

SERFF Tracking Number: MMLM-126244156 State: District of Columbia
Filing Company: Professionals Advocate Insurance Company State Tracking Number:
Company Tracking Number: 2010-01-01-DDS-DC-FR
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0006 Dentists - General Practice
Made/Occurrence
Product Name: DC Dental Form Rule Filing
Project Name/Number: DC Dental Filing/2010-01-01-DDS-DC-FR

Filing at a Glance

Company: Professionals Advocate Insurance Company

Product Name: DC Dental Form Rule Filing SERFF Tr Num: MMLM-126244156 State: District of Columbia

TOI: 11.0 Medical Malpractice - Claims SERFF Status: Closed-APPROVED State Tr Num:

Made/Occurrence

Sub-TOI: 11.0006 Dentists - General Practice Co Tr Num: 2010-01-01-DDS-DC- State Status:
FR

Filing Type: Rule

Reviewer(s): Robert Nkojo

Author:

Disposition Date: 01/21/2010

Date Submitted: 07/27/2009

Disposition Status: APPROVED

Effective Date Requested (New): 01/01/2010

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: DC Dental Filing

Status of Filing in Domicile:

Project Number: 2010-01-01-DDS-DC-FR

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/21/2010

State Status Changed:

Deemer Date:

Created By: Doris Smith

Submitted By: Doris Smith

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to re-file our Declaration Extension-Retroactive Dates to include termination dates. Also, we are filing re-filing several endorsement forms in which the only change is that we removed the signature of our Authorized Representative and replaced it with brackets which our computer will fill in with the signature of the person holding this position.

Company and Contact

Filing Contact Information

Doris Smith, Administrative Assistant, Legal dsmith@weinsuredocs.com

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Product Name: DC Dental Form Rule Filing
Project Name/Number: DC Dental Filing/2010-01-01-DDS-DC-FR

P O Box 8016 800-492-0193 [Phone] 204 [Ext]
225 International Circle 410-785-2631 [FAX]
Hunt Valley, MD 21030

Filing Company Information

Professionals Advocate Insurance Company CoCode: 29017 State of Domicile: Maryland
225 International Drive, Box 8016 Group Code: 377 Company Type: Property and
Casualty
Hunt Valley, MD 21030 Group Name: Medical Mutual State ID Number:
Group
(800) 492-0193 ext. [Phone] FEIN Number: 52-1473382

Filing Fees

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

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Robert Nkojo	01/21/2010	01/21/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing MMLM-126244156	Note To Reviewer	Doris Smith	09/28/2009	09/28/2009

SERFF Tracking Number: MMLM-126244156 *State:* District of Columbia
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Disposition

Disposition Date: 01/21/2010

Effective Date (New):

Effective Date (Renewal):

Status: APPROVED

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter All Filings		Yes
Supporting Document	Consulting Authorization		Yes
Supporting Document	Actuarial Certification (P&C)		Yes
Supporting Document	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		Yes
Supporting Document	District of Columbia and Countrywide Loss Ratio Analysis (P&C)		Yes
Supporting Document	Rules Filing Memorandum		Yes
Supporting Document	Transmittal Documents		Yes
Supporting Document	Rules State Exceptions		Yes
Rate	Declaration Extension		Yes
Rate	Audit Statement		Yes
Rate	Extended Reporting Period		Yes
Rate	Extended Reporting Period-Death, Disability or Retirement		Yes
Rate	Extended Reporting Period-Partial Termination		Yes

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 Made/Occurrence
 Product Name: DC Dental Form Rule Filing
 Project Name/Number: DC Dental Filing/2010-01-01-DDS-DC-FR

Note To Reviewer

Created By:

Doris Smith on 09/28/2009 09:43 AM

Last Edited By:

Doris Smith

Submitted On:

09/28/2009 09:44 AM

Subject:

Filing MMLM-126244156

Comments:

Could you please check on the status of this filing, SERFF Tracking No. MMLM-126244156 submitted on July 27, 2009?

Thank you.

Doris Smith

Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Status:		#:		Number:

	Declaration Extension	PR 25013 0110	Replacement	PR_25013_0110 (9).pdf
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	Audit Statement	PR 60053 0110	Replacement	PR_60053_0010 (9).pdf
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	Extended Reporting Period	PR 60062 0110	Replacement	PR_60062_0110 (9).pdf
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	Extended Reporting Period-Death, Disability or Retirement	PR 60067 0110	Replacement	PR_60067_0110 (9).pdf
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Project Name/Number: DC Dental Filing/2010-01-01-DDS-DC-FR

Extended Reporting PR 60076 0110 Replacement
Period-Partial
Termination

PR_60076_0110
(6).pdf

Insurance is provided by:

**DECLARATIONS EXTENSION
RETROACTIVE DATES**

Professionals Advocate® Insurance Company
Home Office: 225 International Circle, Box 8016
Hunt Valley, MD 21030

Date Issued:

Effective Date:

POLICY NUMBER	POLICY PERIOD	CUSTOMER NUMBER	PRODUCER CODE
	TO *		

*12:01 A.M. Standard time at the Named Insured's mailing address designated in the Declarations.

This form modifies insurance provided under the following:

- All Coverage Forms

The insurance provided by this policy with respect to the interests of the insured(s) designated below is subject to the Retroactive Dates and Termination Dates specified below.

SCHEDULE:

<u>Name of Insured</u>	<u>Primary Retroactive Date</u>	<u>Excess Retroactive Date</u>	<u>Primary Termination Date</u>	<u>Excess Termination Date</u>

Insurance is provided by:

AUDIT STATEMENT

Professionals Advocate® Insurance Company
Home Office: 225 International Circle, Box 8016
Hunt Valley, MD 21030

Date Issued:

Effective Date:

POLICY NUMBER	POLICY PERIOD	CUSTOMER NUMBER	PRODUCER CODE
	TO *		

*12:01 A.M. Standard time at the Named Insured's mailing address designated in the Declarations.

NAMED INSURED AND MAILING ADDRESS:

PRODUCER NAME AND ADDRESS:

Premiums charged for the above-described policy were advance deposit premiums only, based on estimated exposures for the Audit Period designated above. Actual exposures developed upon audit require the following adjustment to premiums paid for coverage during the Audit Period.

AUDIT DATE: From _____ To _____

SCHEDULE:

<u>Coverage/Classification</u>	<u>Code No.</u>	<u>Premium Basis (Actual)</u>	<u>Premiums Deposit</u>	<u>Premiums (Return)</u>
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Premium Basis Symbol Key:

* Minimum Premiums	Additional Premium For This Period
	Return Premium For This Period
	Net Amount Due Insured
	Net Amount Due Company

Insurance is provided by:

EXTENDED REPORTING PERIOD

Professionals Advocate® Insurance Company
Home Office: 225 International Circle, Box 8016
Hunt Valley, MD 21030

Date Issued:

Effective Date:

POLICY NUMBER	POLICY PERIOD	CUSTOMER NUMBER	PRODUCER CODE
	TO *		

*12:01 A.M. Standard time at the Named Insured's mailing address designated in the Declarations.

NAMED INSURED AND MAILING ADDRESS:

PRODUCER NAME AND ADDRESS:

COVERAGE AGREEMENT

In return for the payment of the additional charges due, if any, and subject to the terms of the policy and this endorsement, we agree to provide an Extended Reporting Period, as described in the policy for the coverages designated below. The Extended Reporting Period begins on the Termination Date shown below and the coverage provided by this endorsement is subject to the payment of any premium installments when due. In the event you fail to pay any premium or premium installments when due, the coverage provided by this endorsement and our duty to defend and make any indemnity payments for any **claims** made or **suits** filed against you during the Extended Reporting Period will end on the due date stated on your bill, whether such **claims** or **suits** are pending at that time or are made or filed afterwards.

Coverage Form/Coverage	Retroactive Date	Termination Date	Limits of Insurance	Premium
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PREMIUM DISCOUNTS APPLIED:

Endorsement Premium:

PREMIUM SURCHARGES APPLIED:

Total Endorsement Premium:

Payable:

In Advance:

On:

Insurance is provided by:

**EXTENDED REPORTING PERIOD
DEATH, DISABILITY OR RETIREMENT**

Professionals Advocate® Insurance Company
Home Office: 225 International Circle, Box 8016
Hunt Valley, MD 21030

Date Issued:

Effective Date:

POLICY NUMBER	POLICY PERIOD	CUSTOMER NUMBER	PRODUCER CODE
	TO *		

*12:01 A.M. Standard time at the Named Insured's mailing address designated in the Declarations.

NAMED INSURED AND MAILING ADDRESS:

PRODUCER NAME AND ADDRESS:

COVERAGE AGREEMENT

In consideration of your death, **total and permanent disability**, or **retirement**, whichever applies, and subject to the terms and conditions of the policy and this endorsement, we agree to provide an Extended Reporting Period, as described in the policy for the coverages designated below. The Extended Reporting Period begins on the Termination Date shown below and is contingent on your continuing in the condition pursuant to which we provided you with the Extended Reporting Period at no charge. In the event of a change in such condition, you must notify us immediately of the change. When a change in such condition occurs, whether or not you notify us, you will no longer qualify for the Extended Reporting Period provided by this endorsement and our duty to defend and make any indemnity payments for any **claims** made or **suits** filed against you during the Extended Reporting Period will end, effective as of the date of the change, whether such **claims** or **suits** are pending at that time, or are made or filed afterwards. If, however, you notify us of such a change in a timely fashion, we will provide you with the opportunity to either purchase an Extended Reporting Period Endorsement or to have your policy reinstated, subject to our underwriting standards, rules, and procedures in effect at that time.

Coverage Form/Coverage	Retroactive Date	Termination Date	Limits of Insurance	Premium
------------------------	------------------	------------------	---------------------	---------

Insurance is provided by:

**EXTENDED REPORTING PERIOD
PARTIAL TERMINATION**

Professionals Advocate® Insurance Company
Home Office: 225 International Circle, Box 8016
Hunt Valley, MD 21030

Date Issued:

Effective Date:

POLICY NUMBER	POLICY PERIOD	CUSTOMER NUMBER	PRODUCER CODE
	TO *		

*12:01 A.M. Standard time at the Named Insured's mailing address designated in the Declarations.

NAMED INSURED AND MAILING ADDRESS:

PRODUCER NAME AND ADDRESS:

COVERAGE AGREEMENT

In return for the payment of the charges due, if any, and subject to the terms of the policy and this endorsement, we agree to provide this limited Extended Reporting Period under the terms and conditions described in the policy only for the Terminated Coverage described below. This Extended Reporting Period applies to **incidents** occurring on or after the Coverage Retroactive Date and on or before the Coverage Termination Date. The Extended Reporting Period begins on the Coverage Termination Date shown below and is subject to the payment of any premium due. In the event you fail to pay any premium when due, the coverage provided by this endorsement and our duty to defend and make any indemnity payments for any **claims** made or **incidents** reported during the Extended Reporting Period will end on the due date stated on your bill, whether such **claims** or **incidents** are pending at that time or are made or reported afterwards.

This form modifies insurance provided under _____
Coverage Form.

Extended Reporting Period Insured(s):

Coverage Retroactive Date:

Coverage Termination Date:

Terminated Coverage:

Extended Reporting Period Limits of Insurance applying to the Terminated Coverage described above:

_____	Each Incident
_____	Annual Aggregate
_____	Period Aggregate

Total Endorsement Premium:

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Cover Letter All Filings		
Bypass Reason: This is a Form Rules Filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Consulting Authorization		
Bypass Reason: This is a Form Rules Filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Actuarial Certification (P&C)		
Bypass Reason: This is a Form Rules Filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
Bypass Reason: This is a Form Rules Filing.		
Comments:		

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

SERFF Tracking Number: MMLM-126244156 State: District of Columbia
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Made/Occurrence
Product Name: DC Dental Form Rule Filing
Project Name/Number: DC Dental Filing/2010-01-01-DDS-DC-FR
Bypass Reason: This is a Form Rules Filing.
Comments:

Item Status: **Status**
Date:

Satisfied - Item: Rules Filing Memorandum

Comments:

Please see Rules Filing Memorandum.

Attachment:

Rules Filing Memo-DDS-DC (2).pdf

Item Status: **Status**
Date:

Satisfied - Item: Transmittal Documents

Comments:

Please see the attached Rules Transmittal Documents.

Attachment:

Rules Transmittal Documents-DDS-DC (2).pdf

Item Status: **Status**
Date:

Satisfied - Item: Rules State Exceptions

Comments:

Please see the attached Rules State Exceptions.

Attachment:

Rules State Exceptions-DC-DDS - 2010-01-01 (2).pdf

**Professionals Advocate Insurance Company
District of Columbia Dental Professional Liability Program
Form Rules Filing Memorandum**

We have updated the Rules Applicable to Delaware Approved Forms and Endorsements section of the Rules State Exceptions to reflect the filing of the following forms:

Form PR 25013 0110, Declarations Extension – Retroactive Dates

Form 60053 0110, Audit Statement

Form PR 60062 0110, Extended Reporting Period

Form PR 60067 0110, Extended Reporting Period – Death, Disability or Retirement

Form PR 60076 0110, Extended Reporting Period – Partial Termination

No other changes have been made.

Property & Casualty Transmittal Document—

This page applies to the following state(s): District of Columbia

Reserved for Insurance Dept. Use Only	Insurance Department Use only		
	Date the filing is received:		
	Date of disposition of the filing:		
	Effective date of filing:		
	Filing Fee Check #:		
	Filing Fee Amount:		
Company Name(s)	Domicile	NAIC #	FEIN #
Professionals Advocate Insurance Company	MD	29017	52-1473382

Company Tracking Number	2010-01-01-DDS-DC-FR
SERFF Tracking Number	

Contact Info of Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Doris Smith Professionals Advocate Insurance Company 225 International Circle, Box 8016 Hunt Valley, MD 21030	410-785-0050, x204	410-785-2631	DSmith@WeInsureDocs.com

Filing Information

Annual Statement Line(s) of Business	11
Line of Insurance <i>(Short description of filing)</i>	Medical Malpractice
Company Program Title <i>(Marketing Title, if applicable)</i>	Dental Professional Liability Program
Filing Type	Rules
Effective Date Requested	01/01/2010
Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reference Organization <i>(if applicable)</i>	
Reference Organization Number & Title <i>(if applicable)</i>	
Date of Filing	
Date filing approved in domicile	

Property & Casualty Transmittal Document—

This page applies to the following state(s): District of Columbia

This filing transmittal is part of 2010-01-01-DDS-DC-FR
(Company tracking number)

Filing Description:

[This is intended to replace the cover letter and
should be similar to the body of a cover letter. It is free-form text]

The purpose of this filing is to re-file our Declaration Extension – Retroactive Dates to include termination dates. Also we are filing re-filing several endorsement forms in which the only change is that we removed the signature of our Authorized Representative and replaced it with brackets which our compute will fill in with the signature of the person holding this position.

To be complete, a filing must include a completed Transmittal Document and an extra copy for return to the company.

FORM FILING TRANSMITTAL

This page applies to the following state(s): District of Columbia

This filing transmittal is part of 2010-01-01-DDS-DC-FR
(Company tracking number)

This filing corresponds to rate/rule filing number 2010-01-01-DDS-DC-F
(Company tracking number of rate/rule filing, if applicable)

To be complete, a form filing must include the following:

1. A completed Form Filing Transmittal Document (Do not refer to the body of the filing for the forms listing.)
2. One copy of each form to be reviewed for the reviewer's records.
3. One copy of any other components submitted with the filing.
4. The appropriate state Review Requirements, if required.
5. The appropriate filing fees.
6. A postage-paid, self-addressed envelope **large enough to accommodate the return.**

	Component/Form Name /Description/Synopsis	Form # Include Edition Date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state Filing Number, if required by state
1.	Declaration Extension – Retroactive Dates	PR 25013 0110	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	PR 25013 1103	
2.	Audit Statement	PR 60053 0110	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	PR 60053 0102	
3.	Extended Reporting Period	PR 60062 0110	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	PR 60062 0102	
4.	Extended Reporting Period – Death, Disability or Retirement	PR 60067 0110	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	PR 60067 0304	
5.	Extended Reporting Period – Partial Termination	PR 6076 0110	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	PR 60076 0102	

**Professionals Advocate Insurance Company
District of Columbia Dental Professional Liability Program
Rules State Exceptions
Edition January 1, 2010**

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Dental Professional Liability Program

Rules State Exceptions – District of Columbia

This Section of the manual contains State Exceptions to the rules and rates otherwise applying to the Dental Professional Liability Program.

General Rules Exceptions

Premium Payment

An interest charge will be added to each installment payment.

Cancellation and Nonrenewal

Any notice of cancellation or nonrenewal will state the effective date of the cancellation or nonrenewal and will include the reason(s) for such cancellation or nonrenewal. Any notice of cancellation or nonrenewal will be mailed to the first Named Insured at least thirty (30) days prior to the date of cancellation or nonrenewal. At least 5 days before sending the notice of cancellation or nonrenewal to the insured, the company shall notify the agent or broker who wrote the policy being canceled or nonrenewed. In the event of policy cancellation, the company shall also furnish a copy of the notice to the Superintendent of Insurance, unless the policy is being canceled for nonpayment of premium.

A policy may only be canceled for the following reasons:

- The insured has refused or failed to pay a premium due under the terms of the policy;
- The insured has made a material and willful misstatement or omission of fact to the company, its employees, agents or brokers in connection with any application to or claim against the company; or
- The property or other interest of the insured shall have been transferred to a person other than the insured or beneficiary, unless the transfer is permissible under the terms of the policy, or unless the property, interest or use thereof shall have materially changed with respect to its insurability.

These cancellation and nonrenewal requirements do not apply to any policy which has been in force for 30 days or less, provided that such policy is not a renewal policy.

Multipliers and Rounding

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

Round rates, factors and multipliers after each rate calculation to three decimal places. Five tenths or more of a mill shall be considered one mill (e.g., .1245 = .125).

Round the premium for each coverage or exposure for which a separate premium is calculated to the nearest whole dollar. Charge a premium of at least \$1 whenever a separate premium is calculated.

Certification of Exempt Commercial Risks

D.C. Law 13-265 Section 13(c)(2) provides that the Company at the time of entering into the policy agreement and annually thereafter obtain a written certification from the policyholder for any policy issued as an “exempt commercial risk.”

For the purposes of this Act, the term “exempt commercial risk” means a person or entity that meets at least 2 of the following criteria:

- (1) Retains or employs a certified or qualified risk manager to negotiate insurance coverage;
- (2) Possesses a net worth exceeding \$2 million;
- (3) Generates annual revenues exceeding \$2 million;
- (4) Has at least 10 employees;
- (5) Pays annual aggregate countrywide standard insurance premiums in excess of \$10,000;
- (6) Has total insured property value of at least \$2 million; or
- (7) Is a nonprofit organization or public body generating annual budgeted expenditures of at least \$5 million.

If an insured is certified as an exempt commercial risk, we are not required to file with or to receive approval from, the Commissioner for rates and policy forms used in insuring this risk.

Every application form for insurance for an exempt commercial risk, and every policy, on its front and declarations page issued to an exempt commercial risk shall contain in 10-point type the following notice:

NOTICE

This policy is issued to an exempt commercial risk. The rate and policy form are not subject to the filing, review and approval requirements of the Commissioner of the District of Columbia Department of Insurance and Securities Regulation.

At the time of entering into the policy agreement and annually on the policy renewal thereafter, the Company shall obtain a signed copy of the Notice – Certification of Exempt Commercial Risk – District of Columbia form. This form shall be filed with, and retained by the Company.

Annually, on or before the 1st day of March, the Company shall execute and file with the Commissioner an affidavit covering the exempt commercial risk policies for the preceding year ending December 31 setting forth:

- The description and location of the insured property or risk
- The name of the insured, and whether the organization is for profit or nonprofit;
and
- The amount insured under the policy.

Professional Liability Rules Exceptions

Basic Policy Coverages

In addition to the coverage provided on a “claims-made” basis, coverage is also available on an “occurrence” basis.

Retroactive Dates

Retroactive Dates do not apply to occurrence coverage.

MedGuard Coverage

MedGuard is an additional coverage for an individual and/or organization to extend their primary coverage to include defense costs from certain disciplinary proceedings. Indemnity coverage is not included.

Refer to the Rate Tables for rating information, available limits and premium charges.

Coverage Options

Extended Reporting Period Option

For Named Insureds who are individuals or for individuals who are listed on the Health Care Provider Group Professional Liability Individual Limits of Insurance – Expanded ERP Option of the Health Care Provider Group Coverage Form, an Extended Reporting Period will be provided at no charge upon coverage termination, if, during the coverage period, the insured dies, suffers total and permanent disability, or enters qualified retirement (retirement must immediately follow one (1) full year of coverage provided by the Company).

Extended Reporting Periods do not apply to coverage provided on an “occurrence” basis.

Deductible Liability Insurance

Deductible Liability premium credits are not available.

Manual Rates

Manual Rates are shown in the rate pages for Basic Limits of:

- \$1,000,000 Each Incident/\$3,000,000 Annual Aggregate for Professional Liability Coverage.
- \$500 Per Day and a \$5,000 Annual Aggregate for Defendant's Reimbursement. (Note: Only one set of limits will apply to the policy, regardless of the number of Coverage Forms attached.)
- \$5,000 Each Person for Emergency Treatment Expenses Coverage.

The Annual Aggregate limit applies separately to each policy period.

The rates shown in the Rate Tables assume a Retroactive Date coincident with the Effective Date of the insured's first claims-made policy in an uninterrupted claims-made program. If the Retroactive Date is changed, the new Retroactive Date should be considered as the insured's entry into a claims-made program, for the purposes of determining the appropriate claims-made year rates. If the applicable Retroactive Date is earlier than the insured's first claims-made policy with the Company, refer to the Company for rating additional exposures.

Refer to the factors shown in the Increased Limits Tables of the Rate Pages for other available limits of insurance.

Premium Discounts and Surcharges

Certain Premium Discounts may be available as described in the Rating Instructions. Specific rules exist for the following:

- New Practitioners*

Includes only those individual practitioners entering private practice for the first time. This discount only applies for up to the first 2 years of private practice. Refer to the Rate Tables for applicable discount factors.

- Government Employees*

Includes only those individual practitioners employed exclusively by Federal, State, or County governments. Refer to the Rate Tables for applicable discount factors.

- Part-time Practitioners*

Includes only those individual practitioners practicing less than a specified number of hours per week. Refer to the Rate Tables for applicable discounts.

- Risk Management Discount

The company will afford a credit of 16% for certain risk management (loss prevention) efforts by the insured dentist. Any dentist who attends a seminar during a calendar year will be eligible for the full discount. If the dentist does not attend the seminar, the renewal credit will drop to 8% at one year, and then be eliminated if no seminars are attended for two years. Dentists who are rated on a per visit basis, as opposed to having individual policies for each dentist, will be eligible for this 16% discount if 75% of the group's full time (36 hours per week or more) dentists have participated in one of these programs during the previous calendar year.

The Enhanced Risk Management Discount is not available in the District of Columbia.

* Only one of these discounts may be applied at any one time.

See Rating Instructions and Rate Tables for applicable procedures, requirements, and discount factors for any of the above discounts.

Premium discounts may be available pursuant to other programs, subject to any required consent or approval of the applicable state insurance regulatory agency. Refer to the Rating Instructions and Rate Tables for details.

Certain Professional Liability premiums are subject to the application of the Company's Experience and Schedule Rating Plans. Refer to the Rating Instructions and Rate Tables for applicability, procedures, and factors.

Business Liability Rules Exceptions

Basic Policy Coverages

In addition to the coverage provided on a “claims-made” basis, coverage is also available on an “occurrence” basis.

Coverage Options

Extended Reporting Period Option

If the Named Insured is an Individual, an Extended Reporting Period will be provided upon policy termination at no charge, if, during the policy period, the insured dies, suffers total and permanent disability, or enters qualified retirement (retirement must immediately follow one (1) full year of coverage provided by the Company).

Extended Reporting Periods do not apply to coverage provided on an “occurrence” basis.

Deductible Liability Insurance

Deductible Liability premium credits are not available.

Manual Rates

Manual Rates are shown in the rate pages for Basic Limits of:

- \$1,000,000 Each Incident and a \$3,000,000 Annual Aggregate for Business Liability Coverage.
- \$2,000 Each Person and a \$25,000 Annual Aggregate for Medical Expenses Coverage.
- \$100 Per Day and a \$1,000 Annual Aggregate for Defendant’s Reimbursement. (Note: Only one set of limits will apply to the policy, regardless of the number of Coverage Forms attached.)

The Annual Aggregate limits apply to separately to each policy period.

The rates shown in the rate pages assume a Retroactive Date coincident with the Effective Date of the insured’s first claims-made policy in an uninterrupted claims-made program. If the Retroactive Date is changed, the new Retroactive Date should be considered as the insured’s entry into a claims-made program, for the purposes of determining the appropriate claims-made year rates. If the applicable Retroactive Date is earlier than the insured’s first claims-made policy with the Company, refer to the Company for rating additional exposures.

Refer to the factors shown in the Increased Limits Tables of the Rate Tables for other available limits of insurance.

Excess Liability Rules Exceptions

Basic Policy Coverages

In addition to the coverage provided on a “claims-made” basis, coverage is also available on an “occurrence” basis.

Coverage Options

Extended Reporting Period Option

For Named Insureds who are Individuals or for individuals who are listed on the Health Care Provider Group Professional Liability Individual Limits of Insurance – Expanded ERP Option of the Health Care Provider Group Professional Liability Coverage Form, an Extended Reporting Period will be provided at no charge upon coverage termination, if, during the coverage period, the insured dies, suffers total and permanent disability, or enters qualified retirement (retirement must immediately follow one (1) full year of coverage provided by the Company).

Extended Reporting Periods do not apply to coverage provided on an “occurrence” basis.

Manual Rates

Manual Rates are shown in the rate pages for Basic Limits of:

- \$1,000,000 Each Incident and a \$1,000,000 Annual Aggregate for Professional Liability Coverage.
- \$1,000,000 Each Incident and a \$1,000,000 Annual Aggregate for Business Liability Coverage.
- \$500 Per Day and a \$5,000 Annual Aggregate for Defendant’s Reimbursement. (Note: Only one set of limits will apply to the policy, regardless of the number of Coverage Forms attached.)

The Annual Aggregate Limits apply separately to each policy period.

The rates shown in the rate pages assume a Retroactive Date coincident with the Effective Date of the insured's first claims-made policy in an uninterrupted claims-made program. If the Retroactive Date is changed, the new Retroactive Date should be considered as the insured's entry into a claims-made program, for the purposes of determining the appropriate claims-made year rates. If the applicable Retroactive Date is earlier than the insured's first claims-made policy with the Company, refer to the Company for rating additional exposures.

Refer to the factors shown in the Increased Limits Tables of the Rate Tables for other available limits of insurance.

Premium Discounts and Surcharges

Any Premium Discount or Surcharge applying to an "underlying insurance" Coverage Form will also apply to the corresponding portion of the Excess Liability Coverage Form premium.

Rules Applicable to District of Columbia Approved Forms and Endorsements

Form PR 25000 0102, Declarations Extension – Additional Insureds. Issued to schedule certain persons or organizations who otherwise would not be covered under basic coverage forms. Refer to Manual for additional premium, if any.

Form PR 25001 0102, Declarations Extension – Effective Dates (Occurrence). Issued when different insureds have different effective dates and/or different coverage forms or coverages provide different Effective Dates.

Form PR 25003 0102, Declarations Extension – Insured Employees. Issued to schedule employees who otherwise would not be covered under basic coverage forms. These professionals share a limit with the Named Insured. Refer to Manual for additional premium charge, if any.

Form PR 25004 0604, Declarations Extension – Insured Locations. Issued for certain group policies for which a condition precedent to providing coverage is that only “incidents” at a particular location or locations are covered.

Form PR 25005 0102, Declarations Extension – Insured Locations (Occurrence). Issued for certain group policies for which a condition precedent to providing coverage is that only “incidents” at a particular location or locations are covered.

Form PR 25011 0102, Declarations Extension – Premium Endorsement Summary. Issued when particular endorsements require a separate premium charge.

Form PR 25012 0102, Declarations Extension – Rating Information – Auditable Policies. Issued when the policy is rated on a per exposure basis.

Form PR 25013 0110, Declarations Extension – Retroactive Dates. Issued when different insureds have different Retroactive Dates and/or different coverage forms or coverages provide different Retroactive Dates.

Form PR 25014 0102, Declarations Extension – Coverage Provided. Issued when the space on the Declarations or Amended Declarations is insufficient for our computer system to reflect all of the coverage options chosen by an insured.

Form PR 25016 0102, Declarations Extension – Insured Professionals (Occurrence). Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form to schedule certain professionals who would not otherwise be covered. These professionals share a limit with the Named Insured.

Form PR 31000 1204, Policy Introduction (Claims-Made). Mandatory form when an Individual Professional Liability Coverage Form (Claims-Made), an Organization Professional Liability Coverage Form (Claims-Made), or a Health Care Provider Group Professional Liability Coverage Form (Claims-Made) is issued. Issued in conjunction with the General Conditions.

Form PR 31001 1204, Policy Introduction (Occurrence). Mandatory form when an Individual Professional Liability Coverage Form (Occurrence), an Organization Professional Liability Coverage Form (Occurrence) or a Health Care Provider Group Professional Liability Coverage Form is issued.

Form PR 31100 0703, General Conditions. Mandatory form when an Individual Professional Liability Coverage Form, an Organization Professional Liability Coverage Form or a Health Care Provider Group Professional Liability Coverage Form is issued. Issued in conjunction with the Policy Introduction.

Form PR 31200 0102, Individual Professional Liability Coverage Form (Claims-Made). Issued to individual insureds for claims-made professional liability coverage. Requires payment of appropriate premium for such coverage.

Form PR 31201 0102, Organization Professional Liability Coverage Form (Claims-Made). Issued to organizations, such as professional associations or corporations, for claims-made professional liability coverage when a separate policy is permitted pursuant to the Company's underwriting rules. Requires payment of appropriate premium for such coverage.

Form PR 31202 0102, Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Issued to groups, when permitted by the Company's underwriting rules, to provide claims-made professional liability coverage for the organization, its employees, contracted professionals and affiliated dentists. Requires payment of appropriate premium for such coverage.

Form PR 31203 0102, Excess Liability Coverage Form (Claims-Made). Issued in conjunction with the Individual Professional Liability Coverage Form (Claims-Made), the Organization Professional Liability Coverage Form (Claims-Made) or the Health Care Provider Group Professional Liability Coverage Form (Claims-Made) to provide claims-made excess liability coverage. Requires payment of appropriate premium for such coverage. Under no circumstances is this coverage form issued unless an Individual Professional Liability Coverage Form, an Organization Professional Liability Coverage Form or a Health Care Provider Group Professional Liability Coverage Form is also issued.

Form PR 31204 0102, Business Liability Coverage Form (Claims-Made). Issued to individuals or organizations for claims-made business liability coverage. Requires payment of appropriate premium for such coverage. Under no circumstances is this coverage form issued unless either an Individual Professional Liability Coverage Form (Claims-Made), an Organization Professional Liability Coverage Form (Claims-Made), or a Health Care Provider Group Professional Liability Coverage Form (Claims-Made) is also issued.

Form PR 31205 0203, Professionals Advocate – MedGuard Defense Coverage Form. Issued in conjunction with an Individual Professional Liability Coverage Form or an Organization Professional Liability Coverage Form to provide separate limits of defense coverage for certain administrative and judicial proceedings.

Form PR 31206 0203, Professionals Advocate – MedGuard Defense Coverage Form – Health Care Provider Group. Issued in conjunction with Health Care Provider Group Professional Liability Coverage Form to provide separate limits of defense coverage for certain administrative and judicial proceedings for the insured organization and for each individual scheduled on a Health Care Provider Group Professional Liability – Individual Limits of Insurance – Expanded ERP Option Endorsement.

Form PR 31220 0102, Individual Professional Liability Coverage Form (Occurrence). Issued to individual insureds for occurrence professional liability coverage. Requires payment of appropriate premium for such coverage.

Form PR 31221 0102, Organization Professional Liability Coverage Form (Occurrence). Issued to organizations, such as professional associations or corporations, for occurrence professional liability coverage when a separate policy is permitted pursuant to the Company’s underwriting rules. Requires payment of appropriate premium for such coverage.

Form PR 31222 0102, Health Care Provider Group Professional Liability Coverage Form (Occurrence). Issued to groups, when permitted by the Company’s underwriting rules, to provide occurrence professional liability coverage for the organization, its employees, contracted professionals and affiliated dentists. Requires payment of appropriate premium for such coverage.

Form PR 31223 0102, Excess Liability Coverage Form (Occurrence). Issued in conjunction with the Individual Professional Liability Coverage Form (Occurrence), the Organization Professional Liability Coverage Form (Occurrence), or the Health Care Provider Group Professional Liability Coverage Form (Occurrence) to provide excess liability coverage. Requires payment of appropriate premium for such coverage. Under no circumstances is this coverage form issued unless either an Individual Professional Liability Coverage Form, an Organization Professional Liability Coverage Form or a Health Care Provider Group Professional Liability Coverage Form is also issued.

Form PR 31224 0102, Business Liability Coverage Form (Occurrence). Issued to individuals or organizations for occurrence business liability coverage. Requires payment of appropriate premium for such coverage. Under no circumstances is this coverage form issued unless an Individual Professional Liability Coverage Form (Occurrence), an Organization Professional Liability Coverage Form (Occurrence), or a Health Care Provider Group Professional Liability Coverage Form is also issued.

Forms PR 40006 0102 through PR 40034 0102, Exclusions. These endorsements are attached when, based on information provided by the applicant, the risk would be ineligible for coverage at the quoted premium without the exclusion.

Form PR 40036 0102, Limitation – Locations of Practice. Issued in conjunction with a policy where the insured is practicing in a geographical area for which the Company does not provide coverage at the quoted premium.

Form PR 40037 0102, Limitation – Locations of Practice (Occurrence). Issued in conjunction with an occurrence policy where the insured is practicing in a geographical area for which the Company does not provide coverage at the quoted premium.

Form PR 40042 0102, Limitation – Part-Time Practice. Issued in conjunction with a policy for which a part-time premium discount has been provided.

Form PR 50016 0102, Changes in Policy General Conditions District of Columbia. Mandatory form issued in conjunction with the General Conditions.

Form PR 50017 0102, Changes in Policy Provisions District of Columbia. Mandatory form issued in conjunction with the Individual Professional Liability Coverage Forms, the Organization Professional Liability Coverage Forms, the Health Care Provider Group Professional Liability Coverage Forms and the Excess Liability Coverage Forms.

Form PR 50026 0804, Nonrenewal for Failure to Pay Deductible. Issued on policies that previously had a deductible but no longer do. The purpose of this form is to alert policyholders that payment of prior deductibles is a condition of continuing coverage.

PR 50034 0109, Policy Amendments – Claims Made Policy. Mandatory form issued in conjunction with the claims made versions of the Individual Professional Liability Coverage Form, Organization Professional Liability Coverage Form, and Health Care Provider Group Professional Liability Coverage Form

Form PR 50034 0109, Policy Amendments – Claims Made Policy. Mandatory form issued in conjunction with the occurrence versions of the Individual Professional Liability Coverage Form, Organization Professional Liability Coverage Form, and Health Care Provider Group Professional Liability Coverage Form

Form PR 60000 0102, Endorsement. Issued when a particular coverage situation is not addressed by any of the other forms and requires the use of manuscript wording to make the detail of the coverage clear and unambiguous.

Form PR 60005 0102, Emergency Treatment Expenses Supplement (Claims-Made). Issued in conjunction with the Individual Professional Liability Coverage Form (Claims-Made), the Organization Professional Liability Coverage Form (Claims-Made), or the Health Care Provider Group Professional Liability Coverage Form (Claims-Made) to provide a limit of insurance for payment of certain expenses for which the insured is not legally liable.

Form PR 60006 0102, Emergency Treatment Expenses Supplement (Occurrence). Issued in conjunction with the Individual Professional Liability Coverage Form (Occurrence), the Organization Professional Liability Coverage Form (Occurrence), or the Health Care Provider Group Professional Liability Coverage Form (Occurrence) to provide a limit of insurance for payment of certain expenses for which the insured is not legally liable.

Form PR 60012 0102, Consent To Settle – Health Care Provider Group. May be issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form at the request of the Named Insured. Extends to each dentist insured under the Health Care Provider Group Professional Liability Individual Limits of Insurance – Expanded ERP Option Endorsement the right to consent to any settlement of covered claims against the dentist.

Forms PR 60028 0102 through Form PR 60037 0102, Additional Insured Endorsements. Issued at insured's request.

Form PR 60038 0804, Deductible Liability Insurance (Aggregate Basis). Issued in conjunction with Individual Professional Liability Coverage Form, the Organization Professional Liability Coverage Form, the Health Care Provider Group Professional Liability Coverage Form, and the Business Liability Coverage Form to provide an aggregate deductible as described in the endorsement.

Form PR 60039 0804, Deductible Liability Insurance (Per Incident Basis). Issued in conjunction with the Individual Professional Liability Coverage Form, the Organization Professional Liability Coverage Form, the Health Care Provider Group Professional Liability Coverage Form, and the Business Liability Coverage Form to provide a per incident deductible as described in the endorsement.

Form PR 60044 0102, MedGuard Additional Insured Endorsement. Issued in conjunction with the MedGuard Defense Coverage Forms. It allows MedGuard coverage to be extended to individuals or organizations not included in the Who Is An Insured section of the MedGuard Coverage Forms.

Form PR 60049 0102, Sole Agent – Premiums & Dividends. Issued when a single individual or organization is designated to act on behalf of a Named Insured with respect to all premium transactions.

Form PR 60051 0102, Suspension of Coverage. Issued when coverage is suspended in accordance with the Company's underwriting rules. Requires payment of appropriate premium.

Form PR 60053 0110, Audit Statement. This endorsement is issued and attached to a policy when the Company elects to conduct an audit pursuant to the terms of Declarations Extension – Rating Information – Auditable Policies, and such an audit results in a premium adjustment.

Form PR 60062 0110, Extended Reporting Period. Issued upon cancellation of a professional liability insurance policy provided the insured complies with the Company's underwriting rules related to Extended Reporting Periods. Requires payment of appropriate premium.

Form PR 60067 0110, Extended Reporting Period – Death, Disability or Retirement. Issued upon cancellation of an Individual Professional Liability Coverage Form (Claims-Made) or termination of coverage for an insured scheduled on a Health Care Provider Group Professional Liability Individual Limits of Insurance – Expanded ERP Option Endorsement to the Health Care Provider Group Professional Liability Coverage Form. This Extended Reporting Period is issued at no additional charge provided the individual insured meets the Company’s underwriting rules related to death, total and permanent disability or qualified retirement.

Form PR 60070 0102, Extended Reporting Period – Waiver of Premium. Issued with certain group policies which are rated at a mature claims-made rate from the Effective Date of the first policy period. Refer to the Manual pages for specific rules and rates applicable to this endorsement.

Form PR 60071 0102, Changes in Policy Provisions – Solo Practitioners. Issued to extend coverage to a professional corporation or association when the Individual Professional Liability Coverage Form is issued to an insured who is the sole member or stockholder of such professional corporation or association and who has no professional employees eligible for separate Individual Professional Liability Coverage.

Form PR 60076 0110, Extended Reporting Period – Partial Termination. Issued when the Named Insured chooses to purchase an Extended Reporting Period when a portion of the coverage is being terminated, but the coverage form itself is not being canceled or nonrenewed.

Form PR 60079 0804, Deductible – Liability Insurance – Group Policy (Aggregate Basis). Issued as part of a group policy to apply separate aggregate deductibles to the Named Insured organization as well as other additional insureds scheduled on the endorsement.

Form PR 60080 0804, Deductible – Liability Insurance – Group Policy (Per Incident Basis). Issued as part of a group policy to apply separate per incident deductibles to the Named Insured organization as well as other additional insureds scheduled on the endorsement.

Form PR 65010 0602, Health Care Provider Group Professional Liability – Individual Limits of Insurance (Occurrence). Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Occurrence). Performs the same function as Form 65011, except that coverage is on an occurrence basis instead of claims-made.

Form PR 65011 0103, Health Care Provider Group Professional Liability – Individual Limits of Insurance with ERP Option. Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Rated based upon providing separate individual limits of insurance and a right to purchase an Extended Reporting Period for each health care professional or member of a class of insureds listed on the endorsement.

Form PR 65018 0102, Health Care Provider Group Professional Liability – Slot Program – Limits of Insurance. Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Rated based upon providing separate individual limits for certain health care professionals occupying certain slots.

Form PR 65020 0102, Health Care Provider Group Professional Liability – Individual Limits of Insurance – Expanded ERP Option (1-Year). Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Rated based upon providing to each scheduled individual separate individual limits of insurance, a right to purchase an Extended Reporting Period and the right to an Extended Reporting Period at no charge upon death, qualified disability or qualified retirement. This form may not be used for per visit rated accounts.

Form PR 65024 0102, Health Care Provider Group Professional Liability – Modified Individual Limits of Insurance (Occurrence). Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Occurrence). Rated based upon providing individual limits of insurance for each health care professional listed on the endorsement. Coverage is not limited to scope of duties on behalf of the Named Insured.