



MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION

Two Center Plaza
Boston, Massachusetts 02108-1904
(617) 723-3800, MA Only (800) 392-6108, FAX (617) 557-5675

February 24, 2010

TO: All Massachusetts Producers

Homeowners Policy Program (HO 2000 Program)
Rates and Rules Revision Effective March 31, 2010

The Massachusetts Property Insurance Underwriting Association (MPIUA) has filed and the Division of Insurance has approved a rate revision to the Homeowners Policy Program to be effective for all new and renewal policies with an inception date of **March 31, 2010 or later.**

This revision revises Base Class Premium for Forms HO 3, 4 and 6, and rates/premiums for certain Section II Liability Coverage.

Concurrent with the Rate Revision, MPIUA will also adopt the following recently introduced and/or revised ISO Rules and Forms:

- Revised Protection Construction Rating Factors as shown on ISO Classification Pages HO-C-1, HO-C-3 and HO-C-4.
- Revised Earthquake Territory, Rules and Rates as shown on ISO Exception Page HO-E-8 and MPIUA Rate Page HO-R-2-3.
- Revised Rule A.1, Special State Requirements E. Water Exclusion Endorsement as shown on ISO Exception Page HO-E-1. MPIUA will attach Water Exclusion Endorsement HO 16 09 to all HO 00 02, HO 00 04 and HO 00 06 policies and HO 16 10 will be attached to all HO 00 03 and HO 00 05 policies.

At this time we are providing you with a complete state manual including ISO's Massachusetts Exception Pages, MPIUA Exception Pages and MPIUA Rate Pages. These State Pages also include an updated MPIUA rating example section. This set of state manual pages is to be used in conjunction with the Multistate Rules Pages of ISO's Homeowners Policy Program (HO 2000 Program) Manual. MPIUA does not distribute ISO's Multistate Rules Pages.

Very truly yours,

James H. Pappas
Vice President-Underwriting

Enclosures:

JHP:ed

MPIUA MASSACHUSETTS STATE PAGES EFFECTIVE AS OF 03 - 31 - 2010

PAGE CHECKLIST FOR MASSACHUSETTS STATE PAGES TO BE USED IN CONJUNCTION WITH MULTISTATE RULES OF HOMEOWNERS 2000 PROGRAM DISTRIBUTED BY ISO WITH MULTISTATE NOTICE HO-MU-2000-RU-001.

REVISED AND/OR NEW PAGE NUMBERS ARE UNDERLINED

EXCEPTION PAGES

<u>HO-E-1, HO-E-2</u>	<u>2nd Edition 3-09</u>
<u>HO-E-3</u>	<u>3rd Edition 3-09</u>
<u>HO-E-4</u>	<u>6th Edition 3-09</u>
<u>HO-E-5</u>	<u>7th Edition 7-08</u>
<u>HO-E-6</u>	<u>5th Edition 10-07</u>
<u>HO-E-7, HO-E-8</u>	<u>4th Edition 7-07</u>
<u>HO-E-9</u>	<u>3rd Edition 7-07</u>
<u>HO-E-10</u>	<u>2nd Edition 7-07</u>

MPIUA EXCEPTION PAGES

MPIUA-HO-EXC-1 thru HO-EXC-2	4th Edition	Effective 12 - 15 - 2007
MPIUA-HO-EXC-3	1st Edition	Effective 12 - 15 - 2007
MPIUA-HO-EXC-4	1st Edition	Effective 03 - 01 - 2004

TERRITORY PAGES

<u>HO-T-1</u>	<u>2nd Edition 7-07</u>
---------------	-------------------------

MPIUA BASE CLASS PREMIUM PAGE

<u>HO-B-1</u>	<u>Effective 03 - 31 - 2010</u>
---------------	---------------------------------

CLASSIFICATION PAGES

<u>HO-C-1 thru HO-C-4</u>	<u>3rd Edition 10-07</u>
---------------------------	--------------------------

MPIUA RATE PAGES

HO-R-1	Effective 12 - 31 - 2001
<u>HO-R-2-3</u>	<u>Effective 03 - 31 - 2010</u>
HO-R-4	Effective 12 - 31 - 2001
<u>HO-R-5</u>	<u>Effective 03 - 31 - 2010</u>
HO-R-6 thru HO-R-8	Effective 12 - 31 - 2001
HO-R-9, HO-R-10	Effective 12 - 31 - 2002
<u>HO-R-11</u>	<u>Effective 03 - 31 - 2010</u>
<u>HO-R-12, HO-R-13</u>	<u>Effective 03 - 31 - 2010</u>
HO-R-14	Effective 12 - 31 - 2001
HO-R-15	Effective 12 - 31 - 2004

MPIUA RATING EXAMPLES SECTION

Premium Computation Worksheet
Examples 1 - 8

ISO's MULTISTATE NOTICE HO - MU - 2000 - RU - 001 DISPLAYS THE LATEST PAGE INFORMATION FOR MULTISTATE RULES PAGES TO BE USED.

ADDITIONAL RULE(S)

**RULE A1.
SPECIAL STATE REQUIREMENTS**

A. Special Provisions Endorsement HO 01 20

Use this endorsement with all Homeowners policies.

B. Amendatory Nonrenewal Endorsement HO 05 23

Use this endorsement with all Homeowners policies.

C. No Coverage For Home Day Care Business HO 04 96

This endorsement details the exclusions and restrictions of the policy with respect to a home day care exposure. Use this endorsement with all Homeowners policies.

D. Lead Poisoning Exclusion And Coverage Requirements

1. Lead Poisoning Exclusion Endorsement HO 24 41

- a. Use Lead Poisoning Exclusion Endorsement **HO 24 41** with all policies that insure, under Coverage **E** – Personal Liability, one or more locations with buildings **built before 1978** which contain one or more residential units rented or held for rental to others.
- b. This endorsement excludes coverage for bodily injury caused by the presence or exposure of lead in such rental units that do not have a Letter of Interim Control or Letter of Compliance obtained from an authorized lead inspector.
- c. Premium credits apply to policies with Lead Poisoning Exclusion Endorsement **HO 24 41**.
- d. Refer to the Additional Rule **A2**. Lead Poisoning Exclusion and Coverage Option for details.

2. Coverage For Lead Poisoning Endorsement HO 24 42

- a. For an additional premium, the policy may be further endorsed to override the lead poisoning exclusion.
- b. Refer to the Additional Rule **A2**. Lead Poisoning Exclusion and Coverage Option for details.

E. Water Exclusion Endorsement

Use Endorsement **HO 16 09** with all **HO 00 02**, **HO 00 04** and **HO 00 06** policies.

Use Endorsement **HO 16 10** with all **HO 00 03** and **HO 00 05** policies.

**RULE A2.
LEAD POISONING EXCLUSION AND COVERAGE OPTION**

A. Exclusion

1. Coverage may be excluded for bodily injury caused by the presence or exposure of lead in residential units, as described in **2.** below, including appliances, furnishings, fixtures, other than plumbing fixtures, other structures and common areas used in connection with such units.

Use Lead Poisoning Exclusion Endorsement **HO 24 41**.

2. The exclusion applies to a residential unit rented or held for rental to others, without a Letter of Interim Control or a Letter of Compliance, which is contained in either a one to four family building or a condominium or cooperative building **built before 1978**.

3. The exclusion does not apply to:
 - a. A one family dwelling or a condominium or cooperative unit owned and occupied by an insured.
 - b. A residential unit occupied by an insured in a multi-family building owned by an insured.
 - c. A one family dwelling, a residential unit not occupied by an insured in a multi-family building or a condominium or cooperative unit rented or held for rental to others for which a Letter of Interim Control or Letter of Compliance is in force.

4. The exclusion ceases to apply to any unit for which a Letter of Interim Control or a Letter of Compliance is obtained during the policy period, on and after the date such letter is in force.
5. Premium: Refer to Paragraph **F.1.** of this rule to develop the reduced premium.

B. Lead Poisoning Coverage Option

1. For an additional premium, the policy to which Lead Poisoning Exclusion Endorsement **HO 24 41** is attached may be further endorsed to override the Lead Poisoning Exclusion for any unit rented, or held for rental to others, at a single location, to which the exclusion applies.

Use Lead Poisoning Exclusion Endorsement **HO 24 41** and Coverage For Lead Poisoning Endorsement **HO 24 42**.

Separately identify, on Coverage For Lead Poisoning Endorsement **HO 24 42**, each unit to which Lead Poisoning Coverage applies.

2. Premium: Refer to Paragraph **F.2.** of this rule to develop the additional premium.

**RULE A2.
LEAD POISONING EXCLUSION AND COVERAGE
OPTION (Cont'd)**

C. Multiple Locations – Identification Of Locations/Units With Lead Poisoning Coverage

When Lead Poisoning Coverage does **not** apply to **all** locations insured under the policy, separately identify, on Coverage For Lead Poisoning Endorsement **HO 24 42**, each location and any units at each location to which Lead Poisoning Coverage applies.

D. Lead Poisoning Limit Of Liability

1. The minimum lead poisoning limit is \$100,000; the maximum is \$500,000.
2. The Lead Poisoning Limit of Liability:
 - a. May be the same or less than the Coverage **E** – Limit of Liability stated in the policy Declarations, subject to the minimum limit noted in **1.** above; it may **not** be more.
 - b. May be increased or decreased during the policy term subject to the conditions noted in **1.** and **2.a.** above.
 - c. Shall be entered on Coverage For Lead Poisoning Endorsement **HO 24 42**.
 - d. Does **not** increase the Coverage **E** – Limit of Liability stated in the policy Declarations.
3. When 2 or more locations are insured under the same policy for lead poisoning coverage, the lead poisoning limit shall be the **same** for **all** such locations.

E. Notification Requirements

1. The insured shall be provided with a Disclosure Notice when applying for insurance, or if a renewal, with each Renewal Policy delivered.
2. The Notice shall contain information on the following:
 - a. The lead poisoning exclusion that may apply;
 - b. The option to override the exclusion; and
 - c. The coverage limits and any conditions.
3. In the case of **NEW BUSINESS**, if the coverage option is not chosen at the time of policy application, the insured must again be informed, when the policy is delivered, of the exclusion and coverage option.
4. Unless otherwise agreed by the insured and insurer, if the coverage option is elected:
 - a. Within 30 days of receipt of the Notice, coverage will be effective on the inception date of the policy; or
 - b. After 30 days of receipt of the Notice, coverage will be effective as of the date of the request by the insured.

F. Premium

1. Reduced Premium Development

a. When Lead Poisoning Exclusion Endorsement **HO 24 41** is attached to the policy, reduced premiums apply based on the number of units at each location which are rented or held for rental to others and the number of such units:

- (1) To which the exclusion applies (See Table **A** in **d.** below);
- (2) With a Letter of Compliance (See Table **A** in **d.** below), or
- (3) With a Letter of Interim Control (See Table **B** in **d.** below).

b. Primary Location

If the primary location is a 2 or more family dwelling or a condominium unit multiply the Base Premium plus any additional premium or Coverage **E** increased limits by the factors in Table **A** and/or **B** below:

c. Additional Locations

For each additional location, multiply the Coverage **E** basic limits premium, or, if applicable, the increased limits premium, by the factors in Table **A** and/or **B** below.

d. Factors

Total No. of Rented Units at Same Location	Table A				Table B			
	No. of Units to Which the Exclusion Applies or With a Letter of Compliance				No. of Units With a Letter of Interim Control			
	1	2	3	4	1	2	3	4
1	.97	–	–	–	.98	–	–	–
2	.98	.97	–	–	.99	.98	–	–
3	.99	.98	.97	–	1.00	.99	.98	–
4	.99	.98	.97	.97	1.00	.99	.98	.98

Table F.1.d. Premium Factors

Primary Location is a 2 family dwelling built in 1964 with Unit #2 rented. Unit #2 does not have a Letter of Interim Control or a Letter of Compliance, hence the exclusion applies to that unit.

Primary Location factor is .97, a 3% credit. (This factor was selected from Table **A**.)

Additional Location is a 3 family dwelling built in 1951 with all 3 units rented. Unit #1 has a Letter of Compliance, Unit #2 has a Letter of Interim Control and Unit #3 has neither letter, hence the exclusion applies.

Additional Location factor is .98, a 2% credit. (This factor was determined from both Tables **A** and **B**.)

**RULE A2.
LEAD POISONING EXCLUSION AND COVERAGE
OPTION (Cont'd)**

A factor of .98 was selected from Table **A** because one unit is subject to the exclusion and another unit has a Letter of Compliance. Next a factor of 1.00 was selected from Table **B** because the third of the three rental units in the dwelling has a Letter of Interim Control. Hence, $.98 \times 1.00 = .98$ (Rounded to the nearest hundred).

2. Additional Premium Development

When Lead Poisoning Exclusion Endorsement **HO 24 41** and Coverage For Lead Poisoning Endorsement **HO 24 42** are attached to the policy:

- a. Develop the reduced premium as noted in **1.** above.
- b. Refer to the state rate pages and select the \$100,000 lead poisoning charge for the number of residential units, at **each** location, without a Letter of Interim Control or without a Letter of Compliance for which coverage is being purchased.
- c. For a higher lead poisoning limit, multiply the charge selected in **b.** above by the Coverage **E** increased limits factor in Rule **701**. Other Exposures – Personal Liability Increased Limits.

**RULE A4.
RELOCATION EXPENSES FOR TENANTS – HO 00 02,
HO 00 03 AND HO 00 05**

- A. Massachusetts HB 5914 requires "every policy which insures multi-unit residential property against loss or damage by fire shall provide additional benefits, by endorsement attached to the policy, up to a limit of seven hundred and fifty dollars, without deductible, for each rental unit to cover the actual costs of relocation of any tenant or lawful occupant displaced by fire or damage resulting from fire".
- B. The owner of a multi-unit dwelling must provide relocation expenses for tenants for \$750 for each rental unit.
- C. Refer to state company rate pages.
Use Tenants Relocation Expense Endorsement **HO 23 71**.

**RULE A5.
LIMITED FUNGI, WET OR DRY ROT OR BACTERIA
COVERAGE**

A. Coverage Description

1. Basic Limits

When the optional Limited Fungi, Wet Or Dry Rot, Or Bacteria Coverage Endorsement is attached to the policy, limited amounts of insurance are automatically provided as follows:

a. Section I – Fungi, Wet Or Dry Rot, Or Bacteria

\$10,000 to pay for loss to covered real or personal property, owned by an insured, that is damaged by fungi or wet or dry rot, or bacteria on the "residence premises" as defined in the coverage endorsements.

This Coverage applies only for the policy period in which the loss or costs occur.

b. Section II – Fungi, Wet Or Dry Rot, Or Bacteria

\$50,000 to pay for damages because of bodily injury or property damage involving the inhalation of, ingestion of, contact with, exposure to, existence of, or presence of any fungi, wet or dry rot, or bacteria.

B. Increased Limits

1. Section I – Fungi, Wet Or Dry Rot, Or Bacteria

- a. Limits may be increased to \$25,000 or \$50,000. The limit selected is entered on the coverage endorsements or the policy declarations.

- b. Refer to Paragraph **D.** Premium Computation, for premium computation instructions.

2. Section II – Fungi, Wet Or Dry Rot, Or Bacteria

- a. Limits may be increased to \$100,000. The limit selected is entered on the coverage endorsements or the policy declarations.

- b. Refer to Paragraph **D.** Premium Computation, for premium computation instructions.

C. Application Of Limits Of Liability

1. For Property Coverage, the \$10,000 or the limit selected is the most coverage that will be provided during the policy period regardless of the number of locations insured for Limited Fungi, Wet Or Dry Rot, Or Bacteria Coverage or the number of claims made during the policy period.
2. For Liability Coverage, \$50,000 or the limit selected is an aggregate limit and is the most coverage that will be provided during the policy period regardless of the number of persons injured, the number of persons whose property is damaged, the number of insureds, the number of locations insured under this policy or the number of bodily injury or property damage claims made.

**RULE A5.
LIMITED FUNGI, WET OR DRY ROT OR BACTERIA
COVERAGE (Cont'd)**

D. Premium Computation**1. Basic Limits**

There is no premium adjustment.

2. Increased Limits

Refer to state company rates for an additional charge.

E. Endorsements

1. Use Limited Fungi, Wet Or Dry Rot, Or Bacteria Coverage Endorsement:
 - a. **HO 04 26** – For use with all Forms except **HO 00 03**.
 - b. **HO 04 27** – For use with Form **HO 00 03**.
 - c. **HO 04 28** – For use with Forms **HO 00 04** with **HO 05 24** and Form **HO 00 06** with **HO 17 31** or **HO 17 32**.
2. These endorsements provide complete details on coverages, limitations, definitions and additional policy conditions applicable to this coverage. Enter the applicable Section **I** – Property Coverage Limit Of Liability for the Additional Coverage Fungi, Wet Or Dry Rot, Or Bacteria and the Section **II** – Coverage **E** Aggregate Sub-limit Of Liability For Fungi, Wet Or Dry Rot, Or Bacteria.

**RULE A6.
COMMUNITY MITIGATION CLASSIFICATION MANUAL**

With the renaming of the Public Protection Classification (PPC) Manual all references to the PPC Manual shall be understood to be references to the Community Mitigation Classification Manual.

**RULE A7.
IDENTITY FRAUD EXPENSE COVERAGE**

A. Coverage Description

When the optional Identity Fraud Expense Coverage endorsement is attached to the policy, \$15,000 of coverage is available to pay for expenses incurred by an insured as a direct result of any one identity fraud first discovered or learned of during the policy period. Such expenses include the costs for notarizing fraud affidavits or similar documents; certified mail sent to law enforcement, financial institutions and credit agencies; lost income resulting from time taken off work to meet with or talk to law enforcement or credit agencies; loan application fees for re-applying for a loan when the application is rejected solely because the lender received incorrect credit information; and reasonable attorney's fees incurred to defend lawsuits brought against the insured and to remove criminal or civil judgments.

B. Limits Of Liability

Up to \$15,000 coverage will be provided for the identity fraud of an insured discovered or first learned of during the policy period.

C. Premium Computation

Refer to state company rates for additional charge.

D. Endorsements

1. Use Identity Fraud Expense Coverage Endorsement **HO 04 55**.
2. This endorsement provides complete details on coverages, definitions and additional policy conditions applicable to this coverage.

**RULE A8.
LOSS HISTORY RATING PLAN – ALL FORMS**

A. Introduction

The Loss History Rating Plan recognizes the loss history of an insured or applicant, for both property and liability coverages, in determining the appropriate premium for a new or renewal policy.

B. Eligibility

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

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

C. Exceptions

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

1. A loss resulting from windstorm or hail.
2. A loss resulting from earthquake, mine subsidence or sinkhole collapse.
3. A loss for which payment occurred only with respect to Medical Payments To Others or similar coverage.
4. A loss to a dwelling currently owned by an insured or applicant which occurred prior to ownership.

D. Refund Of Increased Premium

If, after an increased premium is generated based on the requirements of this Plan, it is determined that a loss does not meet the requirements of this Plan, the insurer shall refund the increased portion of the premium attributable to such loss as generated by the Plan.

**RULE A8.
LOSS HISTORY RATING PLAN – ALL FORMS (Cont'd)**

E. Administration Of Loss History Rating Plan

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

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

F. Premium Computation

Multiply the Base Premium by the appropriate factor from the following table:

Number Of Eligible Losses	Factor
0	1.000
1	1.200
2	1.300
3	1.400
4 or More	1.500

Table A8.F. Premium Computation

**PART I
COVERAGE AND DEFINITION TYPE RULES**

**RULE 104.
ELIGIBILITY**

Form **HO 00 08** is not available. Disregard all references to it in the General Rules.

**PART II
SERVICING TYPE RULES**

**RULE 209.
RESTRICTION OF INDIVIDUAL POLICIES**

The following paragraph is added:

The following recommended form of request signed by the Named Insured shall be submitted in duplicate to the Insurance Department for approval: Request for Issuance of a Policy Subject to Restriction in coverage.

The coverage afforded under the policy to which this endorsement is attached is not obtainable by the undersigned Named Insured at standard rates and its issuance is therefore requested subject to the following restriction:

(Insert here applicable restriction)

(Signature of Named Insured)

The following endorsement, duplicate copies of which shall be signed by the Named Insured and the company, shall be attached to the policy and the daily report:

At the request of the Named Insured, it is agreed that this policy is restricted in the following respects:

(Insert here applicable restriction)

_____ Insurance Company

By _____
(Title)

(Signature of Named Insured)

**PART III
BASE PREMIUM COMPUTATION RULES**

**RULE 303.
ORDINANCE OR LAW COVERAGE ALL FORMS
EXCEPT HO 00 08**

Table 303.B.2.a. is replaced by the following:

- B. Increased Amount Of Coverage**
- 2. Premium Determination**
- a. Forms HO 00 02, HO 00 03 And HO 00 05**

Percentage Of Coverage A		
Increase In Amount	Total Amount	Factors
15%	25%	1.03
40%	50%	1.07
65%	75%	1.11
90%	100%	1.15
For each add'l 25% increment, add:		.04

Table 303.B.2.a. Factors

**PART IV
ADJUSTED BASE PREMIUM COMPUTATION RULES**

**RULE 406.
DEDUCTIBLES**

Paragraph C.3.a.(2) is replaced by the following:

- C. Optional Higher Deductible**
- 3. Windstorm Or Hail Deductibles (All Forms Except HO 00 04 And HO 00 06)**
- a. Percentage Deductibles**
- (2) Endorsement**

Attach Windstorm Or Hail Percentage Deductible Endorsement **HO 03 12** to the policy and enter on the policy declarations the dollar amount of the percentage deductible that applies to Windstorm or Hail and the dollar amount that applies to All Other Section I Perils.

Example

- Deductible – Section I \$250 except Windstorm or Hail \$___ (1% of Coverage A limit)
- Deductible – Section I \$100 except:
 - \$250 for Theft of Personal Property; and
 - Windstorm or Hail \$___ (2% of the Coverage A limit)

**RULE 407.
ADDITIONAL AMOUNTS OF INSURANCE – FORMS
HO 00 02, HO 00 03 AND HO 00 05**

Paragraph C.1.c. is deleted and replaced by the following:

- C. Options Available**
- 1. Specified Additional Amount Of Insurance For Coverage A Only**
- c. Use Specified Additional Amount of Insurance for Coverage A Endorsement HO 05 08.**

Paragraph C.2.c. is deleted and replaced by the following:

- 2. Additional Limits Of Liability For Coverages A, B, C, And D**
- c. Use Additional Limits of Liability for Coverages A, B, C, and D Endorsement HO 05 02.**

**RULE 408.
ACTUAL CASH VALUE LOSS SETTLEMENT
WINDSTORM OR HAIL LOSSES TO ROOF SURFACING**

This rule does **not** apply.

**RULE 410.
BUILDING CODE EFFECTIVENESS GRADING**

Paragraph E.1.c. is replaced by the following:

E. Premium Credit Computation

1. Community Grading

c. Credit Factors

(1) Windstorm Or Hail Factors

**(a) Forms HO 00 02, HO 00 03, And
HO 00 05**

Grade	1	2	3	4	5	6	7	8	9	10	Ungraded
Territory											
2-32, 34-36	.03	.03	.03	.02	.02	.02	.02	.01	.01	.00	.00
38-50	.03	.03	.03	.02	.02	.02	.02	.01	.01	.00	.00
33-37	.04	.04	.04	.03	.03	.03	.03	.02	.02	.00	.00

Table 410.E.1.c.(1)(a) Windstorm Or Hail Factors

(b) Form HO 00 04

Grade	1	2	3	4	5	6	7	8	9	10	Ungraded
Territory											
2-50	.03	.03	.03	.02	.02	.02	.02	.01	.01	.00	.00

Table 410.E.1.c.(1)(b) Windstorm Or Hail Factors

(c) Form HO 00 06

Grade	1	2	3	4	5	6	7	8	9	10	Ungraded
Territory											
2-36, 38-50	.03	.03	.03	.02	.02	.02	.02	.01	.01	.00	.00
37	.05	.05	.05	.03	.03	.03	.03	.01	.01	.00	.00

Table 410.E.1.c.(1)(c) Windstorm Or Hail Factors

(2) Earthquake Factors

Grade	1	2	3	4	5	6	7	8	9	10	Ungraded
EQ Terr.											
Statewide	.10	.10	.10	.06	.06	.06	.06	.02	.02	.00	.00

Table 410.E.1.c.(2) Earthquake Factors

**PART V
SECTION I – PROPERTY – ADDITIONAL COVERAGES
AND INCREASED LIMITS RULES**

**RULE 505.
EARTHQUAKE COVERAGE**

Paragraphs **D.6.** and **D.7.** are replaced by the following:

D. Base Premium

- 6. Building Or Non-Building Structure Items – All Forms:

Multiply the rate in Column G of the table by the appropriate limit of liability for the following Building or Non-Building Structure items, as applicable, and add to the applicable premium determined in Paragraph **D.3.**, **D.4.** or **D.5.**:

- a. Other Structures – Structures Rented To Others Residence Premises;
- b. Other Structures On The Residence Premises – Increased Limits;
- c. Specific Structures Away From The Residence Premises;
- d. Building Additions And Alterations – Other Residence; and
- e. Building Additions And Alterations Increased Limit Form **HO 00 04.**

- 7. Ordinance Or Law – Increased Limit – All Forms:

When the basic Ordinance or Law Coverage limit is increased the earthquake premium is developed based on the increased limit of insurance.

- a. For Forms **HO 00 02**, **HO 00 03** and **HO 00 05**, multiply the rate determined in Paragraph **D.3.a.** by the appropriate factor selected from Rule **303.B.2.a.**
- b. For Forms **HO 00 04** and **HO 00 06**, the premium for this additional coverage is determined based on the dollar amount of increase, represented by the increased percentage amount selected above the basic limit. The rate for each additional \$1,000 of insurance is determined as follows:
 - (1) For Form **HO 00 04**, multiply the rate in Column G of the table by .30.
 - (2) For Form **HO 00 06**, multiply the rate in Column E of the table by .30.

and add to the applicable premium determined in Paragraph **D.4.** or **D.5.**

**RULE 513.
ORDINANCE OR LAW INCREASED AMOUNT OF
COVERAGE – HO 00 04 AND HO 00 06**

Paragraph **B.2.** is replaced by the following:

B. Premium Determination

- 2. The premium for each additional \$1,000 of insurance is developed by multiplying the **HO 00 04** or **HO 00 06**, whichever is appropriate, Key Factor for "Each Add'l \$1,000" by .30 and then multiplying that amount by the appropriate Key Premium.

**RULE 528.
HOME BUSINESS INSURANCE COVERAGE**

Table **528.D.2.a.** is replaced by the following:

Gross Annual Receipts*	HO 00 02, 3, AND 5	HO 00 04	HO 00 06
Up to \$50,000	.10	.50	.40
\$ 50,001 to \$100,000	.14	.70	.56
100,001 to 175,000	.19	.95	.76
175,001 to 250,000	.25	1.30	1.00

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

Table 528.D.2.a. Factors

**PART VI
SECTION II – LIABILITY – ADDITIONAL COVERAGES
AND INCREASED LIMITS RULES**

**RULE 606.
COMPUTER-RELATED DAMAGE OR INJURY
EXCLUSION AND COVERAGE OPTIONS**

This rule does not apply.

**RULE 614.
FARMERS PERSONAL LIABILITY**

Paragraph **B.3.** does not apply.

**RULE 616.
OPTIONAL PROPERTY REMEDIATION FOR ESCAPED
LIQUID FUEL AND LIMITED ESCAPED LIQUID FUEL
LIABILITY COVERAGES**

The title of Rule 616. **Optional Property Remediation For Escaped Liquid Fuel And Limited Lead And Escaped Liquid Fuel Liability Coverages** is replaced by the preceding title.

A. Coverage Outline

1. Basic Limits

When the optional Property Remediation For Escaped Liquid Fuel And Limited Escaped Liquid Fuel Liability Coverages Endorsement is attached to the policy, limited amounts of insurance are automatically provided as follows:

a. Section I – Property Remediation For Escaped Liquid Fuel Coverage

\$10,000 to pay for loss to covered real or personal property, owned by an insured, that is damaged by liquid fuel that escapes from a fuel system on the residence premises as defined in the coverage endorsements. Covered real property includes land, other than farm land, owned by an insured, on which a building or structure is located.

In addition to the primary residence identified in the policy declarations, the defined term "residence premises" also includes other locations owned by an insured but only if such locations have a fuel system, is specifically insured under Section II of the policy and is declared on the schedule in the aforementioned coverage endorsements. Enter the address of such locations on these endorsements or the policy declarations. The other locations may be owner occupied or rented to others.

This Property Remediation Coverage applies only for the policy period in which the insured first discovers or first learns of the escaped fuel, even if the escape began before that policy period.

b. Section II – Limited Escaped Liquid Fuel Liability Coverages

\$50,000 to pay for damages because of bodily injury or property damage involving fuel that escapes from a fuel system from **any** location insured under the policy.

2. Fuel System

a. "Fuel System" is defined in the coverage endorsements. Briefly, it includes one or more fuel storage containers, tanks, or vessels with a total combined capacity of 100 or more U.S. gallons at any one location and any related equipment such as a furnace, a water heater, fittings and pipes connecting a furnace or water heater to the fuel storage tank, and filler pipes and flues connected to a fuel storage tank.

b. When the total combined storage capacity of liquid fuel at any insured location is less than 100 U.S. gallons, the:

- (1) Property Remediation Coverage does not apply to that location; and
- (2) Policy limits and provisions apply for Escaped Liquid Fuel Liability to that location.

3. Endorsements

a. Use Property Remediation For Escaped Liquid Fuel And Limited Escaped Liquid Fuel Liability Coverages Endorsement:

- (1) **HO 05 72** – For all forms other than **HO 00 04** and **HO 00 06**.
- (2) **HO 05 73** – For Form **HO 00 04**.
- (3) **HO 05 74** – For Form **HO 00 06**.

b. These endorsements provide complete details on coverages, limitations, definitions and additional policy conditions applicable to this coverage. Enter the limits of liability that apply to the Property Remediation Coverage and the Limited Liability Coverage on the endorsement. Also enter on this endorsement the address of any other location, other than the primary residence, to be insured for Property Remediation Coverage.

c. Do not use these endorsements when Farmers Personal Liability Endorsement **HO 24 73** is part of this policy.

B. Higher Limits

1. Section I – Property Remediation Coverage

- a.** Limits may be increased to \$25,000, \$50,000 or \$100,000. The limit selected is entered on the coverage endorsements or the policy declarations.
- b.** Refer to Paragraph **D. Rating Basis**, for premium computation instructions.

2. Section II – Escaped Fuel Liability Coverage

- a.** Limits may be increased to \$100,000 or \$300,000. The limit selected is entered on the coverage endorsements or the policy declarations.
- b.** Refer to Paragraph **D. Rating Basis**, for premium computation instructions.

3. Rating Information For Property Remediation For Escaped Liquid Fuel and Limited Escaped Liquid Fuel Liability Coverages Endorsement HO 05 75

Attach this optional endorsement to the policy and enter the applicable Risk Class Numbers on the policy declarations. If the insurer shows this rating information elsewhere in the policy, this endorsement does not have to be used.

ADDITIONAL EXCEPTIONS (S) TO GENERAL RULES

406. DEDUCTIBLES

The following is added to paragraph C.3.b. Higher Fixed-Dollar Deductibles:

Deductible amount of \$500 is also available with the following deductible factors:

<u>\$500 Windstorm or Hail Deductible</u>				
Coverage A Limit				
	\$60,000		\$100,000	
Perils	Up to	to	to	\$200,001
Ded. Amount	\$59,999	99,999	200,000	and over
All				
Other				
\$ 100	1.06	1.07	1.08	1.08
\$ 250	.98	.98	.99	.99

The following paragraph is added:

**D. Minimum Windstorm or Hail Deductible Requirement -
All Forms Except HO 00 04 and HO 00 06**

- For a reduced premium, a minimum Windstorm or Hail deductible applies to all policies provided that the dollar amount of the minimum deductible according to this rule exceeds the amount of the deductible applicable to All Other Section I perils. This minimum deductible varies by Coverage A limit and distance of the property from the coast as shown in Table A and Table B. The Named Insured may select a higher fixed-dollar deductible or a percentage deductible with a dollar amount that exceeds the applicable Minimum Windstorm or Hail Deductible amount.
- To compute the premium for this provision, use the Coverage A limit and location of the risk to determine the applicable Minimum Windstorm or Hail Deductible and then follow the instructions given in C.3.a. (5) and C.3. a. (6) for a percentage deductible and in C.3.b. (4) and C.3.b. (5) for a higher fixed-dollar deductible.

3. Minimum Windstorm Or Hail Deductible By Coverage A Limit And Distance Of The Property From The Coast

Table A

Cov A Amt In (000)	Entire Dukes & Nantucket Counties	Barnstable County		Rest of State	
		With in ½ mile of Coast	More than ½ mile from Coast	With in ½ mile of Coast	More than ½ mile from Coast
Up to 99	2%	2%	2%	1%	S
100 – 199	2%	2%	2%	1%	E
200 – 299	5%	2%	2%	1%	E
300 – 399	5%	2%	2%	1%	
400 – 499	5%	2 %	2%	1%	T
500 – 599	5%	2%	2%	2%	A
600 – 699	5%	5%	2%	2%	B
700 – 799	5%	5%	2%	2%	L
800 – 899	5%	5%	2%	2%	E
900 – 999	5%	5%	2%	2%	
1000	5%	5%	2%	2%	B

Table B

All Other Perils Ded. Amount	Up to \$59,999	Coverage A Limit			
		\$60,000 to 124,999	\$125,000 to 249,999	\$250,000 to 599,999	\$600,000 and Over
\$ 100	NONE	\$500	\$1000	\$2000	\$5000
\$ 250	NONE	\$500	\$1000	\$2000	\$5000
\$ 500	NONE	NONE	\$1000	\$2000	\$5000
\$1000	NONE	NONE	NONE	\$2000	\$5000
\$2500	NONE	NONE	NONE	NONE	\$5000

- The Minimum Windstorm or Hail Deductible as shown in Table A and B may be removed or reduced as shown in Table C below if the Insured has taken all or some of the required measures (See D.7.) to protect their home from wind damage.

5. Requirements for Removal or Reduction of Minimum
Windstorm or Hail Deductible

Table C

(1) Mitigation Steps Taken	(2) Windstorm or Hail Deductible Requirement As Per Rule (406.D.3.)	(3) Revised Windstorm or Hail Deductible Requirement
All (D.7.i-v)	Any	All Perils Deductible
Roof & Foundation (D.7.v)	5%	1%
	2%	All Perils Deductible
	1%	All Perils Deductible
	5,000	1,000
	2,000	All Perils Deductible
Roof Only (D.7.v)	1,000	All Perils Deductible
	5%	2%
	2%	1%
	1%	All Perils Deductible
	5,000	1,000
All Windows & All Glass Doors (D.7.i-iii)	2,000	500
	1,000	All Perils Deductible
	5%	2%
	2%	1%
	1%	All Perils Deductible
	5,000	1,000
	2,000	500
	1,000	All Perils Deductible

Suppose the insured has taken the required mitigation steps for Roof & Foundation connections (D.7.v.) only. Then the Windstorm or Hail Deductible of 5% is reduced to 1% as per Column (3) of Rule 406. D. 5. Table C. For premium computation, in lieu of using Deductible Factor of .93 (i.e. a credit of 7%) corresponding to All Perils Deductible of \$500 and Windstorm or Hail Deductible of 1%, see Table 406.C.3.a.(6)#1, use the Deductible Factor of .89 (i.e. a credit of 11%) corresponding to the All Perils Deductible of \$500 and Windstorm or Hail Deductible of 5% as provided in Rule 406. D. (6).

Example (2): Consider a home in Barnstable County with a Coverage A Amount of \$250,000 and All Perils Deductible of \$500. According to the Rule 406. D. 3. Table A, a Minimum Windstorm or Hail Deductible of 2% will apply to the policy. To compute the premium for this provision i.e. All Perils Deductible of \$500 and Windstorm or Hail Deductible of 2% with Coverage A Amount of \$250,000 multiply the Base Premium with the Deductible Factor of .91 (i.e. a credit of 9%) according to the Rule 406. C.3.a. (6). See Table 406.C.3.a.(6)#2.

Suppose the insured has taken the required mitigation steps for Roof & Foundation connections (D.7.v.) only. Then the Windstorm or Hail Deductible of 2% is removed and the policy is then subject to All Perils Deductible of \$500 as per Column (3) of Rule 406. D. 5. Table C. For premium computation, in lieu of using Deductible Factor of .96 (i.e. a credit of 4%) corresponding to All Perils Deductible of \$500 with Coverage A Amount of \$250,000, see Table 406.C.1, use the Deductible Factor of .91 (i.e. a credit of 9%) corresponding to the All Perils Deductible of \$500 and Windstorm or Hail Deductible of 2% as provided in Rule 406. D.(6).

6. If the Windstorm or Hail Deductible is removed or reduced as per column (3), for premium computation use the Windstorm or Hail Deductible Factor corresponding to the applicable Minimum Windstorm or Hail Deductible shown in column (2).

Example (1): Consider a home in Dukes County with Coverage A Amount of \$250,000 and All Perils Deductible of \$500. According to the Rule 406. D. 3. Table A, a Minimum Windstorm or Hail Deductible of 5% will apply to the policy. To compute the premium for this provision i.e. All Perils Deductible of \$500 and Windstorm or Hail Deductible of 5% with Coverage A Amount of \$250,000 multiply the Base Premium with the Deductible Factor of .89 (i.e. a credit of 11%) according to the Rule 406. C.3.a. (6). See Table 406.C.3.a.(6)#3.

7. The measures required to protect a home from major wind damage and to remove or reduce the minimum windstorm or hail deductible include installation of:
- i. **Windows:** Installation of impact resistant glass or impact resistant shutters that close over window openings to prevent flying debris from breaking window panes. If Plywood Shutters are being used, the following guidelines must be followed:
 - Minimum 5/8" thickness
 - Must not be used on openings greater than 8'x4'. The plywood must overlap the opening by 4" on each side.
 - Must be pressure treated to resist moisture damage and stored inside.
 - All panels must be pre-cut, pre-drilled and labeled for ease of installation. Four 1/4" holes must be drilled in the center area of each panel to relieve pressure during a hurricane.
 - Plywood panels up to 3' x 4' must use 1/4" bolts that have contact with the wall anchor of at least 1 1/4" on frame or masonry walls. Larger sheets of plywood require 3/8" bolts that have contact with the wall anchor of at least 1 3/4" on frame walls and 1 1/2" on masonry walls.
 - The building must be pre-drilled for wall anchors. The anchors and corresponding bolts must be kept in the wall at all times. The holes for the bolts must be 2 1/2" from the edge of the plywood at intervals of not greater than 12".
 - All bolts and wall anchors must be corrosion resistant.
 - ii. **Entry Doors:** Installation of at least 3 hinges and a dead bolt security lock with a bolt at least one inch long.
 - iii. **Patio Doors:** Sliding glass doors are more vulnerable to wind damage than most other doors. Installation of impact resistant door systems made of laminated glass or plastic glazing is necessary to prevent flying debris from breaking the glass.
 - iv. **Garage Doors:** Because of their size, garage doors are highly susceptible to wind damage. Install a garage door and track system that is labeled and rated for high wind pressures and debris impact. One such label is SBCC1 (Standard Building Code Congress International). Or, proof that a qualified inspector has determined your garage door and track system can resist high winds and has installed permanent metal stiffeners.
 - v. **Roof and Foundation Connections:** The points where the roof and the foundation meet the walls of the home are extremely important if it is to resist high winds and pressures they place on the entire structure.
 - a. The roof must be anchored to the walls with metal clips and straps.
 - b. The walls must be properly anchored to the foundation.
 - c. If the house is more than one story, the upper story wall framing must be firmly connected to the lower framing.

Required Documentation:

1. Proof that these measures have been made is required for the wind deductible to be removed or reduced. Proof may be obtained by the receipt of a signed statement from a qualified contractor certifying these measures are in place. A copy of the certificate must be submitted with the application.

SPECIAL STATE REQUIREMENTS

ADDITIONAL RULE
Rule A2

LEAD POISONING EXCLUSION AND COVERAGE OPTION

Paragraph F.1. is replaced by the following:

1. Reduced Premium Development

When Lead Poisoning Exclusion Endorsement **HO 24 41** is attached to the policy, calculate reduced premiums as follows:

- a. Primary Location
If the primary location is a 2 or more family dwelling or a condominium unit multiply the BASE PREMIUM plus any additional premium for Coverage E increased limits by a factor of .97.
- b. Additional Locations
For each additional location, multiply the coverage E basic limits premium, or, if applicable, the increased limits premium by a factor of .97.

Rule A5

LIMITED FUNGI, WET OR DRY ROT OR BACTERIA COVERAGE

The following paragraph is added:

F. MPIUA Requirement

Use appropriate Limited Fungi, Wet or Dry Rot or Bacteria Coverage Endorsement with all Homeowners policies. Increased limits as shown in paragraph B. are available.

1. TERRITORY ASSIGNMENT

- a. As ZIP code boundaries are changed by the United States Postal Service (USPS), a new ZIP code may be created. This new ZIP code may not yet be listed below. If this is the case, use the rating territory that corresponds to the ZIP code that formerly applied to the risk.
- b. Future USPS ZIP code changes will be reflected in ISO's territory definitions in accordance with the ISO ZIP Code Territory maintenance procedures on file with the Insurance Department. Manual pages will be updated on a regular basis to reflect future ZIP code changes.

2. TERRITORY DEFINITIONS – (For all Coverages and Perils Other Than Earthquake).

A. Cities

City of	County of	Code
Boston		
– District A*	Suffolk	02
– District B**	Suffolk	03
– District C***	Suffolk	04
– Except Districts A, B & C	Suffolk	11
Brockton	Plymouth	35
Brookline	Norfolk	12
Cambridge	Middlesex	41
Chicopee	Hampden	48
Fall River	Bristol	32
Holyoke	Hampden	48
Lawrence	Essex	38
Lowell	Middlesex	42
Lynn	Essex	39
New Bedford	Bristol	33
Newton	Middlesex	43
Quincy	Norfolk	30
Somerville	Middlesex	41
Springfield	Hampden	47
Worcester	Worcester	45

* District A – All of Charlestown and East Boston and those portions of South Boston, Roxbury, and Dorchester bounded by a line drawn as follows – excluding "Old Harbor Village" Housing Project:

Beginning at Dorchester Avenue and First Street; through the center of Dorchester Avenue, Andrew Square, Southampton Street, Albany Street, Eustis Street, Dearborn Street, Dudley Street to the N.Y., N.H. & H.R.R., southerly along the railroad to Talbot Avenue, Dorchester Avenue, Bay Street, easterly to the N.Y., N.H. & H.R.R., northerly along the railroad to Columbia Road, Farragut Road, First Street to Dorchester Avenue.

** District B – That portion of the South End district bounded by a line drawn as follows:

Beginning at Albany and Kneeland Streets, through the center of Kneeland Street, Stuart Street, Columbus Avenue, Buckingham Street to the N.Y., N.H. & H.R.R., along the railroad to Ruggles Street, Washington Street, Palmer Street, Harrison Avenue, Eustis Street, Albany Street to Kneeland Street.

*** District C – That portion of the Roxbury and Dorchester Districts bounded by a line drawn as follows:

Beginning at Ruggles Street and the N.Y., N.H. & H.R.R., southerly along the railroad to Roxbury Street, through the center of Roxbury Street, Dudley Street, Washington Street, Columbus Avenue, Seaver Street, Blue Hill Avenue, American Legion Highway, Austin Street, Harvard Street, Walk Hill Street, Almont Street, Blue Hill Avenue to the N.Y., N.H. & H.R.R., northerly along the railroad to Dudley Street, Dearborn Street, Eustis Street, Harrison Avenue, Palmer Street, Washington Street, Ruggles Street to the N.Y., N.H. & H.R.R.

B. Other Than Cities

County of	Code
Barnstable	37
Berkshire	50
Bristol	
– Except Fall River & New Bedford	34
Dukes	37
Essex	
– Except Lawrence & Lynn	40
Franklin	50
Hampden	
– Except Chicopee Holyoke & Springfield	49
Hampshire	49
Middlesex	
– Except Cambridge, Lowell, Newton & Somerville	44
Nantucket	37
Norfolk	
– Except Brookline & Quincy	31
Plymouth	
– Except Brockton	36
Suffolk	
– Except Boston	05
Worcester	
– Except City of Worcester	46

3. TERRITORY DEFINITIONS – EARTHQUAKE

	EQ Territory
Entire State	21

301. BASE PREMIUM COMPUTATION
 BASE CLASS PREMIUM TABLE

	TERRITORY	HO 00 03	HO 00 04	HO 00 06
	02	723	120	122
	03	786	123	122
	04	880	124	122
	05	888	107	128
	11	665	118	126
	12	976	142	157
	30	471	95	121
	31	747	129	133
	32	525	82	84
	33	567	83	93
	34	763	114	105
	35	669	98	96
	36	816	113	107
	37	835	111	104
	38	570	87	94
	39	714	85	104
	40	704	102	108
	41	529	76	86
	42	552	77	97
	43	725	104	106
	44	642	115	106
	45	531	112	113
	46	524	125	103
	47	676	113	112
	48	502	126	105
	49	476	125	106
	50	482	125	105

**RULE 301.
BASE PREMIUM COMPUTATION**

A. All Forms Except HO 00 04 And HO 00 06

1. Classification Tables

a. One And Two Family

Form Factors	
Form	Factors
HO 00 02	.90
HO 00 03	1.00
HO 00 05	1.30

Table 301.A.1.a.#1 Form Factors

Protection Construction Factors		
Protection Class	Construction*	
	Frame	Masonry
1	.96	.86
2	.97	.87
3	.98	.88
4	.99	.89
5	1.00	.90
6	1.01	.91
7	1.10	1.00
8	1.10	1.00
8B	1.16	1.06
9	1.20	1.10
10	1.30	1.20

* Masonry Veneer is rated as Masonry. Aluminum or Plastic Siding over Frame is rated as Frame.

Table 301.A.1.a.#2 Protection Construction Factors

b.Three And Four Family Factor 1.25

The Key Factor Tables follow.

RULE 301.
BASE PREMIUM COMPUTATION (Cont'd)

2. Key Factor Table

Cov. A Amt. (In 000)	Territory Groups+		Cov. A Amt. (In 000)	Territory Groups+	
	A	B		A	B
**\$ 10	.580	.648	\$ 96	.958	.985
** 12	.581	.649	98	.979	.992
** 14	.582	.650	100	1.000	1.000
** 16	.583	.651	105	1.008	1.023
** 18	.584	.652	110	1.015	1.045
** 20	.585	.653	115	1.025	1.072
** 22	.587	.655	120	1.034	1.098
** 24	.588	.656	125	1.045	1.128
26	.590	.658	130	1.055	1.157
28	.593	.661	135	1.068	1.190
30	.595	.663	140	1.080	1.222
32	.599	.668	145	1.094	1.258
34	.604	.673	150	1.108	1.293
36	.609	.678	155	1.124	1.331
38	.614	.684	160	1.140	1.369
40	.619	.690	165	1.157	1.409
42	.624	.699	170	1.174	1.448
44	.629	.708	175	1.193	1.490
46	.635	.717	180	1.212	1.531
48	.640	.728	185	1.232	1.574
50	.645	.738	190	1.252	1.617
52	.651	.752	195	1.274	1.661
54	.658	.765	200	1.296	1.705
56	.665	.780	205	1.319	1.749
58	.674	.795	210	1.342	1.793
60	.683	.811	215	1.367	1.838
62	.693	.829	220	1.392	1.882
64	.704	.847	225	1.418	1.926
66	.715	.866	230	1.444	1.969
68	.728	.887	235	1.471	2.014
70	.740	.907	240	1.498	2.059
72	.754	.913	245	1.527	2.104
74	.769	.920	250	1.555	2.149
76	.784	.925	255	1.585	2.194
78	.800	.929	260	1.615	2.239
80	.816	.933	265	1.646	2.284
82	.830	.939	270	1.677	2.329
84	.844	.945	275	1.709	2.374
86	.859	.951	280	1.741	2.419
88	.876	.956	285	1.774	2.464
90	.892	.962	290	1.807	2.509
92	.914	.970	295	1.842	2.554
94	.937	.977	300	1.876	2.599
Each Add'l \$1,000				.007	.009

Minimum Limits Of Liability	
**Section I – Property	HO 00 02, 03 & 05
Primary Location	\$ 25,000
Secondary Location	\$ 15,000
Section II – Liability	All Forms
Personal Liability	\$ 100,000
Medical Payments to Others	1,000
+ Territory Groups	
A=Territories 02-05, 11, 12, 31, 36, 37, 39-41, 43, 44	
B=Territories 30, 32-35, 38, 42, 45-50	

Table 301.A.2. Key Factors

RULE 301.
BASE PREMIUM COMPUTATION (Cont'd)

B. Form HO 00 04

1. Classification Table

Protection Construction Factors		
Protection Class	Construction*	
	Frame	Masonry
1	.96	.86
2	.97	.87
3	.98	.88
4	.99	.89
5	1.00	.90
6	1.01	.91
7	1.30	.92
8	1.30	.93
8B	1.48	1.03
9	1.60	1.10
10	1.80	1.10

* Masonry Veneer is rated as Masonry. Aluminum or Plastic Siding over Frame is rated as Frame.

Table 301.B.1. Protection Construction Factors

2. Key Factor Table

Cov. C Amt. (in 000)	Factor	Cov. C Amt. (in 000)	Factor
**\$ 6	.356	\$ 48	2.064
7	.402	49	2.102
8	.448	50	2.140
9	.494	51	2.178
10	.540	52	2.216
11	.584	53	2.254
12	.628	54	2.292
13	.672	55	2.330
14	.716	56	2.358
15	.760	57	2.386
16	.808	58	2.414
17	.856	59	2.442
18	.904	60	2.470
19	.952	61	2.498
20	1.000	62	2.526
21	1.038	63	2.554
22	1.076	64	2.582
23	1.114	65	2.610
24	1.152	66	2.638
25	1.190	67	2.666
26	1.228	68	2.694
27	1.266	69	2.722
28	1.304	70	2.750
29	1.342	71	2.778
30	1.380	72	2.806
31	1.418	73	2.834
32	1.456	74	2.862
33	1.494	75	2.890
34	1.532	76	2.918
35	1.570	77	2.946
36	1.608	78	2.974
37	1.646	79	3.002
38	1.684	80	3.030
39	1.722	81	3.058
40	1.760	82	3.086
41	1.798	83	3.114
42	1.836	84	3.142
43	1.874	85	3.170
44	1.912	86	3.198
45	1.950	87	3.226
46	1.988	88	3.254
47	2.026	89	3.282
Each Add'l \$1,000			.028
Minimum Limits Of Liability			
**Section I – Property			
\$6,000			
Section II – Liability			
Personal Liability	\$ 100,000		
Medical Payments to Others	1,000		

Table 301.B.2. Key Factors

RULE 301.
BASE PREMIUM COMPUTATION (Cont'd)

C. Form HO 00 06

1. Classification Table

Protection Construction Factors		
Protection Class	Construction*	
	Frame	Masonry
1	.96	.86
2	.97	.87
3	.98	.88
4	.99	.89
5	1.00	.90
6	1.01	.91
7	1.30	.92
8	1.30	.93
8B	1.48	1.03
9	1.60	1.10
10	1.80	1.10

* Masonry Veneer is rated as Masonry. Aluminum or Plastic Siding over Frame is rated as Frame.

Table 301.C.1. Protection Construction Factors

2. Key Factor Table

Cov. C Amt. (in 000)	Factor	Cov. C Amt. (in 000)	Factor
**\$ 1	.332	\$ 46	1.884
** 2	.364	47	1.918
** 3	.396	48	1.952
** 4	.428	49	1.986
** 5	.460	50	2.020
** 6	.492	51	2.054
** 7	.524	52	2.088
** 8	.556	53	2.122
** 9	.588	54	2.156
** 10	.620	55	2.190
11	.662	56	2.216
12	.704	57	2.242
13	.746	58	2.268
14	.788	59	2.294
15	.830	60	2.320
16	.864	61	2.346
17	.898	62	2.372
18	.932	63	2.398
19	.966	64	2.424
20	1.000	65	2.450
21	1.034	66	2.476
22	1.068	67	2.502
23	1.102	68	2.528
24	1.136	69	2.554
25	1.170	70	2.580
26	1.204	71	2.606
27	1.238	72	2.632
28	1.272	73	2.658
29	1.306	74	2.684
30	1.340	75	2.710
31	1.374	76	2.736
32	1.408	77	2.762
33	1.442	78	2.788
34	1.476	79	2.814
35	1.510	80	2.840
36	1.544	81	2.866
37	1.578	82	2.892
38	1.612	83	2.918
39	1.646	84	2.944
40	1.680	85	2.970
41	1.714	86	2.996
42	1.748	87	3.022
43	1.782	88	3.048
44	1.816	89	3.074
45	1.850		
Each Add'l \$1,000			.026
Minimum Limits Of Liability			
**Section I – Property			
\$10,000			
\$9,000 or less available only for Units Regularly Rented to Others.			
Section II – Liability		All Forms	
Personal Liability		\$ 100,000	
Medical Payments to Others		1,000	

Table 301.C.2. Key Factors

Rate Pages

<u>105.</u>	<u>SECONDARY RESIDENCE PREMISES</u>	
	B. Premium Adjustment	
	2. Credit.....	\$15
<u>204.</u>	<u>MULTIPLE COMPANY INSURANCE</u>	
	C. Premium	
	3. Credit.....	\$15
<u>205.</u>	<u>MINIMUM PREMIUM</u>	
	D.	\$50
<u>207.</u>	<u>WAIVER OF PREMIUM</u>	
	B. Amount that may be waived.....	\$3 or less
<u>406.</u>	<u>DEDUCTIBLES</u>	
	B. Optional Deductibles	
	1. Additional Premium Charge	
	b. Minimum additional charge.....	\$30
	Maximum additional charge.....	\$60
<u>503.</u>	<u>BUSINESS PROPERTY - INCREASED LIMITS</u>	
	A. On Premises	
	2. Rate per \$2,500.....	\$24
<u>504.</u>	<u>CREDIT CARD, ELECTRONIC FUND TRANSFER CARD OR ACCESS DEVICE FORGERY & COUNTERFEIT MONEY</u>	
	B. Premium	
	Limit	
	\$ 1,000.....	\$1
	\$ 2,500.....	\$3
	\$ 5,000.....	\$4
	\$ 7,500.....	\$5
	\$10,000 *	\$6

* For limits in excess of \$10,000, refer to Company.

505. EARTHQUAKE COVERAGE

D.1. 5% DEDUCTIBLE - Rates per \$1,000

Column -->	(A)	(B)	(C)	(D)	(E)	(F)	(G)
	HO 00 02 & HO 00 03 & HO 00 05	HO 00 04	HO 00 06	HO 00 02 & HO 00 03 & HO 00 05 Increased Coverage C	HO 00 06 Basic and Increased Coverage A	Increased Cov. D	Building Or Non- Building Structure Items
Table A - Frame+							
Territory							
21	\$0.26	\$0.14	\$0.15	\$0.14	\$0.17	\$0.10	\$0.14
Table B - Masonry+							
Territory							
21	\$0.94	\$0.49	\$0.56	\$0.49	\$0.63	\$0.48	\$0.48
Table C - Superior							
Territory							
21	\$0.29	\$0.12	\$0.15	\$0.12	\$0.22	\$0.15	\$0.17

D.1. a 10% DEDUCTIBLE - Rates per \$1,000

Column -->	(A)	(B)	(C)	(D)	(E)	(F)	(G)
	HO 00 02 & HO 00 03 & HO 00 05	HO 00 04	HO 00 06	HO 00 02 & HO 00 03 & HO 00 05 Increased Coverage C	HO 00 06 Basic and Increased Coverage A	Increased Cov. D	Building Or Non- Building Structure Items
Table A - Frame+							
Territory							
21	\$0.22	\$0.12	\$0.12	\$0.12	\$0.15	\$0.10	\$0.12
Table B - Masonry+							
Territory							
21	\$0.83	\$0.43	\$0.48	\$0.43	\$0.56	\$0.46	\$0.48
Table C - Superior							
Territory							
21	\$0.24	\$0.09	\$0.12	\$0.10	\$0.19	\$0.15	\$0.15

+ If exterior Masonry Veneer is covered, rate as Masonry;
If not covered rate as Frame.

Rate Pages

<u>507.</u>	<u>FORM HO 00 06 COVERAGE A DWELLING BASIC & INCREASED LIMITS & SPECIAL COVERAGE</u>	
	C. Special Coverage	
	1. Charge per policy for \$5,000 in basic form.....	\$2
	2. Rate for each add'l \$1,000 of Cov. A.....	\$1
<u>509.</u>	<u>HOME DAY CARE COVERAGE</u>	
	D. Premium Computation	
	1. Section I	
	c. Rate per \$1,000 for business in other structure.....	\$6
<u>510.</u>	<u>PERMITTED INCIDENTAL OCCUPANCIES - RESIDENCE PREMISES</u>	
	E. Premium Computation	
	1. Section I	
	c. Rate per \$1,000 for business in other structure.....	\$6
<u>511.</u>	<u>LOSS ASSESSMENT COVERAGE</u>	
	A. Residence Premises	
	3. Premium	
	All Forms except HO 00 03, HO 00 05 or 06 with HO 17 32	
	New Amount of Coverage	
	\$ 5,000.....	\$3
	\$10,000.....	\$5
	Each Add'l \$5,000 up to \$50,000.....	\$1
	HO 00 03, HO 00 05 or 06 with HO 17 32	
	New Amount of Coverage	
	\$ 5,000.....	\$4
	\$10,000.....	\$7
	Each Add'l \$5,000 up to \$50,000.....	\$2
	B. Additional Locations	
	2. Premium	
	All Forms except HO 00 03, HO 00 05 or 06 with HO 17 32	
	New Amount of Coverage	
	\$ 1,000.....	\$5
	\$ 5,000.....	\$8
	\$10,000.....	\$10
	Each Add'l \$5,000 up to \$50,000.....	\$1
	HO 00 03, HO 00 05 or 06 with HO 17 32	
	New Amount of Coverage	
	\$ 1,000.....	\$6
	\$ 5,000.....	\$10
	\$10,000.....	\$13
	Each Add'l \$5,000 up to \$50,000.....	\$2

Rate Pages

512. LOSS OF USE - INCREASED LIMIT

B. Rate per \$1,000..... \$4

514. OTHER STRUCTURES

A. On-Premises Structures

1. Specific-Structure - Increased Limits

a. Premium

Rate per \$1,000..... \$4

2. Structure on the Residence Premises Rented to Others

a. Premium

(1) Rate per \$1,000..... \$6

B. Structures Off the Residence Premises

1. Forms HO 00 02, HO 00 03 and HO 00 05

b. Premium

Off premises structures charge per policy..... \$15

2. All Forms

a. Premium

(2) Specific structures - Off-Premises Rate per \$1,000..... \$5

515. PERSONAL PROPERTY

A. Increased Limit

3. Rate Per \$1,000

HO 00 02 or 03 \$2

HO 00 05..... \$3

B. Increased Limit - Other Residences

3. Rate per \$1,000..... \$7

C. Reduction in Limit

2. Credit per \$1,000 \$1

D. Increased Special Limits of Liability

1. Jewelry, Watches & Furs - Rate per \$1,000..... \$16

2. Money - Rate per \$100 - \$6

3. Securities - Rate per \$100 - \$4

I 4. Silverware - Rate per \$500..... \$0.26

5. Firearms - Rate per \$100..... \$3

6. Electronic Apparatus - Rate per \$500..... \$10

E. Refrigerated Personal Property

3. Charge per policy..... \$10

Rate Pages

515. PERSONAL PROPERTY (Cont'd)

F. Theft Coverage Increase - Form HO 00 08

- 1. On-Premises - Rate per \$2,000..... Not Applicable
- 2. Off-Premises - Additional Charge..... Not Applicable

517. RENTAL TO OTHERS - EXTENDED THEFT COVERAGE

- B. Premium**
- Rate per policy..... \$29

518. SINKHOLE COLLAPSE COVERAGE

- B. Premium Determination**
- 1. Rate per \$1,000..... \$0.34

519. SPECIAL COMPUTER COVERAGE

- B. Premium**
- Charge per policy..... \$15

520. LIVESTOCK COLLISION COVERAGE

Not Applicable (Coverage is not provided by MPIUA.)

521. WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW

- C. Premium**
- Charge per policy if HO 04 90 Personal Property Replacement Cost Endorsement is :
- 1. Not attached to the policy..... \$85
- 2. Attached to the policy..... \$102

522. LANDLORD'S FURNISHINGS

- C. Premium**
- Rate per \$500 per unit
- 1. Forms HO 00 02 & HO 00 03..... \$1
- 2. Form HO 00 05..... \$2

523. ASSISTED LIVING CARE COVERAGE

- C. Premium**
- 1. Section I and Section II Basic Limits
- Rate per unit..... \$77
- 2. Increased Limits
- Add to the basic limit Rate in Paragraph 1. above :
- a. Coverage C - Rate per \$1,000..... \$7
- b. Coverage E (Coverage F does not apply to this option.)

<u>Limit</u>	<u>Rate</u>
\$200,000	\$3
300,000	\$4
400,000	\$5
500,000	\$6

Rate Pages

524. OTHER MEMBERS OF A NAMED INSURED'S HOUSEHOLD

C. Premium

1. Section I and Section II Basic Limits
 Rate per person named in the Schedule..... **\$60**

2. Section II Increased Limits
 Add to the basic limit Rate in Paragraph 1. above :

a. Coverage E

<u>Limit</u>	<u>Rate</u>
\$200,000	\$8
300,000	\$12
400,000	\$15
500,000	\$18

b. Coverage F
 Refer to Rule 702. for Rates for limits above \$1,000.

525. MOTORIZED GOLF CART - PHYSICAL LOSS COVERAGE

E. Premium

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

Rate per motorized golf cart per \$500 of coverage without collision..... **\$7**
 Rate per motorized golf cart per \$500 of coverage with collision..... **\$12**

526. RESIDENCE HELD IN TRUST ALL FORMS EXCEPT HO 00 04

F. Premium

Basic Limits Rates

1. Trust/Trustee
 Applies whether or not the trustee resides on the residence premises..... **\$26**

2. Beneficiary or Grantor
 a. Beneficiary OR grantor named in endorsement and
 (1) Trustee resides on the residence premises **\$26**
 (2) Trustee does not reside on the residence premises **No Add'l Charge**

b. Beneficiary AND grantor named in endorsement and
 (1) Trustee resides on the residence premises **\$51**
 (2) Trustee does not reside on the residence premises **\$26**

Increased Limits

1. Coverage E
 Refer to Rule 701. for increased limits factors.

2. Coverage F
 Refer to Rule 702. for increased limits charges.

Rate Pages

527. STUDENT AWAY FROM HOME

C. Premium

1. Section I and Section II Basic Limits

Rate per location..... **\$68**

2. Section II Increased Limits

Add to the basic limit Rate in Paragraph 1. above :

a. Coverage E

<u>Limit</u>	<u>Rate</u>
\$200,000	\$8
300,000	\$12
400,000	\$15
500,000	\$18

b. Coverage F

Refer to Rule 702. for Rates for limits above \$1,000.

Rate Pages

528. HOME BUSINESS INSURANCE COVERAGE

D. Home Business Premium Computation

3. Section II - Business Liability

a. Basic Limits Premium - Coverage E and F

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

Business Visitors

Per Week *	Under 10	10 or more
	\$10	\$15

(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	\$20	\$31	\$10	\$15	\$12	\$18
50,001 to 100K	\$61	\$92	\$29	\$44	\$36	\$54
100,001 to 175K	\$112	\$168	\$54	\$81	\$65	\$98
175,001 to 250K	\$173	\$260	\$83	\$125	\$101	\$152

* New Business, use 10 or more classification.

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

c. (2) Coverage F - Increased Limits

All Home Business CLASSIFICATIONS

Business Visitors Per Week *	Homeowners Increased Limit of Liability			
	\$2,000	\$3,000	\$4,000	\$5,000
Under 10	\$5	\$10	\$15	\$19
10 or more	\$8	\$13	\$20	\$24

F. Options

1. Additional Insured

a. Managers or Lessors of Premises Leased to an Insured

(2) Premium

Rate per Location per Additional Insured \$14

5. Special Coverage - Spoilage of Perishable Stock

b. Premium

Rate per \$100

(1) Florists

\$2

(2) Other Classes of Business

\$2

528. HOME BUSINESS INSURANCE COVERAGE - (Cont'd)

	6. Valuable Papers and Records	
	a. Increased Limits - HO 07 56	
	(2) Premium	
	Rate per \$1,000	
	(a) Named Perils Coverage (HO 00 02, HO 00 03, HO 00 04,	
	and HO 00 06).....	\$1
	(b) Open Perils Coverage (HO 00 05, HO 00 04 with HO 05 24,	
	and HO 00 06 with HO 17 31).....	\$2
	b. Special Coverage (HO 07 56 and HO 07 57)	
	(2) Premium	
	(a) First \$2,500	
	HO 00 02, HO 00 03, HO 00 04, HO 00 06.....	\$3
	HO 00 05, HO 00 04 with HO 05 24 and HO 00 06 with	
	HO 17 31.....	\$2
	(b) Each Additional \$1,000	
	All Forms.....	\$2
	7. Off-Premises Property Coverage - Increased Limits	
	b. Premium	
	Rate per \$2,500	
	HO 00 02, HO 00 03, HO 00 04, HO 00 06.....	\$24
	HO 00 05, HO 00 04 with HO 05 24 and HO 00 06 with	
	HO 17 31.....	\$37

Rate Pages

601. RESIDENCE PREMISES - BASIC AND INCREASED LIMITS

A. 2. Residence Premises

Coverage E - Liability

Coverage F - Medical Payments

1 & 2 Family Premium

	Limit	Rate	Limit	Rate
I	\$100,000	-	\$1,000	-
I	\$200,000	\$10	\$2,000	\$3
I	\$300,000	\$16	\$3,000	\$6
I	\$400,000	\$20	\$4,000	\$9
I	\$500,000	\$24	\$5,000	\$11

3 Family Premium

	Limit	Rate	Limit	Rate
I	\$100,000	-	\$1,000	-
I	\$200,000	\$20	\$2,000	\$3
I	\$300,000	\$33	\$3,000	\$6
I	\$400,000	\$41	\$4,000	\$9
I	\$500,000	\$48	\$5,000	\$11

4 Family Premium

	Limit	Rate	Limit	Rate
I	\$100,000	-	\$1,000	-
I	\$200,000	\$26	\$2,000	\$3
I	\$300,000	\$41	\$3,000	\$6
I	\$400,000	\$51	\$4,000	\$9
I	\$500,000	\$60	\$5,000	\$11

602. OTHER INSURED LOCATION OCCUPIED BY INSURED

B. Premium

Rate per Residence

	Rate
One Family.....	\$7
Two Family.....	\$13
I Three Family.....	\$27
Four Family.....	\$29

Rate Pages

603.	<u>RESIDENCE EMPLOYEES</u>	
	B. Rate per Person In Excess Of Two.....	\$5
604.	<u>ADDITIONAL RESIDENCE RENTED TO OTHERS</u>	
	B. Premium	
	Rate per Residence	
I	One Family.....	\$65
I	Two Family.....	\$102
I	Three Family.....	\$222
I	Four Family.....	\$273
605.	<u>OTHER STRUCTURES RENTED TO OTHERS - RESIDENCE PREMISES</u>	
	B. Premium	
I	Rate per Structure.....	\$65
607.	<u>HOME DAY CARE COVERAGE</u>	
	C.1. Premium	
	1-3 Persons.....	\$111
608.	<u>PERMITTED INCIDENTAL OCCUPANCIES - RESIDENCE PREMISES AND OTHER RESIDENCES</u>	
	B. Premium	
	Rate per Residence	
	1. Residence Premises.....	\$17
	2. Other Residence.....	\$18
609.	<u>BUSINESS PURSUITS</u>	
	B. Premium	
	Rate per Insured Person	
	1. Clerical Employees.....	\$4
	2. Sales person, Collector or Messenger - Installation, demonstration or servicing operation : Included.....	\$7
	Excluded.....	\$4
	3. Teachers	
	a. laboratory, athletic, manual or physical training.....	\$12
	b. not otherwise classified.....	\$6
	c. corporal punishment (add to 3. a. or b.).....	\$4
610.	<u>PERSONAL INJURY</u>	
	B. Premium	
	Rate per policy.....	\$13
611.	<u>INCIDENTAL LOW POWER RECREATIONAL MOTOR VEHICLES</u>	
	B. Premium	
	Rate per Conveyance	\$15

Rate Pages

612. OUTBOARD MOTORS AND WATERCRAFT

C. Premium

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

	Horsepower	<u>Length Up to 15 ft.</u>		<u>Length Over 15 to 26 ft.</u>	
			<u>Rate</u>		<u>Rate</u>
I	Up to 50+		\$5		\$8
I	51 to 100		\$9		\$12
I	101 to 150		\$13		\$16
I	151 to 200		\$13		\$20
I	over 200		\$13		\$20

2. Sailboats With or Without Auxiliary Power

	Overall Length/Feet	Rate
I	26 to 40 feet +	\$5
I	over 40 feet	\$5

+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.

613. OWNED SNOWMOBILE

B. Premium

I	Rate per Snowmobile.....	\$22
---	--------------------------	------

614. FARMERS PERSONAL LIABILITY (FPL)

Not Applicable (Coverage is not provided by MPIUA.)

615. INCIDENTAL FARMING PERSONAL LIABILITY

Not Applicable (Coverage is not provided by MPIUA.)

616. OPTIONAL PROPERTY REMEDIATION FOR ESCAPED LIQUID FUEL AND LIMITED ESCAPED LIQUID FUEL LIABILITY COVERAGES

D. Premium Basis

3. Premium Selection

a. Escaped Liquid Fuel Remediation Coverage

<u>Liquid Fuel Risk</u> <u>Class Number</u>	<u>Limit of Liability</u>		
	<u>\$25,000</u>	<u>\$50,000</u>	<u>\$100,000</u>
100	\$33	\$83	\$162
200	\$11	\$28	\$54

b. Lead and Escaped Liquid Fuel Liability Coverage

(1) No Insured Location Has a Home Day Care Business

<u>Liquid Fuel Risk</u> <u>Class Number</u>	<u>Limit of Liability</u>	
	<u>\$100,000</u>	<u>\$300,000</u>
100	\$39	\$96
200	\$8	\$19

(2) ONE or More Insured Locations Have a Home Day Care Business

Multiply the premium charge selected in D.b.(1) by a factor of 2.00.

Rate Pages

702. OTHER EXPOSURES - MEDICAL PAYMENTS TO OTHERS INCREASED LIMITS

Basic

Limit

Rule#	Coverage F- Medical Payments	\$2,000	\$3,000	\$4,000	\$5,000
524.	Other Members Of An Insured's Household	\$1	\$2	\$3	\$4
526.	Residence Held In Trust All Forms				
	Except HO 00 04	\$1	\$2	\$3	\$4
527.	Student Away From Home	\$1	\$2	\$3	\$4
602.	Other Insured Location Occupied By Insured	\$1	\$2	\$3	\$4
603.	Residence Employees	\$1	\$2	\$3	\$4
604.	Additional Residence Rented To Others	\$1	\$2	\$3	\$4
605.	Other Structures Rented To Others -				
	Residence Premises	\$1	\$2	\$3	\$4
607.	Home Day Care Coverage	\$5	\$10	\$15	\$19
608.	Permitted Incidental Occupancies -				
	1. Residence Premises	\$5	\$10	\$15	\$19
	2. Other Residence	\$3	\$6	\$9	\$11
609.	Business Pursuits				
	1. Clerical Employees	\$1	\$2	\$3	\$4
	2. Salesperson, Installation, Etc.				
	Included Or Excluded	\$1	\$2	\$3	\$4
	3. Teachers				
	a. Lab Etc.	\$2	\$4	\$6	\$7
	b. Not Otherwise Classified	\$1	\$2	\$3	\$4
	c. Corporal Punishment				
611.	Incidental Motorized Land Conveyances	\$1	\$2	\$3	\$4
612.	Outboard Motors And Watercraft				
	1. Outboard, Inboard, Or Inboard-Outboard				
	Engines Or Motors				
	a)				
	Up to 15 feet :				
	Up to 50 hp.	\$3	\$6	\$9	\$11
	51 to 100 hp.	\$4	\$8	\$12	\$14
	101 to 150 hp.	\$6	\$12	\$18	\$21
	151 to 200 hp.	\$6	\$12	\$18	\$21
	Over 200 hp.	\$6	\$12	\$18	\$21
	b)				
	Over 15 to 26 feet :				
	Up to 50 hp.	\$4	\$8	\$12	\$14
	51 to 100 hp.	\$6	\$12	\$18	\$21
	101 to 150 hp.	\$8	\$16	\$23	\$27
	151 to 200 hp.	\$12	\$23	\$35	\$41
	Over 200 hp.	\$12	\$23	\$35	\$41
	2. Sailboats With or Without Auxiliary Power				
	26 to 40 feet	\$3	\$6	\$9	\$11
	over 40 feet	\$3	\$6	\$9	\$11
613.	Owned Snowmobile	\$1	\$2	\$3	\$4
614.	Farmers Personal Liability	Not Applicable (Coverage is not provided by MPIUA.)			
615.	Incidental Farming Personal Liability	Not Applicable (Coverage is not provided by MPIUA.)			

Rate Pages

ADDITIONAL RULES

Rule A2. LEAD POISONING LIABILITY EXCLUSION AND COVERAGE OPTIONS

F.2. No. of Residential Units at Each Location
Without A Letter of Interim Control
or Without A Letter of Compliance for
which coverage is being purchased

1	\$311
2	\$463
3	\$708
4	\$788

Rule A4. RELOCATION EXPENSES FOR TENANTS -

C. Charge per rental unit	\$4
---------------------------------	-----

Rule A5. LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE

D. Premium Computation
2. Increased Limits

a. Section I - Property

\$25,000 charge per policy	\$46
\$50,000 charge per policy	\$78

b. Section II - Liability

\$100,000 charge per policy	\$7
--------------------------------	-----

Rule A7. IDENTITY FRAUD EXPENSE COVERAGE

C. Premium Computation

I Limit of Liability	
I \$15,000	\$26

MPIUA PREMIUM COMPUTATION WORKSHEET - HOMEOWNERS POLICY PROGRAM (2000) EDITION

Form: () HO-2 () HO-3 () HO-5 () HO-4 () HO-5 () HO-6 Coverage A \$ _____

Terr _____ Prot _____ Const _____ Coverage C \$ _____

I *Base Premium

HO - 3/4/6 Base Class Premium = _____

Factors

Form Factor (N/A if For 4 or 6) x _____ = _____ (Round)

Protection - Construction Factor x _____ = _____ (Round)

(Key Premium)

Key Factor (For Cov A / C Amt) x _____ = _____

(Base Premium) (1) (Round)

II Adjusted Base Premium

Apply Appropriate Premium Adjustment Factors in The Following Sequence (Round After Each Step)

Enter Base Premium From (1) Above: \$ _____

Factors

() a Superior Construction (All Forms) x _____ = \$ _____

() b 3/4 Families (Form HO-2 & 3) x _____ = \$ _____

() c Townhouse or Rowhouse (Form HO-2 & 3) x _____ = \$ _____

() d Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms) x _____ = \$ _____

() e Premises Alarm or Fire Prot System (HO 04 16) x _____ = \$ _____

() f Inflation Guard (HO 04 46) : Amt. of Annual Increase _____ % x _____ = \$ _____

() g All Peril Deductible (Please Check)

Windstorm or Hail Ded:

Fixed Dollar Percentage

() 100 () 250 () 100 with 250 Theft () 500 () 1000 () 1% () 2%

() 500 () 1000 () 2500 () 2000 () 5000 () 5%

() h Specified Add'l Amt of Insurance for Cov A (HO 05 08): Add'l Amount of Ins _____ % x _____ = \$ _____

() i Additional Limits of Liability for Coverages A, B, C and D (HO 05 02) x _____ = \$ _____

() j Lead Poisoning Exclusion (HO 24 41) if applies use factor .97 x _____ = \$ _____

() k Other (Please Specify) _____ x _____ = \$ _____

Adjusted Base Premium = \$ _____

(2)

III Additional or Reduced Premiums - Optional Coverages

Section I Coverages - Property

	Increase Limit By	Total Limit	Premium
() Increased Coverage C	\$ _____	\$ _____	\$ _____
() HO 04 65/66			
A. Jewelry etc.	\$ _____	\$ _____	\$ _____
C. Silverware	\$ _____	\$ _____	\$ _____
Other (Please Specify): _____	\$ _____	\$ _____	\$ _____
() Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Section II Coverages - Liability & Medical Payments			
() Increased Coverage E Limit	\$ _____		\$ _____
() Increased Coverage F Limit	\$ _____		\$ _____
() HO 24 70 Additional Residence			
Rented to Others. Section II only			
# of Families _____ Location _____			
_____			\$ _____
() Other Section II Exposures (Please Specify)			\$ _____
_____			\$ _____
() Add: Relocation Expense For Tenants: No. of Rentals	_____ x Charge/Unit _____ \$4 _____		\$ _____
	Total Additional or Reduced Premium		\$ _____
			(3)
	TOTAL PREMIUM DUE = (2) + (3) =		\$ _____

* When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

MPIUA PREMIUM COMPUTATION WORKSHEET - HOMEOWNERS POLICY PROGRAM (2000) EDITION

Form: () HO-2 () HO-3 () HO-5 () HO-4 () HO-5 () HO-6 Coverage A \$ 100,000
 Terr _____ Prot _____ Const _____ Coverage C \$ _____

I *Base Premium					
HO - 3/4/6 Base Class Premium		=	<u>723</u>		
				Factors	
[HO-C-1]	Form Factor (N/A if For 4 or 6)	x	<u>1.00</u>	=	<u>723</u> (Round)
[HO-C-2]	Protection - Construction Factor	x	<u>.97</u>	=	<u>701</u> (Round)
					(Key Premium)
	Key Factor (For Cov A / C Amt)	x	<u>1.00</u>	=	<u>701</u> (Round)
					(Base Premium) (1)

II Adjusted Base Premium
 Apply Appropriate Premium Adjustment Factors in The Following Sequence (Round After Each Step)
 Enter Base Premium From (1) Above: 701

					Factors	
() a	Superior Construction (All Forms)	x	_____	=	\$ _____	
() b	3/4 Families (Form HO-2 & 3)	x	_____	=	\$ _____	
() c	Townhouse or Rowhouse (Form HO-2 & 3)	x	_____	=	\$ _____	
() d	Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms)	x	_____	=	\$ _____	
() e	Premises Alarm or Fire Prot System (HO 04 16)	x	_____	=	\$ _____	
() f	Inflation Guard (HO 04 46) : Amt. of Annual Increase _____ %	x	_____	=	\$ _____	
(<input checked="" type="checkbox"/>) g	All Peril Deductible (Please Check) _____					
						Windstorm or Hail Ded:
() 100	(<input checked="" type="checkbox"/>) 250	() 100 with 250 Theft	Fixed Dollar	Percentage		
() 500	() 1000	() 2500	(<input checked="" type="checkbox"/>) 500	() 1000	() 1% () 2%	x <u>.99</u> = \$ <u>694</u>
			() 2000	() 5000	() 5%	x _____ = \$ _____
() h	Specified Add'l Amt of Insurance for Cov A (HO 05 08): Add'l Amount of Ins _____ %	x	_____	=	\$ _____	
() i	Additional Limits of Liability for Coverages A, B, C and D (HO 05 02)	x	_____	=	\$ _____	
() j	Lead Poisoning Exclusion (HO 24 41) if applies use factor .97	x	_____	=	\$ _____	
() k	Other (Please Specify) _____	x	_____	=	\$ _____	
**	[HO-13, HO-15 MPIUA-HO-EXC-1]					Adjusted Base Premium = \$ <u>694</u>
						(2)

III Additional or Reduced Premiums - Optional Coverages

Section I Coverages - Property

	Increase Limit By	Total Limit	Premium
() Increased Coverage C	\$ _____	\$ _____	\$ _____
() HO 04 65/66			
A. Jewelry etc.	\$ _____	\$ _____	\$ _____
C. Silverware	\$ _____	\$ _____	\$ _____
Other (Please Specify): _____	\$ _____	\$ _____	\$ _____
() Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Section II Coverages - Liability & Medical Payments

() Increased Coverage E Limit	\$ _____	\$ _____
() Increased Coverage F Limit	\$ _____	\$ _____
() HO 24 70 Additional Residence Rented to Others. Section II only		
# of Families _____ Location _____		
_____		\$ _____
() Other Section II Exposures (Please Specify) _____		\$ _____
_____		\$ _____
() Add: Relocation Expense For Tenants: No. of Rentals _____	x Charge/Unit <u>\$4</u>	\$ _____
	Total Additional or Reduced Premium	\$ _____
		(3)
	TOTAL PREMIUM DUE = (2) + (3) =	\$ <u>694</u>

* When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

MPIUA PREMIUM COMPUTATION WORKSHEET - HOMEOWNERS POLICY PROGRAM (2000) EDITION

Form: HO-2 HO-3 HO-5 HO-4 HO-6 Coverage A \$ 150,000
 Terr 50 Prot 9 Const MASONRY Coverage C \$ [HO-8, HO-B-1]

I *Base Premium
 HO - 3/4/6 Base Class Premium = 482
 Factors
 Form Factor (N/A if For 4 or 6) x .90 = 434 (Round)
 Protection - Construction Factor x 1.10 = 477 (Round)
 (Key Premium)
 Key Factor (For Cov A / C Amt) x 1.293 = 617
 (Base Premium) (1) (Round)

II Adjusted Base Premium
 Apply Appropriate Premium Adjustment Factors in The Following Sequence (Round After Each Step)
 Enter Base Premium From (1) Above: \$ 617

Factors
 a Superior Construction (All Forms) x _____ = \$ _____
 b 3/4 Families (Form HO-2 & 3) **[HO-8, HO-C-1]** x 1.25 = \$ 771
 c Townhouse or Rowhouse (Form HO-2 & 3) x _____ = \$ _____
 d Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms) x _____ = \$ _____
 e Premises Alarm or Fire Prot System (HO 04 16) x _____ = \$ _____
 f Inflation Guard (HO 04 46) : Amt. of Annual Increase 4 % **[HO-12]** x 1.02 = \$ 786
 g All Peril Deductible (Please Check) Windstorm or Hail Ded:
 100 250 100 with 250 Theft Fixed Dollar Percentage
 500 1000 2500 500 1000 1% 2%
 2000 5000 5%
 h Specified Add'l Amt of Insurance for Cov A (HO 05 08): Add'l Amount of Ins _____ %
 i Additional Limits of Liability for Coverages A, B, C and D (HO 05 02) x _____ = \$ _____
 j Lead Poisoning Exclusion (HO 24 41) if applies use factor .97 **[MPIUA-HO-EXC-4]** x .97 = \$ 686
 k Other (Please Specify) x _____ = \$ _____
**** [HO-13, HO-15 MPIUA-HO-EXC-1]** Adjusted Base Premium = \$ 686
 (2)

III Additional or Reduced Premiums - Optional Coverages
Section I Coverages - Property

	Increase Limit By	Total Limit	Premium
<input type="checkbox"/> Increased Coverage C	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> HO 04 65/66	\$ <u>4,000</u>	\$ <u>5,500</u>	\$ <u>64</u>
A. Jewelry etc. [HO-23, HO-R-5]	\$ _____	\$ _____	\$ _____
C. Silverware	\$ _____	\$ _____	\$ _____
Other (Please Specify):	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

[HO-33, HO-R-11, MPIUA-HO-EXC-4]

Section II Coverages - Liability & Medical Payments
 Increased Coverage E Limit \$ 300,000 \$33 x .97 = \$ 32
 Increased Coverage F Limit \$ 3,000 = \$ 6
 HO 24 70 Additional Residence **[HO-33, HO-R-11]**

Rented to Others. Section II only
 # of Families 3 Location 1 MAIN ST BOSTON MA
[HO-33, HO-41, HO-R-12, MPIUA-HO-EXC-1, HO-R-14] \$ 269
 ***222 x 1.24 x .97 + 2 =

Other Section II Exposures (Please Specify) \$ _____
 Add: Relocation Expense For Tenants: No. of Rentals 2 x Charge/Unit \$4 **[HO-E-3, HO-R-15]** \$ 8
Total Additional or Reduced Premium \$ 379
 (3)

TOTAL PREMIUM DUE = (2) + (3) = \$ 1,065

***** 3 Family Add'l Residence Rented to Others**
 \$100,000 Basic Coverage E Charge = \$ 222
 Increased Coverage E Factor = 1.24
 Lead Poisoning Exclusion Factor = .97
 Increase Coverage F Charge = 2

* When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

References in [] are to ISO manual pages

MPIUA PREMIUM COMPUTATION WORKSHEET - HOMEOWNERS POLICY PROGRAM (2000) EDITION

Form: () HO-2 () HO-3 () HO-5 (✓) HO-4 () HO-6 Coverage A \$ _____
 Terr 11 Prot 2 Const FRAME Coverage C \$ 10,000

I		*Base Premium			
HO - 3/4/6 Base Class Premium		=	<u>118</u>		
		Factors			
[HO-C-3]	Form Factor (N/A if For 4 or 6)	x	_____	=	<u>118</u> (Round)
	Protection - Construction Factor	x	<u>.97</u>	=	<u>114</u> (Round)
	Key Factor (For Cov A / C Amt)	x	<u>.540</u>	=	<u>62</u> (Key Premium)
				=	<u>62</u> (Base Premium) (1) (Round)

II Adjusted Base Premium
 Apply Appropriate Premium Adjustment Factors in The Following Sequence (Round After Each Step)
 Enter Base Premium From (1) Above: \$ 62

		Factors			
() a Superior Construction (All Forms)		x	_____	=	\$ _____
() b 3/4 Families (Form HO-2 & 3)		x	_____	=	\$ _____
() c Townhouse or Rowhouse (Form HO-2 & 3)		x	_____	=	\$ _____
() d Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms)		x	_____	=	\$ _____
() e Premises Alarm or Fire Prot System (HO 04 16)		x	_____	=	\$ _____
() f Inflation Guard (HO 04 46) : Amt. of Annual Increase _____ %		x	_____	=	\$ _____
** (✓) g All Peril Deductible (Please Check)	Windstorm or Hail Ded:				
() 100 () 250 () 100 with 250 Theft	Fixed Dollar				
() 500 () 1000 () 2500	() 500 () 1000 () 1% () 2%				
() 2000 () 5000 () 5%		x	<u>.91</u>	=	\$ <u>56</u>
() h Specified Add'l Amt of Insurance for Cov A (HO 05 08): Add'l Amount of Ins _____ %		x	_____	=	\$ _____
() i Additional Limits of Liability for Coverages A, B, C and D (HO 05 02)		x	_____	=	\$ _____
() j Lead Poisoning Exclusion (HO 24 41) if applies use factor .97		x	_____	=	\$ _____
() k Other (Please Specify)		x	_____	=	\$ _____
** [HO-17]					Adjusted Base Premium = \$ <u>56</u>

III Additional or Reduced Premiums - Optional Coverages
Section I Coverages - Property

	Increase Limit By	Total Limit	Premium
() Increased Coverage C	\$ _____	\$ _____	\$ _____
() HO 04 65/66			
A. Jewelry etc.	\$ _____	\$ _____	\$ _____
C. Silverware	\$ _____	\$ _____	\$ _____
Other (Please Specify): _____	\$ _____	\$ _____	\$ _____
() Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Section II Coverages - Liability & Medical Payments			
() Increased Coverage E Limit	\$ _____		\$ _____
() Increased Coverage F Limit	\$ _____		\$ _____
() HO 24 70 Additional Residence Rented to Others. Section II only			
# of Families _____ Location _____			\$ _____
() Other Section II Exposures (Please Specify)			\$ _____
_____			\$ _____
() Add: Relocation Expense For Tenants: No. of Rentals _____ x Charge/Unit <u>\$4</u>			\$ _____
	Total Additional or Reduced Premium		\$ _____
			(3)
	TOTAL PREMIUM DUE = (2) + (3) =		\$ <u>56</u>

* When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

References in [] are to ISO/MPIUA manual pages

MPIUA PREMIUM COMPUTATION WORKSHEET - HOMEOWNERS POLICY PROGRAM (2000) EDITION

Form: () HO-2 () HO-3 () HO-5 () HO-4 (✓) HO-6 Coverage A \$ 5,000

Terr 37 Prot 5 Const MASONRY Coverage C \$ 20,000
 [HO-8, HO-B-1]

I ***Base Premium**
 HO - 3/4/6 Base Class Premium = 104

Factors

[HO-C-4] Form Factor (N/A if For 4 or 6) x _____ = 104 (Round)

Protection - Construction Factor x .90 = 94 (Round)

Key Factor (For Cov A / C Amt) x 1.00 = 94 (Round)

(Base Premium) (1) (Round)

II **Adjusted Base Premium**
 Apply Appropriate Premium Adjustment Factors in The Following Sequence (Round After Each Step)

Enter Base Premium From (1) Above: \$ 94

Factors

() a Superior Construction (All Forms) x _____ = \$ _____

() b 3/4 Families (Form HO-2 & 3) x _____ = \$ _____

() c Townhouse or Rowhouse (Form HO-2 & 3) x _____ = \$ _____

() d Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms) x _____ = \$ _____

() e Premises Alarm or Fire Prot System (HO 04 16) x _____ = \$ _____

() f Inflation Guard (HO 04 46) : Amt. of Annual Increase _____ % x _____ = \$ _____

() g All Peril Deductible (Please Check) Windstorm or Hail Ded:

() 100 () 250 () 100 with 250 Theft Fixed Dollar Percentage

() 500 () 1000 () 2500 () 500 () 1000 () 1% () 2% x _____ = \$ _____

() 2000 () 5000 () 5% x _____ = \$ _____

() h Specified Add'l Amt of Insurance for Cov A (HO 05 08): Add'l Amount of Ins _____ % x _____ = \$ _____

() i Additional Limits of Liability for Coverages A, B, C and D (HO 05 02) x _____ = \$ _____

() j Lead Poisoning Exclusion (HO 24 41) if applies use factor .97 x _____ = \$ _____

() k Other (Please Specify) _____ x _____ = \$ _____

Adjusted Base Premium = \$ 94 (2)

III **Additional or Reduced Premiums - Optional Coverages**

Section I Coverages - Property

	Increase Limit By	Total Limit	Premium
() Increased Coverage C	\$ _____	\$ _____	\$ _____
() HO 04 65/66			
A. Jewelry etc.	\$ _____	\$ _____	\$ _____
C. Silverware	\$ _____	\$ _____	\$ _____
Other (Please Specify): _____	\$ _____	\$ _____	\$ _____
() Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Section II Coverages - Liability & Medical Payments

() Increased Coverage E Limit \$ _____ \$ _____

() Increased Coverage F Limit \$ _____ \$ _____

() HO 24 70 Additional Residence Rented to Others. Section II only

of Families _____ Location _____ \$ _____

() Other Section II Exposures (Please Specify)

_____ \$ _____

_____ \$ _____

() **Add: Relocation Expense For Tenants: No. of Rentals** _____ x Charge/Unit \$4 \$ _____

Total Additional or Reduced Premium \$ _____ (3)

TOTAL PREMIUM DUE = (2) + (3) = \$ 94

* When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

References in [] are to ISO/MPIUA manual pages

MPIUA PREMIUM COMPUTATION WORKSHEET - HOMEOWNERS POLICY PROGRAM (2000) EDITION

	Form: () HO-2 <input checked="" type="checkbox"/> HO-3 () HO-5 () HO-4 () HO-6	Coverage A \$	<u>150,000</u>
	Terr <u>41</u> Prot <u>2</u> Const <u>FRAME</u>	Coverage C \$	<u>[HO-8, HO-B-1]</u>
I	*Base Premium		
	HO - 3/4/6 Base Class Premium	=	<u>529</u>
	Factors		
	Form Factor (N/A if For 4 or 6)	x <u>.97</u>	= <u>513</u> (Round)
[HO-C-1]	Protection - Construction Factor	x <u>1.00</u>	= <u>513</u> (Round)
			(Key Premium)
[HO-C-2]	Key Factor (For Cov A / C Amt)	x <u>1.108</u>	= <u>568 x 1.15 ** = 653</u>
			(Base Premium) (1) <u>653</u> (Round)
II	Adjusted Base Premium		
	Apply Appropriate Premium Adjustment Factors in The Following Sequence (Round After Each Step)		
	Enter Base Premium From (1) Above:		\$ _____
		Factors	
	() a Superior Construction (All Forms)	x _____	= \$ _____
	() b 3/4 Families (Form HO-2 & 3)	x _____	= \$ _____
	() c Townhouse or Rowhouse (Form HO-2 & 3)	x _____	= \$ _____
	() d Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms)	x _____	= \$ _____
	() e Premises Alarm or Fire Prot System (HO 04 16)	x _____	= \$ _____
	() f Inflation Guard (HO 04 46) : Amt. of Annual Increase _____ %	x _____	= \$ _____
***	() g All Peril Deductible (Please Check)	Windstorm or Hail Ded:	
	() 100 (<input checked="" type="checkbox"/>) 250 () 100 with 250 Theft	Fixed Dollar Percentage	
	() 500 () 1000 () 2500	() 500 (<input checked="" type="checkbox"/>) 1000 () 1% () 2%	
		() 2000 () 5000 () 5%	
	() h Specified Add'l Amt of Insurance for Cov A (HO 05 08): Add'l Amount of Ins _____ %	x <u>.97</u>	= \$ <u>633</u>
	() i Additional Limits of Liability for Coverages A, B, C and D (HO 05 02)	x _____	= \$ _____
	(<input checked="" type="checkbox"/>) j Lead Poisoning Exclusion (HO 24 41) if applies use factor .97 [MPIUA-HO-EXC-4]	x <u>.97</u>	= \$ <u>614</u>
	() k Other (Please Specify) _____	x _____	= \$ _____
***	[HO-13, HO-15 MPIUA-HO-EXC-1]		Adjusted Base Premium = \$ <u>614</u>
			(2)
III	Additional or Reduced Premiums - Optional Coverages		
	Section I Coverages - Property		
	() Increased Coverage C	Increase Limit By	Total Limit Premium
	() HO 04 65/66	\$ _____	\$ _____ \$ _____
	A. Jewelry etc.	\$ _____	\$ _____ \$ _____
	C. Silverware	\$ _____	\$ _____ \$ _____
	Other (Please Specify): _____	\$ _____	\$ _____ \$ _____
	() Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)	\$ _____	\$ _____ \$ _____
	_____	\$ _____	\$ _____ \$ _____
	_____	\$ _____	\$ _____ \$ _____
	Section II Coverages - Liability & Medical Payments		
	() Increased Coverage E Limit	\$ _____	\$ _____
	() Increased Coverage F Limit	\$ _____	\$ _____
	() HO 24 70 Additional Residence		
	Rented to Others. Section II only		
	# of Families _____ Location _____		\$ _____
	_____		\$ _____
	() Other Section II Exposures (Please Specify)		\$ _____
	_____		\$ _____
	_____		\$ _____
		[HO-E-3, HO-R-15]	
(<input checked="" type="checkbox"/>)	Add: Relocation Expense For Tenants: No. of Rentals	<u>1</u> x Charge/Unit <u>\$4</u>	\$ <u>4</u>
		Total Additional or Reduced Premium	\$ _____
			(3)
**	Ordinance or Law (HO 04 77) 100% Factor For \$150,000 Cov A - 1.15 [HO-9, 10]	TOTAL PREMIUM DUE = (2) + (3) =	\$ <u>618</u>

* When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

References in [] are to ISO/MPIUA manual pages

MPIUA PREMIUM COMPUTATION WORKSHEET - HOMEOWNERS POLICY PROGRAM (2000) EDITION

Form:	<input checked="" type="checkbox"/> HO-2	<input type="checkbox"/> HO-3	<input type="checkbox"/> HO-5	<input type="checkbox"/> HO-4	<input type="checkbox"/> HO-6	Coverage A \$	<u>125,000</u>
Terr	<u>11</u>	Prot	<u>2</u>	Const	<u>FRAME</u>	Coverage C \$	
*Base Premium							[HO-8, HO-B-1]
HO - 3/4/6 Base Class Premium						=	<u>665</u>
Factors							
[HO-C-1]	Form Factor (N/A if For 4 or 6)	x	<u>.90</u>	=	<u>599</u>		(Round)
	Protection - Construction Factor	x	<u>.97</u>	=	<u>581</u>		(Round)
					(Key Premium)		
[HO-C-2]	Key Factor (For Cov A / C Amt)	x	<u>1.045</u>	=	<u>607</u>		(Round)
					(Base Premium)		(1)
II Adjusted Base Premium							
Apply Appropriate Premium Adjustment Factors in The Following Sequence (Round After Each Step)							
Enter Base Premium From (1) Above:							\$ <u>607</u>
Factors							
	<input type="checkbox"/> a Superior Construction (All Forms)	x		=	\$		
	<input type="checkbox"/> b 3/4 Families (Form HO-2 & 3)	x		=	\$		
	<input checked="" type="checkbox"/> c Townhouse or Rowhouse (Form HO-2 & 3) [HO-11]	x	<u>1.10</u>	=	\$ <u>668</u>		
	<input checked="" type="checkbox"/> d Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms) [HO-11]	x	<u>1.15</u>	=	\$ <u>768</u>		
	<input checked="" type="checkbox"/> e Premises Alarm or Fire Prot System (HO 04 16) [HO-12]	x	<u>.98</u>	=	\$ <u>753</u>		
	<input type="checkbox"/> f Inflation Guard (HO 04 46) : Amt. of Annual Increase _____ %	x		=	\$		
**	<input checked="" type="checkbox"/> g All Peril Deductible (Please Check)		Windstorm or Hail Ded:				
	<input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 100 with 250 Theft		Fixed Dollar		Percentage		
	<input type="checkbox"/> 500 <input checked="" type="checkbox"/> 1000 <input type="checkbox"/> 2500		<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 1% <input type="checkbox"/> 2%				
			<input type="checkbox"/> 2000 <input type="checkbox"/> 5000 <input type="checkbox"/> 5%				
	<input type="checkbox"/> h Specified Add'l Amt of Insurance for Cov A (HO 05 08): Add'l Amount of Ins _____ %	x		=	\$		
	<input type="checkbox"/> i Additional Limits of Liability for Coverages A, B, C and D (HO 05 02)	x		=	\$		
	<input checked="" type="checkbox"/> j Lead Poisoning Exclusion (HO 24 41) if applies use factor .97 [MPIUA-HO-EXC-4]	x	<u>.97</u>	=	\$ <u>577</u>		
	<input type="checkbox"/> k Other (Please Specify) _____	x		=	\$		
***	[HO-13]				Adjusted Base Premium		\$ <u>577</u> (2)
III Additional or Reduced Premiums - Optional Coverages							
Section I Coverages - Property							
	<input type="checkbox"/> Increased Coverage C		Increase Limit By		Total Limit		Premium
	<input type="checkbox"/> HO 04 65/66		\$ _____		\$ _____		\$ _____
	A. Jewelry etc.		\$ _____		\$ _____		\$ _____
	C. Silverware		\$ _____		\$ _____		\$ _____
	Other (Please Specify): _____		\$ _____		\$ _____		\$ _____
	<input type="checkbox"/> Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify) _____		\$ _____		\$ _____		\$ _____
			\$ _____		\$ _____		\$ _____
Section II Coverages - Liability & Medical Payments							
	<input type="checkbox"/> Increased Coverage E Limit		\$ _____				\$ _____
	<input type="checkbox"/> Increased Coverage F Limit		\$ _____				\$ _____
	<input type="checkbox"/> HO 24 70 Additional Residence Rented to Others. Section II only						
	# of Families _____ Location _____						\$ _____
	<input type="checkbox"/> Other Section II Exposures (Please Specify) _____						\$ _____
							\$ _____
					[HO-E-3, HO-R-15]		\$ _____
							\$ _____
<input checked="" type="checkbox"/>	Add: Relocation Expense For Tenants: No. of Rentals		<u>1</u> x Charge/Unit <u>\$4</u>				\$ <u>4</u>
			Total Additional or Reduced Premium				\$ _____
							(3)
			TOTAL PREMIUM DUE = (2) + (3) =				\$ <u>581</u>

* When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

References in [] are to ISO/MPIUA manual pages

MPIUA PREMIUM COMPUTATION WORKSHEET - HOMEOWNERS POLICY PROGRAM (2000) EDITION

Form: () HO-2 (✓) HO-3 () HO-5 () HO-4 () HO-6 Coverage A \$ 150,000
 Terr 30 Prot 3 Const MASONRY Coverage C \$ 100,000
I *Base Premium [HO-8, HO-B-1]
 HO - 3/4/6 Base Class Premium = 471
 Factors
 Form Factor (N/A if For 4 or 6) x 1.00 = 471 (Round)
 [HO-C-1] Protection - Construction Factor x .88 = 414 (Round)
 (Key Premium)
 [HO-C-2] Key Factor (For Cov A / C Amt) x 1.293 = 535
 (Base Premium) (1) (Round)

II Adjusted Base Premium
 Apply Appropriate Premium Adjustment Factors in The Following Sequence (Round After Each Step)
 Enter Base Premium From (1) Above: \$ 535
 Factors
 () a Superior Construction (All Forms) x _____ = \$ _____
 () b 3/4 Families (Form HO-2 & 3) x _____ = \$ _____
 () c Townhouse or Rowhouse (Form HO-2 & 3) x _____ = \$ _____
 () d Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms) x _____ = \$ _____
 () e Premises Alarm or Fire Prot System (HO 04 16) x _____ = \$ _____
 () f Inflation Guard (HO 04 46) : Amt. of Annual Increase _____ % x _____ = \$ _____
 ** (✓) g All Peril Deductible (Please Check) Windstorm or Hail Ded:
 () 100 (✓) 250 () 100 with 250 Theft Fixed Dollar Percentage
 () 500 () 1000 () 2500 () 500 (✓) 1000 () 1% () 2%
 () 2000 () 5000 () 5% x .97 = \$ 519
 () h Specified Add'l Amt of Insurance for Cov A (HO 05 08): Add'l Amount of Ins _____ % x _____ = \$ _____
 () i Additional Limits of Liability for Coverages A, B, C and D (HO 05 02) x 1.15 = \$ 597
 [HO-16, HO-E-5]
 () j Lead Poisoning Exclusion (HO 24 41) if applies use factor .97 x _____ = \$ _____
 () k Other (Please Specify) x _____ = \$ _____
 *** [HO-13, HO-15 MPIUA-HO-EXC-1] Adjusted Base Premium = \$ 597
 (2)

III Additional or Reduced Premiums - Optional Coverages
Section I Coverages - Property

	Increase Limit By	Total Limit	Premium
*** (✓) Increased Coverage C (\$2/\$1000 Inc in Cov C)	\$ <u>25,000</u>	\$ <u>100,000</u>	\$ <u>50</u>
() HO 04 65/66	\$ _____	\$ _____	\$ _____
A. Jewelry etc.	\$ _____	\$ _____	\$ _____
C. Silverware	\$ _____	\$ _____	\$ _____
Other (Please Specify): _____	\$ _____	\$ _____	\$ _____
*** [HO-23, HO-R-5]			
() Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)			
Cov D Loss of Use [HO-22, HO-R-5]	\$ <u>20,000</u>	\$ <u>65,000</u>	\$ <u>80</u>
**** Other Structure (HO 04 48)	\$ _____	\$ <u>40,000</u>	\$ <u>160</u>
Earthquake Coverage (See Reverse Side)			\$ <u>164</u>
Section II Coverages - Liability & Medical Payments			
() Increased Coverage E Limit	\$ _____		\$ _____
() Increased Coverage F Limit	\$ _____		\$ _____
() HO 24 70 Additional Residence Rented to Others. Section II only			
# of Families _____ Location _____			\$ _____
() Other Section II Exposures (Please Specify) _____			\$ _____
() Add: Relocation Expense For Tenants: No. of Rentals _____	<u>1</u> x Charge/Unit <u>\$4</u>		\$ _____
	Total Additional or Reduced Premium		\$ <u>454</u>
			(3)
**** \$4/1000 Other Structure (HO 04 48) [HO-22, HO-R-5]	TOTAL PREMIUM DUE = (2) + (3) =		\$ <u>1,051</u>

* When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.

505. EARTHQUAKE COVERAGE

D.1. 10% DEDUCTIBLE - RATES PER \$1,000

TABLE B - MASONRY

Column A

\$150,000	Coverage A Limit [HO-19, 20, HO-E-8 Rule 505.3.a.]
X \$.83	Rate per \$1,000 Earthquake Territory 21 [HO-R-2-3]
<hr/>	
\$125	

Column D

\$25,000	Increase Cov C Limit [HO-20, HO-E-8 Rule 505. 3.b.]
X .43	Rate per \$1,000 Earthquake Territory 21 [HO-R-2-3]
<hr/>	
\$11	

Column F

\$20,000	Increase Cov D (Loss of Use) [HO-20, HO-E-8 Rule 505. 3. c.]
X .46	Rate per \$1,000 Earthquake Territory 21 [HO-R-2-3]
<hr/>	
\$9	

Column G

\$40,000	Other Structure (HO 04 48) [HO-E-8 Rule 505.D.6.b]
X .48	Rate per \$1,000 Earthquake Territory 21 [HO-R-2-3]
<hr/>	
\$19	

$$125 + 11 + 9 + 19 = \$164$$

References in [] are to ISO/MPIUA manual pages and rules

References in [] are to ISO/MPIUA rate pages

MPIUA PREMIUM COMPUTATION WORKSHEET - HOMEOWNERS POLICY PROGRAM (2000 EDITION)

Form : () HO-2 () HO-3 () HO-5 () HO-4 () HO-6 Coverage A \$ 250,000

Terr 37 Prot 03 Const FRAME Coverage C \$ [HO-8, HO-B-1]

I ***Base Premium**

HO - 3 / 4 / 6 Base Class Premium..... = 835

Factors

Form Factor (N/A if Form 4 or 6) x 1.00 = 830 (Round)

[HO-C-1] Protection - Construction Factor x .98 = 818 (Round)
 (Key Premium)

[HO-C-2] Key Factor(For Cov A / C Amt) x 1.555 = 1,272 (Round)
 (Base Premium) (1)

II **Adjusted Base Premium**

Apply Appropriate Premium Adjustment Factors In The Following Sequence (Round After Each Step)

Enter Base Premium From (1) Above: \$ 1,272

Factors

() a) Superior Construction (All Forms) x _____ = \$ _____

() b) 3/4 Families (Form HO-2 & 3) x _____ = \$ _____

() c) Townhouse or Rowhouse (Form HO-2 & 3) x _____ = \$ _____

() d) Personal Property (Cov. C) Replacement Cost (HO 04 90) (All Forms) x _____ = \$ _____

() e) Premises Alarm or Fire Prot System (HO 04 16) x _____ = \$ _____

() f) Inflation Guard (HO 04 46) : Amt. of Annual Increase _____% x _____ = \$ _____

** () g) All Peril Deductible (Please Check) Windstorm or Hail Ded:
 () 100 () 250 () 100 with 250 Theft Fixed Dollar Percentage
 () 500 () 1000 () 2500 () 500 () 1000 () 1% () 2% x .95 = \$ 1,208
 () 2000 () 5000 () 5%

() h) Specified Add'l Amt of Insurance for Cov A (HO 05 08): Add'l Amount of Ins _____% x _____ = \$ _____

() I) Additional Limits of Liability for Coverages A, B, C and D (HO 05 02) x _____ = \$ _____

() h) Lead Poisoning Exclusion (HO 24 41) if applies use factor .97 x _____ = \$ _____

() i) Other (Please Specify) _____ x _____ = \$ _____

** [HO-13, HO-15 MPIUA-HO-EXC-1] **Adjusted Base Premium** = \$ 1,208
 (2)

III **Additional or Reduced Premiums - Optional Coverages**

Section I Coverages - Property

() Increased Coverage C Increase Limit By \$ _____ Total Limit \$ _____ Premium \$ _____

() HO 04 65/66

A. Jewelry etc. \$ _____ \$ _____ \$ _____

C. Silverware \$ _____ \$ _____ \$ _____

Other (Please Specify) : _____ \$ _____ \$ _____ \$ _____

() Other Section I Increased/Decreased Limits And Additional Coverages (Please Specify)

HO 0427 Limited Fungi, Wet or Dry Rot or Bacteria \$ _____ \$ _____ \$ 85

Increased Section I \$50,000 \$78 per policy \$ _____ \$ _____ \$ _____

Increased Section II \$100,000 \$7 per policy \$ _____ \$ _____ \$ _____

[HO-E-3,4 HO-R-15]

Section II Coverages - Liability & Medical Payments

() Increased Coverage E Limit \$ _____ \$ _____

() Increased Coverage F Limit \$ _____ \$ _____

() HO 24 70 Additional Residence Rented to Others. Section II only # of Families _____ Location _____ \$ _____

() Other Section II Exposures (Please Specify) _____ \$ _____

() **Add: Relocation Expense For Tenants: No. of Rentals _____ x Charge/Unit \$ 4** \$ _____

Total Additional or Reduced Premium \$ 85

TOTAL PREMIUM DUE = (2) + (3) = \$ 1,293

* When Building Code Effectiveness Grading or Special Loss Settlement (HO 04 56) or Actual Cash Value Loss Settlement (HO 04 81) or Ordinance or Law Coverage (HO 04 77) apply, the Base Premium is developed in accordance with the rating rules that pertain to these options.