

SERFF Tracking Number: MMLM-126739452 State: District of Columbia
Filing Company: Professionals Advocate Insurance Company State Tracking Number:
Company Tracking Number: 2011-01-01-DDS-DC-FR
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0030 Dentist
Made/Occurrence
Product Name: 2011-01-01-DDS-DC-FR
Project Name/Number: 2011-01-01-DDS-DC-FR/2011-01-01-DDS-DC-FR

Filing at a Glance

Company: Professionals Advocate Insurance Company

Product Name: 2011-01-01-DDS-DC-FR SERFF Tr Num: MMLM-126739452 State: District of Columbia

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

Made/Occurrence

Sub-TOI: 11.0030 Dentist

Co Tr Num: 2011-01-01-DDS-DC- FR State Status:

Filing Type: Rule

Reviewer(s): Robert Nkojo

Authors: Gail Sconing, Andrea Hamerla

Disposition Date: 10/05/2010

Date Submitted: 07/26/2010

Disposition Status: APPROVED

Effective Date Requested (New): 01/01/2011

Effective Date (New):

Effective Date Requested (Renewal): 01/01/2011

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: 2011-01-01-DDS-DC-FR

Status of Filing in Domicile: Pending

Project Number: 2011-01-01-DDS-DC-FR

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/05/2010

State Status Changed:

Deemer Date:

Created By: Andrea Hamerla

Submitted By: Andrea Hamerla

Corresponding Filing Tracking Number: 2011-01-01-DDS-DC-F

Filing Description:

The purpose of this filing is to update the Rating Instructions to change the Extended Reporting Period (Tail) rating for professional organizations. Previously the tail charge for professional organizations was calculated by applying a factor to each tail charge calculated for each professional individual for which the insured organization has vicarious liability. Now the tail charge for professional organizations will be calculated by applying a factor to the highest premium charged for the professional organization at the termination date of the current policy term or the 2 immediately preceding policy terms in which policy coverage was provided. No change was made to tail rating for individuals. We have also added a sentence to the end the rating instructions for each type of coverage form saying that Extended Reporting Period rating instructions are contained in the Extended Reporting Period ("Tail") sections.

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We updated the Premium Payment section of the General Rules Exceptions to remove the reference to the finance charge. We will no longer apply that charge. We also describe the billing for additional premium due for mid-term changes on policies being paid in installments. The rule states that additional premium due for the current quarter (from the effective date of the change to the next regular installment) will be payable on the effective date of the change unless it is a small amount of the total remaining policy premium due or there is a regularly scheduled installment shortly after the effective date of the change. The remaining premium due will be divided among the remaining installments.

We have updated the Cancellation and Nonrenewal section of the Rules State Exceptions to state that we may provide written notice of nonrenewal electronically or by mail which is permitted by statute.

We have also updated the Rules Applicable to District of Columbia Approved Forms and Endorsements section of the Rules State Exceptions to reflect the updated edition number of the form that was filed.

Company and Contact

Filing Contact Information

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 Box 8016 410-785-3057 [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:

SERFF Tracking Number: MMLM-126739452 State: District of Columbia
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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Professionals Advocate Insurance Company	\$0.00		

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Robert Nkojo	10/05/2010	10/05/2010

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Disposition

Disposition Date: 10/05/2010

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
Rate	District of Columbia Dental Professional Liability Program - Rules State Exceptions		Yes
Rate	District of Columbia Dental Professional Liability Program - Rating Instructions State Exceptions		Yes

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Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	District of Columbia Dental Professional Liability Program - Rules State Exceptions	Pages 1-19	Replacement	Redline Rules State Exceptions-DC-DDS - 2011-01-01.pdf Rules State Exceptions-DC-DDS - 2011-01-01.pdf
	District of Columbia Dental Professional Liability Program - Rating Instructions State Exceptions	Pages 1-13	Replacement	Redline Rating Instructions-DC-DDS - 2000-01.pdf Rating Instructions- DC-DDS - 2000-01.pdf

Professionals Advocate Insurance Company
District of Columbia Dental Professional Liability Program
Rules State Exceptions
Edition January 1, 2011

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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

Additional or return premiums arising out of mid-term policy changes will be handled as follows:

- The additional premium to provide coverage up to the next regular installment will be payable on the Effective Date of the change, unless it is a small amount of the total unpaid policy premium or there is a regularly scheduled installment due shortly after the Effective Date of the change. The remaining additional premium will be divided among the remaining installments. If no installments remain, the additional premium will be due on the Effective Date of the change.

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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 will be mailed to the first Named Insured at least thirty (30) days prior to the date of cancellation. Any notice of nonrenewal will be mailed or delivered electronically to the first Named Insurance at least thirty (30) days prior to the date of nonrenewal.

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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

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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.

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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.

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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.

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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.

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- 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.

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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.

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

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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.

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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.

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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.

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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.

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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.

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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 ~~0111~~, Changes in Policy General Conditions District of Columbia. Mandatory form issued in conjunction with the General Conditions.

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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.

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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.

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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.

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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.

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**Professionals Advocate Insurance Company
District of Columbia Dental Professional Liability Program
Rules State Exceptions
Edition January 1, 2011**

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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

Additional or return premiums arising out of mid-term policy changes will be handled as follows:

- The additional premium to provide coverage up to the next regular installment will be payable on the Effective Date of the change, unless it is a small amount of the total unpaid policy premium or there is a regularly scheduled installment due shortly after the Effective Date of the change. The remaining additional premium will be divided among the remaining installments. If no installments remain, the additional premium will be due on the Effective Date of the change.

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 will be mailed to the first Named Insured at least thirty (30) days prior to the date of cancellation. Any notice of nonrenewal will be mailed or delivered electronically to the first Named Insurance at least thirty (30) days prior to the date of 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 0111, 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.

Professionals AdvocateSM Insurance Company
District of Columbia Dental Professional Liability Program
Rating Instructions
Edition January 1, 2011

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Dental Professional Liability Program

RATING INSTRUCTIONS

This section of the Manual contains the rating instructions governing the development of premium for each of the Coverage Forms and additional coverages which may be written under the Dental Professional Liability Program.

Basic Policy Premiums

Separately rate each Coverage Form applying to the policy as follows:

Individual Professional Liability Coverage Form

1. Classify the Risk.

Refer to the instructions in the Classification pages. Classify all relevant exposures and determine the appropriate Rate Class/Class Code and Premium Basis as instructed.

2. Determine the State Rating Territory.

- Determine the appropriate State in accordance with these rules.
- Refer to the Territorial Rate Pages to determine the appropriate territorial assignment. If the risk maintains facilities in more than one territory, use the highest-rated territory.

3. Determine Base Rate(s).

- Refer to the Primary Professional Liability Rate Table for the appropriate territory.
- Select the Basic rate for each applicable Rate Class/Class Code (and the Claims-Made Year for claims-made coverage) of the Coverage Form, for the individual insured.

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- If other professionals are employed to perform services on behalf of the insured:
 - For each professional separately insured by the Company, select the appropriate rate factor from the Vicarious Exposures section of the rate tables and multiply by the “mature” claims-made Basic rate for the Rate Class or Class Code that was used to rate the separate individual coverage.
 - For each professional not separately insured by the Company, select the appropriate base rate for the applicable Rate Class/Class Code from the Vicarious Exposures section of the rate tables.

4. Determine Base Rate Adjustments.

Refer to the Increased (or Decreased) Limits and Additional Rating Factors Tables (unless otherwise stated below) and select the appropriate factors for each of the following adjustments to the Base Rate(s). Apply each adjustment consecutively, in the order shown:

Increased (or Decreased) Limits

Multiply the Base Rate by the Limit Factor applying to any Increased (or Decreased) Limit elected.

Deductibles

Multiply the above result by the Deductible Credit Factor applying to any Deductible amount elected (Refer to Company).

Premium Discounts

Multiply the above result by the Premium Discount Factor applying for:

- New Practitioners †
- Part-Time Practitioners †
- Government Employees †

Multiply the above result by any other applicable discounts excluding experience and schedule rating.

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

† Only one of the noted discounts may be applied.

Individual Experience Rating Plan (IERP)

Use the Individual Experience Rating Plan (IERP) credit or surcharge, if any, applying at inception of the current policy period. Refer to the Individual Experience Rating Plan section of the Rate Pages for instructions to apply the Plan.

Schedule Rating Plan

Multiply the above result by any Schedule Rating Plan Factor applying at inception of the current policy period. Refer to the Schedule Rating Plan section of the Rating Instructions for further instructions.

5. Determine Total Coverage Form Premium.
 - Multiply each Adjusted Base Rate, as determined in Step 4 above, by the applicable units of exposure developed for the Premium Basis.
 - Total the Base Premiums calculated for each Premium Basis used.

If no other Coverage Forms apply, proceed directly to the Additional Coverage Premiums and Total Policy Premium rating instructions.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement ("Tail") section.

Organization Professional Liability Coverage Form

1. Classify the Risk.

Refer to the instructions in the Classification pages. Classify all relevant exposures and determine the appropriate Rate Class/Class Code and Premium Basis as instructed.
2. Determine the State Rating Territory.
 - Determine the appropriate state in accordance with these rules.
 - Refer to the Territorial Rate Pages to determine the appropriate territorial assignment. If the risk maintains facilities in more than one territory, use the highest-rated territory.
3. Determine Base Rate(s).
 - Refer to the Vicarious Exposures section of the Primary Professional Liability Coverage Table in the appropriate Rate Page.

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- Rate the vicarious liability exposure of the insured for each professional engaged (by employment or membership in the “group”) to perform services on behalf of the insured, as follows:
 - For each individual professional separately insured by the Company, select the appropriate rate factor from the Vicarious Exposures section of the rate table and multiply by the Basic rate for the Rate Class/Class Code that was used to rate the separate individual coverage. For claims-made coverage, use the “mature” claims-made Basic Rate.
 - For each individual professional not separately insured by the Company, select the appropriate rate factor for the appropriate Rate Class/Class Code from the Vicarious Exposures section of the rate table and multiply by the Basic rate for the Rate Class/Class Code. For claims-made coverage, use the “mature” claims-made Basic Rate.
- To add Employed Dental Hygienists that are employed to perform services on behalf of an insured as Additional Insureds with individual limits, select the Basic rate for the applicable Rate Class/Class Code (and for claims-made coverage, the Claims-Made Year of the coverage for the individual insured).
- Employed Dental Hygienists, Dental Assistants, Laboratory Technicians or X-Ray Technicians as additional insureds may share the Named Insured’s limits at no additional charge.

4. Determine Base Rate Adjustments.

- For each individual professional engaged by the Professional Organization, follow the procedures outlined in Step 4 (Base Premium Adjustments) of the Individual Professional Liability Coverage Form rating instructions.

Note: Use the Limits of Liability and Deductible amounts, if any, applying to the Organization Professional Liability Coverage Form.

- For each individual professional not separately insured by the Company, refer to the Increased (or Decreased) Limits and Additional Rate Factors Tables (unless otherwise stated below) and select the appropriate factors for each of the following adjustments to Base Rate(s). Apply each adjustment separately in the order shown:

Increased (or Decreased) Limits

Multiply the Base Rate by the Limit Factor applying to any Increased (or Decreased) Limit elected.

Deductibles

Multiply the above result by the Deductible Credit Factor applying to any Deductible

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amount elected (Refer to Company).

5. Determine Total Coverage Form Premium.
 - Multiply each Adjusted Base Rate, as determined in Step 4 above, by the applicable units of exposure developed for the Premium Basis.
 - Total the Base Premiums calculated for each Premium Basis used.

If no other Coverage Forms apply, proceed directly to the Additional Coverage Premiums and Total Policy Premium rating instructions.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement ("Tail") section.

Health Care Provider Group Professional Liability Coverage Form

Dental Care Provider Groups

1. **Coverage Part B Premium Only** - To determine the premium for the dentist and other dental care professionals who will have separate limits and Coverage Part B policy provisions, follow the rating instructions outlined for the Individual Professional Liability Coverage Form Section for each individual dentist and dental care professional.
2. **Coverage Part A Premium Only** - To determine the premium for the organization, the covered employed or contract health care professionals and the other employees (Coverage Part A insureds), follow the rating instructions outlined for the Organization Professional Liability Coverage Form Section. Any risks insured pursuant to Coverage Part A must be insured in accordance with the rules and rates applicable to Coverage Part A exposures.
3. Total the Premium for the two Coverage Parts.

If no other Coverage Forms apply, proceed directly to the Additional Coverage Premiums and Total Policy Premium rating instructions.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement ("Tail") section.

Business Liability Coverage Form

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1. Classify the Risk.

Refer to the instructions in the Classification pages. Classify all relevant exposures and determine the appropriate Rate Class/Class Code and Premium Basis as instructed.

2. Determine the State Rating Territory.

Use the same rating Territory applied to rate the Professional Liability Coverage Form.

3. Determine Base Rate(s).

- Refer to the Primary Business Liability Rate Table for the appropriate territory.
- Select the Basic rate for the applicable Class Code/Square Foot Area of each location to be insured (and the Claims-Made Year for claims-made coverage) of the Coverage Form.

4. Determine Base Rate Adjustments.

Refer to the Increased (or Decreased) Limits Table (unless otherwise stated below) and select the appropriate factors for each of the following adjustments to the Base Rate(s). Apply each adjustment consecutively, in the order shown.

Increased (or Decreased) Limits

Multiply the Base Rate by the Limit Factor applying to any Increased (or Decreased) Limit elected.

Deductibles

Multiply the above result by the Deductible Credit Factor applying to any Deductible amount elected (Refer to Company).

5. Determine Total Coverage Form Premium.

- Multiply each Adjusted Base Rate, as determined in Step 4 above, by the applicable units of exposure developed for the Premium Basis.
- Total the Base Premiums calculated for each Premium Basis used.

If no other Coverage Forms apply, proceed directly to the Additional Coverage Premiums and Total Policy Premium rating instructions.

[Extended Reporting Period](#)

[For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement \("Tail"\) section.](#)

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Excess Liability Coverage Form

1. Determine Excess Professional Liability Premiums.

Use the same classification and rating procedures applied to rate Primary Coverages, with the following exception:

- Use the appropriate Rate Table for Excess Professional Liability to determine Base Rates.

2. Determine Total Coverage Form Premium.

Total the separately calculated premiums determined in Step 1 above.

Note: For limits above those shown in the Rate Tables, refer to Company.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement ("Tail") section.

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Additional Coverage Premiums

Refer to the Additional Rating Factors Tables (unless otherwise stated below) and select the appropriate rates and factors for each of the following additions to the Basic Policy Premiums.

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Select the appropriate additional premium applying for the desired limits as shown in the Rate Pages.¶

MedGuard Coverage

- If the insured elects this coverage, select the appropriate additional premium applying for the desired limits as shown in the Rate Tables.
- The MedGuard Coverage premium is not subject to any premium discounts or surcharges.

Additional Interests

Refer to Company to determine the additional premium applying for each Additional Interest to be insured, if any, under each Coverage Form.

Total Policy Premium

Total the Basic Policy Premiums applying for each Coverage Form and Additional Coverage Premiums calculated above.

Note: Use the Policywriting Minimum Premium shown in the Additional Rating Factors Table, if

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larger than the sum of the above premiums.

Extended Reporting Period Endorsement (“Tail”)

For an individual health care provider, use the rules outlined below to calculate the Extended Reporting Period premium. For an individual who has been provided separate limits under a group policy, then use the rules outlined below to calculate the Extended Reporting Period premium as if individual policies (with separate and exclusive limits applicable for the individual health care provider) had been issued during the coverage period.

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1. Calculate Extended Reporting Period (ERP) premium based on exposures existing during an “ERP Rating Base Period.” The ERP Rating Base Period means the current policy term and up to 2 immediately preceding policy terms in which policy coverage was provided.
2. Use the same classification and rating procedures applied to calculate the Total Policy Premium above to determine the Total Extended Reporting Period Premium, with the following exceptions:

- Use the rates and factors labeled “ERP” in the appropriate territorial rate tables for each Coverage Form, rather than the rates labeled “Basic.”

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- Separately calculate the premium for each coverage which will be afforded under the ERP, applying the classification and rating element modifications described below. Use the classification and rating elements applying to the policy at the inception of each policy term included in the ERP Rating Base Period as the basis for making these modifications, unless otherwise noted below:

Deleted: <#>For Vicarious Exposures, refer to the Additional Rating Factors Table and select the appropriate ERP adjustment factor for the applicable claims-made year (see below). Multiply the otherwise applicable “Basic” Vicarious Exposure Factors by the ERP adjustment factor before application of any other Base Rate Adjustment.¶

Rating Territory

Use the highest-rated territory applying to any policy term in the ERP Rating Base Period.

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Rate Class/Code and Exposure Units

Use the highest-rated Rate Class/Code and highest number of Exposure Units applying to each separately-rated coverage or exposure for any policy term in the ERP Rating Base Period.

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Claims-Made Year

- Use the Retroactive Date to determine the actual claims-made year.

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Limits of Insurance

Refer to the Extended Reporting Period provisions of each coverage form in the

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Dental Professional Liability Program Rules section of this Manual for the procedure to calculate the Extended Reporting Period Limits.

Deductibles/Minimum Retained Limits

Use the Deductible or Minimum Retained Limits factors, if any, applying at policy termination for each Coverage Form.

Premium Discounts

Only New Practitioner, Government Employee, Part-Time Practitioner, and Individual Experience Rating Plan (IERP) discounts will be considered in ERP rating.

For other than IERP, use only those discounts that applied to all policy terms in the ERP Rating Base Period. For each such discount type, use the lowest discount (highest factor) applying to any policy term in the ERP Rating Base Period. For IERP use the discount, if any, applying at the inception of the current policy term.

Premium Surcharges

Use the premium surcharge amount, including Individual Experience Rating Plan surcharges, if any, applying at inception of the current policy term.

3. Pro-rate the ERP premium for all policies for which the period of coverage provided is less than one year as of the date of policy termination and Claims-Made Year 1 rating was applied. Do not apply less than a minimum pro-rata factor of .500.

For professional organizations, including insureds sharing limits with the professional organization, use the highest premium at the termination date of any policy term in the ERP Rating Base Period. (For any policy term in the ERP Rating Base Period that is less than 1 year, increase the premium for that policy term to the amount the premium would have been for a full year.) Multiply the highest premium by 2.15.

Individual Experience Rating Plan

Application

The Individual Experience Rating Plan is a measure of relative professional liability exposure. Discounts or Surcharges developed through use of the Plan will be applied to the total premium for each primary or excess Professional Liability Coverage afforded. Note that this is a rating rule only. Each risk shall also be subject to all applicable underwriting standards, rules and guidelines.

Experience Rating Procedure

Part A. This part of the Plan evaluates claims history in terms of a risk's past "Loss Ratio." Experience Rating Points, if any apply, are calculated as follows:

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Step 1

Determine a “Premium Base” and a “Loss Threshold.”

- Calculate the primary Professional Liability annual standard premium for the risk at the mature claims-made level, using the territory, limits and specialty applying to the upcoming policy term.

Exception: If the specialty rate class applying to the upcoming policy term is lower than the rate class applying to any other specialty practiced during the 5 calendar years preceding policy term inception, use the higher rate class to perform the above calculation.

- Multiply the above premium by a factor of 5, to derive the “Premium Base.”
- Multiply the “Premium Base” by a factor of 1.5, to derive the “Loss Threshold.”

Step 2

Determine a “Loss Value” for each claim paid during the 5 calendar years preceding policy term inception, regardless of insurer.

- Total the actual indemnity payments or settlements made for each individual claim.

Do not:

- Include any claim for which the total indemnity payment was \$2,500 or less.
- Apply more than the amount of the “Loss Threshold” for any single claim.

Step 3

Determine the risk’s “Loss Experience.”

- Total the chargeable “Loss Values” for all claims

Step 4

Determine the risk’s “Loss Ratio.”

- Divide the applicable “Loss Experience” by the “Premium Base” and convert to a percentage (e.g. .25 = 25%). This is the “Loss Ratio.”

Step 5

Determine the number of Part A Evaluation Points to be applied.

- Assign 1 Evaluation Point for each 25% of “Loss Ratio” (e.g. 1% to 25% = 1 point;

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25.1% to 50% = 2 points, etc.). Limit the points assigned for the largest paid claim to a maximum of 3 points. All other claims are not limited except as described in Steps 1 through 4.

Part B. This part of the Plan recognizes such characteristics of the risk as are not fully reflected in Part A. Part B Evaluation Points will be assigned as follows:

- | | <u>Points</u> |
|---|---------------|
| • Each pending “claim” or suit for which final settlement has not been reached* | 1 |
| * Note: An Incident Report will not be considered a chargeable “claim” unless an actual request has been made by or on behalf of an injured party for compensation because of alleged injury or damage. | |

Premium Modification

The combined total Parts A and B Evaluation Points will be applied to the following table to determine the applicable Discount or Surcharge, if any:

1. DISCOUNT

<u>Evaluation Point</u>	<u>Discount %</u>
0	10% Discount*
1-2	0%
Greater than 2	Refer to 2. Surcharge

*Note: If the risk has not been continuously insured for 5 years or more with the Company the discount shall apply only if the insured can produce verifiable loss and claim information from all other carriers during the previous 5 years that shows that 0 points would have been accumulated under this plan with that loss experience.

2. SURCHARGE

If the total Evaluation Points (combined A and B) exceed 2, the risk shall be subject to further underwriting review and may be considered uninsurable by the Company.

<u>Evaluation Point</u>	<u>Surcharge %</u>
3-4	0% Surcharge
5-6	25% Surcharge
7	35% Surcharge
8	75% Surcharge

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9	125% Surcharge
10	150% Surcharge
11	175% Surcharge
12	200% Surcharge
Over 12	**

** Refer to Company to determine surcharge if risk is acceptable.

Schedule Rating Plan

APPLICATION

The Schedule Rating Plan may be used by the Company to reflect individual risk characteristics which may not have been fully reflected in the formula for Experience Rating. Schedule Rating discounts and surcharges may apply. Any or all of the following factors may be considered when assigning credits or surcharges pursuant to underwriting judgment.

- A. Expense reduction
- B. Classification variation of insured from classification plan
- C. Recognition of high risk procedures or non-performance of certain procedures
- D. Practice patterns, patient load, support staff
- E. Experience in the practice of the specialty
- F. Recognition of paraprofessional/professional ratio

The total Schedule Rating Plan Discount or Surcharge may not exceed + or – 25%.

Other Rating Situations

Refer to Company for any rating situation not described in these instructions.

Rating Territory Definitions

<u>Territory</u>	<u>Description</u>
1	Entire State

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Dental Professional Liability Program

RATING INSTRUCTIONS

This section of the Manual contains the rating instructions governing the development of premium for each of the Coverage Forms and additional coverages which may be written under the Dental Professional Liability Program.

Basic Policy Premiums

Separately rate each Coverage Form applying to the policy as follows:

Individual Professional Liability Coverage Form

1. Classify the Risk.

Refer to the instructions in the Classification pages. Classify all relevant exposures and determine the appropriate Rate Class/Class Code and Premium Basis as instructed.

2. Determine the State Rating Territory.

- Determine the appropriate State in accordance with these rules.
- Refer to the Territorial Rate Pages to determine the appropriate territorial assignment. If the risk maintains facilities in more than one territory, use the highest-rated territory.

3. Determine Base Rate(s).

- Refer to the Primary Professional Liability Rate Table for the appropriate territory.
- Select the Basic rate for each applicable Rate Class/Class Code (and the Claims-Made Year for claims-made coverage) of the Coverage Form, for the individual insured.

-
- If other professionals are employed to perform services on behalf of the insured:
 - For each professional separately insured by the Company, select the appropriate rate factor from the Vicarious Exposures section of the rate tables and multiply by the “mature” claims-made Basic rate for the Rate Class or Class Code that was used to rate the separate individual coverage.
 - For each professional not separately insured by the Company, select the appropriate base rate for the applicable Rate Class/Class Code from the Vicarious Exposures section of the rate tables.

4. Determine Base Rate Adjustments.

Refer to the Increased (or Decreased) Limits and Additional Rating Factors Tables (unless otherwise stated below) and select the appropriate factors for each of the following adjustments to the Base Rate(s). Apply each adjustment consecutively, in the order shown:

Increased (or Decreased) Limits

Multiply the Base Rate by the Limit Factor applying to any Increased (or Decreased) Limit elected.

Deductibles

Multiply the above result by the Deductible Credit Factor applying to any Deductible amount elected (Refer to Company).

Premium Discounts

Multiply the above result by the Premium Discount Factor applying for:

- New Practitioners †
- Part-Time Practitioners †
- Government Employees †

Multiply the above result by any other applicable discounts excluding experience and schedule rating.

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

† Only one of the noted discounts may be applied.

Individual Experience Rating Plan (IERP)

Use the Individual Experience Rating Plan (IERP) credit or surcharge, if any, applying at inception of the current policy period. Refer to the Individual Experience Rating Plan section of the Rate Pages for instructions to apply the Plan.

Schedule Rating Plan

Multiply the above result by any Schedule Rating Plan Factor applying at inception of the current policy period. Refer to the Schedule Rating Plan section of the Rating Instructions for further instructions.

5. Determine Total Coverage Form Premium.
 - Multiply each Adjusted Base Rate, as determined in Step 4 above, by the applicable units of exposure developed for the Premium Basis.
 - Total the Base Premiums calculated for each Premium Basis used.

If no other Coverage Forms apply, proceed directly to the Additional Coverage Premiums and Total Policy Premium rating instructions.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement ("Tail") section.

Organization Professional Liability Coverage Form

1. Classify the Risk.

Refer to the instructions in the Classification pages. Classify all relevant exposures and determine the appropriate Rate Class/Class Code and Premium Basis as instructed.
2. Determine the State Rating Territory.
 - Determine the appropriate state in accordance with these rules.
 - Refer to the Territorial Rate Pages to determine the appropriate territorial assignment. If the risk maintains facilities in more than one territory, use the highest-rated territory.
3. Determine Base Rate(s).
 - Refer to the Vicarious Exposures section of the Primary Professional Liability Coverage Table in the appropriate Rate Page.

- Rate the vicarious liability exposure of the insured for each professional engaged (by employment or membership in the “group”) to perform services on behalf of the insured, as follows:
 - For each individual professional separately insured by the Company, select the appropriate rate factor from the Vicarious Exposures section of the rate table and multiply by the Basic rate for the Rate Class/Class Code that was used to rate the separate individual coverage. For claims-made coverage, use the “mature” claims-made Basic Rate.
 - For each individual professional not separately insured by the Company, select the appropriate rate factor for the appropriate Rate Class/Class Code from the Vicarious Exposures section of the rate table and multiply by the Basic rate for the Rate Class/Class Code. For claims-made coverage, use the “mature” claims-made Basic Rate.
- To add Employed Dental Hygienists that are employed to perform services on behalf of an insured as Additional Insureds with individual limits, select the Basic rate for the applicable Rate Class/Class Code (and for claims-made coverage, the Claims-Made Year of the coverage for the individual insured).
- Employed Dental Hygienists, Dental Assistants, Laboratory Technicians or X-Ray Technicians as additional insureds may share the Named Insured’s limits at no additional charge.

4. Determine Base Rate Adjustments.

- For each individual professional engaged by the Professional Organization, follow the procedures outlined in Step 4 (Base Premium Adjustments) of the Individual Professional Liability Coverage Form rating instructions.

Note: Use the Limits of Liability and Deductible amounts, if any, applying to the Organization Professional Liability Coverage Form.

- For each individual professional not separately insured by the Company, refer to the Increased (or Decreased) Limits and Additional Rate Factors Tables (unless otherwise stated below) and select the appropriate factors for each of the following adjustments to Base Rate(s). Apply each adjustment separately in the order shown:

Increased (or Decreased) Limits

Multiply the Base Rate by the Limit Factor applying to any Increased (or Decreased) Limit elected.

Deductibles

Multiply the above result by the Deductible Credit Factor applying to any Deductible

amount elected (Refer to Company).

5. Determine Total Coverage Form Premium.
 - Multiply each Adjusted Base Rate, as determined in Step 4 above, by the applicable units of exposure developed for the Premium Basis.
 - Total the Base Premiums calculated for each Premium Basis used.

If no other Coverage Forms apply, proceed directly to the Additional Coverage Premiums and Total Policy Premium rating instructions.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement ("Tail") section.

Health Care Provider Group Professional Liability Coverage Form

Dental Care Provider Groups

1. **Coverage Part B Premium Only** - To determine the premium for the dentist and other dental care professionals who will have separate limits and Coverage Part B policy provisions, follow the rating instructions outlined for the Individual Professional Liability Coverage Form Section for each individual dentist and dental care professional.
2. **Coverage Part A Premium Only** - To determine the premium for the organization, the covered employed or contract health care professionals and the other employees (Coverage Part A insureds), follow the rating instructions outlined for the Organization Professional Liability Coverage Form Section. Any risks insured pursuant to Coverage Part A must be insured in accordance with the rules and rates applicable to Coverage Part A exposures.
3. Total the Premium for the two Coverage Parts.

If no other Coverage Forms apply, proceed directly to the Additional Coverage Premiums and Total Policy Premium rating instructions.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement ("Tail") section.

Business Liability Coverage Form

1. Classify the Risk.

Refer to the instructions in the Classification pages. Classify all relevant exposures and determine the appropriate Rate Class/Class Code and Premium Basis as instructed.

2. Determine the State Rating Territory.

Use the same rating Territory applied to rate the Professional Liability Coverage Form.

3. Determine Base Rate(s).

- Refer to the Primary Business Liability Rate Table for the appropriate territory.
- Select the Basic rate for the applicable Class Code/Square Foot Area of each location to be insured (and the Claims-Made Year for claims-made coverage) of the Coverage Form.

4. Determine Base Rate Adjustments.

Refer to the Increased (or Decreased) Limits Table (unless otherwise stated below) and select the appropriate factors for each of the following adjustments to the Base Rate(s). Apply each adjustment consecutively, in the order shown.

Increased (or Decreased) Limits

Multiply the Base Rate by the Limit Factor applying to any Increased (or Decreased) Limit elected.

Deductibles

Multiply the above result by the Deductible Credit Factor applying to any Deductible amount elected (Refer to Company).

5. Determine Total Coverage Form Premium.

- Multiply each Adjusted Base Rate, as determined in Step 4 above, by the applicable units of exposure developed for the Premium Basis.
- Total the Base Premiums calculated for each Premium Basis used.

If no other Coverage Forms apply, proceed directly to the Additional Coverage Premiums and Total Policy Premium rating instructions.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period

Endorsement ("Tail") section.

Excess Liability Coverage Form

1. Determine Excess Professional Liability Premiums.

Use the same classification and rating procedures applied to rate Primary Coverages, with the following exception:

- Use the appropriate Rate Table for Excess Professional Liability to determine Base Rates.

2. Determine Total Coverage Form Premium.

Total the separately calculated premiums determined in Step 1 above.

Note: For limits above those shown in the Rate Tables, refer to Company.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement ("Tail") section.

Additional Coverage Premiums

Refer to the Additional Rating Factors Tables (unless otherwise stated below) and select the appropriate rates and factors for each of the following additions to the Basic Policy Premiums.

MedGuard Coverage

- If the insured elects this coverage, select the appropriate additional premium applying for the desired limits as shown in the Rate Tables.
- The MedGuard Coverage premium is not subject to any premium discounts or surcharges.

Additional Interests

Refer to Company to determine the additional premium applying for each Additional Interest to be insured, if any, under each Coverage Form.

Total Policy Premium

Total the Basic Policy Premiums applying for each Coverage Form and Additional Coverage Premiums calculated above.

Note: Use the Policywriting Minimum Premium shown in the Additional Rating Factors Table, if larger than the sum of the above premiums.

Extended Reporting Period Endorsement (“Tail”)

For an individual health care provider, use the rules outlined below to calculate the Extended Reporting Period premium. For an individual who has been provided separate limits under a group policy, then use the rules outlined below to calculate the Extended Reporting Period premium as if individual policies (with separate and exclusive limits applicable for the individual health care provider) had been issued during the coverage period.

1. Calculate Extended Reporting Period (ERP) premium based on exposures existing during an “ERP Rating Base Period.” The ERP Rating Base Period means the current policy term and up to 2 immediately preceding policy terms in which policy coverage was provided.
2. Use the same classification and rating procedures applied to calculate the Total Policy Premium above to determine the Total Extended Reporting Period Premium, with the following exceptions:

- Use the rates and factors labeled “ERP” in the appropriate territorial rate tables for each Coverage Form, rather than the rates labeled “Basic.”
- Separately calculate the premium for each coverage which will be afforded under the ERP, applying the classification and rating element modifications described below. Use the classification and rating elements applying to the policy at the inception of each policy term included in the ERP Rating Base Period as the basis for making these modifications, unless otherwise noted below:

Rating Territory

Use the highest-rated territory applying to any policy term in the ERP Rating Base Period.

Rate Class/Code and Exposure Units

Use the highest-rated Rate Class/Code and highest number of Exposure Units applying to each separately-rated coverage or exposure for any policy term in the ERP Rating Base Period.

- *Claims-Made Year*
- Use the Retroactive Date to determine the actual claims-made year.

Limits of Insurance

Refer to the Extended Reporting Period provisions of each coverage form in the Dental Professional Liability Program Rules section of this Manual for the procedure to calculate the Extended Reporting Period Limits.

Deductibles/Minimum Retained Limits

Use the Deductible or Minimum Retained Limits factors, if any, applying at policy termination for each Coverage Form.

Premium Discounts

Only New Practitioner, Government Employee, Part-Time Practitioner, and Individual Experience Rating Plan (IERP) discounts will be considered in ERP rating.

For other than IERP, use only those discounts that applied to all policy terms in the ERP Rating Base Period. For each such discount type, use the lowest discount (highest factor) applying to any policy term in the ERP Rating Base Period. For IERP use the discount, if any, applying at the inception of the current policy term.

Premium Surcharges

Use the premium surcharge amount, including Individual Experience Rating Plan surcharges, if any, applying at inception of the current policy term.

3. Pro-rate the ERP premium for all policies for which the period of coverage provided is less than one year as of the date of policy termination and Claims-Made Year 1 rating was applied. Do not apply less than a minimum pro-rata factor of .500.

For professional organizations, including insureds sharing limits with the professional organization, use the highest premium at the termination date of any policy term in the ERP Rating Base Period. (For any policy term in the ERP Rating Base Period that is less than 1 year, increase the premium for that policy term to the amount the premium would have been for a full year.) Multiply the highest premium by 2.15.

Individual Experience Rating Plan

Application

The Individual Experience Rating Plan is a measure of relative professional liability exposure. Discounts or Surcharges developed through use of the Plan will be applied to the total premium for each primary or excess Professional Liability Coverage afforded. Note that this is a rating rule only. Each risk shall also be subject to all applicable underwriting standards, rules and guidelines.

Experience Rating Procedure

Part A. This part of the Plan evaluates claims history in terms of a risk's past "Loss Ratio." Experience Rating Points, if any apply, are calculated as follows:

Step 1

Determine a "Premium Base" and a "Loss Threshold."

- Calculate the primary Professional Liability annual standard premium for the risk at the mature claims-made level, using the territory, limits and specialty applying to the upcoming policy term.

Exception: If the specialty rate class applying to the upcoming policy term is lower than the rate class applying to any other specialty practiced during the 5 calendar years preceding policy term inception, use the higher rate class to perform the above calculation.

- Multiply the above premium by a factor of 5, to derive the "Premium Base."
- Multiply the "Premium Base" by a factor of 1.5, to derive the "Loss Threshold."

Step 2

Determine a "Loss Value" for each claim paid during the 5 calendar years preceding policy term inception, regardless of insurer.

- Total the actual indemnity payments or settlements made for each individual claim.

Do not:

- Include any claim for which the total indemnity payment was \$2,500 or less.
- Apply more than the amount of the "Loss Threshold" for any single claim.

Step 3

Determine the risk's "Loss Experience."

- Total the chargeable "Loss Values" for all claims

Step 4

Determine the risk's "Loss Ratio."

- Divide the applicable "Loss Experience" by the "Premium Base" and convert to a percentage (e.g. $.25 = 25\%$). This is the "Loss Ratio."

Step 5

Determine the number of Part A Evaluation Points to be applied.

- Assign 1 Evaluation Point for each 25% of “Loss Ratio” (e.g. 1% to 25% = 1 point; 25.1% to 50% = 2 points, etc.). Limit the points assigned for the largest paid claim to a maximum of 3 points. All other claims are not limited except as described in Steps 1 through 4.

Part B. This part of the Plan recognizes such characteristics of the risk as are not fully reflected in Part A. Part B Evaluation Points will be assigned as follows:

	<u>Points</u>
• Each pending “claim” or suit for which final settlement has not been reached*	1
* Note: An Incident Report will not be considered a chargeable “claim” unless an actual request has been made by or on behalf of an injured party for compensation because of alleged injury or damage.	

Premium Modification

The combined total Parts A and B Evaluation Points will be applied to the following table to determine the applicable Discount or Surcharge, if any:

1. DISCOUNT

<u>Evaluation Point</u>	<u>Discount %</u>
0	10% Discount*
1-2	0%
Greater than 2	Refer to 2. Surcharge

*Note: If the risk has not been continuously insured for 5 years or more with the Company the discount shall apply only if the insured can produce verifiable loss and claim information from all other carriers during the previous 5 years that shows that 0 points would have been accumulated under this plan with that loss experience.

2. SURCHARGE

If the total Evaluation Points (combined A and B) exceed 2, the risk shall be subject to further underwriting review and may be considered uninsurable by the Company.

<u>Evaluation Point</u>	<u>Surcharge %</u>
3-4	0% Surcharge
5-6	25% Surcharge
7	35% Surcharge
8	75% Surcharge
9	125% Surcharge
10	150% Surcharge
11	175% Surcharge
12	200% Surcharge
Over 12	**

** Refer to Company to determine surcharge if risk is acceptable.

Schedule Rating Plan

APPLICATION

The Schedule Rating Plan may be used by the Company to reflect individual risk characteristics which may not have been fully reflected in the formula for Experience Rating. Schedule Rating discounts and surcharges may apply. Any or all of the following factors may be considered when assigning credits or surcharges pursuant to underwriting judgment.

- A. Expense reduction
- B. Classification variation of insured from classification plan
- C. Recognition of high risk procedures or non-performance of certain procedures
- D. Practice patterns, patient load, support staff
- E. Experience in the practice of the specialty
- F. Recognition of paraprofessional/professional ratio

The total Schedule Rating Plan Discount or Surcharge may not exceed + or – 25%.

Other Rating Situations

Refer to Company for any rating situation not described in these instructions.

Rating Territory Definitions

<u>Territory</u>	<u>Description</u>
1	Entire State

SERFF Tracking Number: MMLM-126739452 State: District of Columbia
 Filing Company: Professionals Advocate Insurance Company State Tracking Number:
 Company Tracking Number: 2011-01-01-DDS-DC-FR
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0030 Dentist
 Made/Occurrence
 Product Name: 2011-01-01-DDS-DC-FR
 Project Name/Number: 2011-01-01-DDS-DC-FR/2011-01-01-DDS-DC-FR

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter All Filings		
Comments:		
Attachment: Rules Transmittal Document-DDS-DC.pdf		

	Item Status:	Status Date:
Bypassed - Item: Consulting Authorization		
Bypass Reason: This filing is not by a third party.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Certification (P&C)		
Comments:		
Attachment: Rules Transmittal Document-DDS-DC.pdf		

	Item Status:	Status Date:
Bypassed - Item: District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
Bypass Reason: Not applicable to rules filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: District of Columbia and		

SERFF Tracking Number: MMLM-126739452 *State:* District of Columbia
Filing Company: Professionals Advocate Insurance Company *State Tracking Number:*
Company Tracking Number: 2011-01-01-DDS-DC-FR
TOI: 11.0 Medical Malpractice - Claims *Sub-TOI:* 11.0030 Dentist
Made/Occurrence
Product Name: 2011-01-01-DDS-DC-FR
Project Name/Number: 2011-01-01-DDS-DC-FR/2011-01-01-DDS-DC-FR
Countrywide Loss Ratio Analysis
(P&C)
Bypass Reason: Not applicable to rules filing.
Comments:

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: _____ Renewal: _____
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

3.	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
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)
------------	---

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
------------	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
-----------	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	---	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

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1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	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
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)
------------	---

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
------------	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
-----------	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	