HOMEOWNERS POLICY PROGRAM

North Country Insurance Company 8/12

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HO 11/02

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HOMEOWNERS POLICY PROGRAM

Rule No.

1. ELIGIBILITY:

The Homeowners Policy Program contains rules, classifications, rates and premiums for writing property and liability insurance for:

- a. the owner-occupant of a dwelling used only for private residential purposes;
- b. a tenant (non-owner) of a dwelling, apartment, or the owner of a Condominium Unit if the residence occupied by the insured is used for residential purposes;
- c. co-owners, provided each occupies separate apartments within the dwelling. A tenant policy may be issued to the other co-owner;
- d. covering the interests of the intended owner-occupant of a dwelling under construction;
- e. covering a seasonal dwelling (seasonal occupancy shall be so identified on the Declarations Page);
- f. covering non-owner occupied condominium units used exclusively for residential purposes when there is a rental manager/agent on premises 12 months in each year; or
- g. modular homes installed on permanent foundations.

A policy may be issued only when the main residence insured:

- a. is used exclusively for residential purposes (except for those incidental occupancies permitted by this manual and which have been declared and the appropriate premium charge made); and
- b. contains no more than four families with no more than two roomers or boarders per family.

Ineligible Risks:

- a. Manufactured homes, trailer homes or house trailers whether or not set on foundations; or
- b. Property to which farm forms or rates apply.

Optional property and liability endorsements or coverages are made available in the following manual sections:

OPTIONAL PROPERTY COVERAGES & ENDORSEMENTS OPTIONAL LIABILITY COVERAGES & ENDORSEMENTS

2. BASIC POLICY COVERAGE AND LIMITS:

The homeowners policy provides coverage and minimum limits of liability as follows:

Section I

- 0.0	verages							
	Form ML-8		Form ML-1(R)	Form ML-2	Form ML-3	Form ML-4	Form ML-5	
A.	Residence	8,000	8,000	8,000	8,000		8,000	
В.	Private Structures	10% of amount on Residence	10% of amount on Residence	10% of amount on Residence	10% of amount on Residence		10% of amount on Residence	
C.	Personal Property	50% of amount on Residence	50% of amount on Residence	50% of amount on Residence	50% of amount on Residence	4,000	70% of amount on Residence	
D.	Additional Living Expense & Loss of Rent	10% of amount on Residence	10% of amount on Residence	20% of amount on Residence	20% of amount on Residence	40% of amount on Personal Property	20% of amount on Residence	

The following peril forms are available:

ML-8	Limited Form
ML-1(R)	Standard Form
ML-2	Broad Form
ML-3	Special Form
ML-4	Tenants Form
ML-5	Superior Form

See forms for causes of loss that apply.

Premiums for all forms are shown in the Homeowners Premium Table.

Section II Coverages

L. Personal Liability (ML-9) \$25,000 Each Occurrence

M. Medical Payments \$500 Each Person

MANDATORY FORMS - The following forms are mandatory:

Section I (Zone 1 & 2) - ML-20, ML-78, ML-305A,

ML-84 (with ML-20 editions prior to 6/99), Causes of Loss (ML-8, 1(R), 2, 3, 4 or 5),

ML-346 (may be removed at the insured's request), ML-189 (may be removed at the insured's request).

Section I (Zones 3 - 10) - ML-20, ML-78, ML-305A,

ML-84 (with ML-20 editions prior to 6/99), Causes of Loss (ML-8, 1T, 2T, 3T, 4T or 5T), ML-346 (may be removed at the insured's request), ML-189 (may be removed at the insured's request).

Section II - ML-9 (if liability is included).

3. GENERAL RULES:

3-a CANCELLATION -

If insurance is cancelled or reduced at the request of the company or the insured, the earned premium shall be computed on a pro-rata basis.

3-b CONTINUOUS RENEWAL - (ML-430), (ML-430A), (ML-430B)

If policy is written on a continuous renewal basis, attach ML-430 and affix an ML-430A or ML-430B sticker to policy or renewals.

3-c CONTRIBUTING INSURANCE - (ML-178)

Coverage may be divided between two or more companies using the rates, rules, forms and endorsements of this manual.

3-d DEFERRED PREMIUM PAYMENT PLAN -

It is permissible to write a policy for three years with the premium payable annually.

If the premium is paid annually, the installment premium shall be the annual premium as shown in this manual.

3-e INTERPOLATION -

To determine the premium for an amount of insurance between two amounts shown in the premium table, add the pro-rata premium for the difference between the nearest amounts shown to the premium for the lower amount.

3-f MAXIMUM & MINIMUM CHARGES -

No additional premium shall be charged and no return premium shall be allowed when such additional or return premium is less than \$3.00.

Minimum Premium = Manual Premium

3-g RATE REVISIONS -

After the Underwriters Rating Board announces a rate revision, each individual company choosing to adopt the revision, shall determine the effective date(s) for new and renewal policies.

3-h RESTRICTION OF INDIVIDUAL POLICIES -

If a policy would not be issued because of unusual exposures, the applicant may request a restriction of the policy at no reduction in the premium. The request, bearing the signature of the applicant, shall be referred to the Company.

3-i TERM INSURANCE -

The policy may be written for a term up to three years. All premiums contained in this manual are on an annual basis.

Term factors are:

Term of Policy	Term Factor
1 year	1.0
2 years	2.0
3 years	3.0

3-j WHOLE DOLLAR PREMIUM -

The premium for each exposure shall be rounded to the nearest dollar, separately for each coverage provided by the policy.

A premium involving 50 cents or more shall be rounded to the next higher dollar.

4.RATING:

All premiums in this manual are ANNUAL per \$1,000 of insurance unless otherwise specified. The basic policy premiums are for property and liability coverages for exposures arising from the residence and the personal liability of an insured.

PROPERTY & LIABILITY COVERAGES:

- **4-a-1** determine the basic policy premium based upon the amount of Coverage A or C. This basic premium shall reflect revised amount of Coverage C.
- **4-a-2** apply sub-zone factors when required.
- **4-a-3** apply deductible debits or credits.
- **4-a-4** modify the amount in 4-a-2 by premium credits or charges.
- **4-a-5** add premiums for optional property coverages and apply a deductible debits or credits when applicable.
- **4-a-6** add premiums for increased liability limits and optional liability coverages.
- **4-b** Add any premiums for other coverages that are written with this policy.
- **4-c** Total premium is determined by adding the amounts calculated in 4-a & 4-b.

RATING DEFINITIONS:

CONSTRUCTION:

4-d FRAME -

A building shall be classified as frame when the wall area of frame, metal-sheathed or stucco construction exceeds 33 1/3% of the total exterior wall area.

4-e MASONRY -

A building shall be classified as masonry when more than 66 2/3% of the exterior wall area is of masonry or masonry veneered construction.

PROTECTION:

4-f PROTECTED -

Building is located within 1,000 feet of an approved fire hydrant and is within 5 road miles of a responding fire department.

4-g SEMI-PROTECTED -

Building is located more than 1,000 feet of an approved fire hydrant and is within 5 road miles of a responding fire department.

4-h UNPROTECTED -

All others.

RESIDENCE REPLACEMENT COST / ACTUAL CASH VALUE PROVISIONS:

4-i REPLACEMENT COST -

Replacement cost premiums are to be used when the residence is insured for at least 80% of the replacement cost. Losses will be settled according to the replacement cost provision.

4-j ACTUAL CASH VALUE -

The actual cash value premiums are to be used when the residence is insured for less than 80% of the replacement cost. Losses will be settled on an actual cash value basis including deduction for depreciation.

NOTE: ML-13 may be added to actual cash value policies.

4-k ALTERNATIVE REPLACEMENT COST PROVISIONS

4-k-1 ML-256 NCIC -

A policy may be written with the alternative replacement cost form ML-256 NCIC provided the dwelling is insured to 50% of replacement value as determined by the current Marshall & Swift/Boeckh Replacement Cost Estimator. See Optional Section I - Coverages & Endorsements.

4-k-2 ML-256 RC NCIC -

A policy may be written with the alternative replacement cost form ML-256 RC NCIC, which changes the replacement cost requirement to 90%, provided the dwelling is insured to 100% of replacement value as determined by the current Marshall & Swift/Boeckh Replacement Cost Estimator. See Optional Section I - Coverages & Endorsements.

4-1 MARKET VALUATION PROVISION - (ML-38 MVP NCIC)

Market Valuation Provision form ML-38 MVP NCIC is available when the dwelling is insured for at least 30% of the replacement cost, as determined by the current Marshall & Swift/Boeckh Replacement Cost Estimator. This Market Valuation Provision is only available if the dwelling replacement cost is at least \$250,000. See Optional Section I - Coverages & Endorsements.

5. OPTIONAL SECTION I - COVERAGES & ENDORSEMENTS:

5-a ADDITIONAL LIVING EXPENSE -

Enter total amount of coverage on policy face. Coverage in excess of the amount provided shall be charged at the premiums shown in the Premium Section of the manual.

5-b ALTERNATIVE REPLACEMENT COST PROVISIONS

5-b-1 ML-256 NCIC -

A policy may be written with the alternative replacement cost form ML-256 NCIC provided the dwelling is insured to 50% of replacement value as determined by the current Marshall & Swift/Boeckh Replacement Cost Estimator. The surcharge can be found in the Premium Section of the manual.

5-b-2 ML-256 RC NCIC -

A policy may be written with the alternative replacement cost form ML-256 RC NCIC, which changes the replacement cost requirement to 90%, provided the dwelling is insured to 100% of replacement value as determined by the current Marshall & Swift/Boeckh Replacement Cost Estimator. The credit can be found in the Premium Section of the manual.

5-c AMENDMENT OF POLICY CONDITIONS - (ML-83)

This form is a reinstatement of the original cancellation on notice of payment dishonor.

5-d AUXILIARY HEATING CHARGE (Solid Fuel) -

For auxiliary heating devices that use solid fuel, the surcharge shown in the Premium Section of the manual may be applied.

5-e BOATS – PHYSICAL DAMAGE – (MR-51)

Boats may be covered at the rates shown in the Premium Section of the manual.

5-f BUILDING ADDITIONS AND ALTERATIONS - (ML-51)

Coverage in excess of the amount provided shall be charged at the premium shown in the Premium Section.

5-g CONDOMINIUMS AND SHARED OWNERSHIP HOUSING - (ML-15)

This form is intended to offer choices of building orientated coverage under forms ML-2, ML-3 or ML-5 for condominium unit owners.

5-h CONDOMINIUM UNIT-OWNERS SUPPLEMENTAL COVERAGES:

5-h-2 LOSS ASSESSMENT COVERAGE - (ML-35)

The policy may be extended to cover loss assessment for which the insured may be liable to the association of Condominium Unit-Owners, at the additional premiums shown in the Premium Section of the manual.

Earthquake coverage (ML-35A) may be added to policies issued under this rule at the earthquake rates shown in the Premium Section of the manual.

5-h-4 SPECIAL COVERAGE - (ML-32)

Coverage may be provided against covered causes of loss except as excluded or limited, at the premiums shown in the Premium Section of the manual.

5-h-5 UNIT-OWNERS ADDITIONS AND ALTERATIONS - (ML-31)

The amount of insurance may be increased at the premiums shown in the Premium Section of the manual.

5-h-6 UNIT-OWNERS RENTAL TO OTHERS - (ML-33)

The policy may be extended to cover personal property while the premises are rented to others at the additional premium shown in the Premium Section of the manual.

5-i COVERAGES - OTHER PROGRAMS -

It is permissible to attach any filed form offering supplemental coverage not included in this section. The appropriate rates are to be used.

5-j CREDIT CARD, FORGERY AND COUNTERFEIT MONEY - (ML-57)

Coverage for Credit Card, Forgery and Counterfeit Money may be increased at the premiums shown in the Premium Section of the manual.

5-m DEDUCTIBLES -

Forms used in conjunction with the premiums shown in this manual contemplate a two hundred fifty dollar (\$250) All Causes of Loss Deductible Clause applying per occurrence. This deductible can be increased or reduced by applying the rate credits or surcharges as shown in the Premium Section of the manual.

5-0 **EARTHQUAKE** - (ML-54), (ML-35A)

Earthquake coverage may be written at the premiums shown in the Premium Section of the manual. Please include increased Coverage B or C when calculating premium.

5-p EXTENDED THEFT COVERAGE AWAY FROM THE PREMISES - (ML-187) (Zones 3-10 only)

The policy may be extended to cover theft of covered property while away from the insured premises, at the additional premium shown in the Premium Section of the manual.

5-q GLASS COVERAGE - (ML-68) (Not Applicable to ML-4)

Coverage may be provided for specific items of glass using the rules and rates filed for the Company.

5-s HOME COMPUTERS – (MR-61)

Coverage for home computer data processing equipment and commercially purchased software may be provided on a risks-not-excluded basis. The additional premium is shown in the Premium Section of the manual.

5-t HOMEOWNERS ASSOCIATION LOSS ASSESSMENT COVERAGE - (ML-50)

The policy may be extended to cover loss assessments charged by the association of homeowners, at the additional premiums shown in the Premium Section of the manual.

Earthquake coverage may be added to policies issued under this rule at the earthquake rates shown in the Premium Section of the manual. (ML-53)

5-u AMENDATORY ENDORSEMENT (NC-AE-9)

SENIOR SUPPLEMENTAL ENDORSEMENT (NC-SEN-1) – Provides coverage for Hearing Aides, Dentures, Eyeglasses and Prescription Medicines. Limit of \$250 each type of property for all loss sustained in any one occurrence.

Coverage may be written for these forms at the additional premiums shown in the Premium Section of the manual.

5-w IDENTITY FRAUD - (ML-189)

Coverage will be provided at the premium shown in the Premium Section of the manual. Coverage will be removed at the request of the insured.

5-x INCREASED AMOUNT OF COVERAGE C -

5-x-1 INCREASED AMOUNT OF INSURANCE -

The Coverage C amount of insurance may be increased at the premiums shown in the Premium Section of the manual.

5-y INFLATION GUARD COVERAGE - (ML-243) - [Not applicable to ML-4]

Amounts of insurance may be automatically increased for Coverages A, B, C and D on a quarterly basis. Refer to the charges shown in the Premium Section of the manual.

5-z LIMITED THEFT COVERAGE AWAY FROM THE INSURED PREMISES - (ML-186) (Zone 3 - 10 only) -

Coverage for limited theft away from the insured premises may be added at the additional premium shown in the Premium Section of the manual.

5-aa MARKET VALUATION PROVISION - (ML-38 MVP NCIC)

Market Valuation Provision form ML-38 MVP NCIC is available when the dwelling is insured for at least 30% of the replacement cost as determined by the current Marshall & Swift/Boeckh Replacement Cost Estimator. This Market Valuation Provision is only available if the dwelling replacement cost is at least \$250,000. The surcharge can be found in the Premium Section of the manual.

5-ab MECHANICAL, ELECTRICAL OR PRESSURE SYSTEMS BREAKDOWN - (ML-346) -

Coverage for mechanical, electrical or pressure systems breakdown will be added to all policies at the premium shown in the Premium Section of the manual. Coverage can be removed at the request of the insured.

5-ac NEW HOME / RENOVATION DISCOUNT -

New home /renovation discounts are applied to qualified homes at the rate credits shown in the Premium Section of the manual.

5-ad ORDINANCE AND LAW - (ML-360)

Coverage may be provided at the premium shown in the Premium Section of the manual.

5-ae OTHER RESIDENCE COVERAGE - (ML-67)

Coverage may be provided at the additional premiums filed for the Company.

5-af OUTSIDE ANTENNA - (ML-49)

Increased amount of insurance may be written on outside antennas at the premiums shown in the Premium Section of the manual.

5-ah PHYSICIANS, SURGEONS, DENTISTS AND VETERINARIANS - (ML-69)

Increased amounts of insurance on Physicians, Surgeons, Dentists and Veterinarians property may be written at the premiums shown in the Premium Section of the manual.

5-ai PRIVATE STRUCTURES -

5-ai-1 INCREASED LIMITS - (ML-48)

Increased amounts of insurance may be written on a specific private structure

- 1) used primarily as a private garage when the ground floor area is 1,500 square feet or less, or
- 2) used exclusively as a private garage when the ground floor area is more than 1,500 square feet.

The premium is shown in the Premium Section of the manual.

5-ai-2 INCREASED LIMITS - (ML-244) or (ML-89)

Increased amounts of insurance may be written on a specific private structure at the premiums shown in the Premium Section of the manual.

5-ai-3 **RENTED TO OTHERS - (ML-40), (ML-244) or (ML-89)**

Coverage may be written on a specific private structure held for rental at the premiums shown in the Premium Section of the manual.

5-ai-4 EXCLUSIONARY ENDORSEMENT - (ML-SM-2)

At the request of an insured, coverage may be excluded for a specific private structure, outdoor equipment or fixtures related to the structure(s) at no change in premium. This endorsement may require the insured's signature.

5-aj OFFICE, PROFESSIONAL, PRIVATE SCHOOL OR STUDIO USE INSURED PREMISES - (ML-42)

Coverage may be written on a specific private structure with an office, professional, private school or studio occupancy at the additional premium shown in the Premium Section of the manual. For liability coverage, refer to the Optional Liability Coverage Section.

5-ak PROTECTIVE DEVICE CREDIT - (ML-216)

Premium credits may be allowed for the installation of approved and properly maintained alarm and/or sprinkler systems in a residence as shown in the Premium Section of the manual.

5-al REDUCED AMOUNT ON COVERAGE C -

The amount of insurance for Coverage C may not be reduced to less than 40% of the amount of insurance for Coverage A at the credit shown in the Premium Section of the manual, excepting condominiums rented to others.

5-am REFRIGERATED FOOD PRODUCTS - (ML-305A)

The policy may be extended to provide coverage for damage to food products (as described in the form) at the premiums shown in the Premium Section of the manual.

5-an REPLACEMENT VALUE - PERSONAL PROPERTY - (ML-55)

Personal property may be insured for replacement value at the charges shown in the Premium Section of the manual.

5-ar SCHEDULED PERSONAL PROPERTY - (ML-61)

Coverage may be provided for covered causes of loss except as excluded or limited on scheduled personal property using the rates and rules filed by the company.

5-av TOWN HOUSE AND ROW HOUSE SURCHARGE -

Town houses and row houses are subject to the surcharge shown in the Premium Section of the manual.

6. OPTIONAL LIABILITY COVERAGE & ENDORSEMENTS:

All mandatory or optional Section II Coverages must be written at the same limit.

6-a DESCRIBED RESIDENCE PREMISES - 1 to 4 FAMILY - (ML-9)

Personal Liability and Medical Payments limits of liability may be increased at the premiums shown in the Premium Section of the manual.

6-b ADDITIONAL RESIDENCE PREMISES -

- **6-b-1 Additional Residence Premises** those occupied by the insured may be covered at the premiums shown in the Premium Section of the manual.
- 6-b-2 Additional Residence Premises Rented to others (ML-70 or ML-70A) those rented to others may be covered at the premiums shown in the Premium Section of the manual.

6-c ADDITIONAL HOUSEHOLD MEMBERS COVERAGE - (ML-23)

This form amends the definition of insured to include a person who lives with the insured and is not an insured, guest, residence employee, tenant, roomer or boarder. This person is covered for personal property and personal liability. The premium is applied per person listed in the schedule. The premium is shown in the Premium Section of the manual.

6-e ADDITIONAL INTERESTS - (ML-41)

The policy may cover additional owners at no additional premium. This coverage is limited to the building plus premises liability.

6-f ASSISTED LIVING CARE FACILITY RESIDENT COVERAGE – (ML-29) (For Family Members Who Reside In Assisted Living Care Facilities)

This form amends the definition of insured to include a person who does not live with the insured but is related to the insured by blood, marriage or adoption, and who regularly resides in an assisted living care facility. This form provides limited personal property and limited personal liability. The premium is shown in the Premium Section of the manual.

6-e BED AND BREAKFAST - (ML-326)

Bed and Breakfast operations including up to four (4) single or double rooms at the insured premises may be covered at the premiums shown in the Premium Section of the manual.

6-h BUSINESS PURSUITS - (ML-71)

Coverage may be provided for the liability of an insured arising out of business activities, other than a business of which he is sole owner or partner, at the additional premiums shown in the Premium Section of the manual.

Classify as shown below and apply the charges to each person insured.

Classifications:

- **6-h-1 Clerical Office Employees -** engaged wholly in office work and having no other duty in or about the employer's premises.
- **6-h-2 Salespersons, Collectors or Messengers -** no installation, demonstration or service operations.
- **6-h-3 Salespersons, Collectors or Messengers -** including installation, demonstration or service operations.
- **6-h-4 Teachers -** athletic, laboratory, manual training, and swimming instruction, excluding liability for corporal punishment of pupils.
- **6-h-5 Teachers -** not otherwise classified, excluding liability for corporal punishment of pupils.

Occupations not classified - Refer to Company.

6-i CREDIT FOR ELIMINATION OF SECTION II -

Section II may be deleted from the policy or endorsement covering the additional residence if the primary policy provides Section II coverage for such residences, at the premium credit shown in the Premium Section of the manual.

6-i1 EXCLUSION OF CANINE RELATED INJURIES OR DAMAGES – (ML-373)

This form provides an exclusion of canine related injuries subject to very stringent guidelines. A premium credit is shown in the Premium Section of the manual.

6-j FARMERS COMPREHENSIVE PERSONAL LIABILITY - (ML-10(F)) (Form ML-10(F) replaces Form ML-9)

Farm liability exposures on or away from the residence premises location may be covered at the additional premiums shown in the Premium Section of the manual.

The following may not be covered:

- a. Farms where the principal purpose is to supply commodities for manufacturing or processing by the insured for sale to others.
- b. Farms where the principal purpose is the raising and using of horses for racing purposes.
- c. Incorporated farms.

Charges must be made for the initial farm exposure and each additional farm premises, if they exist.

6-j-1 Initial Farm Exposure. This includes:

- a. the principal farm premises, which is the largest parcel of farm land with out-building(s), whether owned and operated by the insured or rented to others; and
- b. all farm land without out-buildings used in conjunction with the above, including any vacant farm land. Any other dwellings located on the farm shall be rated as additional residence premises.

6-k GOLF CART LIABILITY EXTENSION - (ML-82)

The policy may be extended to provide coverage for bodily injury and property damage resulting from the ownership, maintenance, use, loading or unloading of golf carts. Coverage may be provided at the premium shown in the Premium Section of the manual.

6-1 LEAD EXCLUSION - (ML-59)

Coverage may be excluded for the liability arising out of business uses of the residence, at the additional premiums shown in the Premium Section of the manual. The following conditions apply:

- 1. This exclusion applies to those areas of the residence used or held for business pursuits including, but not limited to, child or adult care services, rental or holding for rental to tenants for residential purpose or any other business use by any insured or other occupants.
- 2. This exclusion does not apply to those areas of the residence used by any insured, in whole or part, for residential purposes.
- 3. This exclusion does not apply to residences newly constructed after 1980.
- 4. This exclusion does not apply to residences that are certified as having undergone total lead abatement or have been otherwise tested and certified as being lead free.

6-m OFFICE, PROFESSIONAL, PRIVATE SCHOOL OR STUDIO OCCUPANCY -

Incidental office, professional, private school or studio occupancies are permitted provided:

- a. the premises are occupied principally for residential purposes, and
- b. there is no other business conducted on the premises.

At the additional premium shown in the Premium Section of the manual, coverage may be provided for the liability of an insured arising from:

- an office, professional, private school or studio occupancy in the home or in a separate structure on the premises. The limit for Coverage C shall be not less than 60% of the Coverage A limit. (ML-42)
- 6-m-2 professional instruction, given by the insured, in the home. The insured employs no assistants and the home has not been altered to accommodate the occupancy. (ML-42)
- an office, professional, private school or studio occupancy in an additional residence premises occupied by the insured, other than the described home.

 (ML-43)

Space in the described or additional dwellings rented to a person other than an insured shall not be deemed business property while used by that person as an office, professional school, private school or studio. The policy may be so endorsed at no charge.

Please refer to company for Medical Payments charges on incidental day nurseries or nursery schools.

6-0 OUTBOARD MOTORS AND WATERCRAFT - (ML-75)

Coverage may be provided for watercraft not otherwise covered by the policy at the premiums shown in the Premium Section of the manual.

- a. When two or more outboard motors are regularly used together with any single watercraft owned by the insured, the horsepower of all such outboards shall be accumulated for rating purposes.
- b. Sailboats 26 to 40 feet in length with auxiliary power are classed as inboard motor boats.

6-p PERSONAL INJURY - (ML-46)

Coverage may be provided for the named insured's legal liability resulting from the false arrest, libel, slander, or invasion of privacy of another, at the additional premiums shown in the Premium Section of the manual.

6-q PRIVATE STRUCTURES - RENTED TO OTHERS - (ML-40)

When coverage under Section I is provided for private structures rented to others, apply the additional premiums shown in the Premium Section of the manual.

6-r TRAMPOLINE EXCLUSION - (ML-52 or ML-52A)

Coverage may be excluded for the liability arising out of ownership or use of a trampoline, at the credit shown in the Premium Section of the manual.

6-s WATERBED LIABILITY - (ML-209)

Coverage may be provided for Waterbed Liability at the premiums show in the Premium Section of the manual.

TERRITORIAL ZONES and PREMIUM GROUP CHARTS

TERRITORIAL ZONES:

Zone 1 - All of state except Putnam, Rockland, Suffolk, Nassau, Westchester, Richmond, Queens, New York, Bronx and Kings Counties and cities in Zone 2.

Factor:	Sub-	Zones:
1.055	1 -	Clinton, Essex, Franklin, Hamilton, Jefferson,
		Lewis, Oswego, St. Lawrence, Washington.
.960	2 -	Erie, Genesee, Niagara, Orleans.
.988	3 -	Allegany, Cattaraugus, Chautauqua, Livingston,
		Monroe, Ontario, Schuyler, Steuben, Wayne,
		Wyoming.
.940	4 -	Broome, Cayuga, Chemung, Cortland, Onondaga,
		Seneca, Tioga, Tompkins, Yates.
1.055	5 -	Chenango, Delaware, Herkimer, Madison, Oneida,
		Schoharie.
.940	6 -	Fulton, Montgomery, Otsego, Saratoga, Warren.
.979	7 -	Dutchess, Greene, Ulster.
.950	8 -	Albany, Columbia, Rensselaer, Schenectady.
1.087	9 -	Orange, Sullivan.

Zone 2 - The cities listed below:

Albany City, Binghamton City, Buffalo City, Niagara Falls City, Rochester City, Schenectady City, Syracuse City, Troy City, Utica City.

- Zone 3 Richmond County
- Zone 4 Queens County
- Zone 5 New York County
- Zone 6 Bronx County
- Zone 7 Kings County
- Zone 8 Putnam, Rockland and Westchester Counties
- Zone 9 Nassau County
- Zone 10 Suffolk County

PREMIUM GROUP CHART:	FORM ML-8	ML-4	
ZONE 1	Masonry	Frame	
Protected	1	2	1
Semi-Protected	3	4	2
Unprotected	5	5	2
ZONE 2			
Protected	6	7	1
Semi-Protected	8	9	2

ML-8, 1'	T, 2T,		ML-8, 1T, 2T,			
3T, 5	5T	ML-4T		3T,	ML-4T	
Masonry	Frame			Masonry	Frame	:
10	11	4	ZONE 9			
12	13	5	Protected	24	25	2
14	15	6	Semi-Prot	26	27	3
16	17	7	ZONE 10			
18	19	8	Protected	28	29	2
			Semi-Prot.	30	31	3
20	21	2				
22	23	3				
	3T, 5 Masonry 10 12 14 16 18	10 11 12 13 14 15 16 17 18 19	3T, 5T ML-4T Masonry Frame 10 11 4 12 13 5 14 15 6 16 17 7 18 19 8 20 21 2	3T, 5T ML-4T Masonry Frame 10 11 4 ZONE 9 12 13 5 Protected 14 15 6 Semi-Prot 16 17 7 ZONE 10 18 19 8 Protected Semi-Prot. 20 21 2	3T, 5T ML-4T 3T, Masonry Frame Masonry 10 11 4 ZONE 9 12 13 5 Protected 24 14 15 6 Semi-Prot 26 16 17 7 ZONE 10 28 18 19 8 Protected 28 Semi-Prot. 30 20 21 2	3T, 5T ML-4T 3T, 5T Masonry Frame Masonry Frame 10 11 4 ZONE 9 12 13 5 Protected 24 25 14 15 6 Semi-Prot 26 27 16 17 7 ZONE 10 28 29 18 19 8 Protected 28 29 Semi-Prot. 30 31 20 21 2

MASONRY - PROTECTED PREMIUM GROUP 1

\$250 FLAT DEDUCTIBLE ZONE 1 - UPSTATE

AMOUNT OF INSURANCE	ML-8	REPLA	CEMENT ML-2	COST ML-3	ML-5		UAL CA ML-1R	SH VAL ML-2	UE ML-3
8,000	101	117	137	156	171	121	140	164	186
10,000	106	123	144	163	180	128	147	173	196
15,000	113	131	153	174	192	136	157	184	209
20,000	120	138	162	184	202	144	166	194	221
25,000	124	143	167	190	209	148	171	201	228
30,000	130	150	176	200	220	156	180	211	240
35,000	139	160	188		235	167	192	226	256
40,000	147	170	200	227	250	177	204	240	272
45,000	156	180	211	240	264	187	216	253	287
50,000	163	189	221	251	277	196	226	265	302
55,000	169	195	229	260	286	203	234	275	312
60,000	173	199	234	266	292	207	239	281	319
65,000	181	208	244	278	305	217	250	293	333
70,000	189	218	256	291	320	227	262	307	349
75,000	192	222	260	295	325	230	266	312	355
80,000	195	225	264	300	330	234	270	316	360
85,000	199	229	269	306	336	238	275	323	367
90,000	203	235	275	313	344	244	282	331	376
95,000	206	237	279	317	348	247	285	334	380
100,000	210	242	284	323	355	252	291	341	388
	216	249	292	332	365	259	299	351	399
105,000 110,000	221	255	299	340	374	265	306	359	408
115,000	225	260	305	346	381	270	312	366	416
120,000	231	267	313	356	391	277	320	376	427
125,000	239	276	324	368	404	287	331	388	441
130,000	249	287	337	383	421	291	336	394	448
135,000	259	298	350	398	438	297	343	403	458
140,000	271	312	367	417	458	311	359	422	479
145,000	284	328	384	437	481	326	377	442	502
150,000	294	339	398	453	498	338	390	458	520
155,000	304	351	412	468	515	350	404	474	539
160,000	315	363	426	484	532	362	417	490	557
165,000	325	375	440	500	550	366	422	495	562
170,000	335	387	454	516	567	386	445	522	593
175,000	346	399	468	532	585	397	459	538	612
180,000	356	411	482	548	602	409	472	554	630
	366	423	496	563	620	421	486	570	648
185,000 190,000	376	434	510	579	637	433	500	586	666
195,000	387	446	523	595	654	449	518	608	691
200,000	397	458	537	610	672	456	527	618	702
EACH ADD'L \$5,000 ADD	11	13	15	17	19	12	14	17	19
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11/02			PAG	E 21					1/04

FRAME - PROTECTED PREMIUM GROUP 2

\$250 FLAT DEDUCTIBLE ZONE 1 - UPSTATE

AMOUNT OF		REPLA	CEMENT	COST		ACT	TUAL CA	SH VAL	UE
INSURANCE 8,000	ML-8 107	ML-1R 123	ML-2 144	ML-3 164	ML-5 180	ML-8 128	ML-1R 147	ML-2 173	ML-3 196
10,000	112	129	151	172	189	134	155.	182	206
15,000 20,000	119 126	138 145	161 170	183 194	202 213	143 151	165 174	194 205	220 233
25,000 30,000	130 137	150 158	176 185	200 211	220 232	156 164	180 189	212 222	240 252
35,000	146	169	198	225	247	175	202	238	270
40,000 45,000	155 164	179 189	210 222	239 252	263 277	186 197	215 227	252 266	287 303
50,000 55,000	172 178	198 205	233 241	265 274	291 301	206 214	238 247	279 289	318 329
60,000	182	210	246	280	308	218	252	296	336
65,000 70,000	190 199	219 230	257 270	292 306	322 337	228 239	263 276	309 323	351 368
75,000	202	233	274	311 315	342 347	243 246	280 284	328 333	373 378
80,000 85,000	205 209	237 241	278 283	322	354	251	289	340	386
90,000 95,000	214 217	247 250	290 293	330 333	362 367	257 260	297 300	348 352	396 400
100,000	221	255	299	340	374	265	306	359	408
105,000 110,000	227 233	262 268	308 315	350 358	385 394	273 279	315 322	369 378	419 429
115,000 120,000	237 243	273 281	321 330	365 375	401 412	284 292	328 337	385 395	438 449
125,000	252	290	341	387	426	302	348	409	464
130,000 135,000	262 272	302 314	354 368	403 419	443 461	306 313	353 361	415 424	471 482
140,000 145,000	285 299	329 345	386 405	439 460	482 506	328 344	378 396	444 465	504 529
150,000	310	357	419	476	524	356	411	482	548
155,000 160,000	320 331	370 382	434 448	493 509	542 560	368 381	425 439	499 516	567 586
165,000 170,000	342 353	395 407	463 478	526 543	579 597	385 406	444	521 549	592 624
175,000	364	420	493	560	616	418	483	566	644
180,000	375	432	507	577	634	431	497	583	663
185,000 190,000	385 396	445 457	522 536	593 610	652 671	443 456	511 526	600 617	682 701
195,000 200,000	407 418	470 482	551 565	626 643	689 707	473 480	546 554	640 650	728 739
EACH ADD'L	10	1 2	1.0	10	1.0	1 7	1 5	10	20
\$5,000 ADD	12	13	16	18	19	13	15	18	
HO 11/02			PAG	E 22					NCIC 1/04

MASONRY - SEMI-PROTECTED
PREMIUM GROUP 3

\$250 FLAT DEDUCTIBLE ZONE 1 - UPSTATE

AMOUNT OF		REPLA	CEMENT	COST		ACT	TUAL CA	SH VAL	UE
INSURANCE 8,000	ML-8 ML-8 ML-8 ML-8 ML-8 ML-8 ML-8 ML-8	ML-1R 139	ML-2 162	ML-3 184	ML-5 204	ML-8 144	ML-1R 166	ML-2	ML-3 222
10,000	126	145	171	194	213	152	175	195 205	233
15,000	135	155	182	207	228	161	187	218	249
20,000	142	164	192	218	241	171	197	231	262
25,000	147 155	170 178	199 209	226 237	248 261	176	204	238	271
30,000 35,000	164	190	209	253	279	184 198	213 228	250 268	284 304
40,000	175	202	237	269	297	210	243	284	323
45,000	184	213	250	284	313	222	255	300	341
50,000 55,000	194 200	224 232	263 272	299 308	329 340	233 241	268 278	315 326	358 371
60,000	206	236	272	316	348	241	284	333	378
65,000	214	247	290	330	363	258	297	348	395
70,000	225	259	304	346	379	269	311	365	414
75,000 80,000	228 231	263 267	308 313	351 356	386 391	273 278	316 320	370 375	421 427
85,000	235	272	313	363	399	283	326	383	436
90,000	242	279	328	372	409	290	335	392	446
95,000	245	282	331	376	413	294	338	396	452
100,000	249	287	337	384	422	299	346	405	460
105,000 110,000	257 263	296 303	347 355	394 404	434 444	307 315	355 364	417 426	473 484
115,000	267	308	361	411	453	321	370	435	494
120,000	275	317	372	423	464	330	381	446	507
125,000	284	328	384	437	480	340	392	461	524
130,000 135,000	296 307	340 354	400 416	455 472	499 519	346 353	399 407	467 478	531 544
140,000	321	371	436	495	544	370	427	500	569
145,000	337	389	457	518	570	388	447	525	596
150,000	349	403	473	537	591	402	463	544	618
155,000 160,000	361 373	417 430	489 506	555 575	612 632	416 429	479 496	563 582	639 660
165,000	386	445	523	594	653	434	500	587	668
170,000	399	459	538	613	673	458	528	620	704
175,000	410	474	555	632	694	472	545	639	726
180,000 185,000	423 435	488 501	572 588	650 669	715 736	487 500	561 577	658 677	747 770
190,000	447	515	605	688	756	514	594	696	791
195,000	459	530	621	706	777	533	616	722	820
200,000	471	544	638	725	797	542	625	734	833
EACH ADD'L \$5,000 ADD	13	15	18	20	22	15	17	20	23
•	13	12	7.0	20	22	12	Ι/	20	
HO 11/02			PAGI	E 23					NCIC 1/04
11/02			FAGI	_					1/04

FRAME - SEMI-PROTECTED

\$250 FLAT DEDUCTIBLE ZONE 1 - UPSTATE PREMIUM GROUP 4

AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 126 133 142 149	REPLA ML-1R 146 153 163 173	CEMENT ML-2 172 179 192 202	COST ML-3 195 205 217 230	ML-5 214 225 240 253		FUAL CA ML-1R 175 183 196 207	SH VAL ML-2 205 216 230 243	ML-3 233 245 262 277
25,000	155	178	209	237	262	185	214	251	285
30,000	162	188	219	250	275	195	225	264	299
35,000	174	200	235	267	294	209	241	282	320
40,000	184	213	249	283	312	222	255	300	340
45,000	195	225	264	299	330	233	269	316	359
50,000	205	235	277	314	346	245	283	332	377
55,000	211	244	286	325	358	253	293	343	390
60,000	216	249	293	332	366	259	299	351	399
65,000	226	261	305	347	382	270	313	367	417
70,000	236	272	320	364	400	284	328	384	437
75,000	240	277	324	369	406	288	332	390	443
80,000	244	281	330	374	412	293	337	395	449
85,000	248	286	336	382	420	298	343	403	458
90,000	254	294	344	391	430	305	352	413	470
95,000	258	297	348	395	436	308	356	418	475
100,000	263	303	355	404	444	315	364	426	484
105,000	270	312	366	416	457	323	373	438	498
110,000	277	319	374	425	467	332	383	448	510
115,000	281	324	381	432	476	338	390	457	519
120,000	289	334	391	444	489	347	400	470	533
125,000	299	344	404	459	506	358	413	485	551
130,000	311	358	421	478	526	364	420	492	560
135,000	323	373	438	497	547	372	429	503	571
140,000	338	390	458	520	572	389	449	527	599
145,000	355	409	480	546	601	408	471	552	628
150,000	368	424	497	566	622	423	488	572	650
155,000	381	439	515	585	643	438	505	593	673
160,000	393	454	532	604	666	453	522	612	695
165,000	406	469	550	624	687	457	527	619	703
170,000	419	483	567	644	709	482	557	652	741
175,000	431	498	585	665	731	497	573	672	764
180,000	445	513	602	685	753	512	590	692	788
185,000	458	528	620	704	775	526	607	712	810
190,000	471	543	637	724	796	542	624	732	832
195,000	483	558	654	743	817	562	648	760	864
200,000	496	572	671	763	840	570	658	773	878
EACH ADD'L \$5,000 ADD	14	16	18	21	23	16	18	21	24
HO 11/02			PAG	E 24					NCIC 1/04

MASONRY & FRAME - UNPROTECTED

\$250 FLAT DEDUCTIBLE PREMIUM GROUP 5 ZONE 1 - UPSTATE

AMOUNT OF INSURANCE 8,000	160	ML-1R 184	CEMENT ML-2 216	COST ML-3 246	ML-5 270	ML-8 191	TUAL CA ML-1R 221	ML-2 259	ML-3 294
10,000	168	193	227	258	284	201	232	273	310
15,000	179	206	242	275	303	215	248	291	331
20,000	189	218	256	291	320	227	262	307	349
25,000	195	225	264	300	330	234	270	317	361
30,000	205	237	278	316	347	246	284	333	378
35,000	219	253	297	337	371	263	304	356	405
40,000	233	269	315	358	394	280	323	378	430
45,000	246	284	333	378	416	295	340	399	454
50,000	258	298	349	397	437	310	357	419	476
55,000	267	308	362	411	452	320	370	434	493
60,000	273	315	369	420	462	327	378	443	504
65,000	285	329	386	438	482	342	395	463	526
70,000	299	345	404	459	505	358	414	485	551
75,000	303	350	410	466	513	364	420	493	560
80,000	308	355	416	473	520	369	426	500	568
85,000	314	362	425	482	531	376	434	509	579
90,000	321	371	435	494	544	386	445	522	593
95,000	325	375	440	500	550	390	450	528	600
100,000	332	383	449	510	561	398	459	539	612
105,000	341	393	462	524	577	409	472	554	629
110,000	349	403	473	537	591	419	483	567	644
115,000	356	410	481	547	602	427	492	578	656
120,000	365	421	494	562	618	438	506	593	674
125,000	377	435	511	581	639	453	522	613	696
130,000	393	453	532	604	665	459	530	622	707
135,000	408	471	553	628	691	470	542	636	723
140,000	428	493	579	658	724	492	567	666	757
145,000	448	517	607	690	759	515	595	698	793
150,000	464	536	629	715	786	534	616	723	821
155,000	481	554	651	739	813	553	638	748	850
160,000	497	573	672	764	840	571	659	773	879
165,000	513	592	695	789	868	577	666	782	888
170,000	529	611	717	814	896	609	702	824	937
175,000	546	630	739	840	924	628		850	966
180,000	562	649	761	865	951	646		875	994
185,000	578	667	783	890	979	665		900	1023
190,000	594	686	805	914	1006	684		926	1052
195,000	610	704	826	939	1033	709		961	1092
200,000	627	723	848	964	1060	721		976	1109
EACH ADD'L \$5,000 ADD	17	20	23	27	29	20	23	27	30
HO 11/02			PAG	E 25					NCIC 1/04

ANNUAL HOMEOWNERS PREMIUMS MASONRY - PROTECTED \$250 FLAT DEDUCTIBLE

PREMIUM GROUP	6							PSTATE	
AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 119 125 134 141	REPLA ML-1R 138 145 154 163	CEMENT ML-2 162 170 181 191	COST ML-3 184 193 206 217	ML-5 202 212 226 239	ACTU ML-8 M 143 150 161 169		SH VAL ML-2 194 204 217 229	UE ML-3 220 231 247 261
25,000	146	168	198	224	247	175	202	237	269
30,000	153	177	208	236	260	184	212	249	283
35,000	164	189	222	252	277	197	227	266	303
40,000	174	201	236	268	294	209	241	283	321
45,000	184	212	249	283	311	220	254	298	339
50,000	193	222	261	297	326	231	267	313	356
55,000	200	230	270	307	338	240	276	324	368
60,000	204	235	276	314	345	245	282	331	376
65,000	213	246	288	328	360	256	295	346	393
70,000	223	258	302	343	378	268	309	363	412
75,000 80,000 85,000 90,000 95,000	227 230 234 240 243	261 265 270 277 280	307 311 317 325 329	349 354 361 369 374	383 389 397 406 411	272 276 281 288 291	314 318 324 333 336	368 373 381 390 395	418 424 433 443
100,000	248	286	335	381	419	297	343	402	457
105,000	255	294	345	392	431	306	353	414	470
110,000	261	301	353	401	441	313	361	424	481
115,000	266	307	360	409	450	319	368	432	490
120,000	273	315	369	420	462	327	378	443	504
125,000	282	325	382	434	477	338	390	458	520
130,000	293	339	397	452	497	343	396	465	528
135,000	305	352	413	469	516	351	405	475	540
140,000	320	369	433	492	541	368	424	498	565
145,000	335	387	454	515	567	385	444	522	593
150,000	347	400	470	534	587	399	460	540	614
155,000	359	414	486	552	608	413	477	559	635
160,000	371	428	502	571	628	427	493	578	657
165,000	383	442	519	590	649	431	498	584	664
170,000	396	456	536	609	670	455	525	616	700
175,000	408	471	552	627	690	469	541	635	722
180,000	420	485	569	646	711	483	557	654	743
185,000	432	499	585	665	731	497	573	673	764
190,000	444	512	601	683	752	511	590	692	786
195,000	456	526	618	702	772	530	612	718	816
200,000	468	540	634	720	792	539	621	729	829
EACH ADD'L \$5,000 ADD	13	15	17	20	22	15	17	20	23
HO 11/02			PAG	E 26					NCIC 1/04

FRAME - PROTECTE PREMIUM GROUP 7		ANNUAL	HOMEO	WNERS	PREMIUMS		FLAT I		
8,000 10,000 15,000	IL-8 126 132 141 149	REPLAC ML-1R 145 152 162 171	DEMENT ML-2 170 179 191 201	COST ML-3 193 203 216 229	ML-5 213 223 238 251	ACTU ML-8 N 151 158 169 178	JAL CAS 1L-1R 174 183 195 206	SH VAL ML-2 204 214 229 242	UE ML-3 232 244 260 274
30,000 35,000 40,000	154 161 172 183 193	177 186 199 211 223	208 219 233 248 262	236 248 265 282 298	260 273 292 310 327	184 193 207 220 232	213 223 239 254 268	250 262 280 298 314	284 298 319 338 357
55,000 60,000 65,000	203 210 215 224 235	234 242 248 259 271	275 284 291 304 318	312 323 330 345 361	343 356 363 379 398	244 252 258 269 282	281 291 297 310 325	330 341 349 364 382	375 388 396 414 434
80,000 85,000 90,000	239 242 247 253 256	275 279 285 292 295	323 327 334 342 346	367 372 380 389 393	404 409 417 428 433	286 290 296 303 307	330 335 342 350 354	387 393 401 411 415	440 447 455 467 472
105,000 110,000 115,000	261 268 275 280 287	301 309 317 323 331	353 363 372 379 389	401 413 422 430 442	441 454 465 473 486	313 322 329 336 345	361 371 380 387 398	424 436 446 454 467	481 495 507 516 530
130,000 135,000 140,000	297 309 321 336 353	342 356 371 388 407	402 418 435 455 477	457 475 494 518 543	502 523 543 569 597	356 361 369 387 405	411 417 426 446 468	482 489 500 524 549	548 556 568 595 624
155,000 160,000 165,000	365 378 391 404 416	422 436 451 466 481	495 512 529 546 564	562 582 601 621 641	618 640 661 683 705	420 435 449 454 479	485 502 518 524 553	569 589 608 615 648	646 669 691 699 737
180,000 185,000 190,000 195,000	429 442 455 468 480 493	495 510 525 539 554 569	581 599 616 633 650 667	661 680 700 719 739 758	727 748 770 791 813 834	494 509 523 538 558 567	570 587 604 621 644 654	668 688 708 728 756 768	760 782 805 827 859 872
EACH ADD'L \$5,000 ADD	14	16	18	21	23	16	18	21	24

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MASONRY - SEMI PREMIUM GROUP			HOMEOV	WNERS	PREMIUMS			DEDUCT PSTATE	
AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 142 148 159 167		CEMENT ML-2 192 201 215 227	COST ML-3 218 229 244 258	ML-5 240 251 268 284	ACTU ML-8 N 170 179 191 201		SH VAL ML-2 230 242 259 272	UE ML-3 261 275 294 310
25,000	173	200	234	266	294	208	240	282	320
30,000	182	210	247	280	308	218	251	296	336
35,000	194	225	263	299	330	233	269	316	359
40,000	207	238	280	318	350	248	286	336	382
45,000	218	251	296	336	369	262	302	354	403
50,000	229	264	310	352	387	275	317	372	423
55,000	237	273	321	365	401	284	329	385	438
60,000	242	280	328	372	410	290	335	393	447
65,000	253	291	342	389	428	303	350	411	466
70,000	265	305	358	408	448	318	367	430	489
75,000	269	311	365	413	455	323	372	437	497
80,000	272	315	369	420	462	328	377	443	503
85,000	278	321	376	428	471	334	385	452	514
90,000	285	329	386	439	482	342	394	463	527
95,000	288	333	390	443	488	346	400	469	532
100,000	295	339	399	453	498	353	407	478	543
105,000	302	349	409	465	512	363	419	491	559
110,000	310	357	419	476	524	371	428	502	571
115,000	316	364	427	485	534	378	437	512	582
120,000	324	374	439	498	548	389	448	526	598
125,000	335	386	454	515	566	402	463	544	618
130,000	349	402	472	536	589	407	471	552	626
135,000	363	418	491	558	613	417	481	564	641
140,000	379	438	514	584	642	437	503	590	671
145,000	397	459	538	612	673	457	528	619	704
150,000	412	476	558	634	697	474	547	641	729
155,000	426	492	578	656	722	491	566	664	755
160,000	441	509	597	678	745	507	585	686	780
165,000	455	525	616	701	771	512	591	693	788
170,000	470	542	636	723	795	541	623	731	831
175,000	484	559	655	745	819	557	642	754	856
180,000	499	576	675	767	844	573	661	777	882
185,000	513	591	694	790	868	590	681	798	907
190,000	527	608	713	811	893	606	700	821	933
195,000	542	625	734	833	917	630	726	852	969
200,000	555	641	753	855	940	639	738	866	984
EACH ADD'L \$5,000 ADD	15	18	21	23	25	17	20	23	26
HO 11/02			PAGI	E 28					NCIC 1/04

FRAME - SEMI-PROTECTED PREMIUM GROUP 9

\$250 FLAT DEDUCTIBLE ZONE 2 - UPSTATE-CITY

AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 149 157 167 176		CEMENT ML-2 202 212 226 238	COST ML-3 230 241 257 271	ML-5 252 265 283 299		FUAL CA ML-1R 206 217 232 245	SH VAL ML-2 242 254 271 287	ML-3 275 289 308 325
25,000	182	211	247	281	308	218	252	297	337
30,000	192	222	260	295	324	230	265	311	353
35,000	205	236	277	315	347	246	284	333	378
40,000	217	251	295	335	368	261	301	353	402
45,000	230	265	311	353	389	276	318	373	424
50,000	241	278	326	371	408	289	334	391	445
55,000	249	288	338	384	422	299	346	405	460
60,000	254	294	344	392	431	306	353	414	471
65,000	266	307	360	409	450	319	369	432	492
70,000	279	322	377	429	472	335	386	453	515
75,000	283	326	384	436	479	340	392	460	523
80,000	287	332	389	442	485	344	397	466	530
85,000	293	338	396	450	496	352	406	476	541
90,000	300	347	406	461	508	360	416	488	554
95,000	303	350	411	466	514	365	420	493	561
100,000	310	357	420	476	524	371	428	502	571
105,000	318	368	431	490	538	382	441	517	587
110,000	325	376	441	501	551	391	452	529	602
115,000	332	383	449	511	562	399	460	540	613
120,000	341	393	462	525	577	409	472	554	630
125,000	352	407	477	542	597	423	488	572	651
130,000	367	423	496	564	621	429	495	581	660
135,000	382	440	516	586	646	439	506	594	675
140,000	400	461	541	615	676	459	530	622	707
145,000	419	483	567	644	708	481	555	652	741
150,000	434	500	587	668	734	498	576	675	767
155,000	448	518	607	690	759	516	596	699	794
160,000	464	535	628	713	785	533	616	722	820
165,000	479	553	649	737	811	540	622	730	830
170,000	494	570	669	761	836	568	656	770	874
175,000	510	588	690	784	863	586	676	794	902
180,000	525	605	711	808	888	604	696	817	929
185,000	540	623	731	831	914	621	717	841	955
190,000	555	640	752	854	939	638	737	865	983
195,000	570	658	772	877	965	662	764	897	1020
200,000	585	675	792	900	990	673	777	912	1036
EACH ADD'L \$5,000 ADD	16	19	22	24	28	18	21	25	29
HO 11/02			PAGE	E 29					NCIC 1/04

MASONRY PREMIUM GROUP	10	ANNUAL	, HOMEO	WNERS	PREMIUMS	•		DEDUCT ICHMON	
AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 125 131 140 148		CEMENT ML-2T 169 178 190 200		ML-5T 212 222 237 250			SH VAL ML-2T 203 213 228 240	
25,000 30,000 35,000 40,000 45,000	153 161 175 189 203	177 185 202 218 234	207 218 236 255 274	236 247 269 290 312	259 272 296 319 343	183 193 201 217 233	212 222 232 251 269	248 261 272 294 316	282 297 309 334 359
50,000 55,000 60,000 65,000 70,000	217 228 240 276 294	263 277 318	293 309 325 373 398	333 351 369 424 452	367 386 406 467 497	250 263 276 317 337	288 303 318 366 389	338 355 373 429 457	384 404 424 488 519
75,000 80,000 85,000 90,000 95,000	308 312 330 339 347	356 360 381 391 400	418 423 447 459 469	474 480 508 522 533	522 528 559 574 587	355 359 380 390 399	409 414 439 450 460	480 486 515 528 540	545 553 585 600 613
100,000 105,000 110,000 115,000 120,000	350 364 377 397 404	458	474 493 511 537 547	539 561 581 610 622	593 617 639 671 684	403 419 434 457 465	465 483 501 527 536	546 567 587 618 629	620 644 667 703 715
125,000 130,000 135,000 140,000	421 439 456 462 468	507 526 533	571 594 618 626 633	648 675 702 711 720	713 743 772 782 792	485 505 525 532 538	559 583 605 613 621	656 683 710 720 728	746 777 807 818 828
150,000 155,000 160,000 165,000	485 501 518 535 553	579 598 618	656 679 702 725 748	746 771 797 824 850	820 849 877 906 935	557 577 596 603 635	643 665 688 695 733	755 781 807 816 860	858 887 917 927 978
175,000 180,000 185,000 190,000 195,000 200,000	570 587 604 620 637 654	677 696 716 735	771 794 817 840 862 885	876 903 929 954 980 1006	964 993 1021 1050 1078 1107	655 675 694 713 740 752	756 778 801 823 854 868	887 913 940 966 1002 1018	1008 1038 1068 1098 1139 1157
EACH ADD'L \$5,000 ADD	16	19	22	25	27	19	22	25	29
HO 11/02			PAG	E 30					NCIC 1/04

\$250 FLAT DEDUCTIBLE

FRAME

PREMIUM GROUP	11							3 - R		
AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 MI 132 138 148 156	REPLAC L-1T M 152 160 170 180			ML-5T 223 234 250 264			UAL CA ML-1T 182 191 205 216		
25,000 30,000 35,000 40,000 45,000	161 169 184 199 213	186 195 212 229 246	218 229 249 269 289	248 260 283 306 328	273 286 311 336 361		193 203 212 229 246	223 234 244 264 283	261 275 287 309 332	297 312 326 352 378
50,000 55,000 60,000 65,000 70,000	228 240 252 290 309	263 277 291 335 357	309 325 342 393 419	351 370 388 447 476	386 407 427 491 524		263 276 290 334 355	303 319 335 385 410	356 374 393 452 481	404 425 447 513 546
75,000 80,000 85,000 90,000 95,000	325 329 348 357 365	375 379 401 412 421	440 445 471 483 494	499 506 535 549 562	549 556 589 604 618	•	373 378 400 411 420	431 436 462 474 484	505 512 542 556 568	574 582 616 632 645
100,000 105,000 110,000 115,000 120,000	369 384 397 418 425	426 443 458 482 491	499 519 538 565 576	567 590 611 643 654	624 649 672 707 720	•	424 441 457 481 489	489 509 527 555 564	574 597 618 651 662	653 678 703 739 753
125,000 130,000 135,000 140,000	444 462 480 487 492	512 533 554 562 568	601 626 650 659 667	682 711 739 749 758	751 782 813 824 833		510 531 552 560 566	589 613 637 646 653	691 719 748 757 767	785 818 849 861 871
150,000 155,000 160,000 165,000	510 528 546 564 582	589 609 630 650 671	691 715 739 763 787	785 812 839 867 895	863 893 923 954 984	1	587 607 627 634 669	677 700 724 732 772	794 822 849 859 906	903 934 965 976. 1029
175,000 180,000 185,000 190,000 195,000 200,000	600 618 635 653 671 688	692 713 733 753 774 794	812 836 860 884 908 932	922 950 977 1004 1032 1059	1015 1045 1075 1105 1135 1165		690 710 731 751 779	796 819 843 867 899 913	934 961 989 1017 1055 1072	1061 1092 1124 1155 1199 1218
EACH ADD'L \$5,000 ADD	17	20	23	26	29		20	23	27	30
HO 11/02			PAG	E 31						NCIC 1/04

MASONRY

\$250 FLAT DEDUCTIBLE

MASONRY PREMIUM GROUP	12						E 4 - Q		TBLE
AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 116 122 130 138	REPLA ML-1T 134 141 150 159	CEMENT ML-2T 158 165 177 186		ML-5T 197 207 221 233		169 181		
25,000 30,000 35,000 40,000 45,000	142 149 162 175 188	164 172 187 202 217	193 202 220 238 255	219 230 250 270 290	241 253 275 297 319	171 179 187 202 217	207 216 233	231 243 253 273 294	262 276 288 311 334
50,000 55,000 60,000 65,000 70,000	201 212 223 256 273	232 245 257 296 315	273 287 302 347 370	310 327 343 394 420	341 359 377 434 462	232 244 256 295 314	282 296 340	314 331 347 399 425	357 376 394 453 483
75,000 80,000 85,000 90,000 95,000	287 290 307 315 322	331 335 355 364 372	388 393 416 427 437	441 447 473 485 496	485 491 520 534 546	330 334 354 363 371	385 408 419	446 452 479 491 502	507 514 544 558 570
100,000 105,000 110,000 115,000 120,000	326 339 351 369 376	376 391 405 426 434	441 459 475 500 509	501 521 540 568 578	551 573 594 624 636	375 389 403 425 432	449 465 490	507 527 546 575 585	577 599 621 653 665
125,000 130,000 135,000 140,000 145,000	392 408 424 430 435	452 471 489 496 502	531 553 574 582 589	603 628 653 661 669		451 469 488 494 500	542 563 570	610 636 660 669 677	693 722 750 760 770
150,000 155,000 160,000 165,000 170,000	451 466 482 498 514	520 538 556 574 593	610 631 653 674 696	693 717 742 766 790	763 789 816 843 870	518 536 554 560 591	619 640 647	702 726 750 759 800	798 825 853 862 909
175,000 180,000 185,000 190,000 195,000 200,000	530 546 561 577 592 608	611 630 648 665 683 702	717 739 760 781 802 823	815 839 864 887 911 935	896 923 950 976 1002 1029	609 627 645 663 689	7 724 745 766 794	825 849 874 898 932 947	937 965 993 1021 1059 1076
EACH ADD'L \$5,000 ADD	15	17	20	23	25	17	7 20	23	27
HO 11/02			PAG	GE 32					NCIC 1/04

FRAME PREMIUM GROUP	13		11011201	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I ICDI II OI II		50 FLAT NE 4 - Q		TIBLE
AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 123 129 137 145	REPLAC ML-1T M 141 148 158 167			ML-5T 207 218 232 245		178 5 190		
25,000 30,000 35,000 40,000 45,000	150 157 171 185 198	173 181 197 213 229	203 213 231 250 269	231 242 263 284 305	254 266 289 313 336	180 189 197 213 228	218 7 227 3 245	243 256 267 288 309	276 290 303 327 351
50,000 55,000 60,000 65,000 70,000	212 223 235 270 288	245 258 271 311 332	287 303 318 365 389	326 344 361 415 443	359 378 397 457 487	244 257 270 310 330	7 297 311 358	331 348 365 420 447	376 395 415 477 508
75,000 80,000 85,000 90,000 95,000	302 306 323 332 339	348 353 373 383 392	409 414 438 450 460	464 470 498 511 522	511 517 547 562 574	347 352 372 382 390	406 429 441	470 476 504 517 528	534 541 573 588 600
100,000 105,000 110,000 115,000 120,000	343 357 369 388 395	396 412 426 448 456	464 483 500 526 535	528 549 568 598 608	580 604 625 657 669	394 410 425 445	473 490 7 516	534 555 575 605 616	607 631 653 688 700
125,000 130,000 135,000 140,000 145,000	412 430 446 453 458	476 496 515 522 528	558 582 604 613 620	635 661 687 696 704	698 727 756 766 775	474 494 513 520 527	570 592 600	642 669 695 704 713	730 760 790 800 810
150,000 155,000 160,000 165,000 170,000	474 491 507 524 541	547 566 585 605 624	642 665 687 710 732	730 755 781 806 832	803 831 859 887 915	546 564 583 590 622	651 673 681	739 764 790 799 842	839 868 898 907 957
175,000 180,000 185,000 190,000 195,000 200,000	558 574 591 607 624 640	643 663 682 700 719 738	755 778 800 822 844 867	858 884 909 934 959 985	944 972 1000 1027 1055 1083	641 660 679 698 729	762 784 8 806 8 836	868 894 920 945 981 997	987 1016 1045 1074 1115 1133
EACH ADD'L \$5,000 ADD	16	18	21	24	27	18	3 21	25	28
HO 11/02			PAGE	33					NCIC 1/04

MASONRY PREMIUM GROUP	14	ANNUAL	номео	WNERS	PREMIUMS	,	FLAT		
AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 177 186 199 210	ML-1T 205 215 229	CEMENT ML-2T 240 252 269 284		ML-5T 300 315 336 355		TUAL CA ML-1T 245 258 275 290		
25,000 30,000 35,000 40,000 45,000	217 228 247 267 287	263 286 308	294 308 335 362 389	334 350 381 411 442	367 385 419 452 486	260 273 285 308 330	300 315 329 355 381	352 370 386 417 447	400 420 438 473 508
50,000 55,000 60,000 65,000 70,000	307 324 340 391 416	373 392 451	416 438 460 529 564	472 498 523 601 641	520 547 575 661 705	354 372 391 449 478	408 429 451 518 552	479 504 529 608 647	544 572 601 691 736
75,000 80,000 85,000 90,000 95,000	437 442 468 481 491	511 540 555	592 599 634 651 665	672 681 720 740 756	740 749 792 813 831	502 509 539 553 565	580 587 622 638 652	680 689 729 749 765	773 783 829 851 869
100,000 105,000 110,000 115,000 120,000	496 516 535 562 572	596 617 649	672 699 724 761 775	764 794 823 865 881	840 874 905 951 969	571 593 615 647 658	659 685 709 747 760	773 803 832 876 891	878 913 946 995 1013
125,000 130,000 135,000 140,000 145,000	597 622 646 655 663	718 746 756	808 842 875 887 897	919 957 994 1008 1020	1109	687 715 743 753 762		930 968 1006 1020 1032	1056 1100 1143 1159 1173
150,000 155,000 160,000 165,000 170,000	687 711 734 759 783	820 847 875	930 962 994 1027 1060	1056 1093 1130 1167 1204	1243 1284	790 817 845 854 900	911 943 975 985 1039	1069 1106 1143 1156 1219	1215 1257 1299 1313 1385
175,000 180,000 185,000 190,000 195,000 200,000	807 831 855 879 903 926	959 987 1014 1041	1093 1126 1158 1190 1222 1254	1242 1279 1316 1352 1389 1425	1447 1487 1527	928 956 983 1011 1049 1066	1071 1103 1135 1166 1211 1230	1257 1294 1331 1369 1420 1443	1428 1471 1513 1555 1614 1639
EACH ADD'L \$5,000 ADD	23	26	31	35	39	26	31	36	41
HO 11/02			PAG	SE 34					NCIC 1/04

FRAME PREMIUM GROUP	15	ANNUAL	HOMEO	WNERS	PREMIUMS		FLAT 5 - N		
AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 187 196 209 221	ML-1T 215 226 241	CEMENT ML-2T 253 265 283 299		ML-5T 316 332 354 374		UAL CA ML-1T 258 271 290 306		
25,000 30,000 35,000 40,000 45,000	228 240 261 281 302	277 301 325.	309 324 353 381 409	351 369 401 433 465	387 406 441 476 512	274 288 300 324 348	316 332 346 374 401	371 389 406 439 471	421 442 461 498 535
50,000 55,000 60,000 65,000 70,000	323 341 358 411 438	413 475	437 461 484 557 593	497 524 550 633 674	547 576 605 696 742	372 392 411 473 503	429 452 475 545 581	504 530 557 640 681	573 602 633 727 774
75,000 80,000 85,000 90,000 95,000	460 466 493 506 517	537 569 584	623 631 667 685 700	708 717 758 778 796	778 788 834 856 875	529 536 567 582 594	610 618 654 672 686	716 725 768 788 805	814 824 872 896 915
100,000 105,000 110,000 115,000 120,000	523 543 563 592 603	627 649 683	708 736 762 801 816	804 836 866 910 927	884 920 952 1001 1020	601 625 647 681 693	694 721 747 786 800	814 846 876 922 938	925 961 995 1048 1066
125,000 130,000 135,000 140,000	629 655 680 690 698	756 785 796	851 886 921 934 945	967 1007 1047 1061 1073	1167	723 753 782 793 802	834 869 903 915 926		1112 1158 1204 1220 1235
150,000 155,000 160,000 165,000 170,000	723 748 773 799 824	863 892 921	979 1013 1047 1081 1116	1112 1151 1189 1229 1268	1223 1266 1308 1351 1395	831 860 889 899 948	959 992 1026 1037 1094	1126 1164 1204 1217 1283	1279 1323 1368 1383 1458
175,000 180,000 185,000 190,000 195,000 200,000	850 875 900 925 950 975	1010 1039 1067 1096	1150 1185 1219 1252 1286 1320	1307 1346 1385 1423 1462 1500	1438 1481 1523 1565 1608 1650	977 1006 1035 1064 1104 1122	1194 1228 1274	1323 1362 1401 1441 1495 1519	1503 1548 1593 1637 1699 1726
EACH ADD'L \$5,000 ADD	24	28	33	37	41	28	32	38	43
HO 11/02			PAG	E 35					NCIC 1/04

MASONRY PREMIUM GROUP	16	NNUAL	HOMEOW	NERS	PREMIUMS	•	FLAT D		IBLE
AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 M 111 116 124 131	REPLAC IL-1T M 128 134 143 151			ML-5T 187 197 210 222	ACTU ML-8 M 133 139 149 157	JAL CAS 1L-1T M 153 161 172 181		
25,000 30,000 35,000 40,000 45,000	135 142 155 167 179	156 164 178 193 207	183 192 209 226 243	208 219 238 257 276	229 241 261 282 303	162 171 178 192 206	187 197 205 222 238	220 231 241 260 279	250 262 274 296 317
50,000 55,000 60,000 65,000 70,000	192 202 212 244 260	221 233 245 281 300	259 273 287 330 352	295 311 326 375 400	324 342 359 413 440	221 232 244 280 298	255 268 281 324 344	299 314 330 380 404	340 357 375 431 459
75,000 80,000 85,000 90,000 95,000	273 276 292 300 307	315 319 337 346 354	369 374 396 406 415	420 425 450 462 472	462 467 495 508 519	314 318 336 345 353	362 367 388 398 407	425 430 455 467 477	482 489 517 531 542
100,000 105,000 110,000 115,000	310 322 334 351 357	358 372 385 405 412	420 436 452 475 484	477 496 514 540 550	525 545 565 594 605	356 370 384 404 411	411 427 443 466 474	483 502 520 547 556	548 570 590 621 632
125,000 130,000 135,000 140,000 145,000	373 388 403 409 414	430 448 466 472 477	505 526 546 554 560	573 597 621 629 637	631 657 683 692 700	429 447 464 470 476	495 515 535 543 549	580 605 628 637 644	660 687 714 723 732
150,000 155,000 160,000 165,000	429 444 459 474 489	495 512 529 546 564	580 601 621 641 662	660 682 705 729 752	725 751 776 802 827	493 510 527 533 562	569 589 608 615 649	668 691 714 722 761	759 785 811 820 865
175,000 180,000 185,000 190,000 195,000 200,000	504 519 534 549 563 578	581 599 616 633 650 667	682 703 723 743 763 783 .	775 798 821 844 867 890	853 878 904 928 954 979	580 597 614 631 655 665	669 689 708 728 756 768	785 808 831 854 887 901	892 918 945 971 1008 1024
EACH ADD'L \$5,000 ADD	14	17	19	22	24	17	19	22	25
HO 11/02			PAGE	E 36					NCIC 1/04

HO 11/02 PAGE 37 NCIC 1/04

EACH ADD'L \$5,000 ADD

MASONRY

\$250 FLAT DEDUCTIBLE

PREMIUM GROUP	18						VE 7 - 1		
AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 129 135 144 152		ACEMENT ML-2T 174 183 195 206		ML-5T 218 229 244 258		2 187 3 200	ML-2T 209 220 235	ML-3T 238 249
25,000 30,000 35,000 40,000 45,000	158 165 180 194 209	182 191 207 224 241	213 224 243 263 282	242 254 277 299 321	267 280 304 329 353	189 198 207 223 240	3 229 7 239 3 258	280	290 305 318 344 369
50,000 55,000 60,000 65,000 70,000	223 235 247 284 302	257 271 285 327 349	302 318 334 384 409	343 361 380 437 465	377 398 417 480 512	25° 27(284 326 34°	312 327 376		395 416 437 502 534
75,000 80,000 85,000 90,000 95,000	317 321 340 349 357	366 371 392 403 412	430 435 460 473 483	488 494 523 537 549	537 544 575 591 604	369 370 393 402 410	426 451 463	500 530	561 569 602 618 631
100,000 105,000 110,000 115,000 120,000	361 375 388 408 416	416 433 448 471 480	488 508 526 553 563	555 577 597 628 640	610 635 657 691 704	419 433 446 470 478	1 497 5 515 0 542	583 604 636	638 663 687 723 736
125,000 130,000 135,000 140,000 145,000	434 452 469 476 481	500 521 542 549 555	587 612 635 644 652	667 695 722 732 741	734 764 794 805 815	499 519 540 540 550	9 599 0 623 7 631		767 799 830 841 852
150,000 155,000 160,000 165,000 170,000	499 516 533 551 569	575 595 615 636 656	675 699 722 746 770	767 794 821 848 875	844 873 903 932 962	574 593 613 624 654	3 685 3 708 0 715	777 803 830 839 885	882 913 944 954 1006
175,000 180,000 185,000 190,000 195,000 200,000	586 604 621 638 655 673	676 697 717 736 756 776	794 817 841 864 887 911	902 929 956 982 1008 1035	992 1022 1051 1080 1109 1139	67- 69- 71- 73- 76: 77-	4 801 4 824 4 847 2 879	940 967 994	1037 1068 1099 1129 1172 1191
EACH ADD'L \$5,000 ADD	17	19	23	26	28	1	9 22	26	30
HO 11/02	•		PAG	GE 38					NCIC 1/04

FRAME PREMIUM GROUP	19						FLAT 7 - F	DEDUCT	TIBLE
AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 136 142 152 160	REPLAC ML-1T N 156 164 175 185			ML-5T 229 241 257 271			ASH VAI ML-2T 220 231 247 260	
25,000	166	191	225	255	281	199	229	269	306
30,000	174	201	236	268	295	209	241	283	321
35,000	189	218	256	291	320	218	251	295	335
40,000	204	236	277	314	346	235	271	318	362
45,000	220	253	297	338	371	253	292	342	389
50,000	235	271	318	361	397	270	312	366	416
55,000	247	285	335	380	419	284	328	385	437
60,000	260	300	352	399	439	299	345	404	460
65,000	299	345	404	460	505	343	396	465	528
70,000	318	367	431	490	539	365	422	495	562
75,000	334	385	452	514	565	384	443	520	591
80,000	338	390	458	520	572	389	449	527	599
85,000	358	413	485	551	606	412	475	558	634
90,000	367	424	497	565	622	423	488	572	650
95,000	376	433	508	578	636	432	498	585	664
100,000	380	438	514	584	642	437	504	591	672
105,000	395	455	534	607	668	454	523	614	698
110,000	409	472	553	629	692	470	542	636	723
115,000	430	496	582	661	727	495	571	670	761
120,000	438	505	592	673	741	503	581	681	774
125,000	456	527	618	702	772	525	606	711	808
130,000	476	549	644	732	805	547	631	740	841
135,000	494	570	669	760	836	568	656	769	874
140,000	501	578	678	770	847	576	664	779	886
145,000	507	585	686	780	857	583	672	789	897
150,000	525	606	711	808	888	604	697	817	929
155,000	543	627	735	836	919	625	721	846	961
160,000	561	648	760	864	950	646	745	874	993
165,000	580	669	785	892	981	653	753	884	1004
170,000	598	691	810	921	1013	688	794	932	1059
175,000	617	712	835	949	1044	710	819	961	1092
180,000	636	733	860	978	1076	731	843	989	1124
185,000	654	754	885	1006	1106	752	867	1018	1157
190,000	672	775	909	1033	1137	773	892	1046	1189
195,000	690	796	934	1062	1168	802	925	1086	1234
200,000	708	817	959	1090	1199	815	940	1103	1253
EACH ADD'L \$5,000 ADD	18	20	24	27	30	20	23	27	31
HO 11/02			PAG	E 39					NCIC 1/04

ANNITAL HOMEOWNERS PREMITIMS	Δ ΝΤΝΤΙ ΙΔ Τ.	HOMEO	WNERS	DREMITIMS
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MASONRY - PROT PREMIUM GROUP	ECTED 20	ANNUAL	HOMEOV	NERS	PREMIUMS	\$250 ZONE		DEDUCT	IBLE
AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 107 112 120 126	REPLA ML-1T 1 123 129 138 146	CEMENT ML-2T N 144 152 162 171		ML-5T 181 190 202 214		ML-1T 148 155	SH VAL ML-2T 173 182 194 205	
25,000	131	151	177	201	221	156	181	212	241
30,000	137	158	185	211	232	164	190	223	253
35,000	149	172	202	229	252	171	198	232	264
40,000	161	186	218	247	272	185	214	251	285
45,000	173	199	234	266	292	199	229	269	306
50,000	185	213	250	284	313	213	246	288	327
55,000	195	225	264	299	329	224	258	303	344
60,000	204	236	277	314	346	235	271	318	362
65,000	235	271	318	362	398	270	312	366	416
70,000	251	289	339	385	424	288	332	389	443
75,000	263	303	356	405	445	302	349	409	465
80,000	266	307	360	410	451	306	353	415	471
85,000	282	325	381	433	477	324	374	439	499
90,000	289	334	392	445	489	333	384	450	512
95,000	296	341	400	455	500	340	392	460	523
100,000	299	345	404	460	506	344	396	465	529
105,000	311	358	421	478	526	357	412	483	549
110,000	322	371	436	495	544	370	427	501	569
115,000	338	390	458	520	572	389	449	527	599
120,000	344	397	466	530	583	396	457	536	609
125,000	359	415	486	553	608	413	477	559	636
130,000	374	432	507	576	633	430	497	583	662
135,000	389	449	526	598	658	447	516	605	688
140,000	394	455	534	606	667	453	523	614	697
145,000	399	460	540	614	675	459	529	621	706
150,000	413	477	559	636	699	475	548	643	731
155,000	428	493	579	658	724	492	567	666	756
160,000	442	510	598	680	748	508	586	688	782
165,000	456	527	618	702	773	514	593	695	790
170,000	471	544	638	725	797	542	625	733	833
175,000	486		657	747	822	559	644	756	859
180,000	500		677	770	847	575	664	779	885
185,000	515		697	792	871	592	683	801	910
190,000	529		716	813	895	608	702	824	936
195,000	543		735	836	919	631	728	855	971
200,000	557		755	858	943	641	740	868	986
EACH ADD'L \$5,000 ADD	14	16	19	21	23	16	18	22	24
HO 11/02			PAG	E 40					NCIC 1/04

FRAME - PROTECTED PREMIUM GROUP 21

\$250 FLAT DEDUCTIBLE ZONE 8

richitott Groot	2 1					2011	20		
AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 112 118 126 133	REPLA ML-1T 130 136 145 153	ACEMENT ML-2T 152 160 170 180		ML-5T 190 200 213 225		TUAL CA ML-1T 155 163 174 184		
25,000	137	159	186	211	233	165	190	223	253
30,000	144	166	195	222	244	173	200	234	266
35,000	157	181	212	241	265	180	208	244	278
40,000	169	195	229	260	287	195	225	264	300
45,000	182	210	246	280	308	209	242	283	322
50,000	194	224	263	299	329	224	258	303	345
55,000	205	236	277	315	347	236	272	319	362
60,000	215	248	291	331	364	247	286	335	381
65,000	247	286	335	381	419	284	328	385	438
70,000	264	304	357	406	446	303	349	410	466
75,000	277	319	375	426	468	318	367	431	489
80,000	280	323	379	431	474	322	372	436	496
85,000	297	342	401	456	502	341	394	462	525
90,000	304	351	412	468	515	350	404	474	539
95,000	311	359	421	479	527	358	413	484	550
100,000	314	363	426	484	532	362	417	490	556
105,000	327	377	443	503	553	376	434	509	578
110,000	339	391	458	521	573	389	449	527	599
115,000	356	411	482	548	603	410	473	555	630
120,000	363	418	491	558	614	417	481	565	642
125,000	378	436	512	582	640	435	502	589	669
130,000	394	455	533	606	667	453	523	613	697
135,000	409	472	554	630	693	471	543	637	724
140,000	415	479	562	638	702	477	550	646	734
145,000	420	484	568	646	710	483	557	654	743
150,000 155,000 160,000 165,000	435 450 465 481 496	502 519 537 554 572	589 609 630 651 671	669 692 716 739 763	736 762 787 813 839	500 517 535 541 570	577 597 617 624 658	677 701 724 732 772	770 796 823 832 877
175,000	511	590	692	786	865	588	678	796	905
180,000	527	608	713	810	891	605	699	820	931
185,000	542	625	733	833	917	623	719	843	958
190,000	557	642	754	856	942	640	739	867	985
195,000	572	660	774	880	967	664	767	900	1022
200,000	587	677	794	903	993	675	779	914	1038
EACH ADD'L \$5,000 ADD	15	17	20	22	25	17	19	23	26
HO 11/02			PAG	SE 41					NCIC 1/04

MASONRY - SEMI-PROTECTED PREMIUM GROUP 22

\$250 FLAT DEDUCTIBLE

ZONE 8

AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 127 133 142 149		ACEMENT ML-2T 172 180 192 202		ML-5T 214 225 241 253		TUAL CA ML-1T 175 184 197 208		
25,000	155	179	210	238	263	185	214	251	286
30,000	162	188	220	250	276	195	225	264	300
35,000	177	204	240	272	299	204	235	276	313
40,000	191	220	259	294	323	219	253	298	338
45,000	206	236	278	316	347	236	272	320	364
50,000	219	253	297	337	371	252	291	342	389
55,000	231	267	313	355	391	266	306	359	409
60,000	243	280	329	373	410	279	322	377	429
65,000	279	322	377	429	473	321	370	435	494
70,000	298	343	403	458	503	341	394	462	526
75,000	312	360	423	480	528	359	414	485	552
80,000	316	365	428	487	535	364	420	492	560
85,000	335	386	453	514	566	385	444	520	593
90,000	343	396	465	528	581	395	456	535	607
95,000	351	405	475	540	594	404	465	546	621
100,000	355	409	480	546	600	408	471	552	628
105,000	369	425	499	567	624	424	489	573	652
110,000	382	441	517	587	647	439	507	595	675
115,000	402	463	544	618	679	462	533	625	711
120,000	409	472	553	630	692	471	543	637	724
125,000	426	492	578	656	722	491	566	665	755
130,000	444	513	602	684	752	511	589	692	787
135,000	462	533	625	710	781	531	613	719	817
140,000	467	540	634	720	792	538	621	728	828
145,000	474	546	641	728	801	545	629	738	837
150,000 155,000 160,000 165,000	491 508 525 542 560	566 586 605 625 646	665 687 710 734 757	755 781 807 834 861	830 859 888 917 947	564 584 603 609 643	673 696	764 790 817 826 870	868 898 929 938 990
175,000 180,000 185,000 190,000 195,000 200,000	577 594 611 628 644 661	666 685 705 724 744 763	780 805 827 850 873 896	887 914 940 966 992 1019	975 1005 1034 1062 1091 1120	664 683 703 722 749 761	788 811 833 865	898 924 951 977 1014 1030	1020 1050 1081 1111 1153 1171
EACH ADD'L \$5,000 ADD	16	19	22	25	28	19	22	25	29
HO 11/02			PAG	GE 42					NCIC 1/04

FRAME - SEMI-PROTECTED PREMIUM GROUP 23

\$250 FLAT DEDUCTIBLE

ZONE 8

AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 134 140 149 158	REPLA ML-1T 154 161 173 182	CEMENT ML-2T 180 190 202 213		ML-5T 226 237 252 267		7 194 9 207		
25,000 30,000 35,000 40,000 45,000	163 172 187 201 216	189 197 215 232 249	220 232 252 272 293	251 263 286 310 332	277 289 315 340 366	195 206 214 231 248	237 247 267	265 278 290 314 336	301 316 330 356 383
50,000 55,000 60,000 65,000 70,000	231 243 255 294 313	266 281 295 339 361	313 330 346 397 424	355 374 393 452 481	391 411 432 497 530	266 280 294 338 359	322 339 390	360 378 397 457 487	409 430 452 519 553
75,000 80,000 85,000 90,000 95,000	329 333 352 361 370	379 384 406 417 426	445 450 477 490 500	506 512 542 557 568	557 563 596 612 625	377 383 405 416 425	3 442 467 480	511 518 548 563 575	581 588 623 640 653
100,000 105,000 110,000 115,000 120,000	373 388 402 423 430	.430 448 464 488 497	506 526 544 572 583	575 597 618 651 662	632 657 681 715 728	429 446 462 487	5 515 2 533 7 562	581 604 625 658 670	660 687 711 748 762
125,000 130,000 135,000 140,000 145,000	449 467 485 493 498	518 540 561 568 576	607 633 658 667 675	691 720 747 758 766	760 792 823 833 844	516 537 559 566 573	621 644 653	699 728 757 766 776	794 828 860 871 882
150,000 155,000 160,000 165,000 170,000	516 534 552 570 588	596 617 637 658 679	699 723 747 773 797	794 821 850 878 905	873 904 935 966 996	594 615 635 642 677	709 732 741	805 832 860 869 917	914 946 977 988 1042
175,000 180,000 185,000 190,000 195,000 200,000	607 625 643 660 678 696	701 721 742 762 783 803	821 846 870 895 919 943	934 961 989 1017 1044 1072	1027 1058 1089 1118 1149 1179	699 719 740 760 789 801	829 853 877 9 911	946 973 1001 1029 1068 1084	1074 .1106 1137 1169 1214 1233
EACH ADD'L \$5,000 ADD	17	20	23	26	30	20	23	26	31
HO 11/02			PAG	SE 43					NCIC 1/04

MASONRY - PROTECTED PREMIUM GROUP 24 \$250 FLAT DEDUCTIBLE ZONE 9 - NASSAU

AMOUNT OF INSURANCE 8,000 10,000 15,000	ML-8 103 108 115		ACEMENT ML-2T 139 146 156	COST ML-3T 158 166 177	ML-5T 174 183 195		TUAL CA ML-1T 142 149 160		
25,000	122	140	165	187	206	146	168	197	224
	126	145	170	193	213	151	174	204	232
30,000	132	152	179	203	223	158	183	214	244
35,000	143	165	194	221	243	165	191	224	254
40,000	155	179	210	238	262	178	206	241	274
45,000	166	192	225	256	282	192	221	259	295
50,000	178	205	241	274	301	205	236	277	315
55,000	187	216	254	288	317	216	249	292	332
60,000	197	227	267	303	333	226	261	307	348
65,000	226	261	307	348	383	260	300	352	400
70,000	241	278	327	371	408	277	320	375	426
75,000	253	292	343	390	429	291	336	394	448
80,000	256	296	347	395	434	295	340	399	454
85,000	271	313	367	417	459	312	360	423	480
90,000	279	321	377	429	471	320	370	434	493
95,000	285	329	385	438	482	327	378	443	504
100,000	288	332	390	443	487	331	382	448	509
105,000	299	345	405	460	506	344	397	466	529
110,000	310	358	419	477	524	356	411	482	548
115,000	326	376	441	501	551	375	433	508	577
120,000	332	383	449	510	561	382	440	517	587
125,000	346	399	468	532	· 586	398	459	539	612
130,000	360	416	488	555	610	415	478	561	638
135,000	375	432	507	576	634	431	497	583	663
140,000	380	438	514	584	642	436	504	591	671
145,000	384	443	520	591	650	442	510	598	680
150,000	398	459	539	612	673	458	571	620	704
155,000	412	475	557	634	697	473		641	728
160,000	426	491	576	655	720	489		663	753
165,000	440	507	595	676	744	495		670	761
170,000	454	524	614	698	768	522		706	803
175,000	468	540	633	720	792	538	658	728	828
180,000	482	556	652	741	815	554		750	852
185,000	496	572	671	763	839	570		772	877
190,000	509	588	689	783	862	586		793	901
195,000	523	604	708	805	885	608		823	935
200,000	537	620	727	826	909	618		836	950
EACH ADD'L \$5,000 ADD	13	15	18	20	22	15	18	21	24
HO 11/02			PAG	GE 44					NCIC 1/04

FRAME - PROTECTED PREMIUM GROUP 25

\$250 FLAT DEDUCTIBLE ZONE 9 - NASSAU

indinion dicou						2011			
AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 108 114 121 128	REPLA ML-1T 125 131 140 148	ACEMENT ML-2T 146 154 164 173		ML-5T 183 192 205 216		157 168	ML-2T 176 184 197	ML-3T 200 210
25,000 30,000 35,000 40,000 45,000	132 139 151 163 175	153 160 174 188 202	179 188 204 221 237	204 214 232 251 269	224 235 256 276 296	159 167 174 188 202	192 201 217	235	244 256 267 289 310
50,000 55,000 60,000 65,000 70,000	187 197 207 238 254	216 228 239 275 293	254 267 281 323 344	288 304 319 367 391	317 334 351 403 430	216 227 238 274 . 292	262 275 316	307 323 371	332 349 367 421 449
75,000 80,000 85,000 90,000 95,000	267 270 286 293 300	308 311 330 338 346	361 365 387 397 406	410 415 439 451 461	451 457 483 496 507	306 310 329 337 345	358 379 389	420 445	
100,000 105,000 110,000 115,000 120,000	303 315 326 343 349	349 363 376 396 403	410 426 442 464 473	466 485 502 528 537	513 533 552 580 591	348 362 375 395 402	418 433 455	490 508	536 557 577 607 618
125,000 130,000 135,000 140,000 145,000	364 379 394 400 404	420 438 455 461 467	493 514 534 541 547	560 584 607 615 622	616 642 667 676 684	419 436 453 459	504 523 530	614 622	671
150,000 155,000 160,000 165,000	419 433 448 463 478	483 500 517 534 551	567 587 607 627 647	644 667 689 712 735	709 734 758 783 808	482 498 515 521 549	575 594 601	675 698 705	741 767 793 801 845
175,000 180,000 185,000 190,000 195,000 200,000	492 507 522 536 551 565	568 585 602 619 635 652	667 687 706 726 745 765	757 780 803 825 847 869	833 858 883 907 932 956	566 583 600 617 640 650	673 692 712 738	789 812 835 866	897 923 949
EACH ADD'L \$5,000 ADD	14	16	19	22	24	16	19	22	25
HO 11/02			PAG	GE 45					NCIC 1/04

MASONRY - SEMI-PROTECTED \$250 FLAT DEDUCTIBLE PREMIUM GROUP 26 ZONE 9 - NASSAU

TREMION GROOT	20					2014		11100110	
AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 122 128 137 144		ACEMENT ML-2T 165 174 185 195	F COST ML-3T 188 197 210 222	ML-5T 207 217 231 244				
25,000	149	173	202	230	252	179	207	242	276
30,000	157	181	212	241	265	188	217	254	289
35,000	171	196	230	262	288	196	226	265	302
40,000	184	212	249	283	312	212	244	286	325
45,000	197	228	267	304	334	228	263	307	350
50,000	211	244	286	325	357	244	281	330	374
55,000	223	257	301	342	376	255	296	347	393
60,000	233	269	316	359	395	269	311	364	413
65,000	269	311	364	413	455	308	356	419	475
70,000	286	331	388	441	484	329	379	445	506
75,000	301	347	407	462	509	346	399	467	532
80,000	304	351	412	469	515	350	404	474	538
85,000	322	372	436	496	545	371	427	501	570
90,000	331	382	447	509	560	381	439	515	585
95,000	338	390	458	520	572	389	448	526	598
100,000	341	394	462	526	578	3 9 3	454	532	604
105,000	355	410	481	547	601	4 0 8	471	552	629
110,000	368	424	498	566	622	4 2 3	488	572	651
115,000	387	446	524	595	655	4 4 5	514	603	685
120,000	394	455	533	606	667	4 5 3	523	614	696
125,000	411	474	557	632	695	473	545	639	727
130,000	428	494	580	658	724	492	568	667	757
135,000	444	513	602	684	753	511	590	692	787
140,000	450	520	611	693	763	518	598	702	797
145,000	456	526	617	702	772	525	605	710	807
150,000 155,000 160,000 165,000	473 489 506 522 538	545 564 583 602 621	639 661 684 707 729	727 753 777 803 829	799 827 855 883 912	544 562 581 587 619	628 649 671 677 714	736 761 787 795 838	836 865 894 904 953
175,000	555	640	752	854	940	639	737	865	983
180,000	572	660	775	880	968	657	759	890	1011
185,000	588	679	797	905	995	676	780	916	1041
190,000	604	697	818	930	1023	695	802	941	1070
195,000	621	717	841	955	1050	722	833	977	1111
200,000	637	736	863	980	1079	734	846	992	1128
EACH ADD'L \$5,000 ADD	16	18	21	24	26	18	21	24	28
HO 11/02			PAG	GE 46					NCIC 1/04

FRAME - SEMI-PROTECTED PREMIUM GROUP 27

\$250 FLAT DEDUCTIBLE ZONE 9 - NASSAU

AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 128 135 144 152		ACEMENT ML-2T 174 182 195 206		ML-5T 217 228 244 257		TUAL CA ML-1T 178 187 199 210		
25,000 30,000 35,000 40,000 45,000	157 165 179 194 208	181 190 207 224 240	213 224 243 262 282	242 253 276 298 320	266 279 303 328 352	189 198 207 223 240	217 228 238 258 277	254 268 280 302 324	289 304 318 342 368
50,000 55,000 60,000 65,000 70,000	223 234 246 283 302	257 270 284 326 348	301 317 333 383 408	342 360 378 436 464	376 396 417 479 510	257 269 283 325 347	311 326 375	347 365 383 440 469	394 414 436 500 533
75,000 80,000 85,000 90,000 95,000	317 320 339 348 356	365 370 391 402 410	428 434 459 472 481	487 493 522 535 547	535 543 573 589 602	364 369 390 401 409	425 450 462	493 499 528 543 553	560 567 600 616 630
100,000 105,000 110,000 115,000 120,000	359 374 387 407 414	414 431 446 470 478	487 507 525 551 562	553 576 596 626 638	608 633 655 689 702	413 429 445 469 477	514 541	560 582 603 634 646	636 661 685 721 734
125,000 130,000 135,000 140,000 145,000	432 450 469 475 480	499 519 540 547 554	585 609 634 642 650	666 693 720 730 739	731 762 792 802 812	497 518 538 546 552	598 621 630	673 702 728 739 747	765 797 828 840 849
150,000 155,000 160,000 165,000	497 514 532 549 567	573 594 614 634 654	673 696 720 744 767	765 792 818 845 872	842 871 900 930 959	572 591 612 618 652	683 706 713	775 801 828 837 883	880 911 941 951 1003
175,000 180,000 185,000 190,000 195,000 200,000	584 602 619 636 654 671	674 694 714 735 755 774	792 815 838 862 885 908	899 926 953 979 1006 1032	989 1019 1048 1077 1107 1135	672 692 712 732 760 772	799 821 845 877	911 937 965 991 1028 1045	1035 1065 1096 1127 1169 1187
EACH ADD'L \$5,000 ADD	17	19	22	25	28	19	22	25	30
HO 11/02			PAG	GE 47					NCIC 1/04

MASONRY - PROTE	CTED	ANNUAL	HOMEO	WNERS	PREMIUMS	\$250	FLAT	DEDUCT	'IBLE
	28					ZONE	10 -	SUFFOL	ıΚ
AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 111 117 125 132	REPLAC ML-1T N 129 135 144 152	CEMENT ML-2T 151 158 169 178		ML-5T 189 198 211 223			ASH VAL ML-2T 181 190 203 214	
25,000	136	157	185	210	231	163	189	221	251
30,000	143	165	194	220	242	172	198	232	264
35,000	156	180	211	239	263	179	207	242	276
40,000	168	194	227	259	284	193	223	262	298
45,000	180	208	244	278	305	208	240	281	320
50,000	193	223	261	297	327	222	256	301	342
55,000	203	235	275	313	344	234	270	317	360
60,000	214	246	289	328	361	246	283	332	378
65,000	246	283	332	378	416	282	326	382	434
70,000	262	302	354	403	443	301	347	407	462
75,000	275	317	372	423	465	316	364	427	486
80,000	278	321	377	428	471	320	369	433	492
85,000	294	340	398	453	498	339	391	458	521
90,000	302	349	409	465	511	348	401	471	535
95,000	309	356	418	475	523	355	410	481	546
100,000	312	360	422	480	528	359	414	486	552
105,000	325	374	439	499	549	373	430	505	574
110,000	336	388	455	517	569	386	446	523	594
115,000	353	408	478	544	598	407	469	551	626
120,000	360	415	487	554	609	414	478	560	637
125,000	375	433	508	577	687	432	498	584	664
130,000	391	451	529	602		450	519	609	692
135,000	406	469	550	625		467	539	632	719
140,000	412	475	557	634		473	546	641	728
145,000	417	481	564	641		479	553	649	737
150,000	432	533	584	664	730	496	573	672	764
155,000	447		605	687	756	514	593	695	790
160,000	462		625	710	781	531	613	719	817
165,000	477		646	734	807	537	619	727	826
170,000	492		666	757	833	566	653	766	871
175,000 180,000 185,000 190,000 195,000 200,000	507 523 538 552 567 582	603 620 637 655	687 707 728 748 768 788	781 804 827 850 873 896	935	584 601 618 635 659	673 693 713 733 761 773	790 813 837 860 893 907	898 924 951 978 1015 1031
EACH ADD'L \$5,000 ADD	14	17	19	22	24	17	19	22	26
HO 11/02			PAG	E 48					NCIC 1/04

FRAME - PROTEC' PREMIUM GROUP	ΓED 29	ANNUAL	HOMEC	WNERS	PREMIUMS			DEDUC'SUFFO	
AMOUNT OF INSURANCE 8,000 10,000 15,000 20,000	ML-8 117 123 131 139	REPLAC ML-1T N 135 142 152 160			ML-5T 199 208 222 235			ASH VAJ ML-2T 190 200 214 225	
25,000	144	166	194	221	243	172	198	233	265
30,000	151	174	204	232	255	181	209	245	278
35,000	164	189	222	252	277	189	218	255	290
40,000	177	204	239	272	299	204	235	276	313
45,000	190	219	257	292	322	219	252	296	336
50,000	203	234	275	312	344	234	270	317	360
55,000	214	247	290	329	362	246	284	333	379
60,000	225	259	304	346	380	259	298	350	398
65,000	259	298	350	398	437	297	343	402	457
70,000	276	318	373	424	466	316	. 365	428	487
75,000	289	334	391	445	489	332	384	450	511
80,000	293	338	396	450	495	337	389	456	518
85,000	310	357	419	477	524	356	411	483	548
90,000	318	367	431	489	538	366	422	495	563
95,000	325	375	440	500	550	374	431	506	575
100,000	328	379	445	505	556	378	436	511	581
105,000	342	394	462	526	578	393	453	532	604
110,000	354	408	479	544	599	407	469	551	626
115,000	372	429	504	572	630	428	494	580	659
120,000	379	437	513	583	641	436	503	590	670
125,000 130,000 135,000 140,000 145,000	395 412 428 433 439	456 475 493 500 506	535 557 579 587 594	608 633 658 667 675	724 734	454 473 492 498 504	524 546 567 575 582	615 641 666 675 683	699 728 757 767 776
150,000 155,000 160,000 165,000 170,000	454 470 486 502 518	524 542 561 579 598	615 636 658 680 701	699 723 748 772 797	769 796 822 849 877	523 541 559 565 596	603 624 645 652	708 732 757 765 807	804 832 860 869 917
175,000	534	616	723	822	904	614	709	832	945
180,000	550	635	745	846	931	632	730	856	973
185,000	566	653	766	871	958	651	751	881	1001
190,000	581	671	787	894	984	669	772	906	1029
195,000	597	689	809	919	1011	694	801	940	1068
200,000	613	707	830	943	1037	705	814	955	1085
EACH ADD'L \$5,000 ADD	15	17	21	23	26	17	20	24	27

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MASONRY - SEMI-PROTECTED \$250 FLAT DEDUCTIBLE PREMIUM GROUP 30 ZONE 10 - SUFFOLK

2112112011 011101	-								
AMOUNT OF		REPLA	ACEMENT	r cost		AC'	TUAL CA	ASH VAI	LUE
INSURANCE	ML-8	ML-1T			ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	133	153	179	204	224	159	183	215	244
10,000	139	160	188	214	235	166	192	226	257
15,000	148	171	200	228	251	178	206	241	275
20,000	157	180	212	241	265	188	216	254	288
•									
25,000	162	187	219	249	275	194	224	263	299
30,000	170	196	230	262	287	204	235	276	314
35,000	184	213	250	284	313	213	245	288	328
40,000	199	230	270	307	337	230	265	311	353
45,000	214	247	290	330	363	247	284	334	379
50,000	229	264	311	352	388	264	304	357	406
55,000	242	279	326	371	408	278	320	376	427
60,000	253	293	343	390	429	291	336	394	448
65,000	291	336	394	448	493	335	387	454	515
70,000	311	358	421	478	526	357	411	483	549
75,000	326	376	441	501	552	375	432	508	577
80,000	331	381	447	508	559	379	438	514	584
85,000	350	403	473	537	591	402	464	544	618
90,000	358	413	485	552	607	412	476	559	635
95,000	367	423	496	564	620	422	487	570	649
100,000	371	427	501	570	626	426	492	577	655
105,000	385	444	522	593	652	443	511	600	682
110,000	399	460	541	614	675	459	529	621	706
115,000	420	484	568	646	710	483	558	654	743
120,000	427	493	579	657	723	492	567	666	756
105 000	4.4.5	514	600	606	754	F10	E 0 1	603	700
125,000	445	514	603	686	754	512	591	693	789
130,000	464	535	629	714	785	534	616	723	821
135,000	482	557	653	742	816	554 562	640 640	750 761	853 865
140,000	489 495	564 570	661 670	753 761	827 837	569	649 656	771	876
145,000	495	570	670	761	63/	203	656	//1	0 / 0
150,000	512	591	693	789	867	589	681	798	906
155,000	530	612	718	816	898	609	704	826	938
160,000	548	633	742	843	927	631	727	853	970
165,000	566	653	766	871	958	637	736	863	980
170,000	584	674	791	899	989	672	775	909	1034
1,0,000	301	0,1	,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 , 2			
175,000	602	695	815	926	1020	693	799	938	1065
180,000	620	715	840	954	1049	713	823	966	1097
185,000	638	737	864	982	1080	734	847	993	1129
190,000	656	757	888	1009	1110	755	870	1022	1161
195,000	673	777	912	1037	1139	783	903	1060	1204
200,000	691	798	936	1063	1170	795	918	1077	1223
EACH ADD'L									
\$5,000 ADD	17	20	23	26	29	20	22	26	31
НО									NÇIC
11/02			PA	GE 50					1/04

FRAME - SEMI-PROTECTED

\$250 FLAT DEDUCTIBLE PREMIUM GROUP 31 ZONE 10 - SUFFOLK

AMOUNT OF INSURANCE 8,000	ML-8 139		ACEMENT ML-2T 189	COST ML-3T 214	ML-5T 235			ASH VAI ML-2T 226	
10,000	146	169	198	225	247	175	202	237	270
15,000	156	180	211	240	264	188	216	253	288
20,000	164	190	223	253	279	197	228	267	304
25,000	171	197	231	262	288	205	235	277	314
30,000	179	207	242	276	303	214	248	290	330
35,000	194	225	263	299	329	224	259	303	344
40,000	210	243	284	323	355	242	279	328	372
45,000	226	261	305	347	382	260	300	352	400
50,000	241	278	326	371	408	278	320	376	427
55,000	254	294	344	391	430	293	337	395	449
60,000	267	307	361	410	452	307	354	416	472
65,000	307	354	416	472	519	353	407	478	543
70,000	328	377	443	503	553	375	434	509	578
75,000	343	396	464	528	581	394	456	534	607
80,000	348	401	471	534	588	400	461	542	615
85,000	368	424	498	566	622	423	489	572	651
90,000	377	436	511	581	639	435	501	588	668
95,000	386	445	523	594	653	444	512	601	683
100,000	390	450	528	600	660	448	517	607	690
105,000	406	467	549	624	686	466	537	631	718
110,000	420	484	568	647	711	483	558	654	743
115,000	442	510	598	679	747	508	586	688	782
120,000	449	519	608	692	761	517	597	701	796
125,000	469	542	635	722	794	540	622	730	830
130,000	489	564	661	752	827	562	649	761	865
135,000	508	586	687	781	859	584	674	791	898
140,000	514	594	696	792	871	591	683	801	911
145,000	520	601	705	801	881	599	691	811	921
150,000	540	622	730	830	913	620	715	840	955
155,000	559	644	756	859	944	641	741	869	987
160,000	577	666	781	887	976	664	765	898	1021
165,000	596	688	807	917	1008	671	774	908	1031
170,000	615	709	832	947	1041	707	816	957	1089
175,000	634	731	859	975	1073	729	842	987	1121
180,000	653	754	884	1005	1106	750	866	1017	1155
185,000	672	775	909	1034	1137	773	891	1046	1188
190,000	690	796	935	1062	1168	794	916	1075	1222
195,000	709	818	960	1091	1200	824	951	1116	1268
200,000	728	840	985	1119	1232	837	966	1133	1288
EACH ADD'L \$5,000 ADD	18	21	24	28	31	21	24	29	32
HO 11/02			PAC	SE 51					NCIC 1/04

ANNUAL TENANT PREMIUMS

			AININUA	L ILIVAIVI I	KEMIUMS			
FORM - ML-4						\$250	FLAT DEDU	CTIBLE
COVERAGE C	PREMIU	M GROUP 1	PREMIUM	1 GROUP 2	PREMIUM	GROUP 3	PREMIUM GROUP 4	
AMOUNT	C/O I	C/O II	C/O I	C/O II	C/O I	C/O II	C/O I	C/O II
4,000	31	44	34	48	39	55	34	49
5,000	34	48	37	52	42	60	37	53
6,000	37	53	41	58	47	67	41	59
7,000	41	59	45	64	51	73	45	65
8,000	45	64	49	70	56	80	50	71
9,000	50	71	54	77	62	88	55	78
10,000	53	76	58	83	67	95	59	84
11,000	57	82	62	89	71	102	63	90
12,000	60	86	65	94	75	107	67	95
13,000	63	91	69	99	79	113	70	100
,	68	98	74	106	85	122	76	100
14,000	08	98	/4	100	83	122	70	108
15,000	71	102	78	111	89	127	79	113
16,000	74	106	81	115	92	132	82	117
17,000	77	110	84	120	96	138	86	122
18,000	81	115	88	125	100	143	89	127
19,000	83	119	90	129	104	148	92	132
20,000	86	123	94	134	108	154	96	137
EACH ADD'L								
\$1,000 ADD	3	4	3	5	4	5	3	5

NOTES:

C/O I CONSTRUCTION / OCCUPANCY GROUP I - Apartment units in 1 - 4 family residences of any construction and any apartment unit in a fire resistive building.

C/O II CONSTRUCTION / OCCUPANCY GROUP II - Apartment units in all other buildings.

C/O III CONSTRUCTION / OCCUPANCY GROUP III - Apartment unit in building with business property total annual fire and extended coverage rate over \$1.25. (Use \$250 deductible rates)

C/O III RATING:

- 1. Obtain business property fire & EC rates from the Class Rates manual.
- 2. Total business property fire & EC rates less \$1.25.
- 3. Multiply #2 by 1.1.
- 4. Multiply #3 by Coverage C amount (rounded).
- 5. Add #4 to Annual Premium (C/O II).

USE THE FOLLOWIN	NG FACTORS WHERE APPLICABLE:	FACTOR
ZONE 2 -	UPSTATE CITIES	1.040
ZONE 8 -	PUTNAM, ROCKLAND & WESTCHESTER CTY	1.055
ZONE 9 -	NASSAU COUNTY	.950
ZONE 10 -	SUFFOLK COUNTY	1.055

ZONE 1 - SUB-ZONE FACTORS, REFER TO THE TERRITORIAL ZONES and PREMIUM GROUP CHART PAGE IN THE FRONT OF THIS MANUAL.

FORM - ML-4 \$250 FLAT DEDUCTIBLE

COVERAGE C	PREMIU	M GROUP 5	PREMIUM	I GROUP 6	PREMIUM	GROUP 7	PREMIUI	M GROUP 8
AMOUNT	C/O I	C/O II	C/O I	C/O II	C/O I	C/O II	C/O I	C/O II
4,000	39	55	38	54	41	59	44	63
5,000	42	60	41	59	45	64	48	69
6,000	47	67	46	65	50	71	54	77
7,000	51	74	50	72	55	78	59	84
8,000	56	80	55	78	60	85	64	92
9,000	62	89	61	87	66	94	71	102
10,000	67	96	65	93	71	102	77	109
11,000	72	102	70	100	76	109	82	117
12,000	76	108	74	105	80	115	86	124
13,000	80	114	78	111	85	121	91	130
14,000	86	122	83	119	91	130	98	140
15,000	90	128	87	125	95	136	103	146
16,000	93	133	91	129	99	141	106	152
17,000	97	138	95	135	103	147	111	158
18,000	101	144	98	141	107	153	116	165
19,000	104	149	102	145	111	159	119	170
20,000	108	155	106	151	115	165	124	177
EACH ADD'L								
\$1,000 ADD	4	5	4	5	4	6	4	6

NOTES:

C/O I CONSTRUCTION / OCCUPANCY GROUP I - Apartment units in 1-4 family residences of any construction and any apartment unit in a fire resistive building.

C/O II CONSTRUCTION / OCCUPANCY GROUP II - Apartment units in all other buildings.

C/O III CONSTRUCTION / OCCUPANCY GROUP III - Apartment unit in building with business property total annual fire and extended coverage rate over \$1.25. (Use \$250 deductible rates)

C/O III RATING:

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- 5. Add #4 to Annual Premium (C/O II).

USE THE FOLLOW	VIN	IG FACTORS WHERE APPLICABLE:	FACTOR
ZONE 2	-	UPSTATE CITIES	1.040
ZONE 8	-	PUTNAM, ROCKLAND & WESTCHESTER CTY	1.055
ZONE 9	-	NASSAU COUNTY	.950
ZONE 10	-	SUFFOLK COUNTY	1.055

ZONE 1 - SUB-ZONE FACTORS, REFER TO THE TERRITORIAL ZONES and PREMIUM GROUP CHART PAGE IN THE FRONT OF THIS MANUAL.

PREMIUM SECTION- OPTIONAL COVERAGES-ANNUAL PREMIUMS - PROPERTY COVERAGES

	ANNUAL PREMIUMS	- PROPERTY C	COVERAGES								
				MAXIMUM							
an anton		AMOUNT OF	RATE PER	ADD'L							
SECTION	N I	INSURANCE	AMOUNT	AMOUNT							
Rule No.											
5-a	ADDITIONAL LIVING EXPENSE - (Coverage D)	1,000	3	None							
5-b-1	ALTERNATIVE REPLACEMENT CO	OST PROVISIONS	-50%								
	(ML-256 NCIC)		onal 10% of the A	CV premium							
	(ML-230 NCIC)	additi	onar 1070 of the 71	e v premium							
5-b-2	ALTERNATIVE REPLACEMENT COST PROVISIONS – 90%										
	(ML-256 RC NCIC)	7% credit	to Replacement C	ost premium							
5-d	AUXILIARY HEATING CHARGE (S	solid Fuel)	10%	10%							
5-e	BOATS – PHYSICAL DAMAGE –	100	1.50								
	(MR-51) (\$50. Minimum Premium pe	r Policy) Surcharge	Credit								
	Outboard	10%	Crodit								
	Sailboats		10%								
	Deductible	Surcharge	Credit								
	\$100										
	250		5%								
	500 1,000		10% 15%								
	Age Factor	Surcharge	Credit								
	1 – 5 Years 6 – 10 Years		15% 10%								
	11 – 15 Years		5%								
	16 – 20 Years										
	21 + Years	15%									
	Other Credits		Credit								
	Boating Education (USCGA or Power	er Squadron)	10%								
	Built in CO2 or Halon Fire Extinguis	hing System5%									
	Vapor Detector		2%								
	Ship to Shore Radio (Not CB)		3%								
	Loran C or Depth Sounder Diesel Powered Boats		2% 5%								
	8 Month Operational Period		5% 15%								
	Maximum Other Credits		25%								
	 		- , -								

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SECTIO	on I	AMOUNT C INSURANC		
5-f	BUILDING ADDITIONS AND ALTERATIONS - ML-4 ONLY - (ML-51)	1,000	4	None
5-g	CONDOMINIUMS AND SHARED OWNERSHIP HOUSING - (ML-15			
			Select form ML- apply a 10% sure table premium	2, ML-3 or ML-5 charge to the
			Apply an addition surcharge if non-	
5-h	CONDOMINIUM UNIT-OWNERS SUPPLEMENTAL COVERAGES :			
5-h-2	LOSS ASSESSMENT COVERAGE (ML-35)	Ξ-		
	Amount of Insurance \$ 1,000 5,000 10,000	ML-8, 1(R), 2, 4 \$ 5 8 10	ML-3, 5 \$ 6 10 13	
	Each add'l 5,000	1	2	
5-h-4	SPECIAL COVERAGE - (ML-32) Higher Limit	1,000 1,000	2 7	None None
5-h-5	UNIT-OWNERS ADDITIONS AND ALTERATIONS - (ML-31)	1,000	4	None

1,000

10

None

UNIT-OWNERS RENTAL TO OTHERS-

5-h-6

(ML-33)

SECTIO	N I	AMOUNT OF INSURANCE	RATE PER AMOUNT	MAXIMUM ADD'L AMOUNT
5-j	CREDIT CARDS, FORGERY AND COUNTERFEIT MONEY - (MI	L-57)		
	Limit of Liability 2,500 5,000 7,500 10,000	Rate 5 6 7 8		
5-m	DEDUCTIBLES -	Deductible Options Full coverage 50 100 250 500 1,000 2,500	Surcharge 67% 28% 11%	Credit 11% 22% 33%
5-0	EARTHQUAKE - (ML-54), (ML-35A ML-8, 1(R), 2, 3, 5 ML-4	1,000 1,000	.40 .30	None None
5-p	EXTENDED THEFT - (ML-187) (Zones 3 - 10 only)	Incr	ease basic premiu Plus \$6 per polic	

SECTION I		AMOUNT OF INSURANCE	RATE PER AMOUNT	MAXIMUM ADD'L AMOUNT		
5-s	HOME COMPUTER COVERAGE – (MR-61) \$100 Ded. Applies Minimum Premium: \$15	100	1.50	None		
5-t	HOMEOWNERS ASSOCIATION - (ML-50)	LIMIT OF LIABILIT First \$1,000 Next \$4,000 Next \$5,000 Each add'l \$5,000	Y F	RATE \$10 6 4 2		
5-u-8	AMENDATORY ENDORSEMENT –	(NC-AE-9)	\$27. per	\$27. per policy		
5-u-9	SENIOR SUPPLEMENTAL ENDORS	-1) \$10. per	\$10. per policy			

SECTION	N I	AMOUNT OF INSURANCE	RATE PER AMOUNT	MAXIMUM ADD'L AMOUNT				
5-w	IDENTITY FRAUD – (ML-189)		\$10 per policy					
5-x-1	INCREASED LIMIT (COV. C)	1,000	2	None				
5-y	INFLATION GUARD - (NC-ML-184)		See guidelines.					
5-z	LIMITED THEFT COVERAGE - (ML-186) (Zones 3-10 only)	Increase basic premium 15%						
5-aa	MARKET VALUATION PROVISION (ML-38 MVP NCIC)	N – Surcharge ACV premium 35%						
5-aba	MECHANICAL, ELECTRICAL OR PRESSURE SYSTEMS BREAKDOW (ML-346)	N	\$15 per policy					

SECTIO	N I	AMOUNT OF INSURANCE	RATE PER AMOUNT	ADD'L AMOUNT					
5-ac	NEW HOME / RENOVATION DISCOUNT The following discounts are applied to qualified new homes. These credits apply to the basic policy premium and shall apply at the time each new policy or renewal policy is issued.								
	Age of home equals year of policy effect	ctive date minus year	built.						
	NEW HOME AGE 0 – 10 years 11 - 20 years 21 - 25 years								
		NOVATOR CREDIT ete the Renovation W		5%					
5-ad	ORDINANCE AND LAW – (ML-360)	10% of 0	Coverage A & B p	oremium					
5-af	OUTSIDE ANTENNA - (ML-49)	100	2	None					
5-ah	PHYSICIANS, SURGEONS, DENTISTS AND VETERINARIANS - (ML-69)	- 100	2	None					
5-ai	PRIVATE STRUCTURES :								
5-ai-1	INCREASED LIMITS - PRIVATE STRUCTURES (ML-48)	1,000	6	None					
5-ai-3	INCREASED LIMITS PRIVATE STRUCTURES - RENTED TO OTHERS - (ML-40), (ML-244) or (ML-89)	1,000	4	None					
5-aj	OFFICE, PROFESSIONAL, PRIVATE SCHOOL OR STUDIO USE- INSURED PREMISES (ML-42) -	1,000	4	None					
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MAXIMUM

SECTION I		AMOUNT OF INSURANCE	RATE PE AMOUN					
5-ak	PROTECTIVE DEVICE CREDIT - (ML-216)		CREDIT					
	Central station burglary and/or fire alarm systems		10%					
	Fire and/or police department alarm systems		5%					
	Local fire alarm systems		2%					
	Sprinkler systems		3%					
5-al	REDUCED AMOUNT (COV. C)	\$1 credit per \$1,000						
5-am	REFRIGERATED FOOD PRODUCT (ML-305A)	First \$5		Included				
		Each Add'l \$5	000	4				
5-an	REPLACEMENT VALUE - PERSON PROPERTY - (ML-55)	NAL						
	ML-8, 1(R), 2, 3	Increase limit of Cov. C to 70% of cov. A and increase basic policy premium by 12%. Min. add'l. charge - \$20						
	ML-4	premiu	e basic policy m by 20%. ld'l. charge - \$	10				
5-av	TOWN HOUSES AND ROW HOUSE	E SURCHARGE -						
	3-4	2 Family 4 Family 8 Family	0% 10% 25%					

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PREMIUM SECTION OPTIONAL COVERAGES ANNUAL PREMIUMS LIABILITY COVERAGE

SECTION Rule No		(1)	(2)	(3)	(4)	(5)	(ADD	AYMENTS FOR EACH D'L \$500)		
6-a	DESCRIBED RESIDENCE PREMISES — (ML-9)									
	Zones 1 & 2 1 or 2 Family 3 Family 4 Family Zones 3 – 10 1 or 2 Family 3 Family 4 Family	 39 43 81 90	8 46 51 18 96 106	12 51 56 25 106 117	25 68 75 40 142 156	38 76 84 55 158 175	75 86 130 95 179 271	3 4 4 3 4 4		
6-b	ADDITIONAL RESIDENCE PREMISES									
6-b-1	OCCUPIED BY THE INSURED	10	12	14	18	22	40	1		
6-b-2	RENTED TO OTHERS - (ML-70 o									
	1 family	16	19	22	29	35	64	1		
	2 family	24	29	34	43	53	96	1		
	3 family 4 family	30 40	36 47	43 57	54 72	65 87	126 169	1 1		
	* LIABILITY/MED PAYMENTS (1) 25,000/500									
		. ,	50,000/							
)0,000/)0,000/							
		` /)0,000/)0,000/							
		` '	00,000/							
***							_	rata		

MED PAYMENTS
(ADD FOR EACH
ADD'I \$500)

									FOR EAC: DD'L \$500)
SECTI	ON II	LIMIT*	(1)	(2)	(3)	(4)	(5)	(6)	
6-d		NAL HOUSEHOLD S COVERAGE – (ML-2	23)						
	Zone 1 & 2 Zone 3 - 10		15 18	17 20	19 23	23 28	27 32	45 54	
6-f		D LIVING CARE Y RESIDENT COVERAGE T person	GE 20	24	28	36	44	80	
6-g		REAKFAST – (ML-326) include Medical Payme		64	75	95	110	130	
6-h	BUSINES	S PURSUITS - (ML-71)							
6-h-1			3	4	4	5	7	12	1
6-h-2			3	4	4	5	7	12	1
6-h-3			5	6	7	9	11	20	1
6-h-4			9	11	13	16	20	36	1
6-h-5			4	5	6	7	9	16	1
6-i	CREDIT F	FOR ELIMINATION ON II			(CREDI	Т \$27		
6-i1		ON OF CANINE RELA' OR DAMAGES (ML-3'		\$1.00 credit per policy					

* LIABILITY/MED PAYMENTS

- (1) 25,000/500 (2) 50,000/500 (3) 100,000/500
- (4) 300,000/500
- (5) 500,000/500
- (6) 1,000,000/500

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an ami		(1)	(2)	(2)	7.45	(5)		D'L \$500
SECTI	ON II LIMIT*	(1)	(2)	(3)	(4)	(5)	(6)	
6-ј	FARMERS COMPREHENSIVE PERSONAL LIABILITY - (ML-10(F))							
6-j-1	INITIAL FARM EXPOSURE 1 - 160 acres 161 - 500 acres over 500 acres	40 61 90	48 73 108	56 85 126	72 110 162	88 134 198	160 244 360	3 3 3
6-k	GOLF CART LIABILITY (ML-82)	\$5 per golf cart						
6-l	LEAD EXCLUSION - (ML-59)	Credit \$5 per location						
6-m	OFFICE PROFESSIONAL, PRIVATE	SCHO	OOL OI	R STUI	DIO OC	CUPAN	NCY	
6-m-1	On Premises - (ML-42)	18	22	25	32	40	72	3
6-m-2	Instruction Only - (ML-42)	10	12	14	18	22	40	1
6-m-3	Off Premises - (ML-43)	18	22	25	32	40	72	1

* LIABILITY/MED PAYMENTS

- (1) 25,000/500
- (2) 50,000/500
- (3) 100,000/500
- (4) 300,000/500
- (5) 500,000/500
- (6) 1,000,000/500

MED PAYMENTS (ADD FOR EACH ADD'L \$500)

CECTI	ON II	LIMIT*	(1)	(2)	(2)	(4)	(5)		DD'L \$500)
SECTI	ON II	LIMIT	(1)	(2)	(3)	(4)	(5)	(6)	
6-0	OUTBOARD (ML-75)								
	EACH OUTI OVER 50 HE	BOARD MOTOR	13	16	18	23	29	52	2
		OR INBOARD- O MOTORBOATS OATS							
	Under 16 MF	РН							
	Less that		21	25	29	38	46	84	2
	26 to 40		51	61	71	92	112	204	4
	16 - 30 MPH								
	Less than	n 26 ft	43	52	60	77	95	172	3
	26 to 40	ft	76	91	106	137	167	304	5
	Over 30 MPI	Н							
	Less that	n 26 ft	91	109	127	164	200	364	7
	26 to 40	ft	132	158	185	238	290	528	11
	SAILBOATS No Auxiliary	Power							
	26 to 40	ft	43	52	60	77	95	172	3

* LIABILITY/MED PAYMENTS

(1)	25,000/500
(2)	50,000/500
(3)	100,000/500

(4) 300,000/500

(5) 500,000/500

(6) 1,000,000/500

MED PAYMENTS (ADD FOR EACH ADD'L \$500)

							`	D'L \$500)
SECT	ION II LIMIT*	(1)	(2)	(3)	(4)	(5)	(6)	
6-р	PERSONAL INJURY - (ML-46) Does not include medical payments.	11	13	15	20	24	44	
6-q	PRIVATE STRUCTURES - RENTED TO OTHERS (WHEN ML-40 INCLUDED) 1 family 2 family	16 24	19 29	22 34	29 43	35 53	64 96	1 1
6-r	TRAMPOLINE EXCLUSION (ML-52 or ML-52A)			\$2 cı	\$2 credit per location			
6-s	WATERBED LIABILITY - (ML-209)	13	16	18	23	29	52	1

* LIABILITY/MED PAYMENTS

- (1) 25,000/500
- (2) 50,000/500
- (3) 100,000/500
- (4) 300,000/500
- (5) 500,000/500
- (6) 1,000,000/500