

SERFF Tracking Number: PCAG-126381227 State: District of Columbia  
Filing Company: Podiatry Insurance Company of America State Tracking Number:  
Company Tracking Number: DC-1488-O  
TOI: 11.1 Med Mal-Occurrence Only Sub-TOI: 11.1019 Optometry  
Product Name: Healthcare Professional Liability  
Project Name/Number: /DC-1488-O

## Filing at a Glance

Company: Podiatry Insurance Company of America

Product Name: Healthcare Professional Liability SERFF Tr Num: PCAG-126381227 State: District of Columbia

TOI: 11.1 Med Mal-Occurrence Only

SERFF Status: Closed-APPROVED State Tr Num:

Sub-TOI: 11.1019 Optometry

Co Tr Num: DC-1488-O

State Status:

Filing Type: Rate/Rule

Reviewer(s): Robert Nkojo

Authors: Latasha Campbell, Jason Sokol  
Disposition Date: 03/18/2010

Date Submitted: 11/16/2009

Disposition Status: APPROVED

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

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: DC-1488-O

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/18/2010

State Status Changed:

Deemer Date:

Created By: Latasha Campbell

Submitted By: Latasha Campbell

Corresponding Filing Tracking Number:

Filing Description:

We wish to file initial rates, and rules for a Healthcare Professional Liability Policy issued to Medical Professionals Program (MPP).

## Company and Contact

### Filing Contact Information

Latasha Knox-Campbell, Regulatory

lcampbell@picagroup.com

Compliance Analyst

3000 Meridian Boulevard

615-371-8776 [Phone] 2201 [Ext]

Suite 400

615-324-9161 [FAX]

Franklin, TN 37067

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**Filing Company Information**

Podiatry Insurance Company of America	CoCode: 14460	State of Domicile: Illinois
3000 Meridian Boulevard	Group Code: 2698	Company Type:
Suite 400	Group Name:	State ID Number:
Franklin, TN 37067	FEIN Number: 58-1403235	
(800) 251-5727 ext. [Phone]		

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Podiatry Insurance Company of America	\$0.00		

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Robert Nkojo	03/18/2010	03/18/2010

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Status	Note To Reviewer	Latasha Campbell	02/03/2010	02/03/2010

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## Disposition

Disposition Date: 03/18/2010  
 Effective Date (New):  
 Effective Date (Renewal):  
 Status: APPROVED  
 Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Podiatry Insurance Company of America	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
	<b>Percent Change Approved:</b>						
	<b>Minimum:</b>	%	<b>Maximum:</b>	%	<b>Weighted Average:</b>		%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter All Filings		Yes
Supporting Document	Consulting Authorization		Yes
Supporting Document	Actuarial Certification (P&C)		Yes
Supporting Document	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		Yes
Supporting Document	District of Columbia and Countrywide Loss Ratio Analysis (P&C)		Yes
Supporting Document	Explanatory Memorandum		Yes
Rate	MPP (Manual Rules)		Yes
Rate	MPP (State Rate Sheet - District of Columbia)		Yes

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**Note To Reviewer**

**Created By:**

Latasha Campbell on 02/03/2010 10:45 AM

**Last Edited By:**

Latasha Campbell

**Submitted On:**

02/03/2010 10:46 AM

**Subject:**

Filing Status

**Comments:**

We would like to check on the filing status?

Thank you,

Latasha Knox-Campbell

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**Rate Information**

Rate data applies to filing.

**Filing Method:** Informational  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** 0.000%  
**Effective Date of Last Rate Revision:**  
**Filing Method of Last Filing:**

**Company Rate Information**

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Podiatry Insurance Company of America	N/A	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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## Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	MPP (Manual Rules)		New	MPP (Manual Rules).pdf
	MPP (State Rate Sheet - District of Columbia)		New	MPP (State Rate Sheet - DISTRICT OF COLUMBIA).pdf



**Manual Rules applicable to  
Healthcare Professional Liability Policy  
Issued to the following risk purchasing group  
MEDICAL PROFESSIONALS PROGRAM (domiciled in TN)**

This manual includes rules as they relate to administration of the Healthcare Professional Liability Policy issued to Medical Professionals Program (a risk purchasing group domiciled in Tennessee).

**A. INSURED CLASSIFICATION**

1. Named Insured: The Named Insured under the policy is Medical Professionals Program
2. Individual Certificate Holders: Coverage is provided to members of the risk purchasing group via a Certificate.
3. Entity Coverage: Entities in which individual practitioners have ownership may be listed as an additional Certificate Holder with a shared limit (no charge) or may be written on a separate Certificate with a separate limit. A separate limit will require a separate application, and will be rated the same as a Certificate issued to an individual practitioner.

**B. POLICY/CERTIFICATE TERM**

1. The Master Policy will be written for a one year term and may be renewed annually thereafter.
2. Individual Certificates: Coverage is provided to members of the risk purchasing group via a Certificate for a one year term. Such Certificate may be renewed annually thereafter.

**C. PREMIUM COMPUTATION/ROUNDING TABLE**

1. All premiums are for an annual period.
2. Each Certificate is rated in the state and/or territory where the risk purchasing group member practices more than 50% of the time.
3. Rounding to the nearest dollar amount is done at each step of the computation process, as opposed to rounding the final premium. (Round a premium involving \$.50 or over to the next higher whole dollar; less than \$.50 to the previous whole dollar.)

**D. PREMIUM DISCOUNTS**

The following credits will be applied to those practicing in groups of the specified size:

Groups of 2-9 professionals	4%
Groups of 10-14 professionals	8%
Groups of 15 or more professionals	12%

**E. AVAILABLE LIMITS OF LIABILITY**

1. \$1,000,000 Each Claim / \$3,000,000 Annual Aggregate
2. \$2,000,000 Each Claim / \$4,000,000 Annual Aggregate

**F. RATES**

Rates vary by state and/or territory as per the attached rate sheet.

**Rates applicable to  
Healthcare Professional Liability Policy  
Issued to the following risk purchasing group  
MEDICAL PROFESSIONALS PROGRAM (domiciled in TN)**

**FOR CERTIFICATE HOLDERS IN THE  
DISTRICT OF COLUMBIA**

**OCCUPATION:**

Optometrist

	Limits	<u>\$1M / \$3M</u>	<u>\$2M / \$4M</u>
Full-Time *		\$1,548	\$1,811
Part-Time * / 1st Year Graduate		\$1,161	\$1,358

\* Full-Time is more than 20 hours per week. Part-Time is 20 hours or less per week

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter All Filings		
<b>Comments:</b>		
<b>Attachment:</b>		
DC Cover Letter.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Consulting Authorization		
<b>Bypass Reason:</b> Independent Filing		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Actuarial Certification (P&C)		
<b>Bypass Reason:</b> Informational Filing		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
<b>Bypass Reason:</b> Informational Filing		
<b>Comments:</b>		

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

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**Bypass Reason:** Informational Filing

**Comments:**

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Explanatory Memorandum

**Comments:**

**Attachment:**

DC Filing Memo (Rules) - PICA.pdf



November 16, 2009

Department of Insurance, Securities and Banking  
Financial Examination  
810 First Street NE, Ste 701  
Washington, DC 20002

RE: PACO Assurance Company, Inc.  
NAIC # 10222 FEIN# 36-3998471  
Medical Malpractice (Occurrence)  
Medical Professionals Program  
Initial Rate and Rule Filing  
Filing Number: DC-1488-O  
Proposed Effective Date: January 1, 2010

Department of Insurance:

We would like to submit on an "Informational Basis" our initial rates and rules to be used with our Medical Professionals Program.

An Explanatory Memorandum is included which provides a more detailed explanation of the rates and rules being submitted at this time and the reason for this filing.

Please do not hesitate to contact me if you have any questions or concerns with the filing.

Sincerely,

*Latasha Knox-Campbell*

Latasha Knox-Campbell  
Product Compliance Analyst

Podiatry Insurance Company of America  
Healthcare Professional Liability Policy Issued to  
**Medical Professionals Program**, a risk purchasing group

**INFORMATIONAL FILING MEMORANDUM**

The above referenced company is an admitted insurer in your state, and will be issuing a healthcare professional liability policy to **Medical Professionals Program**, a risk purchasing group formed and operating pursuant to the Federal Liability Risk Retention Act of 1986 (15 USC § 3901 et seq.). The policy is written on an occurrence basis. **Medical Professionals Program** is domiciled in the State of Tennessee and is properly registered to do business in your state. The master policy has been placed on file with the Tennessee Department of Insurance.

Although the policy will be issued in the State of Tennessee, members of the risk purchasing group (non-physician healthcare practitioners) may be residents of and/or practice in your state. They will be issued certificates evidencing coverage under the master policy issued to the risk purchasing group.

As the policy will not be issued in your state, we believe this to be an Informational Filing with your Department. Nevertheless, it is our belief that the materials to be used are in compliance with your state requirements. To the extent our filing is not considered by the Department to be informational, please consider the enclosed our filing. We are submitting the following material:

**Rates**

Rates to be used in your state will vary depending on the certificate holder's profession. The attached rate page provides information regarding the professions currently contemplated and the corresponding rate(s) for your state. Since this is a new program, the company does not have historical experience from which to determine rates. Therefore, the company has relied on what it believes to be the most current approved rates for a similar program underwritten by Chicago Insurance Company, a subsidiary of Fireman's Fund.

**Rules**

We are also attaching for your information, the rules that will be used with regard to the rating of certificate holders in your state. We believe the rules to be in compliance with your state requirements.