

MINIMUM PREMIUM SCHEDULE AND RULES
ACCIDENT INSURANCE COMPANY, INC.

APPLICABILITY:

This Minimum Premium Schedule is applicable solely to South Carolina policies issued by Accident Insurance Company, Inc. with a policy effective date of January 1 2005 or later.

MINIMUM ANNUAL PREMIUMS:

The Minimum Annual Premium for any given policy is based on a full 12-month policy period and is solely dependent on the appropriate governing NCCI SCOPES class code applicable to such policy for the subject policy period as verified by audit. The following is a listing of the three applicable Minimum Annual Premium levels and the governing class codes to which each applies:

- A \$600 Minimum Annual Premium applies to policies with any of the following governing class codes:

8001	8002	8006	8008	8010
8013	8015	8017	8018	8021
8031	8032	8033	8039	8044
8045	8046	8047	8050	8058
8072	8102	8103	8105	8111
8116	8203	8209	8235	8381
8392	8745	8800	8810	8831
8868	9014	9052	9058	9060
9061	9082	9083	9089	9093
9101	9522	9586	9600	9620

- A \$1,200 Minimum Annual Premium is applicable to policies with governing class codes that are not included in the \$600 list above or the \$1,800 list below
- An \$1,800 Minimum Annual Premium applies to all policies with any of the following governing class codes:

0042	5020	5022	5102	5183
5188	5190	5215	5221	5223
5348	5402	5437	5443	5445
5462	5474	5478	5479	5480
5491	5506	5507	5508	5536
5606	5610	6217	6229	6325

MINIMUM POLICY PERIOD PREMIUM:

The applicable Minimum Premium for any given policy period of less than one full year is the applicable Minimum Annual Premium prorated on a monthly basis, 1/12 per month for every whole month less than 12 in the applicable policy period.

Example: If the Minimum Annual Premium for a given policy is \$1,200 but the applicable policy period is from March 15 to December 31 of a given year then the Minimum Policy Period Premium for such policy would be \$1,200 less 2/12 of \$1,200 (because January and February are not included in the policy period) or a total of \$1,000.

I have read and understand these rules and have explained their application to the insured for whom I have obtained a Quotation from Accident Insurance Company, Inc.

Agent Signature _____ Date Signed _____