## Filing at a Glance

Company: The Medical Protective Company

| | | |
|---|---|---|
| Product Name: Health Care Professionals - Nurse Practitioners | SERFF Tr Num: MDPC-126055948 | State: District of Columbia |
| TOI: 11.0 Medical Malpractice - Claims Made/Occurrence | SERFF Status: Closed | State Tr Num: |
| Sub-TOI: 11.0013 Nurse - Practitioners | Co Tr Num: 09-HCNP-02 | State Status: |
| Filing Type: Rate/Rule | Co Status: | Reviewer(s): Robert Nkojo |
| | Authors: Melissa Coker, Christopher Cole | Disposition Date: 07/14/2009 |
| | Date Submitted: 03/12/2009 | Disposition Status: APPROVED |
| Effective Date Requested (New): 07/01/2009 | | Effective Date (New): |
| Effective Date Requested (Renewal): 07/01/2009 | | Effective Date (Renewal): |

State Filing Description:

## General Information

| | |
|---|---|
| Project Name: HCP - NP | Status of Filing in Domicile: Pending |
| Project Number: 09-HCPNP-02 | Domicile Status Comments: |
| Reference Organization: n/a | Reference Number: n/a |
| Reference Title: n/a | Advisory Org. Circular: n/a |
| Filing Status Changed: 07/14/2009 | |
| State Status Changed: | Deemer Date: |
| Corresponding Filing Tracking Number: 09-HCNP-01 | |

Filing Description:

The Medical Protective Company is pleased to introduce new Nurse Practitioner rates, rules and forms for individual Healthcare Professionals.

Where applicable we have separated the forms from the rates and rules and have submitted a separate filing under a separate submission. We respectfully request an effective date of July 1, 2009 for this submission.

The enclosed Memorandum and exhibits detail the rate development of this filing and provide brief descriptions of the manual rate and rule pages included in the package. In addition to the aforementioned pages, please find specimen copies of the proposed policies and endorsements.

If you should have any additional questions related to this filing, please let me know.

Thank you for your time,
Melissa Coker

## Company and Contact

**Filing Contact Information**


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Fort Wayne, IN 46835
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(260) 486-0733[FAX]


**Filing Company Information**

| | | |
|---|---|---|
| The Medical Protective Company | CoCode: 11843 | State of Domicile: Indiana |
| 5814 Reed Road | Group Code: | Company Type: |
| Fort Wayne, IN 46835 | Group Name: | State ID Number: |
| (260) 486-0838 ext. [Phone] | FEIN Number: 35-0506406 | |

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## Filing Fees

| | |
|---|---|
| Fee Required? | No |
| Retaliatory? | No |
| Fee Explanation: | |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---|---|---|
| The Medical Protective Company | $0.00 | | |

## Rate Information

Rate data applies to filing.

| | |
|---|---|
| **Filing Method:** | file and use |
| **Rate Change Type:** | |
| **Overall Percentage of Last Rate Revision:** | |
| **Effective Date of Last Rate Revision:** | |
| **Filing Method of Last Filing:** | n/a - this is the initial filing |

### Company Rate Information

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where required): | Minimum % Change (where required): |
|---|---|---|---|---|---|---|---|
| The Medical Protective Company | 0.000% | 0.000% | $0 | 0 | $0 | 0.000% | 0.000% |

# Rate/Rule Schedule

| Review Status: | Exhibit Name: | Rule # or Page #: | Rate Action | Previous State Filing Number: | Attachments |
|---|---|---|---|---|---|
| | OCC Rate Pages | RTS-xxx; ST-09-1 | New | | dc np oc.pdf |
| | OCC Class Plan | NPRC-CW; 7/1/2009 | New | | dc np oc cp.pdf |
| | OCC Aggregate Credit Rule | ACR-CW; 7/1/2009 | New | | dc np occ acr.pdf |
| | OCC Deferred Premium Payment Plan Rule | DPP-CW; 7/1/2009 | New | | dc np occ dpp.pdf |
| | OCC Full Time Equivalency Rating Rule | FTE-CW; 7/1/2009 | New | | dc np occ fte.pdf |
| | OCC Group Rating Rule | GRR-CW; 7/1/2009 | New | | dc np occ group.pdf |
| | OCC Leave of Absence Credit Rule | LOA-CW; 7/1/2009 | New | | dc np occ loa.pdf |
| | OCC Military Leave of Absence Credit Rule | MLOA-CW; 7/1/2009 | New | | dc np occ mloa.pdf |

| | | | |
|---|---|---|---|
| OCC Minimum Premium Rating Rule | MPR-CW; 7/1/2009 | New | dc np occ mpr.pdf |
| OCC Renewal Rating Rule | RRR-CW; 7/1/2009 | New | dc np occ renewal.pdf |
| OCC Risk Management Credit Rule | RMC-CW; 7/1/2009 | New | dc np occ rmc.pdf |
| OCC Schedule Rating Plan | SRP-CW; 7/1/2009 | New | dc np occ srp.pdf |
| OCC Membership Association Credit | MAC-CW; 7/1/2009 | New | dc np occ mac.pdf |
| OCC New to Practice Credit | NTP-CW; 7/1/2009 | New | dc np occ ntp.pdf |
| OCC Shared Entity Vicarious Liability Coverage | SVL-CW; 7/1/2009 | New | dc np occ entity.pdf |
| OCC Partnership or Corporation Coverage | PCC-CW; 7/1/2009 | New | dc np occ pc.pdf |
| SCM Rate Pages | RTS-xxx; ST-09-1 | New | dc np cm.pdf |
| SCM Class Plan | NPRC-CW; 7/1/2009 | New | dc np cm cp.pdf |

| | | | |
|---|---|---|---|
| SCM Tail Factors | ECF-xxx; ST-09-1 | New | dc np scm ecf.pdf |
| SCM Aggregate Credit Rule | ACR-CW; 7/1/2009 | New | dc np scm acr.pdf |
| SCM Deferred Premium Payment Plan Rule | DPP-CW; 7/1/2009 | New | dc np scm dpp.pdf |
| SCM Full Time Equivalency Rating Rule | FTE-CW; 7/1/2009 | New | dc np scm fte.pdf |
| SCM Group Rating Rule | GRR-CW; 7/1/2009 | New | dc np scm group.pdf |
| SCM Leave of Absence Credit Rule | LOA-CW; 7/1/2009 | New | dc np scm loa.pdf |
| SCM Military Leave of Absence Credit Rule | MLOA-CW; 7/1/2009 | New | dc np scm mloa.pdf |
| SCM Minimum Premium Rating Rule | MPR-CW; 7/1/2009 | New | dc np scm mpr.pdf |
| SCM Renewal Rating Rule | RRR-CW; 7/1/2009 | New | dc np scm renewal.pdf |
| SCM Risk Management Credit | RMC-CW; 7/1/2009 | New | dc np scm rmc.pdf |

Rule

| | | | |
|---|---|---|---|
| SCM Schedule Rating Plan | SRP-CW; 7/1/2009 | New | dc np scm srp.pdf |
| SCM Membership Association Credit | MAC-CW; 7/1/2009 | New | dc np scm mac.pdf |
| SCM New to Practice Credit | NTP-CW; 7/1/2009 | New | dc np scm ntp.pdf |
| SCM Shared Entity Vicarious Liability Coverage | SVL-CW; 7/1/2009 | New | dc np scm shared.pdf |
| SCM Partnership or Corporation Coverage | PCC-CW; 7/1/2009 | New | dc np scm pc.pdf |
| SCM Accelerated Extension Contract Rule | AEC-CW; 7/1/2009 | New | dc np scm acc ecr.pdf |
| SCM Extension Contract Rating | ECR-CW; 7/1/2009 | New | dc np scm ecr.pdf |
| SCM Prior Acts Coverage | PAC-CW; 7/1/2009 | New | dc np scm prior.pdf |
| SCM Slot Rating Rule | SRR-CW; 7/1/2009 | New | dc np scm srr.pdf |
| SCM Convertible Coverage Rating Plan | CCR-CW; 7/1/2009 | New | dc np scm conv.pdf |

| | | | |
|---|---|---|---|
| OCC Employed Nurse Practitioner Rule | ENP-CW; 7/1/2009 | New | dc np occ enp.pdf |
| SCM Employed Nurse Practitioner Rule | ENP-CW; 7/1/2009 | New | ks np scm enp.pdf |

# The
# Medical Protective Company
## Fort Wayne, Indiana 46835

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**DISTRICT OF COLUMBIA**

NURSE PRACTITIONERS PROGRAM

OCCURRENCE RATES

| Class | 100/300 | 200/600 | 250/750 | 500/1000 | 1000/3000 | 1000/6000 | 2000/4000 |
|---|---|---|---|---|---|---|---|
| **N1** | 538 | 580 | 597 | 647 | 807 | 841 | 967 |
| **N2** | 762 | 821 | 845 | 917 | 1,143 | 1,191 | 1,369 |
| **N3** | 984 | 1,061 | 1,091 | 1,184 | 1,476 | 1,538 | 1,768 |
| **N4** | 1,208 | 1,302 | 1,340 | 1,453 | 1,812 | 1,888 | 2,171 |
| **NS** | 176 | 190 | 195 | 212 | 264 | 275 | 316 |

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# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# OCCURRENCE PROGRAM

# CLASS PLAN

## CLASS N1

A NURSE PRACTITIONER SPECIALIZING IN ADULT, ADULT ONCOLOGY, FAMILY PLANNING, GERIATRIC, GYNECOLOGY OR WOMEN'S HEALTH CARE.

## CLASS N2

A NURSE PRACTITIONER SPECIALIZING IN PSYCHIATRIC CARE.

## CLASS N3

A NURSE PRACTITIONER SPECIALIZING IN ACUTE CRITICAL CARE, SCHOOL NURSE, FAMILY PRACTICE, PEDIATRIC OR NEONATAL CARE.

## CLASS N4

A NURSE PRACTITIONER SPECIALIZING IN ACUTE CARE OBSTETRICS, OBSTETRICS/GYNECOLOGY OR PERINATAL CARE.

## CLASS NS

STUDENTS CURRENTLY ATTENDING AN APPROVED NURSE PRACTITIONER PROGRAM.

**Coverage is not available for Midwives under this program.

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# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# OCCURRENCE PROGRAM

# AGGREGATE CREDIT RULE

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 50% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO LEAVE OF ABSENCE OR MILITARY LEAVE OF ABSENCE CREDITS.

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# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# OCCURRENCE PROGRAM

# DEFERRED PREMIUM PAYMENT PLAN RULE

THE COMPANY WILL, SUBJECT TO APPLICABLE GUIDELINES, OFFER THE INSURED VARIOUS PREMIUM PAYMENT OPTIONS. THE DEFERRED PREMIUM PAYMENT PLAN REQUIRES A DOWN PAYMENT TO BE PAID ON OR BEFORE THE INCEPTION/RENEWAL DATE OF THE POLICY. THE BALANCE OF THE PREMIUM WILL BE PAYABLE IN PERIODIC INSTALLMENTS. OTHER FEES MAY APPLY.

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# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# OCCURRENCE PROGRAM

## FULL TIME EQUIVALENCY RATING RULE

COVERAGE FOR A HEALTHCARE PROFESSIONAL GROUP IS AVAILABLE, AT THE COMPANY'S OPTION, ON A FULL TIME EQUIVALENT (FTE) BASIS RATHER THAN ON AN INDIVIDUAL INSURED BASIS. COVERAGE IS PROVIDED ON AN INDIVIDUAL LIMIT OR SHARED LIMIT BASIS. FULL TIME EQUIVALENCY IS BASED ON EACH HEALTHCARE PROFESSIONAL'S NUMBER OF HOURS OF PRACTICE PER YEAR. THE DEFINITION OF ONE FTE IS BASED ON THE FOLLOWING NUMBER OF HOURS PER YEAR:

| | |
|---|---|
| 2,000 | GROUP PRACTICE |
| 1,800 | TRAINING/RESIDENCY PROGRAMS |

FOR GROUP PRACTICES, THE MINIMUM AVERAGE FTE ASSIGNED TO ANY INDIVIDUAL HEALTHCARE PROFESSIONAL IS .10 (200 HOURS), SUBJECT TO A TOTAL FTE PER POLICY OF NO LESS THAN 1.0. TRAINING/RESIDENCY PROGRAMS (AND OTHER SIMILAR PROGRAMS) ARE NOT SUBJECT TO THE GROUP PRACTICE MINIMUMS.

THE PREMIUM DEVELOPED BY APPLYING THE APPLICABLE HEALTHCARE PROFESSIONAL RATE TO THE CORRESPONDING FTE WILL BE ADJUSTED TO REFLECT LOSS COST CONSIDERATIONS NOT RECOGNIZED IN THE STANDARD RATES.

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# DISTRICT OF COLUMBIA

## HEALTHCARE PROFESSIONALS

## NURSE PRACTITIONER

## OCCURRENCE PROGRAM

### FULL TIME EQUIVALENCY RATING RULE

THE FOLLOWING TABLE IDENTIFIES THE APPLICABLE PREMIUM MODIFICATION PER THE NUMBER OF FTE'S IN THE POLICY FOR A SHARED LIMIT:

| FTE* PER POLICY | PREMIUM MODIFICATION |
|---|---|
| 1-4 | 0.0% |
| 5-9 | -2.0% |
| 10-14 | -5.0% |
| 15-24 | -10.0% |
| 25 + | -15.0% |

*THE TABLE VALUE IS DETERMINED BY ROUNDING THE ACTUAL FTE PER POLICY USING THE .50 ROUNDING RULE.

PREMIUM MODIFICATION FOR NEW TO PRACTICE AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

FTE POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MID-TERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

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# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# OCCURRENCE PROGRAM

# GROUP RATING RULE

ANY GROUP PRACTICE CONSISTING OF TWO OR MORE HEALTHCARE PROFESSIONALS MAY BE COLLECTIVELY RATED. "GROUP PRACTICE" SHALL MEAN A GROUP OR BODY OF INSUREDS WHO MAKE A COLLECTIVE BUYING DECISION TO PURCHASE INSURANCE AS THE OWNERS, EMPLOYEES, OR AGENTS OF A SPECIFIC AND DISTINCT CORPORATION, PARTNERSHIP, OR ASSOCIATION.

1. THE PREMIUM FOR THE GROUP WILL BE DETERMINED BY MULTIPLYING THE 'GROUP'S NET PREMIUM' BY ANY CREDITS OR DEBITS ASSIGNED TO THE GROUP UNDER THE SCHEDULE RATING PLAN AFTER FACTORING IN ANY COMMISSION FEE OR OTHER EXPENSE VARIATIONS ASSOCIATED WITH THE GROUP. (THE COMPANY WILL NEGOTIATE AN APPROPRIATE COMMISSION WITH THE INSURED'S AGENT BASED UPON THE GROUP'S SIZE AND THE AMOUNT OF WORK TO BE PERFORMED BY THE AGENT. UPON REQUEST, THE COMPANY WILL WRITE THE GROUP ON A NET OF COMMISSION BASIS IF THE GROUP HAS NEGOTIATED A SEPARATE FEE AGREEMENT WITH ITS AGENT.)

2. THE "GROUP'S NET PREMIUM" WILL EQUAL THE SUM OF THE "INDIVIDUAL NET PREMIUMS" FOR EACH INDIVIDUAL OR ENTITY RECEIVING SEPARATE LIMITS OF LIABILITY.

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**DISTRICT OF COLUMBIA**

**HEALTHCARE PROFESSIONALS**

**NURSE PRACTITIONER**

**OCCURRENCE PROGRAM**

**GROUP RATING RULE**

3. THE "INDIVIDUAL NET PREMIUMS" WILL EQUAL THE FILED RATE FOR THE INSURED. HOWEVER, ONCE THE PREMIUM FOR THE GROUP HAS BEEN ESTABLISHED, THE COMPANY MAY ALLOCATE THAT PREMIUM AMONG THE INDIVIDUAL INSUREDS BASED UPON APPLICABLE UNDERWRITING CRITERIA.

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# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# OCCURRENCE PROGRAM

## LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROVIDER WHO IS ON A LEAVE OF ABSENCE FOR A CONTINUOUS PERIOD OF 45 DAYS OR MORE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE, IF REPORTED TO THE COMPANY WITHIN 30 DAYS. ONLY ONE APPLICATION OF THIS CREDIT MAY BE APPLIED TO AN ANNUAL POLICY PERIOD. LEAVE OF ABSENCE MAY INCLUDE THE FOLLOWING:

- THE BIRTH OF INSUREDS NEWBORN, PLACEMENT OF FOSTER CHILDREN OR INSURED ADOPTS A CHILD, PROVIDED THE LEAVE IS COMPLETED WITHIN 12 MONTHS OF THE BIRTH, PLACEMENT OR ADOPTION.
- TO CARE FOR A SPOUSE, CHILD OR PARENT WHO HAS A SERIOUS HEALTH CONDITION.
- TO CARE FOR INSUREDS OWN HEALTH CONDITION WHICH PREVENTS INSURED FROM WORKING.
- TIME TO ENHANCE THE INSUREDS EDUCATION OR OTHER REASON WHILE NOT PRACTICING.

THIS CREDIT IS NOT AVAILABLE TO AN INSUREDS LEAVE OF ABSENCE FOR VACATION PURPOSES. THE MINIMUM PREMIUM RATING RULE APPLIES TO INSUREDS ELIGIBLE FOR THE LEAVE OF ABSENCE CREDIT.

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# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# OCCURRENCE PROGRAM

# MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROVIDER WHO IS ON A MILITARY LEAVE OF ABSENCE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE.

THE MINIMUM PREMIUM RATING RULE DOES NOT APPLY TO INSUREDS THAT ARE ELIGIBLE FOR THE MILITARY LEAVE OF ABSENCE CREDIT.

The

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# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# OCCURRENCE PROGRAM

# MINIMUM PREMIUM RATING RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF $50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELLED AS OF THE INCEPTION DATE.

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# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# OCCURRENCE PROGRAM

## RENEWAL RATING RULE

MEMBERS OF A QUALIFIED PROFESSIONAL GROUP/ASSOCIATION MAY QUALIFY FOR ADDITIONAL PREMIUM MODIFICATIONS.

IF THE GROUP PRACTICE/ASSOCIATION GENERATES A MANUAL PREMIUM IN EXCESS OF $250,000 THE COMPANY MAY, IN CONSIDERATION OF THE UNDERLYING RISK, HOLD THE NEXT RENEWAL RATE(S) FOR THE INDIVIDUAL POLICYHOLDER(S) CONSTANT, SUBJECT TO UNDERWRITING APPROVAL.

HOWEVER, CHANGES IN CLASSIFICATION, LIMITS OF LIABILITY, CLAIMS-MADE STEP WILL BE APPLIED IN THE USUAL MANNER.

ONLY ONE CONSECUTIVE RENEWAL MAY RECEIVE APPLICATION OF THIS RULE. THE GROUP PRACTICE/ASSOCIATION MAY AGAIN QUALIFY FOR THIS RULE AFTER PAYMENT OF ONE RENEWAL PREMIUM BASED UPON CURRENTLY FILED RATES.

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# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# OCCURRENCE PROGRAM

# RISK MANAGEMENT CREDIT RULE

THE INSURED WILL RECEIVE A TEN PERCENT (10%) PREMIUM CREDIT FOR A RISK MANAGEMENT COURSE APPROVED FOR CREDIT BY THE MEDICAL PROTECTIVE COMPANY.

The

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# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# OCCURRENCE PROGRAM

# SCHEDULE RATING PLAN

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR CERTAIN INSUREDS, OR GROUPS OF INSUREDS, WHO IN THE OPINION OF THE MEDICAL PROTECTIVE COMPANY, UNIQUELY QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING, SUBJECT TO A MAXIMUM MODIFICATION OF -25% / 25%; TO RECOGNIZE RISK CHARACTERISTICS THAT ARE NOT REFLECTED IN THE OTHERWISE APPLICABLE PREMIUM. ALL MODIFICATIONS APPLIED UNDER THIS SCHEDULE RATING PLAN ARE SUBJECT TO PERIODIC REVIEW.

THE MODIFICATION SHALL BE BASED ON ONE OR MORE OF THE FOLLOWING CONSIDERATIONS:

The

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Fort Wayne, Indiana 46835

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# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# OCCURRENCE PROGRAM

# SCHEDULE RATING PLAN

1. **HISTORICAL LOSS EXPERIENCE:**
   THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.

2. **CUMULATIVE YEARS OF PATIENT EXPERIENCE:**
   THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.

3. **CLASSIFICATION ANOMALIES:**
   CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.

**DISTRICT OF COLUMBIA**

**HEALTHCARE PROFESSIONALS**

**NURSE PRACTITIONER**

**OCCURRENCE PROGRAM**

**SCHEDULE RATING PLAN**

4. **CLAIM ANOMALIES:**
ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES OR TRENDS THAT WILL POSTIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).

5. **MANAGEMENT CONTROL PROCEDURES:**
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

6. **NUMBER / TYPE OF PATIENT EXPOSURES:**
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSTIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

7. **ORGANIZATIONAL SIZE / STRUCTURE:**
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSUREDS ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.

The

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**DISTRICT OF COLUMBIA**

**HEALTHCARE PROFESSIONALS**

**NURSE PRACTITIONER**

**OCCURRENCE PROGRAM**

**SCHEDULE RATING PLAN**

8. **HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW:**
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE, (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTH CARE SERVICES BEING RENDERED AND/OR (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.

9. **OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES:**
ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY OR SEVERITY OF CLAIMS.

10. **TRAINING, ACCREDITATION AND CREDENTIALING:**
THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.

11. **RECORD KEEPING PRACTICES:**
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

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**DISTRICT OF COLUMBIA**

**HEALTHCARE PROFESSIONALS**

**NURSE PRACTITIONER**

**OCCURRENCE PROGRAM**

**SCHEDULE RATING PLAN**

12. **UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES:**
DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, PROVIDING ABOVE OR BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

THE AFOREMENTIONED MODIFICATIONS CONTEMPLATE THE STANDARD ALLOWANCE FOR EXPENSES AND ARE SUBJECT TO THE MAXIMUM MODIFICATION REFERENCED ABOVE. IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

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# DISTRICT OF COLUMBIA

## HEALTHCARE PROFESSIONALS

## NURSE PRACTITIONER

## OCCURRENCE PROGRAM

## MEMBERSHIP ASSOCIATION CREDIT

A PREMIUM CREDIT OF 10% SHALL BE GIVEN TO THOSE INSUREDS WHO ARE A MEMBER OF A DESIGNATED MEDICAL PROTECTIVE HEALTHCARE PROFESSIONAL ASSOCIATION.

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# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# OCCURRENCE PROGRAM

# NEW TO PRACTICE CREDIT

A PRACTITIONER IN THEIR FIRST YEAR OF PRACTICE, AFTER GRADUATION, WILL RECEIVE A 25% CREDIT APPLIED TO CURRENT FILED RATES.

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# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# OCCURRENCE PROGRAM

## SHARED ENTITY VICARIOUS LIABILITY COVERAGE

A SCHEDULED HEALTHCARE PROFESSIONAL ENTITY MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE. COVERAGE IS LIMITED TO VICARIOUS LIABILITY BASED SOLELY ON PROFESSIONAL SERVICES RENDERED, OR WHICH SHOULD HAVE BEEN RENDERED BY THE NAMED INSURED NURSE PRACTITIONER.

THIS ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER CLAIM FILED OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

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Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# OCCURRENCE PROGRAM

# PARTNERSHIP OR CORPORATION COVERAGE

THE PREMIUM WILL EQUAL 10% OF THE SUM OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS AND EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION.

LIMITS OF COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS, OR EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS.

# The
# Medical Protective Company
## Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

**DISTRICT OF COLUMBIA**

NURSE PRACTITIONERS PROGRAM

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

| Class | 100/300 | 200/600 | 250/750 | 500/1000 | 1000/3000 | 1000/6000 | 2000/4000 |
|---|---|---|---|---|---|---|---|
| N1 | 172 | 185 | 191 | 207 | 258 | 269 | 309 |
| N2 | 244 | 263 | 271 | 294 | 366 | 381 | 438 |
| N3 | 315 | 340 | 349 | 379 | 473 | 492 | 566 |
| N4 | 386 | 416 | 428 | 464 | 579 | 603 | 694 |
| NS | | | | | | | |

# The
# Medical Protective Company
## Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

**DISTRICT OF COLUMBIA**

NURSE PRACTITIONERS PROGRAM

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

| Class | 100/300 | 200/600 | 250/750 | 500/1000 | 1000/3000 | 1000/6000 | 2000/4000 |
|---|---|---|---|---|---|---|---|
| N1 | 307 | 331 | 340 | 369 | 461 | 480 | 552 |
| N2 | 434 | 468 | 481 | 522 | 651 | 678 | 780 |
| N3 | 561 | 605 | 622 | 675 | 842 | 877 | 1,008 |
| N4 | 689 | 743 | 764 | 829 | 1,034 | 1,077 | 1,238 |
| NS | | | | | | | |

# The
# Medical Protective Company
## Fort Wayne, Indiana 46835
*Professional Protection Exclusively Since 1899*

**DISTRICT OF COLUMBIA**

NURSE PRACTITIONERS PROGRAM

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

| Class | 100/300 | 200/600 | 250/750 | 500/1000 | 1000/3000 | 1000/6000 | 2000/4000 |
|---|---|---|---|---|---|---|---|
| N1 | 415 | 447 | 460 | 499 | 623 | 649 | 746 |
| N2 | 587 | 633 | 651 | 706 | 881 | 917 | 1,055 |
| N3 | 758 | 817 | 841 | 912 | 1,137 | 1,185 | 1,362 |
| N4 | 930 | 1,003 | 1,031 | 1,119 | 1,395 | 1,454 | 1,671 |
| NS | | | | | | | |

# The
# Medical Protective Company
## Fort Wayne, Indiana 46835

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**DISTRICT OF COLUMBIA**

NURSE PRACTITIONERS PROGRAM

STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

| Class | 100/300 | 200/600 | 250/750 | 500/1000 | 1000/3000 | 1000/6000 | 2000/4000 |
|---|---|---|---|---|---|---|---|
| N1 | 452 | 487 | 501 | 544 | 678 | 706 | 812 |
| N2 | 639 | 689 | 709 | 769 | 959 | 999 | 1,148 |
| N3 | 826 | 890 | 916 | 994 | 1,239 | 1,291 | 1,484 |
| N4 | 1,014 | 1,093 | 1,125 | 1,220 | 1,521 | 1,585 | 1,822 |
| NS | | | | | | | |

# The
# Medical Protective Company
## Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

**DISTRICT OF COLUMBIA**

NURSE PRACTITIONERS PROGRAM

STANDARD CLAIMS MADE RATES

MATURE

| Class | 100/300 | 200/600 | 250/750 | 500/1000 | 1000/3000 | 1000/6000 | 2000/4000 |
|---|---|---|---|---|---|---|---|
| N1 | 533 | 575 | 591 | 641 | 800 | 833 | 958 |
| N2 | 754 | 813 | 836 | 907 | 1,131 | 1,179 | 1,355 |
| N3 | 974 | 1,050 | 1,080 | 1,172 | 1,461 | 1,522 | 1,750 |
| N4 | 1,196 | 1,289 | 1,326 | 1,439 | 1,794 | 1,869 | 2,149 |
| NS | | | | | | | |

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

# CLASS PLAN

## CLASS N1

A NURSE PRACTITIONER SPECIALIZING IN ADULT, ADULT ONCOLOGY, FAMILY PLANNING, GERIATRIC, GYNECOLOGY OR WOMEN'S HEALTH CARE.

## CLASS N2

A NURSE PRACTITIONER SPECIALIZING IN PSYCHIATRIC CARE.

## CLASS N3

A NURSE PRACTITIONER SPECIALIZING IN ACUTE CRITICAL CARE, SCHOOL NURSE, FAMILY PRACTICE, OR PEDIATRIC OR NEONATAL CARE.

## CLASS N4

A NURSE PRACTITIONER SPECIALIZING IN ACUTE CARE OBSTETRICS, OBSTETRICS/GYNECOLOGY OR PERINATAL CARE.

## CLASS NS

STUDENTS CURRENTLY ATTENDING AN APPROVED NURSE PRACTITIONER PROGRAM.

**Coverage is not available for Midwives under this program.

The

Medical Protective Company

Fort Wayne, Indiana 46835

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**DISTRICT OF COLUMBIA**

**HEALTHCARE PROFESSIONALS**

**NURSE PRACTITIONER**

**STANDARD CLAIMS MADE PROGRAM**

# EXTENSION CONTRACT RATING FACTORS

| YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE | FACTOR |
|---|---|
| LESS THAN 1 | 0.920 |
| 1 | 1.430 |
| 2 | 1.700 |
| MATURE | 1.870 |

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

# AGGREGATE CREDIT RULE

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 50% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO LEAVE OF ABSENCE OR MILITARY LEAVE OF ABSENCE CREDITS.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

# DEFERRED PREMIUM PAYMENT PLAN RULE

THE COMPANY WILL, SUBJECT TO APPLICABLE GUIDELINES, OFFER THE INSURED VARIOUS PREMIUM PAYMENT OPTIONS. THE DEFERRED PREMIUM PAYMENT PLAN REQUIRES A DOWN PAYMENT TO BE PAID ON OR BEFORE THE INCEPTION/RENEWAL DATE OF THE POLICY. THE BALANCE OF THE PREMIUM WILL BE PAYABLE IN PERIODIC INSTALLMENTS. OTHER FEES MAY APPLY.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

# FULL TIME EQUIVALENCY RATING RULE

COVERAGE FOR A HEALTHCARE PROFESSIONAL GROUP IS AVAILABLE, AT THE COMPANY'S OPTION, ON A FULL TIME EQUIVALENT (FTE) BASIS RATHER THAN ON AN INDIVIDUAL INSURED BASIS. COVERAGE IS PROVIDED ON AN INDIVIDUAL LIMIT OR SHARED LIMIT BASIS. FULL TIME EQUIVALENCY IS BASED ON EACH HEALTHCARE PROFESSIONAL'S NUMBER OF HOURS OF PRACTICE PER YEAR. THE DEFINITION OF ONE FTE IS BASED ON THE FOLLOWING NUMBER OF HOURS PER YEAR:

| | |
|---|---|
| 2,000 | GROUP PRACTICE |
| 1,800 | TRAINING/RESIDENCY PROGRAMS |

FOR GROUP PRACTICES, THE MINIMUM AVERAGE FTE ASSIGNED TO ANY INDIVIDUAL HEALTHCARE PROFESSIONAL IS .10 (200 HOURS), SUBJECT TO A TOTAL FTE PER POLICY OF NO LESS THAN 1.0. TRAINING/RESIDENCY PROGRAMS (AND OTHER SIMILAR PROGRAMS) ARE NOT SUBJECT TO THE GROUP PRACTICE MINIMUMS.

THE PREMIUM DEVELOPED BY APPLYING THE APPLICABLE HEALTHCARE PROFESSIONAL RATE TO THE CORRESPONDING FTE WILL BE ADJUSTED TO REFLECT LOSS COST CONSIDERATIONS NOT RECOGNIZED IN THE STANDARD RATES.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

## HEALTHCARE PROFESSIONALS

## NURSE PRACTITIONER

## STANDARD CLAIMS MADE PROGRAM

## FULL TIME EQUIVALENCY RATING RULE

THE FOLLOWING TABLE IDENTIFIES THE APPLICABLE PREMIUM MODIFICATION PER THE NUMBER OF FTE'S IN THE POLICY FOR A SHARED LIMIT:

| FTE* PER POLICY | PREMIUM MODIFICATION |
|---|---|
| 1-4 | 0.0% |
| 5-9 | -2.0% |
| 10-14 | -5.0% |
| 15-24 | -10.0% |
| 25 + | -15.0% |

*THE TABLE VALUE IS DETERMINED BY ROUNDING THE ACTUAL FTE PER POLICY USING THE .50 ROUNDING RULE.

PREMIUM MODIFICATION FOR NEW TO PRACTICE AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

FTE POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MID-TERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

# GROUP RATING RULE

ANY GROUP PRACTICE CONSISTING OF TWO OR MORE HEALTHCARE PROFESSIONALS MAY BE COLLECTIVELY RATED. ("GROUP PRACTICE" SHALL MEAN A GROUP OR BODY OF INSUREDS WHO MAKE A COLLECTIVE BUYING DECISION TO PURCHASE INSURANCE AS THE OWNERS, EMPLOYEES, OR AGENTS OF A SPECIFIC AND DISTINCT CORPORATION, PARTNERSHIP, OR ASSOCIATION.)

1. THE PREMIUM FOR THE GROUP WILL BE DETERMINED BY MULTIPLYING THE 'GROUP'S NET PREMIUM" BY ANY CREDITS OR DEBITS ASSIGNED TO THE GROUP UNDER THE SCHEDULE RATING PLAN AFTER FACTORING IN ANY COMMISSION FEE OR OTHER EXPENSE VARIATIONS ASSOCIATED WITH THE GROUP. (THE COMPANY WILL NEGOTIATE AN APPROPRIATE COMMISSION WITH THE INSURED'S AGENT BASED UPON THE GROUP'S SIZE AND THE AMOUNT OF WORK TO BE PERFORMED BY THE AGENT. UPON REQUEST, THE COMPANY WILL WRITE THE GROUP ON A NET OF COMMISSION BASIS IF THE GROUP HAS NEGOTIATED A SEPARATE FEE AGREEMENT WITH ITS AGENT.)

2. THE "GROUP'S NET PREMIUM" WILL EQUAL THE SUM OF THE "INDIVIDUAL NET PREMIUMS" FOR EACH INDIVIDUAL OR ENTITY RECEIVING SEPARATE LIMITS OF LIABILITY.

**DISTRICT OF COLUMBIA**

**HEALTHCARE PROFESSIONALS**

**NURSE PRACTITIONER**

**STANDARD CLAIMS MADE PROGRAM**

**GROUP RATING RULE**

3. THE "INDIVIDUAL NET PREMIUMS" WILL EQUAL THE FILED RATE FOR THE INSURED. HOWEVER, ONCE THE PREMIUM FOR THE GROUP HAS BEEN ESTABLISHED, THE COMPANY MAY ALLOCATE THAT PREMIUM AMONG THE INDIVIDUAL INSUREDS BASED UPON APPLICABLE UNDERWRITING CRITERIA.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

## LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROVIDER WHO IS ON A LEAVE OF ABSENCE FOR A CONTINUOUS PERIOD OF 45 DAYS OR MORE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE, IF REPORTED TO THE COMPANY WITHIN 30 DAYS. ONLY ONE APPLICATION OF THIS CREDIT MAY BE APPLIED TO AN ANNUAL POLICY PERIOD. LEAVE OF ABSENCE MAY INCLUDE THE FOLLOWING:

- THE BIRTH OF INSUREDS NEWBORN, PLACEMENT OF FOSTER CHILDREN OR INSURED ADOPTS A CHILD, PROVIDED THE LEAVE IS COMPLETED WITHIN 12 MONTHS OF THE BIRTH, PLACEMENT OR ADOPTION.
- TO CARE FOR A SPOUSE, CHILD OR PARENT WHO HAS A SERIOUS HEALTH CONDITION.
- TO CARE FOR INSUREDS OWN HEALTH CONDITION WHICH PREVENTS INSURED FROM WORKING.
- TIME TO ENHANCE THE INSUREDS EDUCATION OR OTHER REASON WHILE NOT PRACTICING.

THIS CREDIT IS NOT AVAILABLE TO AN INSUREDS LEAVE OF ABSENCE FOR VACATION PURPOSES. THE MINIMUM PREMIUM RATING RULE APPLIES TO INSUREDS ELIGIBLE FOR THE LEAVE OF ABSENCE CREDIT.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

## HEALTHCARE PROFESSIONALS

## NURSE PRACTITIONER

## STANDARD CLAIMS MADE PROGRAM

## MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROVIDER WHO IS ON A MILITARY LEAVE OF ABSENCE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE.

THE MINIMUM PREMIUM RATING RULE DOES NOT APPLY TO INSUREDS THAT ARE ELIGIBLE FOR THE MILITARY LEAVE OF ABSENCE CREDIT.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

# MINIMUM PREMIUM RATING RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF $50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELLED AS OF THE INCEPTION DATE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

## RENEWAL RATING RULE

MEMBERS OF A QUALIFIED PROFESSIONAL GROUP/ASSOCIATION MAY QUALIFY FOR ADDITIONAL PREMIUM MODIFICATIONS.

IF THE GROUP PRACTICE/ASSOCIATION GENERATES A MANUAL PREMIUM IN EXCESS OF $250,000 THE COMPANY MAY, IN CONSIDERATION OF THE UNDERLYING RISK, HOLD THE NEXT RENEWAL RATE(S) FOR THE INDIVIDUAL POLICYHOLDER(S) CONSTANT, SUBJECT TO UNDERWRITING APPROVAL.

HOWEVER, CHANGES IN CLASSIFICATION, LIMITS OF LIABILITY, CLAIMS-MADE STEP WILL BE APPLIED IN THE USUAL MANNER.

ONLY ONE CONSECUTIVE RENEWAL MAY RECEIVE APPLICATION OF THIS RULE. THE GROUP PRACTICE/ASSOCIATION MAY AGAIN QUALIFY FOR THIS RULE AFTER PAYMENT OF ONE RENEWAL PREMIUM BASED UPON CURRENTLY FILED RATES.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

**DISTRICT OF COLUMBIA**

**HEALTHCARE PROFESSIONALS**

**NURSE PRACTITIONER**

**STANDARD CLAIMS MADE PROGRAM**

**RISK MANAGEMENT CREDIT RULE**

THE INSURED WILL RECEIVE A TEN PERCENT (10%) PREMIUM CREDIT FOR A RISK MANAGEMENT COURSE APPROVED FOR CREDIT BY THE MEDICAL PROTECTIVE COMPANY.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

## SCHEDULE RATING PLAN

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR CERTAIN INSUREDS, OR GROUPS OF INSUREDS, WHO IN THE OPINION OF THE MEDICAL PROTECTIVE COMPANY, UNIQUELY QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING, SUBJECT TO A MAXIMUM MODIFICATION OF -25% / 25% ; TO RECOGNIZE RISK CHARACTERISTICS THAT ARE NOT REFLECTED IN THE OTHERWISE APPLICABLE PREMIUM. ALL MODIFICATIONS APPLIED UNDER THIS SCHEDULE RATING PLAN ARE SUBJECT TO PERIODIC REVIEW.

THE MODIFICATION SHALL BE BASED ON ONE OR MORE OF THE FOLLOWING CONSIDERATIONS:

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

# SCHEDULE RATING PLAN

1. **HISTORICAL LOSS EXPERIENCE:**
   THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.

2. **CUMULATIVE YEARS OF PATIENT EXPERIENCE:**
   THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.

3. **CLASSIFICATION ANOMALIES:**
   CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.

**DISTRICT OF COLUMBIA**

**HEALTHCARE PROFESSIONALS**

**NURSE PRACTITIONER**

**STANDARD CLAIMS MADE PROGRAM**

**SCHEDULE RATING PLAN**

4. **CLAIM ANOMALIES:**
ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES OR TRENDS THAT WILL POSTIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).

5. **MANAGEMENT CONTROL PROCEDURES:**
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

6. **NUMBER/TYPE OF PATIENT EXPOSURES:**
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSTIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

7. **ORGANIZATIONAL SIZE/STRUCTURE:**
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSUREDS ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

**DISTRICT OF COLUMBIA**

**HEALTHCARE PROFESSIONALS**

**NURSE PRACTITIONER**

**STANDARD CLAIMS MADE PROGRAM**

**SCHEDULE RATING PLAN**

8. **HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW:**
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE, (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTH CARE SERVICES BEING RENDERED AND/OR (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.

9. **OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES:**
ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY OR SEVERITY OF CLAIMS.

10. **TRAINING, ACCREDITATION AND CREDENTIALING:**
THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.

11. **RECORD KEEPING PRACTICES:**
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

**DISTRICT OF COLUMBIA**

**HEALTHCARE PROFESSIONALS**

**NURSE PRACTITIONER**

**STANDARD CLAIMS MADE PROGRAM**

**SCHEDULE RATING PLAN**

12. **UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES:**
DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, PROVIDING ABOVE OR BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

THE AFOREMENTIONED MODIFICATIONS CONTEMPLATE THE STANDARD ALLOWANCE FOR EXPENSES AND ARE SUBJECT TO THE MAXIMUM MODIFICATION REFERENCED ABOVE. IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

# MEMBERSHIP ASSOCIATION CREDIT

A PREMIUM CREDIT OF 10% SHALL BE GIVEN TO THOSE INSUREDS WHO ARE A MEMBER OF A DESIGNATED MEDICAL PROTECTIVE HEALTHCARE PROFESSIONAL ASSOCIATION.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

## HEALTHCARE PROFESSIONALS

## NURSE PRACTITIONER

## STANDARD CLAIMS MADE PROGRAM

## NEW TO PRACTICE CREDIT

A PRACTITIONER IN THEIR FIRST YEAR OF PRACTICE, AFTER GRADUATION, WILL RECEIVE A 25% CREDIT APPLIED TO CURRENT FILED RATES.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

# SHARED ENTITY VICARIOUS LIABILITY COVERAGE

A SCHEDULED HEALTHCARE PROFESSIONAL ENTITY MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE. COVERAGE IS LIMITED TO VICARIOUS LIABILITY BASED SOLELY ON PROFESSIONAL SERVICES RENDERED, OR WHICH SHOULD HAVE BEEN RENDERED BY THE NAMED INSURED NURSE PRACTITIONER.

THIS ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER CLAIM FILED OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

# PARTNERSHIP OR CORPORATION COVERAGE

THE PREMIUM WILL EQUAL 10% OF THE SUM OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS AND EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION.

LIMITS OF COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS, OR EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

**DISTRICT OF COLUMBIA**

**HEALTHCARE PROFESSIONALS**

**NURSE PRACTITIONER**

**STANDARD CLAIMS MADE PROGRAM**

**ACCELERATED EXTENSION CONTRACT RULE**

THE COMPANY MAY AGREE TO WAIVE THE STANDARD REQUIREMENTS FOR QUALIFYING FOR A FREE EXTENDED REPORTING PERIOD ENDORSEMENT AT RETIREMENT IF THE INSURED MEETS THE FOLLOWING CRITERIA:

1) THE INSURED IS A MEMBER OF A GROUP PRACTICE THAT IS INSURED ON A CLAIMS-MADE BASIS WITH THE COMPANY.

2) THE GROUP REQUESTED THE WAIVE FOR AN INSURED WHO ANTICIPATES PERMANENTLY RETIRING FROM THE PRACTICE OF MEDICINE IN LESS THAN ONE YEAR AND/OR WILL NOT ATTAIN THE REQUIRED NUMBER OF YEARS OF CONTINUOUS CLAIMS-MADE COVERAGE AT THE TIME OF RETIREMENT.

3) THE INSURED OTHERWISE MEETS THE REQUIREMENTS AS SET FORTH IN THE POLICY FOR A FREE EXTENSION CONTRACT.

4) THE COMPANY APPROVED THE GROUP'S REQUEST FOR THE WAIVER AFTER DETERMINING THE INSURED HAD LIMITED PRIOR ACTS EXPOSURE.

THE TOTAL NUMBER OF INSUREDS WITHIN A GROUP PRACTICE THAT MAY QUALIFY FOR THIS WAIVER MAY NOT EXCEED A RATIO OF 1 IN 3.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

# EXTENSION CONTRACT RATING

THE PREMIUM FOR THE EXTENSION CONTRACT ENDORSEMENT SHALL BE DETERMINED BY APPLYING THE EXTENSION CONTRACT RATING FACTORS CONTAINED IN THE RATES SECTION OF THIS MANUAL TO THE APPLICABLE STANDARD MATURE CLAIMS MADE RATE, SUBJECT TO EXPIRING SCHEDULE RATING MODIFICATIONS.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

## PRIOR ACTS COVERAGE

THE POLICY SHALL BE EXTENDED TO PROVIDE PRIOR ACTS COVERAGE IN ACCORDANCE WITH THE APPLICABLE RETROACTIVE DATE(S). THE RETROACTIVE DATE CAN BE ADVANCED ONLY WITH THE WRITTEN ACKNOWLEDGEMENT OF THE INSURED AND THE APPROVAL BY THE COMPANY.

The
Medical Protective Company
Fort Wayne, Indiana 46835
*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

# SLOT RATING RULE

COVERAGE FOR MULTI-HEALTHCARE PROFESSIONAL GROUPS IS AVAILABLE, AT THE COMPANY'S OPTION, ON A SLOT BASIS RATHER THAN ON AN INDIVIDUAL HEALTHCARE PROFESSIONAL BASIS. THE SLOT ENDORSEMENT WILL IDENTIFY THE INDIVIDUALS AND PRACTICE SETTINGS THAT ARE COVERED. COVERAGE WILL BE PROVIDED ON A SHARED LIMIT BASIS FOR THOSE INSUREDS MOVING THROUGH THE SLOT OR POSITION.

THE APPLICABLE MANUAL RATE WILL BE DETERMINED BY THE CLASSIFICATION OF THE SLOT. POLICIES CONVERTED TO A SLOT BASIS WILL BE RATED AS A STANDARD CLAIMS MADE POLICY, UTILIZING THE RETROACTIVE DATE OF THE SLOT. EXTENSION CONTRACT COVERAGE MAY BE PURCHASED FOR THE SLOT BASED ON THE APPLICABLE RETROACTIVE DATE, CLASSIFICATION AND LIMITS.

PREMIUM MODIFICATION FOR RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

## CONVERTIBLE COVERAGE RATING PLAN

INSUREDS SHALL BE PROVIDED THE OPTION, SUBJECT TO UNDERWRITING GUIDELINES, TO CONVERT FROM STANDARD CLAIMS MADE TO OCCURRENCE COVERAGE. THE INSURED SHALL BE ELIGIBLE FOR CONVERSION AFTER THE FOLLOWING CONDITIONS HAVE BEEN MET:

1) PAYMENT TO THE COMPANY OF THE APPLICABLE PREMIUM FOR A MINIMUM OF THREE ANNUAL STANDARD CLAIMS MADE POLICIES.

2) ACHIEVE THREE YEARS OF CONTINOUS CLAIMS MADE COVERAGE UNDER THIS PLAN WITH NO CLAIMS ATTRITUBUTED TO THE INSURED.

   - A CLAIM UNDER THIS PLAN SHALL NOT BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

AT THE TIME THE AFOREMENTIONED CONDITIONS ARE MET, AND THE INSURED ELECTS TO PURCHASE OCCURRENCE COVERAGE, THE COMPANY WILL ISSUE AN EXTENSION CONTRACT, COVERING SERVICES SUBSEQUENT TO THE RETROACTIVE DATE AND PRIOR TO THE EXPIRATION OF THE CLAIMS MADE POLICY, AND WILL WAIVE ANY PREMIUM THAT WOULD NORMALLY BE DUE FOR SUCH EXTENSION.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# STANDARD CLAIMS MADE PROGRAM

# CONVERTIBLE COVERAGE RATING PLAN

THE APPLICABLE PREMIUM UNDER THIS PLAN SHALL BE EQUAL TO 100% OF THE MANUAL PREMIUM THAT WOULD OTHERWISE BE DERIVED FOR THE INSURED UNDER THE OCCURRENCE PROGRAM. NO OTHER MODIFICATIONS ARE TO APPLY CONCURRENT WITH THIS RULE WITH THE EXCEPTION OF MEMBERSHIP, RISK MANAGEMENT AND SCHEDULE RATING MODIFICATIONS.

SHOULD THE INSURED BE UNABLE TO MEET THE CONDITIONS FOR CONVERSION, THE INSURED MAY ELECT TO PURCHASE AN EXTENSION CONTRACT SUBJECT TO POLICY PROVISIONS. REFER TO THE EXTENSION CONTRACT RATING RULE TO DETERMINE THE APPLICABLE PREMIUM.

The

Medical Protective Company

Fort Wayne, Indiana 46835

*Professional Protection Exclusively Since 1899*

# DISTRICT OF COLUMBIA

# HEALTHCARE PROFESSIONALS

# NURSE PRACTITIONER

# OCCURRENCE PROGRAM

# EMPLOYED NURSE PRACTITIONER RULE

NURSE PRACTITIONERS REQUESTING COVERAGE SOLELY FOR WORK FOR, OR ON BEHALF OF AN ENTITY(S) THEY DO NOT OWN, AND IN WHICH THEY RECEIVE W2'S FROM THEIR EMPLOYER(S), SHALL QUALIFY FOR A PREMIUM CREDIT OF 19% OF THEIR APPLICABLE BASE RATE. THIS CREDIT IS NOT AVAILABLE TO ENTITIES.

The
Medical Protective Company
Fort Wayne, Indiana 46835
*Professional Protection Exclusively Since 1899*

# KANSAS

## HEALTHCARE PROFESSIONALS

## NURSE PRACTITIONER

## STANDARD CLAIMS MADE PROGRAM

## EMPLOYED NURSE PRACTITIONER RULE

NURSE PRACTITIONERS REQUESTING COVERAGE SOLELY FOR WORK FOR, OR ON BEHALF OF AN ENTITY(S) THEY DO NOT OWN, AND IN WHICH THEY RECEIVE W2'S FROM THEIR EMPLOYER(S), SHALL QUALIFY FOR A PREMIUM CREDIT OF 19% OF THEIR APPLICABLE BASE RATE. THIS CREDIT IS NOT AVAILABLE TO ENTITIES.

# Supporting Document Schedules

**Review Status:**

**Satisfied -Name:** Actuarial Certification (P&C) 04/08/2009

**Comments:**

attached is the revised memo to include the employed nurse practitioner rules

**Attachments:**

dc np ex.pdf

DC rev NP Filing Act Memo.pdf

**Review Status:**

**Satisfied -Name:** Cover Letter All Filings 03/02/2009

**Comments:**

Please find attached cover letter.

**Attachment:**

dc np cover letter.pdf

**Review Status:**

**Satisfied -Name:** Consulting Authorization 03/02/2009

**Comments:**

n/a - This filing is being made by the Company.

**Review Status:**

**Satisfied -Name:** District of Columbia and Countrywide Experience for the Last 5 Years (P&C) 03/02/2009

**Comments:**

n/a - This is the initial filing for this product.

**Review Status:**

**Satisfied -Name:** District of Columbia and Countrywide Loss Ratio Analysis (P&C) 03/02/2009

**Comments:**

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *MDPC-126055948* | *State:* | *District of Columbia* |
| *Filing Company:* | *The Medical Protective Company* | *State Tracking Number:* | |
| *Company Tracking Number:* | *09-HCNP-02* | | |
| *TOI:* | *11.0 Medical Malpractice - Claims Made/Occurrence* | *Sub-TOI:* | *11.0013 Nurse - Practitioners* |
| *Product Name:* | *Health Care Professionals - Nurse Practitioners* | | |
| *Project Name/Number:* | *HCP - NP/09-HCPNP-02* | | |

n/a - This is the initial filing for this product.

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT I

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

Proposed Rates

| | | 1M/6M Occurrence Coverage Full-Time Self-Employed Rates | |
|---|---|---|---|
| **Class** | **Description** | **Filed CNA** | **Proposed MedPro** |
| **N1** | Adult | $ 842 | $ 842 |
| **N1** | Geriatric | $ 842 | $ 842 |
| **N1** | Family Planning | $ 842 | $ 842 |
| **N1** | Gynecology | $ 842 | $ 842 |
| **N1** | Women's Health | $ 842 | $ 842 |
| **N1** | Adult Oncology | $ 842 | $ 842 |
| **N2** | Psychiatric | $ 1,191 | $ 1,190 |
| **N3** | Pediatric | $ 1,539 | $ 1,538 |
| **N3** | Neonatal | $ 1,539 | $ 1,538 |
| **N3** | Family Practice | $ 1,539 | $ 1,538 |
| **N3** | Acute Critical Care | $ 1,539 | $ 1,538 |
| **N4** | Obstetrics / Gynecology | $ 1,890 | $ 1,889 |
| **N4** | Perinatal | $ 1,890 | $ 1,889 |
| **N4** | Acute Care Obstetrics | $ 1,890 | $ 1,889 |
| **NS** | Student | $ 275 | $ 275 |

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT II

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

CNA COUNTRYWIDE (excl FL)
OCCURRENCE EXPERIENCE
Data Evaluated as of: 06/30/2006

Rate Level Indication
Proposed Rates Effective: 07/01/2009

| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
|---|---|---|---|---|---|---|---|---|
| Accident Year | Current Level Earned Premium (000's) | Selected Ultimate $1M Loss (000's) | Selected Ultimate ALE (000's) | $1M Loss Trend Factor | ALE Trend Factor | Frequency Adjustment Factor | Trended LALE (000's) | Trended LALE Ratio |
| 1996 | $ 3,530 | $ 1,873 | $ 583 | 1.232 | 1.608 | 0.786 | $ 2,552 | 72.3% |
| 1997 | $ 5,395 | $ 1,195 | $ 782 | 1.214 | 1.554 | 1.082 | $ 2,884 | 53.5% |
| 1998 | $ 7,560 | $ 2,027 | $ 1,118 | 1.196 | 1.502 | 0.842 | $ 3,456 | 45.7% |
| 1999 | $ 9,782 | $ 3,700 | $ 1,160 | 1.178 | 1.452 | 1.032 | $ 6,238 | 63.8% |
| 2000 | $ 11,848 | $ 3,800 | $ 2,086 | 1.161 | 1.404 | 0.990 | $ 7,264 | 61.3% |
| 2001 | $ 13,822 | $ 3,200 | $ 2,650 | 1.143 | 1.357 | 1.205 | $ 8,743 | 63.3% |
| 2002 | $ 16,644 | $ 5,500 | $ 3,000 | 1.127 | 1.312 | 1.011 | $ 10,246 | 61.6% |
| 2003 | $ 18,781 | $ 6,200 | $ 3,300 | 1.110 | 1.268 | 0.991 | $ 10,967 | 58.4% |
| 2004 | $ 19,079 | $ 6,000 | $ 3,500 | 1.093 | 1.226 | 0.890 | $ 9,654 | 50.6% |
| 2005 | $ 19,541 | $ 5,000 | $ 2,700 | 1.077 | 1.185 | 1.152 | $ 9,894 | 50.6% |
| 1998 - 2004 | $ 97,516 | | | | | | $ 56,567 | 58.0% |
| 2001 - 2005 | $ 87,866 | | | | | | $ 49,503 | 56.3% |
| 1996 - 2005 | $ 125,981 | | | | | | $ 71,897 | 57.1% |

| | |
|---|---|
| Selected CNA Experience LALE Ratio: | 56.3% |
| MedPro Permissible LALE Ratio: | 56.4% |
| **Rate Indication:** | **-0.1%** |
| **Proposed Rate Modification:** | **-0.1%** |

Source: CNA Ohio Filing effective 02/01/2007, Exhibit B.2 Countrywide excl Florida
Notes: Col. (2) = Exh. IV, Col. (10)
Col. (3) = Exh. V, Col. (6)
Trend factors in Col. (4) contemplate annual 1.5% $1M loss trend from Exh. VI
Trend factors in Col. (5) contemplate annual 3.5% ALE trend from Exh. VI
Col. (6) = Exh. VII, Col. (4)
Col. (7) = [Col. (2) x Col. (4) + Col. (3) x Col. (5)] x Col. (6)
Col. (8) = Col. (7) / Col. (1)
Col. (9) = Col. (8) / [1.0 + (Filed Rate Change)]

EXHIBIT III

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

Expense Provisions &
Permissible LALE Ratio

| | | | |
|---|---|---|---|
| (1) | Commissions | | 30.0% |
| (2) | Taxes, Licenses & Fees | | 2.5% |
| (3) | General Expenses & Other Acquisition | | 5.0% |
| (4) | Underwriting Profit & Contingencies | | 5.0% |
| (5) | Total Expenses | (1)+(2)+(3)+(4) | 42.5% |
| (6) | Permissible LLAE Ratio | 1.0 - (5) | 57.5% |
| (7) | Unallocated Loss Expenses (ULE as a % of LLAE) | | 2.0% |
| (8) | **Permissible LALE Ratio** | (6) / [1.0 + (7)] | **56.4%** |

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT IV

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

CNA COUNTRYWIDE (excl FL)
OCCURRENCE EXPERIENCE
Data Evaluated as of: 06/30/2006

Ultimate $1M Limited Loss Projections

| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| **Accident Year** | **Paid Loss (000's)** | **Loss Dev Factor** | **Incurred Loss (000's)** | **Loss Dev Factor** | **Paid Loss Projection (000's)** | **Incurred Loss Projection (000's)** | **Bornhetter Ferguson Projection (000's)** | **Stanard-Buhlmann Projection (000's)** | **Avg. Paid on Closed Projection (000's)** | **Selected Ultimate (000's)** |
| 1996 | $ 1,873 | 1.100 | $ 1,873 | 1.008 | $ 2,060 | $ 1,888 | $ 1,873 | $ 1,887 | $ 1,873 | $ 1,873 |
| 1997 | $ 969 | 1.123 | $ 1,174 | 1.018 | $ 1,088 | $ 1,195 | $ 1,174 | $ 1,219 | $ 1,259 | $ 1,195 |
| 1998 | $ 1,330 | 1.136 | $ 1,955 | 1.037 | $ 1,511 | $ 2,027 | $ 1,664 | $ 2,085 | $ 1,620 | $ 2,027 |
| 1999 | $ 3,053 | 1.176 | $ 4,025 | 1.076 | $ 3,590 | $ 4,331 | $ 3,653 | $ 4,360 | $ 4,213 | $ 3,700 |
| 2000 | $ 2,467 | 1.243 | $ 4,603 | 1.187 | $ 3,066 | $ 5,464 | $ 4,280 | $ 5,504 | $ 3,047 | $ 3,800 |
| 2001 | $ 978 | 1.458 | $ 3,492 | 1.295 | $ 1,426 | $ 4,522 | $ 3,623 | $ 5,011 | $ 1,993 | $ 3,200 |
| 2002 | $ 2,318 | 2.160 | $ 6,562 | 1.264 | $ 5,007 | $ 8,294 | $ 6,528 | $ 8,236 | $ 4,203 | $ 5,500 |
| 2003 | $ 647 | 3.089 | $ 6,685 | 1.703 | $ 1,999 | $ 11,385 | $ 8,234 | $ 10,421 | $ 4,707 | $ 6,200 |
| 2004 | $ 88 | 12.106 | $ 2,840 | 4.246 | $ 1,065 | $ 12,059 | $ 8,394 | $ 9,869 | $ 5,743 | $ 6,000 |
| 2005 | $ - | 95.247 | $ 264 | 27.778 | $ - | $ 7,333 | $ 9,500 | $ 9,342 | $ 4,785 | $ 5,000 |

Source: CNA Ohio Filing effective 02/01/2007, Exhibit B.2a Countrywide excl Florida
Notes: Col. (5) = Col. (1) x Col. (2)
Col. (6) = Col. (3) x Col. (4)

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT V

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

CNA COUNTRYWIDE (excl FL)
OCCURRENCE EXPERIENCE
Data Evaluated as of: 06/30/2006

Ultimate ALE Projections

| | (1) | (2) | (3) | (4) | (5) | (6) |
|---|---|---|---|---|---|---|
| **Accident Year** | **Paid ALE (000's)** | **ALE Dev Factor** | **Paid ALE Projection (000's)** | **Increm. Pd to Pd Projection (000's)** | **Stanard-Buhlmann Projection (000's)** | **Selected Ultimate (000's)** |
| 1996 | $ 542 | 1.075 | $ 583 | $ 542 | $ 610 | $ 583 |
| 1997 | $ 715 | 1.094 | $ 782 | $ 807 | $ 769 | $ 782 |
| 1998 | $ 1,003 | 1.115 | $ 1,118 | $ 1,285 | $ 1,112 | $ 1,118 |
| 1999 | $ 1,001 | 1.159 | $ 1,160 | $ 1,263 | $ 1,268 | $ 1,160 |
| 2000 | $ 1,642 | 1.271 | $ 2,087 | $ 2,259 | $ 2,067 | $ 2,086 |
| 2001 | $ 1,953 | 1.434 | $ 2,801 | $ 2,961 | $ 2,462 | $ 2,650 |
| 2002 | $ 1,620 | 1.872 | $ 3,033 | $ 3,097 | $ 2,965 | $ 3,000 |
| 2003 | $ 836 | 3.394 | $ 2,837 | $ 4,067 | $ 3,132 | $ 3,300 |
| 2004 | $ 490 | 11.233 | $ 5,504 | $ 3,895 | $ 3,360 | $ 3,500 |
| 2005 | $ 81 | 132.622 | $ 10,742 | $ 2,953 | $ 2,686 | $ 2,700 |

Source: CNA Ohio Filing effective 02/01/2007, Exhibit B.2b Countrywide excl Florida
Notes: Col. (3) = Col. (1) x Col. (2)

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT VI

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

CNA COUNTRYWIDE (excl FL)
OCCURRENCE EXPERIENCE
Data Evaluated as of: 06/30/2006

Severity Analysis

| | (1) | (2) | (3) | (4) | (5) | (6) |
|---|---|---|---|---|---|---|
| **Accident Year** | **Selected Incurred Counts** | **Indicated $1M Loss Severity** | **Two-Year Moving Average** | **Reported Counts** | **Indicated ALE Severity** | **Two-Year Moving Average** |
| 1996 | 9 | $ 208,111 | | 21 | $ 27,385 | |
| 1997 | 10 | $ 119,500 | $ 161,474 | 28 | $ 28,256 | $ 27,877 |
| 1998 | 18 | $ 112,611 | $ 115,071 | 47 | $ 23,583 | $ 25,305 |
| 1999 | 19 | $ 194,737 | $ 154,784 | 53 | $ 21,709 | $ 22,590 |
| 2000 | 24 | $ 158,333 | $ 174,419 | 82 | $ 25,494 | $ 23,999 |
| 2001 | 23 | $ 139,130 | $ 148,936 | 98 | $ 26,905 | $ 26,265 |
| 2002 | 33 | $ 166,667 | $ 155,357 | 100 | $ 30,035 | $ 28,481 |
| 2003 | 38 | $ 163,158 | $ 164,789 | 128 | $ 25,722 | $ 27,610 |
| 2004 | 43 | $ 139,535 | $ 150,617 | 128 | $ 27,246 | $ 26,484 |
| 2005 | 34 | $ 147,059 | $ 142,857 | 145 | $ 18,621 | $ 22,673 |

| | $R^2$ | **$1M Loss Trend** | $R^2$ | **ALE Trend** |
|---|---|---|---|---|
| 1997 - 2005 | 1.6% | 0.5% | 0.4% | -0.2% |
| 1998 - 2005 | 8.7% | 1.5% | 3.1% | 0.6% |
| 1999 - 2005 | 25.1% | -1.5% | 4.5% | 0.9% |
| 1999 - 2004 | 5.5% | -0.8% | 62.8% | 3.8% |
| 2000 - 2004 | 21.1% | -1.9% | 36.4% | 2.5% |
| **Selected:** | | **1.5%** | | **3.5%** |

Source: CNA Ohio Filing effective 02/01/2007, Exhibits B.2c & B.2d Countrywide excl Florida
Notes: Col. (2) = Exh. IV, Col. (10) / Col. (1)
Col. (5) = Exh. V, Col. (6) / Col. (4)

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT VII

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

CNA COUNTRYWIDE (excl FL)
OCCURRENCE EXPERIENCE
Data Evaluated as of: 06/30/2006

Frequency Analysis

| | (1) | (2) | (3) | (4) |
|---|---|---|---|---|
| **Accident Year** | **Selected Incurred Counts** | **Current Level Earned Premium (000's)** | **Frequency Per Unit of CLEP** | **Frequency Adjustment Factor** |
| 1996 | 9 | $ 3,530 | 2.550 | 0.786 |
| 1997 | 10 | $ 5,395 | 1.854 | 1.082 |
| 1998 | 18 | $ 7,560 | 2.381 | 0.842 |
| 1999 | 19 | $ 9,782 | 1.942 | 1.032 |
| 2000 | 24 | $ 11,848 | 2.026 | 0.990 |
| 2001 | 23 | $ 13,822 | 1.664 | 1.205 |
| 2002 | 33 | $ 16,644 | 1.983 | 1.011 |
| 2003 | 38 | $ 18,781 | 2.023 | 0.991 |
| 2004 | 43 | $ 19,079 | 2.254 | 0.890 |
| 2005 | 34 | $ 19,541 | 1.740 | 1.152 |
| 1999 - 2005 | 214 | $ 109,496 | 1.954 | |
| 2000 - 2005 | 195 | $ 99,714 | 1.956 | |
| 2001 - 2004 | 137 | $ 68,326 | 2.005 | |
| 2003 - 2005 | 115 | $ 57,400 | 2.003 | |
| | | **Selected:** | **2.005** | |

Source: CNA Ohio Filing effective 02/01/2007, Exhibit B.2e Countrywide excl Florida
Notes: Col. (3) = 1000 x Col. (1) / Col. (2)
Col. (4) = (Selected) / Col. (3)

# THE MEDICAL PROTECTIVE COMPANY

# DISTRICT OF COLUMBIA

# NURSE PRACTITIONERS

# ACTUARIAL MEMORANDUM

The Medical Protective Company (MedPro) respectfully submits support for its new Nurse Practitioner Product. The attached exhibits support rates for a stand alone Nurse Practitioner Product in the State of District of Columbia. The proposed rates represent a new product available to the thousands of Nurse Practitioners who do not have their professional liability insurance provided by their primary physicians practice or hospital. The proposed effective date for the new product is June 01, 2009.

Our filing is based on the most recent publicly available countrywide Nurse Practitioner data from CNA. This memorandum summarizes the results of the analysis shown in the accompanying exhibits. As a result of MedPro's countrywide review, this filing proposes the introduction of a new product specifically for nurse practitioners, to which the proposed rates would apply.

## EXHIBIT I: NURSE PRACTITIONER RATES

Exhibit I presents a comparison of the nurse practitioner rates for CNA's filed product and MedPro's proposed rate structure. The rates shown are for full-time self-employed risks with 1M/6M limits occurrence coverage. The rate differential between the CNA rates and MedPro rates is uniform on a percentage basis and is supported by the calculations in Exhibit II.

## EXHIBIT II: RATE LEVEL INDICATION

Exhibit II presents the development of the indicated rate level for MedPro's Nurse Practitioner Product. The countrywide experience of CNA's book of business as presented in their rate filing in Ohio effective 02/01/2007 is used to project an ultimate loss and allocated loss adjustment expense (LALE) ratio applicable to CNA's filed rates. The ultimate LALE ratio is compared to the MedPro permissible LALE ratio to arrive at a indicated rate change. This represents the percentage change to CNA's nurse practitioner rates needed to arrive at MedPro's target loss ratio.

## EXHIBIT III: MEDPRO EXPENSE PROVISIONS

Exhibit III shows the MedPro expense provisions for its Nurse Practitioner Product. These are used to calculate the permissible LALE ratio, which is carried forward to the rate level indication in Exhibit II.

## EXHIBIT IV: CNA ULTIMATE LOSS PROJECTIONS

Exhibit IV shows the various accident year ultimate loss projections provided in the CNA actuarial analysis, along with their selections of ultimate settlement values. The ultimate selections are carried forward to the rate level indication in Exhibit II.

## EXHIBIT V: CNA ULTIMATE ALE PROJECTIONS

Exhibit V shows the various accident year ultimate allocated loss adjustment expense (ALE) projections provided in the CNA actuarial analysis, along with their selections of ultimate settlement values. The ultimate selections are carried forward to the rate level indication in Exhibit II.

## EXHIBIT VI: SEVERITY ANALYSIS

Annual trend values for loss and ALE are each derived in Exhibit VI. Two-year moving average severities are used to reduce the volatility of the accident year severity estimates. They are fit utilizing an exponential least-squares technique for several combinations of years. Based upon the resulting trends and R-squared values, annual trends of 1.5% and 3.5% were selected for loss and ALE, respectively, to adjust historical values to the current cost level in Exhibit II.

## EXHIBIT VII: FREQUENCY ANALYSIS

The frequency adjustment factors applied in the rate level indication are derived in Exhibit VII. Frequency per $1000 of current level earned premium is calculated for each accident year. The selected prospective value is then used along with the accident year values to determine frequency adjustment factors for each accident year. These are carried forward to the rate level indication in Exhibit II.

## REVISED MANUAL RATES

The proposed rate pages for the Nurse Practitioner Product are attached to this filing.

## REVISED MANUAL RULES

The Medical Protective Company proposes the following rating rules which conform to the countrywide template and largely do not constitute a substantive change in use or content from most rules currently on file for other Medical Protective Products.

## ACCELERATED EXTENSION CONTRACT RULE

The Company proposes to file an Accelerated Extension Contract Rule for its Standard Claims Made Program. If requirements outlined in the rule are met, the insured may qualify for an Accelerated Extension Contract. The total number of insureds within a group practice that may qualify should not exceed a ratio of one in three. There is no rate impact associated with this rule.

## AGGREGATE CREDIT RULE

The Company proposes to file an Aggregate Credit Rule for its Occurrence and Standard Claims Made Programs. This rule outlines the limitation of all credits shall not exceed 50%, with the exception of Part Time, Leave of Absence or Military Leave of Absence credits. This rule conforms with the countrywide format.

## CONVERTIBLE CLAIMS MADE RATING RULE

The Company proposes to file the Convertible Claims Made Rating Plan for its Standard Claims Made Program. This rule outlines the conditions on which an insured would be eligible to convert a Standard Claims Made policy to an Occurrence policy at no charge. This rule conforms with the countrywide format.

## DEFERRED PAYMENT PLAN RULE

The Company wishes to file the Deferred Payment Plan Rule for its Occurrence and Standard Claims Made Programs. This plan requires a down payment to be paid on or before the inception/renewal date of the policy. There is no rate impact associated with this rule.

## EMPLOYED NURSE PRACTITIONER RULE

The Company wishes to introduce the Employed Nurse Practitioner Rule for its Occurrence and Standard Claims Made Programs. The rule provides a 19% credit to Nurse Practitioners who request coverage solely for work for, or on behalf of an entity(s) they do not own, and in which they receive W2's from their employer(s). This rule conforms with the countrywide format.

## EXTENSION CONTRACT RATING

The Company proposes to file an Extension Contract Rating Rule for its Standard Claims Made Program to clarify the modifications employed in the extension contract premium calculation. This rule is consistent with our countrywide format.

**FULL TIME EQUIVALENCY RATING RULE**

The Company proposes to file the Full Time Equivalency Rating Rule for its Occurrence and Standard Claims Made Programs. This rule outlines rating for coverage for a multi-provider groups which is available, at the Company's option, on a full time equivalent (FTE) basis rather than on an individual healthcare provider basis. This rule is consistent with our countrywide format.

**GROUP RATING RULE**

The Company proposes to file the Group Rating Rule for its Occurrence and Standard Claims Made Programs. The rule outlines the methodology in which a group of two or more healthcare professionals will be rated. The rule also outlines how premium will be allocated to each member within such group. This rule conforms with the countrywide format.

**LEAVE OF ABSENCE CREDIT RULE**

The Company proposes to file the Leave of Absence Credit Rule for its Occurrence and Standard Claims Made Programs. The rule provides rating for those insureds which have a "continuous" leave of absence of 45 days. This rule is consistent with our countrywide format.

**MEMBERSHIP ASSOCIATION CREDIT RULE**

The Company wishes to revise the Membership Association Credit Rule for its Occurrence and Standard Claims Made Programs. This rule allows for a premium modification, due to unique characteristics of a healthcare practice and their membership in qualified professional associations. The rule is consistent with the countrywide format.

**MILITARY LEAVE OF ABSENCE CREDIT RULE**

The Company proposes to file the Military Leave of Absence Credit Rule for its Occurrence and Standard Claims Made Programs. The rule provides rating for those insureds which are on active military leave. This rule is consistent with our countrywide format.

**MINIMUM PREMIUM RULE**

The Company wishes to file the Minimum Premium Rule for its Occurrence and Standard Claims Made Programs. This rule requires a minimum policy premium of $50, is consistent with the countrywide format, and does not present a substantive rate impact.

**NEW TO PRACTICE CREDIT RULE**

The Company proposes to file the New to Practice Credit for the Occurrence and Standard Claims Made Programs. The revisions include explicitly limiting the application of this credit to those healthcare providers that are starting their practice for the first time. The rule is consistent with the countrywide format.

**PARTNERSHIP OR CORPORATION COVERAGE RULE**

The Company proposes to file a Partnership or Corporation Rating Rule for the Occurrence and Standard Claims Made programs. The rule outlines that such coverage shall be calculated as 10% of the individual insureds premium. This rule is consistent with our countrywide format.

**PRIOR ACTS COVERAGE**

The Company proposes to file the Prior Acts Coverage Rule for its Standard Claims Made Program. This rule outlines rating for prior acts coverage and clarifies that the advancement of the retroactive date can only be completed with not only the written acknowledgement of the insured, but also with the approval of the Company. This rule is consistent with the countrywide format.

**RENEWAL RATING RULE**

The Company wishes to file the Renewal Rating Rule for its Occurrence and Standard Claims Made Programs. This rule outlines the conditions on which a groups premium, which exceeds $250,000, may be held constant from policy year to policy year. This rule conforms with our countrywide format.

**RISK MANAGEMENT CREDIT RULE**

The Company proposes to file a Risk Management Credit Rule for its Occurrence and Standard Claims Made Programs. This rule explains that a 10% credit is available to the policyholder for approved Risk Management courses, and follows the countrywide format.

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The Company proposes to file a Schedule Rating Plan rule for its Occurrence and Standard Claims Made Programs. The proposed rule allows for a rate modification for the recognition of unique risk characteristics not contemplated in the company's filed rate structure.

The proposed rule also provides additional clarity regarding the characteristics underlying each criteria as well as modifications necessary as a result of reduction in expenses. The rule conforms to the Medical Protective Company's countrywide template.

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The Company proposes to file a Shared Entity Vicarious Liability Coverage rating rule for its Occurrence & Standard Claims Made Programs. This rule outlines the methodology for adding an additional insured to the policy, for VL exposure only, on a shared limit basis. This rule conforms with the Company's countrywide format.

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The Company proposes to file a Slot Rating Rule for its Standard Claims Made Programs. This rule outlines and identifies that coverage for multi-healthcare provider groups is available, at the Company's option, on a slot basis rather than on an individual healthcare provider basis. The slot endorsement will identify the individuals and practice settings that are covered. This rule conforms to the countrywide format.

MEDICAL PROTECTIVE
Strength. Defense. Solutions. Since 1899.

March 11, 2009

Department of Insurance and Security Regulations
Insurance Products Division
810 First Street, NE, Room 701
Washington, DC 20002

**RE: THE MEDICAL PROTECTIVE COMPANY- NAIC #11843**
**COMPANY FILE NO: 09-HCNP-02**
**COMPANY FEIN NO: 35-0506406**
**DISTRICT OF COLUMBIA HEALTHCARE PROFESSIONALS – NURSE PRACTITIONER**
**OCCURRENCE AND STANDARD CLAIMS MADE PROGRAMS**
**INITIAL RATE FILING**
**INITIAL RULE FILING**

**PROPOSED EFFECTIVE DATE: July 1, 2009**

Dear Sir or Madame:

The Medical Protective Company hereby submits for your review and consideration the above-captioned rate and rule filing applicable to its District of Columbia Healthcare Professionals – Nurse Practitioner product. The company requests **July 1, 2009**, as the effective date for this submission.

The enclosed Memorandum and exhibits detail the rate development of this filing and provide brief descriptions of the manual rate and rule pages included in the package. In addition to the aforementioned pages, please find specimen copies of the proposed policies and endorsements.

Should you have any questions regarding this filing, please do not hesitate to contact me. Thank you.

Sincerely,

Melissa Millican

Melissa Coker Millican, Paralegal
The Medical Protective Company
5814 Reed Road
Fort Wayne, IN 46835-3568
(800)-348-4669, ext. 6838
(260)-486-0733 (fax)
melissa.millican@medpro.com

Enclosure(s)

# Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| **Original Date:** | **Schedule** | **Document Name** | **Replaced Date** | **Attach Document** |
|---|---|---|---|---|
| No original date | Supporting Document | Actuarial Certification (P&C) | 03/02/2009 | dc np ex.pdf<br>DC NP Memo.pdf |

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT I

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

Proposed Rates

| | | 1M/6M Occurrence Coverage Full-Time Self-Employed Rates | |
|---|---|---|---|
| **Class** | **Description** | **Filed CNA** | **Proposed MedPro** |
| **N1** | Adult | $ 842 | $ 842 |
| **N1** | Geriatric | $ 842 | $ 842 |
| **N1** | Family Planning | $ 842 | $ 842 |
| **N1** | Gynecology | $ 842 | $ 842 |
| **N1** | Women's Health | $ 842 | $ 842 |
| **N1** | Adult Oncology | $ 842 | $ 842 |
| **N2** | Psychiatric | $ 1,191 | $ 1,190 |
| **N3** | Pediatric | $ 1,539 | $ 1,538 |
| **N3** | Neonatal | $ 1,539 | $ 1,538 |
| **N3** | Family Practice | $ 1,539 | $ 1,538 |
| **N3** | Acute Critical Care | $ 1,539 | $ 1,538 |
| **N4** | Obstetrics / Gynecology | $ 1,890 | $ 1,889 |
| **N4** | Perinatal | $ 1,890 | $ 1,889 |
| **N4** | Acute Care Obstetrics | $ 1,890 | $ 1,889 |
| **NS** | Student | $ 275 | $ 275 |

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT II

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

CNA COUNTRYWIDE (excl FL)
OCCURRENCE EXPERIENCE
Data Evaluated as of: 06/30/2006

Rate Level Indication
Proposed Rates Effective: 07/01/2009

| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
|---|---|---|---|---|---|---|---|---|
| Accident Year | Current Level Earned Premium (000's) | Selected Ultimate $1M Loss (000's) | Selected Ultimate ALE (000's) | $1M Loss Trend Factor | ALE Trend Factor | Frequency Adjustment Factor | Trended LALE (000's) | Trended LALE Ratio |
| 1996 | $ 3,530 | $ 1,873 | $ 583 | 1.232 | 1.608 | 0.786 | $ 2,552 | 72.3% |
| 1997 | $ 5,395 | $ 1,195 | $ 782 | 1.214 | 1.554 | 1.082 | $ 2,884 | 53.5% |
| 1998 | $ 7,560 | $ 2,027 | $ 1,118 | 1.196 | 1.502 | 0.842 | $ 3,456 | 45.7% |
| 1999 | $ 9,782 | $ 3,700 | $ 1,160 | 1.178 | 1.452 | 1.032 | $ 6,238 | 63.8% |
| 2000 | $ 11,848 | $ 3,800 | $ 2,086 | 1.161 | 1.404 | 0.990 | $ 7,264 | 61.3% |
| 2001 | $ 13,822 | $ 3,200 | $ 2,650 | 1.143 | 1.357 | 1.205 | $ 8,743 | 63.3% |
| 2002 | $ 16,644 | $ 5,500 | $ 3,000 | 1.127 | 1.312 | 1.011 | $ 10,246 | 61.6% |
| 2003 | $ 18,781 | $ 6,200 | $ 3,300 | 1.110 | 1.268 | 0.991 | $ 10,967 | 58.4% |
| 2004 | $ 19,079 | $ 6,000 | $ 3,500 | 1.093 | 1.226 | 0.890 | $ 9,654 | 50.6% |
| 2005 | $ 19,541 | $ 5,000 | $ 2,700 | 1.077 | 1.185 | 1.152 | $ 9,894 | 50.6% |
| 1998 - 2004 | $ 97,516 | | | | | | $ 56,567 | 58.0% |
| 2001 - 2005 | $ 87,866 | | | | | | $ 49,503 | 56.3% |
| 1996 - 2005 | $ 125,981 | | | | | | $ 71,897 | 57.1% |

| | |
|---|---|
| Selected CNA Experience LALE Ratio: | 56.3% |
| MedPro Permissible LALE Ratio: | 56.4% |
| **Rate Indication:** | **-0.1%** |
| **Proposed Rate Modification:** | **-0.1%** |

Source: CNA Ohio Filing effective 02/01/2007, Exhibit B.2 Countrywide excl Florida
Notes: Col. (2) = Exh. IV, Col. (10)
Col. (3) = Exh. V, Col. (6)
Trend factors in Col. (4) contemplate annual 1.5% $1M loss trend from Exh. VI
Trend factors in Col. (5) contemplate annual 3.5% ALE trend from Exh. VI
Col. (6) = Exh. VII, Col. (4)
Col. (7) = [Col. (2) x Col. (4) + Col. (3) x Col. (5)] x Col. (6)
Col. (8) = Col. (7) / Col. (1)
Col. (9) = Col. (8) / [1.0 + (Filed Rate Change)]

EXHIBIT III

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

Expense Provisions &
Permissible LALE Ratio

| | | | |
|---|---|---|---|
| (1) | Commissions | | 30.0% |
| (2) | Taxes, Licenses & Fees | | 2.5% |
| (3) | General Expenses & Other Acquisition | | 5.0% |
| (4) | Underwriting Profit & Contingencies | | 5.0% |
| (5) | Total Expenses | (1)+(2)+(3)+(4) | 42.5% |
| (6) | Permissible LLAE Ratio | 1.0 - (5) | 57.5% |
| (7) | Unallocated Loss Expenses (ULE as a % of LLAE) | | 2.0% |
| (8) | **Permissible LALE Ratio** | (6) / [1.0 + (7)] | **56.4%** |

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT IV

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

CNA COUNTRYWIDE (excl FL)
OCCURRENCE EXPERIENCE
Data Evaluated as of: 06/30/2006

Ultimate $1M Limited Loss Projections

| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| **Accident Year** | **Paid Loss (000's)** | **Loss Dev Factor** | **Incurred Loss (000's)** | **Loss Dev Factor** | **Paid Loss Projection (000's)** | **Incurred Loss Projection (000's)** | **Bornhetter Ferguson Projection (000's)** | **Stanard-Buhlmann Projection (000's)** | **Avg. Paid on Closed Projection (000's)** | **Selected Ultimate (000's)** |
| 1996 | $ 1,873 | 1.100 | $ 1,873 | 1.008 | $ 2,060 | $ 1,888 | $ 1,873 | $ 1,887 | $ 1,873 | $ 1,873 |
| 1997 | $ 969 | 1.123 | $ 1,174 | 1.018 | $ 1,088 | $ 1,195 | $ 1,174 | $ 1,219 | $ 1,259 | $ 1,195 |
| 1998 | $ 1,330 | 1.136 | $ 1,955 | 1.037 | $ 1,511 | $ 2,027 | $ 1,664 | $ 2,085 | $ 1,620 | $ 2,027 |
| 1999 | $ 3,053 | 1.176 | $ 4,025 | 1.076 | $ 3,590 | $ 4,331 | $ 3,653 | $ 4,360 | $ 4,213 | $ 3,700 |
| 2000 | $ 2,467 | 1.243 | $ 4,603 | 1.187 | $ 3,066 | $ 5,464 | $ 4,280 | $ 5,504 | $ 3,047 | $ 3,800 |
| 2001 | $ 978 | 1.458 | $ 3,492 | 1.295 | $ 1,426 | $ 4,522 | $ 3,623 | $ 5,011 | $ 1,993 | $ 3,200 |
| 2002 | $ 2,318 | 2.160 | $ 6,562 | 1.264 | $ 5,007 | $ 8,294 | $ 6,528 | $ 8,236 | $ 4,203 | $ 5,500 |
| 2003 | $ 647 | 3.089 | $ 6,685 | 1.703 | $ 1,999 | $ 11,385 | $ 8,234 | $ 10,421 | $ 4,707 | $ 6,200 |
| 2004 | $ 88 | 12.106 | $ 2,840 | 4.246 | $ 1,065 | $ 12,059 | $ 8,394 | $ 9,869 | $ 5,743 | $ 6,000 |
| 2005 | $ - | 95.247 | $ 264 | 27.778 | $ - | $ 7,333 | $ 9,500 | $ 9,342 | $ 4,785 | $ 5,000 |

Source: CNA Ohio Filing effective 02/01/2007, Exhibit B.2a Countrywide excl Florida
Notes: Col. (5) = Col. (1) x Col. (2)
Col. (6) = Col. (3) x Col. (4)

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT V

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

CNA COUNTRYWIDE (excl FL)
OCCURRENCE EXPERIENCE
Data Evaluated as of: 06/30/2006

Ultimate ALE Projections

| | (1) | (2) | (3) | (4) | (5) | (6) |
|---|---|---|---|---|---|---|
| **Accident Year** | **Paid ALE (000's)** | **ALE Dev Factor** | **Paid ALE Projection (000's)** | **Increm. Pd to Pd Projection (000's)** | **Stanard-Buhlmann Projection (000's)** | **Selected Ultimate (000's)** |
| 1996 | $ 542 | 1.075 | $ 583 | $ 542 | $ 610 | $ 583 |
| 1997 | $ 715 | 1.094 | $ 782 | $ 807 | $ 769 | $ 782 |
| 1998 | $ 1,003 | 1.115 | $ 1,118 | $ 1,285 | $ 1,112 | $ 1,118 |
| 1999 | $ 1,001 | 1.159 | $ 1,160 | $ 1,263 | $ 1,268 | $ 1,160 |
| 2000 | $ 1,642 | 1.271 | $ 2,087 | $ 2,259 | $ 2,067 | $ 2,086 |
| 2001 | $ 1,953 | 1.434 | $ 2,801 | $ 2,961 | $ 2,462 | $ 2,650 |
| 2002 | $ 1,620 | 1.872 | $ 3,033 | $ 3,097 | $ 2,965 | $ 3,000 |
| 2003 | $ 836 | 3.394 | $ 2,837 | $ 4,067 | $ 3,132 | $ 3,300 |
| 2004 | $ 490 | 11.233 | $ 5,504 | $ 3,895 | $ 3,360 | $ 3,500 |
| 2005 | $ 81 | 132.622 | $ 10,742 | $ 2,953 | $ 2,686 | $ 2,700 |

Source: CNA Ohio Filing effective 02/01/2007, Exhibit B.2b Countrywide excl Florida
Notes: Col. (3) = Col. (1) x Col. (2)

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT VI

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

CNA COUNTRYWIDE (excl FL)
OCCURRENCE EXPERIENCE
Data Evaluated as of: 06/30/2006

Severity Analysis

| | (1) | (2) | (3) | (4) | (5) | (6) |
|---|---|---|---|---|---|---|
| **Accident Year** | **Selected Incurred Counts** | **Indicated $1M Loss Severity** | **Two-Year Moving Average** | **Reported Counts** | **Indicated ALE Severity** | **Two-Year Moving Average** |
| 1996 | 9 | $ 208,111 | | 21 | $ 27,385 | |
| 1997 | 10 | $ 119,500 | $ 161,474 | 28 | $ 28,256 | $ 27,877 |
| 1998 | 18 | $ 112,611 | $ 115,071 | 47 | $ 23,583 | $ 25,305 |
| 1999 | 19 | $ 194,737 | $ 154,784 | 53 | $ 21,709 | $ 22,590 |
| 2000 | 24 | $ 158,333 | $ 174,419 | 82 | $ 25,494 | $ 23,999 |
| 2001 | 23 | $ 139,130 | $ 148,936 | 98 | $ 26,905 | $ 26,265 |
| 2002 | 33 | $ 166,667 | $ 155,357 | 100 | $ 30,035 | $ 28,481 |
| 2003 | 38 | $ 163,158 | $ 164,789 | 128 | $ 25,722 | $ 27,610 |
| 2004 | 43 | $ 139,535 | $ 150,617 | 128 | $ 27,246 | $ 26,484 |
| 2005 | 34 | $ 147,059 | $ 142,857 | 145 | $ 18,621 | $ 22,673 |

| | $R^2$ | **$1M Loss Trend** | $R^2$ | **ALE Trend** |
|---|---|---|---|---|
| 1997 - 2005 | 1.6% | 0.5% | 0.4% | -0.2% |
| 1998 - 2005 | 8.7% | 1.5% | 3.1% | 0.6% |
| 1999 - 2005 | 25.1% | -1.5% | 4.5% | 0.9% |
| 1999 - 2004 | 5.5% | -0.8% | 62.8% | 3.8% |
| 2000 - 2004 | 21.1% | -1.9% | 36.4% | 2.5% |
| **Selected:** | | **1.5%** | | **3.5%** |

Source: CNA Ohio Filing effective 02/01/2007, Exhibits B.2c & B.2d Countrywide excl Florida
Notes: Col. (2) = Exh. IV, Col. (10) / Col. (1)
Col. (5) = Exh. V, Col. (6) / Col. (4)

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT VII

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

CNA COUNTRYWIDE (excl FL)
OCCURRENCE EXPERIENCE
Data Evaluated as of: 06/30/2006

Frequency Analysis

| | (1) | (2) | (3) | (4) |
|---|---|---|---|---|
| **Accident Year** | **Selected Incurred Counts** | **Current Level Earned Premium (000's)** | **Frequency Per Unit of CLEP** | **Frequency Adjustment Factor** |
| 1996 | 9 | $ 3,530 | 2.550 | 0.786 |
| 1997 | 10 | $ 5,395 | 1.854 | 1.082 |
| 1998 | 18 | $ 7,560 | 2.381 | 0.842 |
| 1999 | 19 | $ 9,782 | 1.942 | 1.032 |
| 2000 | 24 | $ 11,848 | 2.026 | 0.990 |
| 2001 | 23 | $ 13,822 | 1.664 | 1.205 |
| 2002 | 33 | $ 16,644 | 1.983 | 1.011 |
| 2003 | 38 | $ 18,781 | 2.023 | 0.991 |
| 2004 | 43 | $ 19,079 | 2.254 | 0.890 |
| 2005 | 34 | $ 19,541 | 1.740 | 1.152 |
| 1999 - 2005 | 214 | $ 109,496 | 1.954 | |
| 2000 - 2005 | 195 | $ 99,714 | 1.956 | |
| 2001 - 2004 | 137 | $ 68,326 | 2.005 | |
| 2003 - 2005 | 115 | $ 57,400 | 2.003 | |
| | | **Selected:** | **2.005** | |

Source: CNA Ohio Filing effective 02/01/2007, Exhibit B.2e Countrywide excl Florida
Notes: Col. (3) = 1000 x Col. (1) / Col. (2)
Col. (4) = (Selected) / Col. (3)

# THE MEDICAL PROTECTIVE COMPANY

# DISTRICT OF COLUMBIA

# NURSE PRACTITIONERS

# ACTUARIAL MEMORANDUM

The Medical Protective Company (MedPro) respectfully submits support for its new Nurse Practitioner Product. The attached exhibits support rates for a stand alone Nurse Practitioner Product in the District of Columbia. The proposed rates represent a new product available to the thousands of Nurse Practitioners who do not have their professional liability insurance provided by their primary physicians practice or hospital. The proposed effective date for the new product is July 01, 2009.

Our filing is based on the most recent publicly available countrywide Nurse Practitioner data from CNA. This memorandum summarizes the results of the analysis shown in the accompanying exhibits. As a result of MedPro's countrywide review, this filing proposes the introduction of a new product specifically for nurse practitioners, to which the proposed rates would apply.

## EXHIBIT I: NURSE PRACTITIONER RATES

Exhibit I presents a comparison of the nurse practitioner rates for CNA's filed product and MedPro's proposed rate structure. The rates shown are for full-time self-employed risks with 1M/6M limits occurrence coverage. The rate differential between the CNA rates and MedPro rates is uniform on a percentage basis and is supported by the calculations in Exhibit II.

## EXHIBIT II: RATE LEVEL INDICATION

Exhibit II presents the development of the indicated rate level for MedPro's Nurse Practitioner Product. The countrywide experience of CNA's book of business as presented in their rate filing in Ohio effective 02/01/2007 is used to project an ultimate loss and allocated loss adjustment expense (LALE) ratio applicable to CNA's filed rates. The ultimate LALE ratio is compared to the MedPro permissible LALE ratio to arrive at a indicated rate change. This represents the percentage change to CNA's nurse practitioner rates needed to arrive at MedPro's target loss ratio.

## EXHIBIT III: MEDPRO EXPENSE PROVISIONS

Exhibit III shows the MedPro expense provisions for its Nurse Practitioner Product. These are used to calculate the permissible LALE ratio, which is carried forward to the rate level indication in Exhibit II.

## EXHIBIT IV: CNA ULTIMATE LOSS PROJECTIONS

Exhibit IV shows the various accident year ultimate loss projections provided in the CNA actuarial analysis, along with their selections of ultimate settlement values. The ultimate selections are carried forward to the rate level indication in Exhibit II.

## EXHIBIT V: CNA ULTIMATE ALE PROJECTIONS

Exhibit V shows the various accident year ultimate allocated loss adjustment expense (ALE) projections provided in the CNA actuarial analysis, along with their selections of ultimate settlement values. The ultimate selections are carried forward to the rate level indication in Exhibit II.

## EXHIBIT VI: SEVERITY ANALYSIS

Annual trend values for loss and ALE are each derived in Exhibit VI. Two-year moving average severities are used to reduce the volatility of the accident year severity estimates. They are fit utilizing an exponential least-squares technique for several combinations of years. Based upon the resulting trends and R-squared values, annual trends of 1.5% and 3.5% were selected for loss and ALE, respectively, to adjust historical values to the current cost level in Exhibit II.

## EXHIBIT VII: FREQUENCY ANALYSIS

The frequency adjustment factors applied in the rate level indication are derived in Exhibit VII. Frequency per $1000 of current level earned premium is calculated for each accident year. The selected prospective value is then used along with the accident year values to determine frequency adjustment factors for each accident year. These are carried forward to the rate level indication in Exhibit II.

## REVISED MANUAL RATES

The proposed rate pages for the Nurse Practitioner Product are attached to this filing.

## REVISED MANUAL RULES

The Medical Protective Company proposes the following rating rules which conform to the countrywide template and largely do not constitute a substantive change in use or content from most rules currently on file for other Medical Protective Products.

## ACCELERATED EXTENSION CONTRACT RULE

The Company proposes to file an Accelerated Extension Contract Rule for its Standard Claims Made Program. If requirements outlined in the rule are met, the insured may qualify for an Accelerated Extension Contract. The total number of insureds within a group practice that may qualify should not exceed a ratio of one in three. There is no rate impact associated with this rule.

## AGGREGATE CREDIT RULE

The Company proposes to file an Aggregate Credit Rule for its Occurrence and Standard Claims Made Programs. This rule outlines the limitation of all credits shall not exceed 50%, with the exception of Part Time, Leave of Absence or Military Leave of Absence credits. This rule conforms with the countrywide format.

## CONVERTIBLE CLAIMS MADE RATING RULE

The Company proposes to file the Convertible Claims Made Rating Plan for its Standard Claims Made Program. This rule outlines the conditions on which an insured would be eligible to convert a Standard Claims Made policy to an Occurrence policy at no charge. This rule conforms with the countrywide format.

## DEFERRED PAYMENT PLAN RULE

The Company wishes to file the Deferred Payment Plan Rule for its Occurrence and Standard Claims Made Programs. This plan requires a down payment to be paid on or before the inception/renewal date of the policy. There is no rate impact associated with this rule.

## EXTENSION CONTRACT RATING

The Company proposes to file an Extension Contract Rating Rule for its Standard Claims Made Program to clarify the modifications employed in the extension contract premium calculation. This rule is consistent with our countrywide format.

## FULL TIME EQUIVALENCY RATING RULE

The Company proposes to file the Full Time Equivalency Rating Rule for its Occurrence and Standard Claims Made Programs. This rule outlines rating for coverage for a multi-provider groups which is available, at the Company's option, on a full time equivalent (FTE) basis rather than on an individual healthcare provider basis. This rule is consistent with our countrywide format.

## GROUP RATING RULE

The Company proposes to file the Group Rating Rule for its Occurrence and Standard Claims Made Programs. The rule outlines the methodology in which a group of two or more healthcare professionals will be rated. The rule also outlines how premium will be allocated to each member within such group. This rule conforms with the countrywide format.

## LEAVE OF ABSENCE CREDIT RULE

The Company proposes to file the Leave of Absence Credit Rule for its Occurrence and Standard Claims Made Programs. The rule provides rating for those insureds which have a "continuous" leave of absence of 45 days. This rule is consistent with our countrywide format.

## MEMBERSHIP ASSOCIATION CREDIT RULE

The Company wishes to revise the Membership Association Credit Rule for its Occurrence and Standard Claims Made Programs. This rule allows for a premium modification, due to unique characteristics of a healthcare practice and their membership in qualified professional associations. The rule is consistent with the countrywide format.

## MILITARY LEAVE OF ABSENCE CREDIT RULE

The Company proposes to file the Military Leave of Absence Credit Rule for its Occurrence and Standard Claims Made Programs. The rule provides rating for those insureds which are on active military leave. This rule is consistent with our countrywide format.

## MINIMUM PREMIUM RULE

The Company wishes to file the Minimum Premium Rule for its Occurrence and Standard Claims Made Programs. This rule requires a minimum policy premium of $50, is consistent with the countrywide format, and does not present a substantive rate impact.

## NEW TO PRACTICE CREDIT RULE

The Company proposes to file the New to Practice Credit for the Occurrence and Standard Claims Made Programs. The revisions include explicitly limiting the application of this credit to those healthcare providers that are starting their practice for the first time. The rule is consistent with the countrywide format.

## PARTNERSHIP OR CORPORATION COVERAGE RULE

The Company proposes to file a Partnership or Corporation Rating Rule for the Occurrence and Standard Claims Made programs. The rule outlines that such coverage shall be calculated as 10% of the individual insureds premium. This rule is consistent with our countrywide format.

## PRIOR ACTS COVERAGE

The Company proposes to file the Prior Acts Coverage Rule for its Standard Claims Made Program. This rule outlines rating for prior acts coverage and clarifies that the advancement of the retroactive date can only be completed with not only the written acknowledgement of the insured, but also with the approval of the Company. This rule is consistent with the countrywide format.

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