liability:

Section I - Property	HO 00 03 & HO 00 05	
Primary Location	\$25,000	
Secondary Location	\$15,000	
Section II - Liability	All Forms Except	
Personal Liability	HO 00 05	HO 00 05
Med. Pay to Others	\$1,000	\$5,000

State: Arkansas

Filing Company:

Amica Mutual Insurance Company

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: AR-H-14-2-R

Project Name/Number: Rate Revision/

Supporting Document Schedules

Satisfied - Item:	H-1 Homeowners Abstract
Comments:	
Attachment(s):	H-1 ed1-06.pdf
Item Status:	Filed
Status Date:	11/07/2014

Satisfied - Item:	HPCS-Homeowners Premium Comparison Survey
Comments:	
Attachment(s):	HO Survey FORM HPCS.xls HO Survey FORM HPCS.pdf
Item Status:	Filed
Status Date:	11/07/2014

Satisfied - Item:	NAIC loss cost data entry document
Comments:	
Attachment(s):	FORM RF-1 Rate Filing Abstract.pdf
Item Status:	Filed
Status Date:	11/07/2014

Satisfied - Item:	Explanatory Memorandum and Filing Exhibits
Comments:	
Attachment(s):	Explanatory Memorandum.pdf Filing Exhibits.pdf
Item Status:	Filed
Status Date:	11/07/2014

Satisfied - Item:	Supplemental Filing Exhibits referenced in response to objection dated 9-24-14
Comments:	
Attachment(s):	Supplemental Exhibits.pdf
Item Status:	Filed
Status Date:	11/07/2014

Satisfied - Item:	Additional Exhibit referenced in response to objection dated 9-26-14
Comments:	
Attachment(s):	Financial Results.pdf

SERFF Tracking #:

AMMA-129660301

State Tracking #:

Company Tracking #:

AR-H-14-2-R

State:

Arkansas

Filing Company:

Amica Mutual Insurance Company

TOI/Sub-TOI:

04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name:

AR-H-14-2-R

Project Name/Number:

Rate Revision/

Item Status:	Filed
Status Date:	11/07/2014

ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

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

Company Name Amica Mutual Insurance Company

NAIC # (including group #) 028-19976

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

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

2. If you use a cost estimator (or some similar method) in order to make sure that dwellings (or contents) are insured at their value, state when this program was started in Arkansas and estimate its impact.

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

3. If you require a minimum relationship between the amount of insurance to be written and the replacement value of the dwelling (contents) in order to purchase insurance, describe the procedures that are used.

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

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

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

5. Specify the percentage given for credit or discounts for the following:
- | | | | |
|---|--|---------------|---|
| a. Fire Extinguisher | | <u>N/A</u> | % |
| b. Burglar Alarm | | <u>8-20</u> | % |
| c. Smoke Alarm | | <u>1-3</u> | % |
| d. Insured who has both homeowners, auto & Personal Umbrella Policy w/co. | | <u>15-23</u> | % |
| e. Deadbolt Locks | | <u>N/A</u> | % |
| f. Window or Door Locks | | <u>N/A</u> | % |
| g. Other (specify) | 1. Additional Discounts or Surcharges may apply based on the Household Risk Factor
2. Age of Home - 5% to -35%
3. Automatic Sprinklers-all areas including attic, bathrooms, closets and attached structures (6%)
4. Automatic Sprinklers-all other areas except attic, bathroom, and closet and attached structures (4%) | <u>varies</u> | % |

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

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

Form	Premium Volume
Form 3	\$483,033
Form 4	22,439
Form 5	31,701
Form 6	2,300

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

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

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

Signature
Brenda M. Walker
Printed Name
Sr. Regulatory/Compliance Analyst
Title
1-800-652-6422, ext. 24584
Telephone Number
bwalker@amica.com
Email Address

NAIC Number: 028-19976
 Company Name: Amica Mutual Insurance Company
 Contact Person: Brenda M. Walker
 Telephone No.: 1-800-652-6422, ext. 24584
 Email Address: bwalker@amica.com
 Effective Date: 4/1/2015

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

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

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

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

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$1,404.00	\$1,430.00	\$1,404.00	\$1,430.00	\$1,430.00	\$1,456.00	\$1,471.00	\$1,497.00	\$1,446.00	\$1,472.00	\$1,446.00	\$1,472.00	\$1,446.00	\$1,472.00	\$1,433.00	\$1,459.00	\$1,435.00	\$1,461.00
	\$120,000	\$1,605.00	\$1,634.00	\$1,605.00	\$1,634.00	\$1,635.00	\$1,664.00	\$1,681.00	\$1,710.00	\$1,654.00	\$1,683.00	\$1,654.00	\$1,683.00	\$1,654.00	\$1,683.00	\$1,637.00	\$1,666.00	\$1,641.00	\$1,670.00
	\$160,000	\$1,837.00	\$1,871.00	\$1,837.00	\$1,871.00	\$1,872.00	\$1,906.00	\$1,926.00	\$1,960.00	\$1,892.00	\$1,926.00	\$1,892.00	\$1,926.00	\$1,892.00	\$1,926.00	\$1,875.00	\$1,909.00	\$1,878.00	\$1,912.00
6	\$80,000	\$1,404.00	\$1,430.00	\$1,404.00	\$1,430.00	\$1,430.00	\$1,456.00	\$1,471.00	\$1,497.00	\$1,446.00	\$1,472.00	\$1,446.00	\$1,472.00	\$1,446.00	\$1,472.00	\$1,433.00	\$1,459.00	\$1,435.00	\$1,461.00
	\$120,000	\$1,605.00	\$1,634.00	\$1,605.00	\$1,634.00	\$1,635.00	\$1,664.00	\$1,681.00	\$1,710.00	\$1,654.00	\$1,683.00	\$1,654.00	\$1,683.00	\$1,654.00	\$1,683.00	\$1,637.00	\$1,666.00	\$1,641.00	\$1,670.00
	\$160,000	\$1,837.00	\$1,871.00	\$1,837.00	\$1,871.00	\$1,872.00	\$1,906.00	\$1,926.00	\$1,960.00	\$1,892.00	\$1,926.00	\$1,892.00	\$1,926.00	\$1,892.00	\$1,926.00	\$1,875.00	\$1,909.00	\$1,878.00	\$1,912.00
9	\$80,000	\$1,560.00	\$1,664.00	\$1,560.00	\$1,664.00	\$1,586.00	\$1,690.00	\$1,627.00	\$1,731.00	\$1,602.00	\$1,706.00	\$1,602.00	\$1,706.00	\$1,602.00	\$1,706.00	\$1,589.00	\$1,693.00	\$1,591.00	\$1,695.00
	\$120,000	\$1,784.00	\$1,904.00	\$1,784.00	\$1,904.00	\$1,814.00	\$1,934.00	\$1,860.00	\$1,980.00	\$1,833.00	\$1,953.00	\$1,833.00	\$1,953.00	\$1,833.00	\$1,953.00	\$1,816.00	\$1,936.00	\$1,820.00	\$1,940.00
	\$160,000	\$2,043.00	\$2,181.00	\$2,043.00	\$2,181.00	\$2,078.00	\$2,216.00	\$2,132.00	\$2,270.00	\$2,098.00	\$2,236.00	\$2,098.00	\$2,236.00	\$2,098.00	\$2,236.00	\$2,081.00	\$2,219.00	\$2,084.00	\$2,222.00

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																		
	\$15,000	\$216.00	\$221.00	\$216.00	\$221.00	\$216.00	\$221.00	\$225.00	\$230.00	\$225.00	\$230.00	\$225.00	\$230.00	\$225.00	\$230.00	\$216.00	\$221.00	\$225.00	\$230.00
	\$25,000	\$248.00	\$254.00	\$248.00	\$254.00	\$248.00	\$254.00	\$257.00	\$263.00	\$257.00	\$263.00	\$257.00	\$263.00	\$257.00	\$263.00	\$248.00	\$254.00	\$257.00	\$263.00
6	\$5,000																		
	\$15,000	\$216.00	\$221.00	\$216.00	\$221.00	\$216.00	\$221.00	\$225.00	\$230.00	\$225.00	\$230.00	\$225.00	\$230.00	\$225.00	\$230.00	\$216.00	\$221.00	\$225.00	\$230.00
	\$25,000	\$248.00	\$254.00	\$248.00	\$254.00	\$248.00	\$254.00	\$257.00	\$263.00	\$257.00	\$263.00	\$257.00	\$263.00	\$257.00	\$263.00	\$248.00	\$254.00	\$257.00	\$263.00
9	\$5,000																		
	\$15,000	\$237.00	\$253.00	\$237.00	\$253.00	\$237.00	\$253.00	\$246.00	\$262.00	\$246.00	\$262.00	\$246.00	\$262.00	\$246.00	\$262.00	\$237.00	\$253.00	\$246.00	\$262.00
	\$25,000	\$273.00	\$292.00	\$273.00	\$292.00	\$273.00	\$292.00	\$282.00	\$301.00	\$282.00	\$301.00	\$282.00	\$301.00	\$282.00	\$301.00	\$273.00	\$292.00	\$282.00	\$301.00

Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

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

HO3 and HO4 only

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

EARTHQUAKE INSURANCE

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

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	Brick	Frame
	Highest Risk	\$ 2.61	\$ 1.23
	Lowest Risk	\$ 1.43	\$ 0.53

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	AR-H-14-2-R
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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.	Amica Mutual Insurance Company	B.	028-19976

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

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Dwelling	+3.8%	+5.2%					
Tenants	-66.2%	0.0%					
Condominiums	-70.5%	0.0%					
TOTAL OVERALL EFFECT	+0.9%	+5.0%					

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
2013	384	+10.0	02/01/14	487	62	0.128	0.432
2012	337	+10.0	12/01/12	404	110	0.272	0.543
2011	315	+10.0	11/01/11	366	773	2.113	0.756
2010	297	+12.1	10/01/10	329	221	0.672	0.523
2009	274	-0.2	09/01/09	319	250	0.785	0.492

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	0.242
B. General Expense	0.045
C. Taxes, License & Fees	0.043
D. Underwriting Profit & Contingencies	0.042
E. Other (explain) Dividend	0.061
F. TOTAL	0.443

- 8.** N/A Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** 11.0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** 0.0 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

**Arkansas
Amica Mutual Insurance Company
Homeowners Insurance**

Explanatory Memorandum

Effective February 1, 2015 new business and renewals, Amica will implement the following rate level changes by form:

<u>Coverage</u>	<u>Rate Level Change</u>
Dwelling	8.5%
Tenants	0.0%
Condominiums	0.0%

Changes by form and peril group are displayed on Exhibit 1. We will also revise the Coverage A Wind/Hail Deductible Credits for 1%, 2%, and 5% options in Dwelling Premium Group 1. Per the department's request with our last revision, we have ensured the proposed deductible factor changes result in increases that do not exceed 30%. We determined at Amica that we would limit this change to a maximum of 15% for this particular revision. These changes will be implemented on a revenue neutral basis.

In addition, we will make the following additional changes to the following rules:

1. We will revise the factors in Rule 528 Home Business Insurance Coverage Paragraph D.2. so that premium for this coverage does not change as a result of our revised base rates.
2. We will revise the rates associated with rules 604, 605, 612 and 613 in response to the changes in ISO's advisory prospective loss costs contained in ISO Filing Designation Number HO-2014-RLA1.
3. We will revise Rule A.11 Homeowner's Premium Calculation to rename "APP Discount" to "Autopay Discount".
4. We will revise the Arkansas Earthquake Territory pages with this revision. ISO Earthquake zip code 72255 is added to ISO EQ Territory Definition 27 as noted in ISO Circular LI-HO-2014-077.

A Calendar Year Loss Ratio Exhibit along with the underlying expenses and investment income exhibits is displayed on Exhibits 2 - 4. In addition, we are providing the department with Dwelling Accident Year Indications as displayed on Exhibit 5 to support our rate change in Dwelling Peril Group 1. The rate disruption is located on Exhibit 6. The statewide rate level impact associated with these revisions is 8.1%.

Arkansas
Proposed Rate Level Changes - All Forms Combined

	2013 EPPR	Base Rate Change	Other Effects	Offsets	Total Change	Percent Change
<u>DWELLING</u>						
PG1	453,025	1.100	1.008	0.992	1.100	10.0%
PG4	20,327	1.000	1.000	1.000	1.000	0.0%
PG5	23,622	1.000	1.000	1.000	1.000	0.0%
PG6	28,536	1.000	1.000	1.000	1.000	0.0%
Miscellaneous	7,949	1.000	1.000	1.000	1.000	0.0%
Total Dwelling	533,459				1.085	8.5%
<u>TENANTS</u>						
PG1	8,057	1.000	1.000	1.000	1.000	0.0%
PG4	7,150	1.000	1.000	1.000	1.000	0.0%
PG5	3,550	1.000	1.000	1.000	1.000	0.0%
PG6	728	1.000	1.000	1.000	1.000	0.0%
Miscellaneous	1,078	1.000	1.000	1.000	1.000	0.0%
Total Tenants	20,564				1.000	0.0%
<u>CONDO</u>						
PG1	1,229	1.000	1.000	1.000	1.000	0.0%
PG4	192	1.000	1.000	1.000	1.000	0.0%
PG5	158	1.000	1.000	1.000	1.000	0.0%
PG6	71	1.000	1.000	1.000	1.000	0.0%
Miscellaneous	954	1.000	1.000	1.000	1.000	0.0%
Total Condo	2,605				1.000	0.0%
<u>OVERALL CHANGE</u>	556,628				1.081	8.1%

	<u>New Business</u>	<u>Renewals</u>
Rate Level Change Effective Date	February 1, 2015	February 1, 2015

Arkansas
Amica Mutual Insurance Company
Homeowners Insurance

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>Total</u>
Collected Earned Prem	\$318,640	\$329,174	\$365,727	\$403,833	\$487,119	\$1,904,494
On-Level Factor	1.495	1.486	1.371	1.249	1.144	
Collected Earned PPR	476,367	489,153	501,412	504,388	557,264	2,528,584
Paid Losses	262,324	244,549	644,126	226,717	59,811	
O/S Losses	30,331	7,090	135,622	18,658	21,227	
Change in O/S	-12,219	-23,241	128,532	-116,964	2,569	
Incurred Losses	250,105	221,308	772,658	109,753	62,380	1,416,203
Paid ALAE	4,947	2,049	2,269	2,699	1,779	
O/S LAE	10,109	2,111	35,229	4,299	4,773	
Change in O/S LAE	-1,147	-7,998	33,118	-30,930	474	
Adj. To O/S LAE	0	0	0	0	0	
Incurred ALAE	3,800	-5,949	35,387	-28,231	2,253	
ULAE	44,501	53,118	72,055	51,801	25,210	
Total Loss Expense	48,301	47,169	107,442	23,569	27,463	253,944
Inc. Loss and LAE	298,406	268,476	880,100	133,322	89,843	1,670,147
Loss Ratio	0.626	0.549	1.755	0.264	0.161	0.661

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

<u>Year</u>	<u>Earned Premium</u>	<u>Other Acquisition</u>	<u>Ratio To EP</u>	<u>General Expenses</u>	<u>Ratio To EP</u>
2009	318,640	68,387	0.215	7,137	0.022
2010	329,174	90,855	0.276	17,283	0.053
2011	365,727	87,458	0.239	14,909	0.041
2012	403,833	102,435	0.254	19,528	0.048
2013	<u>487,119</u>	<u>114,397</u>	<u>0.235</u>	<u>21,849</u>	<u>0.045</u>
3 Yr Total	1,256,679	304,290	0.242	56,285	0.045
5 Yr Total	1,904,493	463,531	0.243	80,706	0.042
Selection:			0.242		0.045

<u>Year</u>	<u>Earned Premium</u>	<u>Taxes, Lic. and Fees</u>	<u>Ratio To EP</u>	<u>Misc. Tax</u>	<u>Ratio To EP</u>	<u>Dividends to Policyholders</u>	<u>Ratio To EP</u>
2009	318,640	11,587	0.036	3,263	0.010		
2010	329,174	15,915	0.048	4,857	0.015		
2011	365,727	18,291	0.050	6,173	0.017	25,338	0.069
2012	403,833	28,480	0.071	7,642	0.019	28,046	0.069
2013	<u>487,119</u>	<u>23,822</u>	<u>0.049</u>	<u>8,687</u>	<u>0.018</u>	<u>30,928</u>	<u>0.063</u>
3 Yr Total	1,256,679	70,593	0.056	22,501	0.018	84,312	0.067
5 Yr Total	1,904,493	98,095	0.052	30,621	0.016		
Selection:					0.018		0.061

Arkansas
AMICA MUTUAL INSURANCE COMPANY
HOMEOWNERS INSURANCE

ESTIMATED INVESTMENT EARNINGS ON UNEARNED

PREMIUM RESERVES AND ON LOSS RESERVES

A. UNEARNED PREMIUM RESERVE		
1. State Earned Premium for 2013		\$487,119
2. Mean Unearned Premium Reserve: (1) x	0.56	\$272,787
3. Deduction for Prepaid Expenses		
Commission and Brokerage Expense	0.0%	
Taxes, Licenses and Fees	4.3%	
50% of Other Acquisition Expense	12.1%	
50% of Company Operating Expense	2.3%	
Total	18.7%	
4. Deduction for Federal Taxes Payable		0.6%
5. [(2) x [(3) + (4)]]		\$52,648
6. Net Subject to Investment (2) - (5)		\$220,139
B. DELAYED REMISSION OF PREMIUM (AGENTS' BALANCES)		
1. State Earned Premium (A-1)		\$487,119
2. Average Agents' Balance		0.29
3. Delayed Remission (1) x (2)		\$141,265
C. LOSS RESERVE		
1. State Earned Premium (A-1)		\$487,119
2. Expected Incurred Losses and Loss Adjustment Expenses (1) x	0.557	\$271,325
3. Expected Mean Loss Reserves (2) x	0.465	\$126,166
D. NET SUBJECT TO INVESTMENT (A-6) - (B-3) + (C-3)		
		\$205,040
E. AVERAGE RATE OF RETURN		
		2.7%
F. INVESTMENT EARNINGS ON NET SUBJECT TO INVESTMENT (D) X (E)		
		\$5,536
G. AVERAGE RATE OF RETURN AS A PERCENT OF DIRECT EARNED PREMIUM (F) ÷ (A-1)		
		0.011
H. AVERAGE RATE OF RETURN AS A PERCENT OF DIRECT EARNED PREMIUM AFTER FEDERAL INCOME TAXES (G) X		
	0.725	0.008

ARKANSAS
AMICA MUTUAL INSURANCE COMPANY
HOMEOWNERS INSURANCE
ACCIDENT YEAR EXPERIENCE
DWELLING FORMS
REFLECTING EXCESS WIND PROCEDURE

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>Total</u>
Earned Policies	222	240	249	250	287	1,248
Collected Earned Premium					464,686	
On-Level Factor					1.148	
Earned Premium at Present Rates					533,460	
Premium Trend Factor					1.029	
Projected EPPR					548,751	
Projected Average Rate based on Collected EPPR					1,912.02	

Incurred Losses	293,472	198,407	712,443	157,698	62,853	1,424,873
Paid ALAE	4,947	2,734	3,845	517	1,699	13,742
Incurred Losses and Paid ALAE	298,419	201,141	716,288	158,215	64,552	1,438,615
Excess Wind Losses Incurred	91,932	125,939	561,113	95,615	33,948	908,546
Excess Wind ALAE Paid	1,550	1,735	3,028	313	918	7,545
Excess Wind Losses Incurred & ALAE Paid	93,482	127,674	564,141	95,928	34,866	916,091
Excess Wind Factor	2.198	2.198	2.198	2.198	2.198	
Loss Development Factor	0.990	0.983	0.981	0.976	1.005	
Paid Defense and Cost Containment Factor	1.076	1.199	1.384	1.669	2.864	
Adjusted Developed Losses	438,554	156,578	326,304	133,184	63,850	1,118,470
Adjusted Developed ALAE	8,035	2,632	2,484	747	4,919	18,817
Adjusted Developed Losses and ALAE	446,589	159,210	328,788	133,931	68,769	1,137,287
ULAE Incurred * (0.152 of loss and alae)	67,882	24,200	49,976	20,358	10,453	172,869
Loss Projection Factor	1.068	1.057	1.047	1.036	1.026	
Projected Losses and ALAE	476,957	168,285	344,241	138,753	70,557	1,198,793
ULAE Projection Factor	1.215	1.179	1.145	1.112	1.079	
Projected ULAE	82,477	28,532	57,223	22,638	11,279	202,149
Projected Loss and LAE	559,434	196,817	401,464	161,391	81,836	1,400,942
Pure Premium	2519.97	820.07	1612.31	645.56	285.14	1122.55

Fixed Ratio	0.233					
Variable Ratio	0.149					
Dividend Rate	0.061					
Indicated Average Rate	3753.76	1601.99	2604.82	1381.09	924.86	1984.88
Indication	96.3%	-16.2%	36.2%	-27.8%	-51.6%	3.8%
Credibility	0.10					

Arkansas
 Amica Mutual Insurance Company
 Homeowners including Earthquake
Policyholder Changes
Policies Effective 2/1/2014 to 6/30/2014

<u>% Changes</u>	<u>All Forms Policy Count</u>	<u>Distribution</u>
<-10%	0	0.0%
-10%	0	0.0%
-9%	0	0.0%
-8%	0	0.0%
-7%	0	0.0%
-6%	0	0.0%
-5%	0	0.0%
-4%	0	0.0%
-3%	0	0.0%
-2%	0	0.0%
-1%	0	0.0%
0%	29	17.6%
1%	0	0.0%
2%	0	0.0%
3%	0	0.0%
4%	0	0.0%
5%	1	0.6%
6%	8	4.8%
7%	32	19.4%
8%	63	38.2%
9%	11	6.7%
10%	9	5.5%
11%	3	1.8%
12%	5	3.0%
13%	2	1.2%
14%	1	0.6%
15%	1	0.6%
16%	0	0.0%
17%	0	0.0%
18%	0	0.0%
19%	0	0.0%
20%	0	0.0%
21%	0	0.0%
22%	0	0.0%
23%	0	0.0%
24%	0	0.0%
25%	0	0.0%
26% to 30%	0	0.0%
31% to 40%	0	0.0%
41% to 50%	0	0.0%
51% to 60%	0	0.0%
61% to 70%	0	0.0%
71% to 80%	0	0.0%
81% to 90%	0	0.0%
91% to 100%	0	0.0%
<u>>100%</u>	<u>0</u>	<u>0.0%</u>
	165	
	Min	0%
	Max	15%
	-5% to +5%	18.2%
	-10% to +10%	92.7%

Supplemental Exhibit 1

ARKANSAS
 AMICA MUTUAL INSURANCE COMPANY
 HOMEOWNERS INSURANCE
 ACCIDENT YEAR EXPERIENCE
 DWELLING FORMS
 REFLECTING EXCESS WIND PROCEDURE

		<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>Total</u>
1	Earned Policies	222	240	249	250	287	1,248
2	Collected Earned Premium					464,686	
3	On-Level Factor					1.148	
4	Earned Premium at Present Rates (2)(3)					533,460	
5	Premium Trend Factor					1.029	
6	Projected EPPR (4)(5)					548,751	
7	Projected Average Rate based on Collected EPPR (6) / (1)					1,912.02	
8	Incurred Losses	293,472	198,407	712,443	157,698	62,853	1,424,873
9	Paid ALAE	4,947	2,734	3,845	517	1,699	13,742
10	Incurred Losses and Paid ALAE (8) + (9)	298,419	201,141	716,288	158,215	64,552	1,438,615
11	Excess Wind Losses Incurred	91,932	125,939	561,113	95,615	33,948	908,546
12	Excess Wind ALAE Paid	1,550	1,735	3,028	313	918	7,545
13	Excess Wind Losses Incurred & ALAE Paid (11) + (12)	93,482	127,674	564,141	95,928	34,866	916,091
14	Excess Wind Factor	2.198	2.198	2.198	2.198	2.198	
15	Loss Development Factor	0.990	0.983	0.981	0.976	1.005	
16	Paid Defense and Cost Containment Factor	1.076	1.199	1.384	1.669	2.864	
17	Adjusted Developed Losses [(8) - (11)](14)(15)	438,554	156,578	326,304	133,184	63,850	1,118,470
18	Adjusted Developed ALAE [(9) - (12)](14)(16)	8,035	2,632	2,484	747	4,919	18,817
19	Adjusted Developed Losses and ALAE (17) + (18)	446,589	159,210	328,788	133,931	68,769	1,137,287
20	ULAE Incurred * (0.152 of loss and alae)	67,882	24,200	49,976	20,358	10,453	172,869
21	Loss Projection Factor	1.068	1.057	1.047	1.036	1.026	
22	Projected Losses and ALAE (19)(21)	476,957	168,285	344,241	138,753	70,557	1,198,793
23	ULAE Projection Factor	1.215	1.179	1.145	1.112	1.079	
24	Projected ULAE (20)(23)	82,477	28,532	57,223	22,638	11,279	202,149
25	Projected Loss and LAE (22) + (24)	559,434	196,817	401,464	161,391	81,836	1,400,942
26	Pure Premium (25) / (1)	2519.97	820.07	1612.31	645.56	285.14	1122.55
27	Fixed Ratio	0.233					
28	Variable Ratio	0.149					
29	Dividend Rate	0.061					
30	Indicated Average Rate [(26) + (27)(7)] / [1 - (28) - (29)]	3753.76	1601.99	2604.82	1381.09	924.86	1984.88
31	Indication Credibility (30) / (7) - 1	96.3%	-16.2%	36.2%	-27.8%	-51.6%	3.8%
		0.10					

**Arkansas
Amica Mutual Insurance Company
Homeowners
Calculation of Loss Trend Factors**

<u>Dwelling Forms</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
1 Annual Premium Trend Selection	1.010	1.010	1.010	1.010	1.010
2 Proposed Effective Date	2/1/2015	2/1/2015	2/1/2015	2/1/2015	2/1/2015
3 One Year + Proposed Effective Date	2/1/2016	2/1/2016	2/1/2016	2/1/2016	2/1/2016
4 Average Date of Earning of Loss	7/1/2009	7/1/2010	7/1/2011	7/1/2012	7/1/2013
5 Number of Years of Trend (3) - (4)	6.58	5.58	4.58	3.58	2.58
6 Loss Projection Factor (1)^(5)	1.068	1.057	1.047	1.036	1.026

ARKANSAS
HOMEOWNERS
DERIVATION OF ACCIDENT YEAR EXCESS WIND FACTOR

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			(2)-(1)	(1)/(3)	(4)<5.0M CAPPED	(5)-AV CAPPED	(6)*(3) CAPPED	(4)-(5) RATIO ABOVE	(8)x(3) LOSSES ABOVE	(7)+(9) TOTAL EX. WIND LOSSES
<u>YEAR</u>	<u>WIND LOSSES</u>	<u>TOTAL LOSSES</u>	<u>NORMAL LOSSES</u>	<u>WIND RATIO</u>	<u>YEARS</u>	<u>RATIO</u>	<u>LOSSES</u>	<u>CAP</u>	<u>CAP</u>	<u>LOSSES</u>
1994	0	0	0	0.000	0.000	0.000	0	0.000	0	0
1995	0	0	0	0.000	0.000	0.000	0	0.000	0	0
1996	0	0	0	0.000	0.000	0.000	0	0.000	0	0
1997	0	0	0	0.000	0.000	0.000	0	0.000	0	0
1998	0	0	0	0.000	0.000	0.000	0	0.000	0	0
1999	0	0	0	0.000	0.000	0.000	0	0.000	0	0
2000	0	0	0	0.000	0.000	0.000	0	0.000	0	0
2001	0	0	0	0.000	0.000	0.000	0	0.000	0	0
2002	0	0	0	0.000	0.000	0.000	0	0.000	0	0
2003	0	0	0	0.000	0.000	0.000	0	0.000	0	0
2004	0	0	0	0.000	0.000	0.000	0	0.000	0	0
2005	71,155	132,760	61,605	1.155	0.000	0.000	0	1.155	71,154	71,154
2006	193,447	248,253	54,806	3.530	0.000	0.000	0	3.530	193,464	193,464
2007	236,403	269,703	33,300	7.099	0.000	0.000	0	7.099	236,399	236,399
2008	172,799	221,272	48,474	3.565	0.000	0.000	0	3.565	172,809	172,809
2009	93,415	298,418	205,004	0.456	0.000	0.000	0	0.456	93,482	93,482
2010	127,638	201,141	73,503	1.737	0.000	0.000	0	1.737	127,674	127,674
2011	564,187	716,288	152,101	3.709	0.000	0.000	0	3.709	564,141	564,141
2012	95,923	158,214	62,291	1.540	0.000	0.000	0	1.540	95,928	95,928
2013	34,854	64,552	29,698	1.174	0.000	0.000	0	1.174	34,866	34,866
TOTAL	1,589,821	2,310,602	720,781	23.965	0.000	0.000	0	23.965	1,589,916	1,589,916
AVERAGE				1.198	0.000	0.000		1.198		

THE MEDIAN OF COL. 4: 0.000
5 * MEDIAN OF COL. 4: 0.000
THE AVERAGE OF COL. 4: 1.198
THE AVERAGE EXCESS WIND RATIO OF COL. 6: 0.000

THE EXCESS W&W FACTOR = $1 + \frac{AVG(6) + AVG(8)}{1 + AVG(5) - AVG(6)}$ 2.198

TRADITIONAL - REFLECTING EXCESS WIND PROCEDURE

NOTE: LOSSES DISPLAYED ARE NOT ADJUSTED TO A MINIMUM \$500 DEDUCTIBLE.

Amica Mutual Insurance Company
Arkansas Homeowners
Annual Financial Results

Year	Earned Premium	Net Income	Percent to EP	Underwriting Exp. Ratio	Loss/LAE Ratio
2009	318,640	(80,265)	-25%	0.273	0.936
2010	329,174	(75,287)	-23%	0.377	0.816
2011	365,727	(647,422)	-177%	0.330	2.406
2012	403,833	104,749	26%	0.373	0.330
2013	487,119	220,871	45%	0.329	0.184
Total	1,904,493	(477,354)	-25%	0.337	0.877
2014*	278,876	(662,737)	-238%	0.349	3.009

*2014 is as of 6/30/2014

State: Arkansas

Filing Company:

Amica Mutual Insurance Company

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: AR-H-14-2-R

Project Name/Number: Rate Revision/

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/24/2014		Supporting Document	NAIC loss cost data entry document	11/07/2014	FORM RF-1 Rate Filing Abstract.pdf (Superseded)
09/15/2014		Rate	Revised Manual Pages	11/07/2014	02 15 Revised Manual Pages.pdf (Superseded)
07/31/2014		Supporting Document	HPCS-Homeowners Premium Comparison Survey	11/07/2014	HO Survey FORM HPCS.pdf (Superseded) HO Survey FORM HPCS.xls (Superseded)
07/31/2014		Supporting Document	NAIC loss cost data entry document	09/24/2014	OKREA2.pdf (Superseded)

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	AR-H-14-2-RR
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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.	Amica Mutual Insurance Company	B.	028-19976

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

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Dwelling	+3.8%	+8.5%					
Tenants	-66.2%	0.0%					
Condominiums	-70.5%	0.0%					
TOTAL OVERALL EFFECT	+0.9%	+8.1%					

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
2013	384	+10.0	02/01/14	487	62	0.128	0.432
2012	337	+10.0	12/01/12	404	110	0.272	0.543
2011	315	+10.0	11/01/11	366	773	2.113	0.756
2010	297	+12.1	10/01/10	329	221	0.672	0.523
2009	274	-0.2	09/01/09	319	250	0.785	0.492

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	0.242
B. General Expense	0.045
C. Taxes, License & Fees	0.043
D. Underwriting Profit & Contingencies	0.042
E. Other (explain) Dividend	0.061
F. TOTAL	0.443

- 8.** N/A Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** 15.0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** 0.0 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

RULE 528.
HOME BUSINESS INSURANCE COVERAGE

Effective **FEBRUARY 1, 2015**

For Use in PG7 Rating

A. Eligibility

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

B. Classifications

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

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

1. Office

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

2. Service

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

3. Sales

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

4. Crafts

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

C. Coverages

1. Section I – Property

The Home Business endorsement:

a. Provides coverage for the property of the described business and for property of others in the care of the business up to the Coverage **C** limit of liability entered on the Homeowners Declarations. Therefore, the Coverage **C** limit should reflect the values of the personal and business property to be insured;

b. Provides coverage for:

(1) Accounts receivable (\$5,000 limit);

(2) Loss of business income/extra expense (actual cost for a maximum of 12 months); and

(3) Valuable papers (\$2,500 limit); and

c. Increases the Coverage **C** Special Limits of Liability on:

(1) Money up to \$1,000;

(2) Credit Cards up to \$1,000 (\$5,000 in **HO 00 05**); and

(3) Business property away from the residence premises up to \$5,000.

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2. Section II – Business Liability

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

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

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

3. Professional Liability

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

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

This rule does not apply.

D. Home Business Premium Computation

1. Development Of The Home Business Premium

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

2. Section I – Property

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

Gross Annual Receipts*	HO 03 & HO 05	HO 04	HO 06
Up to \$50,000	.02	.14	.16
\$50,001 to \$100,000	.03	.21	.26
100,001 to 175,000	.05	.31	.37
175,001 to 250,000	.07	.42	.51

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

Table 528.D.2.a. Factors

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

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

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

3. Section II – Business Liability

a. Basic Limits Premium Coverages E and F

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

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

- (2) Service, Sales and Crafts

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

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

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

b. Coverage E – Increased Limits

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

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

*Not available for **HO 00 05**

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

c. Coverage F – Increased Limits

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

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

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

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

E. Endorsement

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

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F. Options

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

1. Additional Insured

a. Managers Or Lessors Of Premises Leased To An Insured

(1) Coverage

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

(2) Premium

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

(3) Endorsement

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

2. Loss Payable Condition

a. Coverage

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

b. Endorsement

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

3. Personal and Advertising Injury Exclusion

a. Coverage

Excludes all Personal and Advertising Injury Coverage.

b. Endorsement

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

4. Liquor Liability Exclusion and Exception for Scheduled Activities

a. Coverage

This endorsement excludes liability coverage for:

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

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

b. Endorsement

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

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

5. Special Coverage – Spoilage Of Perishable Stock

a. Coverage

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

b. Premium

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

c. Endorsement

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

6. Valuable Papers And Records Endorsements

a. Increased Limits

(1) Coverage

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

(2) Premium – Rate per \$1,000

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

(3) Endorsement

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

b. Special Coverage

(1) Coverage

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

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

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

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

(2) Premium

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

(3) Endorsement

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

7. Off-premises Property Coverage – Increased Limits

a. Endorsement

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

b. Premium

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

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

RULE 604.
ADDITIONAL RESIDENCE RENTED TO OTHERS

Effective FEBRUARY 1, 2015

For Use in PG5 Rating

A. Introduction

1. The policy may be endorsed to provide coverage when an additional residence is rented to others.

B. Premium

Rate per Residence

One Family.....	\$ 15.66
Two Family.....	\$ 25.84
Three Family.....	\$ 54.83
Four Family.....	\$ 70.49

C. Endorsement

Use Additional Residence Rented To Others Endorsement **HO 24 70.**

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

RULE 605.

OTHER STRUCTURES RENTED TO OTHERS – RESIDENCE PREMISES

Effective FEBRUARY 1, 2015

For Use in PG7 Rating

A. Coverage Description

1. The policy may be endorsed to provide coverage when a structure on the residence premises is rented to others for dwelling purposes.
2. Refer to Rule **514.A.2.** for rating Section I Coverage.

B. Premium

Rate per Structure.....\$ **15.66**

C. Endorsement

Use Structures Rented To Others – Residence Premises Endorsement **HO 04 40.**

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

RULE 612.
OUTBOARD MOTORS AND WATERCRAFT

Effective FEBRUARY 1, 2015

For Use in PG5 Rating

A. Introduction

Coverage is included in the policy form, at no additional charge, for certain watercraft powered by an outboard engine or motor or combination of outboard engines or motors of up to 25 horsepower, and sailboats less than 26 feet in overall length with or without auxiliary power. Coverage is also included for watercraft powered by inboard or inboard-outdrive engines or motors, including those that power a water jet pump, of 50 horsepower or less when not owned by an insured or more than 50 horsepower when not owned by or rented to an insured.

B. Coverage Description

1. The policy may be endorsed to provide coverage for the following types of craft:
 - a. Watercraft, up to 26 feet in length powered by outboard engines or motors exceeding 25 horsepower; or powered by inboard or inboard-outdrive engines or motors, including those that power a water jet pump.

Accumulate total horsepower if two or more engines or motors are regularly used together with any single watercraft owned by insured.
 - b. Sailboats 26 feet or more in overall length, with or without auxiliary power.
2. Coverage must be written to expiration of the policy. It is permissible, however, to stipulate for all watercraft eligible in this rule, the navigational period of each year. Premium shall be adjusted on a pro rata basis.
3. For watercraft not described in preceding paragraphs **A.** and **B.1.**, coverage is not permitted under the Homeowners Policy.
4. The premium in the state where the insured's residence premises is located shall apply. However, if the insured owns another residence premises in a different state and principally operates the watercraft from that residence, apply the premium for that state.

C. Premium

1. Outboard, Inboard, or Inboard-Outdrive Engines or Motors

	Length	
	Up to 15 Ft.	Over 15 to 26 Feet
Horsepower	Rate	Rate
Up – 50*	\$ 5.91	\$ 9.21
51 – 100	10.02	13.31
101 – 150	14.10	17.40
151 – 200	18.19	21.56
Over 200	22.28	24.75

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

2. Sailboats With or Without Auxiliary Power

Overall Length/Feet	Rate
26 to 40 feet*	\$ 5.91
Over 40 feet	10.02

*Outboard engines or motors of up to 25 horsepower or sailboats less than 26 feet in overall length with or without auxiliary power are covered in the policy form.

D. Endorsement

Use Watercraft Endorsement **HO 24 75**.

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

**RULE 613.
OWNED SNOWMOBILE**

Effective FEBRUARY 1, 2015

For Use in PG5 Rating

A. Coverage Description

1. The policy may be endorsed to provide coverage when a snowmobile is used off of the insured location.
2. Rate each snowmobile owned by the named insured or any other insured separately. This charge is the minimum annual premium for each snowmobile for any period within a policy year.

B. Premium

| Rate per snowmobile.....\$ **18.57**

C. Endorsement

Use Owned Snowmobile Endorsement **HO 24 64.**

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

RULE A.11
HOMEOWNERS PREMIUM CALCULATION TABLES

Effective FEBRUARY 1, 2015

The Base Premium by Peril is calculated according to Rule **301**. The application of additional charges and credits is summarized by form in the following tables:

Table A – Rate Order of Calculation – Forms **HO 00 03** and **HO 00 05**

Table B – Rate Order of Calculation – Form **HO 00 04**

Table C – Rate Order of Calculation – Form **HO 00 06**

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

Table A – Rate Order of Calculation – Forms HO 00 03 and HO 00 05

	Rating Formula	Applicable Peril Group
1	Base Rate	PG1, PG4, PG5, PG6
2	x Territory Factor	PG1, PG4, PG5, PG6
BCP	Base Class Premium	
3	x Form Factor	PG1, PG4, PG6
4	x Prot-Constr Factor	PG1
5	x Cov A/Ded Factor	PG1, PG4, PG6
6	x #Family Factor	PG1, PG4, PG5, PG6
BP	Base Premium	
7	x Increase Coverage E/F	PG5
8	+ Ordinance/Law (BP * OrdLaw)	PG1, PG6
9	+ Repl Cost Loss Settle (BP * ReplCost)	PG1, PG6
10	x Mitigation Credit Factor	PG1, PG6
11	x HRF Factor	PG1, PG4, PG5, PG6
12	x Non-Dividend Factor	PG1, PG4, PG5, PG6
ABP	Adjusted Base Prem	
13	+ Superior Constr Credit (ABP * SupConCr) ^a	PG1
14	+ Protective Device Credit (ABP * ProtDev) ^a	PG1, PG4
15	+ Automatic Generator Credit (ABP*AutoGen) ^a	PG1
16	+ Lightning Suppression Credit (ABP * LightSup) ^a	PG1
17	+ Automatic Detection Device Credit (ABP*DetDev) ^a	PG1
18	+ Age of Home/Remodeled (ABP * AgeHome)	PG1, PG4, PG5, PG6
19	+ BCEG (BCP * 5 * 11 * 12 * BCEG)	PG1
20	+ Secondary/Seasonal Charge (ABP * SecSeasChg)	PG1, PG4, PG5, PG6
21	+ Platinum Charge (11 * 12 * PlatChrg)	PG1, PG4, PG6
22	+-Incr/Decr Covg B (11* 12* Incr/Decr B)	PG7
23	+- Incr/Decr Covg C (11 * 12 * Incr/DecrC)	PG7
24	+ Incr Covg D (11 * 12 * IncrD)	PG7
25	+ Townhouse Prem (ABP * Townhouse)	PG1
26	+ Inflation Guard Premium (ABP * InflGuard)	PG1, PG4, PG6
27	+ Personal Prop Repl Cost (ABP * ReplCost)	PG1, PG4, PG6
28	+ Wood Roof Surcharge (ABP*Wood Roof)	PG1, PG6
29	Sub-Total	All
30	+ Multi Line Disc	All
31	x AutoPay Discount Factor	All
32	x All Electronic Discount Factor	All
Ann.	Annual Basic Premium^b	
33	+ Ann. Other Premium ^c	All
Tot.	Total Premium	
34	+ PAF Premium ^d	PG7
Fin.	Final Premium	

Notes:

^aMaximum total credit of 50% applies.

^bThe Annual Basic Premium is subject to a minimum premium as displayed in Rule 205.

^c Each endorsement with an associated rate in Annual Other Premium multiplied by HRF, Non-Dividend, Protective Devices, Multi-Line, AutoPay discount and All Electronic discount where applicable. (HRF does not apply to Earthquake)

^dPAF Premium is multiplied by HRF, Non-Dividend, AutoPay discount and All-Electronic discount where applicable.

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

Table B – Rate Order of Calculation – Form HO 00 04

	Rating Formula	Applicable Peril/Coverage
1	Base Rate	PG1, PG4, PG5, PG6
2	x Territory Factor	PG1, PG4, PG5, PG6
BCP	Base Class Premium	
3	x Prot-Constr Factor	PG1
4	x Cov C/Ded Factor	PG1, PG4, PG6
BP	Base Premium	
5	x Increase Coverage E/F	PG5
6	+ Ordinance/Law (BP * OrdLaw)	PG1, PG6
7	+ Spec Pers Prop (BP*Spec PP)	PG1, PG4, PG6
8	x Mitigation Credit Factor	PG1
9	x HRF Factor	PG1, PG4, PG5, PG6
10	x Non-Dividend Factor	PG1, PG4, PG5, PG6
ABP	Adjusted Base Prem	
11	+ Superior Constr Credit (ABP * SupConCr) ^a	PG1
12	+ Automatic Generator Credit (ABP * AutoGen) ^a	PG1
13	+ Automatic Detection Device Credit (ABP * DetDev) ^a	PG1
14	+ BCEG (BCP * 4 * 9 * 10 * BCEG)	PG1
15	+ Secondary/Seasonal Charge (ABP * SecSeasChg)	PG1, PG4, PG5, PG6
16	+ Incr Covg D (9 * 10 * IncrD)	PG7
17	+ Personal Prop Repl Cost (ABP * ReplCost)	PG1, PG4, PG6
18	Sub-Total	All
19	+ Multi Line Disc	All
20	x AutoPay Discount Factor	All
21	x All Electronic Discount Factor	All
Ann.	Annual Basic Premium^b	
22	+ Ann. Other Premium ^c	All
Tot.	Total Premium	
23	+ PAF Premium ^d	PG7
Fin.	Final Premium	

Notes:

^aMaximum total credit of 50% applies.

^bThe Annual Basic Premium is subject to a minimum premium as displayed in Rule 205.

^cEach endorsement with an associated rate in Annual Other Premium multiplied by HRF, Non-Dividend, Multi-Line, Protective Devices, AutoPay discount and All Electronic discount where applicable. (HRF does not apply to Earthquake.)

^dPAF Premium is multiplied by HRF, Non-Dividend, AutoPay discount and All-Electronic discount where applicable.

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL

Table C – Rate Order of Calculation – Form HO 00 06

	Rating Formula	Applicable Perils
1	Base Rate	PG1, PG4, PG5, PG6
2	x Territory Factor	PG1, PG4, PG5, PG6
BCP	Base Class Premium	
3	x Prot-Constr Factor	PG1
4	x Cov C/Ded Factor	PG1, PG4, PG6
BP	Base Premium	
5	x Increase Coverage E/F	PG5
6	+ Ordinance/Law (BP * OrdLaw)	PG1, PG6
7	+ Spec Pers Prop (BP*Spec PP)	PG1, PG4, PG6
8	x Mitigation Credit Factor	PG1
9	x HRF Factor	PG1, PG4, PG5, PG6
10	x Non-Dividend Factor	PG1, PG4, PG5, PG6
ABP	Adjusted Base Prem	
11	+ Superior Constr Credit (ABP * SupConCr) ^a	PG1
12	+ Protective Device Credit (ABP * ProtDev) ^a	PG1, PG4
13	+ Automatic Generator Credit (ABP * AutoGen) ^a	PG1
14	+ Lightning Suppression Credit (ABP * LightSup) ^a	PG1
15	+ Automatic Detection Device Credit (ABP * DetDev) ^a	PG1
16	+ BCEG (BCP * 4 * 9 * 10 * BCEG)	PG1
17	+ Secondary/Seasonal Charge (ABP * SecSeasChg)	PG1, PG4, PG5, PG6
18	+ Incr Covg D (9 * 10 * IncrD)	PG7
19	+ Incr Cov A (9*10*incr A Chrg)	PG7
20	+ Personal Prop Repl Cost (ABP * ReplCost)	PG1, PG4, PG6
21	Sub-Total	All
22	+ Multi Line Disc	All
23	x AutoPay Discount Factor	All
24	x All Electronic Discount Factor	All
Ann.	Annual Basic Premium^b	
25	+ Ann. Other Premium ^c	All
Tot.	Total Premium	
26	+ PAF Premium ^d	PG7
Fin.	Final Premium	

Notes:

^aMaximum total credit of 50% applies.

^bThe Annual Basic Premium is subject to a minimum premium as displayed in Rule 205.

^cEach endorsement with an associated rate in Annual Other Premium multiplied by HRF, Non-Dividend, Multi-Line, Protective Devices, AutoPay discount and All Electronic discount where applicable. (HRF does not apply to Earthquake.)

^dPAF Premium is multiplied by HRF, Non-Dividend, AutoPay discount and All-Electronic discount where applicable.

3. TERRITORY DEFINITIONS – EARTHQUAKE

ZIP CODES 71601 – 71801

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
71601	PINE BLUFF	26	71676	WILMOT	27
71602	WHITE HALL	27	71677	WINCHESTER	25
71603	PINE BLUFF	27	71678	YORKTOWN	26
71611	PINE BLUFF	26	71701	CAMDEN	27
71612	WHITE HALL	27	71711	CAMDEN	27
71613	PINE BLUFF	27	71720	BEARDEN	27
71630	ARKANSAS CITY	25	71721	BEIRNE	27
71631	BANKS	27	71722	BLUFF CITY	27
71635	CROSSETT	27	71724	CALION	27
71638	DERMOTT	26	71725	CARTHAGE	27
71639	DUMAS	25	71726	CHIDESTER	27
71640	EUDORA	27	71728	CURTIS	27
71642	FOUNTAIN HILL	27	71730	EL DORADO	27
71643	GOULD	25	71731	EL DORADO	27
71644	GRADY	25	71740	EMERSON	27
71646	HAMBURG	27	71742	FORDYCE	27
71647	HERMITAGE	27	71743	GURDON	27
71651	JERSEY	27	71744	HAMPTON	27
71652	KINGSLAND	27	71745	HARRELL	27
71653	LAKE VILLAGE	27	71747	HUTTIG	27
71654	MC GEHEE	26	71748	IVAN	27
71655	MONTICELLO	27	71749	JUNCTION CITY	27
71656	MONTICELLO	27	71750	LAWSON	27
71657	MONTICELLO	27	71751	LOUANN	27
71658	MONTROSE	27	71752	MC NEIL	27
71659	MOSCOW	26	71753	MAGNOLIA	27
71660	NEW EDINBURG	27	71754	MAGNOLIA	27
71661	PARKDALE	27	71758	MOUNT HOLLY	27
71662	PICKENS	25	71759	NORPHLET	27
71663	PORTLAND	27	71762	SMACKOVER	27
71665	RISON	27	71763	SPARKMAN	27
71666	ROHWER	26	71764	STEPHENS	27
71667	STAR CITY	27	71765	STRONG	27
71670	TILLAR	26	71766	THORNTON	27
71671	WARREN	27	71770	WALDO	27
71674	WATSON	25	71772	WHELEN SPRINGS	27
71675	WILMAR	27	71801	HOPE	27

Table #1(T) ZIP Codes 71601 – 71801

ZIP CODES 71802 – 71998

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
71802	HOPE	27	71909	HOT SPRINGS VILLAGE	27
71820	ALLEENE	27	71910	HOT SPRINGS VILLAGE	27
71822	ASHDOWN	27	71913	HOT SPRINGS NATIONAL PARK	27
71823	BEN LOMOND	27	71914	HOT SPRINGS NATIONAL PARK	27
71825	BLEVINS	27	71920	ALPINE	27
71826	BRADLEY	27	71921	AMITY	27
71827	BUCKNER	27	71922	ANTOINE	27
71828	CALE	27	71923	ARKADELPHIA	27
71831	COLUMBUS	27	71929	BISMARCK	27
71832	DE QUEEN	27	71932	BOARD CAMP	27
71833	DIERKS	27	71933	BONNERDALE	27
71834	DODDRIDGE	27	71935	CADDO GAP	27
71835	EMMET	27	71937	COVE	27
71836	FOREMAN	27	71940	DELIGHT	27
71837	FOUKE	27	71941	DONALDSON	27
71838	FULTON	27	71942	FRIENDSHIP	27
71839	GARLAND CITY	27	71943	GLENWOOD	27
71840	GENOA	27	71944	GRANNIS	27
71841	GILLHAM	27	71945	HATFIELD	27
71842	HORATIO	27	71949	JESSIEVILLE	27
71845	LEWISVILLE	27	71950	KIRBY	27
71846	LOCKESBURG	27	71952	LANGLEY	27
71847	MC CASKILL	27	71953	MENA	27
71851	MINERAL SPRINGS	27	71956	MOUNTAIN PINE	27
71852	NASHVILLE	27	71957	MOUNT IDA	27
71853	OGDEN	27	71958	MURFREESBORO	27
71854	TEXARKANA	27	71959	NEWHOPE	27
71855	OZAN	27	71960	NORMAN	27
71857	PRESCOTT	27	71961	ODEN	27
71858	ROSTON	27	71962	OKOLONA	27
71859	SARATOGA	27	71964	PEARCY	27
71860	STAMPS	27	71965	PENCIL BLUFF	27
71861	TAYLOR	27	71966	ODEN	27
71862	WASHINGTON	27	71968	ROYAL	27
71864	WILLISVILLE	27	71969	SIMS	27
71865	WILTON	27	71970	STORY	27
71866	WINTHROP	27	71971	UMPIRE	27
71901	HOT SPRINGS NATIONAL PARK	27	71972	VANDERVOORT	27
71902	HOT SPRINGS NATIONAL PARK	27	71973	WICKES	27
71903	HOT SPRINGS NATIONAL PARK	27	71998	ARKADELPHIA	27

Table #2(T) ZIP Codes 71802 – 71998

ZIP CODES 71999 – 72088

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
71999	ARKADELPHIA	27	72042	DE WITT	26
72001	ADONA	27	72043	DIAZ	24
72002	ALEXANDER	27	72044	EDGEMONT	27
72003	ALMYRA	26	72045	EL PASO	27
72004	ALTHEIMER	25	72046	ENGLAND	24
72005	AMAGON	24	72047	ENOLA	27
72006	AUGUSTA	24	72048	ETHEL	25
72007	AUSTIN	27	72051	FOX	27
72010	BALD KNOB	26	72052	GARNER	26
72011	BAUXITE	27	72053	COLLEGE STATION	26
72012	BEEBE	26	72055	GILLETT	26
72013	BEE BRANCH	27	72057	GRAPEVINE	27
72014	BEEDEVILLE	24	72058	GREENBRIER	27
72015	BENTON	27	72059	GREGORY	24
72016	BIGELOW	27	72060	GRIFFITHVILLE	25
72017	BISCOE	25	72061	GUY	27
72018	BENTON	27	72063	HATTIEVILLE	27
72019	BENTON	27	72064	HAZEN	25
72020	BRADFORD	26	72065	HENSLEY	27
72021	BRINKLEY	25	72066	HICKORY PLAINS	26
72022	BRYANT	27	72067	HIGDEN	27
72023	CABOT	26	72068	HIGGINSON	25
72024	CARLISLE	26	72069	HOLLY GROVE	25
72025	CASA	27	72070	HOUSTON	27
72026	CASSCOE	25	72072	HUMNOKE	24
72027	CENTER RIDGE	27	72073	HUMPHREY	24
72028	CHOCTAW	27	72074	HUNTER	25
72029	CLARENDON	25	72075	JACKSONPORT	24
72030	CLEVELAND	27	72076	JACKSONVILLE	26
72031	CLINTON	27	72078	JACKSONVILLE	26
72032	CONWAY	27	72079	JEFFERSON	27
72033	CONWAY	27	72080	JERUSALEM	27
72034	CONWAY	27	72081	JUDSONIA	26
72035	CONWAY	27	72082	KENSETT	25
72036	COTTON PLANT	25	72083	KEO	24
72037	COY	24	72084	LEOLA	27
72038	CROCKETTS BLUFF	26	72085	LETONA	26
72039	DAMASCUS	27	72086	LONOKE	26
72040	DES ARC	25	72087	LONSDALE	27
72041	DE VALLS BLUFF	25	72088	FAIRFIELD BAY	27

Table #3(T) ZIP Codes 71999 – 72088

ZIP CODES 72089 – 72211

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
72089	BRYANT	27	72141	SCOTLAND	27
72099	LITTLE ROCK AIR FORCE BASE	27	72142	SCOTT	24
72101	MC CRORY	24	72143	SEARCY	26
72102	MC RAE	26	72145	SEARCY	26
72103	MABELVALE	27	72149	SEARCY	26
72104	MALVERN	27	72150	SHERIDAN	27
72105	JONES MILL	27	72152	SHERRILL	25
72106	MAYFLOWER	27	72153	SHIRLEY	27
72107	MENIFEE	27	72156	SOLGOHACHIA	27
72108	MONROE	25	72157	SPRINGFIELD	27
72110	MORRILTON	27	72158	BENTON	27
72111	MOUNT VERNON	27	72160	STUTTGART	25
72112	NEWPORT	24	72164	SWEET HOME	26
72113	MAUMELLE	26	72165	THIDA	25
72114	NORTH LITTLE ROCK	26	72166	TICHNOR	26
72115	NORTH LITTLE ROCK	26	72167	TRASKWOOD	27
72116	NORTH LITTLE ROCK	27	72168	TUCKER	25
72117	NORTH LITTLE ROCK	25	72169	TUPELO	24
72118	NORTH LITTLE ROCK	27	72170	ULM	26
72119	NORTH LITTLE ROCK	26	72173	VILONIA	27
72120	SHERWOOD	27	72175	WABBASEKA	24
72121	PANGBURN	26	72176	WARD	26
72122	PARON	27	72178	WEST POINT	26
72123	PATTERSON	24	72179	WILBURN	27
72124	NORTH LITTLE ROCK	27	72180	WOODSON	27
72125	PERRY	27	72181	WOOSTER	27
72126	PERRYVILLE	27	72182	WRIGHT	25
72127	PLUMERVILLE	27	72183	WRIGHTSVILLE	26
72128	POYEN	26	72190	NORTH LITTLE ROCK	27
72129	PRATTSVILLE	27	72199	NORTH LITTLE ROCK	27
72130	PRIM	27	72201	LITTLE ROCK	27
72131	QUITMAN	27	72202	LITTLE ROCK	27
72132	REDFIELD	27	72203	LITTLE ROCK	27
72133	REYDELL	25	72204	LITTLE ROCK	27
72134	ROE	25	72205	LITTLE ROCK	27
72135	ROLAND	27	72206	LITTLE ROCK	26
72136	ROMANCE	27	72207	LITTLE ROCK	27
72137	ROSE BUD	27	72209	LITTLE ROCK	27
72139	RUSSELL	26	72210	LITTLE ROCK	27
72140	SAINT CHARLES	25	72211	LITTLE ROCK	27

Table #4(T) ZIP Codes 72089 – 72211

ZIP CODES 72212 – 72396

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
72212	LITTLE ROCK	27	72339	GILMORE	21
72214	LITTLE ROCK	27	72340	GOODWIN	25
72215	LITTLE ROCK	27	72341	HAYNES	25
72216	LITTLE ROCK	26	72342	HELENA	25
72217	LITTLE ROCK	27	72346	HETH	21
72219	LITTLE ROCK	27	72347	HICKORY RIDGE	24
72221	LITTLE ROCK	27	72348	HUGHES	22
72222	LITTLE ROCK	27	72350	JOINER	21
72223	LITTLE ROCK	27	72351	KEISER	21
72225	LITTLE ROCK	27	72352	LA GRANGE	25
72227	LITTLE ROCK	27	72353	LAMBROOK	26
72231	LITTLE ROCK	25	72354	LEPANTO	21
72255	LITTLE ROCK	27	72355	LEXA	25
72260	LITTLE ROCK	27	72358	LUXORA	21
72295	LITTLE ROCK	26	72359	MADISON	24
72301	WEST MEMPHIS	22	72360	MARIANNA	25
72303	WEST MEMPHIS	22	72364	MARION	22
72310	ARMOREL	21	72365	MARKED TREE	21
72311	AUBREY	25	72366	MARVELL	25
72312	BARTON	25	72367	MELLWOOD	26
72313	BASSETT	21	72368	MORO	25
72315	BLYTHEVILLE	21	72369	ONEIDA	25
72316	BLYTHEVILLE	21	72370	OSCEOLA	21
72319	GOSNELL	21	72372	PALESTINE	24
72320	BRICKEYS	23	72373	PARKIN	21
72321	BURDETTE	21	72374	POPLAR GROVE	25
72322	CALDWELL	24	72376	PROCTOR	22
72324	CHERRY VALLEY	23	72377	RIVERVALE	21
72325	CLARKEDALE	21	72379	SNOW LAKE	25
72326	COLT	24	72383	TURNER	25
72327	CRAWFORDSVILLE	21	72384	TURRELL	21
72328	CRUMROD	26	72386	TYRONZA	21
72329	DRIVER	21	72387	VANNDALE	24
72330	DYESS	21	72389	WABASH	26
72331	EARLE	21	72390	WEST HELENA	25
72332	EDMONDSON	22	72391	WEST RIDGE	21
72333	ELAINE	26	72392	WHEATLEY	25
72335	FORREST CITY	24	72394	WIDENER	23
72336	FORREST CITY	24	72395	WILSON	21
72338	FRENCHMANS BAYOU	21	72396	WYNNE	24

Table #5(T) ZIP Codes 72212 – 72396

ZIP CODES 72401 – 72527

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
72401	JONESBORO	23	72453	PEACH ORCHARD	24
72402	JONESBORO	23	72454	PIGGOTT	23
72403	JONESBORO	23	72455	POCAHONTAS	26
72404	JONESBORO	23	72456	POLLARD	24
72410	ALICIA	25	72457	PORTIA	25
72411	BAY	21	72458	POWHATAN	26
72412	BEECH GROVE	24	72459	RAVENDEN	26
72413	BIGGERS	24	72460	RAVENDEN SPRINGS	27
72414	BLACK OAK	21	72461	RECTOR	23
72415	BLACK ROCK	26	72462	REYNO	24
72416	BONO	24	72464	SAINT FRANCIS	22
72417	BROOKLAND	23	72465	SEDGWICK	24
72419	CARAWAY	21	72466	SMITHVILLE	26
72421	CASH	24	72467	STATE UNIVERSITY	23
72422	CORNING	24	72469	STRAWBERRY	26
72424	DATTO	24	72470	SUCCESS	25
72425	DELAPLAINE	24	72471	SWIFTON	25
72426	DELL	21	72472	TRUMANN	21
72427	EGYPT	24	72473	TUCKERMAN	25
72428	ETOWAH	21	72474	WALCOTT	23
72429	FISHER	24	72475	WALDENBURG	24
72430	GREENWAY	23	72476	WALNUT RIDGE	25
72431	GRUBBS	24	72478	WARM SPRINGS	26
72432	HARRISBURG	23	72479	WEINER	24
72433	HOXIE	25	72482	WILLIFORD	27
72434	IMBODEN	26	72501	BATESVILLE	26
72435	KNOBEL	24	72503	BATESVILLE	26
72436	LAFE	24	72512	HORSESHOE BEND	27
72437	LAKE CITY	21	72513	ASH FLAT	27
72438	LEACHVILLE	21	72515	BEXAR	27
72440	LYNN	26	72517	BROCKWELL	27
72441	MC DOUGAL	23	72519	CALICO ROCK	27
72442	MANILA	21	72520	CAMP	27
72443	MARMADUKE	23	72521	CAVE CITY	27
72444	MAYNARD	26	72522	CHARLOTTE	26
72445	MINTURN	25	72523	CONCORD	27
72447	MONETTE	21	72524	CORD	25
72449	O KEAN	25	72525	CHEROKEE VILLAGE	27
72450	PARAGOULD	23	72526	CUSHMAN	26
72451	PARAGOULD	23	72527	DESHA	26

Table #6(T) ZIP Codes 72401 – 72527

ZIP CODES 72528 – 72659

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
72528	DOLPH	27	72583	VIOLA	27
72529	CHEROKEE VILLAGE	27	72584	VIOLET HILL	27
72530	DRASCO	27	72585	WIDEMAN	27
72531	ELIZABETH	27	72587	WISEMAN	27
72532	EVENING SHADE	27	72601	HARRISON	27
72533	FIFTY SIX	27	72602	HARRISON	27
72534	FLORAL	27	72611	ALPENA	27
72536	FRANKLIN	27	72613	BEAVER	27
72537	GAMALIEL	27	72615	BERGMAN	27
72538	GEPP	27	72616	BERRYVILLE	27
72539	GLENCOE	27	72617	BIG FLAT	27
72540	GUION	27	72619	BULL SHOALS	27
72542	HARDY	27	72623	CLARKRIDGE	27
72543	HEBER SPRINGS	27	72624	COMPTON	27
72544	HENDERSON	27	72626	COTTER	27
72545	HEBER SPRINGS	27	72628	DEER	27
72546	IDA	27	72629	DENNARD	27
72550	LOCUST GROVE	27	72630	DIAMOND CITY	27
72553	MAGNESS	25	72631	EUREKA SPRINGS	27
72554	MAMMOTH SPRING	27	72632	EUREKA SPRINGS	27
72555	MARCELLA	27	72633	EVERTON	27
72556	MELBOURNE	27	72634	FLIPPIN	27
72560	MOUNTAIN VIEW	27	72635	GASSVILLE	27
72561	MOUNT PLEASANT	27	72636	GILBERT	27
72562	NEWARK	25	72638	GREEN FOREST	27
72564	OIL TROUGH	24	72639	HARRIET	27
72565	OXFORD	27	72640	HASTY	27
72566	PINEVILLE	27	72641	JASPER	27
72567	PLEASANT GROVE	27	72642	LAKEVIEW	27
72568	PLEASANT PLAINS	26	72644	LEAD HILL	27
72569	POUGHKEEPSIE	27	72645	LESLIE	27
72571	ROSIE	26	72648	MARBLE FALLS	27
72572	SAFFELL	26	72650	MARSHALL	27
72573	SAGE	27	72651	MIDWAY	27
72575	SALADO	26	72653	MOUNTAIN HOME	27
72576	SALEM	27	72654	MOUNTAIN HOME	27
72577	SIDNEY	27	72655	MOUNT JUDEA	27
72578	STURKIE	27	72657	TIMBO	27
72579	SULPHUR ROCK	26	72658	NORFORK	27
72581	TUMBLING SHOALS	27	72659	NORFORK	27

Table #7(T) ZIP Codes 72528 – 72659

ZIP CODES 72660 – 72828

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
72660	OAK GROVE	27	72736	GRAVETTE	27
72661	OAKLAND	27	72737	GREENLAND	27
72662	OMAHA	27	72738	HINDSVILLE	27
72663	ONIA	27	72739	HIWASSE	27
72666	PARTHENON	27	72740	HUNTSVILLE	27
72668	PEEL	27	72741	JOHNSON	27
72669	PINDALL	27	72742	KINGSTON	27
72670	PONCA	27	72744	LINCOLN	27
72672	PYATT	27	72745	LOWELL	27
72675	SAINT JOE	27	72747	MAYSVILLE	27
72677	SUMMIT	27	72749	MORROW	27
72679	TILLY	27	72751	PEA RIDGE	27
72680	TIMBO	27	72752	PETTIGREW	27
72682	VALLEY SPRINGS	27	72753	PRAIRIE GROVE	27
72683	VENDOR	27	72756	ROGERS	27
72685	WESTERN GROVE	27	72757	ROGERS	27
72686	WITTS SPRINGS	27	72758	ROGERS	27
72687	YELLVILLE	27	72760	SAINT PAUL	27
72701	FAYETTEVILLE	27	72761	SILOAM SPRINGS	27
72702	FAYETTEVILLE	27	72762	SPRINGDALE	27
72703	FAYETTEVILLE	27	72764	SPRINGDALE	27
72704	FAYETTEVILLE	27	72765	SPRINGDALE	27
72711	AVOCA	27	72766	SPRINGDALE	27
72712	BENTONVILLE	27	72768	SULPHUR SPRINGS	27
72714	BELLA VISTA	27	72769	SUMMERS	27
72715	BELLA VISTA	27	72770	TONTITOWN	27
72716	BENTONVILLE	27	72773	WESLEY	27
72717	CANEHILL	27	72774	WEST FORK	27
72718	CAVE SPRINGS	27	72776	WITTER	27
72719	CENTERTON	27	72801	RUSSELLVILLE	27
72721	COMBS	27	72802	RUSSELLVILLE	27
72722	DECATUR	27	72811	RUSSELLVILLE	27
72727	ELKINS	27	72812	RUSSELLVILLE	27
72728	ELM SPRINGS	27	72820	ALIX	27
72729	EVANSVILLE	27	72821	ALTUS	27
72730	FARMINGTON	27	72823	ATKINS	27
72732	GARFIELD	27	72824	BELLEVILLE	27
72733	GATEWAY	27	72826	BLUE MOUNTAIN	27
72734	GENTRY	27	72827	BLUFFTON	27
72735	GOSHEN	27	72828	BRIGGSVILLE	27

Table #8(T) ZIP Codes 72660 – 72828

ZIP CODES 72829 – 72959

Earthquake ZIP Codes/Territories In Numerical Order By ZIP Code					
ZIP Code	USPS ZIP Code Name	Earthquake Territory	ZIP Code	USPS ZIP Code Name	Earthquake Territory
72829	CENTERVILLE	27	72921	ALMA	27
72830	CLARKSVILLE	27	72923	BARLING	27
72832	COAL HILL	27	72926	BOLES	27
72833	DANVILLE	27	72927	BOONEVILLE	27
72834	DARDANELLE	27	72928	BRANCH	27
72835	DELAWARE	27	72930	CECIL	27
72837	DOVER	27	72932	CEDARVILLE	27
72838	GRAVELLY	27	72933	CHARLESTON	27
72839	HAGARVILLE	27	72934	CHESTER	27
72840	HARTMAN	27	72935	DYER	27
72841	HARVEY	27	72936	GREENWOOD	27
72842	HAVANA	27	72937	HACKETT	27
72843	HECTOR	27	72938	HARTFORD	27
72845	KNOXVILLE	27	72940	HUNTINGTON	27
72846	LAMAR	27	72941	LAVACA	27
72847	LONDON	27	72943	MAGAZINE	27
72851	NEW BLAINE	27	72944	MANSFIELD	27
72852	OARK	27	72945	MIDLAND	27
72853	OLA	27	72946	MOUNTAINBURG	27
72854	OZONE	27	72947	MULBERRY	27
72855	PARIS	27	72948	NATURAL DAM	27
72856	PELSOR	27	72949	OZARK	27
72857	PLAINVIEW	27	72950	PARKS	27
72858	POTTSVILLE	27	72951	RATCLIFF	27
72860	ROVER	27	72952	RUDY	27
72863	SCRANTON	27	72955	UNIONTOWN	27
72865	SUBIACO	27	72956	VAN BUREN	27
72901	FORT SMITH	27	72957	VAN BUREN	27
72902	FORT SMITH	27	72958	WALDRON	27
72903	FORT SMITH	27	72959	WINSLOW	27
72904	FORT SMITH	27			
72905	FORT SMITH	27			
72906	FORT SMITH	27			
72908	FORT SMITH	27			
72913	FORT SMITH	27			
72914	FORT SMITH	27			
72916	FORT SMITH	27			
72917	FORT SMITH	27			
72918	FORT SMITH	27			
72919	FORT SMITH	27			

Table #9(T) ZIP Codes 72829 – 72959

Amica Mutual Insurance Company
Homeowners Dwelling Page

Arkansas

Effective February 1, 2015

A. HO 00 03, HO 00 05

1. Dwelling Base Rates - \$500 Base Deductible

Peril	Base Rate	Platinum Fee	
		1-2 Family	3-4 Family
PG1	\$1,925.02	\$41.00	\$41.00
PG4	\$79.11	\$9.00	\$9.00
PG5	\$124.03		
PG6	\$104.02	\$9.00	\$9.00

2. Classification Tables

Form Relativities- Applies to All Perils except Liability

Form	Relativity
HO 3	1.00
HO 5	1.15

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

2. Three and Four Family Factor - All Perils
1.30

Amica Mutual Insurance Company
Homeowners Dwelling Page

Arkansas

Dwelling Coverage A/Deductible Factor Tables

PG1

Effective February 1, 2015

All Territories

1% Wind/Hail Deductible

Additional Rate per \$1000: 0.0075

(000) Cov A	Deductible									
	500	1,000	1,500	2,000	2,500	5,000	7,500	10,000	15,000	25,000
15										
20										
30										
40										
50	0.897									
60	0.908									
70	0.918									
80	0.930									
90	0.940									
100	0.952	0.936								
110	0.968	0.950								
120	0.983	0.965								
130	0.999	0.981								
140	1.016	0.998								
150	1.033	1.014	1.001							
160	1.051	1.031	1.018							
170	1.069	1.049	1.035							
180	1.087	1.066	1.052							
190	1.107	1.085	1.071							
200	1.127	1.105	1.090	1.077						
210	1.148	1.124	1.109	1.095						
220	1.169	1.145	1.129	1.115						
230	1.191	1.166	1.150	1.136						
240	1.212	1.187	1.170	1.155						
250	1.237	1.210	1.194	1.178	1.162					
260	1.264	1.237	1.219	1.203	1.187					
270	1.292	1.264	1.246	1.229	1.213					
280	1.322	1.293	1.274	1.257	1.240					
290	1.351	1.321	1.302	1.284	1.267					
300	1.383	1.352	1.333	1.314	1.296					
310	1.416	1.384	1.364	1.345	1.326					
320	1.448	1.416	1.395	1.375	1.356					
330	1.483	1.449	1.428	1.407	1.387					
340	1.518	1.484	1.462	1.440	1.420					
350	1.555	1.519	1.496	1.475	1.454					
360	1.587	1.551	1.527	1.505	1.483					
370	1.618	1.580	1.556	1.533	1.512					
380	1.654	1.615	1.591	1.568	1.545					
390	1.686	1.649	1.624	1.600	1.577					
400	1.721	1.683	1.659	1.635	1.612					
410	1.755	1.717	1.692	1.668	1.645					
420	1.788	1.750	1.726	1.701	1.678					
430	1.817	1.779	1.755	1.730	1.705					
440	1.848	1.809	1.784	1.759	1.734					
450	1.875	1.836	1.810	1.784	1.759					
460	1.902	1.862	1.836	1.809	1.783					
470	1.929	1.888	1.860	1.834	1.807					
480	1.956	1.914	1.887	1.859	1.832					
490	1.983	1.941	1.913	1.885	1.857					
500	2.011	1.969	1.940	1.912	1.884	1.793				
550	2.176	2.132	2.101	2.070	2.039	1.937				
600	2.340	2.294	2.260	2.227	2.193	2.082				
650	2.502	2.456	2.420	2.383	2.348	2.227				
700	2.662	2.615	2.576	2.538	2.499	2.369				
750	2.822	2.775	2.735	2.693	2.653	2.513	2.465			
800	2.988	2.941	2.898	2.854	2.811	2.665	2.614			
850	3.156	3.107	3.062	3.017	2.973	2.819	2.766			
900	3.328	3.279	3.231	3.186	3.139	2.979	2.924			
950	3.493	3.442	3.394	3.346	3.300	3.133	3.075			
1,000	3.667	3.617	3.566	3.517	3.468	3.296	3.237	3.186		
1,100	4.025	3.973	3.916	3.864	3.813	3.626	3.561	3.506		
1,200	4.390	4.337	4.275	4.220	4.166	3.967	3.896	3.835		
1,300	4.727	4.671	4.607	4.549	4.492	4.276	4.200	4.134		
1,400	5.058	5.000	4.932	4.871	4.812	4.578	4.494	4.421		
1,500	5.383	5.321	5.252	5.189	5.125	4.874	4.782	4.701	4.620	
1,750	6.212	6.144	6.072	6.005	5.939	5.637	5.522	5.420	5.327	
2,000	7.034	6.960	6.888	6.819	6.748	6.396	6.259	6.136	6.030	
2,250	7.961	7.886	7.813	7.743	7.675	7.308	7.153	7.015	6.896	
2,500	8.937	8.865	8.791	8.723	8.653	8.285	8.113	7.959	7.827	7.624
2,750	9.801	9.722	9.640	9.565	9.488	9.083	8.893	8.724	8.578	8.355
3,000	10.672	10.585	10.496	10.414	10.330	9.888	9.681	9.496	9.337	9.093

Minimum Limits of Liability:

Section I - Property	HO 00 03 & HO 00 05	
	Primary Location	\$25,000
Secondary Location	\$15,000	
Section II - Liability	All Forms Except	
	Personal Liability	HO 00 05 \$100,000
	Med. Pay to Others	HO 00 05 \$5,000

Amica Mutual Insurance Company
Homeowners Dwelling Page
Arkansas

Dwelling Coverage A/Deductible Factor Tables
PG1

Effective February 1, 2015

All Territories

2% Wind/Hail Deductible

Additional Rate per \$1000: **0.0075**

(000) Cov A	Deductible									
	500	1,000	1,500	2,000	2,500	5,000	7,500	10,000	15,000	25,000
15										
20										
30	0.936									
40	0.936									
50	0.937	0.923								
60	0.945	0.931								
70	0.952	0.937	0.928							
80	0.960	0.945	0.934							
90	0.968	0.952	0.941							
100	0.976	0.959	0.948	0.938						
110	0.984	0.967	0.956	0.946						
120	0.993	0.975	0.964	0.953	0.943					
130	1.004	0.985	0.974	0.963	0.952					
140	1.018	1.000	0.987	0.976	0.965					
150	1.033	1.014	1.001	0.990	0.978					
160	1.049	1.029	1.016	1.004	0.992					
170	1.065	1.044	1.031	1.018	1.006					
180	1.080	1.059	1.045	1.032	1.020					
190	1.097	1.075	1.061	1.048	1.035					
200	1.115	1.092	1.077	1.064	1.051					
210	1.133	1.110	1.095	1.081	1.067					
220	1.152	1.127	1.112	1.098	1.084					
230	1.170	1.145	1.129	1.114	1.100					
240	1.189	1.164	1.147	1.132	1.117					
250	1.210	1.183	1.167	1.151	1.135	1.093				
260	1.238	1.210	1.193	1.177	1.161	1.118				
270	1.264	1.236	1.218	1.201	1.185	1.140				
280	1.293	1.264	1.245	1.228	1.211	1.165				
290	1.321	1.292	1.273	1.254	1.237	1.190				
300	1.352	1.322	1.302	1.283	1.265	1.216				
310	1.385	1.353	1.333	1.314	1.295	1.245				
320	1.417	1.384	1.363	1.344	1.324	1.272				
330	1.450	1.416	1.395	1.374	1.354	1.301				
340	1.486	1.451	1.429	1.408	1.388	1.332				
350	1.522	1.487	1.464	1.442	1.421	1.363				
360	1.553	1.517	1.493	1.471	1.449	1.390				
370	1.583	1.546	1.522	1.499	1.477	1.416	1.392			
380	1.615	1.577	1.553	1.529	1.507	1.444	1.419			
390	1.646	1.608	1.583	1.560	1.537	1.471	1.445			
400	1.674	1.636	1.612	1.588	1.565	1.495	1.469			
410	1.703	1.666	1.641	1.617	1.594	1.521	1.494			
420	1.731	1.694	1.669	1.645	1.621	1.545	1.518			
430	1.761	1.723	1.698	1.673	1.649	1.570	1.543			
440	1.793	1.754	1.729	1.704	1.679	1.599	1.570			
450	1.822	1.783	1.758	1.732	1.706	1.624	1.594			
460	1.851	1.811	1.785	1.758	1.732	1.648	1.619			
470	1.882	1.841	1.814	1.787	1.760	1.675	1.644			
480	1.912	1.871	1.843	1.816	1.788	1.701	1.670			
490	1.942	1.899	1.872	1.844	1.816	1.727	1.695			
500	1.970	1.928	1.899	1.871	1.843	1.752	1.719	1.693		
550	2.125	2.081	2.050	2.018	1.987	1.886	1.850	1.822		
600	2.280	2.234	2.201	2.167	2.133	2.022	1.984	1.952		
650	2.433	2.386	2.350	2.314	2.278	2.157	2.115	2.081		
700	2.586	2.539	2.500	2.462	2.423	2.293	2.248	2.211		
750	2.734	2.687	2.647	2.605	2.565	2.425	2.377	2.337	2.298	
800	2.901	2.854	2.811	2.767	2.724	2.578	2.527	2.485	2.443	
850	3.070	3.021	2.976	2.931	2.887	2.733	2.680	2.636	2.590	
900	3.240	3.191	3.143	3.098	3.051	2.891	2.836	2.790	2.742	
950	3.408	3.357	3.308	3.261	3.214	3.047	2.990	2.941	2.891	
1,000	3.579	3.529	3.478	3.429	3.380	3.208	3.149	3.098	3.045	
1,100	3.914	3.861	3.805	3.753	3.702	3.515	3.450	3.395	3.337	
1,200	4.247	4.194	4.133	4.077	4.023	3.824	3.753	3.692	3.629	
1,300	4.572	4.516	4.451	4.393	4.336	4.121	4.045	3.979	3.909	3.822
1,400	4.905	4.846	4.778	4.718	4.659	4.424	4.340	4.267	4.192	4.096
1,500	5.226	5.164	5.095	5.032	4.968	4.717	4.625	4.544	4.463	4.361
1,750	6.046	5.978	5.905	5.838	5.773	5.470	5.356	5.253	5.161	5.036
2,000	6.856	6.782	6.710	6.640	6.570	6.217	6.080	5.957	5.851	5.706
2,250	7.746	7.671	7.598	7.528	7.460	7.093	6.939	6.800	6.681	6.509
2,500	8.689	8.617	8.543	8.475	8.405	8.037	7.865	7.711	7.579	7.376
2,750	9.528	9.449	9.367	9.292	9.215	8.810	8.620	8.451	8.305	8.081
3,000	10.374	10.287	10.198	10.116	10.032	9.590	9.383	9.198	9.038	8.794

Minimum Limits of Liability:

Section I - Property	HO 00 03 & HO 00 05	
Primary Location	\$25,000	
Secondary Location	\$15,000	
	All Forms Except	
Section II - Liability	HO 00 05	HO 00 05
Personal Liability	\$100,000	\$300,000
Med. Pay to Others	\$1,000	\$5,000

Amica Mutual Insurance Company
Homeowners Dwelling Page
Arkansas

Dwelling Coverage A/Deductible Factor Tables
PG1

Effective February 1, 2015

All Territories

5% Wind/Hail Deductible

Additional Rate per \$1000: **0.0075**

(000) Cov A	Deductible									
	500	1,000	1,500	2,000	2,500	5,000	7,500	10,000	15,000	25,000
15	0.954									
20	0.941	0.929								
30	0.933	0.920	0.911							
40	0.922	0.908	0.899	0.891						
50	0.913	0.899	0.890	0.881	0.873					
60	0.915	0.901	0.891	0.883	0.874					
70	0.917	0.902	0.893	0.884	0.875					
80	0.919	0.904	0.894	0.885	0.876					
90	0.922	0.906	0.896	0.886	0.877					
100	0.925	0.909	0.898	0.888	0.878	0.852				
110	0.938	0.921	0.910	0.900	0.890	0.863				
120	0.950	0.933	0.921	0.911	0.900	0.873				
130	0.964	0.946	0.934	0.923	0.912	0.884				
140	0.977	0.958	0.946	0.935	0.924	0.894				
150	0.992	0.973	0.960	0.948	0.937	0.907	0.895			
160	1.007	0.987	0.974	0.962	0.950	0.919	0.907			
170	1.022	1.001	0.988	0.975	0.963	0.931	0.919			
180	1.038	1.017	1.003	0.990	0.978	0.944	0.932			
190	1.054	1.032	1.018	1.005	0.992	0.957	0.944			
200	1.071	1.049	1.034	1.020	1.007	0.972	0.958	0.947		
210	1.091	1.068	1.053	1.039	1.025	0.988	0.974	0.963		
220	1.114	1.090	1.074	1.060	1.046	1.008	0.993	0.982		
230	1.136	1.111	1.095	1.080	1.066	1.027	1.011	0.999		
240	1.160	1.134	1.118	1.103	1.088	1.047	1.031	1.019		
250	1.184	1.157	1.141	1.125	1.109	1.067	1.051	1.038		
260	1.208	1.181	1.164	1.147	1.131	1.088	1.071	1.058		
270	1.234	1.206	1.188	1.171	1.154	1.110	1.092	1.078		
280	1.262	1.233	1.214	1.197	1.180	1.134	1.116	1.101		
290	1.290	1.260	1.241	1.223	1.205	1.158	1.139	1.124		
300	1.317	1.286	1.266	1.248	1.230	1.181	1.161	1.146	1.131	
310	1.347	1.315	1.295	1.276	1.257	1.207	1.187	1.170	1.155	
320	1.380	1.347	1.326	1.307	1.287	1.235	1.214	1.198	1.182	
330	1.413	1.379	1.357	1.337	1.317	1.263	1.242	1.225	1.208	
340	1.445	1.411	1.389	1.368	1.347	1.291	1.269	1.251	1.235	
350	1.481	1.445	1.422	1.401	1.379	1.322	1.299	1.281	1.263	
360	1.512	1.475	1.451	1.429	1.408	1.348	1.325	1.306	1.288	
370	1.543	1.505	1.481	1.458	1.436	1.375	1.351	1.332	1.313	
380	1.572	1.534	1.510	1.487	1.464	1.401	1.376	1.356	1.337	
390	1.598	1.561	1.536	1.512	1.489	1.423	1.398	1.377	1.357	
400	1.624	1.586	1.561	1.538	1.514	1.445	1.419	1.397	1.377	
410	1.650	1.612	1.588	1.564	1.540	1.467	1.441	1.419	1.398	
420	1.677	1.640	1.615	1.591	1.567	1.491	1.464	1.441	1.420	
430	1.706	1.668	1.643	1.619	1.594	1.516	1.488	1.464	1.443	
440	1.735	1.696	1.671	1.646	1.621	1.541	1.512	1.489	1.466	
450	1.764	1.725	1.699	1.673	1.647	1.565	1.536	1.512	1.489	
460	1.794	1.754	1.728	1.701	1.675	1.591	1.561	1.537	1.513	
470	1.824	1.783	1.756	1.729	1.702	1.617	1.587	1.562	1.538	
480	1.853	1.812	1.784	1.757	1.729	1.642	1.611	1.586	1.561	
490	1.881	1.839	1.811	1.783	1.755	1.666	1.635	1.608	1.584	
500	1.909	1.867	1.838	1.810	1.782	1.690	1.657	1.631	1.606	1.573
550	2.060	2.016	1.985	1.954	1.923	1.821	1.786	1.757	1.729	1.693
600	2.209	2.164	2.130	2.096	2.062	1.952	1.914	1.882	1.850	1.811
650	2.357	2.310	2.274	2.237	2.202	2.081	2.039	2.005	1.971	1.929
700	2.503	2.456	2.418	2.379	2.340	2.210	2.165	2.129	2.092	2.046
750	2.650	2.604	2.563	2.521	2.481	2.341	2.293	2.253	2.214	2.165
800	2.807	2.759	2.717	2.673	2.630	2.484	2.433	2.391	2.349	2.298
850	2.969	2.920	2.875	2.830	2.786	2.632	2.579	2.534	2.489	2.435
900	3.132	3.082	3.034	2.989	2.943	2.782	2.728	2.681	2.633	2.575
950	3.293	3.242	3.194	3.146	3.100	2.933	2.875	2.827	2.776	2.715
1,000	3.457	3.407	3.356	3.307	3.258	3.086	3.027	2.976	2.923	2.858
1,100	3.781	3.729	3.673	3.621	3.570	3.383	3.318	3.262	3.205	3.131
1,200	4.111	4.057	3.996	3.941	3.886	3.687	3.616	3.556	3.493	3.412
1,300	4.424	4.368	4.303	4.245	4.188	3.973	3.897	3.831	3.761	3.673
1,400	4.731	4.673	4.605	4.544	4.485	4.251	4.167	4.094	4.018	3.923
1,500	5.040	4.978	4.909	4.846	4.782	4.531	4.439	4.358	4.277	4.175
1,750	5.803	5.735	5.662	5.596	5.530	5.227	5.113	5.011	4.918	4.793
2,000	6.558	6.484	6.412	6.343	6.272	5.920	5.783	5.660	5.554	5.408
2,250	7.389	7.315	7.241	7.172	7.104	6.737	6.582	6.444	6.324	6.152
2,500	8.281	8.209	8.134	8.066	7.996	7.628	7.456	7.303	7.170	6.967
2,750	9.078	8.998	8.917	8.842	8.765	8.360	8.170	8.001	7.855	7.631
3,000	9.882	9.796	9.707	9.624	9.540	9.098	8.891	8.706	8.547	8.303

Minimum Limits of Liability:

Section I - Property	HO 00 03 & HO 00 05	
Primary Location	\$25,000	
Secondary Location	\$15,000	
Section II - Liability	All Forms Except	
Personal Liability	HO 00 05	HO 00 05
Med. Pay to Others	\$1,000	\$5,000

NAIC Number: 028-19976
 Company Name: Amica Mutual Insurance Company
 Contact Person: Brenda M. Walker
 Telephone No.: 1-800-652-6422, ext. 24584
 Email Address: bwalker@amica.com
 Effective Date: 2/1/2015

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

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

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

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

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$1,449.00	\$1,476.00	\$1,449.00	\$1,476.00	\$1,475.00	\$1,502.00	\$1,516.00	\$1,543.00	\$1,491.00	\$1,518.00	\$1,491.00	\$1,518.00	\$1,491.00	\$1,518.00	\$1,478.00	\$1,505.00	\$1,480.00	\$1,507.00
	\$120,000	\$1,657.00	\$1,687.00	\$1,657.00	\$1,687.00	\$1,687.00	\$1,717.00	\$1,733.00	\$1,763.00	\$1,706.00	\$1,736.00	\$1,706.00	\$1,736.00	\$1,706.00	\$1,736.00	\$1,689.00	\$1,719.00	\$1,693.00	\$1,723.00
	\$160,000	\$1,894.00	\$1,930.00	\$1,894.00	\$1,930.00	\$1,929.00	\$1,965.00	\$1,983.00	\$2,019.00	\$1,949.00	\$1,985.00	\$1,949.00	\$1,985.00	\$1,949.00	\$1,985.00	\$1,932.00	\$1,968.00	\$1,935.00	\$1,971.00
6	\$80,000	\$1,449.00	\$1,476.00	\$1,449.00	\$1,476.00	\$1,475.00	\$1,502.00	\$1,516.00	\$1,543.00	\$1,491.00	\$1,518.00	\$1,491.00	\$1,518.00	\$1,491.00	\$1,518.00	\$1,478.00	\$1,505.00	\$1,480.00	\$1,507.00
	\$120,000	\$1,657.00	\$1,687.00	\$1,657.00	\$1,687.00	\$1,687.00	\$1,717.00	\$1,733.00	\$1,763.00	\$1,706.00	\$1,736.00	\$1,706.00	\$1,736.00	\$1,706.00	\$1,736.00	\$1,689.00	\$1,719.00	\$1,693.00	\$1,723.00
	\$160,000	\$1,894.00	\$1,930.00	\$1,894.00	\$1,930.00	\$1,929.00	\$1,965.00	\$1,983.00	\$2,019.00	\$1,949.00	\$1,985.00	\$1,949.00	\$1,985.00	\$1,949.00	\$1,985.00	\$1,932.00	\$1,968.00	\$1,935.00	\$1,971.00
9	\$80,000	\$1,610.00	\$1,718.00	\$1,610.00	\$1,718.00	\$1,636.00	\$1,744.00	\$1,677.00	\$1,785.00	\$1,652.00	\$1,760.00	\$1,652.00	\$1,760.00	\$1,652.00	\$1,760.00	\$1,639.00	\$1,747.00	\$1,641.00	\$1,749.00
	\$120,000	\$1,842.00	\$1,966.00	\$1,842.00	\$1,966.00	\$1,872.00	\$1,996.00	\$1,918.00	\$2,042.00	\$1,891.00	\$2,015.00	\$1,891.00	\$2,015.00	\$1,891.00	\$2,015.00	\$1,874.00	\$1,998.00	\$1,878.00	\$2,002.00
	\$160,000	\$2,108.00	\$2,251.00	\$2,108.00	\$2,251.00	\$2,143.00	\$2,286.00	\$2,197.00	\$2,340.00	\$2,163.00	\$2,306.00	\$2,163.00	\$2,306.00	\$2,163.00	\$2,306.00	\$2,146.00	\$2,289.00	\$2,149.00	\$2,292.00

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																		
	\$15,000	\$216.00	\$221.00	\$216.00	\$221.00	\$216.00	\$221.00	\$225.00	\$230.00	\$225.00	\$230.00	\$225.00	\$230.00	\$225.00	\$230.00	\$216.00	\$221.00	\$225.00	\$230.00
	\$25,000	\$248.00	\$254.00	\$248.00	\$254.00	\$248.00	\$254.00	\$257.00	\$263.00	\$257.00	\$263.00	\$257.00	\$263.00	\$257.00	\$263.00	\$248.00	\$254.00	\$257.00	\$263.00
6	\$5,000																		
	\$15,000	\$216.00	\$221.00	\$216.00	\$221.00	\$216.00	\$221.00	\$225.00	\$230.00	\$225.00	\$230.00	\$225.00	\$230.00	\$225.00	\$230.00	\$216.00	\$221.00	\$225.00	\$230.00
	\$25,000	\$248.00	\$254.00	\$248.00	\$254.00	\$248.00	\$254.00	\$257.00	\$263.00	\$257.00	\$263.00	\$257.00	\$263.00	\$257.00	\$263.00	\$248.00	\$254.00	\$257.00	\$263.00
9	\$5,000																		
	\$15,000	\$237.00	\$253.00	\$237.00	\$253.00	\$237.00	\$253.00	\$246.00	\$262.00	\$246.00	\$262.00	\$246.00	\$262.00	\$246.00	\$262.00	\$237.00	\$253.00	\$246.00	\$262.00
	\$25,000	\$273.00	\$292.00	\$273.00	\$292.00	\$273.00	\$292.00	\$282.00	\$301.00	\$282.00	\$301.00	\$282.00	\$301.00	\$282.00	\$301.00	\$273.00	\$292.00	\$282.00	\$301.00

Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

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

HO3 and HO4 only

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

EARTHQUAKE INSURANCE

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

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	Brick	Frame	
Highest Risk	\$	2.61	\$	1.23
Lowest Risk	\$	1.43	\$	0.53

Insurer Name Amica Mutual Insurance Company

NAIC Number 028-19976

OKLAHOMA RATE EXHIBIT
Exhibits Must Be Furnished To Support Each Entry

Form A-2 Revised (01/2008)

LINE OF INSURANCE By Coverage	(1) Requested % Rate Level Change	(2) Written Premium Latest Year	(3) Estimated Annual Income Effect	(4) Rate Change History	(5) Experience Period	(6) Expected Loss & LAE Ratio	(7) Actual Experience Period Loss & LAE Ratio	(8) Adjusted Loss & LAE Ratio	
								(a)	(b)
								Prospective Loss & LAE Ratio	Indicated Change
				10/1/2013					
Dwelling	12.7%	1,085,503	137,859	15.5%	2009-2013	59.6	1.273	1.775	46.0
Tenants	-4.8%	30,521	-1,465	2.0%		59.6	1.273	1.775	-25.3
Condominium	-0.4%	5,933	-24	2.1%		59.6	1.273	1.775	-5.7
Total Overall Effect (include all rate and rule revisions)	12.2%	1,121,957	136,370	15.0%		59.6	1.273	1.775	44.0

Specify any changes in underwriting practice made or contemplated-see note below**

To any Oklahoma Insured:
 Maximum % of Rate Increase 21.0%
 Maximum % of Rate Decrease -6.0%

Max%=Results from the Dwelling base rate increase.

Min%=Results from revised Multi-Line discount and Implementation of the Association Date Credit.

Year	Policy Count	Avg. Premium
2010	388	1275.15
2011	530	1253.07
2012	628	1292.61
2013	755	1486.04
* 2014	785	Current Year Projected

EXPENSE EXHIBIT SUMMARY

Commissions	0.0%
Other Acquisitions	23.1
General Expenses	4.0
Taxes, License and Fees	3.4
Profit (Reflects Anticipated Dividend, Contingencies & Investment Income)	9.9
Total	40.4
Expected Loss and LAE Ratio	59.6
Investment Income	0.9
LAE	16.6

RATE FACTORS		
Year	Sch Rating Avg	Schedule Rating On File
*		Max. Debit
*		Max. Credit
*		Rate Factors On File
*		Min. Factor
*		Max. Factor

****SEE INSTRUCTIONS FOR EACH COLUMN – PROVIDING AN ACCURATE AND COMPLETE EXHIBIT ELIMINATES DELAYS.****

***Provide the most current year (the last five years data)**

Note: The Schedule Rating and Rate Factors sections of the above box refer to what is available in the program, whether being changed with this filing or not.