

SERFF Tracking Number: QBEC-127637018 State: Rhode Island
Filing Company: Praetorian Insurance Company State Tracking Number:
Company Tracking Number: 11-294-007-HO-RI
TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners
Product Name: Tenants
Project Name/Number: Initial Filing - Tenants/11-294-007-HO-RI

Filing at a Glance

Company: Praetorian Insurance Company

Product Name: Tenants

TOI: 04.0 Homeowners

Sub-TOI: 04.0004 Tenant Homeowners

Filing Type: Form/Rate/Rule

SERFF Tr Num: QBEC-127637018 State: Rhode Island

SERFF Status: Closed-(02)

Approved

Co Tr Num: 11-294-007-HO-RI

Authors: Dennean Robinson,
Virginia Putzu

Date Submitted: 10/07/2011

State Tr Num:

State Status: (08) Closed -

Approved With Review

Reviewer(s): Candy Casala, CIC,
Debra Stein, Ronald Make,
Augustine Park

Disposition Date: 03/01/2012

Disposition Status: (02) Approved

Effective Date Requested (New): 12/15/2011

Effective Date Requested (Renewal): 12/15/2011

Effective Date (New):

Effective Date (Renewal):

General Information

Project Name: Initial Filing - Tenants

Project Number: 11-294-007-HO-RI

Reference Organization: ISO

Reference Title:

Filing Status Changed: 03/01/2012

State Status Changed: 03/01/2012

Created By: Dennean Robinson

Corresponding Filing Tracking Number:

Filing Description:

We hereby file our initial Rate/Rule and Form filing for our new Tenant Program being introduced into Praetorian Insurance Company ("Praetorian"). Praetorian currently has no tenants insured in Rhode Island, thus this new program will have no impact on current insureds. Praetorian will market this program through relationships with Multi-Dwelling Units and Financial Institutions. With the introduction of this program, Praetorian intends to compete with insurers that specialize in tenants insurance and use similar marketing strategies; therefore, Praetorian is adopting a program that is primarily based on those used by a leading tenant insurer in this space, American Modern Insurance Company. To a lesser extent, we also relied on Markel American Insurance Company.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: most current

Advisory Org. Circular:

Deemer Date:

Submitted By: Dennean Robinson

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State Narrative:

Company and Contact

Filing Contact Information

Dennean Robinson, Compliance Analyst DRobinson@QBEUSA.com
 88 Pine Street 212-894-7728 [Phone]
 Wall Street Plaza 212-894-7821 [FAX]
 New York, NY 10005

Filing Company Information

Praetorian Insurance Company CoCode: 37257 State of Domicile: Pennsylvania
 88 Pine Street - 16th Floor Group Code: 796 Company Type:
 New York, NY 10005 Group Name: QBE Insurance State ID Number:
 Group
 (212) 422-9888 ext. [Phone] FEIN Number: 36-3030511

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation:
 Per Company: Yes

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Praetorian Insurance Company	\$25.00	10/07/2011	52603260

State Specific

This is a rate filing and I have completed the Rate Data fields on the Rate/Rule Schedule (Yes/No).: Yes

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
(02) Approved	Candy Casala, CIC	03/01/2012	03/01/2012

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Disposition

Disposition Date: 03/01/2012
 Effective Date (New):
 Effective Date (Renewal):
 Status: (02) Approved
 Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Praetorian Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Actuarial Support- RI Rate Procedural Informational Summary Form		Yes
Supporting Document	Actuarial Support- RI Rate Procedural Informational Summary Form		Yes
Supporting Document	Filing Memorandum		Yes
Form	Policy Jacket		Yes
Form	Declarations Page		Yes
Form	Rhode Island Tenants – Mandatory Endorsement		Yes
Form	Rhode Island Renters – Additional Interest Endorsement		Yes
Form	Rhode Island Tenants – Plus Package Endorsement		Yes
Form	Rhode Island Tenants – Pet Damage Endorsement		Yes
Form	Rhode Island Tenants – Animal Liability Limitation Endorsement		Yes
Rate (revised)	Praetorian Tenants Manual		Yes
Rate	Praetorian Tenants Manual		Yes
Rate	Praetorian Tenants Manual		Yes

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Form Schedule

Schedule Item Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
	Policy Jacket	HO-POLJKT-PR-T	0411	Other	New		0.000	HO-POLJKT-PR-T 0411 - Policy Jacket.pdf
	Declarations Page	HO9098	(999)	Declaration	News/Schedule		0.000	HO9098 (999) - Policy Declarations.pdf
	Rhode Island Tenants – Mandatory Endorsement	RI-HO4 1	0511	Endorsement	New Amendment/Conditions		0.000	RI-HO4 1 0511 - RI Tenants - Mandatory Endt.pdf
	Rhode Island Renters – Additional Interest Endorsement	RI-HO4 2	1209	Endorsement	New Amendment/Conditions		0.000	RI-HO4 2 1209 - RI Renters - Addl Interest Endt.pdf
	Rhode Island Tenants – Plus Package Endorsement	RI-HO4 4	0511	Endorsement	New Amendment/Conditions		0.000	RI-HO4 4 0511 - RI Tenants - Plus Package Endt.pdf
	Rhode Island Tenants – Pet Damage Endorsement	RI-HO4 5	1209	Endorsement	New Amendment/Conditions		0.000	RI-HO4 5 1209 - RI Tenants - Pet Damage Endt.pdf
	Rhode Island	RI-HO4 6	1209	Endorsement	New		0.000	RI-HO4 6

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Tenants – Animal	nt/Amendm	1209 - RI
Liability Limitation	ent/Condi	Tenants -
Endorsement	ons	Animal Liab
		Limitation
		Endt.pdf

Insured Name
Mailing Address
City, State Zip

Tenant Policy

Praetorian Insurance Company
Member of the QBE Insurance Group
A Stock Company

This policy is signed at New York, New York on behalf of Praetorian Insurance Company by our President and Secretary. It is countersigned on the declarations page by our authorized representative in those jurisdictions where countersignature is required.



Robert D. Byler
President



Peter T. Maloney
Secretary

Praetorian Insurance Company

Member of the QBE Insurance Group
A Stock Company

To report a claim, please contact our Claim Department at [*claim phone #*] or, you may report a new claim using our website www.qbefirst.com

For reference your policy number is
PRH423456-1



Praetorian Insurance Company
Member of the QBE Insurance Group
Wall Street Plaza
88 Pine Street
New York, NY 10005

For all inquiries, coverage information and complaint assistance, please contact your agent or call:

Agency
Address
Phone

Praetorian Insurance Company
A Stock Company

Payment Center:
P.O. Box 673397
Marietta, GA 30006

POLICY NUMBER

EFFECTIVE: _____ **DECLARATIONS**

EXPIRATION:

NAMED INSURED AND PROPERTY ADDRESS

MAIL TO:

YOUR AGENT IS: _____ /

INSURANCE IS TO BE PROVIDED ONLY WITH RESPECT TO THE LOCATION(S) AND/OR COVERAGE(S) FOR WHICH A LIMIT OF LIABILITY IS SPECIFIED, SUBJECT TO ALL OF THE CONDITIONS OF THIS POLICY:

SECTION I COVERAGES	LIMIT	PREMIUM	SECTION II COVERAGES	LIMIT	PREMIUM
A - Dwelling			E - Personal Liability		
B - Separate Structures			F - Medical Payments :		
C - Personal Property			Each Person		
D - Loss of Use					
(Section I Coverages A,B&C are subject to a			Deductible)		

OTHER COVERAGES AND ENDORSEMENTS

Number	Edition	Title	LIMIT	PREMIUM
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TOTAL POLICY PREMIUM

FIRST MORTGAGEE

SECOND MORTGAGEE

ADDITIONAL MESSAGE(S) :

COUNTERSIGNED: _____

DATE PRINTED:

HO9098 (999)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RHODE ISLAND TENANTS – MANDATORY ENDORSEMENT

2. a. Limit For Property At Other Locations under **SECTION 1 – PROPERTY COVERAGES, A. Coverage C – Personal Property** is replaced by the following:

2. Limit For Property At Other Locations

a. Other Residences

Our limit of liability for personal property usually located at an “insured’s” residence, other than the “residence Premises”, is 10% of the limit of liability for Coverage **C**, or \$2,000, whichever is greater. However, this limitation does not apply to personal property:

- (1) Moved from the “residence premises” because it is being repaired, renovated or rebuilt and is not fit to live in or store property in; or
- (2) In a newly acquired principal residence for 30 days from the time you begin to move the property there.

3. Special Limits of Liability under **SECTION 1 – PROPERTY COVERAGES, A. Coverage C - Personal Property** is replaced by the following:

3. Special Limits of Liability

The special limit for each category shown below is the total limit for each loss for all property in that category. These special limits do not increase the Coverage **C** limit of liability, unless specifically noted in the description.

- a. \$200 on money, bank notes, bullion, gold other than goldware, silver other than silverware, platinum other than platinumware, coins, medals, scrip, stored value cards and smart cards.
- b. \$1,500 on securities, accounts, deeds, evidences of debt, letters of credit, notes other than bank notes, manuscripts,

personal records, passports, tickets, and stamps. This dollar limit applies to these categories regardless of the medium (such as paper or computer software) on which the material exists.

This limit includes the cost to research, replace or restore the information from the lost or damaged material.

- c. \$1,500 on watercraft of all types, including their trailers, furnishings, equipment and outboard engines or motors.
- d. \$1,500 on trailers or semitrailers not used with watercraft of all types.
- e. \$1,500 for loss by theft of jewelry, watches, furs, precious and semiprecious stones.
- f. \$2,500 for loss by theft of firearms and related equipment.
- g. \$2,500 for loss by theft of silverware, silverplated ware, goldware, gold-plated ware, platinumware, platinum-plated ware and pewterware. This includes flatware, hollowware, tea sets, trays and trophies made of or including silver, gold or pewter.
- h. \$2,500 on property, on the “residence premises”, used primarily for “business” purposes.
- i. \$500 on property, away from the “residence premises”, used primarily for “business” purposes. However, this limit does not apply to loss to electronic apparatus and other property described in Categories **j.** and **k.** below.
- j. \$1,500 on electronic apparatus and accessories, while in or upon a “motor vehicle”, but only if the apparatus is equipped to be operated by power from

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

the “motor vehicle’s” electrical system while still capable of being operated by other power sources.

Accessories include antennas, tapes, wires, records, discs or other media that can be used with any apparatus described in this Category **j**.

- k.** \$1,500 on electronic apparatus and accessories used primarily for “business” while away from the “residence premises” and not in or upon a “motor vehicle”. The apparatus must be equipped to be operated by power from the “motor vehicle’s” electrical system while still capable of being operated by other power sources.

Accessories include antennas, tapes, wires, records, discs or other media that can be used with any apparatus described in this Category **k**.

- i.** \$1,000 or 10% of Coverage C, whichever is greater for loss from items in a “motor vehicle”, excluding those items that would be covered in Categories **j** and **k** above.

B. Coverage D – Loss of Use under **SECTION I – PROPERTY COVERAGES** is replaced by the following:

B. Coverage D – Loss of Use

The limit of liability for Coverage **D** is the total limit for the coverages in **1. Additional Living Expense**, **2. Fair Rental Value** and **3. Civil Authority Prohibits Use** below. In total the limit of liability under Coverage **D** is limited to 20% of Coverage **C** or \$2,000, whichever is greater.

1. Additional Living Expense

If a loss by a Peril Insured Against under this policy to covered property or the building containing the property makes the “residence premises” not fit to live in, we cover any necessary increase in living expenses incurred by you so that your household can maintain its normal standard of living.

Payment will be for the shortest time required to repair or replace the damage or, if you permanently relocate, the shortest time required for your household to settle elsewhere.

2. Fair Rental Value

If a loss covered under Section **I** makes that part of the “residence premises” rented to others or held for rental by you not fit to live in, we cover the fair rental value of such premises less any expenses that do not continue while it is not fit to live in.

Payment will be for the shortest time required to repair or replace such premises.

3. Civil Authority Prohibits Use

If a civil authority prohibits you from use of the “residence premises” as a result of direct damage to neighboring premises by a Peril Insured Against, we cover the loss as provided in **1. Additional Living Expense** and **2. Fair Rental Value** above for no more than two weeks.

4. Loss Or Expense Not Covered

We do not cover loss or expense due to cancellation of a lease or agreement.

The periods of time under **1. Additional Living Expense**, **2. Fair Rental Value** and **3. Civil Authority Prohibits Use** above are not limited by expiration of this policy.

9. Theft under **SECTION I – PERILS INSURED AGAINST** is replaced by the following:

9. Theft

- a.** This peril includes attempted theft and loss of property from a known place when it is likely that the property has been stolen, provided that a police report has been filed by the “insured”.
- b.** This peril does not include loss caused by theft:
 - (1)** Committed by an “insured”;
 - (2)** In or to a dwelling under construction, or of materials and supplies for use in the

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

construction until the dwelling is finished and occupied;

- (3) From that part of a "residence premises" rented by an "insured" to someone other than another "insured"; or
- (4) That occurs off the "residence premises" of:
 - (a) Trailers, semitrailers and campers;
 - (b) Watercraft of all types, and their furnishings, equipment and outboard engines or motors; or
 - (c) Property while at any other residence owned by, rented to, or occupied by an "insured", except while an "insured" is temporarily living there. Property of an "insured" who is a student is covered while at the residence the student occupies to attend school as long as the student has been there at any time during the 60 days immediately before the loss.

The following is added under **SECTION I - CONDITIONS:**

S. Coverage C – Annual Changes

We have the right to increase the Coverage C amount of insurance at renewal based on changes in the Consumer Price Index (CPI). When we elect to make such changes the increase in the Coverage C amount of insurance will be proportional to the annual change in the CPI from the prior renewal period, or when the policy was originally written. The Coverage C amount of insurance will be rounded to the nearest \$100 of coverage.

The following restriction (f.) is added under **SECTION II – ADDITIONAL COVERAGES:**

C. Damage To Property Of Others

- 2. We will not pay for "property damage":
 - f. in the residence premises caused by a pet or animal owned by you or intended to be in the care, custody or control of you, an "insured", a tenant of an "insured", or a resident of your household.

THIS ENDORSEMENT DOES **NOT** CONSTITUTE A REDUCTION OF COVERAGE

RHODE ISLAND RENTERS – ADDITIONAL INTEREST ENDORSEMENT

The following is added under SECTIONS I and II – CONDITIONS:

C. Cancellation

5. If the policy has been in effect at least 60 days and is cancelled by us or by you, the manager or designee of the Multi-Dwelling Unit (MDU) as identified below will be notified at the address, phone or email address listed below:

Name of MDU Manager or Designee		
Last Name	First Name	
Address		
Street	Suite/Apt.	
City	State	Zip Code
Telephone Number		
Email Address		

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RHODE ISLAND TENANTS – PLUS PACKAGE ENDORSEMENT

In consideration of additional premium charged and paid, the following replaces the RI-HO4-1 Rhode Island Tenants – Mandatory Endorsement.

2. a. Limit For Property At Other Locations under **SECTION I – PROPERTY COVERAGES, A. Coverage C – Personal Property** is replaced by the following:

2. Limit For Property At Other Locations

a. Other Residences

Our limit of liability for personal property usually located at an “insured’s” residence, other than the “residence Premises”, is 20% of the limit of liability for Coverage **C**, or \$5,000, whichever is greater. However, this limitation does not apply to personal property:

- (1) Moved from the “residence premises” because it is being repaired, renovated or rebuilt and is not fit to live in or store property in; or
- (2) In a newly acquired principal residence for 30 days from the time you begin to move the property there.

3. Special Limits of Liability under **SECTION I – PROPERTY COVERAGES, A. Coverage C - Personal Property** is replaced by the following:

3. Special Limits of Liability

The special limit for each category shown below is the total limit for each loss for all property in that category. These special limits do not increase the Coverage **C** limit of liability, unless specifically noted in the description.

- a. \$300 on money, bank notes, bullion, gold other than goldware, silver other than silverware, platinum other than platinumware, coins, medals, scrip, stored value cards and smart cards.

- b. \$1,500 on securities, accounts, deeds, evidences of debt, letters of credit, notes other than bank notes, manuscripts, personal records, passports, tickets, and stamps. This dollar limit applies to these categories regardless of the medium (such as paper or computer software) on which the material exists.

This limit includes the cost to research, replace or restore the information from the lost or damaged material.

- c. \$1,500 on watercraft or aircraft of all types, including their trailers, furnishings, equipment and outboard engines or motors.
- d. \$1,500 on trailers or semitrailers not used with watercraft of all types.
- e. \$2,500 for loss by theft of jewelry, watches, furs, precious and semiprecious stones.
- f. \$5,000 for loss by theft of firearms and related equipment.
- g. \$3,000 for loss by theft of silverware, silverplated ware, goldware, gold-plated ware, platinumware, platinum-plated ware and pewterware. This includes flatware, hollowware, tea sets, trays and trophies made of or including silver, gold or pewter.
- h. \$7,500 on property, on the “residence premises”, used primarily for “business” purposes.
- i. \$750 on property, away from the “residence premises”, used primarily for “business” purposes. However, this limit does not apply to loss to electronic apparatus and other property described in Categories **j.** and **k.** below.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

- j. \$1,500 on electronic apparatus and accessories, while in or upon a "motor vehicle", but only if the apparatus is equipped to be operated by power from the "motor vehicle's" electrical system while still capable of being operated by other power sources.

Accessories include antennas, tapes, wires, records, discs or other media that can be used with any apparatus described in this Category j.

- k. \$1,500 on electronic apparatus and accessories used primarily for "business" while away from the "residence premises" and not in or upon a "motor vehicle". The apparatus must be equipped to be operated by power from the "motor vehicle's" electrical system while still capable of being operated by other power sources.

Accessories include antennas, tapes, wires, records, discs or other media that can be used with any apparatus described in this Category k.

- l. \$5,000 or 10% of Coverage C, whichever is greater for loss from items in a "motor vehicle", excluding those items that would be covered in Categories j. and k. above.

B. Coverage D – Loss of Use under **SECTION I – PROPERTY COVERAGES** is replaced by the following:

B. Coverage D – Loss of Use

The limit of liability for Coverage **D** is the total limit for the coverages in **1. Additional Living Expense**, **2. Fair Rental Value** and **3. Civil Authority Prohibits Use** below. In total the limit of liability under Coverage **D** is limited to 20% of Coverage **C** or \$2,000, whichever is greater.

1. Additional Living Expense

If a loss by a Peril Insured Against under this policy to covered property or the building containing the property makes the "residence premises" not fit to live in, we cover any necessary increase in living expenses incurred by you so that your household can maintain its normal standard of living.

Payment will be for the shortest time required to repair or replace the damage or, if you permanently relocate, the shortest time required for your household to settle elsewhere.

2. Fair Rental Value

If a loss covered under Section **I** makes that part of the "residence premises" rented to others or held for rental by you not fit to live in, we cover the fair rental value of such premises less any expenses that do not continue while it is not fit to live in.

Payment will be for the shortest time required to repair or replace such premises.

3. Civil Authority Prohibits Use

If a civil authority prohibits you from use of the "residence premises" as a result of direct damage to neighboring premises by a Peril Insured Against, we cover the loss as provided in **1. Additional Living Expense** and **2. Fair Rental Value** above for no more than two weeks.

4. Loss Or Expense Not Covered

We do not cover loss or expense due to cancellation of a lease or agreement.

The periods of time under **1. Additional Living Expense**, **2. Fair Rental Value** and **3. Civil Authority Prohibits Use** above are not limited by expiration of this policy.

9. Theft under **SECTION I – PERILS INSURED AGAINST** is replaced by the following:

9. Theft

- a. This peril includes attempted theft and loss of property from a know place when it is likely that the property has been stolen,

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

provided that a police report has been filed by the "insured".

- b.** This peril does not include loss caused by theft:

- (1)** Committed by an "insured";
- (2)** In or to a dwelling under construction, or of materials and supplies for use in the construction until the dwelling is finished and occupied;
- (3)** From that part of a "residence premises" rented by an "insured" to someone other than another "insured"; or
- (4)** That occurs off the "residence premises" of:
 - (a)** Trailers, semitrailers and campers;
 - (b)** Watercraft of all types, and their furnishings, equipment and outboard engines or motors; or
 - (c)** Property while at any other residence owned by, rented to, or occupied by an "insured", except while an "insured" who is a student is covered while at the residence the student occupies to attend school as long as the student has been there at any time during the 60 days immediately before the loss.

The following is added under **SECTION I - CONDITIONS**:

S. Coverage C – Annual Changes

We have the right to increase the Coverage C amount of insurance at renewal based on changes in the Consumer Price Index (CPI). When we elect to make such changes the increase in the Coverage C amount of insurance will be proportional to the annual change in the CPI from the prior renewal period, or when the policy was originally written. The Coverage C amount of insurance will be rounded to the nearest \$100 of coverage.

The following restriction (f.) is added under **SECTION II – ADDITIONAL COVERAGES**:

C. Damage To Property Of Others

- 2.** We will not pay for "property damage":
 - f.** in the residence premises caused by a pet or animal owned by you or intended to be in the care, custody or control of you, an "insured", a tenant of an "insured", or a resident of your household.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RHODE ISLAND TENANTS – PET DAMAGE ENDORSEMENT

In consideration of additional premium charged and paid, the following is added under **SECTION II – ADDITIONAL COVERAGES**

C. Damage To Property Of Others

3. Landlord's Property

We will pay up to \$500 per occurrence for damage to property of the landlord (real and personal) in the residence premises if such damage is caused by an insured and results from:

Pet damage (limited to \$500 in coverage in excess of any applicable security deposit or special pet deposit that is a part of the lease/rental agreement).

THIS ENDORSEMENT LIMITS THE POLICY. PLEASE READ IT CAREFULLY.

RHODE ISLAND TENANTS – ANIMAL LIABILITY LIMITATION ENDORSEMENT

Section II - Liability Coverages, **A. COVERAGE E - Personal Liability** is deleted and replaced by:

A. COVERAGE E - Personal Liability

If a claim is made or a suit is brought against an "insured" for damages because of "bodily injury" or "property damage" caused by an "occurrence" to which this coverage applies, we will:

1. Pay up to our limit of liability for the damages for which the "insured" is legally liable, **except that \$10,000, per occurrence, is the most we will pay for damages in connection with animal liability claim when the animal involved was, at time of loss, either owned by you or intended to be in your custody, care or control.**
2. Provide a defense at our expense by counsel of our choice, even if the suit is groundless, false or fraudulent. We may investigate and settle any claim or suit that we decide is appropriate. Our duty to defend ends when the amount we pay for damages resulting from the "occurrence" equals our limit of liability.

All other provisions of this policy apply.

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State: Rhode Island
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Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing: Since this is the initial filing for this program, not applicable.

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Praetorian Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Status:		#:		Number:
	Praetorian Tenants Manual	Pages 1 through 18	New	Base Tenant Rules Manual_RI v3.pdf

**PRAETORIAN
INSURANCE COMPANY**

Rhode Island

TENANTS PROGRAM

STATE MANUAL

STATE MANUAL

100. INTRODUCTION**A. Manual Structure**

This manual contains:

1. A description of the Praetorian Insurance Company (herein referred to as Company) Tenants Program, including Program minimums and maximums for Section I – Property Coverages and Section II – Liability Coverages,
2. Eligibility Guidelines, and
3. Rates and Rules.

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101. LIMITS OF LIABILITY AND COVERAGE RELATIONSHIPS

- A. The standard coverages required under the HO 00 04 Contents Broad Form policy are as follows:

Section I – Property Coverages

<u>Coverage</u>	<u>Minimum</u>
C – Personal Property	\$10,000

<u>Coverage</u>	<u>Standard Amount</u>
D – Loss of Use	20% of Coverage C or \$2,000, whichever is greater

Section II – Liability Coverages

<u>Coverage</u>	<u>Standard Amount</u>
E – Personal Liability	\$100,000 per occurrence
F – Medical Payments	\$500 per person

Liability Coverages	\$50,000, \$100,000, \$300,000
Medical Payment Options	\$500, \$1,000, \$2,000
Base Deductible	\$500 Theft, \$250 All Other Perils, \$1,000 Wind/Hail
All-Perils Deductibles	\$500, \$1,000

- B. Increased limits available

The limit of liability for Coverage D of Section I and E or F of Section II may be increased.

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104. ELIGIBILITY**A. Companion Discount Eligibility (not available in Rhode Island)**

An individual policyholder will be eligible for a Companion Discount if they have purchased a bond from Praetorian Insurance Company to cover the amount of their deposit on their rental unit contract.

B. Affinity Discount Eligibility

An individual policyholder will be eligible for an Affinity Discount if they have purchased their insurance through a partnered financial institution's insurance agency. A list of the approved partnered financial institutions is kept by program manager.

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E. Tiering Eligibility Guidelines

Units on Site	Age of Facility*	Gated Community	Professionally Managed	Tier No.
0 – 39	0 – 10	Yes	None	A1
0 – 39	0 – 10	Yes	0 – 2	A2
0 – 39	0 – 10	Yes	3 – 5	A3
0 – 39	0 – 10	Yes	5+	A4
0 – 39	0 – 10	No	None	A5
0 – 39	0 – 10	No	0 – 2	A6
0 – 39	0 – 10	No	3 – 5	A7
0 – 39	0 – 10	No	5+	A8
0 – 39	11 – 20	Yes	None	A9
0 – 39	11 – 20	Yes	0 – 2	A10
0 – 39	11 – 20	Yes	3 – 5	A11
0 – 39	11 – 20	Yes	5+	A12
0 – 39	11 – 20	No	None	A13
0 – 39	11 – 20	No	0 – 2	A14
0 – 39	11 – 20	No	3 – 5	A15
0 – 39	11 – 20	No	5+	A16
0 – 39	21 – 30	Yes	None	A17
0 – 39	21 – 30	Yes	0 – 2	A18
0 – 39	21 – 30	Yes	3 – 5	A19
0 – 39	21 – 30	Yes	5+	A20
0 – 39	21 – 30	No	None	A21
0 – 39	21 – 30	No	0 – 2	A22
0 – 39	21 – 30	No	3 – 5	A23
0 – 39	21 – 30	No	5+	A24
0 – 39	31+	Yes	None	A25
0 – 39	31+	Yes	0 – 2	A26
0 – 39	31+	Yes	3 – 5	A27
0 – 39	31+	Yes	5+	A28
0 – 39	31+	No	None	A29
0 – 39	31+	No	0 – 2	A30
0 – 39	31+	No	3 – 5	A31
0 – 39	31+	No	5+	A32
40 – 59	0 – 10	Yes	None	B1
40 – 59	0 – 10	Yes	0 – 2	B2
40 – 59	0 – 10	Yes	3 – 5	B3
40 – 59	0 – 10	Yes	5+	B4
40 – 59	0 – 10	No	None	B5
40 – 59	0 – 10	No	0 – 2	B6
40 – 59	0 – 10	No	3 – 5	B7
40 – 59	0 – 10	No	5+	B8
40 – 59	11 – 20	Yes	None	B9
40 – 59	11 – 20	Yes	0 – 2	B10
40 – 59	11 – 20	Yes	3 – 5	B11
40 – 59	11 – 20	Yes	5+	B12
40 – 59	11 – 20	No	None	B13
40 – 59	11 – 20	No	0 – 2	B14
40 – 59	11 – 20	No	3 – 5	B15
40 – 59	11 – 20	No	5+	B16
40 – 59	21 – 30	Yes	None	B17
40 – 59	21 – 30	Yes	0 – 2	B18
40 – 59	21 – 30	Yes	3 – 5	B19
40 – 59	21 – 30	Yes	5+	B20

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Units on Site	Age of Facility*	Gated Community	Professionally Managed	Tier No.
40 – 59	21 – 30	No	None	B21
40 – 59	21 – 30	No	0 – 2	B22
40 – 59	21 – 30	No	3 – 5	B23
40 – 59	21 – 30	No	5+	B24
40 – 59	31+	Yes	None	B25
40 – 59	31+	Yes	0 – 2	B26
40 – 59	31+	Yes	3 – 5	B27
40 – 59	31+	Yes	5+	B28
40 – 59	31+	No	None	B29
40 – 59	31+	No	0 – 2	B30
40 – 59	31+	No	3 – 5	B31
40 – 59	31+	No	5+	B32
60 – 100	0 – 10	Yes	None	C1
60 – 100	0 – 10	Yes	0 – 2	C2
60 – 100	0 – 10	Yes	3 – 5	C3
60 – 100	0 – 10	Yes	5+	C4
60 – 100	0 – 10	No	None	C5
60 – 100	0 – 10	No	0 – 2	C6
60 – 100	0 – 10	No	3 – 5	C7
60 – 100	0 – 10	No	5+	C8
60 – 100	11 – 20	Yes	None	C9
60 – 100	11 – 20	Yes	0 – 2	C10
60 – 100	11 – 20	Yes	3 – 5	C11
60 – 100	11 – 20	Yes	5+	C12
60 – 100	11 – 20	No	None	C13
60 – 100	11 – 20	No	0 – 2	C14
60 – 100	11 – 20	No	3 – 5	C15
60 – 100	11 – 20	No	5+	C16
60 – 100	21 – 30	Yes	None	C17
60 – 100	21 – 30	Yes	0 – 2	C18
60 – 100	21 – 30	Yes	3 – 5	C19
60 – 100	21 – 30	Yes	5+	C20
60 – 100	21 – 30	No	None	C21
60 – 100	21 – 30	No	0 – 2	C22
60 – 100	21 – 30	No	3 – 5	C23
60 – 100	21 – 30	No	5+	C24
60 – 100	31+	Yes	None	C25
60 – 100	31+	Yes	0 – 2	C26
60 – 100	31+	Yes	3 – 5	C27
60 – 100	31+	Yes	5+	C28
60 – 100	31+	No	None	C29
60 – 100	31+	No	0 – 2	C30
60 – 100	31+	No	3 – 5	C31
60 – 100	31+	No	5+	C32
101+	0 – 10	Yes	None	D1
101+	0 – 10	Yes	0 – 2	D2
101+	0 – 10	Yes	3 – 5	D3
101+	0 – 10	Yes	5+	D4
101+	0 – 10	No	None	D5
101+	0 – 10	No	0 – 2	D6
101+	0 – 10	No	3 – 5	D7
101+	0 – 10	No	5+	D8
101+	11 – 20	Yes	None	D9
101+	11 – 20	Yes	0 – 2	D10
101+	11 – 20	Yes	3 – 5	D11
101+	11 – 20	Yes	5+	D12

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Units on Site	Age of Facility*	Gated Community	Professionally Managed	Tier No.
101+	11 – 20	No	None	D13
101+	11 – 20	No	0 – 2	D14
101+	11 – 20	No	3 – 5	D15
101+	11 – 20	No	5+	D16
101+	21 – 30	Yes	None	D17
101+	21 – 30	Yes	0 – 2	D18
101+	21 – 30	Yes	3 – 5	D19
101+	21 – 30	Yes	5+	D20
101+	21 – 30	No	None	D21
101+	21 – 30	No	0 – 2	D22
101+	21 – 30	No	3 – 5	D23
101+	21 – 30	No	5+	D24
101+	31+	Yes	None	D25
101+	31+	Yes	0 – 2	D26
101+	31+	Yes	3 – 5	D27
101+	31+	Yes	5+	D28
101+	31+	No	None	D29
101+	31+	No	0 – 2	D30
101+	31+	No	3 – 5	D31
101+	31+	No	5+	D32

*Age is based on the oldest building of the complex, or the building that has gone the longest without renovation.

Professionally managed: None refers to no on-sight management/maintenance company. The tiering improves as a management company gains on-sight experience. 0-2 years; 3-5 years; 5+ years on-sight at the property.

At renewal no policy will be moved to a higher rated tier except per changes in the MDU characteristics per the table above. For example, a policy rated in tier D13 with a building age of 19 years would move to tier D21 on the third term because the buildings are now 21 years old. Should the MDU add security gates, the policy would benefit from the lower risks and be rated in tier D17 (for a 21 year old MDU complex).

Pre-approved MDU's will provide the appropriate information to distinguish the appropriate tier above. For those risks that are not part of a pre-approved MDU the agent will provide the information to assign the appropriate tier. If a agent does not provide an answer to the appropriate question for tiering, the following default information will be used.

<u>Criteria</u>	<u>Default Group</u>
Units on Site	40 – 59
Age of Facility	21 – 30
Gated Community	No
Professionally Managed	None

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TERRITORIAL RATING FACTOR

Use the individual territorial rating factor displayed on the territorial definition pages.

Renewal Coverage C amounts will be increased based on changes to the Consumer Price Index (CPI-U US City Average) as outlined in the policy form from the prior year's Coverage C amount, and rounded to the nearest \$100. \$50.00 and above will be rounded to the next highest amount, and anything less will be rounded to the next lowest amount.

For Coverage C amounts not shown above, use interpolation to calculate the appropriate factor, to three decimal places. As an example, the factor for a Coverage C amount of \$43,800 would be calculated as follows:

COVERAGE C FACTOR

The following factors are used for the selected Coverage C amount – new business limits are available only in \$1,000 increments:

Coverage C Amount	Factor
\$10,000	0.812
\$15,000	0.906
\$20,000	1.000
\$25,000	1.126
\$30,000	1.251
\$35,000	1.377
\$40,000	1.503
\$45,000	1.628
\$50,000	1.754
\$55,000	1.880
\$60,000	2.005
\$65,000	2.131
\$70,000	2.257
\$75,000	2.382
Each Add'l \$5,000	0.125

\$40,000 factor = 1.503
 \$45,000 factor = 1.628
 Difference in limits (1.628-1.503)= 0.125
 New limit - \$43,800:\$43,800-\$40,000 = \$3,800
 Percentage of new limit = \$3,800/\$5,000= 76%
 Percent of factor difference to be added to \$40,000 limit:
 76% x .125 = 0.095
 Factor for \$43,800 = 1.503 + 0.095 = 1.598

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CLAIM FACTOR (APPLIES TO RENEWALS AND BASE PREMIUM ONLY)

Consecutive Years	Basic Premium Factor				
	Number of Qualified Claims				
	0	1	2	3	4+
0 – 2	1.00	1.10	1.30	1.55	1.85
3 – 5	0.95	1.05	1.30	1.55	1.85
6 – 8	0.90	1.00	1.25	1.55	1.85
9+	0.90	0.90	1.10	1.45	1.85

This factor only applies to renewal premiums.

The number of claims is determined by the number of qualified paid claims the policyholder has had in the last 3 years while with Praetorian Insurance Company (ending 3 months prior to the current renewal effective date). A qualified claim is considered to be any non-catastrophe or non-weather related claim which results in a net paid loss during this 3-year period. Losses which only have payments under Medical Payments coverage are also NOT considered to be qualified claims.

The number of qualified Section I (Property Coverages) claims may be reduced or eliminated with the selection of a higher deductible. All claims that would not have applied if

this higher deductible had been in force at the time of the claim are removed from the total qualified claim count.

The number of qualified Section II (Liability) claims may be reduced or eliminated with the elimination of the coverage under which the claim was made or exposure which caused the claim.

COMPANION DISCOUNT

Not applicable in **Rhode Island** at this time.

AFFINITY DISCOUNT

Subtract the following rate, dependent upon whether the insured qualifies for the Affinity Discount:

Yes	\$5.00
No	\$0.00

PAY IN FULL DISCOUNT

If the insured pays the premium in full, apply the following factor to their premium.

Pay in Full factor	0.98
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BASE RATE

The Rhode Island state wide base rate is \$180.00 for risks entering the program through an approved Multi-Dwelling Unit , and \$289.00 for all others.

TIERING FACTOR

Tier No.	Factor	Tier No.	Factor
A1	1.15	C1	1.07
A2	1.05	C2	0.97
A3	0.99	C3	0.92
A4	0.94	C4	0.87
A5	1.21	C5	1.12
A6	1.10	C6	1.02
A7	1.05	C7	0.97
A8	0.99	C8	0.92
A9	1.16	C9	1.08
A10	1.06	C10	0.98
A11	1.00	C11	0.93
A12	0.95	C12	0.88
A13	1.22	C13	1.13
A14	1.11	C14	1.03
A15	1.06	C15	0.98
A16	1.00	C16	0.93
A17	1.18	C17	1.10
A18	1.08	C18	1.00
A19	1.02	C19	0.95
A20	0.97	C20	0.90
A21	1.25	C21	1.16
A22	1.13	C22	1.05
A23	1.08	C23	1.00
A24	1.02	C24	0.95
A25	1.26	C25	1.17
A26	1.15	C26	1.07
A27	1.09	C27	1.01
A28	1.03	C28	0.96
A29	1.33	C29	1.23
A30	1.21	C30	1.12
A31	1.15	C31	1.07
A32	1.09	C32	1.01

Tier No.	Factor	Tier No.	Factor
B1	1.08	D1	1.05
B2	0.98	D2	0.95
B3	0.93	D3	0.90
B4	0.88	D4	0.86
B5	1.13	D5	1.10
B6	1.03	D6	1.00
B7	0.98	D7	0.95
B8	0.93	D8	0.90
B9	1.09	D9	1.06
B10	0.99	D10	0.96
B11	0.94	D11	0.91
B12	0.89	D12	0.86
B13	1.14	D13	1.11
B14	1.04	D14	1.01
B15	0.99	D15	0.96
B16	0.94	D16	0.91
B17	1.11	D17	1.08
B18	1.01	D18	0.98
B19	0.96	D19	0.93
B20	0.91	D20	0.88
B21	1.17	D21	1.13
B22	1.06	D22	1.03
B23	1.01	D23	0.98
B24	0.95	D24	0.93
B25	1.18	D25	1.15
B26	1.08	D26	1.05
B27	1.02	D27	0.99
B28	0.97	D28	0.94
B29	1.25	D29	1.21
B30	1.13	D30	1.10
B31	1.08	D31	1.05
B32	1.02	D32	0.99

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DEDUCTIBLES

Apply the following factors, dependent upon the Coverage C amount and the appropriate deductible:

Deductible	Factor
Coverage C between \$0 and \$19,999	
\$250 All Other Perils/\$500 Theft	1.00
\$500 All Peril	0.95
\$1,000 All Peril	0.93
Coverage C between \$20,000 and \$49,999	
\$250 All Other Perils/\$500 Theft	1.00
\$500 All Peril	0.96
\$1,000 All Peril	0.94
Coverage C over \$50,000	
\$250 All Other Perils/\$500 Theft	1.00
\$500 All Peril	0.97
\$1,000 All Peril	0.95

EXPENSE CONSTANT

New Business.....\$25
Renewals.....\$25

MINIMUM PREMIUM

A minimum annual premium of \$125 per policy applies excluding any applicable EXPENSE CONSTANT, Assessments, and Surcharges. This applies to regular policies as well as Liability Only policies.

CANCELLATION OF POLICIES

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

WAIVER OF PREMIUM

Additional or return premium of less than \$6.00 will be waived.

PAYMENT PLAN

	Down Payment Required	Number of Remaining Installments	Installment Charge (per installment)**
Full Pay	100%	--	--
2 pay	50%	1	\$7
4 pay	25%	3	\$7
12 pay	15%	11	\$7

**Does not apply to EFTs or automatic credit card payments.

RATING METHOD (for full coverage policies)

1. Base Rate = _____
2. Territorial Rating Factor x _____
3. Coverage C Factor x _____
4. Claim Factor (renewals only) x _____
5. Companion Discount x N/A _____
6. Pay in Full Discount x _____
7. Tier Factor x _____
8. **Base Premium** = _____
(Dollar Rounded)
9. Deductible Factor x _____
10. **Adjusted Base Premium** = _____
(Dollar Rounded)
11. Affinity Discount - _____
12. **Total Base Premium** = _____
(Dollar Rounded)

Optional Property Endorsements/Limits:

Refer to manual for rating of individual endorsements.

13. Loss of Use Coverage = _____
14. Pet Damage Endorsement = _____
15. Water Backup of Sewers and Drains = _____
16. Tenants Plus Package = _____
17. Personal Property Replacement Cost = \$0 _____
18. Personal Property – Scheduled = _____
19. Increased Property Limits = _____
20. **Total Optional Property Endorsements/Limits** (Sum lines 13 thru 19) = _____

Optional Liability Endorsements/Limits

21. Selected Liability/Med Pay Limit = _____
22. Number of Named Insureds Charge + _____
23. Animal Liability Buy-Back = _____
24. **Residence Premises Liability Premium** (Sum lines 21 thru 23) = _____
25. **Commissionable Policy Premium:**
Line 12 + Line 20 + Line 24 = _____
26. EXPENSE CONSTANT = _____
27. Local Taxes and Assessments (If Applicable) = _____
28. State Assessments and Surcharges (If Applicable) = _____
29. **Total Policy Premium** (Sum of Lines 25 thru 28) = _____
(Dollar Rounded)

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RATING METHOD (for Liability Only policies)

- 1. Base Rate (from Liability Only section) = _____
- 2. Territorial Rating Factor x _____
- 3. Claim Factor (renewals only) x _____
- 4. Companion Discount x N/A
- 5. Pay in Full Discount x _____
- 6. Tier Factor x _____
- 7. **Base Premium** = _____
(Dollar Rounded)
- 8. Affinity Discount - _____
- 9. **Total Base Premium** = _____
(Dollar Rounded)

Optional Liability Endorsements/Limits

- 10. Number of Named Insureds Charge + _____
- 11. Animal Liability Buy-Back = _____
- 12. **Residence Premises Liability Premium** (Sum lines 10 and 11) = _____
- 13. **Commissionable Policy Premium:** Line 9 + Line 12 = _____
- 14. EXPENSE CONSTANT = _____
- 15. Local Taxes and Assessments (If Applicable) = _____
- 16. State Assessments and Surcharges (If Applicable) = _____
- 17. **Total Policy Premium** (Sum of Lines 13 thru 16) = _____
(Dollar Rounded)

MANDATORY ENDORSEMENTS

The following endorsements will be issued with all policies (**Homeowners 4 – Contents Broad Form HO 00 04**):

- Special Provisions Endorsement **HO 01 38**
- Rhode Island Mandatory Endorsement **RI HO4 1**
- Personal Property Replacement Cost Loss Settlement **HO 04 90**
- Animal Liability Limitation Endorsement **RI HO4 6**

The following endorsements will be issued with all Liability Only policies:

- Rhode Island Liability Only Policy **DL 24 01**
- Animal Liability Limitation Endorsement **RI HO4 6**
- Special Provisions Endorsement **DL 25 38**
- Special Provisions – Lead Poisoning Exclusion **DL 24 68**

OPTIONAL ENDORSEMENTS/LIMITS

All rates and premiums shown are ANNUAL and apply to the entire state unless otherwise indicated.

Endorsement premiums/rates noted with an asterisk (*) will have the deductible factor applied to them. The deductible factor will not be applied to endorsements shown as a percentage of the adjusted base premium

LOSS OF USE

When the limit of liability for Coverage **D** is increased, charge \$7.08* per \$1,000 of additional insurance.

PET DAMAGE ENDORSEMENT

When this endorsement is added the insured is covered up to \$500 (in excess of the security deposit or special pet deposit) for damage caused to the landlord’s property in the residence premises by a pet. An annual premium of \$18 will be charged for this endorsement.

Use Pet Damage Endorsement **RI HO4 5**.

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WATER BACKUP OF SEWERS AND DRAINS

When this endorsement is added to the policy, coverage is added for water that backups from sewers or drains or which overflows from a sump pump. An annual premium of \$12 will be charged for this endorsement.

Use Water Backup of Sewers and Drains Endorsement **HO 04 95**.

TENANTS PLUS PACKAGE

The Tenants Plus Package Endorsement includes the following coverages:

1. \$5,000 or 20% or the Coverage C limit for personal property **away from the premises**.
2. \$5,000 or 10% of Coverage C for personal property loss in a **motor vehicle**.
3. \$7,500 for **business personal property** while situated at the residence premises.
4. \$750 for **business personal property** while away from the residence premises.
5. \$1,500 for loss to **tapes, records, discs** in a motor vehicle.
6. \$1,500 for loss to **securities and manuscripts**.
7. \$300 for loss to **money**.
8. \$1,500 for loss to **trailers not used with watercraft**.
9. \$1,500 for loss to **watercraft or aircraft** and their furnishings, equipment and motor.
10. \$2,500 in aggregate for loss or damage by **theft of furs**.
11. \$5,000 for loss of damage by **theft of firearms**.
12. \$3,000 in aggregate for loss or damage by **theft of silverware**.

An annual premium of \$12 will be charged for this endorsement.

Use Tenants Plus Package Endorsement **RI HO4 4** in lieu of **RHODE ISLAND** Mandatory Endorsement **RI HO4 1** for this coverage.

LIABILITY ONLY POLICIES

For policies with only liability coverage, use the base rates below.

Liability/Med Pay Limit	Rate
\$50,000 / \$500	\$122
\$50,000 / \$1,000	\$125
\$50,000 / \$2,000	\$131
\$100,000 / \$500	\$142
\$100,000 / \$1,000	\$144
\$100,000 / \$2,000	\$146
\$300,000 / \$500	\$167
\$300,000 / \$1,000	\$170
\$300,000 / \$2,000	\$174

REPLACEMENT COST – UNSCHEDULED PERSONAL PROPERTY

This endorsement is automatically added to all HO4 policies.

This endorsement provides for unscheduled personal property losses (Coverage C) to be settled on a replacement cost basis.

This endorsement does not automatically increase the limit of Coverage C.

% of Adjusted Base Premium0%

Use Personal Property Replacement Cost Settlement – **Rhode Island Endorsement HO 04 90**.

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SCHEDULED PERSONAL PROPERTY

Class of Property	Rate Per \$100	Maximum Item Limit	Maximum Class Limit
Jewelry	\$1.25	\$25,000	\$100,000
Furs	\$0.40	\$25,000	\$100,000
Silverware	\$0.60	\$25,000	\$100,000
Fine Arts	\$0.25	\$25,000	\$100,000
Cameras	\$1.65	\$25,000	\$100,000
Musical Instruments	\$0.55	\$25,000	\$100,000

Limits in excess of \$15,000 per item must be submitted for approval prior to any coverage being bound.

Individual items valued between \$1,000 and \$4,999 require an appraisal that is less than 5 years old. Individual items valued at \$5,000 or more require a current appraisal.

The maximum for any single item is \$15,000, (up to \$25,000 with prior company approval) for any class listed above, not to exceed \$100,000 total within a class or for total scheduled items in all classes.

Use Scheduled Personal Property Endorsement **HO 04 61**.

INCREASED PROPERTY LIMITS

UNSCHEDULED JEWELRY, WATCHES AND FURS

The limit for theft of unscheduled jewelry, watches and furs may be increased to a maximum total limit of \$6,500 (not exceeding \$1,000 per item). The following are the rates per \$1,000 increase.

Rate per \$1,000.....\$28.34*

UNSCHEDULED SILVERWARE, GOLDWARE AND PEWTERWARE

The limit for theft of unscheduled silverware, goldware or pewterware may be increased above the basic \$2,500 to \$10,000.

Rate per \$500\$2.00*

Use Unscheduled Personal Property Endorsement **HO 04 65**.

PERSONAL LIABILITY

Liability/Med Pay Limit	Rate
\$50,000 / \$500	\$8.00 (credit)
\$50,000 / \$1,000	\$5.00 (credit)
\$50,000 / \$2,000	\$1.00
\$100,000 / \$500	Included
\$100,000 / \$1,000	\$ 2.00
\$100,000 / \$2,000	\$ 4.00
\$300,000 / \$500	\$ 5.00
\$300,000 / \$1,000	\$ 8.00
\$300,000 / \$2,000	\$12.00

NUMBER OF NAMED INSUREDS CHARGE

Add the following amount dependent upon the number of named insureds listed on the declarations page.

No. of Named Insureds	Liability Limit		
	\$50,000	\$100,000	\$300,000
1 -2	\$ 0	\$ 0	\$ 0
3 - 4	\$ 15	\$ 25	\$ 40
5 - 6	\$ 40	\$ 65	\$110
7 or more	\$ 90	\$125	\$200

ANIMAL LIABILITY BUY-BACK

Liability for animals is limited in the policy to \$10,000. This limitation may be removed from the policy through the buy-back which increases the coverage for animal liability to the Personal Liability limit for the following premium:

Personal Liability Limit	Premium
\$ 50,000 liability limit	\$ 50
\$100,000 liability limit	\$ 75
\$300,000 liability limit	\$ 150

ALL policy holders are eligible to purchase increased animal liability limits. When purchased the form **Animal Liability Limitation Endorsement RI HO4 6** is removed from the policy.

The applicable Animal Liability Limit appears on the DEC.

ADDITIONAL INTEREST

- A. Use Additional Interest Residence Premises Endorsement **RI HO4 2**

STATE MANUAL

Zipcode	City	County	Factor
02828	Greenville	Providence	1.00
02827	Greene	Kent	1.00
02804	Ashaway	Washington	1.00
02881	Kingston	Washington	1.00
02835	Jamestown	Newport	1.00
02831	Hope	Providence	1.00
02832	Hope Valley	Washington	1.00
02833	Hopkinton	Washington	1.00
02830	Harrisville	Providence	1.00
02836	Kenyon	Washington	1.00
02919	Johnston	Providence	1.00
02863	Central Falls	Providence	1.00
02814	Chepachet	Providence	1.00
02813	Charlestown	Washington	1.00
02812	Carolina	Washington	1.00
02815	Clayville	Providence	1.00
02808	Bradford	Washington	1.00
02830	Burrillville	Providence	1.00
02809	Bristol	Bristol	1.00
02816	Coventry	Kent	1.00
02822	Escoheag	Washington	1.00
02822	Exeter	Washington	1.00
02806	Barrington	Bristol	1.00

Zipcode	City	County	Factor
02825	Foster	Providence	1.00
02907	Cranston	Providence	1.00
02827	Coventry	Kent	1.00
02905	Cranston	Providence	1.00
02910	Cranston	Providence	1.00
02920	Cranston	Providence	1.00
02921	Cranston	Providence	1.00
02864	Cumberland	Providence	1.00
02914	East Providence	Providence	1.00
02818	East Greenwich	Kent	1.00
02917	Smithfield	Providence	1.00
02879	South Kingstown	Washington	1.00
02875	Shannock	Washington	1.00
02877	Slocum	Washington	1.00
02857	Scituate	Providence	1.00
02876	Slatersville	Providence	1.00
02916	Rumford	Providence	1.00
02898	Richmond	Washington	1.00
02812	Richmond	Washington	1.00
02832	Richmond	Washington	1.00
02836	Richmond	Washington	1.00
02875	Richmond	Washington	1.00
02892	Richmond	Washington	1.00

STATE MANUAL

Zipcode	City	County	Factor
02915	Riverside	Providence	1.00
02874	Saunderstown	Washington	1.00
02892	West Kingston	Washington	1.00
02893	West Warwick	Kent	1.00
02891	Westerly	Washington	1.00
02817	West Greenwich	Kent	1.00
02895	Woonsocket	Providence	1.00
02894	Wood River Junction	Washington	1.00
02898	Wyoming	Washington	1.00
02864	Valley Falls	Providence	1.00
02878	Tiverton	Newport	1.00
02888	Warwick	Kent	1.00
02886	Warwick	Kent	1.00
02889	Warwick	Kent	1.00
02885	Warren	Bristol	1.00
02879	Wakefield	Washington	1.00
02842	Middletown	Newport	1.00
02865	Lincoln	Providence	1.00
02837	Little Compton	Newport	1.00
02839	Mapleville	Providence	1.00
02838	Manville	Providence	1.00
02879	Peace Dale	Washington	1.00
02859	Pascoag	Providence	1.00

Zipcode	City	County	Factor
02860	Pawtucket	Providence	1.00
02861	Pawtucket	Providence	1.00
02871	Portsmouth	Newport	1.00
02882	Point Judith	Washington	1.00
02904	Providence	Providence	1.00
02905	Providence	Providence	1.00
02906	Providence	Providence	1.00
02907	Providence	Providence	1.00
02908	Providence	Providence	1.00
02909	Providence	Providence	1.00
02910	Providence	Providence	1.00
02919	Providence	Providence	1.00
02911	Providence	Providence	1.00
02903	Providence	Providence	1.00
02840	Newport	Newport	1.00
02841	Newport	Newport	1.00
02879	Narragansett	Washington	1.00
02882	Narragansett	Washington	1.00
02858	Oakland	Providence	1.00
02896	North Smithfield	Providence	1.00
02904	North Providence	Providence	1.00
02908	North Providence	Providence	1.00
02911	North Providence	Providence	1.00

STATE MANUAL

Zipcode	City	County	Factor
02857	North Scituate	Providence	1.00
02852	North Kingstown	Washington	1.00

SERFF Tracking Number: QBEC-127637018 State: Rhode Island
Filing Company: Praetorian Insurance Company State Tracking Number:
Company Tracking Number: 11-294-007-HO-RI
TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners
Product Name: Tenants
Project Name/Number: Initial Filing - Tenants/11-294-007-HO-RI

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Actuarial Support- RI Rate Procedural Informational Summary Form		
Comments: With respect to question 14 of the Rate Procedural Summary state filing form, see attached Statement of Compliance.		
Attachments: RI Rate Procedural Summary.pdf Rhode Island Statement of Compliance.pdf		

	Item Status:	Status Date:
Satisfied - Item: Filing Memorandum		
Comments:		
Attachment: InitialFilingMemorandum_RI.pdf		

STATE OF RHODE ISLAND
 RATE PROCEDURAL INFORMATIONAL SUMMARY FOR ALL NEW
 AND REVISED RATE FILINGS

Insurers must provide a reply to the following interrogatories for all **new** and **revised** rate filings in accordance with the instructions provided below. While the insurer may attach/link exhibits to respective interrogatories, referring the Department to other exhibits to "find" information is not proper protocol for form completion. Further, if a question is not applicable, please so indicate and provide the basis for such position. Wherever the word "proposed rate" appears, the requirements also apply to all new or revised rate filings where applicable.

1. Provide a general description of the filing; i.e., list all factors and proposed rates or proposed changes to rates and rating factors. In doing so, include the current and proposed territory base rates for each coverage for which a rate level change is being proposed, the current and proposed territory definitions for each rating territory for which a change in definition is being proposed, and the current and proposed rating factors for each set of rating factors for which a new factor or change is being proposed. See Filing Memorandum

2. Provide the indicated rate level changes (where applicable), proposed rate level changes, and premium weights using premiums adjusted to current rate level for each coverage (e.g. bodily injury, property damage), subline (e.g. liability, physical damage), and all coverages combined.

<u>Coverage</u>	<u>Indicated Rate Level Change</u>	<u>Proposed Rate Level Change</u>	<u>Weights</u>	<u>Proposed Rate Level Change Components*</u>			
				<u>Base Rate Change</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
				(a)	(b)	(c)	(d)
HO/Tenants	0	0	0	0	0	0	0
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
All Coverages							
<u>Combined</u>	0	0	0	0	0	0	0

*Describe components of proposed change, e.g., class, increased limits, deductibles, age and symbols, territories, policy coverage, rules, etc.

3. Provide actuarially based rate level indications to support the proposed rate or proposed rate level changes by coverage. In so doing, provide the underlying data, assumptions, and derivation of each of the following components of the indications:
 - a) premiums adjusted to the current rate level; The Company has no HO/tenants experience in the state. Because of this, we are basing all factors
 - b) premium trend; off of American Modern Insurance Company and to a lesser extent, Markel American Insurance Company.

- c) losses and allocated loss adjustment expense (ALAE, which is now referred to as defense and cost containment expense) developed to an ultimate basis including the loss development triangles and the selected loss development factors; n/a see above
- d) losses and ALAE adjusted to reflect prospective cost levels, including selected trend factors; n/a see above
- e) any adjustments made for large, catastrophic, or weather related losses; n/a see above
- f) any adjustments made to reflect the credibility of the experience; n/a see above
- g) expense provisions – Support should include five years of expense history for each expense provision including unallocated loss adjustment expense (ULAE, which is now referred to as claim adjustment service) with an explanation if the expenses underlying the expected loss ratio or expense multiplier vary from the company’s historical expenses; recognition should be given to fixed and variable expense components; and n/a – see above
- h) profit & contingency provision – Support should include rationale for the target rate of return (if applicable), and an explanation (including underlying calculations, data, and assumptions) of how investment income was considered. Data used should be the most recent available to the company. n/a – see above

4. Provide actuarial support and any other considerations for any proposed factors or proposed changes in rating factors or class definitions; i.e., territory definitions or relativities, class plan definitions or relativities, increased limit factors, deductible factors, discounts, surcharges, etc. Actuarial support should reflect your company's experience. If credit history is utilized in the rating or underwriting process, for homeowner's insurance or personal motor vehicle insurance, the insurer must demonstrate the predictive nature of its insurance scoring process to the Department. Question 5 and 6 enumerates additional filing requirements to support the insurer's use of credit. In addition, a) all motor vehicle filings must include the information requested in Question 15, b) all filings for territory changes must be supported pursuant to Rhode Island Insurance Regulation 62 and c) all property insurance filings must include the information requested in Question 16. na

If you are proposing rates, rating factors, discounts/surcharges, class/territory definitions, etc. that are based on those currently in effect in Rhode Island for another insurance company(ies) or rating organization, provide the rates, rating factors, discounts/surcharges, class/territory definitions, etc. of that other company(ies), and explain how you have considered possible differences in coverage offered, underwriting standards, claim practices, expenses, etc. between your company and the referenced company(ies). na

5. In order to demonstrate the predictive nature of insurance scoring, the insurer must provide an analysis that confirms the statistical correlation between insurance score and loss experience. The analysis should be performed in such a manner that adjusts for any potential distributional biases, such as among states (if multi-state data is used) with different levels of rate adequacy, or among vehicle use risk classes with different levels of rate adequacy. In addition: na

a) The source of the data must be identified, e.g., number of years of data; whether the data is by accident year or policy year; whether the data is from Rhode Island or other states; if a sample of states or a sample of risks is used, a description of how the data was collected, including data verification procedures; the percentage of the overall business that is used in the sample; na etc.

b) All data adjustments must be explained and supported, e.g., loss development; adjustments for the effect of large losses; how credibility was considered in the analysis; etc. na

c) The data underlying the analysis must be relatively recent. na

6. Appropriate support for the rates/rating factors that reflect the use of insurance score should include an analysis that supports the appropriateness of each proposed rate/rating factor as opposed to any other rate/rating factor. As above, the source of the data must be identified, all data adjustments must be explained and supported, and the data underlying the analysis must be relatively recent. In addition,

a) An explanation must be provided as to how risks with insufficient or no credit history will be treated. na

b) An explanation must be provided as to how risks that refuse to allow access to their credit score will be treated. na

c) The company's timing and procedure for updating credit scores must be provided, e.g., at each renewal; only on the customer's request; etc. na

d) The rationale behind any grouping of credit scores for rating or underwriting purposes must be provided i.e., how the beginning and end points of any ranges of insurance score were selected. na

7. In providing the information in (3), (4), (5) and (6) above:

a) Explain all differences from the ratemaking procedures employed in your last rate filing in Rhode Island. na

b) Clearly describe or label the type of information used; e.g., calendar year, policy year, or accident year; basic limits or total limits; Rhode Island or countrywide; by coverage or all coverages combined; etc. na

8. Provide rationale for any proposed rate or proposed rate level change, by coverage or overall, that differs from your indicated change. na

9. Provide the derivation of the estimated overall premium effect of any proposed rate or proposed changes to a rating factor or definition. Explain how you have considered each of these effects in calculating the overall proposed rate level change. na

10. Provide any additional information that you feel may be helpful to the Department of Business Regulation in its review of this filing. For example, if the company has undergone changes in its operations that affect its expense provision, then this information should be provided. na

11. Provide the length of time the proposed rates are expected to remain in effect. The rates will remain in effect for at least one year.

12. Provide a description of the risk that will receive the largest rate increase and a description of the risk that will receive the largest rate decrease as a result of the changes proposed in this filing. Include the amount of the rate change for each risk described. na

13. Provide an estimate of the number and percent of exposures that will receive a rate increase in excess of 15% due to the changes proposed in this filing. na

14. Provide a statement signed by an actuary or an officer of the company to certify that the data submitted in the filing is accurate and reliable. acknowledged

15. For all motor vehicle filings provide a copy of the relevant pages (and cite the manual page number and rule number) from your company's rating manual that confirm that your company is in compliance with: na

a) RI Gen. Laws §27-9-53 & Insurance Regulation 25 (8), Motor Vehicle Insurance Rate Increases Relating to Violations and Accidents. na

b) RI Gen. Laws §27-9-4, Consideration in Making of Rates: (4)(a)(1)(i), na

(4)(d), (4)(e), and Section 45-19-17, Operation of Emergency Vehicles – Accidents.

- c) RI Gen. Laws §27-29-13, Payment of Premium – Cancellation na
- d) Insurance Regulation 25(5)&(6), Additive and Reductive Amounts for Policy Credits, Regulation 25(7), Chargeable Accident na
- e) RI Gen. Laws §27-9-7.1, Premium Reduction for Completing a Motor Vehicle Accident Prevention Course na
- f) RI Gen. Laws §27-9-7.2, Premium Reduction for Anti-theft Devices, and Regulation 84 na
- g) RI Gen. Laws §27-9-56, Use of Credit Rating na
- h) Insurance Regulation 98, Rhode Island Automobile Insurance Plan na

16. For all property insurance filings provide a copy of the relevant pages (and cite the manual page number and rule number) from your company’s rating manual that confirm that your company is in compliance with:

- a) RI Gen. Laws §27-6-53, and Bulletin 2002-16, Use of Credit na
- b) RI Gen. Laws §27-29-4.3, Refusal to Issue or Increased Premium Due to Nonoccupancy. na
- c) RI Gen. Laws §27-29-4(7) (i,ii,iii), Unfair Competition and Practices, and Insurance Bulletin #2003-9“Underwriting Restriction Based on Age/Location of Property”. na
- d) RI Gen. Laws §27-5-3.7 and Insurance Regulation 110, Hurricane Deductibles, triggers and Policyholder Notices na
- e) RI Gen. Laws §27-6-8.2 requires all insurers to include a credit or discount in premiums for commercial property insureds that install and maintain fire prevention and suppression equipment and use of fire resistant building material. na

17. For all Title Insurance Filings, insurers must confirm that it offers a reduced mortgage refinance rate based upon actuarially supported rates, filed and approved for use in RI. na

as of 12/31/2009

**Rhode Island
Statement of Compliance**

I, Janet Kiger , acting as a duly authorized representative of Praetorian Insurance Company state that the enclosed filing, QBEC-127637018 , has been reviewed and, to the best of my knowledge and belief, is in compliance with all applicable Rhode Island laws and regulations now in effect.



**Company Representative
Signature**

**AVP
Title**

**10/7/11
Date**

Praetorian Insurance Company

Memorandum

Tenants Program – Rhode Island

Filing Description:

We hereby file our initial Rate/Rule and Form filing for our new Tenant Program being introduced into Praetorian Insurance Company (“Praetorian”). Praetorian currently has no tenants insured in Rhode Island, thus this new program will have no impact on current insureds. Praetorian will market this program through relationships with Multi-Dwelling Units and Financial Institutions. With the introduction of this program, Praetorian intends to compete with insurers that specialize in tenants insurance and use similar marketing strategies; therefore, Praetorian is adopting a program that is primarily based on those used by a leading tenant insurer in this space, American Modern Insurance Company. To a lesser extent, we also relied on Markel American Insurance Company.

Rules/Rates:

Because this is a new program, Praetorian has no data upon which to base rate factors. Since the program design is primarily structured around American Modern and Markel, it is reasonable that rate factors are as well. Analyses will be completed regularly to assess the rate level adequacy as Praetorian begins to write policies and collect data.

Please see the attached rule and rate pages provided in this filing.

Forms:

The policy forms and coverages of American Modern Insurance Company and Markel American Insurance Company were relied upon. Information was also drawn from Praetorian’s current Homeowner program.

We will utilize the following approved ISO forms:

1. HO 00 04 05 11 – Homeowners 4 – Contents Broad Form
2. HO 01 38 06 11 – Special Provisions – Rhode Island
3. HO 04 61 05 11 – Scheduled Personal Property Endorsement
4. HO 04 65 05 11 – Coverage C Increased Special Limits of Liability
5. HO 04 90 05 11 – Personal Property Replacement Cost Loss Settlement
6. HO 04 95 05 11 – Limited Water Back-Up and Sump Discharge or Overflow Coverage
7. DL 24 01 12 02 – Personal Liability
8. DL 25 38 04 04 – Special Provisions – Rhode Island
9. DL 24 68 11 05 – Lead Poisoning Exclusion – Rhode Island

In addition, we will utilize the following Company endorsements:

1. HO-POLJKT-PR-T 0411 – Policy Jacket
2. HO9098 (999) – Declarations Page
3. RI-HO4 1 0511 – Rhode Island Tenants – Mandatory Endorsement
4. RI-HO4 2 1209 – Rhode Island Renters – Additional Interest Endorsement
5. RI-HO4 4 0511 – Rhode Island Tenants – Plus Package Endorsement
6. RI-HO4 5 1209 – Rhode Island Tenants – Pet Damage Endorsement
7. RI-HO4 6 1209 – Rhode Island Tenants – Animal Liability Limitation Endorsement
8. ZC-CANC-I-0108 – Cancellation Notice – Insured's Copy
9. ZC-CANC-A-0108 – Cancellation Notice – Agent's Copy

SERFF Tracking Number: QBEC-127637018 State: Rhode Island
 Filing Company: Praetorian Insurance Company State Tracking Number:
 Company Tracking Number: 11-294-007-HO-RI
 TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners
 Product Name: Tenants
 Project Name/Number: Initial Filing - Tenants/11-294-007-HO-RI

Superseded Schedule Items

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

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/07/2011	Rate and Rule	Praetorian Tenants Manual	02/10/2012	Base Tenant Rules Manual_RI v2.pdf (Superseded)
09/26/2011	Rate and Rule	Praetorian Tenants Manual	12/07/2011	Base Tenant Rules Manual _RI.pdf (Superseded)
09/20/2011	Supporting Document	Actuarial Support- RI Rate Procedural Informational Summary Form	11/18/2011	RI Rate Procedural Summary.pdf

**PRAETORIAN
INSURANCE COMPANY**

Rhode Island

TENANTS PROGRAM

STATE MANUAL

STATE MANUAL

100. INTRODUCTION**A. Manual Structure**

This manual contains:

1. A description of the Praetorian Insurance Company (herein referred to as Company) Tenants Program, including Program minimums and maximums for Section I – Property Coverages and Section II – Liability Coverages,
2. Eligibility Guidelines, and
3. Rates and Rules.

STATE MANUAL

101. LIMITS OF LIABILITY AND COVERAGE RELATIONSHIPS

- A. The standard coverages required under the HO 00 04 Contents Broad Form policy are as follows:

Section I – Property Coverages

<u>Coverage</u>	<u>Minimum</u>
C – Personal Property	\$10,000

<u>Coverage</u>	<u>Standard Amount</u>
D – Loss of Use	20% of Coverage C or \$2,000, whichever is greater

Section II – Liability Coverages

<u>Coverage</u>	<u>Standard Amount</u>
E – Personal Liability	\$100,000 per occurrence
F – Medical Payments	\$500 per person

Liability Coverages	\$50,000, \$100,000, \$300,000
Medical Payment Options	\$500, \$1,000, \$2,000
Base Deductible	\$500 Theft, \$250 All Other Perils, \$1,000 Wind/Hail
All-Perils Deductibles	\$500, \$1,000

- B. Increased limits available

The limit of liability for Coverage D of Section I and E or F of Section II may be increased.

STATE MANUAL

104. ELIGIBILITY**A. Companion Discount Eligibility (not available in Rhode Island)**

An individual policyholder will be eligible for a Companion Discount if they have purchased a bond from Praetorian Insurance Company to cover the amount of their deposit on their rental unit contract.

B. Affinity Discount Eligibility

An individual policyholder will be eligible for an Affinity Discount if they have purchased their insurance through a partnered financial institution's insurance agency. A list of the approved partnered financial institutions is kept by program manager.

STATE MANUAL

E. Tiering Eligibility Guidelines

Units on Site	Age of Facility*	Gated Community	Professionally Managed	Tier No.
0 – 39	0 – 10	Yes	None	A1
0 – 39	0 – 10	Yes	0 – 2	A2
0 – 39	0 – 10	Yes	3 – 5	A3
0 – 39	0 – 10	Yes	5+	A4
0 – 39	0 – 10	No	None	A5
0 – 39	0 – 10	No	0 – 2	A6
0 – 39	0 – 10	No	3 – 5	A7
0 – 39	0 – 10	No	5+	A8
0 – 39	11 – 20	Yes	None	A9
0 – 39	11 – 20	Yes	0 – 2	A10
0 – 39	11 – 20	Yes	3 – 5	A11
0 – 39	11 – 20	Yes	5+	A12
0 – 39	11 – 20	No	None	A13
0 – 39	11 – 20	No	0 – 2	A14
0 – 39	11 – 20	No	3 – 5	A15
0 – 39	11 – 20	No	5+	A16
0 – 39	21 – 30	Yes	None	A17
0 – 39	21 – 30	Yes	0 – 2	A18
0 – 39	21 – 30	Yes	3 – 5	A19
0 – 39	21 – 30	Yes	5+	A20
0 – 39	21 – 30	No	None	A21
0 – 39	21 – 30	No	0 – 2	A22
0 – 39	21 – 30	No	3 – 5	A23
0 – 39	21 – 30	No	5+	A24
0 – 39	31+	Yes	None	A25
0 – 39	31+	Yes	0 – 2	A26
0 – 39	31+	Yes	3 – 5	A27
0 – 39	31+	Yes	5+	A28
0 – 39	31+	No	None	A29
0 – 39	31+	No	0 – 2	A30
0 – 39	31+	No	3 – 5	A31
0 – 39	31+	No	5+	A32
40 – 59	0 – 10	Yes	None	B1
40 – 59	0 – 10	Yes	0 – 2	B2
40 – 59	0 – 10	Yes	3 – 5	B3
40 – 59	0 – 10	Yes	5+	B4
40 – 59	0 – 10	No	None	B5
40 – 59	0 – 10	No	0 – 2	B6
40 – 59	0 – 10	No	3 – 5	B7
40 – 59	0 – 10	No	5+	B8
40 – 59	11 – 20	Yes	None	B9
40 – 59	11 – 20	Yes	0 – 2	B10
40 – 59	11 – 20	Yes	3 – 5	B11
40 – 59	11 – 20	Yes	5+	B12
40 – 59	11 – 20	No	None	B13
40 – 59	11 – 20	No	0 – 2	B14
40 – 59	11 – 20	No	3 – 5	B15
40 – 59	11 – 20	No	5+	B16
40 – 59	21 – 30	Yes	None	B17
40 – 59	21 – 30	Yes	0 – 2	B18
40 – 59	21 – 30	Yes	3 – 5	B19
40 – 59	21 – 30	Yes	5+	B20

STATE MANUAL

Units on Site	Age of Facility*	Gated Community	Professionally Managed	Tier No.
40 – 59	21 – 30	No	None	B21
40 – 59	21 – 30	No	0 – 2	B22
40 – 59	21 – 30	No	3 – 5	B23
40 – 59	21 – 30	No	5+	B24
40 – 59	31+	Yes	None	B25
40 – 59	31+	Yes	0 – 2	B26
40 – 59	31+	Yes	3 – 5	B27
40 – 59	31+	Yes	5+	B28
40 – 59	31+	No	None	B29
40 – 59	31+	No	0 – 2	B30
40 – 59	31+	No	3 – 5	B31
40 – 59	31+	No	5+	B32
60 – 100	0 – 10	Yes	None	C1
60 – 100	0 – 10	Yes	0 – 2	C2
60 – 100	0 – 10	Yes	3 – 5	C3
60 – 100	0 – 10	Yes	5+	C4
60 – 100	0 – 10	No	None	C5
60 – 100	0 – 10	No	0 – 2	C6
60 – 100	0 – 10	No	3 – 5	C7
60 – 100	0 – 10	No	5+	C8
60 – 100	11 – 20	Yes	None	C9
60 – 100	11 – 20	Yes	0 – 2	C10
60 – 100	11 – 20	Yes	3 – 5	C11
60 – 100	11 – 20	Yes	5+	C12
60 – 100	11 – 20	No	None	C13
60 – 100	11 – 20	No	0 – 2	C14
60 – 100	11 – 20	No	3 – 5	C15
60 – 100	11 – 20	No	5+	C16
60 – 100	21 – 30	Yes	None	C17
60 – 100	21 – 30	Yes	0 – 2	C18
60 – 100	21 – 30	Yes	3 – 5	C19
60 – 100	21 – 30	Yes	5+	C20
60 – 100	21 – 30	No	None	C21
60 – 100	21 – 30	No	0 – 2	C22
60 – 100	21 – 30	No	3 – 5	C23
60 – 100	21 – 30	No	5+	C24
60 – 100	31+	Yes	None	C25
60 – 100	31+	Yes	0 – 2	C26
60 – 100	31+	Yes	3 – 5	C27
60 – 100	31+	Yes	5+	C28
60 – 100	31+	No	None	C29
60 – 100	31+	No	0 – 2	C30
60 – 100	31+	No	3 – 5	C31
60 – 100	31+	No	5+	C32
101+	0 – 10	Yes	None	D1
101+	0 – 10	Yes	0 – 2	D2
101+	0 – 10	Yes	3 – 5	D3
101+	0 – 10	Yes	5+	D4
101+	0 – 10	No	None	D5
101+	0 – 10	No	0 – 2	D6
101+	0 – 10	No	3 – 5	D7
101+	0 – 10	No	5+	D8
101+	11 – 20	Yes	None	D9
101+	11 – 20	Yes	0 – 2	D10
101+	11 – 20	Yes	3 – 5	D11
101+	11 – 20	Yes	5+	D12

STATE MANUAL

Units on Site	Age of Facility*	Gated Community	Professionally Managed	Tier No.
101+	11 – 20	No	None	D13
101+	11 – 20	No	0 – 2	D14
101+	11 – 20	No	3 – 5	D15
101+	11 – 20	No	5+	D16
101+	21 – 30	Yes	None	D17
101+	21 – 30	Yes	0 – 2	D18
101+	21 – 30	Yes	3 – 5	D19
101+	21 – 30	Yes	5+	D20
101+	21 – 30	No	None	D21
101+	21 – 30	No	0 – 2	D22
101+	21 – 30	No	3 – 5	D23
101+	21 – 30	No	5+	D24
101+	31+	Yes	None	D25
101+	31+	Yes	0 – 2	D26
101+	31+	Yes	3 – 5	D27
101+	31+	Yes	5+	D28
101+	31+	No	None	D29
101+	31+	No	0 – 2	D30
101+	31+	No	3 – 5	D31
101+	31+	No	5+	D32

*Age is based on the oldest building of the complex, or the building that has gone the longest without renovation.

Professionally managed: None refers to no on-sight management/maintenance company. The tiering improves as a management company gains on-sight experience. 0-2 years; 3-5 years; 5+ years on-sight at the property.

At renewal no policy will be moved to a higher rated tier except per changes in the MDU characteristics per the table above. For example, a policy rated in tier D13 with a building age of 19 years would move to tier D21 on the third term because the buildings are now 21 years old. Should the MDU add security gates, the policy would benefit from the lower risks and be rated in tier D17 (for a 21 year old MDU complex).

Pre-approved MDU's will provide the appropriate information to distinguish the appropriate tier above. For those risks that are not part of a pre-approved MDU the agent will provide the information to assign the appropriate tier. If a agent does not provide an answer to the appropriate question for tiering, the following default information will be used.

<u>Criteria</u>	<u>Default Group</u>
Units on Site	40 – 59
Age of Facility	21 – 30
Gated Community	No
Professionally Managed	None

STATE MANUAL

TERRITORIAL RATING FACTOR

Use the individual territorial rating factor displayed on the territorial definition pages.

Renewal Coverage C amounts will be increased based on changes to the Consumer Price Index (CPI-U US City Average) as outlined in the policy form from the prior year's Coverage C amount, and rounded to the nearest \$100. \$50.00 and above will be rounded to the next highest amount, and anything less will be rounded to the next lowest amount.

For Coverage C amounts not shown above, use interpolation to calculate the appropriate factor, to three decimal places. As an example, the factor for a Coverage C amount of \$43,800 would be calculated as follows:

COVERAGE C FACTOR

The following factors are used for the selected Coverage C amount – new business limits are available only in \$1,000 increments:

Coverage C Amount	Factor
\$10,000	0.812
\$15,000	0.906
\$20,000	1.000
\$25,000	1.126
\$30,000	1.251
\$35,000	1.377
\$40,000	1.503
\$45,000	1.628
\$50,000	1.754
\$55,000	1.880
\$60,000	2.005
\$65,000	2.131
\$70,000	2.257
\$75,000	2.382
Each Add'l \$5,000	0.125

\$40,000 factor = 1.503
 \$45,000 factor = 1.628
 Difference in limits (1.628-1.503)= 0.125
 New limit - \$43,800:\$43,800-\$40,000 = \$3,800
 Percentage of new limit = \$3,800/\$5,000= 76%
 Percent of factor difference to be added to \$40,000 limit:
 76% x .125 = 0.095
 Factor for \$43,800 = 1.503 + 0.095 = 1.598

STATE MANUAL

CLAIM FACTOR (APPLIES TO RENEWALS AND BASE PREMIUM ONLY)

Consecutive Years	Basic Premium Factor				
	Number of Qualified Claims				
	0	1	2	3	4+
0 – 2	1.00	1.10	1.30	1.55	1.85
3 – 5	0.95	1.05	1.30	1.55	1.85
6 – 8	0.90	1.00	1.25	1.55	1.85
9+	0.90	0.90	1.10	1.45	1.85

This factor only applies to renewal premiums.

The number of claims is determined by the number of qualified paid claims the policyholder has had in the last 3 years while with Praetorian Insurance Company (ending 3 months prior to the current renewal effective date). A qualified claim is considered to be any non-catastrophe or non-weather related claim which results in a net paid loss during this 3-year period. Losses which only have payments under Medical Payments coverage are also NOT considered to be qualified claims.

The number of qualified Section I (Property Coverages) claims may be reduced or eliminated with the selection of a higher deductible. All claims that would not have applied if

this higher deductible had been in force at the time of the claim are removed from the total qualified claim count.

The number of qualified Section II (Liability) claims may be reduced or eliminated with the elimination of the coverage under which the claim was made or exposure which caused the claim.

COMPANION DISCOUNT

Not applicable in **Rhode Island** at this time.

AFFINITY DISCOUNT

Subtract the following rate, dependent upon whether the insured qualifies for the Affinity Discount:

Yes	\$5.00
No	\$0.00

PAY IN FULL DISCOUNT

If the insured pays the premium in full, apply the following factor to their premium.

Pay in Full factor	0.98
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STATE MANUAL

BASE RATE

The Rhode Island state wide base rate is \$180.00 for risks entering the program through an approved Multi-Dwelling Unit , and \$289.00 for all others.

TIERING FACTOR

Tier No.	Factor	Tier No.	Factor
A1	1.15	C1	1.07
A2	1.05	C2	0.97
A3	0.99	C3	0.92
A4	0.94	C4	0.87
A5	1.21	C5	1.12
A6	1.10	C6	1.02
A7	1.05	C7	0.97
A8	0.99	C8	0.92
A9	1.16	C9	1.08
A10	1.06	C10	0.98
A11	1.00	C11	0.93
A12	0.95	C12	0.88
A13	1.22	C13	1.13
A14	1.11	C14	1.03
A15	1.06	C15	0.98
A16	1.00	C16	0.93
A17	1.18	C17	1.10
A18	1.08	C18	1.00
A19	1.02	C19	0.95
A20	0.97	C20	0.90
A21	1.25	C21	1.16
A22	1.13	C22	1.05
A23	1.08	C23	1.00
A24	1.02	C24	0.95
A25	1.26	C25	1.17
A26	1.15	C26	1.07
A27	1.09	C27	1.01
A28	1.03	C28	0.96
A29	1.33	C29	1.23
A30	1.21	C30	1.12
A31	1.15	C31	1.07
A32	1.09	C32	1.01

Tier No.	Factor	Tier No.	Factor
B1	1.08	D1	1.05
B2	0.98	D2	0.95
B3	0.93	D3	0.90
B4	0.88	D4	0.86
B5	1.13	D5	1.10
B6	1.03	D6	1.00
B7	0.98	D7	0.95
B8	0.93	D8	0.90
B9	1.09	D9	1.06
B10	0.99	D10	0.96
B11	0.94	D11	0.91
B12	0.89	D12	0.86
B13	1.14	D13	1.11
B14	1.04	D14	1.01
B15	0.99	D15	0.96
B16	0.94	D16	0.91
B17	1.11	D17	1.08
B18	1.01	D18	0.98
B19	0.96	D19	0.93
B20	0.91	D20	0.88
B21	1.17	D21	1.13
B22	1.06	D22	1.03
B23	1.01	D23	0.98
B24	0.95	D24	0.93
B25	1.18	D25	1.15
B26	1.08	D26	1.05
B27	1.02	D27	0.99
B28	0.97	D28	0.94
B29	1.25	D29	1.21
B30	1.13	D30	1.10
B31	1.08	D31	1.05
B32	1.02	D32	0.99

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DEDUCTIBLES

Apply the following factors, dependent upon the Coverage C amount and the appropriate deductible:

Deductible	Factor
Coverage C between \$0 and \$19,999	
\$250 All Other Perils/\$500 Theft	1.00
\$500 All Peril	0.95
\$1,000 All Peril	0.93
Coverage C between \$20,000 and \$49,999	
\$250 All Other Perils/\$500 Theft	1.00
\$500 All Peril	0.96
\$1,000 All Peril	0.94
Coverage C over \$50,000	
\$250 All Other Perils/\$500 Theft	1.00
\$500 All Peril	0.97
\$1,000 All Peril	0.95

EXPENSE CONSTANT

New Business.....\$25
Renewals.....\$25

MINIMUM PREMIUM

A minimum annual premium of \$125 per policy applies excluding any applicable EXPENSE CONSTANT, Assessments, and Surcharges. This applies to regular policies as well as Liability Only policies.

CANCELLATION OF POLICIES

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. The EXPENSE CONSTANT is fully earned and this does not apply.

WAIVER OF PREMIUM

Additional or return premium of less than \$6.00 will be waived.

PAYMENT PLAN

	Down Payment Required	Number of Remaining Installments	Installment Charge (per installment)**
Full Pay	100%	--	--
2 pay	50%	1	\$7
4 pay	25%	3	\$7
12 pay	15%	11	\$7

**Does not apply to EFTs or automatic credit card payments.

RATING METHOD (for full coverage policies)

1. Base Rate = _____
2. Territorial Rating Factor x _____
3. Coverage C Factor x _____
4. Claim Factor (renewals only) x _____
5. Companion Discount x N/A _____
6. Pay in Full Discount x _____
7. Tier Factor x _____
8. **Base Premium** = _____
(Dollar Rounded)
9. Deductible Factor x _____
10. **Adjusted Base Premium** = _____
(Dollar Rounded)
11. Affinity Discount - _____
12. **Total Base Premium** = _____
(Dollar Rounded)

Optional Property Endorsements/Limits:

Refer to manual for rating of individual endorsements.

13. Loss of Use Coverage = _____
14. Pet Damage Endorsement = _____
15. Water Backup of Sewers and Drains = _____
16. Tenants Plus Package = _____
17. Personal Property Replacement Cost = \$0 _____
18. Personal Property – Scheduled = _____
19. Increased Property Limits = _____
20. **Total Optional Property Endorsements/Limits** (Sum lines 13 thru 19) = _____

Optional Liability Endorsements/Limits

21. Selected Liability/Med Pay Limit = _____
22. Number of Named Insureds Charge + _____
23. Animal Liability Buy-Back = _____
24. **Residence Premises Liability Premium** (Sum lines 21 thru 23) = _____
25. **Commissionable Policy Premium:**
Line 12 + Line 20 + Line 24 = _____
26. EXPENSE CONSTANT = _____
27. Local Taxes and Assessments (If Applicable) = _____
28. State Assessments and Surcharges (If Applicable) = _____
29. **Total Policy Premium** (Sum of Lines 25 thru 28) = _____
(Dollar Rounded)

STATE MANUAL

RATING METHOD (for Liability Only policies)

- 1. Base Rate (from Liability Only section) = _____
- 2. Territorial Rating Factor x _____
- 3. Claim Factor (renewals only) x _____
- 4. Companion Discount x N/A
- 5. Pay in Full Discount x _____
- 6. Tier Factor x _____
- 7. **Base Premium** = _____
(Dollar Rounded)
- 8. Affinity Discount - _____
- 9. **Total Base Premium** = _____
(Dollar Rounded)

Optional Liability Endorsements/Limits

- 10. Number of Named Insureds Charge + _____
- 11. Animal Liability Buy-Back = _____
- 12. **Residence Premises Liability Premium** (Sum lines 10 and 11) = _____
- 13. **Commissionable Policy Premium:** Line 9 + Line 12 = _____
- 14. EXPENSE CONSTANT = _____
- 15. Local Taxes and Assessments (If Applicable) = _____
- 16. State Assessments and Surcharges (If Applicable) = _____
- 17. **Total Policy Premium** (Sum of Lines 13 thru 16) = _____
(Dollar Rounded)

MANDATORY ENDORSEMENTS

The following endorsements will be issued with all policies (**Homeowners 4 – Contents Broad Form HO 00 04**):

- Special Provisions Endorsement **HO 01 38**
- Rhode Island Mandatory Endorsement **RI HO4 1**
- Personal Property Replacement Cost Loss Settlement **HO 04 90**
- Animal Liability Limitation Endorsement **RI HO4 6**

The following endorsements will be issued with all Liability Only policies:

- Rhode Island Liability Only Policy **DL 24 01**
- Animal Liability Limitation Endorsement **RI HO4 6**
- Special Provisions Endorsement **DL 25 38**
- Special Provisions – Lead Poisoning Exclusion **DL 24 68**

OPTIONAL ENDORSEMENTS/LIMITS

All rates and premiums shown are ANNUAL and apply to the entire state unless otherwise indicated.

Endorsement premiums/rates noted with an asterisk (*) will have the deductible factor applied to them. The deductible factor will not be applied to endorsements shown as a percentage of the adjusted base premium

LOSS OF USE

When the limit of liability for Coverage **D** is increased, charge \$7.08* per \$1,000 of additional insurance.

PET DAMAGE ENDORSEMENT

When this endorsement is added the insured is covered up to \$500 (in excess of the security deposit or special pet deposit) for damage caused to the landlord's property in the residence premises by a pet. An annual premium of \$18 will be charged for this endorsement.

Use Pet Damage Endorsement **RI HO4 5**.

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WATER BACKUP OF SEWERS AND DRAINS

When this endorsement is added to the policy, coverage is added for water that backups from sewers or drains or which overflows from a sump pump. An annual premium of \$12 will be charged for this endorsement.

Use Water Backup of Sewers and Drains Endorsement **HO 04 95**.

TENANTS PLUS PACKAGE

The Tenants Plus Package Endorsement includes the following coverages:

1. \$5,000 or 20% or the Coverage C limit for personal property **away from the premises**.
2. \$5,000 or 10% of Coverage C for personal property loss in a **motor vehicle**.
3. \$7,500 for **business personal property** while situated at the residence premises.
4. \$750 for **business personal property** while away from the residence premises.
5. \$1,500 for loss to **tapes, records, discs** in a motor vehicle.
6. \$1,500 for loss to **securities and manuscripts**.
7. \$300 for loss to **money**.
8. \$1,500 for loss to **trailers not used with watercraft**.
9. \$1,500 for loss to **watercraft or aircraft** and their furnishings, equipment and motor.
10. \$2,500 in aggregate for loss or damage by **theft of furs**.
11. \$5,000 for loss of damage by **theft of firearms**.
12. \$3,000 in aggregate for loss or damage by **theft of silverware**.

An annual premium of \$12 will be charged for this endorsement.

Use Tenants Plus Package Endorsement **RI HO4 4** in lieu of **RHODE ISLAND** Mandatory Endorsement **RI HO4 1** for this coverage.

LIABILITY ONLY POLICIES

For policies with only liability coverage, use the base rates below.

Liability/Med Pay Limit	Rate
\$50,000 / \$500	\$122
\$50,000 / \$1,000	\$125
\$50,000 / \$2,000	\$131
\$100,000 / \$500	\$142
\$100,000 / \$1,000	\$144
\$100,000 / \$2,000	\$146
\$300,000 / \$500	\$167
\$300,000 / \$1,000	\$170
\$300,000 / \$2,000	\$174

REPLACEMENT COST – UNSCHEDULED PERSONAL PROPERTY

This endorsement is automatically added to all HO4 policies.

This endorsement provides for unscheduled personal property losses (Coverage C) to be settled on a replacement cost basis.

This endorsement does not automatically increase the limit of Coverage C.

% of Adjusted Base Premium0%

Use Personal Property Replacement Cost Settlement – **Rhode Island Endorsement HO 04 90**.

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SCHEDULED PERSONAL PROPERTY

Class of Property	Rate Per \$100	Maximum Item Limit	Maximum Class Limit
Jewelry	\$1.25	\$25,000	\$100,000
Furs	\$0.40	\$25,000	\$100,000
Silverware	\$0.60	\$25,000	\$100,000
Fine Arts	\$0.25	\$25,000	\$100,000
Cameras	\$1.65	\$25,000	\$100,000
Musical Instruments	\$0.55	\$25,000	\$100,000

Limits in excess of \$15,000 per item must be submitted for approval prior to any coverage being bound.

Individual items valued between \$1,000 and \$4,999 require an appraisal that is less than 5 years old. Individual items valued at \$5,000 or more require a current appraisal.

The maximum for any single item is \$15,000, (up to \$25,000 with prior company approval) for any class listed above, not to exceed \$100,000 total within a class or for total scheduled items in all classes.

Use Scheduled Personal Property Endorsement **HO 04 61**.

INCREASED PROPERTY LIMITS

UNSCHEDULED JEWELRY, WATCHES AND FURS

The limit for theft of unscheduled jewelry, watches and furs may be increased to a maximum total limit of \$6,500 (not exceeding \$1,000 per item). The following are the rates per \$1,000 increase.

Rate per \$1,000.....\$28.34*

UNSCHEDULED SILVERWARE, GOLDWARE AND PEWTERWARE

The limit for theft of unscheduled silverware, goldware or pewterware may be increased above the basic \$2,500 to \$10,000.

Rate per \$500\$2.00*

Use Unscheduled Personal Property Endorsement **HO 04 65**.

ANIMAL LIABILITY BUY-BACK

Liability for animals is limited in the policy to \$10,000. This limitation may be removed from the policy through the buy-back which increases the coverage for animal liability to the Personal Liability limit for the following premium:

<u>Personal Liability Limit</u>	<u>Premium</u>
\$ 50,000 liability limit	\$ 50
\$100,000 liability limit	\$ 75
\$300,000 liability limit	\$ 150

ALL policy holders are eligible to purchase increased animal liability limits. When purchased the form **Animal Liability Limitation Endorsement RI HO4 6** is removed from the policy.

The applicable Animal Liability Limit appears on the DEC.

ADDITIONAL INTEREST

- A. Use Additional Interest Residence Premises Endorsement **RI HO4 2**

PERSONAL LIABILITY

Liability/Med Pay Limit	Rate
\$50,000 / \$500	\$8.00 (credit)
\$50,000 / \$1,000	\$5.00 (credit)
\$50,000 / \$2,000	\$1.00
\$100,000 / \$500	Included
\$100,000 / \$1,000	\$ 2.00
\$100,000 / \$2,000	\$ 4.00
\$300,000 / \$500	\$ 5.00
\$300,000 / \$1,000	\$ 8.00
\$300,000 / \$2,000	\$12.00

NUMBER OF NAMED INSUREDS CHARGE

Add the following amount dependent upon the number of named insureds listed on the declarations page.

No. of Named Insureds	Liability Limit		
	\$50,000	\$100,000	\$300,000
1 -2	\$ 0	\$ 0	\$ 0
3 - 4	\$ 15	\$ 25	\$ 40
5 - 6	\$ 40	\$ 65	\$110
7 or more	\$ 90	\$125	\$200

STATE MANUAL

Zipcode	City	County	Factor
02828	Greenville	Providence	1.00
02827	Greene	Kent	1.00
02804	Ashaway	Washington	1.00
02881	Kingston	Washington	1.00
02835	Jamestown	Newport	1.00
02831	Hope	Providence	1.00
02832	Hope Valley	Washington	1.00
02833	Hopkinton	Washington	1.00
02830	Harrisville	Providence	1.00
02836	Kenyon	Washington	1.00
02919	Johnston	Providence	1.00
02863	Central Falls	Providence	1.00
02814	Chepachet	Providence	1.00
02813	Charlestown	Washington	1.00
02812	Carolina	Washington	1.00
02815	Clayville	Providence	1.00
02808	Bradford	Washington	1.00
02830	Burrillville	Providence	1.00
02809	Bristol	Bristol	1.00
02816	Coventry	Kent	1.00
02822	Escoheag	Washington	1.00
02822	Exeter	Washington	1.00
02806	Barrington	Bristol	1.00

Zipcode	City	County	Factor
02825	Foster	Providence	1.00
02907	Cranston	Providence	1.00
02827	Coventry	Kent	1.00
02905	Cranston	Providence	1.00
02910	Cranston	Providence	1.00
02920	Cranston	Providence	1.00
02921	Cranston	Providence	1.00
02864	Cumberland	Providence	1.00
02914	East Providence	Providence	1.00
02818	East Greenwich	Kent	1.00
02917	Smithfield	Providence	1.00
02879	South Kingstown	Washington	1.00
02875	Shannock	Washington	1.00
02877	Slocum	Washington	1.00
02857	Scituate	Providence	1.00
02876	Slatersville	Providence	1.00
02916	Rumford	Providence	1.00
02898	Richmond	Washington	1.00
02812	Richmond	Washington	1.00
02832	Richmond	Washington	1.00
02836	Richmond	Washington	1.00
02875	Richmond	Washington	1.00
02892	Richmond	Washington	1.00

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Zipcode	City	County	Factor
02915	Riverside	Providence	1.00
02874	Saunderstown	Washington	1.00
02892	West Kingston	Washington	1.00
02893	West Warwick	Kent	1.00
02891	Westerly	Washington	1.00
02817	West Greenwich	Kent	1.00
02895	Woonsocket	Providence	1.00
02894	Wood River Junction	Washington	1.00
02898	Wyoming	Washington	1.00
02864	Valley Falls	Providence	1.00
02878	Tiverton	Newport	1.00
02888	Warwick	Kent	1.00
02886	Warwick	Kent	1.00
02889	Warwick	Kent	1.00
02885	Warren	Bristol	1.00
02879	Wakefield	Washington	1.00
02842	Middletown	Newport	1.00
02865	Lincoln	Providence	1.00
02837	Little Compton	Newport	1.00
02839	Mapleville	Providence	1.00
02838	Manville	Providence	1.00
02879	Peace Dale	Washington	1.00
02859	Pascoag	Providence	1.00

Zipcode	City	County	Factor
02860	Pawtucket	Providence	1.00
02861	Pawtucket	Providence	1.00
02871	Portsmouth	Newport	1.00
02882	Point Judith	Washington	1.00
02904	Providence	Providence	1.00
02905	Providence	Providence	1.00
02906	Providence	Providence	1.00
02907	Providence	Providence	1.00
02908	Providence	Providence	1.00
02909	Providence	Providence	1.00
02910	Providence	Providence	1.00
02919	Providence	Providence	1.00
02911	Providence	Providence	1.00
02903	Providence	Providence	1.00
02840	Newport	Newport	1.00
02841	Newport	Newport	1.00
02879	Narragansett	Washington	1.00
02882	Narragansett	Washington	1.00
02858	Oakland	Providence	1.00
02896	North Smithfield	Providence	1.00
02904	North Providence	Providence	1.00
02908	North Providence	Providence	1.00
02911	North Providence	Providence	1.00

STATE MANUAL

Zipcode	City	County	Factor
02857	North Scituate	Providence	1.00
02852	North Kingstown	Washington	1.00

**PRAETORIAN
INSURANCE COMPANY**

Rhode Island

TENANTS PROGRAM

STATE MANUAL

STATE MANUAL

100. INTRODUCTION**A. Manual Structure**

This manual contains:

1. A description of the Praetorian Insurance Company (herein referred to as Company) Tenants Program, including Program minimums and maximums for Section I – Property Coverages and Section II – Liability Coverages,
2. Eligibility Guidelines, and
3. Rates and Rules.

STATE MANUAL

101. LIMITS OF LIABILITY AND COVERAGE RELATIONSHIPS

- A. The standard coverages required under the HO 00 04 Contents Broad Form policy are as follows:

Section I – Property Coverages

<u>Coverage</u>	<u>Minimum</u>
C – Personal Property	\$10,000

<u>Coverage</u>	<u>Standard Amount</u>
D – Loss of Use	20% of Coverage C or \$2,000, whichever is greater

Section II – Liability Coverages

<u>Coverage</u>	<u>Standard Amount</u>
E – Personal Liability	\$100,000 per occurrence
F – Medical Payments	\$500 per person

Liability Coverages	\$50,000, \$100,000, \$300,000
Medical Payment Options	\$500, \$1,000, \$2,000
Base Deductible	\$500 Theft, \$250 All Other Perils, \$1,000 Wind/Hail
All-Perils Deductibles	\$500, \$1,000

- B. Increased limits available

The limit of liability for Coverage D of Section I and E or F of Section II may be increased.

STATE MANUAL

104. ELIGIBILITY**A. Companion Discount Eligibility (not available in Rhode Island)**

An individual policyholder will be eligible for a Companion Discount if they have purchased a bond from Praetorian Insurance Company to cover the amount of their deposit on their rental unit contract.

B. Affinity Discount Eligibility

An individual policyholder will be eligible for an Affinity Discount if they have purchased their insurance through a partnered financial institution's insurance agency. A list of the approved partnered financial institutions is kept by program manager.

STATE MANUAL

E. Tiering Eligibility Guidelines

Units on Site	Age of Facility*	Gated Community	Professionally Managed	Tier No.
0 – 39	0 – 10	Yes	None	A1
0 – 39	0 – 10	Yes	0 – 2	A2
0 – 39	0 – 10	Yes	3 – 5	A3
0 – 39	0 – 10	Yes	5+	A4
0 – 39	0 – 10	No	None	A5
0 – 39	0 – 10	No	0 – 2	A6
0 – 39	0 – 10	No	3 – 5	A7
0 – 39	0 – 10	No	5+	A8
0 – 39	11 – 20	Yes	None	A9
0 – 39	11 – 20	Yes	0 – 2	A10
0 – 39	11 – 20	Yes	3 – 5	A11
0 – 39	11 – 20	Yes	5+	A12
0 – 39	11 – 20	No	None	A13
0 – 39	11 – 20	No	0 – 2	A14
0 – 39	11 – 20	No	3 – 5	A15
0 – 39	11 – 20	No	5+	A16
0 – 39	21 – 30	Yes	None	A17
0 – 39	21 – 30	Yes	0 – 2	A18
0 – 39	21 – 30	Yes	3 – 5	A19
0 – 39	21 – 30	Yes	5+	A20
0 – 39	21 – 30	No	None	A21
0 – 39	21 – 30	No	0 – 2	A22
0 – 39	21 – 30	No	3 – 5	A23
0 – 39	21 – 30	No	5+	A24
0 – 39	31+	Yes	None	A25
0 – 39	31+	Yes	0 – 2	A26
0 – 39	31+	Yes	3 – 5	A27
0 – 39	31+	Yes	5+	A28
0 – 39	31+	No	None	A29
0 – 39	31+	No	0 – 2	A30
0 – 39	31+	No	3 – 5	A31
0 – 39	31+	No	5+	A32
40 – 59	0 – 10	Yes	None	B1
40 – 59	0 – 10	Yes	0 – 2	B2
40 – 59	0 – 10	Yes	3 – 5	B3
40 – 59	0 – 10	Yes	5+	B4
40 – 59	0 – 10	No	None	B5
40 – 59	0 – 10	No	0 – 2	B6
40 – 59	0 – 10	No	3 – 5	B7
40 – 59	0 – 10	No	5+	B8
40 – 59	11 – 20	Yes	None	B9
40 – 59	11 – 20	Yes	0 – 2	B10
40 – 59	11 – 20	Yes	3 – 5	B11
40 – 59	11 – 20	Yes	5+	B12
40 – 59	11 – 20	No	None	B13
40 – 59	11 – 20	No	0 – 2	B14
40 – 59	11 – 20	No	3 – 5	B15
40 – 59	11 – 20	No	5+	B16
40 – 59	21 – 30	Yes	None	B17
40 – 59	21 – 30	Yes	0 – 2	B18
40 – 59	21 – 30	Yes	3 – 5	B19
40 – 59	21 – 30	Yes	5+	B20

STATE MANUAL

Units on Site	Age of Facility*	Gated Community	Professionally Managed	Tier No.
40 – 59	21 – 30	No	None	B21
40 – 59	21 – 30	No	0 – 2	B22
40 – 59	21 – 30	No	3 – 5	B23
40 – 59	21 – 30	No	5+	B24
40 – 59	31+	Yes	None	B25
40 – 59	31+	Yes	0 – 2	B26
40 – 59	31+	Yes	3 – 5	B27
40 – 59	31+	Yes	5+	B28
40 – 59	31+	No	None	B29
40 – 59	31+	No	0 – 2	B30
40 – 59	31+	No	3 – 5	B31
40 – 59	31+	No	5+	B32
60 – 100	0 – 10	Yes	None	C1
60 – 100	0 – 10	Yes	0 – 2	C2
60 – 100	0 – 10	Yes	3 – 5	C3
60 – 100	0 – 10	Yes	5+	C4
60 – 100	0 – 10	No	None	C5
60 – 100	0 – 10	No	0 – 2	C6
60 – 100	0 – 10	No	3 – 5	C7
60 – 100	0 – 10	No	5+	C8
60 – 100	11 – 20	Yes	None	C9
60 – 100	11 – 20	Yes	0 – 2	C10
60 – 100	11 – 20	Yes	3 – 5	C11
60 – 100	11 – 20	Yes	5+	C12
60 – 100	11 – 20	No	None	C13
60 – 100	11 – 20	No	0 – 2	C14
60 – 100	11 – 20	No	3 – 5	C15
60 – 100	11 – 20	No	5+	C16
60 – 100	21 – 30	Yes	None	C17
60 – 100	21 – 30	Yes	0 – 2	C18
60 – 100	21 – 30	Yes	3 – 5	C19
60 – 100	21 – 30	Yes	5+	C20
60 – 100	21 – 30	No	None	C21
60 – 100	21 – 30	No	0 – 2	C22
60 – 100	21 – 30	No	3 – 5	C23
60 – 100	21 – 30	No	5+	C24
60 – 100	31+	Yes	None	C25
60 – 100	31+	Yes	0 – 2	C26
60 – 100	31+	Yes	3 – 5	C27
60 – 100	31+	Yes	5+	C28
60 – 100	31+	No	None	C29
60 – 100	31+	No	0 – 2	C30
60 – 100	31+	No	3 – 5	C31
60 – 100	31+	No	5+	C32
101+	0 – 10	Yes	None	D1
101+	0 – 10	Yes	0 – 2	D2
101+	0 – 10	Yes	3 – 5	D3
101+	0 – 10	Yes	5+	D4
101+	0 – 10	No	None	D5
101+	0 – 10	No	0 – 2	D6
101+	0 – 10	No	3 – 5	D7
101+	0 – 10	No	5+	D8
101+	11 – 20	Yes	None	D9
101+	11 – 20	Yes	0 – 2	D10
101+	11 – 20	Yes	3 – 5	D11
101+	11 – 20	Yes	5+	D12

STATE MANUAL

Units on Site	Age of Facility*	Gated Community	Professionally Managed	Tier No.
101+	11 – 20	No	None	D13
101+	11 – 20	No	0 – 2	D14
101+	11 – 20	No	3 – 5	D15
101+	11 – 20	No	5+	D16
101+	21 – 30	Yes	None	D17
101+	21 – 30	Yes	0 – 2	D18
101+	21 – 30	Yes	3 – 5	D19
101+	21 – 30	Yes	5+	D20
101+	21 – 30	No	None	D21
101+	21 – 30	No	0 – 2	D22
101+	21 – 30	No	3 – 5	D23
101+	21 – 30	No	5+	D24
101+	31+	Yes	None	D25
101+	31+	Yes	0 – 2	D26
101+	31+	Yes	3 – 5	D27
101+	31+	Yes	5+	D28
101+	31+	No	None	D29
101+	31+	No	0 – 2	D30
101+	31+	No	3 – 5	D31
101+	31+	No	5+	D32

*Age is based on the oldest building of the complex, or the building that has gone the longest without renovation.

Professionally managed: None refers to no on-sight management/maintenance company. The tiering improves as a management company gains on-sight experience. 0-2 years; 3-5 years; 5+ years on-sight at the property.

At renewal no policy will be moved to a higher rated tier except per changes in the MDU characteristics per the table above. For example, a policy rated in tier D13 with a building age of 19 years would move to tier D21 on the third term because the buildings are now 21 years old. Should the MDU add security gates, the policy would benefit from the lower risks and be rated in tier D17 (for a 21 year old MDU complex).

Pre-approved MDU's will provide the appropriate information to distinguish the appropriate tier above. For those risks that are not part of a pre-approved MDU the agent will provide the information to assign the appropriate tier. If a agent does not provide an answer to the appropriate question for tiering, the following default information will be used.

<u>Criteria</u>	<u>Default Group</u>
Units on Site	40 – 59
Age of Facility	21 – 30
Gated Community	No
Professionally Managed	None

STATE MANUAL

TERRITORIAL RATING FACTOR

Use the individual territorial rating factor displayed on the territorial definition pages.

Renewal Coverage C amounts will be increased based on changes to the Consumer Price Index (CPI-U US City Average) as outlined in the policy form from the prior year's Coverage C amount, and rounded to the nearest \$100. \$50.00 and above will be rounded to the next highest amount, and anything less will be rounded to the next lowest amount.

For Coverage C amounts not shown above, use interpolation to calculate the appropriate factor, to three decimal places. As an example, the factor for a Coverage C amount of \$43,800 would be calculated as follows:

COVERAGE C FACTOR

The following factors are used for the selected Coverage C amount – new business limits are available only in \$1,000 increments:

Coverage C Amount	Factor
\$10,000	0.812
\$15,000	0.906
\$20,000	1.000
\$25,000	1.126
\$30,000	1.251
\$35,000	1.377
\$40,000	1.503
\$45,000	1.628
\$50,000	1.754
\$55,000	1.880
\$60,000	2.005
\$65,000	2.131
\$70,000	2.257
\$75,000	2.382
Each Add'l \$5,000	0.125

\$40,000 factor = 1.503
 \$45,000 factor = 1.628
 Difference in limits (1.628-1.503)= 0.125
 New limit - \$43,800:\$43,800-\$40,000 = \$3,800
 Percentage of new limit = \$3,800/\$5,000= 76%
 Percent of factor difference to be added to \$40,000 limit:
 76% x .125 = 0.095
 Factor for \$43,800 = 1.503 + 0.095 = 1.598

STATE MANUAL

CLAIM FACTOR (APPLIES TO RENEWALS AND BASE PREMIUM ONLY)

Consecutive Years	Basic Premium Factor				
	Number of Qualified Claims				
	0	1	2	3	4+
0 – 2	1.00	1.10	1.30	1.55	1.85
3 – 5	0.95	1.05	1.30	1.55	1.85
6 – 8	0.90	1.00	1.25	1.55	1.85
9+	0.90	0.90	1.10	1.45	1.85

This factor only applies to renewal premiums.

The number of claims is determined by the number of qualified paid claims the policyholder has had in the last 3 years while with Praetorian Insurance Company (ending 3 months prior to the current renewal effective date). A qualified claim is considered to be any non-catastrophe or non-weather related claim which results in a net paid loss during this 3-year period. Losses which only have payments under Medical Payments coverage are also NOT considered to be qualified claims.

The number of qualified Section I (Property Coverages) claims may be reduced or eliminated with the selection of a higher deductible. All claims that would not have applied if

this higher deductible had been in force at the time of the claim are removed from the total qualified claim count.

The number of qualified Section II (Liability) claims may be reduced or eliminated with the elimination of the coverage under which the claim was made or exposure which caused the claim.

COMPANION DISCOUNT

Not applicable in **Rhode Island** at this time.

AFFINITY DISCOUNT

Subtract the following rate, dependent upon whether the insured qualifies for the Affinity Discount:

Yes	\$5.00
No	\$0.00

PAY IN FULL DISCOUNT

If the insured pays the premium in full, apply the following factor to their premium.

Pay in Full factor	0.98
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STATE MANUAL

BASE RATE

The Rhode Island state wide base rate is \$180.00 for risks entering the program through an approved Multi-Dwelling Unit , and \$289.00 for all others.

TIERING FACTOR

Tier No.	Factor	Tier No.	Factor
A1	1.15	C1	1.07
A2	1.05	C2	0.97
A3	0.99	C3	0.92
A4	0.94	C4	0.87
A5	1.21	C5	1.12
A6	1.10	C6	1.02
A7	1.05	C7	0.97
A8	0.99	C8	0.92
A9	1.16	C9	1.08
A10	1.06	C10	0.98
A11	1.00	C11	0.93
A12	0.95	C12	0.88
A13	1.22	C13	1.13
A14	1.11	C14	1.03
A15	1.06	C15	0.98
A16	1.00	C16	0.93
A17	1.18	C17	1.10
A18	1.08	C18	1.00
A19	1.02	C19	0.95
A20	0.97	C20	0.90
A21	1.25	C21	1.16
A22	1.13	C22	1.05
A23	1.08	C23	1.00
A24	1.02	C24	0.95
A25	1.26	C25	1.17
A26	1.15	C26	1.07
A27	1.09	C27	1.01
A28	1.03	C28	0.96
A29	1.33	C29	1.23
A30	1.21	C30	1.12
A31	1.15	C31	1.07
A32	1.09	C32	1.01

Tier No.	Factor	Tier No.	Factor
B1	1.08	D1	1.05
B2	0.98	D2	0.95
B3	0.93	D3	0.90
B4	0.88	D4	0.86
B5	1.13	D5	1.10
B6	1.03	D6	1.00
B7	0.98	D7	0.95
B8	0.93	D8	0.90
B9	1.09	D9	1.06
B10	0.99	D10	0.96
B11	0.94	D11	0.91
B12	0.89	D12	0.86
B13	1.14	D13	1.11
B14	1.04	D14	1.01
B15	0.99	D15	0.96
B16	0.94	D16	0.91
B17	1.11	D17	1.08
B18	1.01	D18	0.98
B19	0.96	D19	0.93
B20	0.91	D20	0.88
B21	1.17	D21	1.13
B22	1.06	D22	1.03
B23	1.01	D23	0.98
B24	0.95	D24	0.93
B25	1.18	D25	1.15
B26	1.08	D26	1.05
B27	1.02	D27	0.99
B28	0.97	D28	0.94
B29	1.25	D29	1.21
B30	1.13	D30	1.10
B31	1.08	D31	1.05
B32	1.02	D32	0.99

STATE MANUAL

DEDUCTIBLES

Apply the following factors, dependent upon the Coverage C amount and the appropriate deductible:

Deductible	Factor
Coverage C between \$0 and \$19,999	
\$250 All Other Perils/\$500 Theft	1.00
\$500 All Peril	0.95
\$1,000 All Peril	0.93
Coverage C between \$20,000 and \$49,999	
\$250 All Other Perils/\$500 Theft	1.00
\$500 All Peril	0.96
\$1,000 All Peril	0.94
Coverage C over \$50,000	
\$250 All Other Perils/\$500 Theft	1.00
\$500 All Peril	0.97
\$1,000 All Peril	0.95

EXPENSE CONSTANT

New Business.....\$25
 Renewals.....\$25

MINIMUM PREMIUM

A minimum annual premium of \$125 per policy applies excluding any applicable EXPENSE CONSTANT, Assessments, and Surcharges. This applies to regular policies as well as Liability Only policies.

CANCELLATION OF POLICIES

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. The EXPENSE CONSTANT is fully earned and this does not apply.

WAIVER OF PREMIUM

Additional or return premium of less than \$6.00 will be waived.

PAYMENT PLAN

	Down Payment Required	Number of Remaining Installments	Installment Charge (per installment)**
Full Pay	100%	--	--
2 pay	50%	1	\$7
4 pay	25%	3	\$7
12 pay	15%	11	\$7

**Does not apply to EFTs or automatic credit card payments.

RATING METHOD (for full coverage policies)

1. Base Rate = _____
2. Territorial Rating Factor x _____
3. Coverage C Factor x _____
4. Claim Factor (renewals only) x _____
5. Companion Discount x N/A _____
6. Pay in Full Discount x _____
7. Tier Factor x _____
8. **Base Premium** = _____
(Dollar Rounded)
9. Deductible Factor x _____
10. **Adjusted Base Premium** = _____
(Dollar Rounded)
11. Affinity Discount - _____
12. **Total Base Premium** = _____
(Dollar Rounded)

Optional Property Endorsements/Limits:

Refer to manual for rating of individual endorsements.

13. Loss of Use Coverage = _____
14. Pet Damage Endorsement = _____
15. Water Backup of Sewers and Drains = _____
16. Tenants Plus Package = _____
17. Personal Property Replacement Cost = \$0 _____
18. Personal Property – Scheduled = _____
19. Increased Property Limits = _____
20. **Total Optional Property Endorsements/Limits** (Sum lines 13 thru 19) = _____

Optional Liability Endorsements/Limits

21. Selected Liability/Med Pay Limit = _____
22. Number of Named Insureds Charge + _____
23. Animal Liability Buy-Back = _____
24. **Residence Premises Liability Premium** (Sum lines 21 thru 23) = _____
25. **Commissionable Policy Premium:**
Line 12 + Line 20 + Line 24 = _____
26. EXPENSE CONSTANT = _____
27. Local Taxes and Assessments (If Applicable) = _____
28. State Assessments and Surcharges (If Applicable) = _____
29. **Total Policy Premium** (Sum of Lines 25 thru 28) = _____
(Dollar Rounded)

STATE MANUAL

RATING METHOD (for Liability Only policies)

- 1. Base Rate (from Liability Only section) = _____
- 2. Territorial Rating Factor x _____
- 3. Claim Factor (renewals only) x _____
- 4. Companion Discount x N/A
- 5. Pay in Full Discount x _____
- 6. Tier Factor x _____
- 7. **Base Premium** = _____
(Dollar Rounded)
- 8. Affinity Discount - _____
- 9. **Total Base Premium** = _____
(Dollar Rounded)

Optional Liability Endorsements/Limits

- 10. Number of Named Insureds Charge + _____
- 11. Animal Liability Buy-Back = _____
- 12. **Residence Premises Liability Premium** (Sum lines 10 and 11) = _____
- 13. **Commissionable Policy Premium:** Line 9 + Line 12 = _____
- 14. EXPENSE CONSTANT = _____
- 15. Local Taxes and Assessments (If Applicable) = _____
- 16. State Assessments and Surcharges (If Applicable) = _____
- 17. **Total Policy Premium** (Sum of Lines 13 thru 16) = _____
(Dollar Rounded)

MANDATORY ENDORSEMENTS

The following endorsements will be issued with all policies (**Homeowners 4 – Contents Broad Form HO 00 04**):

- Special Provisions Endorsement **HO 01 38**
- Rhode Island Mandatory Endorsement **RI HO4 1**
- Personal Property Replacement Cost Loss Settlement **HO 04 90**
- Animal Liability Limitation Endorsement **RI HO4 6**

The following endorsements will be issued with all Liability Only policies:

- Rhode Island Liability Only Policy **DL 24 01**
- Animal Liability Limitation Endorsement **RI HO4 6**
- Special Provisions Endorsement **DL 25 38**
- Special Provisions – Lead Poisoning Exclusion **DL 24 68**

OPTIONAL ENDORSEMENTS/LIMITS

All rates and premiums shown are ANNUAL and apply to the entire state unless otherwise indicated.

Endorsement premiums/rates noted with an asterisk (*) will have the deductible factor applied to them. The deductible factor will not be applied to endorsements shown as a percentage of the adjusted base premium

LOSS OF USE

When the limit of liability for Coverage **D** is increased, charge \$7.08* per \$1,000 of additional insurance.

PET DAMAGE ENDORSEMENT

When this endorsement is added the insured is covered up to \$500 (in excess of the security deposit or special pet deposit) for damage caused to the landlord’s property in the residence premises by a pet. An annual premium of \$18 will be charged for this endorsement.

Use Pet Damage Endorsement **RI HO4 5**.

STATE MANUAL

WATER BACKUP OF SEWERS AND DRAINS

When this endorsement is added to the policy, coverage is added for water that backups from sewers or drains or which overflows from a sump pump. An annual premium of \$12 will be charged for this endorsement.

Use Water Backup of Sewers and Drains Endorsement **HO 04 95**.

TENANTS PLUS PACKAGE

The Tenants Plus Package Endorsement includes the following coverages:

1. \$5,000 or 20% or the Coverage C limit for personal property **away from the premises**.
2. \$5,000 or 10% of Coverage C for personal property loss in a **motor vehicle**.
3. \$7,500 for **business personal property** while situated at the residence premises.
4. \$750 for **business personal property** while away from the residence premises.
5. \$1,500 for loss to **tapes, records, discs** in a motor vehicle.
6. \$1,500 for loss to **securities and manuscripts**.
7. \$300 for loss to **money**.
8. \$1,500 for loss to **trailers not used with watercraft**.
9. \$1,500 for loss to **watercraft or aircraft** and their furnishings, equipment and motor.
10. \$2,500 in aggregate for loss or damage by **theft of furs**.
11. \$5,000 for loss of damage by **theft of firearms**.
12. \$3,000 in aggregate for loss or damage by **theft of silverware**.

An annual premium of \$12 will be charged for this endorsement.

Use Tenants Plus Package Endorsement **RI HO4 4** in lieu of **RHODE ISLAND** Mandatory Endorsement **RI HO4 1** for this coverage.

LIABILITY ONLY POLICIES

For policies with only liability coverage, use the base rates below.

Liability/Med Pay Limit	Rate
\$50,000 / \$500	\$122
\$50,000 / \$1,000	\$125
\$50,000 / \$2,000	\$131
\$100,000 / \$500	\$142
\$100,000 / \$1,000	\$144
\$100,000 / \$2,000	\$146
\$300,000 / \$500	\$167
\$300,000 / \$1,000	\$170
\$300,000 / \$2,000	\$174

REPLACEMENT COST – UNSCHEDULED PERSONAL PROPERTY

This endorsement is automatically added to all HO4 policies.

This endorsement provides for unscheduled personal property losses (Coverage C) to be settled on a replacement cost basis.

This endorsement does not automatically increase the limit of Coverage C.

% of Adjusted Base Premium0%

Use Personal Property Replacement Cost Settlement – **Rhode Island Endorsement HO 04 90**.

STATE MANUAL

SCHEDULED PERSONAL PROPERTY

<u>Item</u>	<u>Rate per \$100</u>	<u>Per Item Limit</u>	<u>Per Class Limit</u>
Jewelry	\$1.25	\$25,000	\$100,000
Furs	\$0.70	\$25,000	\$100,000
Silverware	\$0.60	\$25,000	\$100,000
Fine Arts	\$0.25	\$25,000	\$100,000
Cameras	\$1.65	\$25,000	\$100,000
Musical Equipment	\$0.55	\$25,000	\$100,000
Golfer's Equipment	\$1.20	\$25,000	\$100,000
Stamp Collections	\$0.45	\$25,000	\$100,000

Limits in excess of \$15,000 per item must be submitted for approval prior to any coverage being bound.

Individual items valued between \$1,000 and \$4,999 require an appraisal that is less than 5 years old. Individual items valued at \$5,000 or more require a current appraisal.

The maximum for any single item is \$15,000, (up to \$25,000 with prior company approval) for any class listed above, not to exceed \$100,000 total within a class or for total scheduled items in all classes.

Use Scheduled Personal Property Endorsement **HO 04 61**.

INCREASED PROPERTY LIMITS

UNSCHEDULED JEWELRY, WATCHES AND FURS

The limit for theft of unscheduled jewelry, watches and furs may be increased to a maximum total limit of \$6,500 (not exceeding \$1,000 per item). The following are the rates per \$1,000 increase.

Rate per \$1,000.....\$28.34*

UNSCHEDULED SILVERWARE, GOLDWARE AND PEWTERWARE

The limit for theft of unscheduled silverware, goldware or pewterware may be increased above the basic \$2,500 to \$10,000.

Rate per \$500\$2.00*

Use Unscheduled Personal Property Endorsement **HO 04 65**.

ANIMAL LIABILITY BUY-BACK

Liability for animals is limited in the policy to \$10,000. This limitation may be removed from the policy through the buy-back which increases the coverage for animal liability to the Personal Liability limit for the following premium:

<u>Personal Liability Limit</u>	<u>Premium</u>
\$ 50,000 liability limit	\$ 50
\$100,000 liability limit	\$ 75
\$300,000 liability limit	\$ 150

ALL policy holders are eligible to purchase increased animal liability limits. When purchased the form **Animal Liability Limitation Endorsement RI HO4 6** is removed from the policy.

The applicable Animal Liability Limit appears on the DEC.

ADDITIONAL INTEREST

- A. Use Additional Interest Residence Premises Endorsement **RI HO4 2**

PERSONAL LIABILITY

Liability/Med Pay Limit	Rate
\$50,000 / \$500	\$8.00 (credit)
\$50,000 / \$1,000	\$5.00 (credit)
\$50,000 / \$2,000	\$1.00
\$100,000 / \$500	Included
\$100,000 / \$1,000	\$ 2.00
\$100,000 / \$2,000	\$ 4.00
\$300,000 / \$500	\$ 5.00
\$300,000 / \$1,000	\$ 8.00
\$300,000 / \$2,000	\$12.00

NUMBER OF NAMED INSUREDS CHARGE

Add the following amount dependent upon the number of named insureds listed on the declarations page.

No. of Named Insureds	Liability Limit		
	\$50,000	\$100,000	\$300,000
1 -2	\$ 0	\$ 0	\$ 0
3 - 4	\$ 15	\$ 25	\$ 40
5 - 6	\$ 40	\$ 65	\$110
7 or more	\$ 90	\$125	\$200

STATE MANUAL

Zipcode	City	County	Factor
02828	Greenville	Providence	1.00
02827	Greene	Kent	1.00
02804	Ashaway	Washington	1.00
02881	Kingston	Washington	1.00
02835	Jamestown	Newport	1.00
02831	Hope	Providence	1.00
02832	Hope Valley	Washington	1.00
02833	Hopkinton	Washington	1.00
02830	Harrisville	Providence	1.00
02836	Kenyon	Washington	1.00
02919	Johnston	Providence	1.00
02863	Central Falls	Providence	1.00
02814	Chepachet	Providence	1.00
02813	Charlestown	Washington	1.00
02812	Carolina	Washington	1.00
02815	Clayville	Providence	1.00
02808	Bradford	Washington	1.00
02830	Burrillville	Providence	1.00
02809	Bristol	Bristol	1.00
02816	Coventry	Kent	1.00
02822	Escoheag	Washington	1.00
02822	Exeter	Washington	1.00
02806	Barrington	Bristol	1.00

Zipcode	City	County	Factor
02825	Foster	Providence	1.00
02907	Cranston	Providence	1.00
02827	Coventry	Kent	1.00
02905	Cranston	Providence	1.00
02910	Cranston	Providence	1.00
02920	Cranston	Providence	1.00
02921	Cranston	Providence	1.00
02864	Cumberland	Providence	1.00
02914	East Providence	Providence	1.00
02818	East Greenwich	Kent	1.00
02917	Smithfield	Providence	1.00
02879	South Kingstown	Washington	1.00
02875	Shannock	Washington	1.00
02877	Slocum	Washington	1.00
02857	Scituate	Providence	1.00
02876	Slatersville	Providence	1.00
02916	Rumford	Providence	1.00
02898	Richmond	Washington	1.00
02812	Richmond	Washington	1.00
02832	Richmond	Washington	1.00
02836	Richmond	Washington	1.00
02875	Richmond	Washington	1.00
02892	Richmond	Washington	1.00

STATE MANUAL

Zipcode	City	County	Factor
02915	Riverside	Providence	1.00
02874	Saunderstown	Washington	1.00
02892	West Kingston	Washington	1.00
02893	West Warwick	Kent	1.00
02891	Westerly	Washington	1.00
02817	West Greenwich	Kent	1.00
02895	Woonsocket	Providence	1.00
02894	Wood River Junction	Washington	1.00
02898	Wyoming	Washington	1.00
02864	Valley Falls	Providence	1.00
02878	Tiverton	Newport	1.00
02888	Warwick	Kent	1.00
02886	Warwick	Kent	1.00
02889	Warwick	Kent	1.00
02885	Warren	Bristol	1.00
02879	Wakefield	Washington	1.00
02842	Middletown	Newport	1.00
02865	Lincoln	Providence	1.00
02837	Little Compton	Newport	1.00
02839	Mapleville	Providence	1.00
02838	Manville	Providence	1.00
02879	Peace Dale	Washington	1.00
02859	Pascoag	Providence	1.00

Zipcode	City	County	Factor
02860	Pawtucket	Providence	1.00
02861	Pawtucket	Providence	1.00
02871	Portsmouth	Newport	1.00
02882	Point Judith	Washington	1.00
02904	Providence	Providence	1.00
02905	Providence	Providence	1.00
02906	Providence	Providence	1.00
02907	Providence	Providence	1.00
02908	Providence	Providence	1.00
02909	Providence	Providence	1.00
02910	Providence	Providence	1.00
02919	Providence	Providence	1.00
02911	Providence	Providence	1.00
02903	Providence	Providence	1.00
02840	Newport	Newport	1.00
02841	Newport	Newport	1.00
02879	Narragansett	Washington	1.00
02882	Narragansett	Washington	1.00
02858	Oakland	Providence	1.00
02896	North Smithfield	Providence	1.00
02904	North Providence	Providence	1.00
02908	North Providence	Providence	1.00
02911	North Providence	Providence	1.00

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Zipcode	City	County	Factor
02857	North Scituate	Providence	1.00
02852	North Kingstown	Washington	1.00