

SERFF Tracking Number: MDPC-126187817 State: District of Columbia
Filing Company: The Medical Protective Company State Tracking Number:
Company Tracking Number: 09-CRNA-02
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0010 Nurse - Anesthetists
Made/Occurrence
Product Name: Healthcare Professionals - Certified Registered Nurse Anesthetist
Project Name/Number: Initial CRNA filing/09-CRNA-02

Filing at a Glance

Company: The Medical Protective Company

Product Name: Healthcare Professionals - Certified Registered Nurse Anesthetist SERFF Tr Num: MDPC-126187817 State: District of Columbia

TOI: 11.0 Medical Malpractice - Claims

SERFF Status: Closed-APPROVED State Tr Num:

Made/Occurrence

Sub-TOI: 11.0010 Nurse - Anesthetists

Co Tr Num: 09-CRNA-02

State Status:

Filing Type: Rate/Rule

Reviewer(s): Robert Nkojo

Authors: Melissa Millican,

Disposition Date: 02/05/2010

Christopher Cole

Date Submitted: 08/04/2009

Disposition Status: APPROVED

Effective Date Requested (New): 09/15/2009

Effective Date (New):

Effective Date Requested (Renewal): 09/15/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Initial CRNA filing

Status of Filing in Domicile: Pending

Project Number: 09-CRNA-02

Domicile Status Comments:

Reference Organization: n/a

Reference Number: n/a

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 02/05/2010

State Status Changed:

Deemer Date:

Created By: Melissa Millican

Submitted By: Melissa Millican

Corresponding Filing Tracking Number: 09-CRNA-01

Filing Description:

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

Where applicable we have separated the forms from the rates and rule filing and have submitted a separate filing under a separate submission (Company filing #09-CRNA-01). We respectfully request an effective date of September 15, 2009 for this submission.

The enclosed Memorandum and exhibits detail the rate development of this filing and provide brief descriptions of the

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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 as applicable.

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

Company and Contact

Filing Contact Information

Melissa Millican, Paralegal melissa.millican@medpro.com
 5814 Reed Road 260-486-0838 [Phone]
 Fort Wayne, IN 46835 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

Filing Fees

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

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

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Robert Nkojo	02/05/2010	02/05/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to modify the effective date	Note To Reviewer	Melissa Millican	10/02/2009	10/02/2009
status check of filing	Note To Reviewer	Melissa Millican	10/02/2009	10/02/2009

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Disposition

Disposition Date: 02/05/2010
 Effective Date (New):
 Effective Date (Renewal):
 Status: APPROVED
 Comment:

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%
	Percent Change Approved:						
	Minimum:	%	Maximum:	%	Weighted Average:		%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter All Filings	Yes	Yes
Supporting Document	Consulting Authorization	Yes	Yes
Supporting Document	Actuarial Certification (P&C)	Yes	Yes
Supporting Document	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)	Yes	Yes
Supporting Document	District of Columbia and Countrywide Loss Ratio Analysis (P&C)	Yes	Yes
Rate	OCC Rates	Yes	Yes
Rate	SCM Rates	Yes	Yes
Rate	Extension Contract Rating Factors	Yes	Yes
Rate	OCC Class Plan	Yes	Yes
Rate	SCM Class Plan	Yes	Yes
Rate	OCC Background Review Surcharge Rule	Yes	Yes
Rate	OCC Deferred Premium Payment Plan Rule	Yes	Yes
Rate	OCC Disposable Products Procedure Rating Rule	Yes	Yes
Rate	OCC Full Time Equivalency Rule	Yes	Yes
Rate	OCC Group Rating Rule	Yes	Yes
Rate	OCC Leave of Absence Rule	Yes	Yes
Rate	OCC Locum Tenens Rule	Yes	Yes
Rate	OCC Membership Association Rule	Yes	Yes
Rate	OCC Military Leave of Absence Rule	Yes	Yes
Rate	OCC Minimum Premium Rating Rule	Yes	Yes
Rate	OCC Moonlighting Rating Rule	Yes	Yes
Rate	OCC New to Practice Credit Rule	Yes	Yes
Rate	OCC Part Time Practice Rule	Yes	Yes
Rate	OCC Partnership Corporation Rating Rule	Yes	Yes
Rate	OCC Prior Acts / Nose Rating Plan Rule	Yes	Yes
Rate	OCC Renewal Rating Rule	Yes	Yes
Rate	OCC Risk Management Credit Rule	Yes	Yes
Rate	OCC Schedule Rating Plan Rule	Yes	Yes
Rate	OCC Shared Vicarious Liability Rating Rule	Yes	Yes

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Rate	OCC Slot Rating Rule	Yes
Rate	OCC Student Resident Rating Rule	Yes
Rate	SCM Accelerated Extension Contract Rule	Yes
Rate	SCM Background Reveiw Surcharge Rule	Yes
Rate	SCM Convertible Coverage Rating Plan Rule	Yes
Rate	SCM Deferred Premium Payment Plan Rule	Yes
Rate	SCM Disposable Products Procedure Rating Rule	Yes
Rate	SCM Extension Contract Rule	Yes
Rate	SCM Full Time Equivalency Rule	Yes
Rate	SCM Group Rating Rule	Yes
Rate	SCM Leave of Absence Rule	Yes
Rate	SCM Locum Tenens Rule	Yes
Rate	SCM Membership Association Rule	Yes
Rate	SCM Military Leave of Absence Rule	Yes
Rate	SCM Minimum Premium Rating Rule	Yes
Rate	SCM Moonlighting Rating Rule	Yes
Rate	SCM New to Practice Credit Rule	Yes
Rate	SCM Part Time Practice Rule	Yes
Rate	SCM Partnership Corporation Rating Rule	Yes
Rate	SCM Prior Acts Rule	Yes
Rate	SCM Renewal Rating Rule	Yes
Rate	SCM Risk Management Credit Rule	Yes
Rate	SCM Schedule Rating Plan Rule	Yes
Rate	SCM Shared Vicarious Liability Rating Rule	Yes
Rate	SCM Slot Rating Rule	Yes
Rate	OCC Solo Corporation Coverage Rule	Yes
Rate	SCM Solo Corporation Coverage Rule	Yes

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Note To Reviewer

Created By:

Melissa Millican on 10/02/2009 10:11 AM

Last Edited By:

Melissa Millican

Submitted On:

10/02/2009 10:11 AM

Subject:

Request to modify the effective date

Comments:

As the requested effective date has past, at this time we request to modify the effective date to 10/15/2009.

Thank you,

Melissa

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Note To Reviewer

Created By:

Melissa Millican on 10/02/2009 10:10 AM

Last Edited By:

Melissa Millican

Submitted On:

10/02/2009 10:10 AM

Subject:

status check of filing

Comments:

I wanted to check the status of the filing, please advise if you should need any additional information to complete the filing review.

Thank you,

Mleissa

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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:	Company Rate Change:	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	N/A	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	OCC Rates	OCC-RTS; DC-09-1	New	dc occ rates.pdf
	SCM Rates	SCM-RTS; DC-09-1	New	dc scm rates.pdf
	Extension Contract Rating Factors	ECF-DC; 6/1/2009	New	DC Tail Factors.pdf
	OCC Class Plan	CRNARC-CW; 6/1/2009	New	dc occ class plan.pdf
	SCM Class Plan	CRNARC-CW; 6/1/2009	New	dc scm class plan.pdf
	OCC Background Review Surcharge Rule	BRS-CW; 6/1/09	New	dc occ brs.pdf
	OCC Deferred Premium Payment Plan Rule	DPP-CW; 6/1/09	New	dc occ dpp.pdf
	OCC Disposable Products Procedure Rating Rule	DPR-CW; 6/1/09	New	dc occ dpr.pdf

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OCC Full Time Equivalency Rule	FTE-CW; 6/1/09 New	dc occ fte.pdf
OCC Group Rating Rule	GRR-CW; 6/1/09 New	dc occ grr.pdf
OCC Leave of Absence Rule	LAC-CW; 6/1/09 New	dc occ lac.pdf
OCC Locum Tenens Rule	LTR-CW; 6/1/09 New	dc occ ltr.pdf
OCC Membership Association Rule	MAC-CW; 6/1/09 New	dc occ mac.pdf
OCC Military Leave of Absence Rule	MLAC-CW; 6/1/09 New	dc occ mlac.pdf
OCC Minimum Premium Rating Rule	MPR-CW; 6/1/09 New	dc occ mpr.pdf
OCC Moonlighting Rating Rule	MRR-CW; 6/1/09 New	dc occ mrr.pdf
OCC New to Practice Credit Rule	NTP-CW; 6/1/09 New	dc occ ntp.pdf
OCC Part Time Practice Rule	PTP-CW; 6/1/09 New	dc occ ptp.pdf
OCC Partnership	PCC-CW; 6/1/09 New	dc occ pcc.pdf

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Corporation Rating
 Rule

OCC Prior Acts / Nose PAN-CW; 6/1/09 New Rating Plan Rule dc occ pan.pdf

OCC Renewal Rating RRR-CW; 6/1/09 New Rule dc occ rrr.pdf

OCC Risk Management Credit RMC-CW; 6/1/09 New Rule dc occ rmc.pdf

OCC Schedule Rating SRP-DC; 6/1/09 New Plan Rule dc occ srp.pdf

OCC Shared VicariousSVL-CW; 6/1/09 New Liability Rating Rule dc occ svl.pdf

OCC Slot Rating Rule SRR-CW; 6/1/09 New dc occ srr.pdf

OCC Student Resident Rating Rule SRE-CW; 6/1/09 New dc occ sre.pdf

SCM Accelerated Extension Contract Rule AEC-CW; 6/1/09 New dc scm aec.pdf

SCM Background Reveiw Surcharge Rule BRS-CW; 6/1/09 New dc scm brs.pdf

SCM Convertible CCR-CW; 6/1/09 New dc scm ccr.pdf

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Coverage Rating Plan
 Rule

SCM Deferred Premium Payment Plan Rule	DPP-CW; 6/1/09 New	dc scm dpp.pdf
SCM Disposable Products Procedure Rating Rule	DPR-CW; 6/1/09 New	dc scm dpr.pdf
SCM Extension Contract Rule	ECR-CW; 6/1/09 New	dc scm ecr.pdf
SCM Full Time Equivalency Rule	FTE-CW; 6/1/09 New	dc scm fte.pdf
SCM Group Rating Rule	GRR-CW; 6/1/09 New	dc scm grr.pdf
SCM Leave of Absence Rule	LAC-CW; 6/1/09 New	dc scm lac.pdf
SCM Locum Tenens Rule	LTR-CW; 6/1/09 New	dc scm ltr.pdf
SCM Membership Association Rule	MAC-CW; 6/1/09 New	dc scm mac.pdf
SCM Military Leave of Absence Rule	MLAC-CW; 6/1/09 New	dc scm mlac.pdf
SCM Minimum	MPR-CW; 6/1/09 New	dc scm mpr.pdf

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Premium Rating Rule

SCM Moonlighting Rating Rule	MRR-CW; 6/1/09	New	dc scm mrr.pdf
SCM New to Practice Credit Rule	NTP-CW; 6/1/09	New	dc scm ntp.pdf
SCM Part Time Practice Rule	PTP-CW; 6/1/09	New	dc scm ptp.pdf
SCM Partnership Corporation Rating Rule	PCC-CW; 6/1/09	New	dc scm pcc.pdf
SCM Prior Acts Rule	PAC-CW; 6/1/09	New	dc scm pac.pdf
SCM Renewal Rating Rule	RRR-CW; 6/1/09	New	dc scm rrr.pdf
SCM Risk Management Credit Rule	RMC-CW; 6/1/09	New	dc scm rmc.pdf
SCM Schedule Rating Plan Rule	SRP-DC 6/1/09	New	dc scm srp.pdf
SCM Shared Vicarious Liability Rating Rule	SVL-CW; 6/1/09	New	dc scm svl.pdf
SCM Slot Rating Rule	SRR-CW; 6/1/09	New	dc scm srr.pdf

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OCC Solo Corporation SCC-CW; New DC OCC SCC.pdf
Coverage Rule 06/01/09

SCM Solo Corporation SCC-CW; New DC SCM SCC.pdf
Coverage Rule 06/01/09

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

Professional Protection Exclusively Since 1899

**DISTRICT OF COLUMBIA
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE RATES**

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	2,875	3,623	3,939	5,003	5,923	6,239
C2	3,594	4,529	4,924	6,254	7,404	7,799

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CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	1,550	1,954	2,124	2,698	3,194	3,364
C2	1,938	2,443	2,655	3,373	3,993	4,205

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CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	2,255	2,842	3,090	3,924	4,646	4,894
C2	2,819	3,553	3,863	4,905	5,808	6,118

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STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	2,678	3,374	3,669	4,660	5,517	5,811
C2	3,348	4,218	4,586	5,825	6,896	7,264

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CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	2,791	3,516	3,823	4,856	5,749	6,056
C2	3,489	4,395	4,779	6,070	7,186	7,570

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CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	2,819	3,552	3,862	4,905	5,807	6,117
C2	3,524	4,440	4,828	6,131	7,259	7,646

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HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE PROGRAM

EXTENSION CONTRACT RATING FACTORS

YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE	FACTOR
LESS THAN 1	0.550
1	0.800
2	0.950
3	0.990
MATURE	1.000

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HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

OCCURRENCE PROGRAM

RATE CLASSES

CLASS C1

CERTIFIED REGISTERED NURSE ANESTHETISTS PROVIDING PROFESSIONAL SERVICES AT LESS THAN 5 ACCREDITED FACILITIES.*

CLASS C2

ALL OTHER CERTIFIED REGISTERED NURSE ANESTHETISTS.

* INCLUDES ONLY FACILITIES ACCREDITED BY ONE OR MORE OF THE FOLLOWING ORGANIZATIONS: AAAASF, AAAHC, DNV HEALTHCARE, HFAP, IMQ AND THE JOINT COMMISSION (HAP, CAH, OBS AND AMB).

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HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS C1

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ALL OTHER CERTIFIED REGISTERED NURSE ANESTHETISTS.

* INCLUDES ONLY FACILITIES ACCREDITED BY ONE OR MORE OF THE FOLLOWING ORGANIZATIONS: AAAASF, AAAHC, DNV HEALTHCARE, HFAP, IMQ AND THE JOINT COMMISSION (HAP, CAH, OBS AND AMB).

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DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
BACKGROUND REVIEW SURCHARGE

ANY INDIVIDUAL HEALTHCARE PROFESSIONAL OR ENTITY THAT INDICATES A HISTORY OF LICENSE, CERTIFICATION OR CHEMICAL/SUBSTANCE ABUSE ISSUES WILL RECEIVE A 25% SURCHARGE.

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DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
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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HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
DISPOSABLE PRODUCTS RATING RULE

A HEALTHCARE PROFESSIONAL SHALL BE ELIGIBLE FOR A 5% CREDIT PURSUANT TO THE FOLLOWING STIPULATIONS:

- LIMIT THE USE OF A SYRINGE AND/OR NEEDLE ON A PATIENT TO NO MORE THAN ONCE WHEN ADMINISTERING INTRAVENOUS MEDICATIONS AND,
- PROHIBIT THE USE OR REUSE OF THE SAME NEEDLE OR SYRINGE ON MULTIPLE PATIENTS.

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CERTIFIED REGISTERED NURSE ANESTHETIST
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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HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
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*	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 PART TIME PRACTICE, 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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Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

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 INSURED’S 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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GROUP RATING RULE

3. THE “INDIVIDUAL NET PREMIUMS” WILL EQUAL THE FILED RATE FOR THE INSURED AFTER BEING ADJUSTED FOR ANY APPLICABLE NON-DISCRETIONARY DEBITS OR CREDITS. 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.

4. FOR INDIVIDUAL INSUREDS WITHIN THE GROUP, THE EXTENSION CONTRACT PREMIUM WILL BE CALCULATED PER THE FILED EXTENSION CONTRACT RATING RULE.

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OCCURRENCE PROGRAM
LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROFESSIONAL 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 THE 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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OCCURRENCE PROGRAM
LOCUM TENENS

COVERAGE FOR A HEALTHCARE PROFESSIONAL SUBSTITUTING FOR AN INSURED HEALTHCARE PROFESSIONAL WILL BE LIMITED TO COVER ONLY PROFESSIONAL SERVICES RENDERED ON BEHALF OF THE INSURED HEALTHCARE PROFESSIONAL FOR THE SPECIFIED TIME PERIOD. LOCUM TENENS WILL SHARE IN THE HEALTHCARE PROFESSIONAL'S LIMIT OF LIABILITY. NO ADDITIONAL CHARGE WILL APPLY FOR THIS COVERAGE.

THE LOCUM TENENS HEALTHCARE PROFESSIONAL MUST COMPLETE AN APPLICATION AND SUBMIT IT TO THE COMPANY IN ADVANCE FOR APPROVAL PRIOR TO THE REQUESTED EFFECTIVE DATE.

LOCUM TENENS COVERAGE IS NOT AVAILABLE FOR INSUREDS WHO ARE COVERED ON A 500 HOUR OR LESS MOONLIGHTING POLICY.

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OCCURRENCE PROGRAM
MEMBERSHIP ASSOCIATION CREDIT

A PREMIUM CREDIT OF 5% SHALL BE GIVEN TO THOSE INSUREDS WHO ARE A MEMBER OF A DESIGNATED MEDICAL PROTECTIVE HEALTHCARE PROFESSIONAL ASSOCIATION.

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OCCURRENCE PROGRAM
MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROFESSIONAL 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.

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OCCURRENCE PROGRAM
MINIMUM PREMIUM REQUIREMENT RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF \$250. 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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OCCURRENCE PROGRAM
MOONLIGHTING RATING RULE

MOONLIGHTING PRACTITIONERS MAY BE ELIGIBLE FOR COVERAGE AT A REDUCED RATE.

MOONLIGHTING PRACTITIONERS MEANS ANY INDEPENDENT CONTRACTOR OR HEALTHCARE PROFESSIONAL WHO DOES NOT HAVE COVERAGE UNDER ANY OTHER VALID AND COLLECTIBLE INSURANCE OR ANY SELF-INSURANCE PLAN. THE MOONLIGHTING PRACTITIONER MUST PROVIDE MOONLIGHTING SERVICES LESS THAN 1,000 HOURS ANNUALLY TO BE ELIGIBLE FOR THE REDUCED PREMIUM, AS OUTLINED IN THE FOLLOWING SCHEDULE:

0-500	HOURS ANNUALLY	65%
501-1000	HOURS ANNUALLY	50%

NO OTHER CREDITS CAN BE APPLIED IN CONJUNCTION WITH THIS RATING RULE EXCEPT THE DISPOSABLE PRODUCTS CREDIT.

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OCCURRENCE PROGRAM
NEW TO PRACTICE CREDIT

A PRACTITIONER IN THEIR FIRST YEAR OF PRACTICE, AFTER GRADUATION, WILL RECEIVE A 50% CREDIT APPLIED TO CURRENTLY FILED RATES.

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

NEW TO PRACTICE CREDITS CANNOT BE APPLIED IN COMBINATION WITH MOONLIGHTING OR PART TIME CREDITS.

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OCCURRENCE PROGRAM
PART TIME PRACTICE CREDIT RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,000 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE:

AVERAGE NUMBER OF HOURS PRACTICED PER WEEK:	0-20
MAX. AGGREGATE HOURS PER YEAR	1,000
CREDIT	50 %

NO OTHER CREDITS OR DISCOUNTS ARE TO APPLY CONCURRENT WITH THIS RULE EXCEPT RISK MANAGEMENT CREDIT, DISPOSABLE PRODUCTS CREDIT, MEMBERSHIP ASSOCIATION CREDIT OR SCHEDULE RATING MODIFICATIONS.

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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.

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OCCURRENCE PROGRAM
PRIOR ACTS / NOSE RATING PLAN

A HEALTHCARE PROFESSIONAL THAT IS CURRENTLY INSURED UNDER A CLAIMS-MADE POLICY WITH ANOTHER CARRIER AND SEEKS TO CONVERT TO AN OCCURRENCE POLICY MAY BE ELIGIBLE FOR PRIOR ACTS/NOSE COVERAGE. THE RATING FOR SUCH COVERAGE SHALL BE DETERMINED BY APPLYING THE EXTENSION CONTRACT RATING FACTORS CONTAINED IN THE RATE SECTION OF THIS MANUAL.

THE APPLICABLE PREMIUM UNDER THIS PLAN SHALL BE IN ADDITION TO THE HEALTHCARE PROVIDER'S OCCURRENCE PREMIUM.

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OCCURRENCE PROGRAM
RENEWAL RATING RULE

MEMBERS OF A QUALIFIED HEALTHCARE 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 REVIEW. HOWEVER, CHANGES IN CLASSIFICATION, LIMITS OF LIABILITY, CLAIMS-MADE STEP AND OTHER NON-DISCRETIONARY CREDITS 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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OCCURRENCE PROGRAM
RISK MANAGEMENT CREDIT RULE

THE INSURED WILL RECEIVE FIVE PERCENT (5%) PREMIUM CREDIT FOR A RISK MANAGEMENT COURSE APPROVED FOR CREDIT BY THE MEDICAL PROTECTIVE COMPANY.

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SCHEDULE RATING PLAN

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR CERTAIN INSURED(S), OR GROUPS OF INSURED(S), 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:

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.

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SCHEDULE RATING PLAN

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.
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.

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SCHEDULE RATING PLAN

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.
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.

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SCHEDULE RATING PLAN

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.
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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OCCURRENCE PROGRAM

SHARED VICARIOUS LIABILITY RATING RULE

A VICARIOUS LIABILITY SURCHARGE WILL BE APPLIED TO PRACTICES EMPLOYING INDEPENDENT CONTRACTORS. THE SURCHARGE IS BASED ON THE AVERAGE WEEKLY HOURS WORKED BY THE INDEPENDENT CONTRACTOR AND IS APPLIED TO THE AVERAGE HEALTHCARE PROFESSIONAL RATE OF THE GROUP.

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

TOTAL # IND. CONTRACTOR WEEKLY HOURS	SURCHARGE
1 TO 19	5%
20 TO 39	10%
40 TO 59	15%
60 TO 79	20%
80 TO 99	25%
100 TO 119	30%
120 TO 139	35%
140 OR 160	40%
MORE THAN 160 HOURS PER WEEK	# OF HOURS/160 X 40% = SURCHARGE

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OCCURRENCE PROGRAM
SLOT RATING RULE

COVERAGE FOR GROUPS IS AVAILABLE, AT THE COMPANY'S OPTION, ON A SLOT BASIS. THE SLOT ENDORSEMENT WILL IDENTIFY THE INDIVIDUALS AND SETTINGS THAT ARE COVERED. COVERAGE WILL BE PROVIDED ON A SHARED LIMIT BASIS FOR THOSE INSUREDS MOVING THROUGH THE SLOT OR POSITION. A MAXIMUM OF TEN (10) INDIVIDUALS SHALL BE NAMED IN A SINGLE SLOT AND HAVE 2000 HOURS OR LESS PER ANNUAL POLICY TERM.

THE APPLICABLE MANUAL RATE WILL BE DETERMINED BY THE CLASSIFICATION OF THE SLOT. SLOT POLICIES WILL BE RATED AS AN OCCURRENCE POLICY.

PREMIUM MODIFICATIONS FOR NEW TO PRACTICE, PART TIME PRACTICE AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

SLOT 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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OCCURRENCE PROGRAM
STUDENT/RESIDENT RATING RULE

RESTRICTED COVERAGE IS AVAILABLE FOR HEALTHCARE PROFESSIONAL STUDENTS AND RESIDENTS AT THE FOLLOWING RATE:

SPECIALTY	TYPE	LIMIT	RATE (ANNUAL)
NURSE ANESTHETIST	STUDENT/RESIDENT	\$1M/\$3M	\$275

NO OTHER CREDITS OR DEBITS SHALL APPLY WITH THIS RATING PROGRAM EXCEPT FOR SCHEDULE RATING MODIFICATIONS.

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STANDARD CLAIMS MADE PROGRAM

ACCELERATED EXTENSION CONTRACT RATING 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 WAIVER FOR AN INSURED WHO ANTICIPATES PERMANENTLY RETIRING FROM THE PRACTICE OF MEDICINE IN LESS THAN 1 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.

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STANDARD CLAIMS MADE PROGRAM
BACKGROUND REVIEW SURCHARGE

ANY INDIVIDUAL HEALTHCARE PROFESSIONAL OR ENTITY THAT INDICATES A HISTORY OF LICENSE, CERTIFICATION OR CHEMICAL/SUBSTANCE ABUSE ISSUES WILL RECEIVE A 25% SURCHARGE.

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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 CLAIMS MADE POLICIES.
- 2) ACHIEVE THREE YEARS OF CONTINUOUS CLAIMS-MADE COVERAGE UNDER THIS PLAN WITH NO CLAIMS* ATTRIBUTED 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.

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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.

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 RULE TO DETERMINE THE APPLICABLE PREMIUM.

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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.

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STANDARD CLAIMS MADE PROGRAM
DISPOSABLE PRODUCTS RATING RULE

A HEALTHCARE PROFESSIONAL SHALL BE ELIGIBLE FOR A 5% CREDIT PURSUANT TO THE FOLLOWING STIPULATIONS:

- LIMIT THE USE OF A SYRINGE AND/OR NEEDLE ON A PATIENT TO NO MORE THAN ONCE WHEN ADMINISTERING INTRAVENOUS MEDICATIONS AND,
- PROHIBIT THE USE OR REUSE OF THE SAME NEEDLE OR SYRINGE ON MULTIPLE PATIENTS.

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STANDARD CLAIMS MADE PROGRAM
EXTENDED REPORTING PERIOD RATING RULE

THE PREMIUM FOR THE EXTENDED REPORTING ENDORSEMENT SHALL BE DETERMINED BY APPLYING THE EXTENSION CONTRACT RATING FACTORS CONTAINED IN THE RATES SECTION OF THIS MANUAL TO THE APPLICABLE PREMIUM.

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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.

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DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
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*	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 PART TIME PRACTICE, 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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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 INSURED’S 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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GROUP RATING RULE

3. THE "INDIVIDUAL NET PREMIUMS" WILL EQUAL THE FILED RATE FOR THE INSURED AFTER BEING ADJUSTED FOR ANY APPLICABLE NON-DISCRETIONARY DEBITS OR CREDITS. 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.
4. FOR INDIVIDUAL INSUREDS WITHIN THE GROUP, THE EXTENSION CONTRACT PREMIUM WILL BE CALCULATED PER THE FILED EXTENSION CONTRACT RATING RULE.

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STANDARD CLAIMS MADE PROGRAM
LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROFESSIONAL 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 THE 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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HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
LOCUM TENENS

COVERAGE FOR A HEALTHCARE PROFESSIONAL SUBSTITUTING FOR AN INSURED HEALTHCARE PROFESSIONAL WILL BE LIMITED TO COVER ONLY PROFESSIONAL SERVICES RENDERED ON BEHALF OF THE INSURED HEALTHCARE PROFESSIONAL FOR THE SPECIFIED TIME PERIOD. LOCUM TENENS WILL SHARE IN THE HEALTHCARE PROFESSIONAL'S LIMIT OF LIABILITY. NO ADDITIONAL CHARGE WILL APPLY FOR THIS COVERAGE.

THE LOCUM TENENS HEALTHCARE PROFESSIONAL MUST COMPLETE AN APPLICATION AND SUBMIT IT TO THE COMPANY IN ADVANCE FOR APPROVAL PRIOR TO THE REQUESTED EFFECTIVE DATE.

LOCUM TENENS COVERAGE IS NOT AVAILABLE FOR INSUREDS WHO ARE COVERED ON A 500 HOUR OR LESS MOONLIGHTING POLICY.

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STANDARD CLAIMS MADE PROGRAM
MEMBERSHIP ASSOCIATION CREDIT

A PREMIUM CREDIT OF 5% SHALL BE GIVEN TO THOSE INSUREDS WHO ARE A MEMBER OF A DESIGNATED MEDICAL PROTECTIVE HEALTHCARE PROFESSIONAL ASSOCIATION.

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STANDARD CLAIMS MADE PROGRAM
MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROFESSIONAL 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.

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STANDARD CLAIMS MADE PROGRAM
MINIMUM PREMIUM REQUIREMENT RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF \$250. 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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STANDARD CLAIMS MADE PROGRAM
MOONLIGHTING RATING RULE

MOONLIGHTING PRACTITIONERS MAY BE ELIGIBLE FOR COVERAGE AT A REDUCED RATE.

MOONLIGHTING PRACTITIONERS MEANS ANY INDEPENDENT CONTRACTOR OR HEALTHCARE PROFESSIONAL WHO DOES NOT HAVE COVERAGE UNDER ANY OTHER VALID AND COLLECTIBLE INSURANCE OR ANY SELF-INSURANCE PLAN. THE MOONLIGHTING PRACTITIONER MUST PROVIDE MOONLIGHTING SERVICES LESS THAN 1,000 HOURS ANNUALLY TO BE ELIGIBLE FOR THE REDUCED PREMIUM, AS OUTLINED IN THE FOLLOWING SCHEDULE:

0-1000	HOURS ANNUALLY	50%
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NO OTHER CREDITS CAN BE APPLIED IN CONJUNCTION WITH THIS RATING RULE EXCEPT THE DISPOSABLE PRODUCTS CREDIT.

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STANDARD CLAIMS MADE PROGRAM
NEW TO PRACTICE CREDIT

A PRACTITIONER IN THEIR FIRST YEAR OF PRACTICE, AFTER GRADUATION, WILL RECEIVE A 50% CREDIT APPLIED TO CURRENTLY FILED RATES.

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

NEW TO PRACTICE CREDITS CANNOT BE APPLIED IN COMBINATION WITH MOONLIGHTING OR PART TIME CREDITS.

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STANDARD CLAIMS MADE PROGRAM
PART TIME PRACTICE CREDIT RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,000 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE:

AVERAGE NUMBER OF HOURS PRACTICED PER WEEK:	0-20
MAX. AGGREGATE HOURS PER YEAR	1,000
CREDIT	50 %

NO OTHER CREDITS OR DISCOUNTS ARE TO APPLY CONCURRENT WITH THIS RULE EXCEPT RISK MANAGEMENT CREDIT, DISPOSABLE PRODUCTS CREDIT, MEMBERSHIP ASSOCIATION CREDIT OR SCHEDULE RATING MODIFICATIONS.

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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.

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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.

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STANDARD CLAIMS MADE PROGRAM
RENEWAL RATING RULE

MEMBERS OF A QUALIFIED HEALTHCARE 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 REVIEW. HOWEVER, CHANGES IN CLASSIFICATION, LIMITS OF LIABILITY, CLAIMS-MADE STEP AND OTHER NON-DISCRETIONARY CREDITS 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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RISK MANAGEMENT CREDIT RULE

THE INSURED WILL RECEIVE FIVE PERCENT (5%) PREMIUM CREDIT FOR A RISK MANAGEMENT COURSE APPROVED FOR CREDIT BY THE MEDICAL PROTECTIVE COMPANY.

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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:

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.

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SCHEDULE RATING PLAN

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.
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.

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SCHEDULE RATING PLAN

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.
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.

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SCHEDULE RATING PLAN

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.
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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STANDARD CLAIMS MADE PROGRAM

SHARED VICARIOUS LIABILITY RATING RULE

A VICARIOUS LIABILITY SURCHARGE WILL BE APPLIED TO PRACTICES EMPLOYING INDEPENDENT CONTRACTORS. THE SURCHARGE IS BASED ON THE AVERAGE WEEKLY HOURS WORKED BY THE INDEPENDENT CONTRACTOR AND IS APPLIED TO THE AVERAGE HEALTHCARE PROFESSIONAL RATE OF THE GROUP.

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

TOTAL # IND. CONTRACTOR WEEKLY HOURS	SURCHARGE
1 TO 19	5%
20 TO 39	10%
40 TO 59	15%
60 TO 79	20%
80 TO 99	25%
100 TO 119	30%
120 TO 139	35%
140 OR 160	40%
MORE THAN 160 HOURS PER WEEK	# OF HOURS/160 X 40% = SURCHARGE

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STANDARD CLAIMS MADE PROGRAM

SLOT RATING RULE

COVERAGE FOR GROUPS IS AVAILABLE, AT THE COMPANY'S OPTION, ON A SLOT BASIS. THE SLOT ENDORSEMENT WILL IDENTIFY THE INDIVIDUALS AND SETTINGS THAT ARE COVERED. COVERAGE WILL BE PROVIDED ON A SHARED LIMIT BASIS FOR THOSE INSUREDS MOVING THROUGH THE SLOT OR POSITION. A MAXIMUM OF TEN (10) INDIVIDUALS SHALL BE NAMED IN A SINGLE SLOT AND HAVE 2000 HOURS OR LESS PER ANNUAL POLICY TERM.

THE APPLICABLE MANUAL RATE WILL BE DETERMINED BY THE CLASSIFICATION OF THE SLOT. SLOT POLICIES 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 MODIFICATIONS FOR NEW TO PRACTICE, PART TIME PRACTICE AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

SLOT 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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HEALTHCARE PROFESSIONALS

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OCCURRENCE PROGRAM

SOLO CORPORATION COVERAGE

SOLO INDIVIDUAL PROFESSIONAL CORPORATIONS OR ASSOCIATIONS MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE.

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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HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE PROGRAM

SOLO CORPORATION COVERAGE

SOLO INDIVIDUAL PROFESSIONAL CORPORATIONS OR ASSOCIATIONS MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE.

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.

SERFF Tracking Number: MDPC-126187817 State: District of Columbia
 Filing Company: The Medical Protective Company State Tracking Number:
 Company Tracking Number: 09-CRNA-02
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0010 Nurse - Anesthetists
 Made/Occurrence
 Product Name: Healthcare Professionals - Certified Registered Nurse Anesthetist
 Project Name/Number: Initial CRNA filing/09-CRNA-02

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter All Filings		
Comments: attached		
Attachment: DC cover letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: Consulting Authorization		
Comments: n/a - the filing is being made by the Company.		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Certification (P&C)		
Comments: attached		
Attachment: DC actuarial certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
Comments: n/a this is the initial filing for this product.		

	Item Status:	Status

SERFF Tracking Number: MDPC-126187817 *State:* District of Columbia
Filing Company: The Medical Protective Company *State Tracking Number:*
Company Tracking Number: 09-CRNA-02
TOI: 11.0 Medical Malpractice - Claims *Sub-TOI:* 11.0010 Nurse - Anesthetists
Made/Occurrence
Product Name: Healthcare Professionals - Certified Registered Nurse Anesthetist
Project Name/Number: Initial CRNA filing/09-CRNA-02

Date:

Satisfied - Item: District of Columbia and
Countrywide Loss Ratio Analysis
(P&C)

Comments:

n/a this is an initial filing for a new product.



August 4, 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 FILING NO: 09-CRNA-03
HEALTHCARE - CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE AND STANDARD CLAIMS MADE PROGRAMS**

Initial Rate & Rule Filing

EFFECTIVE DATE: SEPTEMBER 15, 2009

Dear Sir or Madam:

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

Where applicable we have separated the forms from the rates and rule filing and have submitted a separate filing under a separate submission (Company filing #09-CRNA-01). We respectfully request an effective date of September 15, 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 as applicable.

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

Sincerely,

Melissa Millican
Melissa Millican, Paralegal
The Medical Protective Company
5814 Reed Road
Fort Wayne, IN 46835
(800)-348-4669, ext. 6838
(260)-486-0838
(260)-486-0733 (fax)
melissa.millican@medpro.com

Enclosure(s)

*District of Columbia
Actuarial Certification:*

I certify that the Company's rates are based on sound actuarial principles and are not inconsistent with the Company's experience.



*Keith M. Burnes, FCAS, MAAA
Vice President, Actuary*