STATEWIDE INSURANCE CORP. P.O. Box 30527, Phoenix, Arizona 85046

NEW MEXICO Habitational Package Policy CERTAIN UNDERWRITERS AT LLOYD'S OF LONDON

Insured:					Policy #:			
Effective:				_	Agency:			
Has this insured Is this business a Has this insured	New Venture?	•	ofor more than	one year?		PREMIUM MODIFIER =		1.00
Rates effective 2/15/08								
			GENERAL I	IABILITY CAL	CULATIONS			
Class Description and Code #:							Class Description	n Above
Occurrence Limit: Do you want Double Aggregate?				Please Select	Desired Occurr	ence Limit		
Do you want bouble Aggingate? General Aggregate Requested Deductible (\$500/\$1,000) Additional Insured's Requested (\$50 each):				Please Select Deductible				
	Class Code	Base Rate	Aggregate Factor	Deductible Factor	Modifier	Final Rate	# of Units	
[Number of Sw	vimming Pools		Number of Spas			GL Premium	
							\$0	i
Г		GL RATI	E TABLE		,	Rates (per Uni	it)	
r	CLASS		Code #		\$300,000	\$500,000	\$1,000,000	
Ā	Apartments		60010		\$48.60	\$53.10	\$58.50	
E	Bed & Breakfast I	nns	45192		\$5.01	\$5.35	\$5.69	
G	Condo & Town Ho	me Associations	62003		\$36.45	\$39.82	\$43.87	
F	Hotels / Motels		45190		\$6.08	\$6.45	\$7.75	
F	Rental Dwellings			63010		\$102.60	\$115.20	