



# **HOMEOWNERS POLICY PROGRAM**

**North Country Insurance Company  
1/04**

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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  
Coverages**

	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
B. Private Structures	10% of amount on Residence	----	10% of amount on Residence			
C. Personal Property	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 and ML-373 (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 / ALTERNATIVE REPLACEMENT COST / MARKET VALUATION 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, as determined by the current Marshall & Swift/Boeckh Replacement Cost Estimator. 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 but not less than 50%, as determined by the current Marshall & Swift/Boeckh Replacement Cost Estimator. 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-l 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 ADDED WATER DAMAGES COV. – (ML-72A)**

Additional coverage for added water damages for direct loss to property caused by the backup of water on the insured premise, through sewers and/or drains, and through sump basins caused by failure of sump pump operations can be purchased at the rate shown in the Premium Section of the manual.

**5-b 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-c ALTERNATIVE REPLACEMENT COST PROVISIONS**

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

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

**5-e 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-f BOATS – PHYSICAL DAMAGE – (MR-51)**

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

**5-g 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-h 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-i CONDOMINIUM UNIT-OWNERS SUPPLEMENTAL COVERAGES :**

**5-i-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-i-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-i-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-i-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-j 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-k 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-n 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-p 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-q 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-t 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-u 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)**

**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-x IDENTITY FRAUD - (ML-189)**

Coverage will be added to all policies at the premium shown in the Premium Section of the manual. Coverage will be removed at the request of the insured.

**5-y INCREASED AMOUNT OF COVERAGE C -**

**5-y-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-z 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-aa 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-ab 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-ac 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-ad 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-ae NO FUEL STORAGE ON PREMISES -**

A credit applies to the basic policy premium when there is no fuel storage on the premise (other than the fuel deemed necessary to operate lawn mowers, snow blowers, etc.).

**5-af NON-SMOKER CREDIT -**

A credit applies to the basic policy premium when there are no smokers residing in the household. The rate credit is shown in the Premium Section of the manual.

**5-ag ORDINANCE AND LAW - (ML-360)**

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

**5-ah OTHER RESIDENCE COVERAGE - (ML-67)**

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

**5-ai 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-ak 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-al PRIVATE STRUCTURES -**

**5-al-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-al-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-al-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-al-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-am 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-an PROTECTIVE DEVICE CREDIT - (ML-216-NCIC)**

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-ao 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-ap 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-aq 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-at RESIDENCE SPECIAL LOSS SETTLEMENT ENDORSEMENT - (ML-24A)  
(limited form)**

Residence may be insured for the full cost of replacement, subject to a maximum or 125% of the Coverage A amount of insurance, at the charges shown in the Premium Section of the manual. See eligibility in the Premium Section of the manual.

**5-au 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 SEASONAL/SECONDARY HOMEOWNERS END. – (ML-416NCIC)**

This is a mandatory form for use on secondary / seasonal homes with certain restrictions applied to Personal Property, Personal Liability and Medical Payments to Others.

A credit is applied to qualified homes at the rate credits shown in the Premium Section of the manual.

**5-az TOWN HOUSE AND ROW HOUSE SURCHARGE -**

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

**5-ba UNDERGROUND UTILITY LINE – (ML-342)**

Coverage for direct physical loss to underground utility line covered property that is caused by an underground utility line occurrence at the insured premium may be provided, at the premium 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-d 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 who 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-g 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 is a mandatory form which excludes 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-l 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:

**6-m-1** 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)

**6-m-3** 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-o 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, 1(R), 2, 3, 5**

**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, 1T, 2T,  
3T, 5T**

**ML-4T**

**ML-8, 1T, 2T,  
3T, 5T**

**ML-4T**

	Masonry	Frame			Masonry	Frame	
ZONE 3	10	11	4	ZONE 9			
ZONE 4	12	13	5	Protected	24	25	2
ZONE 5	14	15	6	Semi-Prot	26	27	3
ZONE 6	16	17	7	ZONE 10			
ZONE 7	18	19	8	Protected	28	29	2
ZONE 8				Semi-Prot.	30	31	3
Protected	20	21	2				
Semi-Prot	22	23	3				

ANNUAL HOMEOWNERS PREMIUMS

MASONRY – PROTECTED  
PREMIUM GROUP 1

\$250 FLAT DEDUCTIBLE  
ZONE 1 - UPSTATE

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1R	ML-2	ML-3	ML-5	ML-8	ML-1R	ML-2	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	214	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
105,000	216	249	292	332	365	259	299	351	399
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
185,000	366	423	496	563	620	421	486	570	648
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

ANNUAL HOMEOWNERS PREMIUMS

FRAME – PROTECTED  
PREMIUM GROUP 2

\$250 FLAT DEDUCTIBLE  
ZONE 1 - UPSTATE

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1R	ML-2	ML-3	ML-5	ML-8	ML-1R	ML-2	ML-3
8,000	107	123	144	164	180	128	147	173	196
10,000	112	129	151	172	189	134	155	182	206
15,000	119	138	161	183	202	143	165	194	220
20,000	126	145	170	194	213	151	174	205	233
25,000	130	150	176	200	220	156	180	212	240
30,000	137	158	185	211	232	164	189	222	252
35,000	146	169	198	225	247	175	202	238	270
40,000	155	179	210	239	263	186	215	252	287
45,000	164	189	222	252	277	197	227	266	303
50,000	172	198	233	265	291	206	238	279	318
55,000	178	205	241	274	301	214	247	289	329
60,000	182	210	246	280	308	218	252	296	336
65,000	190	219	257	292	322	228	263	309	351
70,000	199	230	270	306	337	239	276	323	368
75,000	202	233	274	311	342	243	280	328	373
80,000	205	237	278	315	347	246	284	333	378
85,000	209	241	283	322	354	251	289	340	386
90,000	214	247	290	330	362	257	297	348	396
95,000	217	250	293	333	367	260	300	352	400
100,000	221	255	299	340	374	265	306	359	408
105,000	227	262	308	350	385	273	315	369	419
110,000	233	268	315	358	394	279	322	378	429
115,000	237	273	321	365	401	284	328	385	438
120,000	243	281	330	375	412	292	337	395	449
125,000	252	290	341	387	426	302	348	409	464
130,000	262	302	354	403	443	306	353	415	471
135,000	272	314	368	419	461	313	361	424	482
140,000	285	329	386	439	482	328	378	444	504
145,000	299	345	405	460	506	344	396	465	529
150,000	310	357	419	476	524	356	411	482	548
155,000	320	370	434	493	542	368	425	499	567
160,000	331	382	448	509	560	381	439	516	586
165,000	342	395	463	526	579	385	444	521	592
170,000	353	407	478	543	597	406	468	549	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	385	445	522	593	652	443	511	600	682
190,000	396	457	536	610	671	456	526	617	701
195,000	407	470	551	626	689	473	546	640	728
200,000	418	482	565	643	707	480	554	650	739
EACH ADD' L									
\$5,000 ADD	12	13	16	18	19	13	15	18	20

ANNUAL HOMEOWNERS PREMIUMS

MASONRY - SEMI-PROTECTED  
PREMIUM GROUP 3

\$250 FLAT DEDUCTIBLE  
ZONE 1 – UPSTATE

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1R	ML-2	ML-3	ML-5	ML-8	ML-1R	ML-2	ML-3
8,000	120	139	162	184	204	144	166	195	222
10,000	126	145	171	194	213	152	175	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	170	199	226	248	176	204	238	271
30,000	155	178	209	237	261	184	213	250	284
35,000	164	190	224	253	279	198	228	268	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	194	224	263	299	329	233	268	315	358
55,000	200	232	272	308	340	241	278	326	371
60,000	206	236	278	316	348	246	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	228	263	308	351	386	273	316	370	421
80,000	231	267	313	356	391	278	320	375	427
85,000	235	272	319	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	257	296	347	394	434	307	355	417	473
110,000	263	303	355	404	444	315	364	426	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	296	340	400	455	499	346	399	467	531
135,000	307	354	416	472	519	353	407	478	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	361	417	489	555	612	416	479	563	639
160,000	373	430	506	575	632	429	496	582	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	423	488	572	650	715	487	561	658	747
185,000	435	501	588	669	736	500	577	677	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

ANNUAL HOMEOWNERS PREMIUMS

FRAME - SEMI-PROTECTED  
PREMIUM GROUP 4

\$250 FLAT DEDUCTIBLE  
ZONE 1 – UPSTATE

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1R	ML-2	ML-3	ML-5	ML-8	ML-1R	ML-2	ML-3
8,000	126	146	172	195	214	152	175	205	233
10,000	133	153	179	205	225	159	183	216	245
15,000	142	163	192	217	240	171	196	230	262
20,000	149	173	202	230	253	179	207	243	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
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ANNUAL HOMEOWNERS PREMIUMS

MASONRY & FRAME – UNPROTECTED  
PREMIUM GROUP 5

\$250 FLAT DEDUCTIBLE  
ZONE 1 - UPSTATE

HO-40

NCIC

11/02

1/04

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1R	ML-2	ML-3	ML-5	ML-8	ML-1R	ML-2	ML-3
8,000	160	184	216	246	270	191	221	259	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	724	850	966
180,000	562	649	761	865	951	646	746	875	994
185,000	578	667	783	890	979	665	767	900	1023
190,000	594	686	805	914	1006	684	789	926	1052
195,000	610	704	826	939	1033	709	819	961	1092
200,000	627	723	848	964	1060	721	832	976	1109
EACH ADD' L									
\$5,000 ADD	17	20	23	27	29	20	23	27	30

ANNUAL HOMEOWNERS PREMIUMS

MASONRY – PROTECTED  
PREMIUM GROUP 6

\$250 FLAT DEDUCTIBLE  
ZONE 2 - UPSTATE-CITY

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1R	ML-2	ML-3	ML-5	ML-8	ML-1R	ML-2	ML-3
8,000	119	138	162	184	202	143	165	194	220
10,000	125	145	170	193	212	150	174	204	231
15,000	134	154	181	206	226	161	185	217	247
20,000	141	163	191	217	239	169	196	229	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	227	261	307	349	383	272	314	368	418
80,000	230	265	311	354	389	276	318	373	424
85,000	234	270	317	361	397	281	324	381	433
90,000	240	277	325	369	406	288	333	390	443
95,000	243	280	329	374	411	291	336	395	448
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

ANNUAL HOMEOWNERS PREMIUMS

FRAME – PROTECTED  
PREMIUM GROUP 7

\$250 FLAT DEDUCTIBLE  
ZONE 2 - UPSTATE-CITY

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1R	ML-2	ML-3	ML-5	ML-8	ML-1R	ML-2	ML-3
8,000	126	145	170	193	213	151	174	204	232
10,000	132	152	179	203	223	158	183	214	244
15,000	141	162	191	216	238	169	195	229	260
20,000	149	171	201	229	251	178	206	242	274
25,000	154	177	208	236	260	184	213	250	284
30,000	161	186	219	248	273	193	223	262	298
35,000	172	199	233	265	292	207	239	280	319
40,000	183	211	248	282	310	220	254	298	338
45,000	193	223	262	298	327	232	268	314	357
50,000	203	234	275	312	343	244	281	330	375
55,000	210	242	284	323	356	252	291	341	388
60,000	215	248	291	330	363	258	297	349	396
65,000	224	259	304	345	379	269	310	364	414
70,000	235	271	318	361	398	282	325	382	434
75,000	239	275	323	367	404	286	330	387	440
80,000	242	279	327	372	409	290	335	393	447
85,000	247	285	334	380	417	296	342	401	455
90,000	253	292	342	389	428	303	350	411	467
95,000	256	295	346	393	433	307	354	415	472
100,000	261	301	353	401	441	313	361	424	481
105,000	268	309	363	413	454	322	371	436	495
110,000	275	317	372	422	465	329	380	446	507
115,000	280	323	379	430	473	336	387	454	516
120,000	287	331	389	442	486	345	398	467	530
125,000	297	342	402	457	502	356	411	482	548
130,000	309	356	418	475	523	361	417	489	556
135,000	321	371	435	494	543	369	426	500	568
140,000	336	388	455	518	569	387	446	524	595
145,000	353	407	477	543	597	405	468	549	624
150,000	365	422	495	562	618	420	485	569	646
155,000	378	436	512	582	640	435	502	589	669
160,000	391	451	529	601	661	449	518	608	691
165,000	404	466	546	621	683	454	524	615	699
170,000	416	481	564	641	705	479	553	648	737
175,000	429	495	581	661	727	494	570	668	760
180,000	442	510	599	680	748	509	587	688	782
185,000	455	525	616	700	770	523	604	708	805
190,000	468	539	633	719	791	538	621	728	827
195,000	480	554	650	739	813	558	644	756	859
200,000	493	569	667	758	834	567	654	768	872
EACH ADD' L \$5,000 ADD	14	16	18	21	23	16	18	21	24

ANNUAL HOMEOWNERS PREMIUMS

MASONRY - SEMI-PROTECTED  
PREMIUM GROUP 8

\$250 FLAT DEDUCTIBLE  
ZONE 2 - UPSTATE-CITY

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1R	ML-2	ML-3	ML-5	ML-8	ML-1R	ML-2	ML-3
8,000	142	163	192	218	240	170	196	230	261
10,000	148	172	201	229	251	179	206	242	275
15,000	159	183	215	244	268	191	220	259	294
20,000	167	193	227	258	284	201	232	272	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

ANNUAL HOMEOWNERS PREMIUMS

FRAME - SEMI-PROTECTED  
PREMIUM GROUP 9

\$250 FLAT DEDUCTIBLE  
ZONE 2 - UPSTATE-CITY

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1R	ML-2	ML-3	ML-5	ML-8	ML-1R	ML-2	ML-3
8,000	149	172	202	230	252	179	206	242	275
10,000	157	180	212	241	265	188	217	254	289
15,000	167	193	226	257	283	200	232	271	308
20,000	176	204	238	271	299	212	245	287	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	8:10
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

ANNUAL HOMEOWNERS PREMIUMS

MASONRY  
PREMIUM GROUP 10

\$250 FLAT DEDUCTIBLE  
ZONE 3 - RICHMOND

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	125	144	169	193	212	150	173	203	231
10,000	131	152	178	202	222	158	182	213	242
15,000	140	162	190	216	237	168	194	228	259
20,000	148	171	200	228	250	178	205	240	273
25,000	153	177	207	236	259	183	212	248	282
30,000	161	185	218	247	272	193	222	261	297
35,000	175	202	236	269	296	201	232	272	309
40,000	189	218	255	290	319	217	251	294	334
45,000	203	234	274	312	343	233	269	316	359
50,000	217	250	293	333	367	250	288	338	384
55,000	228	263	309	351	386	263	303	355	404
60,000	240	277	325	369	406	276	318	373	424
65,000	276	318	373	424	467	317	366	429	488
70,000	294	339	398	452	497	337	389	457	519
75,000	308	356	418	474	522	355	409	480	545
80,000	312	360	423	480	528	359	414	486	553
85,000	330	381	447	508	559	380	439	515	585
90,000	339	391	459	522	574	390	450	528	600
95,000	347	400	469	533	587	399	460	540	613
100,000	350	404	474	539	593	403	465	546	620
105,000	364	420	493	561	617	419	483	567	644
110,000	377	435	511	581	639	434	501	587	667
115,000	397	458	537	610	671	457	527	618	703
120,000	404	466	547	622	684	465	536	629	715
125,000	421	486	571	648	713	485	559	656	746
130,000	439	507	594	675	743	505	583	683	777
135,000	456	526	618	702	772	525	605	710	807
140,000	462	533	626	711	782	532	613	720	818
145,000	468	540	633	720	792	538	621	728	828
150,000	485	559	656	746	820	557	643	755	858
155,000	501	579	679	771	849	577	665	781	887
160,000	518	598	702	797	877	596	688	807	917
165,000	535	618	725	824	906	603	695	816	927
170,000	553	638	748	850	935	635	733	860	978
175,000	570	657	771	876	964	655	756	887	1008
180,000	587	677	794	903	993	675	778	913	1038
185,000	604	696	817	929	1021	694	801	940	1068
190,000	620	716	840	954	1050	713	823	966	1098
195,000	637	735	862	980	1078	740	854	1002	1139
200,000	654	754	885	1006	1107	752	868	1018	1157
EACH ADD' L									
\$5,000 ADD	16	19	22	25	27	19	22	25	29

ANNUAL HOMEOWNERS PREMIUMS

FRAME  
PREMIUM GROUP 11

\$250 FLAT DEDUCTIBLE  
ZONE 3 - RICHMOND

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	132	152	178	203	223	158	182	214	243
10,000	138	160	187	213	234	166	191	225	255
15,000	148	170	200	227	250	177	205	240	273
20,000	156	180	211	240	264	187	216	253	287
25,000	161	186	218	248	273	193	223	261	297
30,000	169	195	229	260	286	203	234	275	312
35,000	184	212	249	283	311	212	244	287	326
40,000	199	229	269	306	336	229	264	309	352
45,000	213	246	289	328	361	246	283	332	378
50,000	228	263	309	351	386	263	303	356	404
55,000	240	277	325	370	407	276	319	374	425
60,000	252	291	342	388	427	290	335	393	447
65,000	290	335	393	447	491	334	385	452	513
70,000	309	357	419	476	524	355	410	481	546
75,000	325	375	440	499	549	373	431	505	574
80,000	329	379	445	506	556	378	436	512	582
85,000	348	401	471	535	589	400	462	542	616
90,000	357	412	483	549	604	411	474	556	632
95,000	365	421	494	562	618	420	484	568	645
100,000	369	426	499	567	624	424	489	574	653
105,000	384	443	519	590	649	441	509	597	678
110,000	397	458	538	611	672	457	527	618	703
115,000	418	482	565	643	707	481	555	651	739
120,000	425	491	576	654	720	489	564	662	753
125,000	444	512	601	682	751	510	589	691	785
130,000	462	533	626	711	782	531	613	719	818
135,000	480	554	650	739	813	552	637	748	849
140,000	487	562	659	749	824	560	646	757	861
145,000	492	568	667	758	833	566	653	767	871
150,000	510	589	691	785	863	587	677	794	903
155,000	528	609	715	812	893	607	700	822	934
160,000	546	630	739	839	923	627	724	849	965
165,000	564	650	763	867	954	634	732	859	976
170,000	582	671	787	895	984	669	772	906	1029
175,000	600	692	812	922	1015	690	796	934	1061
180,000	618	713	836	950	1045	710	819	961	1092
185,000	635	733	860	977	1075	731	843	989	1124
190,000	653	753	884	1004	1105	751	867	1017	1155
195,000	671	774	908	1032	1135	779	899	1055	1199
200,000	688	794	932	1059	1165	792	913	1072	1218
EACH ADD'L \$5,000 ADD	17	20	23	26	29	20	23	27	30

ANNUAL HOMEOWNERS PREMIUMS

MASONRY  
PREMIUM GROUP 12

\$250 FLAT DEDUCTIBLE  
ZONE 4 - QUEENS

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	116	134	158	179	197	140	161	189	215
10,000	122	141	165	188	207	147	169	198	225
15,000	130	150	177	201	221	157	181	212	241
20,000	138	159	186	212	233	165	190	223	254
25,000	142	164	193	219	241	171	197	231	262
30,000	149	172	202	230	253	179	207	243	276
35,000	162	187	220	250	275	187	216	253	288
40,000	175	202	238	270	297	202	233	273	311
45,000	188	217	255	290	319	217	250	294	334
50,000	201	232	273	310	341	232	268	314	357
55,000	212	245	287	327	359	244	282	331	376
60,000	223	257	302	343	377	256	296	347	394
65,000	256	296	347	394	434	295	340	399	453
70,000	273	315	370	420	462	314	362	425	483
75,000	287	331	388	441	485	330	380	446	507
80,000	290	335	393	447	491	334	385	452	514
85,000	307	355	416	473	520	354	408	479	544
90,000	315	364	427	485	534	363	419	491	558
95,000	322	372	437	496	546	371	428	502	570
100,000	326	376	441	501	551	375	432	507	577
105,000	339	391	459	521	573	389	449	527	599
110,000	351	405	475	540	594	403	465	546	621
115,000	369	426	500	568	624	425	490	575	653
120,000	376	434	509	578	636	432	499	585	665
125,000	392	452	531	603	663	451	520	610	693
130,000	408	471	553	628	691	469	542	636	722
135,000	424	489	574	653	718	488	563	660	750
140,000	430	496	582	661	728	494	570	669	760
145,000	435	502	589	669	736	500	577	677	770
150,000	451	520	610	693	763	518	598	702	798
155,000	466	538	631	717	789	536	619	726	825
160,000	482	556	653	742	816	554	640	750	853
165,000	498	574	674	766	843	560	647	759	862
170,000	514	593	696	790	870	591	682	800	909
175,000	530	611	717	815	896	609	703	825	937
180,000	546	630	739	839	923	627	724	849	965
185,000	561	648	760	864	950	645	745	874	993
190,000	577	665	781	887	976	663	766	898	1021
195,000	592	683	802	911	1002	689	794	932	1059
200,000	608	702	823	935	1029	699	807	947	1076
EACH ADD'L \$5,000 ADD	15	17	20	23	25	17	20	23	27

ANNUAL HOMEOWNERS PREMIUMS

FRAME  
PREMIUM GROUP 13

\$250 FLAT DEDUCTIBLE  
ZONE 4 - QUEENS

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	123	141	166	189	207	147	169	199	226
10,000	129	148	174	198	218	154	178	209	237
15,000	137	158	186	211	232	165	190	223	254
20,000	145	167	196	223	245	174	201	235	267
25,000	150	173	203	231	254	180	207	243	276
30,000	157	181	213	242	266	189	218	256	290
35,000	171	197	231	263	289	197	227	267	303
40,000	185	213	250	284	313	213	245	288	327
45,000	198	229	269	305	336	228	263	309	351
50,000	212	245	287	326	359	244	282	331	376
55,000	223	258	303	344	378	257	297	348	395
60,000	235	271	318	361	397	270	311	365	415
65,000	270	311	365	415	457	310	358	420	477
70,000	288	332	389	443	487	330	381	447	508
75,000	302	348	409	464	511	347	400	470	534
80,000	306	353	414	470	517	352	406	476	541
85,000	323	373	438	498	547	372	429	504	573
90,000	332	383	450	511	562	382	441	517	588
95,000	339	392	460	522	574	390	450	528	600
100,000	343	396	464	528	580	394	455	534	607
105,000	357	412	483	549	604	410	473	555	631
110,000	369	426	500	568	625	425	490	575	653
115,000	388	448	526	598	657	447	516	605	688
120,000	395	456	535	608	669	455	525	616	700
125,000	412	476	558	635	698	474	547	642	730
130,000	430	496	582	661	727	494	570	669	760
135,000	446	515	604	687	756	513	592	695	790
140,000	453	522	613	696	766	520	600	704	800
145,000	458	528	620	704	775	527	608	713	810
150,000	474	547	642	730	803	546	630	739	839
155,000	491	566	665	755	831	564	651	764	868
160,000	507	585	687	781	859	583	673	790	898
165,000	524	605	710	806	887	590	681	799	907
170,000	541	624	732	832	915	622	718	842	957
175,000	558	643	755	858	944	641	740	868	987
180,000	574	663	778	884	972	660	762	894	1016
185,000	591	682	800	909	1000	679	784	920	1045
190,000	607	700	822	934	1027	698	806	945	1074
195,000	624	719	844	959	1055	725	836	981	1115
200,000	640	738	867	985	1083	736	849	997	1133
EACH ADD' L \$5,000 ADD	16	18	21	24	27	18	21	25	28

ANNUAL HOMEOWNERS PREMIUMS

MASONRY  
PREMIUM GROUP 14

\$250 FLAT DEDUCTIBLE  
ZONE 5 - NEW YORK

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	177	205	240	273	300	213	245	288	327
10,000	186	215	252	286	315	223	258	302	343
15,000	199	229	269	306	336	239	275	323	367
20,000	210	242	284	323	355	252	290	341	387
25,000	217	250	294	334	367	260	300	352	400
30,000	228	263	308	350	385	273	315	370	420
35,000	247	286	335	381	419	285	329	386	438
40,000	267	308	362	411	452	308	355	417	473
45,000	287	331	389	442	486	330	381	447	508
50,000	307	354	416	472	520	354	408	479	544
55,000	324	373	438	498	547	372	429	504	572
60,000	340	392	460	523	575	391	451	529	601
65,000	391	451	529	601	661	449	518	608	691
70,000	416	480	564	641	705	478	552	647	736
75,000	437	504	592	672	740	502	580	680	773
80,000	442	511	599	681	749	509	587	689	783
85,000	468	540	634	720	792	539	622	729	829
90,000	481	555	651	740	813	553	638	749	851
95,000	491	567	665	756	831	565	652	765	869
100,000	496	573	672	764	840	571	659	773	878
105,000	516	596	699	794	874	593	685	803	913
110,000	535	617	724	823	905	615	709	832	946
115,000	562	649	761	865	951	647	747	876	995
120,000	572	661	775	881	969	658	760	891	1013
125,000	597	689	808	919	1010	687	792	930	1056
130,000	622	718	842	957	1053	715	825	968	1100
135,000	646	746	875	994	1094	743	858	1006	1143
140,000	655	756	887	1008	1109	753	869	1020	1159
145,000	663	765	897	1020	1122	762	880	1032	1173
150,000	687	792	930	1056	1162	790	911	1069	1215
155,000	711	820	962	1093	1202	817	943	1106	1257
160,000	734	847	994	1130	1243	845	975	1143	1299
165,000	759	875	1027	1167	1284	854	985	1156	1313
170,000	783	903	1060	1204	1325	900	1039	1219	1385
175,000	807	931	1093	1242	1366	928	1071	1257	1428
180,000	831	959	1126	1279	1407	956	1103	1294	1471
185,000	855	987	1158	1316	1447	983	1135	1331	1513
190,000	879	1014	1190	1352	1487	1011	1166	1369	1555
195,000	903	1041	1222	1389	1527	1049	1211	1420	1614
200,000	926	1069	1254	1425	1568	1066	1230	1443	1639
EACH ADD' L \$5,000 ADD	23	26	31	35	39	26	31	36	41

ANNUAL HOMEOWNERS PREMIUMS

FRAME  
PREMIUM GROUP 15

\$250 FLAT DEDUCTIBLE  
ZONE 5 - NEW YORK

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	187	215	253	287	316	224	258	303	344
10,000	196	226	265	301	332	235	271	318	362
15,000	209	241	283	322	354	251	290	340	387
20,000	221	255	299	340	374	265	306	358	407
25,000	228	264	309	351	387	274	316	371	421
30,000	240	277	324	369	406	288	332	389	442
35,000	261	301	353	401	441	300	346	406	461
40,000	281	325	381	433	476	324	374	439	498
45,000	302	349	409	465	512	348	401	471	535
50,000	323	373	437	497	547	372	429	504	573
55,000	341	393	461	524	576	392	452	530	602
60,000	358	413	484	550	605	411	475	557	633
65,000	411	475	557	633	696	473	545	640	727
70,000	438	506	593	674	742	503	581	681	774
75,000	460	531	623	708	778	529	610	716	814
80,000	466	537	631	717	788	536	618	725	824
85,000	493	569	667	758	834	567	654	768	872
90,000	506	584	685	778	856	582	672	788	896
95,000	517	597	700	796	875	594	686	805	915
100,000	523	603	708	804	884	601	694	814	925
105,000	543	627	736	836	920	625	721	846	961
110,000	563	649	762	866	952	647	747	876	995
115,000	592	683	801	910	1001	681	786	922	1048
120,000	603	695	816	927	1020	693	800	938	1066
125,000	629	725	851	967	1064	723	834	979	1112
130,000	655	756	886	1007	1108	753	869	1019	1158
135,000	680	785	921	1047	1151	782	903	1059	1204
140,000	690	796	934	1061	1167	793	915	1073	1220
145,000	698	805	945	1073	1181	802	926	1086	1235
150,000	723	834	979	1112	1223	831	959	1126	1279
155,000	748	863	1013	1151	1266	860	992	1164	1323
160,000	773	892	1047	1189	1308	889	1026	1204	1368
165,000	799	921	1081	1229	1351	899	1037	1217	1383
170,000	824	951	1116	1268	1395	948	1094	1283	1458
175,000	850	980	1150	1307	1438	977	1127	1323	1503
180,000	875	1010	1185	1346	1481	1006	1161	1362	1548
185,000	900	1039	1219	1385	1523	1035	1194	1401	1593
190,000	925	1067	1252	1423	1565	1064	1228	1441	1637
195,000	950	1096	1286	1462	1608	1104	1274	1495	1699
200,000	975	1125	1320	1500	1650	1122	1294	1519	1726
EACH ADD'L \$5,000 ADD	24	28	33	37	41	28	32	38	43

ANNUAL HOMEOWNERS PREMIUMS

MASONRY  
PREMIUM GROUP 16

\$250 FLAT DEDUCTIBLE  
ZONE 6 - BRONX

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	111	128	150	170	187	133	153	180	204
10,000	116	134	157	179	197	139	161	189	214
15,000	124	143	168	191	210	149	172	202	229
20,000	131	151	177	201	222	157	181	213	242
25,000	135	156	183	208	229	162	187	220	250
30,000	142	164	192	219	241	171	197	231	262
35,000	155	178	209	238	261	178	205	241	274
40,000	167	193	226	257	282	192	222	260	296
45,000	179	207	243	276	303	206	238	279	317
50,000	192	221	259	295	324	221	255	299	340
55,000	202	233	273	311	342	232	268	314	357
60,000	212	245	287	326	359	244	281	330	375
65,000	244	281	330	375	413	280	324	380	431
70,000	260	300	352	400	440	298	344	404	459
75,000	273	315	369	420	462	314	362	425	482
80,000	276	319	374	425	467	318	367	430	489
85,000	292	337	396	450	495	336	388	455	517
90,000	300	346	406	462	508	345	398	467	531
95,000	307	354	415	472	519	353	407	477	542
100,000	310	358	420	477	525	356	411	483	548
105,000	322	372	436	496	545	370	427	502	570
110,000	334	385	452	514	565	384	443	520	590
115,000	351	405	475	540	594	404	466	547	621
120,000	357	412	484	550	605	411	474	556	632
125,000	373	430	505	573	631	429	495	580	660
130,000	388	448	526	597	657	447	515	605	687
135,000	403	466	546	621	683	464	535	628	714
140,000	409	472	554	629	692	470	543	637	723
145,000	414	477	560	637	700	476	549	644	732
150,000	429	495	580	660	725	493	569	668	759
155,000	444	512	601	682	751	510	589	691	785
160,000	459	529	621	705	776	527	608	714	811
165,000	474	546	641	729	802	533	615	722	820
170,000	489	564	662	752	827	562	649	761	865
175,000	504	581	682	775	853	580	669	785	892
180,000	519	599	703	798	878	597	689	808	918
185,000	534	616	723	821	904	614	708	831	945
190,000	549	633	743	844	928	631	728	854	971
195,000	563	650	763	867	954	655	756	887	1008
200,000	578	667	783	890	979	665	768	901	1024
EACH ADD' L									
\$5,000 ADD	14	17	19	22	24	17	19	22	25

ANNUAL HOMEOWNERS PREMIUMS

FRAME  
PREMIUM GROUP 17

\$250 FLAT DEDUCTIBLE  
ZONE 6 - BRONX

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	117	134	158	179	197	140	161	189	215
10,000	122	141	166	188	207	147	169	199	226
15,000	131	151	177	201	221	157	181	212	241
20,000	138	159	187	212	233	165	191	224	254
25,000	143	165	193	219	241	171	197	231	263
30,000	150	173	203	230	253	180	207	243	276
35,000	163	188	220	250	275	187	216	254	288
40,000	176	203	238	270	297	202	233	274	311
45,000	189	218	255	290	319	217	251	294	334
50,000	202	233	273	310	341	232	268	315	358
55,000	213	245	288	327	360	244	282	331	376
60,000	223	258	302	343	378	257	296	348	395
65,000	257	296	348	395	435	295	341	400	454
70,000	274	316	370	421	463	314	363	425	483
75,000	287	331	389	442	486	330	381	447	508
80,000	291	336	394	447	492	334	386	453	515
85,000	308	355	417	473	521	354	408	479	545
90,000	316	364	428	486	535	363	419	492	559
95,000	323	373	437	497	546	371	428	502	571
100,000	326	376	442	502	552	375	433	508	577
105,000	339	391	459	522	574	390	450	528	600
110,000	351	405	476	541	595	404	466	547	621
115,000	369	426	500	568	625	425	491	576	654
120,000	376	434	509	579	637	433	499	586	666
125,000	392	453	531	604	664	451	521	611	694
130,000	409	472	553	629	692	470	542	636	723
135,000	425	490	575	653	719	488	564	661	751
140,000	431	497	583	662	729	495	571	670	761
145,000	436	503	590	670	737	501	578	678	771
150,000	451	521	611	694	764	519	599	703	799
155,000	467	539	632	718	790	537	620	727	826
160,000	483	557	653	743	817	555	640	751	854
165,000	499	575	675	767	844	561	647	760	863
170,000	514	594	697	792	871	592	683	801	910
175,000	530	612	718	816	898	610	704	826	939
180,000	546	630	740	841	925	628	725	850	966
185,000	562	648	761	865	951	646	746	875	994
190,000	577	666	782	888	977	664	767	899	1022
195,000	593	684	803	913	1004	689	796	933	1061
200,000	609	703	824	937	1030	700	808	948	1077
EACH ADD' L \$5,000 ADD	15	17	20	23	25	17	20	24	27

ANNUAL HOMEOWNERS PREMIUMS

MASONRY  
PREMIUM GROUP 18

\$250 FLAT DEDUCTIBLE  
ZONE 7 - KINGS

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	129	149	174	198	218	154	178	209	238
10,000	135	156	183	208	229	162	187	220	249
15,000	144	166	195	222	244	173	200	235	267
20,000	152	176	206	234	258	183	211	247	281
25,000	158	182	213	242	267	189	218	256	290
30,000	165	191	224	254	280	198	229	269	305
35,000	180	207	243	277	304	207	239	280	318
40,000	194	224	263	299	329	223	258	303	344
45,000	209	241	282	321	353	240	277	325	369
50,000	223	257	302	343	377	257	296	348	395
55,000	235	271	318	361	398	270	312	366	416
60,000	247	285	334	380	417	284	327	384	437
65,000	284	327	384	437	480	326	376	442	502
70,000	302	349	409	465	512	347	401	470	534
75,000	317	366	430	488	537	365	421	494	561
80,000	321	371	435	494	544	370	426	500	569
85,000	340	392	460	523	575	391	451	530	602
90,000	349	403	473	537	591	402	463	544	618
95,000	357	412	483	549	604	410	473	555	631
100,000	361	416	488	555	610	415	478	561	638
105,000	375	433	508	577	635	431	497	583	663
110,000	388	448	526	597	657	446	515	604	687
115,000	408	471	553	628	691	470	542	636	723
120,000	416	480	563	640	704	478	552	647	736
125,000	434	500	587	667	734	499	575	675	767
130,000	452	521	612	695	764	519	599	703	799
135,000	469	542	635	722	794	540	623	731	830
140,000	476	549	644	732	805	547	631	740	841
145,000	481	555	652	741	815	554	639	750	852
150,000	499	575	675	767	844	574	662	777	882
155,000	516	595	699	794	873	593	685	803	913
160,000	533	615	722	821	903	613	708	830	944
165,000	551	636	746	848	932	620	715	839	954
170,000	569	656	770	875	962	654	754	885	1006
175,000	586	676	794	902	992	674	778	913	1037
180,000	604	697	817	929	1022	694	801	940	1068
185,000	621	717	841	956	1051	714	824	967	1099
190,000	638	736	864	982	1080	734	847	994	1129
195,000	655	756	887	1008	1109	762	879	1031	1172
200,000	673	776	911	1035	1139	774	893	1048	1191
EACH ADD' L \$5,000 ADD	17	19	23	26	28	19	22	26	30

ANNUAL HOMEOWNERS PREMIUMS

FRAME  
PREMIUM GROUP 19

\$250 FLAT DEDUCTIBLE  
ZONE 7 – KINGS

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	136	156	184	209	229	163	188	220	250
10,000	142	164	193	219	241	171	197	231	263
15,000	152	175	206	234	257	182	211	247	281
20,000	160	185	217	247	271	192	222	260	296
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

ANNUAL HOMEOWNERS PREMIUMS

MASONRY – PROTECTED  
PREMIUM GROUP 20

\$250 FLAT DEDUCTIBLE  
ZONE 8

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	107	123	144	164	181	128	148	173	197
10,000	112	129	152	172	190	134	155	182	207
15,000	120	138	162	184	202	144	166	194	221
20,000	126	146	171	194	214	151	175	205	233
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	560	657	747	822	559	644	756	859
180,000	500	577	677	770	847	575	664	779	885
185,000	515	594	697	792	871	592	683	801	910
190,000	529	610	716	813	895	608	702	824	936
195,000	543	627	735	836	919	631	728	855	971
200,000	557	643	755	858	943	641	740	868	986
EACH ADD' L \$5,000 ADD	14	16	19	21	23	16	18	22	24

ANNUAL HOMEOWNERS PREMIUMS

FRAME – PROTECTED  
PREMIUM GROUP 21

\$250 FLAT DEDUCTIBLE  
ZONE 8

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	112	130	152	173	190	135	155	182	207
10,000	118	136	160	181	200	141	163	191	218
15,000	126	145	170	194	213	151	174	205	233
20,000	133	153	180	204	225	159	184	216	245
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	435	502	589	669	736	500	577	677	770
155,000	450	519	609	692	762	517	597	701	796
160,000	465	537	630	716	787	535	617	724	823
165,000	481	554	651	739	813	541	624	732	832
170,000	496	572	671	763	839	570	658	772	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

ANNUAL HOMEOWNERS PREMIUMS

MASONRY - SEMI-PROTECTED  
PREMIUM GROUP 22

\$250 FLAT DEDUCTIBLE  
ZONE 8

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	127	146	172	195	214	152	175	206	233
10,000	133	154	180	205	225	159	184	216	245
15,000	142	163	192	218	241	171	197	231	262
20,000	149	173	202	230	253	180	208	243	277
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	491	566	665	755	830	564	651	764	868
155,000	508	586	687	781	859	584	673	790	898
160,000	525	605	710	807	888	603	696	817	929
165,000	542	625	734	834	917	609	704	826	938
170,000	560	646	757	861	947	643	742	870	990
175,000	577	666	780	887	975	664	765	898	1020
180,000	594	685	805	914	1005	683	788	924	1050
185,000	611	705	827	940	1034	703	811	951	1081
190,000	628	724	850	966	1062	722	833	977	1111
195,000	644	744	873	992	1091	749	865	1014	1153
200,000	661	763	896	1019	1120	761	879	1030	1171
EACH ADD'L \$5,000 ADD	16	19	22	25	28	19	22	25	29

ANNUAL HOMEOWNERS PREMIUMS

FRAME - SEMI-PROTECTED  
PREMIUM GROUP 23

\$250 FLAT DEDUCTIBLE  
ZONE 8

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	134	154	180	206	226	160	184	216	246
10,000	140	161	190	215	237	167	194	227	259
15,000	149	173	202	230	252	179	207	243	276
20,000	158	182	213	243	267	189	218	257	291
25,000	163	189	220	251	277	195	226	265	301
30,000	172	197	232	263	289	206	237	278	316
35,000	187	215	252	286	315	214	247	290	330
40,000	201	232	272	310	340	231	267	314	356
45,000	216	249	293	332	366	248	287	336	383
50,000	231	266	313	355	391	266	306	360	409
55,000	243	281	330	374	411	280	322	378	430
60,000	255	295	346	393	432	294	339	397	452
65,000	294	339	397	452	497	338	390	457	519
70,000	313	361	424	481	530	359	414	487	553
75,000	329	379	445	506	557	377	436	511	581
80,000	333	384	450	512	563	383	442	518	588
85,000	352	406	477	542	596	405	467	548	623
90,000	361	417	490	557	612	416	480	563	640
95,000	370	426	500	568	625	425	490	575	653
100,000	373	430	506	575	632	429	495	581	660
105,000	388	448	526	597	657	446	515	604	687
110,000	402	464	544	618	681	462	533	625	711
115,000	423	488	572	651	715	487	562	658	748
120,000	430	497	583	662	728	495	571	670	762
125,000	449	518	607	691	760	516	596	699	794
130,000	467	540	633	720	792	537	621	728	828
135,000	485	561	658	747	823	559	644	757	860
140,000	493	568	667	758	833	566	653	766	871
145,000	498	576	675	766	844	573	661	776	882
150,000	516	596	699	794	873	594	686	805	914
155,000	534	617	723	821	904	615	709	832	946
160,000	552	637	747	850	935	635	732	860	977
165,000	570	658	773	878	966	642	741	869	988
170,000	588	679	797	905	996	677	781	917	1042
175,000	607	701	821	934	1027	699	806	946	1074
180,000	625	721	846	961	1058	719	829	973	1106
185,000	643	742	870	989	1089	740	853	1001	1137
190,000	660	762	895	1017	1118	760	877	1029	1169
195,000	678	783	919	1044	1149	789	911	1068	1214
200,000	696	803	943	1072	1179	801	924	1084	1233
EACH ADD'L \$5,000 ADD	17	20	23	26	30	20	23	26	31

ANNUAL HOMEOWNERS PREMIUMS

MASONRY – PROTECTED  
PREMIUM GROUP 24

\$250 FLAT DEDUCTIBLE  
ZONE 9 - NASSAU

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	103	119	139	158	174	123	142	167	190
10,000	108	124	146	166	183	129	149	175	199
15,000	115	133	156	177	195	138	160	187	213
20,000	122	140	165	187	206	146	168	197	224
25,000	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	528	620	704
155,000	412	475	557	634	697	473	546	641	728
160,000	426	491	576	655	720	489	565	663	753
165,000	440	507	595	676	744	495	571	670	761
170,000	454	524	614	698	768	522	602	706	803
175,000	468	540	633	720	792	538	621	728	828
180,000	482	556	652	741	815	554	639	750	852
185,000	496	572	671	763	839	570	658	772	877
190,000	509	588	689	783	862	586	676	793	901
195,000	523	604	708	805	885	608	702	823	935
200,000	537	620	727	826	909	618	713	836	950
EACH ADD'L \$5,000 ADD	13	15	18	20	22	15	18	21	24

ANNUAL HOMEOWNERS PREMIUMS

FRAME – PROTECTED  
PREMIUM GROUP 25

\$250 FLAT DEDUCTIBLE  
ZONE 9 - NASSAU

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	108	125	146	166	183	130	150	176	200
10,000	114	131	154	175	192	136	157	184	210
15,000	121	140	164	186	205	146	168	197	224
20,000	128	148	173	197	216	153	177	208	236
25,000	132	153	179	204	224	159	183	215	244
30,000	139	160	188	214	235	167	192	226	256
35,000	151	174	204	232	256	174	201	235	267
40,000	163	188	221	251	276	188	217	254	289
45,000	175	202	237	269	296	202	233	273	310
50,000	187	216	254	288	317	216	249	292	332
55,000	197	228	267	304	334	227	262	307	349
60,000	207	239	281	319	351	238	275	323	367
65,000	238	275	323	367	403	274	316	371	421
70,000	254	293	344	391	430	292	337	395	449
75,000	267	308	361	410	451	306	354	415	471
80,000	270	311	365	415	457	310	358	420	478
85,000	286	330	387	439	483	329	379	445	506
90,000	293	338	397	451	496	337	389	457	519
95,000	300	346	406	461	507	345	398	466	530
100,000	303	349	410	466	513	348	402	472	536
105,000	315	363	426	485	533	362	418	490	557
110,000	326	376	442	502	552	375	433	508	577
115,000	343	396	464	528	580	395	455	534	607
120,000	349	403	473	537	591	402	463	544	618
125,000	364	420	493	560	616	419	483	567	644
130,000	379	438	514	584	642	436	504	591	671
135,000	394	455	534	607	667	453	523	614	698
140,000	400	461	541	615	676	459	530	622	707
145,000	404	467	547	622	684	465	537	630	715
150,000	419	483	567	644	709	482	556	652	741
155,000	433	500	587	667	734	498	575	675	767
160,000	448	517	607	689	758	515	594	698	793
165,000	463	534	627	712	783	521	601	705	801
170,000	478	551	647	735	808	549	634	744	845
175,000	492	568	667	757	833	566	653	767	871
180,000	507	585	687	780	858	583	673	789	897
185,000	522	602	706	803	883	600	692	812	923
190,000	536	619	726	825	907	617	712	835	949
195,000	551	635	745	847	932	640	738	866	985
200,000	565	652	765	869	956	650	750	880	1000
EACH ADD' L \$5,000 ADD	14	16	19	22	24	16	19	22	25

ANNUAL HOMEOWNERS PREMIUMS

MASONRY - SEMI-PROTECTED  
PREMIUM GROUP 26

\$250 FLAT DEDUCTIBLE  
ZONE 9 - NASSAU

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	122	141	165	188	207	146	169	198	225
10,000	128	147	174	197	217	154	177	208	236
15,000	137	158	185	210	231	164	190	223	252
20,000	144	166	195	222	244	173	199	234	266
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	393	454	532	604
105,000	355	410	481	547	601	408	471	552	629
110,000	368	424	498	566	622	423	488	572	651
115,000	387	446	524	595	655	445	514	603	685
120,000	394	455	533	606	667	453	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	473	545	639	727	799	544	628	736	836
155,000	489	564	661	753	827	562	649	761	865
160,000	506	583	684	777	855	581	671	787	894
165,000	522	602	707	803	883	587	677	795	904
170,000	538	621	729	829	912	619	714	838	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

ANNUAL HOMEOWNERS PREMIUMS

FRAME - SEMI-PROTECTED  
PREMIUM GROUP 27

\$250 FLAT DEDUCTIBLE  
ZONE 9 - NASSAU

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	128	148	174	197	217	154	178	209	236
10,000	135	156	182	208	228	162	187	219	249
15,000	144	166	195	222	244	173	199	234	266
20,000	152	175	206	233	257	182	210	247	280
25,000	157	181	213	242	266	189	217	254	289
30,000	165	190	224	253	279	198	228	268	304
35,000	179	207	243	276	303	207	238	280	318
40,000	194	224	262	298	328	223	258	302	342
45,000	208	240	282	320	352	240	277	324	368
50,000	223	257	301	342	376	257	296	347	394
55,000	234	270	317	360	396	269	311	365	414
60,000	246	284	333	378	417	283	326	383	436
65,000	283	326	383	436	479	325	375	440	500
70,000	302	348	408	464	510	347	400	469	533
75,000	317	365	428	487	535	364	420	493	560
80,000	320	370	434	493	543	369	425	499	567
85,000	339	391	459	522	573	390	450	528	600
90,000	348	402	472	535	589	401	462	543	616
95,000	356	410	481	547	602	409	472	553	630
100,000	359	414	487	553	608	413	477	560	636
105,000	374	431	507	576	633	429	496	582	661
110,000	387	446	525	596	655	445	514	603	685
115,000	407	470	551	626	689	469	541	634	721
120,000	414	478	562	638	702	477	550	646	734
125,000	432	499	585	666	731	497	573	673	765
130,000	450	519	609	693	762	518	598	702	797
135,000	469	540	634	720	792	538	621	728	828
140,000	475	547	642	730	802	546	630	739	840
145,000	480	554	650	739	812	552	637	747	849
150,000	497	573	673	765	842	572	660	775	880
155,000	514	594	696	792	871	591	683	801	911
160,000	532	614	720	818	900	612	706	828	941
165,000	549	634	744	845	930	618	713	837	951
170,000	567	654	767	872	959	652	753	883	1003
175,000	584	674	792	899	989	672	776	911	1035
180,000	602	694	815	926	1019	692	799	937	1065
185,000	619	714	838	953	1048	712	821	965	1096
190,000	636	735	862	979	1077	732	845	991	1127
195,000	654	755	885	1006	1107	760	877	1028	1169
200,000	671	774	908	1032	1135	772	890	1045	1187
EACH ADD' L \$5,000 ADD	17	19	22	25	28	19	22	25	30

ANNUAL HOMEOWNERS PREMIUMS

MASONRY – PROTECTED  
PREMIUM GROUP 28

\$250 FLAT DEDUCTIBLE  
ZONE 10 - SUFFOLK

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	111	129	151	172	189	134	154	181	206
10,000	117	135	158	180	198	140	162	190	216
15,000	125	144	169	192	211	150	173	203	231
20,000	132	152	178	203	223	158	182	214	243
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	635	432	498	584	664
130,000	391	451	529	602	662	450	519	609	692
135,000	406	469	550	625	687	467	539	632	719
140,000	412	475	557	634	697	473	546	641	728
145,000	417	481	564	641	705	479	553	649	737
150,000	432	498	584	664	730	496	573	672	764
155,000	447	515	605	687	756	514	593	695	790
160,000	462	533	625	710	781	531	613	719	817
165,000	477	550	646	734	807	537	619	727	826
170,000	492	568	666	757	833	566	653	766	871
175,000	507	585	687	781	859	584	673	790	898
180,000	523	603	707	804	884	601	693	813	924
185,000	538	620	728	827	910	618	713	837	951
190,000	552	637	748	850	935	635	733	860	978
195,000	567	655	768	873	960	659	761	893	1015
200,000	582	672	788	896	986	670	773	907	1031
EACH ADD' L \$5,000 ADD	14	17	19	22	24	17	19	22	26

ANNUAL HOMEOWNERS PREMIUMS

FRAME – PROTECTED  
PREMIUM GROUP 29

\$250 FLAT DEDUCTIBLE  
ZONE 10 - SUFFOLK

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	117	135	159	181	199	141	162	190	216
10,000	123	142	167	190	208	148	170	200	227
15,000	131	152	178	202	222	158	182	214	243
20,000	139	160	188	213	235	166	192	225	256
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	395	456	535	608	669	454	524	615	699
130,000	412	475	557	633	697	473	546	641	728
135,000	428	493	579	658	724	492	567	666	757
140,000	433	500	587	667	734	498	575	675	767
145,000	439	506	594	675	742	504	582	683	776
150,000	454	524	615	699	769	523	603	708	804
155,000	470	542	636	723	796	541	624	732	832
160,000	486	561	658	748	822	559	645	757	860
165,000	502	579	680	772	849	565	652	765	869
170,000	518	598	701	797	877	596	687	807	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

ANNUAL HOMEOWNERS PREMIUMS

MASONRY - SEMI-PROTECTED  
PREMIUM GROUP 30

\$250 FLAT DEDUCTIBLE  
ZONE 10 - SUFFOLK

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	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
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	640	750	853
140,000	489	564	661	753	827	562	649	761	865
145,000	495	570	670	761	837	569	656	771	876
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
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

ANNUAL HOMEOWNERS PREMIUMS

FRAME - SEMI-PROTECTED  
PREMIUM GROUP 31

\$250 FLAT DEDUCTIBLE  
ZONE 10 - SUFFOLK

AMOUNT OF INSURANCE	REPLACEMENT COST					ACTUAL CASH VALUE			
	ML-8	ML-1T	ML-2T	ML-3T	ML-5T	ML-8	ML-1T	ML-2T	ML-3T
8,000	139	161	189	214	235	167	193	226	257
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

**ANNUAL TENANT PREMIUMS**

FORM - ML-4 COVERAGE C AMOUNT	PREMIUM GROUP 1		PREMIUM GROUP 2		PREMIUM GROUP 3		PREMIUM GROUP 4	
	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
14,000	68	98	74	106	85	122	76	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
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**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 FOLLOWING 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.	

**ANNUAL TENANT PREMIUMS**

FORM - ML-4

\$250 FLAT DEDUCTIBLE

COVERAGE C AMOUNT	PREMIUM GROUP 5		PREMIUM GROUP 6		PREMIUM GROUP 7		PREMIUM GROUP 8	
	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
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**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 FOLLOWING 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**

SECTION I Rule No.		AMOUNT OF INSURANCE	RATE PER AMOUNT	MAXIMUM ADD'L AMOUNT
<b>5-a</b>	ADDED WATER DAMAGES COVERAGE – (ML-72A)	1,000	10	None
<b>5-b</b>	ADDITIONAL LIVING EXPENSE - (Coverage D)	1,000	3	None
<b>5-c-1</b>	ALTERNATIVE REPLACEMENT COST PROVISIONS – 50% (ML-256 NCIC)		additional 10% of the ACV premium	
<b>5-c-2</b>	ALTERNATIVE REPLACEMENT COST PROVISIONS – 90% (ML-256 RC NCIC)		7% credit to Replacement Cost premium	
<b>5-e</b>	AUXILIARY HEATING CHARGE (Solid Fuel)		10%	
<b>5-f</b>	BOATS – PHYSICAL DAMAGE – (MR-51) (\$50. Minimum Premium per Policy)	100	1.50	
	Outboard	Surcharge	Credit	
	Sailboats	10%	10%	
	Deductible	Surcharge	Credit	
	\$100	----	----	
	250		5%	
	500		10%	
	1,000		15%	
	Age Factor	Surcharge	Credit	
	1 – 5 Years		15%	
	6 – 10 Years		10%	
	11 – 15 Years		5%	
	16 – 20 Years	----	----	
	21 + Years	15%		
	Other Credits		Credit	
	Boating Education (USCGA or Power Squadron)		10%	
	Built in CO2 or Halon Fire Extinguishing System		5%	
	Vapor Detector		2%	
	Ship to Shore Radio (Not CB)		3%	
	Loran C or Depth Sounder		2%	
	Diesel Powered Boats		5%	
	8 Month Operational Period		15%	
	Maximum Other Credits		25%	

SECTION I	AMOUNT OF INSURANCE	RATE PER AMOUNT	MAXIMUM ADD'L AMOUNT	
<b>5-g</b>	BUILDING ADDITIONS AND ALTERATIONS - ML-4 ONLY - (ML-51)	1,000	4	None
<b>5-h</b>	CONDOMINIUMS AND SHARED OWNERSHIP HOUSING - (ML-15)			None
				Select form ML-2, ML-3 or ML-5 apply a 10% surcharge to the table premium
				Apply an additional 10% surcharge if non-owner occupied
<b>5-i</b>	CONDOMINIUM UNIT-OWNERS SUPPLEMENTAL COVERAGES :			
<b>5-i-2</b>	LOSS ASSESSMENT COVERAGE - (ML-35)			
	Amount of Insurance	ML-8, 1(R), 2, 4	ML-3, 5	
	\$ 1,000	\$ 5	\$ 6	
	5,000	8	10	
	10,000	10	13	
	Each add'l 5,000	1	2	
<b>5-i-4</b>	HIGHER LIMIT	SPECIAL COVERAGE - (ML-32) 1,000	1,000	2
			7	None
<b>5-i-5</b>	UNIT-OWNERS ADDITIONS AND ALTERATIONS - (ML-31)	1,000	4	None
<b>5-i-6</b>	UNIT-OWNERS RENTAL TO OTHERS- (ML-33)	1,000	10	None

SECTION I	AMOUNT OF INSURANCE	RATE PER AMOUNT	MAXIMUM ADD'L AMOUNT
<b>5-k</b>	CREDIT CARDS, FORGERY AND COUNTERFEIT MONEY - (ML-57)		
	Limit of Liability	Rate	
	2,500	5	
	5,000	6	
	7,500	7	
	10,000	8	
<b>5-n</b>	DEDUCTIBLES -		
	Deductible Options	Surcharge	Credit
	Full coverage	67%	
	50	28%	
	100	11%	
	150	6%	
	200	2%	
	250		-----
	500		11%
	1,000		22%
	2,000		29%
	2,500		33%
	\$250 Theft deductible (Credit from \$100 deductible)		5%
<b>5-p</b>	EARTHQUAKE - (ML-54), (ML-35A)		
	ML-8, 1(R), 2, 3, 5	1,000	.40
	ML-4	1,000	.30
<b>5-q</b>	EXTENDED THEFT - (ML-187) (Zones 3 - 10 only)		
		Increase basic premium 15% Plus \$6 per policy	
<b>5-t</b>	HOME COMPUTER COVERAGE - (MR-61)		
	\$100 Ded. Applies	100	1.50
	Minimum Premium: \$15		None
<b>5-u</b>	HOMEOWNERS ASSOCIATION - (ML-50)		
	LIMIT OF LIABILITY	RATE	
	First \$1,000	\$10	
	Next \$4,000	6	
	Next \$5,000	4	
	Each add'l \$5,000	2	

SECTION I	MAXIMUM AMOUNT OF INSURANCE	RATE PER AMOUNT	ADD'L AMOUNT												
<b>5-v-8</b>	AMENDATORY ENDORSEMENT – (NC-AE-9)		\$27. per policy												
<b>5-v-9</b>	SENIOR SUPPLEMENTAL ENDORSEMENT – (NC-SEN-1)		\$10. per policy												
<b>5-x</b>	IDENTITY FRAUD – (ML-189)		\$10 per policy												
<b>5-y-1</b>	INCREASED LIMIT (COV. C)	1,000	2                      None												
<b>5-aa</b>	LIMITED THEFT COVERAGE - (ML-186) (Zones 3-10 only)		Increase basic premium 15%												
<b>5-ab</b>	MARKET VALUATION PROVISION – (ML-38 MVP NCIC)		Surcharge ACV premium 35%												
<b>5-ac</b>	MECHANICAL, ELECTRICAL OR PRESSURE SYSTEMS BREAKDOWN (ML-346)		\$15 per policy												
<b>5-ad</b>	<p>NEW HOME / RENOVATION DISCOUNT</p> <p>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.</p> <p>Age of home equals year of policy effective date minus year built.</p> <table border="1"> <thead> <tr> <th>NEW HOME AGE</th> <th>CREDIT</th> </tr> </thead> <tbody> <tr> <td>0 – 10 years</td> <td>25%</td> </tr> <tr> <td>11 - 20 years</td> <td>15%</td> </tr> <tr> <td>21 - 25 years</td> <td>10%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>RENOVATOR CREDIT</th> <th>CREDIT</th> </tr> </thead> <tbody> <tr> <td>0 - 20 years</td> <td>10%</td> </tr> </tbody> </table> <p>(Must complete the Renovation Warranty application.)</p>			NEW HOME AGE	CREDIT	0 – 10 years	25%	11 - 20 years	15%	21 - 25 years	10%	RENOVATOR CREDIT	CREDIT	0 - 20 years	10%
NEW HOME AGE	CREDIT														
0 – 10 years	25%														
11 - 20 years	15%														
21 - 25 years	10%														
RENOVATOR CREDIT	CREDIT														
0 - 20 years	10%														
<b>5-ae</b>	NO FUEL STORAGE ON PREMISES -		-5% of the basic premium												
<b>5-af</b>	NON-SMOKER CREDIT -		-2% of the basic premium												
<b>5-ag</b>	ORDINANCE AND LAW – (ML-360)		10% of Coverage A & B premium												
<b>5-ai</b>	OUTSIDE ANTENNA – (ML-49)	100	2                      None												

SECTION I	AMOUNT OF INSURANCE	RATE PER AMOUNT	MAXIMUM ADD'L AMOUNT
<b>5-ak</b> PHYSICIANS, SURGEONS, DENTISTS AND VETERINARIANS - (ML-69)	100	2	None
<b>5-al</b> PRIVATE STRUCTURES :			
<b>5-al-1</b> INCREASED LIMITS - PRIVATE STRUCTURES (ML-48)	1,000	3	None
<b>5-al-3</b> INCREASED LIMITS PRIVATE STRUCTURES - RENTED TO OTHERS - (ML-40), (ML-244) or (ML-89)	1,000	4	None
<b>5-am</b> OFFICE, PROFESSIONAL, PRIVATE SCHOOL OR STUDIO USE-INSURED PREMISES (ML-42) -	1,000	4	None
<b>5-an</b> PROTECTIVE DEVICE CREDIT - (ML-216-NCIC)		CREDIT	
Central station burglary and/or fire alarm systems		10%	
Fire and/or police department alarm systems		5%	
Local fire alarm systems		2%	
Low Temperature Alarm		3%	
Sprinkler systems		3%	
<b>5-ao</b> REDUCED AMOUNT (COV. C)		\$1 credit per \$1,000	

SECTION I	AMOUNT OF INSURANCE	RATE PER AMOUNT	MAXIMUM ADD'L AMOUNT
<b>5-ap</b>	REFRIGERATED FOOD PRODUCTS (ML-305A)	First \$500 Each Add'l \$500	Included 4
<b>5-aq</b>	REPLACEMENT VALUE - PERSONAL PROPERTY - (ML-55)		
	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	Increase basic policy premium by 20%. Min. add'l. charge - \$10	
<b>5-as</b>	RESIDENCE SPECIAL LOSS SETTLEMENT ENDORSEMENT - (ML-24) Eligibility - Forms ML-2, ML-3 & ML-5 only R/C estimator, other valuation, appraisal or outside inspection Coverage A minimum 100% of R/C	\$5 per policy	
<b>5-at</b>	RESIDENCE SPECIAL LOSS (LIMITED FORM) SETTLEMENT ENDORSEMENT (ML-24A) - Eligibility - Forms ML-2, ML-3 & ML-5 only R/C estimator, other valuation, appraisal or outside inspection, Coverage A minimum 100% of R/C		\$3 per policy
<b>5-av</b>	SEASONAL/SECONDARY HOMEOWNERS END. – (ML-416NCIC)–	-10% of base premium	

SECTION I	AMOUNT OF INSURANCE	RATE PER AMOUNT	MAXIMUM ADD'L AMOUNT
<b>5-az</b>	TOWN HOUSES AND ROW HOUSE SURCHARGE -		
	1-2 Family	0%	
	3-4 Family	10%	
	5-8 Family	25%	
<b>5-ba</b>	UNDERGROUND UTILITY LINE – (ML-342)	\$25	

**PREMIUM SECTION  
OPTIONAL COVERAGES  
ANNUAL PREMIUMS  
LIABILITY COVERAGE**

SECTION II	LIMIT*	(1)	(2)	(3)	(4)	(5)	MED PAYMENTS (ADD FOR EACH ADD'L \$500)		
							(6)	(7)	
Rule No.									
<b>6-a</b>	DESCRIBED RESIDENCE PREMISES -- (ML-9)								
	Zones 1 & 2								
	1 or 2 Family	--	8	12	19	25	38	75	3
	3 Family	39	46	51	60	68	76	86	4
	4 Family	43	51	56	66	75	84	130	4
	Zones 3 - 10								
	1 or 2 Family	--	18	25	32	40	55	95	3
	3 Family	81	96	106	124	142	158	179	4
	4 Family	90	106	117	136	156	175	271	4
<b>6-b</b>	ADDITIONAL RESIDENCE PREMISES								
<b>6-b-1</b>	OCCUPIED BY THE INSURED	10	12	14	16	18	22	40	1
<b>6-b-2</b>	RENTED TO OTHERS - (ML-70 or ML-70A)								
	1 family	16	19	22	26	29	35	64	1
	2 family	24	29	34	38	43	53	96	1
	3 family	30	36	43	48	54	65	126	1
	4 family	40	47	57	63	72	87	169	1

\* LIABILITY/MED PAYMENTS

(1)	25,000/500
(2)	50,000/500
(3)	100,000/500
(4)	200,000/500
(5)	300,000/500
(6)	500,000/500
(7)	1,000,000/500

SECTION II	LIMIT*	MED PAYMENTS (ADD FOR EACH ADD'L \$500)							
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	
<b>6-d</b>	ADDITIONAL HOUSEHOLD MEMBERS COVERAGE (ML-23)								
	Zones 1 & 2	15	17	19	21	23	27	45	--
	Zones 3 -10	18	20	23	25	28	32	54	--
<b>6-f</b>	ASSISTED LIVING CARE FACILITY RESIDENT COVERAGE (ML-29)								
	Charge per person	20	24	28	32	36	44	80	--
<b>6-g</b>	BED & BREAKFAST – (ML-326) Does not include Medical Payments.	50	64	75	85	95	110	130	--
<b>6-h</b>	BUSINESS PURSUITS - (ML-71)								
<b>6-h-1</b>		3	4	4	5	5	7	12	1
<b>6-h-2</b>		3	4	4	5	5	7	12	1
<b>6-h-3</b>		5	6	7	8	9	11	20	1
<b>6-h-4</b>		9	11	13	14	16	20	36	1
<b>6-h-5</b>		4	5	6	6	7	9	16	1
<b>6-i</b>	CREDIT FOR ELIMINATION OF SECTION II								CREDIT \$27
<b>6-i1</b>	EXCLUSION OF CANINE RELATED INJURIES OR DAMAGES (ML-373)								\$1.00 credit per policy

\* LIABILITY/MED PAYMENTS

(1)	25,000/500
(2)	50,000/500
(3)	100,000/500
(4)	200,000/500
(5)	300,000/500
(6)	500,000/500
(7)	1,000,000/500

		MED PAYMENTS (ADD FOR EACH ADD'L \$500)							
SECTION II	LIMIT*	(1)	(2)	(3)	(4)	(5)	(6)	(7)	
<b>6-j</b>	FARMERS COMPREHENSIVE PERSONAL LIABILITY - (ML-10(F))								
<b>6-j-1</b>	INITIAL FARM EXPOSURE								
	1 - 160 acres	40	48	56	64	72	88	160	3
	161 - 500 acres	61	73	85	98	110	134	244	3
	over 500 acres	90	108	126	144	162	198	360	3
<b>6-k</b>	GOLF CART LIABILITY (ML-82)								
									\$5 per golf cart
<b>6-l</b>	LEAD EXCLUSION - (ML-59)								
									Credit \$5 per location
<b>6-m</b>	OFFICE PROFESSIONAL, PRIVATE SCHOOL OR STUDIO OCCUPANCY								
<b>6-m-1</b>	On Premises - (ML-42)	18	22	25	29	32	40	72	3
<b>6-m-2</b>	Instruction Only - (ML-42)	10	12	14	16	18	22	40	1
<b>6-m-3</b>	Off Premises - (ML-43)	18	22	25	29	32	40	72	1

\* LIABILITY/MED PAYMENTS

(1)	25,000/500
(2)	50,000/500
(3)	100,000/500
(4)	200,000/500
(5)	300,000/500
(6)	500,000/500
(7)	1,000,000/500

SECTION II	LIMIT*	MED PAYMENTS (ADD FOR EACH ADD'L \$500)							
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	
<b>6-0</b>	<b>OUTBOARD MOTORS AND WATERCRAFT - (ML-75)</b>								
	EACH OUTBOARD MOTOR OVER 50 HP	13	16	18	21	23	29	52	2
	INBOARD OR INBOARD- OUTBOARD MOTORBOATS AND SAILBOATS								
	Under 16 MPH								
	Less than 26 ft	21	25	29	34	38	46	84	2
	26 to 40 ft	51	61	71	82	92	112	204	4
	16 - 30 MPH								
	Less than 26 ft	43	52	60	69	77	95	172	3
	26 to 40 ft	76	91	106	122	137	167	304	5
	Over 30 MPH								
	Less than 26 ft	91	109	127	146	164	200	364	7
	26 to 40 ft	132	158	185	211	238	290	528	11
	SAILBOATS – No Auxiliary Power								
	26 to 40 ft	43	52	60	69	77	95	172	3

\* LIABILITY/MED PAYMENTS

(1)	25,000/500
(2)	50,000/500
(3)	100,000/500
(4)	200,000/500
(5)	300,000/500
(6)	500,000/500
(7)	1,000,000/500

SECTION II	LIMIT*	(1)	(2)	(3)	(4)	(5)	MED PAYMENTS (ADD FOR EACH ADD'L \$500)		
							(6)	(7)	
<b>6-p</b>	PERSONAL INJURY - (ML-46) Does not include medical payments.	11	13	15	18	20	24	44	--
<b>6-q</b>	PRIVATE STRUCTURES - RENTED TO OTHERS (WHEN ML-40 INCLUDED)								
	1 family	16	19	22	26	29	35	64	1
	2 family	24	29	34	38	43	53	96	1
<b>6-r</b>	TRAMPOLINE EXCLUSION (ML-52 or ML-52A)								
									\$2 credit per location
<b>6-s</b>	WATERBED LIABILITY - (ML-209)	13	16	18	21	23	29	52	1

\* LIABILITY/MED PAYMENTS

(1)	25,000/500
(2)	50,000/500
(3)	100,000/500
(4)	200,000/500
(5)	300,000/500
(6)	500,000/500
(7)	1,000,000/500