

SERFF Tracking Number: PERR-126417261 State: District of Columbia
Filing Company: Liberty Insurance Underwriters, Inc. State Tracking Number:
Company Tracking Number: LIU-RPG-AH-DC-09-01-R
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0029 Other
Made/Occurrence
Product Name: Allied Health Program
Project Name/Number: LIU-RPG-AH-DC-09-01-R/LIU-RPG-AH-DC-09-01-R

Filing at a Glance

Company: Liberty Insurance Underwriters, Inc.

Product Name: Allied Health Program

TOI: 11.0 Medical Malpractice - Claims

Made/Occurrence

Sub-TOI: 11.0029 Other

Filing Type: Rate/Rule

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

SERFF Tr Num: PERR-126417261 State: District of Columbia

SERFF Status: Closed-APPROVED State Tr Num:

Co Tr Num: LIU-RPG-AH-DC-09-01-R State Status:

Authors: Lana Begunova, Shera Fournier

Date Submitted: 12/17/2009

Reviewer(s): Robert Nkojo

Disposition Date: 04/23/2010

Disposition Status: APPROVED

Effective Date (New):

Effective Date (Renewal):

General Information

Project Name: LIU-RPG-AH-DC-09-01-R

Project Number: LIU-RPG-AH-DC-09-01-R

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 04/23/2010

State Status Changed:

Created By: Shera Fournier

Corresponding Filing Tracking Number: LIU-RPG-AH-DC-09-01-F

Filing Description:

On behalf of Liberty Insurance Underwriters, Inc. ("Liberty" or "the Company"), we are filing new, independent rates and rules for its Allied Health – Medical Malpractice program. This program will provide medical malpractice coverage on an occurrence basis for various miscellaneous allied health professionals. In addition, claims-made coverage will be provided for Federations.

The Company respectfully requests that the proposed rates and rules be implemented for all policies effective on and after the earliest possible date upon approval/acknowledgement.

Status of Filing in Domicile: Pending

Domicile Status Comments: Filed concurrently.

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

Submitted By: Shera Fournier

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Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information

Fournier Shera, Filing Analyst doi@perrknight.com
 881 Alma Real Drive Suite 205 310-230-9339 [Phone] 150 [Ext]
 Pacific Palisades, CA 90272 310-230-8529 [FAX]

Filing Company Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Liberty Insurance Underwriters, Inc. CoCode: 19917 State of Domicile: New York
 55 Water Street Group Code: 111 Company Type:
 18th Floor Group Name: Liberty Mutual Group State ID Number:
 New York, NY 10041 FEIN Number: 13-4916020
 (212) 208-4200 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Insurance Underwriters, Inc.	\$0.00		

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Robert Nkojo	04/23/2010	04/23/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status Inquiry	Note To Reviewer	Shera Fournier	03/26/2010	03/26/2010
Status Check	Note To Reviewer	Shera Fournier	02/18/2010	02/18/2010
Status Check	Note To Reviewer	Shera Fournier	02/04/2010	02/04/2010
Status Check	Note To Reviewer	Shera Fournier	01/19/2010	01/19/2010

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Disposition

Disposition Date: 04/23/2010
 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):
Liberty Insurance Underwriters, Inc.	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
	Percent Change Approved:						
	Minimum:	%	Maximum:	%	Weighted Average:		%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter All Filings		Yes
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	COUNTRYWIDE RATES/RULES MANUAL		Yes

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Note To Reviewer

Created By:

Shera Fournier on 03/26/2010 05:49 PM

Last Edited By:

Shera Fournier

Submitted On:

03/26/2010 05:49 PM

Subject:

Status Inquiry

Comments:

Dear Mr. Nkojo,

Thank you for your initial review of the submission. We are contacting you today to inquire of the current examination status. We would appreciate if you relay any questions you may have for the Company to address to facilitate timely review finalization.

Your assistance with this matter is highly appreciated.

Sincerely,

Shera Fournier

Filing Analyst

888-201-5123 ext. 150

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Project Name/Number: LIU-RPG-AH-DC-09-01-R/LIU-RPG-AH-DC-09-01-R

Note To Reviewer

Created By:

Shera Fournier on 02/18/2010 05:32 PM

Last Edited By:

Shera Fournier

Submitted On:

02/18/2010 05:32 PM

Subject:

Status Check

Comments:

Dear Mr. Nkojo,

Thank you for your initial review of the submission. We are contacting you today to inquire of the current examination status. We would appreciate if you relay any questions you may have for the Company to address to facilitate timely review finalization.

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Sincerely,

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Note To Reviewer

Created By:

Shera Fournier on 02/04/2010 11:38 AM

Last Edited By:

Shera Fournier

Submitted On:

02/04/2010 11:38 AM

Subject:

Status Check

Comments:

Dear Mr. Nkojo,

Thank you for your initial review of the submission. We are contacting you today to inquire of the current examination status. We would appreciate if you relay any questions you may have for the Company to address to facilitate timely review finalization.

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Note To Reviewer

Created By:

Shera Fournier on 01/19/2010 07:11 PM

Last Edited By:

Shera Fournier

Submitted On:

01/19/2010 07:11 PM

Subject:

Status Check

Comments:

Dear Mr. Nkojo,

Thank you for your initial review of the submission. We are contacting you today to inquire of the current examination status. We would appreciate if you relay any questions you may have for the Company to address to facilitate timely review finalization.

Your assistance with this matter is highly appreciated.

Sincerely,

Shera Fournier

Filing Analyst

888-201-5123 ext. 150

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Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing: N/A, New Program

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):
Liberty Insurance Underwriters, Inc.	N/A	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Status:		#:		Number:
	COUNTRYWIDE RATES/RULES MANUAL	Page 1 thru Page 42	New	CW Final Manual.pdf



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

I. APPLICATION OF MANUAL RULES

- A. This manual provides rules, rates, premiums, and classifications and shall govern the writing of Professional Liability policies for Healthcare Provider specialties.
- B. The rules, rates, rating plans, and forms filed on behalf of the Company and not in conflict herewith shall govern in all cases not specifically provided for herein.
- C. Any exceptions to these manual rules are contained in the respective Section or State Rate Page.

II. POLICY TERMS

Policies may be written for a term of one year, and renewed annually thereafter, or as otherwise specified for the respective coverage.

III. WHOLE DOLLAR RULE

In the event the application of any rating procedure applicable in accordance with this manual where the result is not a whole dollar, each rate and premium shall be adjusted as follows:

- A. any amount involving \$.50 or over shall be rounded to the next highest whole dollar amount; or
- B. any amount involving \$.49 or less shall be rounded down to the next lowest whole dollar amount.

IV. ADDITIONAL PREMIUM CHARGES

- A. Prorate all changes requiring additional premium.
- B. Apply the rates and rules that were in effect at the inception date of this policy period. After computing the additional premium, charge the amount applicable from the effective date of the change, even if the policy inception premium was less than the policy writing minimum premium (if applicable).
- C. Waive additional premium of \$10.00 or less (not applicable in KS, NH & WA).



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

V. RETURN PREMIUM

- A. Deletion of any coverage, other than optional coverages, is not permitted unless the entire policy is canceled.
- B. Compute return premium at the rates used to calculate the policy premium at the inception of this policy period.
- C. Compute return premium pro rata and round in accordance with the Whole Dollar Rule when any coverage or exposure is deleted or an amount of insurance is reduced.
- D. Waive return premium of \$10.00 or less (not applicable in KS, NH & WA). Grant any return premium due if requested by the insured. This waiver only applies to cash exchange due on the endorsement effective date.

VI. POLICY CANCELLATIONS

- A. The policy may be canceled flat within 60 days of the effective date. Evidence of such cancellation must be received by the Company within 60 days of such cancellation.
- B. Any cancellation initiated, other than by the insured, after more than 60 days will be canceled pro-rata.
- C. Cancellation initiated by the insured will be canceled pro-rata less a penalty of 10% (7.5% for AK) unless coverage is concurrently rewritten by the Company, in which case no penalty shall be applied.

VII. COVERAGES

Coverages under this policy shall be as described in the respective Coverage Parts. It shall be permissible to attach more than one Coverage Part to the policy. The following are the combinations of coverages that are available under this policy:

Professional Liability and General Liability
Professional Liability only

Note: General Liability cannot be purchased on a stand-alone basis.



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

VIII. PREMIUM COMPUTATION

- A. Compute the premium at policy inception using the rules, rates, and rating plans in effect at that time. At each renewal, compute the premium using the rules, rates, and rating plans then in effect.
- B. Prorate the premium when a policy is issued for less than a whole year.
- C. Premiums are calculated as specified for the respective coverage. Premium rounding will be done at the end of the computation process in accordance with the Whole Dollar Rule.

Available coverages under this program are:

a. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

b. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, r_1 , is the first location rate, r_2 , is the additional location rate, and n is the total number of locations.

c. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

d. Independent Contractor Premium:

For Physical Therapist and Mental Health Specialists only:

Premium is computed by multiplying the applicable rate by the number of independently contracted healthcare professionals providing services on behalf of the insured.

e. Policy Premium:

The sum of the premiums developed by rules: a, b, c, and d above is the policy premium.



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

IX. FACTORS OR MULTIPLIERS

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

A. Additional Limit

For Optometrists and Physical Therapists only:

Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

For Nurses only:

Groups with limits of liability equal to or less than \$1M/\$6M (\$1M/\$3M in NY) have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

B. Exposure Reduction

Reduced rates apply to insureds engaged in practices that reduce the risk of loss. If an insured qualifies under more than one category, only the category that provides the lowest rate applies.

i) Part-time Practice:

Part-time rates apply to self-employed professionals practicing 20 or fewer (16 or fewer for Mental Health in LA only) hours per week. These rates are shown on the rate page as part-time self-employed.

ii) Newly Graduating Professionals:

Classes: Athletic Trainer; Dietician; Occupational Therapist; Respiratory Therapist; Pharmacists

New graduate rates apply to individual professionals of the following classes who graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

Class: Optometrist

New graduate rates apply to individual Optometrists who graduated within one year prior to the policy effective date. The rate for such Optometrists shall be 25% of the rate shown on the rate page.

Class: Nurses

First Year Graduate RN is defined as a Registered Nurse who completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual. Refer to the rate pages for discounted rate.

The lowest rate given by i.) or ii.) above applies.



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

**C. Workers Compensation Exposure:
For Physical Therapist only:**

The Workers Compensation (WC) exposure is determined by the percentage of time spent by an insured professional treating patients who have WC related injuries. If the percentage of time spent treating patients exceeds 40% a 1.20 multiplying factor will be applied to the total premium.

D. Risk Management Credit

Insureds are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Please refer to the table below for the eligible specialties and discounts For groups, 50% of the ratable professionals must have attended a “seminar” for this credit to apply.

	Athletic Trainers**	Audiologist/ Speech Language Pathologist	Mental Health Specialist**	Nurses**	Opto- metrists	Pharma- cists	Rehab Therapists
BOC Certification	10%*	N/A	N/A	N/A	N/A	N/A	N/A
Completion/passed National Board Certified Counselor Exam	N/A	N/A	10%	N/A	N/A	N/A	N/A
Participation or attendance at a company approved loss prevention, loss control, risk management, or legal issues seminar or other educational forum	10%	N/A	10%	10%*	10%	25%	10%*
Protocols regarding Risk Management for ASHP	N/A	N/A	N/A	N/A	N/A	10%****	N/A
CCC Credit	N/A	5%*	N/A	N/A	N/A	N/A	N/A
ACE Credit	N/A	10%* (5% in NY)	N/A	N/A	N/A	N/A	N/A
CCC/ACE Credit	N/A	15%* (10% in NY)	N/A	N/A	N/A	N/A	N/A
Certification from AANPCP, ANCC or other certifying bodies	N/A	N/A	N/A	10%*	N/A	N/A	N/A



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

	Athletic Trainers**	Audiologist/ Speech Language Pathologist	Mental Health Specialist**	Nurses**	Optometrists	Pharmacists	Rehab Therapists
Employment at a Magnet Hospital	N/A	N/A	N/A	10%*	N/A	N/A	N/A
Employment in a unit that has received the Beacon Award for Critical Care Excellence.	N/A	N/A	N/A	10%*	N/A	N/A	N/A

*Sponsored Applicants only.

**Risk Management Credit can not exceed 10%.

***See specific rate page for credits.

****ASHP Pharmacists Only

E. Claims Experience:

Based on frequency and severity of claims, including the types and trends for each individual insured professional and the insured entity as a whole.

Modification Amount	Claim
10% Debit	1 claim in past 3 years reserved or paid greater than \$5K and less than \$15K
15% Debit	2 claims in past 3 years reserved or paid greater than \$5K and less than \$15K
25% Debit	1 or more claims in past 3 years total reserved or paid greater than \$15K and less than \$30K

F. Group Size

For Physical Therapist:

For purposes of rating, a Group is defined as more than one professional practicing together. An additional 1.15 multiplying factor will be applied to each group policy premium.

For Mental Health Specialist:

A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

Number of Professionals	Credit
1 – 2	0.00%
3 – 5	4.00%
6 – 10	6.00%
11 – 15	8.00%
16+	10.00%

For Other than Physical Therapist and Mental Health Specialists

A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

Number of Professionals	Credit
2–9	4.00%
10–14	8.00%
15+	12.00%

G. Modification Schedule

Other risk modifications may be applied to the rate subject, however, to a maximum credit or debit as set forth in the State Modification Limits table. Premium eligibility is as follows: \$2,500 in NY, \$1,000 in WA, \$1,000 in FL before and after the application of schedule rating modifiers, and \$6,000 (after modification) in LA. This is not applicable for all other states.

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured’s practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

Experience Factor:	+50% to -50%
Non-Renewed within Past 10 Years	
Claims Experience	
Licensing Board Experience	
Quality Management:	+50% to -50%
Loss Control/Risk Management Education	
Ethical or Moral Standing	
Number of years in business	
Multiple Medical Professions	



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

Location:	+50% to -50%
Nursing Home	
Hospital	
Free Standing Clinic	
Home Health Care	
Multiple Locations	
Area of Practice:	+50% to -50%
Direct Patient Care	
Cosmetic Procedures	
Supervision of Others	
Correctional Facilities	

State Modification Limits. The table below shows the maximum available Schedule Rating credit/debits % for insureds located in those states.

-15/15	-25/25			-40/25	-40/40		-50/+40	-50/50	NA ¹
NY ²	AL	IA	NM	SC	AK	NH	GA	IL	HI
	AZ	ID	OH		MD	OK		IN	NE
	AR	KS	OR		ME	PA		KY	
	CA	LA ²	PR		MN	RI		NC	
	CO	MA	SD		MS	TX		NV	
	CT	MI	UT		MT			TN	
	DC	MO	VT					VA	
	DE	ND	WA					WI	
	FL	NJ	WV					WY	

¹ NA = Schedule Rating is not available

² Characteristics capped at +/-10%.



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

X. CONVERTING FROM A CLAIMS-MADE POLICY

An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pre-pay:

Prior Acts Period	Prepaid Factor
1 Year Prior	0.808
2 Years Prior	1.154
3 Years Prior	1.238
4+ Years Prior	1.263

**LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

COUNTRYWIDE RATES/RULES MANUAL

**Part 2 – Rating Rules
A. Allied Health Professionals**

I. RATES

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
ART, DANCE, DRAMA, & MUSIC THERAPIST							
Employed/Employee	56	60	61	70	84	98	108
Self-employed	213	226	232	264	318	372	410
Part-time	94	100	103	117	141	165	182
ATHLETIC TRAINER, MASSAGE & OTHER THERAPISTS (including CORRECTIVE THERAPIST, HELLER WORKER, ROLFER, STRUCTURAL BODY WORKER)							
Employed/Employee	143	151	155	177	213	249	275
Self-employed	691	733	753	857	1032	1207	1,331
Part-time	294	312	320	364	439	514	566
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST - SEE SEPARATE RATE PAGE (Part 2.B.)							
DENTAL HYGIENIST/ASSISTANT - SEE SEPARATE RATE PAGE (Part 2.C.)							
DIETICIAN & NUTRITIONIST – SEE SEPARATE RATE PAGE (Part 2.D.)							
ELECTROLOGIST							
Employed	70	74	76	86	104	122	134
Employee	84	89	91	104	125	146	161
Self-employed	320	339	349	397	478	559	617
Part-time	142	151	155	176	212	248	273
INTERPRETER FOR THE DEAF							
Employed/Employee	42	45	46	52	63	74	81
Self-employed	78	82	85	96	116	136	150
MENTAL HEALTH SPECIALISTS – SEE SEPARATE RATE PAGE (Part 2.E.)							
MEDICAL TECHNOLOGIST - SEE SEPARATE RATE PAGE (Part 2.F.)							

**LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

A. Allied Health Professionals

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
MEDICAL RECORDS & PROCEDURAL CODERS							
Employed/Employee	56	60	61	70	84	98	108
Self-employed	213	226	232	264	318	372	410
NURSE - SEE SEPARATE RATE PAGE (Part 2.G.)							
OCCUPATIONAL THERAPIST – SEE SEPARATE RATE PAGE (Part 2.H.)							
OPTICIAN							
Employed	140	148	153	173	209	245	270
Self-employed	241	255	262	298	359	420	463
Part-time	180	191	196	223	269	315	347
OPTOMETRIST - SEE SEPARATE RATE PAGE (Part 2.I.)							
ORTHOPEDIC TECHNICIAN							
Employed	58	62	64	72	87	102	112
Self-employed	628	666	685	779	938	1,097	1,210
Part-time	267	283	291	331	399	467	515
ORTHOTIST							
Employed	130	138	142	161	194	227	250
PHARMACIST/PHARMACIST TECHNICIAN/ RETAIL DRUGGIST - SEE SEPARATE RATE PAGE (Part 2.J.)							
PHYSICAL THERAPIST - SEE SEPARATE RATE PAGE (Part 2.K.)							
PHYSICIAN ASSISTANT - SEE SEPARATE RATE PAGE (Part 2.L.)							
REHABILITATION COUNSELER / THERAPIST / ASSISTANT - SEE SEPARATE RATE PAGE (Part 2.M.)							
RESPIRATORY THERAPIST - SEE SEPARATE RATE PAGE (Part 2.M.)							
STRENGTH & CONDITION - SEE SEPARATE RATE PAGE (Part 2.N.)							

**LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

COUNTRYWIDE RATES/RULES MANUAL

**Part 2 – Rating Rules
A. Allied Health Professionals**

ADDITIONAL INSUREDS

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
ALL ALLIED HEALTH PROFESSIONALS***	110	111	114	129	156	183	201

GENERAL LIABILITY PREMIUM

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
ALL ALLIED HEALTH PROFESSIONALS							
First Location	80	85	88	100	120	140	155
per Additional Location	34	36	37	42	50	59	65

Notes:

- * The 250K/750K limits option is applicable only for INDIANA
- ** The 2M/6M limits option is applicable only for VIRGINIA
- *** Unless listed on specific manual pages.

**LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

B. Audiology/Speech Pathology Program

I. RATES – SPONSORED

OCCUPATION	200K / 200K	500K / 500K	1M / 3M	1M / 5M	2M / 5M
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST					
Employed	43	50	57	79	92
Employee	28	32	36	39	46
Self-employed	78	91	105	143	167
SPEECH – LANGUAGE PATHOLOGIST ASSISTANT					
Employed	39	45	51	71	83
Employee	25	29	32	35	41
Self-employed	70	82	95	129	150

ADDITIONAL INSURED

Occupation	200K / 200K	500K / 500K	1M / 3M	1M / 5M	2M / 5M
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST					
First Additional Insured	110	129	134	142	166
Each Subsequent Additional Insured	110	129	134	142	166

GENERAL LIABILITY PREMIUM

Occupation	200K / 200K	500K / 500K	1M / 3M	1M / 5M	2M / 5M
First Location	73	83	95	95	111
per Additional Location	29	33	38	38	44

**LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

B. Audiology/Speech Pathology Program

II. RATES – NON-SPONSORED

OCCUPATION	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST					
Employed	43	50	57	79	92
Employee	28	32	36	39	46
Self-employed	78	91	105	143	167
SPEECH – LANGUAGE PATHOLOGIST ASSISTANT					
Employed	39	45	51	71	83
Employee	25	29	32	35	41
Self-employed	70	82	95	129	150

ADDITIONAL INSUREDS

Occupation	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST					
First Additional Insured	110	129	134	142	166
Each Subsequent Additional Insured	110	129	134	142	166

GENERAL LIABILITY PREMIUM

Occupation	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M
First Location	73	83	95	95	111
per Additional Location	29	33	38	38	44

**LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

C. Dental Hygiene Professionals Program

I. RATES

OCCUPATION	200K / 200K	500K / 500K	250K / 750K *	1M / 1M	1M / 3M	2M / 4M	2M / 6M **
DENTAL HYGIENIST/ASSISTANT							
Employed	50	57	48	62	66	77	85
Employee	48	57	47	62	65	76	84
Self-employed	188	219	184	238	252	295	325
Part-time	84	97	81	105	111	130	143

ADDITIONAL INSUREDS

Occupation	100K / 300K	500K / 500K	250K / 750K *	1M / 1M	1M / 3M	2M / 4M	2M / 6M **
DENTAL HYGIENIST/ASSISTANT	110	129	114	147	156	183	201

GENERAL LIABILITY PREMIUM

Occupation	100K / 300K	500K / 500K	250K / 750K *	1M / 1M	1M / 3M	2M / 4M	2M / 6M **
First Location	98	116	96	132	132	154	170
per Additional Location	40	46	39	53	53	62	68

Notes:

- * The 250K/750K limits option is applicable only for INDIANA
- ** The 2M/6M limits option is applicable only for VIRGINIA

**LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

D. Dietician Program

I. RATES – ADA DIETICIAN & NUTRITIONIST

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 5M	2M / 5M	2M / 6M**
ADA DIETICIAN & NUTRITIONIST							
Employed/Employee	48	50	52	59	71	87	92
Self-employed (Full Time)	79	84	86	98	118	144	152
Self-employed (Part Time)	60	64	66	75	90	110	116

ADDITIONAL INSUREDS

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 5M	2M / 5M	2M / 6M**
ADA DIETICIAN & NUTRITIONIST	105	110	114	129	156	183	201

GENERAL LIABILITY PREMIUM

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 5M	2M / 5M	2M / 6M**
ADA DIETICIAN & NUTRITIONIST							
First Location	80	85	88	100	120	140	155
per Additional Location	34	36	37	42	50	59	65

Notes:

* The 250K/750K limits option is applicable only for INDIANA

** The 2M/6M limits option is applicable only for VIRGINIA

**LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

COUNTRYWIDE RATES/RULES MANUAL

**Part 2 – Rating Rules
D. Dietician Program**

II. RATES – NON-ADA DIETICIAN & NUTRITIONIST

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
NON-ADA DIETICIAN & NUTRITIONIST							
Employed/Employee	51	54	55	63	76	89	98
Self-employed (Full Time)	190	201	207	235	283	331	365
Self-employed (Part Time)	88	94	96	110	132	154	170

ADDITIONAL INSUREDS

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
NON-ADA DIETICIAN & NUTRITIONIST	110	111	114	129	156	183	201

GENERAL LIABILITY PREMIUM

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
NON-ADA DIETICIAN & NUTRITIONIST							
First Location	80	85	88	100	120	140	155
per Additional Location	34	36	37	42	50	59	65

Notes:

- * The 250K/750K limits option is applicable only for INDIANA
- ** The 2M/6M limits option is applicable only for VIRGINIA

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules E. Mental Health Program

I. RATES

<u>EMPLOYED COUNSELORS</u>			<u>LIMIT OPTIONS</u>		
	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M
Individual Rates Per Person					
Employed Counselor	172	212	294	328	384
Drug & Alcohol Counselor	97	149	210	226	264
School Counselor (k-12)	103	130	184	201	235
Employed Social Worker	143	156	205	220	257
School Social Worker*	86	96	128	135	158
 <u>SELF-EMPLOYED AND GROUPS</u>					
Per partner, director, owner, officer and self-employed:					
Counselor	295	320	419	451	528
Drug & Alcohol Counselor	97	149	210	226	264
Social Worker (Full Time)	197	215	282	303	355
Social Worker (Part Time)	128	140	183	197	231
**Other Professional	295	320	419	451	528
 Per employee of self-employed individual or group:					
Counselor	295	320	419	451	528
**Other Professional	62	73	77	84	98
 Per Independent Contractor					
	22	25	33	37	43
 First Additional Insured					
	80	94	107	113	132
 Each Subsequent Additional Insured					
	21	23	26	29	34

* Illinois only.

** Does not include Psychologists or Social Workers.

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules E. Mental Health Program

The following optional GL coverages are only available to insureds who are groups or self-employed. The limits of the optional GL coverage must equal the professional liability limits.

OPTIONAL COVERAGES

	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M
General Liability					
First Location	98	116	130	132	154
Each Subsequent Location	40	46	52	53	62

ANY PSYCHOLOGIST

In the State of: ALABAMA, ALASKA, ARKANSAS, CONNECTICUT, DELAWARE, HAWAII, INDIANA*, IOWA, KENTUCKY, MAINE, MASSACHUSETTS, NORTH DAKOTA, OKLAHOMA, RHODE ISLAND, SOUTH CAROLINA, UTAH, VERMONT, WEST VIRGINIA and WYOMING

	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M
Rates Per Person	754	875	1,136	1,279	1,496

* INDIANA only: The rate per person for limits 250K/750K is \$842.

In the State of: DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, IDAHO, ILLINOIS, KANSAS, MARYLAND, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, OHIO, PENNSYLVANIA, SOUTH DAKOTA, TENNESSEE, TEXAS, VIRGINIA, WASHINGTON and WISCONSIN

	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M
Rates Per Person	927	1,077	1,398	1,572	1,839

In the State of: ARIZONA, COLORADO, LOUISIANA, MICHIGAN, MINNESOTA, NEW JERSEY, NEW MEXICO and OREGON

	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M
Rates Per Person	1,587	1,847	2,397	2,696	3,154

**LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

COUNTRYWIDE RATES/RULES MANUAL

**Part 2 – Rating Rules
F. Medical Technologist Program**

I. RATES

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M
MEDICAL TECHNOLOGIST						
Employed	76	81	83	95	114	134
Employee	92	98	101	114	138	161
Self-employed (Full Time)	352	373	384	437	526	615
Self-employed (Part Time)	156	166	170	194	233	273

ADDITIONAL INSURED

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M
MEDICAL TECHNOLOGIST	110	111	114	129	156	183

GENERAL LIABILITY PREMIUM

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M
First Location	80	85	88	100	120	140
per Additional Location	34	36	37	42	50	59

Notes:

* The 250K/750K Limit is applicable only for INDIANA

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

G. Nurses Program

I. RATES

Employed Professionals

	100/300	200/600	500/1M	1M/6M	2M/4M	2M/6M**
First Year Graduate RN's (ANA only)	30	32	37	45	53	58
First Year Graduate RN's	46	48	56	68	80	88
LPN's, LVN's, Nurses Aides/Assistants	66	70	81	98	114	126
RN's (excluding Obstetrical RN's)	66	70	81	98	114	126
Obstetrical RN's	258	273	320	385	450	497

Advanced Practice Nurses *

	100/300	200/600	500/1M	1M/6M	2M/4M	2M/6M**
Obstetrical Advanced Practice Nurse *	926	981	1147	1382	1617	1783
Psychiatric Advanced Practice Nurse *	579	613	717	864	1011	1115
Pediatric/Family Practice Advanced Practice Nurse *	752	796	932	1123	1314	1449
All Other Advanced Practice Nurse *	405	430	502	605	708	780

Self-Employed Professionals

	100/300	200/600	500/1M	1M/6M	2M/4M	2M/6M**
Obstetrical Nurses	590	625	730	880	1030	1135
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)	258	273	320	385	450	497

Advanced Practice Nurses*

	100/300	200/600	500/1M	1M/6M	2M/4M	2M/6M**
Obstetrical Advanced Practice Nurse*	1111	1177	1376	1658	1940	2139
Psychiatric Advanced Practice Nurse*	695	736	860	1037	1213	1338
Pediatric/Family Practice Advanced Practice Nurse*	902	955	1118	1348	1577	1739
All Other Advanced Practice Nurse*	486	516	602	726	850	937

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority.

** 2M/6M limits option is available in Virginia only.

**LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

G. Nurses Program

Optional Coverages

	100/300	200/600	500/1M	1M/6M	2M/4M	2M/6M**
General Liability - First Location	80	85	100	120	140	155
General Liability - per Additional Location	34	36	42	50	59	65
Additional Insureds - Professional Liability only	84	89	104	125	146	161
Additional Insureds - Professional Liability & General Liability	101	107	125	150	176	194
Additional Insureds – General Liability only	17	18	21	25	29	32

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority.

** 2M/6M limits option is available in Virginia only.

**LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

H. Occupational Therapist Program

I. RATES

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M
Occupational Therapist						
Employed	57	61	62	70	85	100
Employee	57	61	62	70	85	100
Self-employed (Full Time)	181	192	197	224	270	317
Self-employed (Part Time)	84	89	92	105	126	148

* The 250K/750K Limit is applicable only for INDIANA

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules I. Optometrist Program

I. RATES

TERRITORY I:	100K / 300K	200K / 600K	500K / 1M	1M / 3M	2M / 4M
EMPLOYED	314	333	389	469	549
SELF-EMPLOYED full time	314	333	389	469	549
SELF-EMPLOYED part time	242	256	300	361	422
Alabama, Alaska, Arizona, Arkansas, Delaware, Hawaii, Idaho, Indiana*, Iowa, Kansas, Kentucky, Maine, Maryland, Mississippi, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming.					

* For Indiana only, rates for \$250K/\$750K limits are as follows: EMPLOYED = \$342; SELF-EMPLOYED full time = \$342; SELF-EMPLOYED part time = \$264.

TERRITORY II:	100K / 300K	200K / 600K	500K / 1M	1M / 3M	2M / 4M
EMPLOYED	377	399	466	562	658
SELF-EMPLOYED full time	377	399	466	562	658
SELF-EMPLOYED part time	290	307	359	433	507
Colorado					
Georgia					
Illinois, <i>other than Cook County</i>					
Massachusetts, <i>other than Norfolk and Suffolk Counties</i>					
Michigan, <i>other than Wayne County</i>					
Minnesota					
Missouri					
Nevada					
New Jersey, <i>other than Camden, Hudson, Essex, Union, and Mercer Counties</i>					
Pennsylvania, <i>other than Philadelphia County</i>					
Texas, <i>other than Dallas and Harris</i>					

**LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

COUNTRYWIDE RATES/RULES MANUAL

**Part 2 – Rating Rules
I. Optometrist Program**

TERRITORY III:	100K / 300K	200K / 600K	500K / 1M	1M / 3M	2M / 4M
EMPLOYED	600	636	744	896	1,048
SELF-EMPLOYED full time	600	636	744	896	1,048
SELF-EMPLOYED part time	462	490	573	690	807
Illinois: <i>Cook County</i>					
Louisiana					
Massachusetts: <i>Norfolk and Suffolk Counties</i>					
New Jersey: <i>Camden, Hudson, Essex, Union, and Mercer Counties</i>					
Pennsylvania: <i>Philadelphia County</i>					
Texas: <i>Dallas and Harris Counties</i>					

TERRITORY IV:	100K / 300K	200K / 600K	500K / 1M	1M / 3M	2M / 4M
EMPLOYED	1,058	1,121	1,311	1,579	1,847
SELF-EMPLOYED full time	1,058	1,121	1,311	1,579	1,847
SELF-EMPLOYED part time	814	863	1,008	1,215	1,422
Connecticut					
District of Columbia					
Michigan: <i>Wayne County</i>					

Please refer to NY, FL & CA only rate pages for specific rates for these states.

OPTIONAL COVERAGES

	100K / 300K	200K / 600K	500K / 1M	1M / 3M	2M / 4M
Additional Insureds Professional Liability (each)	105	111	129	156	183
General Liability - First Location	80	85	100	120	140
General Liability - per Additional Location	34	36	42	50	59

**LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

COUNTRYWIDE RATES/RULES MANUAL

**Part 2 – Rating Rules
J. Pharmacists Program**

I. RATES

OCCUPATION	200K / 600K	500K/ 1M	1M / 3M	2M / 4M
PHARMACIST				
Employed/Employee	107	125	151	177
Self-employed (Full Time)	289	338	407	476
Self-employed (Part Time)	140	164	197	230
PHARMACISTS WITH RISK MANAGEMENT CREDIT (ASHP ASSOCIATION ONLY)				
Employed/Employee	97	113	136	159
Self-employed (Full Time)	260	304	366	428
Self-employed (Part Time)	126	147	177	207
PHARMACIST TECHNICIAN				
Employed/Employee	62	72	87	102
RETAIL DRUGGIST				
Employed/Employee	107	125	151	177
Self-employed (Full Time)	289	338	407	476
Self-employed (Part Time)	140	164	197	230
PHARMACIST STUDENT	25	29	35	41

ADDITIONAL INSUREDS

Occupation	200K / 600K	500K/ 1M	1M / 3M	2M / 4M
PHARMACIST	111	129	156	183

GENERAL LIABILITY PREMIUM

Occupation	200K / 600K	500K/ 1M	1M / 3M	2M / 4M
First Location	85	100	120	140
per Additional Location	36	42	50	59

**LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

COUNTRYWIDE RATES/RULES MANUAL

**Part 2 – Rating Rules
K. Physical Therapist Program**

I. RATES

OCCUPATION	100K / 300K	200K / 600K	250K / 750K*	500K/ 1M	1M / 3M	2M / 4M
PHYSICAL THERAPIST						
Employed	122	129	133	151	182	213
Self-employed	386	409	420	478	576	674
PHYSICAL THERAPY AIDE/ASSISTANT						
Employed	54	57	58	66	80	94
Self-employed	181	192	197	224	270	316
Employees of Physical Therapy Groups	251	266	274	311	375	439
Independent Contractor to Physical Therapy Group	34	36	37	42	50	59

OPTIONAL COVERAGES

ADDITIONAL INSURED	100K / 300K	200K / 600K	250K / 750K*	500K/ 1M	1M / 3M	2M / 4M
Additional Insured - Professional Liability Only	84	89	91	104	125	146
Additional Insured – Professional & General Liability	101	107	110	125	150	176
Additional Insured - General Liability only (available only if GL first location is purchased)	17	18	18	21	25	30

GENERAL LIABILITY PREMIUM	100K / 300K	200K / 600K	250K / 750K*	500K/ 1M	1M / 3M	2M / 4M
First Location	80	85	88	100	120	140
per Additional Location	34	36	37	42	50	59

Notes:

* The 250K/750K limit option is applicable only for Indiana Patient Compensation Fund ONLY

**LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

COUNTRYWIDE RATES/RULES MANUAL

**Part 2 – Rating Rules
L. Physician Assistant Program**

I. RATES*

TERRITORY I: Rest of Country with exception of IN, FL and NY (For IN, FL and NY rates refer to the state specific page)

PHYSICIAN ASSISTANT	100K / 300K	200K / 600K	500K / 1M	1M / 3M
CLASS I	926	1,144	1,584	1,960
CLASS II	1,850	2,350	3,165	3,919
CLASS III	2,220	2,820	3,798	4,703

TERRITORY II: California, Illinois (Cook), Texas (Dallas, Fort Worth, Houston, Galveston, Beaumont, McAllen, Brownsville, and Harlingen).

PHYSICIAN ASSISTANT	100K / 300K	200K / 600K	500K / 1M	1M / 3M
CLASS I	1,568	1,960	2,689	3,322
CLASS II	3,135	3,919	5,378	6,636
CLASS III	3,863	4,703	6,450	7,973

* To determine the part-time rates, multiply the rates above by 0.50.

OPTIONAL COVERAGES

ADDITIONAL INSURED	100K / 300K	200K / 600K	500K / 1M	1M / 3M
Professional Liability only	84	89	104	125
Professional Liability & General Liability	101	107	125	150

GENERAL LIABILITY PREMIUM	100K / 300K	200K / 600K	500K / 1M	1M / 3M
First Location	80	85	100	120
per Additional Location	34	36	42	50

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

L. Physician Assistant Program

Definition of Rating Classes:

Class I – A Physician Assistant who performs tasks ordinarily reserved for a physician and who works under the direction and supervision of a qualified licensed physician to assist that physician in the diagnostic management of patients.

Class II – A Physician Assistant who is involved in any of the following:

- Assisting in Surgery – Any exposure to an operating room other than for observation with GP/FP or General Surgeon;
- Assisting in anesthesiology;
- Any exposure of Trauma/Emergency Room procedures or responsibilities thereof (10 hours or less a week but does not include PA's answering calls for "own" patients);
- OB exposures limited to prenatal or postnatal care.

Class III - A Physician Assistant who is involved in any of the following:

- Assisting in Surgery – Any exposure to operating room other than for observation with an Orthopedic Surgeon, OB/GYN Surgeon, Cardiovascular Surgeon, Thoracic Surgeon, Neurosurgeon, and/or Plastic Surgeon;
- Any exposure to Trauma/Emergency Room procedures or responsibilities thereof (more than 10 hours a week);
- Exposure to OB including delivery room responsibilities;
- Exposure to cardiac catheterization lab.

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

M. Rehabilitation and Respiratory Professionals

I. RATES

OCCUPATION	100K / 300K	200K / 600K	250K / 750K*	500K / 1M	1M / 6M	2M / 4M	2M / 6M**
REHABILITATION COUNSELOR / THERAPIST / ASSISTANT							
Employed/Employee	106	112	115	131	158	185	204
Self-employed (Full Time)	302	320	329	374	450	527	581
Self-employed (Part Time)	151	160	165	188	226	264	292
RESPIRATORY THERAPIST							
Employed/Employee	56	60	61	70	84	98	N/A
Self-employed (Full Time)	213	226	232	264	318	372	N/A
Self-employed (Part Time)	94	100	103	117	141	165	N/A

ADDITIONAL INSURED

Occupation	100K / 300K	200K / 600K	250K / 750K*	500K / 1M	1M / 6M	2M / 4M	2M / 6M**
REHABILITATION COUNSELOR / THERAPIST / ASSISTANT	115	122	126	143	172	201	222
RESPIRATORY THERAPIST	115	122	126	143	172	201	N/A

GENERAL LIABILITY PREMIUM

Occupation	100K / 300K	200K / 600K	250K / 750K*	500K / 1M	1M / 6M	2M / 4M	2M / 6M**
REHABILITATION COUNSELOR / THERAPIST / ASSISTANT							
First Location	88	94	96	110	132	154	170
per Additional Location	37	39	40	46	55	64	71
RESPIRATORY THERAPIST							
First Location	88	94	96	110	132	154	N/A
per Additional Location	37	39	40	46	55	64	N/A

Notes:

* The 250K/750K limits option is applicable only for INDIANA

** The 2M/6M limits option is applicable only for VIRGINIA

**LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

N. Strength and Condition Program

I. RATES

OCCUPATION	100K / 300K	200K / 600K	500K/ 1M	1M / 3M	2M / 4M
STRENGTH & CONDITION					
Employed	111	117	137	165	193
Self-employed (Full Time)	322	341	398	480	562
Employees of Strength & Condition Group	251	266	311	375	439

OTPIONAL COVERAGES

ADDITIONAL INSUREDS	100K / 300K	200K / 600K	500K/ 1M	1M / 3M	2M / 4M
First Additional Insured - Professional Liability Only	84	89	104	125	146
Additional Insured - Professional Liability and General Liability	101	107	125	150	176
Additional Insured - General Liability only (available only if GL first location is purchased)	17	18	21	25	30

GENERAL LIABILITY PREMIUM	100K / 300K	200K / 600K	500K/ 1M	1M / 3M	2M / 4M
First Location	80	85	100	120	140
per Additional Location	34	36	42	50	59

LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM
COUNTRYWIDE RATES/RULES MANUAL

Part 3 – Individual Student Program

I. RATES:

CLASS I	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	2M / 6M*
Annual Rates	17	19	23	35	41	45
Biannual Rates	33	37	45	68	80	88
Triennial Rates	48	53	64	98	115	126

CLASS II	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	2M / 6M*
Annual Rates	17	19	23	33	39	43
Biannual Rates	33	37	45	64	76	83
Triennial Rates	48	53	64	92	109	119

CLASS III (NON-ASHA)	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	2M / 6M*
Annual Rates	17	19	23	30	35	39
Biannual Rates	33	37	45	58	68	75
Triennial Rates	48	53	64	84	98	108

CLASS III (ASHA)	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	2M / 6M*
Annual Rates	17	19	23	30	35	39

CLASS IV	100K / 300K	200K / 600K	1M / 3M	2M / 6M*
Rest of Country	72	96	151	195
California, Florida (Dade and Broward), Illinois (Cook), Texas (Dallas, Fort Worth, Houston, Galveston, Beaumont, McAllen, Brownsville and Harlingen)	119	149	244	N/A
New York - Bronx, Kings, Nassau, New York, Queens, Richmond and Suffolk	72	90	148	N/A
New York - Rest of State	43	58	91	N/A

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HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM
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Part 3 – Individual Student Program

ADA Active Student Member	200K / 600K	500K / 1M	1M / 5M	2M / 5M
Nationwide - Annual Rate	14	17	20	24

*The 2M/6M Limit is available for Virginia only by request and approval by the company.

Multiply the applicable rate for each specialty by the number of students in that specialty. Add the preceding products.

II. CLASSIFICATIONS:

Class I contains the following student occupations:

- Art Therapist
- Athletic Trainer
- Bio-Medical Technician
- Blood Bank Technologist
- Cardiopulmonary Technician
- Cardiology Technician
- Cardiovascular Technician
- Child Care Assistant
- Child Development and/or Family Services
- Clinical Laboratory Technologist
- Clinical Radiography Technician
- Community Health Intern
- Cosmetologist
- Counselor
- Cytogenetic Technologist
- Dance Therapist
- Dental Assistant
- Dental Hygienist
- Dental Laboratory Technician
- Dialysis Technician
- Dietitian
- Dietetic Technician
- Drama Therapist
- Drug and Alcohol Counselor
- Electroencephalographic Technician (EEG Technician)
- Electrocardiograph Technician (EKG Technician)
- Electrophysiology Technologist
- Enterostomal Therapist
- Hemodialysis Technician
- Histologic Technician
- Interpreter for the Deaf
- Laboratory Aide
- Laboratory Assistant

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Part 3 – Individual Student Program

Lactation Consultant
Marriage and Family Counselors
Massage Therapist
Medical Assistant
Medical Laboratory Technician
Medical Records and Procedural Coders
Medical Technologist
M.R.I. Technician
Music Therapist
Nuclear Medical Technologist
Nutritionist
Occupational Therapist
Occupational Therapy Assistant
Ophthalmic Photographer
Ophthalmic Technologist
Optician
Optometric Technician
Optometrist
Orthopedic Technician
Orthotist
Pastoral Counselor
Personnel and/or Guidance Counselors
Pharmacist
Pharmacist Technician
Phlebotomist
Polysomnographic Technician
Psychiatric Technician
Psychologist
Radiologic Technologist
Recreational Therapist
Rehabilitation Assistant
Rehabilitation Counselor/Therapist
Respiratory Therapist
Respiratory Therapy Technician
Social Worker
Surgical Technologist
Vascular Technician
X-Ray Technician

Class II contains the following student occupations:

Geriatric Nursing Assistant
LPN/LVN
Nurse
Nurses Aide

**LIBERTY INSURANCE UNDERWRITERS, INC
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Part 3 – Individual Student Program

Nursing Assistant
Physical Therapist
Physical Therapist Assistant
Psychiatric Nurse
Registered Nurse

Class III contains the following student occupations:

Audiologist
Speech-Language Pathologist
Speech-Language Pathologist Assistant

Class IV contains the following student occupations:

Physician Assistant
Surgeon Assistant Students

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Part 4 – Student Blanket Program

I. RATES:

CLASS I	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	2M / 6M*
Annual Rates	11	13	13.5	14.5	17	19
Biannual Rates	21	25	26	28	33	36
Triannual Rates	31	36	38	41	48	53

CLASS II	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	2M / 6M*
Annual Rates	43	50	58	61	71	79
Biannual Rates	83	97	113	118	138	152
Triannual Rates	120	140	162	171	199	221

*The 2M/6M Limit is available for Virginia only by request and approval by the company.

Multiply the applicable rate for each specialty by the number of students in that specialty. Add the preceding products.

II. FACTORS OR MULTIPLIERS:

The General Rules factors and multipliers are not applicable to the Student Blanket Program. Instead the following rules apply:

MODIFICATION SCHEDULE:

Other risk modifications may be applied to the rate subject, however, to a maximum credit or debit as set forth in the State Modification Limits table. Basic limits premium eligibility is \$500 for each state, with the following exceptions: \$2,500 in NY, \$1,000 in WA, \$1000 in FL before and after the application of schedule rating modifiers, and \$6,000 (after modification) in LA.

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

A. Faculty Management (-10% to +0%)

A low turnover rate and the consistent maintenance of high standards in faculty procurement characterize the institution's faculty.

Criteria: Percentage of faculty members with one year or less tenure with the institution.

<u>Percentage of Faculty</u>	<u>Modifier</u>
More than 10%	0%
6% -10%	-5%
Less than 6%	-10%

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Part 4 – Student Blanket Program

B. Faculty Tenure (-10% to +0%)

The institution maintains an experienced and stable faculty through ongoing programs and employee practices.

Criteria: Average tenure of the faculty.

<u>Percentage of Faculty</u>	<u>Modifier</u>
More than 20 years	-10%
16 — 20 years	-5%
Less than 16 years	0%

C. Continuing Education (-10% to +0%)

The institution's professional faculty maintains a high level of expertise in its chosen profession through continuing professional education.

Criteria: Percentage of the institution's faculty engaged in continuing professional education.

<u>Percentage of Faculty</u>	<u>Modifier</u>
More than 85%	-10%
70% -85%	-5%
Less than 70%	0%

D. Loss Experience (-10% to +10%)

The institution has an excellent history of controlling losses.

Criteria: Loss experience as defined below.

<u>Experience</u>	<u>Modifier</u>
No losses in 36 or more months	-10%
No losses within a 12-24 month period	-5%
One loss of \$5,000 within the past 12 months	+5%
One or more losses in excess of \$5,000 in the past 24 months	+10%

For the purposes of this modification a loss is considered to be any situation that an insurance company has made payment or maintains a reserve upon.

E. Risk Management Education (0% to -10%)

The institution's curriculum develops knowledge of professional liability exposures and loss management techniques in a professional practice.

LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM
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Part 4 – Student Blanket Program

Criteria: The length of time that the institution has had as a requirement of its professional curriculum the participation in a risk management and/or legal issues course.

<u>Number of Years</u>	<u>Modifier</u>
More than three years	-10%
1 — 3 years	-5%
Less than one year or non-existent	0%

State Modification Limits. The table below shows the maximum available Schedule Rating credit/debits % for insureds located in those states.

-15/15	-25/25			-40/25	-40/40		-50/+40	-50/50	NA ¹
NY ²	AL	IA	NM	SC	AK	NH	GA	IL	HI
	AZ	ID	OH		MD	OK		IN	NE
	AR	KS	OR		ME	PA		KY	
	CA	LA ²	PR		MN	RI		NC	
	CO	MA	SD		MS	TX		NV	
	CT	MI	UT		MT			TN	
	DC	MO	VT					VA	
	DE	ND	WA					WI	
	FL	NJ	WV					WY	

¹ NA = Schedule Rating is not available

² Characteristics capped at +/-10%.

III. ADDITIONAL INSTITUTION:

The addition of the educational institution, as an insured, carries an additional premium charge of 25% of the policy premium.

IV. POLICY AUDIT:

All policies are auditable at expiration. Multi-year policies, when estimated premiums are not paid at the policy's inception, are also auditable annually.

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HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM
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Part 4 – Student Blanket Program

V. POLICY PERIOD:

Biannual premiums are 194 percent of the annual premium, provided the estimated policy premium is paid at the policy's inception.

Triennial premiums are 280 percent of the annual premium, provided the estimated policy premium is paid at the policy's inception.

VI. CLASSIFICATIONS:

Class I Specialties:

Student/Graduate	Art Therapist
Student/Graduate	Athletic Trainer
Student/Graduate	Audiologist
Student/Graduate	Bio-medical Technician
Student/Graduate	Blood Bank Technologist
Student/Graduate	Cardiology Technician
Student/Graduate	Certified Laboratory Assistant
Student/Graduate	Child Care Assistant
Student/Graduate	Child Development and/or Family Services
Student/Graduate	Clinical Laboratory Technologist
Student/Graduate	Community Health Intern
Student/Graduate	Cosmetologist
Student/Graduate	Counselor
Student/Graduate	Dance Therapist
Student/Graduate	Dental Assistant
Student/Graduate	Dental Hygienist
Student/Graduate	Dental Laboratory Technician
Student/Graduate	Diagnostic Medical Sonographer
Student/Graduate	Dietitian
Student/Graduate	Drug and Alcohol Counselor
Student/Graduate	EEG Technician
Student/Graduate	Enterostomal Therapist
Student/Graduate	Geriatric Nursing Assistant
Student/Graduate	Health Educators
Student/Graduate	Hemodialysis Technician
Student/Graduate	Histologic Technician
Student/Graduate	Laboratory Aide
Student/Graduate	Laboratory Assistant
Student/Graduate	Long Term Health Care Administration
Student/Graduate	LPN/LVN
Student/Graduate	Marriage and Family Counselors
Student/Graduate	Massage Therapist

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HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM
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Part 4 – Student Blanket Program

Student/Graduate	Medical Assistant
Student/Graduate	Medical Administrative Assistant
Student/Graduate	Medical Laboratory Technician
Student/Graduate	Medical Technologist
Student/Graduate	Medical Technical Assistant
Student/Graduate	Music Therapist
Student/Graduate	Nuclear Medical Technologist
Student/Graduate	Occupational Therapist
Student/Graduate	Optometric Technician
Student/Graduate	Optometrist
Student/Graduate	Orthopedic Assistant (Orthopedic Technician)
Student/Graduate	Pastoral Counselors
Student/Graduate	Personnel and/or Guidance Counselors
Student/Graduate	Phlebotomist
Student/Graduate	Physical Therapist
Student/Graduate	Physical Therapist Assistant
Student/Graduate	Psychiatric Nurse
Student/Graduate	Psychiatric Technician
Student/Graduate	Psychiatric Technologist
Student/Graduate	Radiologic Technologist
Student/Graduate	Recreational Therapist
Student/Graduate	Registered Nurse
Student/Graduate	Rehabilitation Assistant
Student/Graduate	Respiratory Therapist
Student/Graduate	Respiratory Therapy Technician
Student/Graduate	Social Worker
Student/Graduate	Surgical Technologist
Student/Graduate	Ultrasound Technologist
Student/Graduate	Cardiopulmonary Technician
Student/Graduate	Cardiovascular Technician
Student/Graduate	Clinical Radiography Technician
Student/Graduate	Cytogenetic Technologist
Student/Graduate	Dialysis Technician
Student/Graduate	Dietetic Technician
Student/Graduate	Drama Therapist
Student/Graduate	Electrocardiograph Technician (EKG Technician)
Student/Graduate	Electrophysiology Technologist
Student/Graduate	Interpreter for the Deaf
Student/Graduate	Lactation Consultant
Student/Graduate	Medical Records and Procedural Coders
Student/Graduate	MRI Technician
Student/Graduate	Nurse
Student/Graduate	Nurses Aide
Student/Graduate	Nursing Assistant
Student/Graduate	Nutritionist

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HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM
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Part 4 – Student Blanket Program

Student/Graduate	Occupational Therapist Assistant
Student/Graduate	Ophthalmic Photographer
Student/Graduate	Ophthalmic Technologist
Student/Graduate	Optician
Student/Graduate	Orthotist
Student/Graduate	Pharmacist
Student/Graduate	Pharmacist Technician
Student/Graduate	Polysomnographic Technician
Student/Graduate	Psychologist
Student/Graduate	Rehabilitation Counselor/Therapist
Student/Graduate	Speech-Language Pathologist
Student/Graduate	Speech-Language Pathologist Assistant
Student/Graduate	Vascular Technician
Student/Graduate	X-Ray Technician

Class II Specialties:

Student/Graduate	Circulation Technician
Student/Graduate	Emergency Medical Technician
Student/Graduate	Nurse Practitioner
Student/Graduate	Paramedic
Student/Graduate	Physician Assistant
Student/Graduate	Surgeon Assistant

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 5 – Federation Rating Rules

I. RATES

COUNTRYWIDE*	1M / 1M	1M / 3M	2M / 4M
Federation	66	84	97

II. PREMIUM CALCULATION

1. Based upon limits of liability purchased; determine base premium.
2. Is insured purchasing prior acts coverage?
If yes, +\$9. If no, +\$0. (Note, this replaces Part 1, Rule X - CONVERTING FROM A C-M POLICY)
3. Final Premium = 1. + 2.
Round to nearest dollar

III. Additional Extended Reporting Period Options: In the event that the policy is cancelled or non-renewed by the Named Insured or is cancelled or non-renewed by the Company, the Named Insured has the option to purchase an additional Extended Reporting Period by paying the premium calculated by applying the factor shown in the schedule below to the expiring annual policy premium.

Extended Reporting Period Length	Percent of Expiring Annual Premium Without Reinstatement of Aggregate Limit	Percent of Expiring Annual Premium With Reinstatement of Aggregate Limit**
12 months	90%	180%
24 months	135%	270%
36 months	150%	300%
60 months	175%	350%
96 months	200%	400%
Unlimited***	225%	450%

Notes/Exceptions:

* All rates will be multiplied by a factor of 1.70 in Louisiana to account for the fact that one-year of free tail coverage must be offered for all claims-made policies.

** This is only available in the following states: Connecticut, Maine, New Mexico, North Carolina, and Virginia.

*** This is not available in Alaska.

For Montana only, if the extended reporting period is written on a 35-month or shorter term, the premium shall be earned pro-rata. For policies written on term of 36-months or longer, the premium shall be earned as follows: 60% upon issuance; 20% upon completion of the first 12-months; and 20% upon completion of the second 12-months.

SERFF Tracking Number: PERR-126417261 State: District of Columbia
 Filing Company: Liberty Insurance Underwriters, Inc. State Tracking Number:
 Company Tracking Number: LIU-RPG-AH-DC-09-01-R
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0029 Other
 Made/Occurrence
 Product Name: Allied Health Program
 Project Name/Number: LIU-RPG-AH-DC-09-01-R/LIU-RPG-AH-DC-09-01-R

Supporting Document Schedules

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

	Item Status:	Status Date:
Satisfied - Item: Consulting Authorization		
Comments:		
Attachment: LOA (All states Except MD).pdf		

	Item Status:	Status Date:
Bypassed - Item: Actuarial Certification (P&C)		
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
Bypass Reason: N/A new program		
Comments:		

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

SERFF Tracking Number: PERR-126417261 State: District of Columbia
Filing Company: Liberty Insurance Underwriters, Inc. State Tracking Number:
Company Tracking Number: LIU-RPG-AH-DC-09-01-R
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0029 Other
Made/Occurrence
Product Name: Allied Health Program
Project Name/Number: LIU-RPG-AH-DC-09-01-R/LIU-RPG-AH-DC-09-01-R
Countrywide Loss Ratio Analysis
(P&C)
Bypass Reason: N/A new program
Comments:



December 17, 2009

Honorable Gennet Purcell
Acting Commissioner, District of Columbia
Department of Insurance, Security & Banking
Insurance Products Division
810 First Street North East – Suite 701
Washington, D.C. 20002-4227

Submitted via SERFF

Re: Liberty Insurance Underwriters, Inc., FEIN 13-4916020, NAIC Number 111-19917
Medical Malpractice Claims Made/Occurrence Rate/Rule Filing
Allied Health Program
Proposed Effective Date: Earliest Possible Date Upon Acknowledgment or Approval
Company Filing Number: LIU-RPG-AH-DC-09-01-R

Honorable Gennet Purcell:

On behalf of Liberty Insurance Underwriters, Inc. ("Liberty" or "the Company"), we are filing new, independent rates and rules for its Allied Health – Medical Malpractice program. This program will provide medical malpractice coverage on an occurrence basis for various miscellaneous allied health professionals. In addition, claims-made coverage will be provided for Federations.

The Company respectfully requests that the proposed rates and rules be implemented for all policies effective on and after the earliest possible date upon approval/acknowledgement.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

Please do not hesitate to contact us with any questions or comments.

Sincerely,

Shera Fournier
State Filings Analyst
Phone: 888.201.5123 extension 150
Fax: 310.230.8529
E-mail: doi@perrknight.com

Enclosures



February 9, 2009

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Liberty Insurance Underwriters, Inc. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed in be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department
Perr&Knight, Inc.
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Tel: (888) 201-5123
Fax: (310) 230-1061

Please contact me at 212.208.8868 if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph Hobbs", with a long, sweeping underline.

Joseph Hobbs
Senior Vice President and Assistant Secretary
55 Water Street, 18th Floor
New York NY 10041
212.208.8868
joseph.hobbs@libertyiu.com