



## **HABITATIONAL PACKAGE PROGRAM**

### **NEVADA**

This program is designed for the small to medium-sized habitational exposures listed below. All accounts must meet the eligibility requirements for placement within the program. Coverage is written on a package basis only, which requires both Property & General Liability. Total Minimum Premium is \$750. If mono-line coverage(s) is needed, please contact a Statewide Underwriter.

### **CLASSIFICATIONS:**

**APARTMENTS**

**BED & BREAKFAST ESTABLISHMENTS**

**CONDOS / TOWN HOME ASSOCIATIONS**

**MOTELS / HOTELS**

**RENTAL DWELLINGS – MAX OF 10 UNITS**

### **GENERAL REQUIREMENTS**

- Working smoke alarms
- Pool / spa – must meet all local ordinances and have at least a 4-foot fence with a locked gate when pool is NOT in use. NO slides. Depth of pool must be clearly marked. Walkway around pool must be of non-skid material. Diving board limited to 1 meter in height. Rules must be posted.
- Maximum of 30 units – except for dwellings
- Maximum of 3 stories
- Age of building – maximum 50 years. All units over 30 years must have roof, heating, electricity and plumbing updated within the last 15 years.

### **SUBMIT**

- Any risk with loss payments or reserves in excess of \$5,000 in the last 3 years
- Classifications not listed in the program
- Risk with mercantile operations located on the same location

### **PROHIBITED**

- Time shares
- Adult care / assisted living
- Aluminum wiring
- Armed security
- Bankruptcy / Receivership
- Rental equipment – including Saddle animals

## RATING

### GENERAL LIABILITY

(Rates based on Units; Minimum GL Premium - \$400)

CLASS	Code #	\$300,000	\$500,000	\$1,000,000
Apartments	60010	\$58.00	\$62.50	\$84.10
Bed & Breakfast Inns	45192	\$5.36	\$5.77	\$6.26
Condo & Town Home Associations	62003	\$43.50	\$46.87	\$63.07
Hotels / Motels	45190	\$8.02	\$8.73	\$10.75
Rental Dwellings	63010	\$135.00	\$149.40	\$171.00
Pool (Flat Rate)	48925	\$779.00	\$875.00	\$1,006.00
Spa (Flat Rate)	18200	\$250.00	\$250.00	\$250.00

Double Aggregate Included – 2% Credit for Single Aggregate

### PROPERTY

**Base Rates presume BASIC Coverage – 90% Co-Ins. – \$1,000 Deductible  
Minimum Property Premium - \$300**

Protection Classes:	1 – 4	USE RATE TABLES
	5 – 7	7% Increase
	8 - 10	75% Increase (Min. \$1,000 Ded.)
Deductibles:	\$500	+ .05
	\$2,500	- .025
	\$5,000	- .050
Cause of Loss:	Basic Form	USE RATE TABLES
	Broad Form	+ .02
	Special Form – no Theft	+ .03
	Special Form – with Theft	+ .05 (Min. Ded. - \$1,000)

RATE TABLE	Type of Construction			
	Frame	Masonry	Non-Combust.	Fire Resistive
<b>Building</b>	0.54	0.50	0.400	0.300
<b>Business Pers. Property</b>	0.54	0.50	0.400	0.300
<b>Business Income</b>	0.54	0.50	0.400	0.300

### OPTIONAL COVERAGES

**Signs – Max. Value \$10,000 – \$250 Deductible**

Free Standing	\$4.00 per \$100 value
Attached to Building:	\$3.00 per \$100 value

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2014, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$_____
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Syndicate on behalf of certain underwriters at  
Lloyd's

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date