MARYLAND JOINT INSURANCE ASSOCIATION ADDITIONAL COVERAGES RATES

Add the following to the base estimated premium to calculate an Estimated Total Premium for binding purposes. PLEASE INDICATE IN THE REMARKS SECTION ON PAGE 2 OF THE APPLICATION THOSE COVERAGES OR ADJUSTMENTS INCLUDED IN THE ESTIMATE OF THE DEPOSIT PREMIUM.

Final Premium will be calculated by the Association RATES AND FACTORS EFFECTIVE November 1, 2014

Estimated additional Premium

Sewer and Drain Backup -\$5,0	00 Limit			\$147
Add'l limit/1000				\$2.82
Earthquake			Contact JIA	for Rate
Sinkhole			per 1,000 Cov A	\$1
Refrigerated Property				\$16
Assisted Living				\$127
Other Members of household				\$99
Residence in Trust				\$0
Beneficiary or Gra	ntor			\$42
Beneficiary and G	rantor			\$85
Student away from home				\$113
Identity Theft				\$42
Liability to 2nd location-occup	ied by insur	ed		
1 family				\$11
2 family				\$22
3 family				\$89
4 family				\$111
Permitted Incidental Occupand	cies			\$28
Personal Injury				\$21
Credit card				
\$1,000				\$2
\$2,500				\$5
\$5,000				\$6
Seasonal /Secondary Homes		add \$2.	50/1000 of Cove	erage A
Condominium Increased Loss	Assassman		<u> </u>	ge / t
\$5,000	Assessilleli	ı		\$5
\$10,000				\$8
ea. addl \$1,000 OV	ER \$10 000			\$2
	•		Danie Danie (Chi	
Increased Deductible- approxi	mate credit.		Base Deductibl	e is \$ 500
TERRITORY 3	HO 2 & 8	Cov A		
Multiply rate by factor	<100,000	100K-199,900	200K-299,999	300K+
\$1,000	0.93	0.95	0.96	0.97
\$2,500	0.81	0.84	0.86	0.89
\$5,000	0.70	0.75	0.76	0.81
\$7,500	0.63	0.70	0.71	0.76
\$10,000	0.58	0.67	0.68	0.71
<u> </u>				

						_	ALL TEF	RRITORIES	
TERR	ITORIES 30-38	HO 2 & 8	Cov A			HO-4	Cov. C	HO-6	Cov. C
Multipl	ly rate by factor	<100,000	100K-199,900	200K-299,999	300K+	up to 25k	\$25K+	up to 40K	\$40k+
	\$1,000	0.93	0.94	0.95	0.96	0.88	0.93	0.91	0.93
	\$2,500	0.82	0.83	0.84	0.88	0.69	0.79	0.73	0.80
	\$5,000	0.72	0.74	0.75	0.79	-	-	-	-
	\$7,500	0.66	0.70	0.71	0.74	-	-	-	-
	\$10,000	0.62	0.66	0.67	0.70	-	-	-	-

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RATES AND FACTORS EFFECTIVE November 1, 2014

Estimated additional Premium

Increased Coverage E- Liability

 <u> </u>			
200K	add	\$9	_
 300K	add	16	_

Home Day Care- Cov. E must be \$300K.	Number of Persons
---------------------------------------	-------------------

LIAB Limit	1-3	4-6	7-8
300K	\$286	\$434	\$526

Alarm Credits

Approved systems:	Fire	Burglary
local fire and/or burglary	2%	
police/fire department	3%	3%
Central Station	5%	5%

Automatic sprinklers

all areas including closets, bathrooms and Attics	13%
except closets, bathrooms, attics etc	8%

Apply percentage to premium for APPROXIMATE credit.

Final determination will be made by the Association.

Townhouse-Rowhouse Factors HO-2 & HO-8 only

1,2,3, or 4 family dwellings in a town or row house structure or dwellings that

share a common wall with another dwelling

Contain a committee of the contained of					
Units within Fire		Protection Class			
		4.0	0.0		
Division		1-8	9 & over		
	1 or 2 Family Dwelling				
1&2		1.10	1.10		
3&4		1.10	1.15		
5-8		1.25	1.30		
9 & Over		Refer to JIA			
3 or 4 Family Dwelling					
5-8		1.15	1.20		
9 & Over		Refer to JIA			

Windstorm or Hail Percentage Deductible

A Windstorm or Hail deductible as a percentage of Coverage A is available for the following percentages:

1%	Contact JIA for Quote
2%	Contact JIA for Quote
5%	Contact JIA for Quote
7.5%	Contact JIA for Quote
10%	Contact JIA for Quote

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Estimated additional Premium

Windstorm or Hail Fixed dollar Deductible

A Windstorm or Hail fixed dollar deductible is available for the following amounts:

\$1,000	Contact JIA for Quote
\$2,000	Contact JIA for Quote
\$5,000	Contact JIA for Quote
\$7,500	Contact JIA for Quote
\$10,000	Contact JIA for Quote

Loss History Rating Plan:

The following factors are applied to the Base premium based on the Loss history of the applicant for the preceding 3 years.

No. of	
Losses	Factor
0	1
1	1.2
2	1.3
3	1.4
4 or More	1.5

A loss resulting from windstorm or hail, earthquake, mine subsidence, or sinkhole collapse as well losses for which payment occurred only with respect to Medical Payments To Others or similar coverage as are not part of the plan. The combined payments for the loss must exceed \$500. Losses occurring at a residence prior to ownership are not part of this plan.

Rev.Nov 2014