



GLASS

PROGRAM

NEW YORK

**UTICA FIRST INSURANCE COMPANY
GLASS PROGRAM**

NEW YORK

LISTING OF FORMS AND ENDORSEMENTS

FORMS

GS-200 2.0 Glass Coverage

COMMON POLICY CONDITIONS

CL- 45 7-87 Change Endorsement

CL-100 10-84 Common Policy Conditions

CL-140 3.0 Amendatory Endorsement - New York

GS-125 1.0 Amendatory Endorsement - New York

OTHER ENDORSEMENTS

GS-110 2.0 Large Plates

GS-111 2.0 All Glass of Type Described

GS-112 2.0 Broken or Cracked Plates

GS-114 1.0 Expanded Supplemental Coverages

ML-181 7-78 Deferred Premium Payment Plan

**UTICA FIRST INSURANCE COMPANY
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Classification Section
Territorial Definitions
State Rate Pages

INTRODUCTION

This Manual contains rules and rates for providing Glass Insurance.

The rules, rates, forms and endorsements in effect for the Company apply in cases not provided for by this manual. Refer to Company for Glass Coverages not available through this manual.

UTICA FIRST INSURANCE COMPANY GLASS MANUAL – RULES

RULE 1 ELIGIBILITY

This manual may be used to insure any glass listed in the classification section of this manual.

1.1 Additional Interests

The policy may cover the interests of additional owners at no additional premium.

Indicate interests on Declarations Page.

1.2 Residential Glass

Glass in a residence or apartment may be insured on a scheduled basis.

Compute the premium using **RULE 4.1** or **4.2**.

RULE 2 PROGRAM DESCRIPTION

The following is a general description of the coverage provided by the Glass policy. The policy states the complete conditions.

2.1 Principal Coverages

The policy covers the glass identified on the policy for loss caused by breakage or by chemicals.

It does not cover loss caused by:

- fire
- war
- an act or condition of nuclear origin

2.2 Supplemental Coverages

The policy covers the cost of the following up to \$75 per occurrence, unless a different amount is shown on the Declarations Page:

- repairing or replacing frames
- installing temporary plates or boarding up
- removing or replacing obstructions

2.3 Forms of Coverage

The Glass policy may be issued to provide one of the following forms of coverage.

- Per Occurrence Deductible - The insured pays the deductible amount each time a loss occurs, the Company pays the remainder of the insured loss - See **RULE 5**.
- Coverage Retention - The insured pays for an insured loss up to the retention amount shown on the policy. The Company pays for other insured losses occurring during the remainder of the policy term up to 1 year. - See **RULE 6.3**.

The full annual retention applies for policy terms of less than 1 year. For three year policy terms, the retention applies annually.

- Limited coverage - 50% of loss. The insured pays 50% of each loss, the Company pays the remaining 50% - See **RULE 6.3**.

The applicable Form of Coverage must be indicated on the Declarations page of the policy.

UTICA FIRST INSURANCE COMPANY GLASS MANUAL – RULES

RULE 3 POLICYWRITING INSTRUCTIONS

3.1 Annual Policy Term

Annual premiums and rates are shown in this manual.

3.2 Policy Term Less than One Year

A policy may be written for a term of less than one year.

Prorate the annual premium subject to the minimum premiums in RULE 3.4.

3.3 Three-Year Policy Terms

3.3.1 Prepaid - A policy may be written for a term of three years at three times the annual premium.

3.3.2 Deferred - A policy may be written for a period of three years and the premium paid in installments. At the option of the company, the premium due at each installment is either 105% of the annual premium in effect on the inception date of the policy or it is based on the rates, rules, and policies in effect on the anniversary date.

Attach Endorsement ML-181 - Deferred Premium Payment Plan.

3.4 Minimum Premium

Minimum Premiums apply per policy or endorsement.

3.4.1 Annual Policy Term or Terms Less than One Year

- \$50 for coverage written on Residential Glass.
- \$50 for coverage for Condominiums or Co-ops.
- \$15 per unit for Condominium Associations.
- \$75 for all other cases.

3.4.2 Three-Year Policy Term

The minimum premium is three times the annual policy term minimum premium.

3.5 Cancellations or Reductions

If the policy or a non-mandatory coverage is cancelled or the amount of insurance is reduced the return premium will be calculated on a pro rata basis.

3.6 Description of Glass

The location of the building containing the insured glass must be specifically identified on the Declarations page or the policy.

The glass may be insured in one of the following ways:

3.6.1 Scheduled Basis

The glass to be insured must be completely described by kind, size, and any other specifications.

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3.6.2 Blanket Basis - Insuring all glass at a given location. The glass is not described on the policy.

(This does not apply to Class 6 glass and other objects which must be scheduled and specifically insured.)

The Company must be furnished with complete inventory.

Attached Endorsement GS-111- All Glass of Type Described, or indicate on Declarations Page.

3.7 Broken or Cracked Plates

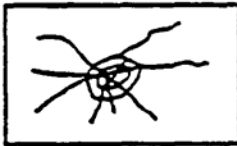
3.7.1 Exclude Coverage

Coverage for broken or cracked glass may be excluded. Indicate glass not covered by the policy on the Declarations page.

3.7.2 Include Coverage

Broken or cracked glass may be covered by the policy.
Attach Endorsement GS-112 - Broken or Cracked Plates.

Glass breaks "glassary"



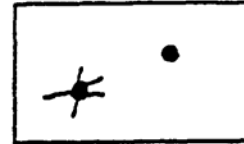
Spider breaks, usually caused by a blow from a blunt object.



Big, jagged hole typical damage from a rock or brick.



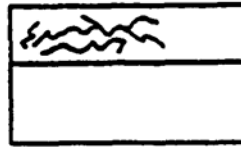
Vibration cracks, often the result of gusty wind storms.



Bullet holes, a small pin hole on the outer face of the glass with a coneshaped piece gouged out at the inside face: usually caused by stones or "BB" shots. Example shows insurable and non-insurable type "BB" holes.



Frame cracks, caused by settling or the result of poor or old construction.



Heat cracks, usually caused by heat or sun rays, or from painted surface or signs.



Corner cracks, resulting from strain caused by settling or settling of building.

3.8 Additions, Alterations, Repairs or Construction

If any part of the premises containing glass to be insured is undergoing additions, alterations, repairs or construction, refer to Company.

3.9 Changes In Limits of Liability or Addition of Coverages

The limits of liability may be increased or coverages added during the term of the policy. The additional premium shall be computed on a pro rata basis using the same rates in effect when the current policy premiums were calculated. However the additional premium may be waived at the option of the company.

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RULE 4 PREMIUM DETERMINATION

From the Classification Section of the manual, determine the applicable class. If two or more classifications apply, use the highest rated class.

4.1 Classes 1A, 1B, 2, 3, 4 and 5.

4.1.1 Determine the size of the glass.

Measure the length and width from sash to sash and add one inch to each to allow for setting.

For tempered glass with exposed edges, jalousies, tropical and venetian type doors, shutters and windows, sun sash, and similar stationary objects built into and also a permanent part of the building - use the overall measurements of the entire object, including the frame.

If the measurements are in odd inches or fractions of an inch, use the next larger even size.

Determine Square Footage (multiply L x W / 144).

4.1.2 From the Table in the Glass Manual State Rate Pages(s) determine the annual rate per square foot based on the applicable territory and the number of square feet of glass. Multiply this by the square footage of glass to determine the Basic Rate.

4.1.3 Determine the class/position multiplier from the chart.

4.1.4 Multiply the rate obtained in 4.1.2 by the factor determined in 4.1.3.

4.1.5 Modify the amount determined in 4.1.4 to reflect the selection of a deductible option.

4.1.6 Modify the amount determined in 4.1.5 for premium credits and charges.

4.1.7 Add to the amount determined in 4.1.6 the additional premium for optional coverages.

4.1.8 Determine the minimum premium applicable for coverages(s) written.

4.1.9 The larger of the amounts determined in 4.1.7 and 4.1.8 is the annual premium charge.

4.2 Class 6 - Rated by Amount of Insurance

4.2.1 Determine the amount of insurance applicable to each plate, window or object separately.

4.2.2 Determine the class/position multiplier and multiply it by the amount of insurance.

4.2.3 Multiply the amount determined in 4.2.2 by the appropriate factor for class 6 shown on the Glass Manual State Rate Pages(s).

4.2.4 Modify the amount determined in 4.2.3 to reflect the selection of a deductible option.

4.2.5 Modify the amount determined in 4.2.4 for premium credits and charges.

4.2.6 Determine the minimum premium applicable for coverages(s) written.

4.2.7 The larger of the amounts determined in 4.2.5 and 4.2.6 is the annual premium charge.

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RULE 5 DEDUCTIBLES (also see Rule 6.3)

The policy may be issued with one of the following per occurrence deductible options at the premium credit shown below.

<u>Deductible Amount</u>	<u>Credit</u>
\$ 0	0%
50	5.0%
100	10.0%
250	17.5%
500	30.0%

Refer to Company for deductible amounts not shown.

Indicate deductible amount on the Declarations page.

RULE 6 PREMIUM MODIFICATIONS

6.1 Large Plates

The following discounts apply if replacement of a plate 100 square feet or more may be made with two or more smaller plates.

25% for sizes rated using formula.

Attach Endorsement GS-110 - Large Plates.

6.2 Special or Unusual Settings and Fabrications

Additional charges may apply for special or unusual settings and fabrications.

Special or unusual settings include iron, bronze, special aluminum, leaning plates, flush setting, or scaffolding. Refer to company.

Special or unusual fabrications include mitering holes, cutouts, beveling and notches. Refer to company.

6.3 Forms of Coverage (also see Rules 2 and 5)

6.3.1 Coverage Retention

Compute the premium at 50% of the applicable premium charge.

6.3.2 Limited Coverage

Apply the following credit if the policy is written with limited coverage.

<u>Amount of Loss Paid by Insured</u>	<u>Credit</u>
50%	25%

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RULE 6 PREMIUM MODIFICATIONS (Con't)

6.4 Schedule Rating Plan

The manual rates for the risk shall be modified in accordance with the following schedule rating table subject to a maximum modification of 15% to reflect such risk management characteristics of the risk as are not reflected in this experience. A risk must develop an annual premium of \$2500 in order to be eligible for this plan.

Individual underwriting files must contain the specific criteria and document the particular circumstances of the risk that support each debit or credit.

The overall effect of this plan when used in conjunction with any other plan shall not, in the aggregate, provide for modification of rates in excess of 25%.

Risk Characteristics		Range of Modifications		
		Credits		Debits
A.	Location:			
	I. Exposure inside premises.			
	Superior/Adequate/Inadequate response to reasonable recommendations on elimination of hazards and to requests for minor structural alterations intended to result in risk improvement. Superior/Adequate/Inadequate controls and/or special procedures to deal with emergency situations.	5%	to	5%
	II. Exposure outside premises.			
	Superior/Adequate/Inadequate response to reasonable recommendations on elimination of hazards and to requests for minor structural alterations intended to result in risk improvement. Superior/Adequate/Inadequate controls and/or special procedures to deal with emergency situations.	5%	to	5%
B.	Premises:			
	I. Condition.			
	Superior/Adequate/Inadequate condition of premises giving consideration to workmanship, materials, age, maintenance. The design features of the premises are Superior/Adequate/Inadequate with respect to minimizing hazards.	5%	to	5%
	II. Care.			
	The design features of the premises are Superior/Adequate/Inadequate with respect to the intended purposes of the occupant. Lighting and arrangements for emergency lighting are Superior/Adequate/Inadequate in stairwells, halls and operating areas.	5%	to	5%

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- | | | | | | |
|----|---|-----|----|--|-----|
| C. | Equipment: | | | | |
| | Superior/Adequate/Inadequate condition of fixtures, machinery, equipment. Superior/Adequate/Inadequate level of ventilating and/or air-conditioning equipment. Superior/Adequate/Inadequate type and location of protective equipment with respect to the operations involved. | 10% | to | | 10% |
| D. | Classification Peculiarities: | | | | |
| | Where it can be clearly demonstrated that certain hazards peculiar to a classification have been eliminated to some degree or do not exist so that the classification normally assigned to the insured does not completely apply, or conversely, the classification normally assigned to the insured does not consider certain hazards peculiar to the insured. | 10% | to | | 10% |
| E. | Employees: | | | | |
| | I. Selection. | 3% | to | | 3% |
| | Superior/Adequate/Inadequate employee selection process whereby the insured screens prospective employees with respect to aptitude and ability. | | | | |
| | II. Training | 3% | to | | 3% |
| | Superior/Adequate/Inadequate training and supervision of employees. | | | | |
| F. | Cooperation: | | | | |
| | I. Medical Facilities. | 2% | to | | 2% |
| | Insured has, or has ready accessibility to Superior/Adequate/Inadequate medical facilities to provide aid to injured parties. Superior/Adequate/Inadequate special precautions have been taken to provide for emergency situations. | | | | |
| | II. Safety Program. | 2% | to | | 2% |
| | Insured has a Superior/Adequate/Inadequate safety program. | | | | |

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RULE 7 OPTIONAL COVERAGES

7.1 Increased Limits - Supplemental Coverage

The limit of liability shown in the policy under Supplemental Coverages may be increased by the rate shown in the Glass Manual State Rate Pages.

Indicate limit on the policy or Declarations page.

7.2 Expanded Supplemental Coverages

The limits for supplemental coverages per covered loss may be increased to \$150 and coverage for replacing interior glass damaged by covered loss may be provided by applying the rate shown in the Glass Manual State Rate Pages.

Attach endorsement GS-114 - Expanded Supplemental Coverages.

7.3 Lettering, Tint, Alarm Tape

Optional Coverage for Lettering, Tinted film applied to glass or Alarm Tape may be provided at the rates shown in the Glass Manual State Rate Pages.

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CLASSIFICATION SECTION

KIND	CLASS	MIRROR (PLAIN) OR (COLORED)	3
ART GLASS (VALUATION)	6	MIRROR TRANSPARENT	4
BENT (N.O.C.)	5	MISCO WIRE (CLEAR OR OBSCURE)	4
BLACK STRUCTURAL	4	MITRE (CUT SURFACE)	6
BRONZE	2	MITRE (EDGE)	2
BULLET RESISTIVE	6	MOSAIC ART GLASS (VALUATION)	6
BURGLAR ALARM FOIL (SEE RULE 7.2)		MOTION PICTURE SCREENS (VALUATION)	6
BURLAP	3	NUWELD (CLEAR) OR ROUGH (SEE MISCO)	
CLAMPED	2	OBSCURE GLASS (N.O.C.)	3
COLORED GLASS (N.O.C.)	2	OBSCURE GLASS - SAFETY GLASS	3
COLORED GLASS - SAFETY GLASS	3	OPAL	3
CUT-OUTS (INCLUDES MAIL SLOT, SPEAK HOLES, CASH HOLES) NOTCHES 7 FINGER GRIPS.		PATTERNED GLASS (SEE ROUGH GLASS)	2
ONE CUT-OUT 1/2 X CLASS		PLASTICS (N.O.C.) 1/4" OR LESS	3
TWO CUT-OUTS 2 X CLASS		PLATE (PLAIN)	
OVER TWO-CUT OUTS (SEE RULE 6.2)		1/4" OR LESS	1
DOUBLE GLAZED (SEE INSULATING UNITS)		OVER 1/4" TO 3/8"	3
DOUBLE STRENGTH	1	OVER 3/8" BUT NOT 3/4"	4
FACTROLITE (SEE ROUGH)		3/4" TO 1"	6
FINGER GRIPS (SEE CUT-OUTS)		PLEXIGLASS 1/4" OR LESS (SEE PLASTICS)	
FLOREX	3	POLISHED EDGES	2
FLUSH GLAZING (SEE RULE 6.2)		PROTECTO GLAZE (G.E.) CLEAR OR COLORED	5
FROSTED GLASS (N.O.C.)	3	REFLECTIVE GLASS	4
FROSTED GLASS - SAFETY GLASS	5	REFRIGERATOR GLASS (SEE INSULATING UNITS)	
FURNITURE (GLASS) 1 1/2 x CLASS		RIOT RESISTIVE (SEE LAMINATED)	
GLASS OF SPECIAL MANUFACTURE OR N.O.C. VALUED \$5.50 OR LESS PER SQUARE FOOT	3	ROUGH GLASS (N.O.C.)	
GLASS OF SPECIAL MANUFACTURE OR N.O.C. VALUED IN EXCESS OF \$5.50 PER SQUARE FOOT	6	UP TO 1/4"	3
GRAYLITE	2	OVER 1/4"	4
GROUND EDGES 1 1/2 X Class		SAFETY GLASS (SEE LAMINATED SAFETY GLASS)	
GROUND GLASS (SINGLE, DOUBLE OR 7/32')	3	SANDBLASTED	6
HAMMERED	3	SECURITE (SEE LAMINATED)	
HEAT ABSORBING	3	SINGLE STRENGTH	1
HERCULITE (SEE TEMPERED)		SOLAR BAN	4
HOLES (SEE CUT-OUTS)		SOLAR COOL	4
INDUSTREX (SEE ROUGH)		SOLAR REFLECTIVE GLASS	4
INSULATING UNITS, SEALED AND UNSEALED (INCLUDES THERMOPANE, WINDOW)		SOLEX	3
UNIT COMPRISED OF GLASS TO 1/4" THICK (PER PANE WITHIN UNIT)	2	SPANDRELITE (SEE TEMPERED)	
UNIT COMPRISED OF GLASS OVER 1/4' THICK 1 1/2 x Class per pane		SPLAYED SETTING	2
JALOUSIES (INCLUDES TROPICAL AND VENETIAN TYPE, LOUVERED DOORS, SHUTTERS AND WINDOWS)		STAINED GLASS WINDOWS	6
FLAT	2	STRUCTURAL (INCCUDES ARGENTIN, GLASS BLOCK OR BRICK, FLEXGLASS)	
BENT	5	FLAT OR BENT	6
LAMINATED (SAFETY GLASS) 1/4" OR LESS (CLEAR) or (TINTED) OVER 1/4"	3	TEMPERED	
LEADED GLASSES	6	1/4" OR LESS NON-INSULATED)	3
LETTERING (SEE RULE 7.2) (G.E.)	4	1/4" OR LESS INSULATED) PER PANE	3
LOUVREX (SEE ROUGH)		OVER 1/4" TO 3/4"	5
LUCITE (N.O.C.) 1/4" OR LESS (SEE PLASTICS)		THERMOPANE (SEE INSULATING UNITS)	
MAIL SLOTS (SEE CUT-OUTS)		TILTED SETTING	2
		TINTED PLATE	2
		TINTED TRANSPARENT COATINGS (APPLIED) (SEE RULE 7.2)	
		TUF-FLEX (SEE TEMPERED)	
		TWINDOW (SEE INSULATING UNITS)	
		VENETIAN BLINDS (GLASS)	6
		LEXAN VERI-TRAN	4
		WHITE FLOAT (1/4" OR LESS) STRUCTURAL WINDOW (PLAIN)	4
		WIRED (CLEAR OR ROUGH) - 1/4" OR LESS	3

REFER TO COMPANY FOR CLASSES NOT SHOWN

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CLASS/POSITION MULTIPLIERS

CLASS		POSITION*					
		EXTERIOR			SEMI EXT. D	INT. E	SPECIAL F
		A	B	C			
1 A	All Class 1 Glass with all edges set in removable frames	1	½	¼	½	1/3	2
1 B	Class 1 Glass with: (a) one or more edges exposed if mitred, cemented or butted; or (b) flush, tilted or splayed settings.	1 ½	½	½	¾	½	2
2	All Class 2 Glass	2 ¼	1	½	1	¾	2
3	All Class 3 Glass	3	2	1	1 ½	1	3
4	All Class 4 Glass	5	3	1 ½	3	2	5
5	All Class 5 Glass	8	5	2 ½	5	3	8
6	All Class 6 Glass	12%	7%	4%	7%	4%	12%

*POSITION DESCRIPTION

- A All exterior glass with any part 15 feet or less above sidewalk or 8 feet or less from face of building line. This includes greenhouses and conservatories.
- B Exterior upper glass with base above 15 feet but less than 30 feet above sidewalk
- C Exterior upper glass with base 30 feet or more above sidewalk
- D Semi-exterior glass with no part less than 8 feet in from the building wall line.
- E All glass within outer permanent entrance doors of a building (except position F).
- F Showcases, portable bulletin boards, shelving, glass tops, canopies, marquees, penthouse and roof glazing. Doors. Removable Glass.

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<u>COUNTY/CITY</u>	<u>TERRITORIAL NO.</u>	<u>COUNTY/CITY</u>	<u>TERRITORIAL NO.</u>
Albany County Albany	01	Oneida County Utica	86
Bronx County	39	Onondaga County Syracuse	47
Broome County Binghamton	91	Queens County	95
Erie County Buffalo	08	Rensselaer County Troy	89
Kings County	62	Richmond County	71
Monroe County Rochester	40	Rockland County	68
Nassau County	83	Schenectady County Schenectady	88
New York County	29	Suffolk County	99
Niagara County Niagara Falls	93	Westchester County Yonkers	43
		Balance of County	56
		Balance of State	00

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NEW YORK RATE PAGE

BASIC RATE DETERMINATION

1. Determine dimensions in inches.
2. Round the dimensions to the next higher inch.
3. Determine the number of square feet (all fractions are considered an additional square foot).

Example: 32in. x 78in. / 144 = 17.33 square feet

4. Apply the rate from the table below.

Territory 00: 18 x 0.928 928: . \$ 16.70

ANNUAL RATE PER SQUARE FOOT						
No Deductible						
Number of Square Feet	Territory Code					
	00	01	02	03	05	08
0 – 4	\$0.580	\$1.019	\$0.518	\$0.694	\$0.580	\$0.848
5 – 6	0.710	1.247	0.633	0.849	0.710	1.037
7 – 13	0.877	1.540	0.782	1.049	0.877	1.281
14 - 22	0.928	1.630	0.828	1.110	0.928	1.356
23 - 28	1.012	1.777	0.903	1.210	1.012	1.478
29 - 71	1.035	1.817	0.923	1.238	1.035	1.512
72 - 96	1.304	2.290	1.163	1.560	1.304	1.905
97 - 120	1.763	3.097	1.573	2.109	1.763	2.576
121 -128	2.213	3.888	1.975	2.647	2.213	3.234
129 - 144	3.271	5.746	2.919	3.913	3.271	4.780
145 - 160	3.902	6.854	3.482	4.668	3.902	5.702
161 - 180	5.285	9.283	4.715	6.321	5.285	7.722
Class 6 factor:	4.640	8.150	4.140	5.550	4.640	6.780

REFER TO COMPANY FOR SIZES NOT SHOWN

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ANNUAL RATE PER SQUARE FOOT								
No Deductible								
Number of Square Feet	Territory Code							
	09	11	13	14	15	18	24	25
0 - 4	\$0.474	\$0.491	\$0.785	\$0.596	\$0.694	\$0.581	\$0.430	\$0.638
5 - 6	0.580	0.601	0.961	0.730	0.849	0.711	0.526	0.780
7 - 13	0.716	0.743	1.187	0.902	1.049	0.879	0.650	0.964
14 - 22	0.758	0.786	1.256	0.954	1.110	0.930	0.688	1.020
23- 28	0.826	0.857	1.369	1.040	1.210	1.014	0.750	1.112
29- 71	0.845	0.876	1.400	1.064	1.238	1.037	0.767	1.137
72- 96	1.065	1.104	1.765	1.340	1.560	1.307	0.967	1.433
97 - 120	1.440	1.493	2.386	1.813	2.109	1.767	1.307	1.938
121 - 128	1.808	1.875	2.996	2.275	2.647	2.218	1.641	2.433
129 - 144	2.672	2.771	4.427	3.363	3.913	3.278	2.425	3.595
145 - 160	3.187	3.305	5.281	4.012	4.668	3.911	2.893	4.289
161 - 180	4.317	4.476	7.153	5.433	6.321	5.296	3.918	5.809
Class 6 factor:	3.790	3.930	6.280	4.770	5.550	4.650	3.440	5.100

ANNUAL RATE PER SQUARE FOOT								
No Deductible								
Number of Square Feet	Territory Code							
	29	37	38	39	40	41	42	43
0 - 4	\$0.546	\$0.785	\$0.854	\$1.014	\$0.650	\$1.010	\$1.020	\$0.746
5 - 6	0.669	0.961	1.045	1.241	0.796	1.236	1.248	0.913
7 - 13	0.826	1.187	1.291	1.533	0.983	1.527	1.542	1.128
14 - 22	0.874	1.256	1.366	1.622	1.040	1.616	1.632	1.194
23- 28	0.953	1.369	1.489	1.768	1.134	1.761	1.779	1.301
29- 71	0.975	1.400	1.523	1.809	1.160	1.802	1.820	1.331
72- 96	1.228	1.765	1.919	2.279	1.461	2.270	2.293	1.678
97 - 120	1.661	2.386	2.595	3.082	1.976	3.070	3.101	2.269
121 - 128	2.084	2.996	3.258	3.868	2.480	3.854	3.892	2.848
129 - 144	3.081	4.427	4.815	5.718	3.666	5.696	5.753	4.209
145 - 160	3.675	5.281	5.744	6.821	4.373	6.795	6.863	5.021
161 - 180	4.977	7.153	7.779	9.237	5.923	9.203	9.294	6.800
Class 6 factor:	4.370	6.280	6.830	8.110	5.200	8.080	8.160	5.970

REFER TO COMPANY FOR SIZES NOT SHOWN

**UTICA FIRST INSURANCE COMPANY
GLASS MANUAL – RULES**

ANNUAL RATE PER SQUARE FOOT								
No Deductible								
Number of Square Feet	Territory Code							
	44	45	46	47	48	49	50	52
0 – 4	\$0.535	\$1.374	\$0.836	\$0.415	\$0.579	\$0.879	\$0.790	\$1.008
5 – 6	0.655	1.681	1.024	0.508	0.708	1.076	0.967	1.233
7 - 13	0.809	2.077	1.264	0.627	0.875	1.329	1.194	1.523
14 - 22	0.856	2.198	1.338	0.664	0.926	1.406	1.264	1.612
23- 28	0.933	2.396	1.458	0.724	1.009	1.533	1.378	1.757
29- 71	0.954	2.451	1.492	0.740	1.032	1.568	1.409	1.797
72- 96	1.203	3.088	1.880	0.933	1.301	1.975	1.776	2.265
97 – 120	1.626	4.176	2.542	1.262	1.759	2.671	2.402	3.063
121 – 128	2.042	5.242	3.191	1.584	2.209	3.353	3.015	3.845
129 – 144	3.017	7.748	4.716	2.341	3.264	4.956	4.456	5.682
145 – 160	3.599	9.243	5.626	2.792	3.894	5.912	5.315	6.778
161 – 180	4.875	12.518	7.620	3.781	5.274	8.007	7.198	9.180
Class 6 factor:	4.280	10.990	6.690	3.320	4.630	7.030	6.320	8.060

ANNUAL RATE PER SQUARE FOOT								
No Deductible								
Number of Square Feet	Territory Code							
	56	58	62	68	71	82	83	86
0 – 4	\$0.495	\$0.914	\$1.525	\$0.464	\$0.994	\$1.203	\$0.545	\$0.469
5 – 6	0.606	1.118	1.867	0.568	1.216	1.472	0.667	0.574
7 – 13	0.748	1.382	2.306	0.701	1.503	1.818	0.824	0.709
14 – 22	0.792	1.462	2.440	0.742	1.590	1.924	0.872	0.750
23- 28	0.863	1.594	2.660	0.809	1.733	2.097	0.950	0.818
29- 71	0.883	1.630	2.721	0.827	1.773	2.145	0.972	0.836
72- 96	1.113	2.054	3.428	1.043	2.234	2.703	1.225	1.054
97 – 120	1.505	2.778	4.636	1.410	3.021	3.656	1.657	1.425
121 – 128	1.889	3.487	5.819	1.770	3.792	4.589	2.080	1.789
129 – 144	2.792	5.154	8.601	2.616	5.605	6.782	3.074	2.644
145 – 160	3.330	6.148	10.260	3.120	6.686	8.090	3.667	3.154
161 – 180	4.510	8.326	13.896	4.226	9.055	10.957	4.966	4.271
Class 6 factor:	3.960	7.310	12.200	3.710	7.950	9.620	4.360	3.750

REFER TO COMPANY FOR SIZES NOT SHOWN

**UTICA FIRST INSURANCE COMPANY
GLASS MANUAL – RULES**

ANNUAL RATE PER SQUARE FOOT							
No Deductible							
Number of Square Feet	Territory Code						
	88	89	91	93	94	95	99
0 – 4	\$0.375	\$0.654	\$0.354	\$0.661	\$0.658	\$0.720	\$0.699
5 – 6	0.459	0.800	0.433	0.809	0.805	0.881	0.855
7 – 13	0.567	0.988	0.535	1.000	0.994	1.089	1.057
14 – 22	0.600	1.046	0.566	1.058	1.052	1.152	1.118
23- 28	0.654	1.140	0.617	1.153	1.147	1.256	1.219
29- 71	0.669	1.166	0.631	1.180	1.173	1.284	1.247
72- 96	0.843	1.470	0.795	1.486	1.478	1.619	1.571
97 – 120	1.140	1.987	1.075	2.010	1.999	2.189	2.124
121 - 128	1.431	2.495	1.350	2.523	2.509	2.748	2.666
129 - 144	2.115	3.687	1.995	3.729	3.708	4.061	3.941
145 - 160	2.523	4.398	2.380	4.449	4.424	4.844	4.701
161 - 180	3.417	5.957	3.223	6.025	5.991	6.561	6.367
Class 6 factor:	3.000	5.230	2.830	5.290	5.260	5.760	5.590

REFER TO COMPANY FOR SIZES NOT SHOWN

**UTICA FIRST INSURANCE COMPANY
GLASS MANUAL – RULES**

RULE 7 OPTIONAL COVERAGES

7.1 Increased Limits - Supplemental Coverages

The limit of liability shown in the policy under Supplemental Coverages may be increased by the rate shown below.

	Annual Rate Per \$100 of Increase
1. Frames	\$20
2. Temporary Installations or Enclosures	\$20
3. Removal of Obstructions	\$20

The rates apply to each premises separately occupied or designed for separate occupancy.

Indicate the limit on the Declarations Page.

7.2 Expanded Supplemental Coverages

The limits for supplemental coverages per covered loss may be increased to \$150 and coverage for replacing interior glass damaged by covered loss may be provided by applying the rate shown below.

5% of the premium subject to a \$25 minimum.

Attach Endorsement GS-114 - Expanded Supplemental Coverages.

7.3 Lettering, Tint, Alarm Tape

The following optional coverages may be provided at the charges shown below:

	Annual Rate Per \$100
Lettering	\$20
Tinted film applied to glass	\$20
Alarm Tape	\$20

UTICA FIRST INSURANCE COMPANY
GLASS COVERAGE WORKSHEET

The following instructions apply to the premium calculation worksheet developed for the AAIS Glass Manual REV. 1.0.

1. Select the applicable Form of Coverage.
2. Select any Optional Coverages that apply.
3. Determine the Rate Modification Factor.
 - a). Apply appropriate company deviation.
 - b). Apply the appropriate Class/Position Multiplier from page **CLASS-2**.
 - c). If the Per Occurrence Deductible Form of Coverage is selected, apply the deductible credit factor by taking 1 minus the deductible credit determined in **Rule 5**.
 - d). Apply an appropriate experience or schedule factor as determined in **Rule 6.4**.
 - e). Apply a factor of .75 if the 25% Large Plate Discount applies. See **Rule 6.1**.
 - f). Apply a factor of .50 if Coverage Retention is the selected Form of Coverage. See **Rule 6.3.1**.
 - g). Apply a factor of .75 if Limited Coverage - 50% of Loss is the selected Form of Coverage. See **Rule 6.3.2**.
 - h). Multiply these factors together to determine the Mod Factor.
4. Calculate the premium.
 - a). Select the applicable class.
 - b). If class 6, determine the applicable amount of insurance.
 - c). If not class 6, determine the size of the glass in square feet using **Rule 4.1.1**.
 - d). Using the Table in the Glass Manual State Rate Page(s), determine the annual rate per square foot. Multiply this by the square footage of glass to determine the Basic Rate. If class 6, multiply the class 6 factor by the amount of insurance.
 - e). Multiply the basic rate by the Mod Factor.
 - f). Add to this the additional charge for special or unusual settings and/or fabrications.
 - g). Multiply by the number of plates to get the premium.
 - h). Add to this any additional premium charges for the Optional Coverages selected.
 - i). Determine the policy minimum premium from **Rule 3.4**.
 - j). The higher of h). and i). is the annual premium charge.

**UTICA FIRST INSURANCE COMPANY
GLASS MANUAL – RULES**

GLASS EXPERIENCE RATING PLAN

1. ELIGIBILITY

The term “risk” as used in this Plan means the exposures of any one insured which are to be rated. Allied or subsidiary interests shall not be included unless (1) the insured holds a majority financial interest therein, or (2) the following conditions exist under an exclusive franchise arrangement between the franchise grantor and the other interests to be rated:

- a) all interests operate under a common trade name, and
- b) all interests use one or more identical products or services obtained through the franchise grantor, and
- c) one source establishes and maintains standards regarding management control and is responsible for insurance premium payments for all interests operating under the exclusive franchise, and
- d) there is no legal prohibition against ownership by the franchise grantor of the operations of other interests to be rated.

A risk must develop an annual manual premium of \$2,500 or more for the Glass Insurance exposures rated to be eligible for this plan.

2. RATING PROCEDURE

The experience modification for the risk shall be determined in accordance with the experience rating procedure described herein.

3. EXPERIENCE USED

The experience modification shall be determined from Glass experience incurred by the present carrier in this state, or in all states, during a maximum previous period of five years. The minimum experience period shall be the nine months of the expiring policy term ending three months prior to the rating date, or a completed previous policy year.

Experience incurred by companies other than the present carrier or self-insured experience may be used subject to the periods specified above. If the risk has been self-insured or insured with a company from which the experience is not obtainable, the experience may be used if submitted to the company in the form of a statement signed by the insured. Experience in such form shall be given credence in accordance with its apparent credibility.

**UTICA FIRST INSURANCE COMPANY
GLASS MANUAL – RULES**

GLASS EXPERIENCE RATING PLAN

4. DETERMINATION OF EXPERIENCE MODIFICATION

The experience modification shall be determined by application of the following procedure:

- 1) Determine the actual loss ratio by dividing the incurred losses (excluding allocated claim expense) by the collected premium adjusted to eliminate the effect of any experience or other rate modification applied and any discount allowed for a policy term of more than one year.

The amount of any single loss to be included in the rating shall not exceed the maximum loss amount specified in the Credibility and Maximum Single Loss Table.

- 2) The expected loss ratio is .426.
- 3) The credibility for the risk is based on the premium for the experience period used in determining the actual loss ratio and is obtained from the Credibility and Maximum Single Loss Table.
- 4) If the actual loss ratio is less than the expected loss ratio, the experience modification is a credit which shall be determined as follows:

$$\frac{\text{Expected Loss Ratio} \text{ minus } \text{Actual Loss Ratio}}{\text{Expected Loss Ratio}} \times \text{Credibility} = \text{Experience Modification}$$

- 5) If the actual loss ratio is greater than the expected loss ratio, the experience modification is a debit which shall be determined as follows:

$$\frac{\text{Actual Loss Ratio} \text{ minus } \text{Expected Loss Ratio}}{\text{Expected Loss Ratio}} \times \text{Credibility} = \text{Experience Modification}$$

**UTICA FIRST INSURANCE COMPANY
GLASS MANUAL – RULES**

**GLASS
EXPERIENCE RATING PLAN
CREDIBILITY AND MAXIMUM SINGLE LOSS TABLE**

SUBJECT PREM	CRED	ELR	MSL	SUBJECT PREM	CRED	ELR	MSL	SUBJECT PREM	CRED	ELR	MSL
1 - 152	0.01	0.428	1300	5505 - 5748	0.36	0.426	2000	23899 - 25088	0.71	0.426	4400
153 - 256	0.02	0.426	1300	5749 - 6000	0.37	0.426	2050	25089 - 26364	0.72	0.426	4550
257 - 363	0.03	0.426	1300	6001 - 6260	0.38	0.426	2050	26365 - 27736	0.73	0.426	4750
364 - 471	0.04	0.426	1350	6261 - 6529	0.39	0.426	2100	27737 - 29216	0.74	0.426	4900
472 - 582	0.05	0.426	1350	6530 - 6807	0.40	0.426	2150	29217 - 30800	0.75	0.426	5100
583 - 695	0.06	0.426	1350	6808 - 7094	0.41	0.426	2150	30801 - 32400	0.76	0.426	5300
696 - 811	0.07	0.426	1350	7095 - 7391	0.42	0.426	2200	32401 - 34000	0.77	0.426	5500
812 - 929	0.08	0.426	1400	7392 - 7699	0.43	0.426	2250	34001 - 35600	0.78	0.426	5700
930 - 1050	0.09	0.426	1400	7700 - 8018	0.44	0.426	2300	35601 - 37200	0.79	0.426	5900
1051 - 1173	0.10	0.426	1400	8019 - 8349	0.45	0.426	2300	37201 - 38800	0.80	0.426	6050
1174 - 1299	0.11	0.426	1450	8350 - 8692	0.46	0.426	2350	38801 - 40400	0.81	0.426	6250
1300 - 1429	0.12	0.426	1450	8693 - 9048	0.47	0.426	2400	40401 - 42000	0.82	0.426	6400
1430 - 1561	0.13	0.426	1450	9049 - 9417	0.48	0.426	2450	42001 - 43600	0.83	0.426	6600
1562 - 1696	0.14	0.426	1500	9418 - 9802	0.49	0.426	2500	43601 - 45200	0.84	0.426	6750
1697 - 1834	0.15	0.426	1500	9803 - 10202	0.50	0.426	2550	45201 - 46800	0.85	0.426	6900
1835 - 1976	0.16	0.426	1500	10203 - 10619	0.51	0.426	2600	46801 - 48400	0.86	0.426	7050
1977 - 2121	0.17	0.426	1550	10620 - 11053	0.52	0.426	2650	48401 - 50000	0.87	0.426	7250
2122 - 2270	0.18	0.426	1550	11054 - 11505	0.53	0.426	2700	50001 - 51600	0.88	0.426	7400
2271 - 2422	0.19	0.426	1600	11506 - 11978	0.54	0.426	2800	51601 - 53200	0.89	0.426	7500
2423 - 2579	0.20	0.426	1600	11979 - 12472	0.55	0.426	2850	53201 - 54800	0.90	0.426	7650
2580 - 2739	0.21	0.426	1600	12473 - 12989	0.56	0.426	2900	54801 - 56400	0.91	0.426	7800
2740 - 2903	0.22	0.426	1650	12990 - 13529	0.57	0.426	2950	56401 - 58000	0.92	0.426	7950
2904 - 3072	0.23	0.426	1650	13530 - 14096	0.58	0.426	3050	58001 - 59600	0.93	0.426	8100
3073 - 3245	0.24	0.426	1700	14097 - 14691	0.59	0.426	3100	59601 - 61200	0.94	0.426	8200
3246 - 3423	0.25	0.426	1700	14692 - 15316	0.60	0.426	3200	61201 - 62800	0.95	0.426	8350
3424 - 3605	0.26	0.426	1750	15317 - 15974	0.61	0.426	3300	62801 - 64400	0.96	0.426	8450
3606 - 3793	0.27	0.426	1750	15975 - 16667	0.62	0.426	3350	64401 - 66000	0.97	0.426	8600
3794 - 3988	0.26	0.426	1800	16668 - 17397	0.63	0.426	3450	66001 - 67600	0.98	0.426	8700
3987 - 4184	0.29	0.426	1800	17398 - 18169	0.64	0.426	3550	67601 - 69200	0.99	0.426	8850
4185 - 4388	0.30	0.426	1850	18170 - 18986	0.65	0.426	3650	69201 - *****	1.00	0.426	8950
4389 - 4599	0.31	0.426	1850	18987 - 19851	0.66	0.426	3750				
4600 - 4815	0.32	0.426	1900	19852 - 20769	0.67	0.426	3850				
4816 - 5038	0.33	0.426	1900	20770 - 21746	0.68	0.426	4000				
5039 - 5267	0.34	0.426	1950	21747 - 22787	0.69	0.426	4100				
5268 - 5504	0.35	0.426	1950	22788 - 23898	0.70	0.426	4250				

**UTICA FIRST INSURANCE COMPANY
GLASS MANUAL – RULES**

UTICA FIRST INSURANCE COMPANY

GLASS COVERAGE

<p align="center">DESCRIPTION/LOCATION OF GLASS</p> <hr/> <hr/> <hr/> <hr/>	<p align="center">FORM OF COVERAGE</p> <p><input type="checkbox"/> Without Deductible</p> <p><input type="checkbox"/> Per Occurrence Deductible \$ _____ Deductible Amount</p> <p><input type="checkbox"/> Coverage Retention \$ _____ Annual Retention</p> <p><input type="checkbox"/> Limited Coverage - 50% of Loss</p>
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OPTIONAL COVERAGES

Supplemental Coverage – Increased Limits Lettering, Tint, Alarm Tape

Expanded Supplemental Coverage Other Options

RATE MODIFICATION FACTORS

COMPANY DEVIATION	CLASS POS. MULTIPLIER	DEDUCTIBLE CRD. FACTOR	EXP. OR SCH. FACTOR	LARGE PLATE FACTOR	COVERAGE RETENTION CRD.	LIMITED COVERAGE CRD.	MOD FACTOR

PREMIUM CALCULATIONS

Class	Amt. of Ins. (If class 6)	Size in Square Feet			*Annual Rate or Cl. 6 Fact.	Basic Rate	Mod Factor	Premium	Spec. Settings/ Fabr. Charge	Premium	Number of Plates	Premium	Additional Prem. for Opt. Cov.	Total Premium	Policy Min. Premium
		L	W	LxW/144											
GRAND TOTAL															

**UTICA FIRST INSURANCE COMPANY
GLASS MANUAL – RULES**

UTICA FIRST INSURANCE COMPANY

GLASS COVERAGE

DESCRIPTION/LOCATION OF GLASS	FORM OF COVERAGE
1). <u>36" x 5" Jalousie (Flat) with Expanded</u> <u>Supplemental Coverage – Class 2</u>	<input type="checkbox"/> Without Deductible <input checked="" type="checkbox"/> Per Occurrence Deductible \$ <u>250</u> Deductible Amount <input type="checkbox"/> Coverage Retention \$ _____ Annual Retention <input type="checkbox"/> Limited Coverage – 50% of Loss
2). <u>Venetian Blinds (Glass) with Expanded</u> <u>Supplemental Coverage – Class 6</u>	

OPTIONAL COVERAGES

- | | |
|--|--|
| <input type="checkbox"/> Supplemental Coverage – Increased Limits | <input type="checkbox"/> Lettering, Tint, Alarm Tape |
| <input checked="" type="checkbox"/> Expanded Supplemental Coverage | <input type="checkbox"/> Other Options |

RATE MODIFICATION FACTORS

COMPANY DEVIATION	CLASS POS. MULTIPLIER	DEDUCTIBLE CRD. FACTOR	EXP. OR SCH. FACTOR	LARGE PLATE FACTOR	COVERAGE RETENTION CRD.	LIMITED COVERAGE CRD.	MOD FACTOR
---	2 1/4	0.825	0.90	---	---	---	1.671
---	0.12	0.825	0.90	---	---	---	0.089

PREMIUM CALCULATIONS

Class	Amt. of Ins. (If class 6)	Size in Square Feet			* Annual Rate or Cl. 6 Fact.	Basic Rate	Mod Factor	Premium	Spec. Sellings/ Fabr. Charge	Premium	Number of Plates	Premium	Additional Prem. for Opt. Cov.	Total Premium	Policy Min. Premium
		L	W	LxW/144											
2	---	36	5	2	0.614	1.228	1.671	2.05	---	2.05	10	20.50			
6	1,000	--	--	--	4.910	4,910	0.089	436.99	---	436.99	4	1,747.96			
GRAND TOTAL												\$1,768.46	** \$88.42	\$1,856.88	\$ 75

* SEE GLASS MANUAL STATE RATE PAGE(S).

** The rate for Expanded Supplemental Coverages is 5% of the premium per location subject to a \$25 minimum premium.