

SERFF Tracking Number: USPH-6LRNJ7189/00-00/00-00/00 State: District of Columbia
Filing Company: American Casualty Company of Reading - PA State Tracking Number:
Company Tracking Number:
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0015 Nurse - Registered
Made/Occurrence
Product Name: CRNA
Project Name/Number: /

Filing at a Glance

Company: American Casualty Company of Reading - PA

Product Name: CRNA SERFF Tr Num: USPH- State: District of Columbia

6LRNJ7189/00-00/00-00/00

TOI: 11.0 Medical Malpractice - Claims

SERFF Status: Closed-APPROVED State Tr Num:

Made/Occurrence

Sub-TOI: 11.0015 Nurse - Registered

Co Tr Num:

State Status:

Filing Type: Rate

Reviewer(s): Robert Nkojo

Author: Robert Alonzo

Disposition Date: 02/21/2006

Date Submitted: 02/06/2006

Disposition Status: APPROVED

Effective Date Requested (New): 08/01/2006

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/21/2006

State Status Changed: 02/21/2006

Deemer Date:

Created By: Robert Alonzo

Submitted By: Robert Alonzo

Corresponding Filing Tracking Number:

Filing Description:

Company and Contact

Filing Contact Information

Robert Alonzo, State Filing Analyst

robert.alonzo@cna.com

40 Wall Street

212-440-3478 [Phone]

9th Floor

212-440-2877 [FAX]

New York, NY 10005

Filing Company Information

SERFF Tracking Number: *USPH-6LRNJ7189/00-00/00-00/00* State: *District of Columbia*
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Company Tracking Number:
TOI: *11.0 Medical Malpractice - Claims* Sub-TOI: *11.0015 Nurse - Registered*
Made/Occurrence
Product Name: *CRNA*
Project Name/Number: */*
American Casualty Company of Reading - PA CoCode: 20427 State of Domicile: Pennsylvania
40 Wall Street Group Code: 218 Company Type:
8th Floor Group Name: State ID Number:
New York, NY 10005 FEIN Number: 23-0342560
(212) 440-3478 ext. [Phone]

Filing Fees

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

SERFF Tracking Number: *USPH-6LRNJ7189/00-00/00-00/00* State: *District of Columbia*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Robert Nkojo	02/21/2006	02/21/2006

SERFF Tracking Number: *USPH-6LRNJ7189/00-00/00-00/00* State: *District of Columbia*
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Disposition

Disposition Date: 02/21/2006

Effective Date (New):

Effective Date (Renewal):

Status: APPROVED

Comment: Comments:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter (P&C)		No
Supporting Document	Consulting Authorization (P&C)		No
Supporting Document	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		No
Supporting Document	Schedule of Rates or Methodology (P&C)		No
Supporting Document	NAIC Property & Casualty Transmittal Document		No
Supporting Document	Actuarial Certification (P&C)		No
Supporting Document	District of Columbia and Countrywide Loss Ratio Analysis (P&C)		No
Supporting Document	cw manual and state page		No

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter (P&C) Comments: Attachment: DC #05-R2099 cover let .pdf		

	Item Status:	Status Date:
Bypassed - Item: Consulting Authorization (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: see memo Comments:		

	Item Status:	Status Date:
Bypassed - Item: Schedule of Rates or Methodology (P&C) Bypass Reason: see memo Comments:		

	Item Status:	Status Date:
Satisfied - Item: NAIC Property & Casualty		

SERFF Tracking Number: *USPH-6LRNJ7189/00-00/00-00/00* State: *District of Columbia*
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 TOI: *11.0 Medical Malpractice - Claims* Sub-TOI: *11.0015 Nurse - Registered*
Made/Occurrence
 Product Name: *CRNA*
 Project Name/Number: */*

Transmittal Document

Comments:

Attachments:

DC PCTD-1.pdf
 DC PC RRFT-1.pdf

Item Status: **Status**
Date:

Satisfied - Item: Actuarial Certification (P&C)

Comments:

Attachment:

ActuarialMemo.pdf

Item Status: **Status**
Date:

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

Bypass Reason: see memo

Comments:

Item Status: **Status**
Date:

Satisfied - Item: cw manual and state page

Comments:

Attachments:

CW CRNA Manual Pages 12-05.pdf
 DC State Pages - CRNA 11-05.pdf



40 Wall Street – 9th Floor
New York, New York 10005

Robert Alonzo

State Filing Analyst
P & C State Filing Unit
CNA Global Specialty Lines

February 6, 2006

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Toll Free 877-269-3277 x 3478
Internet robert.alonzo@cna.com

Department of Insurance & Security Regulation (DISR)
Financial Examination
810 First North East -Suite 602
Washington, D.C. 20002-4227

RE: ***American Casualty Company of Reading, PA NAIC # 218-20427 FEIN#23-0342560***
Magaw Healthcare Professionals Purchasing Group Association
Certified Registered Nurses Anesthetists Professional Liability Insurance
Rate Filing
Our File # 05-R2099

To Whom It May Concern:

American Casualty Company of Reading, PA, submits the above captioned filing for use with our Nurses Anesthetist Professional Liability Program currently filed with your department.

Enclosed for your review please find:

- The actuarial memorandum which outlines the changes proposed by this filing,
- new countywide manual changing only pages 6 of 7;
- revise state page, which will replaces the page currently on file.

These changes will become applicable to all policies written on or after August 15, 2006, or the earliest date permitted by your state.

Your approval, or acknowledgment otherwise, by stamping the extra copy of this letter and returning it in the envelope provided, will be appreciated.

Sincerely,

Robert Alonzo

Robert Alonzo
State Filing Analyst

Property & Casualty Transmittal Document (Revised 1/1/05)

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:
	f. State Filing #:
	g. SERFF Filing #:

3. Group Name	Group NAIC #
CNA Insurance Group	0218

4. Company Name(s)	Domicile	NAIC #	FEIN #
American Casualty Company of Reading, PA	PA	20427	23-0342560

5. Company Tracking Number	05-R2099
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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
Robert Alonzo 40 Wall Street New York, NY 10005	State Filing Analyst	877-269-3277 x3478	212-440-2877	robert.alonzo@cna.com
7. Signature of authorized filer		<i>Robert Alonzo</i>		
8. Please print name of authorized filer		Robert Alonzo		

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

9. Type of Insurance (TOI)	11 - Medical Malpractice
10. Sub-Type of Insurance (Sub-TOI)	11.0010 - Nurse Anesthetists
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	CRNA Professional Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	New: 8/1/2006 Renewal: 8/1/2006
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	05-R2099
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

We are revising the base rates and introducing a new rule for our Certified Nurse Anesthetists Professional Liability Program.

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 #: N/A
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.)**

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.)

1.	This filing transmittal is part of Company Tracking #	05-R2099	
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A	
<input checked="" type="checkbox"/>	Rate Increase	<input type="checkbox"/>	Rate Decrease
<input type="checkbox"/>		<input type="checkbox"/>	Rate Neutral (0%)
3.	Overall percentage rate impact for this filing	+3.0%	
4.	Effect of Rate Filing – Written premium change for this program	\$1,033	
5.	Effect of Rate Filing – Number of policyholders	12	
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	F/U	
7.	Rate Change by Company		
	Company Name	Percentage Change	Effect of Rate Filing
			# of policyholders for this program
			Written premium change for this program
	Amer. Cas. Co of Reading	+3.0%	12
			\$1,033

8.	Overall percentage of last rate revision	+6.0%
9.	Effective Date of last rate revision	8/1/2005
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	F/U

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Actuary Memo	Cover page	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither	
02	Cw Manual	Pages 1 thru 7	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03	Company State Page	page 1	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

American Casualty Company of Reading, PA
Nurse Anesthetist Professional Liability
MAGAW Healthcare Professionals Purchasing Group Association

Actuarial Memorandum

American Casualty Company of Reading, PA (“CNA”) is proposing changes to its Nurse Anesthetist Professional Liability Program (“the Program”). First, CNA proposes a base rate increase of 3.0% to keep pace with trend. Second, CNA is introducing a new rule which will replace Section E (Multiple State Practice) under Rule XIX in the Countrywide Company Pages. It is the insured’s option to utilize the new rule, and it is intended to ease the reporting requirements on the insured. Finally, CNA increased the rate for student nurse anesthetists. The overall impact of these proposed changes is 3.0%.

COMPANY PAGES
MAGAW HEALTHCARE PROFESSIONALS PURCHASING GROUP ASSOCIATION
AMERICAN CASUALTY COMPANY OF READING, PA

I. APPLICATION OF MANUAL RULES

- A. The rules contained in these pages shall govern the writing of professional liability policies for Certified Registered Nurse Anesthetists, CRNA, or nurse anesthetist.
- 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.

II. POLICY TERM

Policies may be written for a term of one year, and renewed annually thereafter.

III. PREMIUM COMPUTATION

- A. Compute the premium at policy inception using the 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 other than a whole year.
- C. Premiums are calculated as specified for the respective coverage. Premium rounding will be done at each step of the computation process in accordance with the Whole Dollar Rule, as opposed to rounding the final premium.

IV. FACTORS OR MULTIPLIERS

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

V. WHOLE DOLLAR RULE

In the event the rating procedure does not result in a whole dollar:

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

VI. 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.

VII. RETURN PREMIUM

- A. Compute return premium at the rates used to calculate the policy premium at the inception of this policy period.
- B. 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.

VIII. PREMIUM PAYMENT PLAN

The Company may, at its discretion, offer to the named insured various premium payment options, ranging from monthly to annual payment plans. Some of the premium payment plans may result in a service fee.

IX. POLICY CANCELLATIONS

Return premium will be computed pro-rata in accordance with the Whole Dollar Rule using the rules, rates and rating plans in effect at the inception of this policy period.

X. COVERAGE

The following describes coverage that will be provided:

COMPANY PAGES
MAGAW HEALTHCARE PROFESSIONALS PURCHASING GROUP ASSOCIATION
AMERICAN CASUALTY COMPANY OF READING, PA

- A. Professional Liability on an occurrence or claims-made basis;
- B. Disciplinary Hearing or Proceedings reimbursement for legal defense costs, wage loss, travel, food and lodging;
- C. Defendant Expense Benefit; including wage loss, travel, food and lodging reimbursement; and
- D. Deposition Representation; for attorney fees.

XI. BASIC LIMITS OF LIABILITY

The basic limits of liability for individual nurse anesthetists are described below. When eligible, professional liability limits can be increased applying an increased limit factor, listed separately in these pages. The disciplinary hearings & proceedings, defendant expense benefit and deposition representation limits of liability are not subject to increase, and are as follows:

Coverage	Limits of Liability	
Professional Liability	\$ 100,000 each claim	\$ 300,000 aggregate
Disciplinary Hearings & Proceedings	\$ 10,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$	\$ 10,000 aggregate
Deposition Representation	\$ 2,500 per deposition	\$ 5,000 aggregate

XII. INCREASED LIMITS OF PROFESSIONAL LIABILITY

Professional Liability base rates are derived using the claims made \$100,000/\$300,000 rate. When higher limits are requested, and available, the following factors will be applied to the base rate:

Limits of Liability	Increased Limit Factor
\$100,000/\$300,000	1.00
\$200,000/\$600,000	1.26
\$250,000/\$750,000	1.37
\$500,000/\$1,000,000	1.74
\$1,000,000/\$1,000,000	2.06
\$1,000,000/\$3,000,000	2.17
\$1,000,000/\$5,000,000	2.24

XIII. RESTRICTIONS OF COVERAGE OR INCREASED RATE

Subject to individual state regulations, policies may be issued with special restrictions or at increased premium if:

- A. the insured agrees in writing; and
- B. the policy would not be written otherwise.

XIV. CALCULATION OF CLAIMS-MADE PREMIUM

- A. The annual claims made base rate for each nurse anesthetist is stated on the applicable State Rate page.
- B. The claims made step factor for each nurse anesthetist shall be determined as follows:

COMPANY PAGES
MAGAW HEALTHCARE PROFESSIONALS PURCHASING GROUP ASSOCIATION
AMERICAN CASUALTY COMPANY OF READING, PA

1. If the nurse anesthetist is just entering practice, or the nurse anesthetist has continuously been insured under an occurrence policy, enter the step rate factor from the table at the year one (1) level.
2. If the nurse anesthetist has been insured under a claims-made policy, for one or more years immediately preceding the effective date of this coverage, or for reasons acceptable to the Company, had been uninsured, the following procedure shall apply:
 - a. determine the number of years in which the nurse anesthetist was covered under such claims-made policy(ies);
 - b. determine the number of years in which the nurse anesthetist was uninsured;
 - c. the sum of years developed in a. and b. shall be the base exposure. Fractional years of six months or more of base exposure shall be rounded to the next higher year; less than six months shall be rounded to the next lower year;
 - d. the sum of years developed in c. above shall be the Years of Prior Exposure. The table is entered at the total prior Years of Exposure, plus one.

The factors in the following table shall be applied to the full time rate, found on the State Page:

Step Rate Factors				
Year 1	Year 2	Year 3	Year 4	Year 5
.55	.80	.95	.99	1.00

- C. Claims made premium is the result of (claims made base rate) X (increased limit factor) X (Step Rate Factor).

XV. CALCULATION OF OCCURRENCE PREMIUM

- A. The claims made annual base rate for each nurse anesthetist is stated on the applicable State Rate Page.
- B. A factor of **1.02** will be applied to the claims made rate to derive an occurrence rate when the occurrence coverage form is used.
- C. Occurrence premium is the result of (claims made base rate) X (increased limit factor) X (1.02).

XVI. ISO CLASSIFICATION CODES

Medical Specialty: Certified Registered Nurse Anesthetist
Specialty Code: 80960

XVII. EXTENDED REPORTING PERIOD COVERAGE (Claims Made Only)

If this policy is cancelled or non-renewed and subject to the following provisions, an extension period, for the purpose of reporting a claim, will be provided automatically for 60 days, and may be extended beyond that as governed by the following rules:

- A. The limits of liability may not exceed those afforded under the terminating policy.
- B. Extended Reporting Period Coverage will be available to the named insured shown on the certificate of insurance.

COMPANY PAGES
MAGAW HEALTHCARE PROFESSIONALS PURCHASING GROUP ASSOCIATION
AMERICAN CASUALTY COMPANY OF READING, PA

- C. Should the named insured terminate coverage under this policy, and desire Extended Reporting Period Coverage beyond the automatic 60 days, notice must be given to the Company, along with payment of the applicable premium, within 60 days.
- D. The factor of **1.00** will be applied to the claims made rate in effect at the beginning of the current policy period to determine the ERP charge.
- E. Upon termination of coverage under this policy by reason of death, the deceased's unearned premium for this coverage will be waived and Extended Reporting Period Coverage will be granted for no additional charge.
- F. Upon termination of coverage under this policy by reason of disability by the named insured, Extended Reporting Period Coverage will be granted for no additional charge provided that, during the policy period, total and permanent disability occurs.
- F. Upon termination of coverage under this policy by reason of retirement, the named insured will be granted ERP at a discounted rate, subject to the ERP provisions of this policy and per the following schedule, provided that during the policy period, the named insured:
 - 1. retires; and
 - 2. is 55 years of age or older and has been consecutively insured by this Company for at least 1 year of claims-made coverage

Consecutive Years of Coverage	Discount
1	20%
2	40%
3	60%
4	80%
5	FREE

- G. The prior acts date of coverage with this Company will determine the years of prior exposure for Extended Reporting Period Coverage.
- H. Premium must be paid promptly when due.
- I. In the event the policy is canceled, any return premium due the named insured shall be credited toward the premium for Extended Reporting Period Coverage, if the named insured elects this coverage. If any premium is due for the period of time between the earlier of the policy's Prior Acts date or effective date and the termination date, any monies received by the Company from the named insured shall first be applied to the premium owing for the policy and then to the Extended Reporting Period Coverage.
- J. There is no right to any extended reported period coverage if this policy is cancelled for non payment of premium, non compliance with any of the terms and condition of this policy or for any misrepresentation or omission in the application for this policy.
- K. When an individual nurse anesthetist chooses to change their practice from full time to part time, a conversion charge, equal to 50% of the extended reporting charge, will apply.

XVIII. PRIOR ACTS COVERAGE (Occurrence only)

The policy may be extended to provide prior acts coverage as follows:

- A. The prior acts period may not exceed the term immediately preceding coverage under this policy during which similar coverage was continuously provided under a claims made policy,

COMPANY PAGES
MAGAW HEALTHCARE PROFESSIONALS PURCHASING GROUP ASSOCIATION
AMERICAN CASUALTY COMPANY OF READING, PA

nor shall limits of liability exceed those of the claims-made policy or the occurrence policy to which the prior acts endorsement shall be applied.

- B. The premium for Prior Acts Coverage is a one time only charge calculated by applying the applicable factor from the table shown below to the \$100,000/300,000 non discounted base rate from the State Rate Page applicable to this policy.
- C. If the limit of liability under this coverage is other than \$100,000/300,000 claims made, premium developed under B above shall be adjusted by the appropriate increased limits factor and occurrence if applicable.
- D. The premium can be charged annually, but calculated in advance:
 - 1. Enter the Table at the appropriate Prior Acts Period; and
 - 2. Apply factor which corresponds to the desired number of years prior acts to the premium calculated above.

Prior Acts Period	1 st Year	2 nd Year	3 rd Year	Prepaid Factors
1 year prior	.36	.19	.10	.62
2 years prior	.48	.25	.14	.82
3 years prior	.51	.27	.15	.88
4 years prior	.53	.28	.15	.90
More than 4 years	.54	.28	.16	.92

XIX. RATE MODIFICATIONS

When a nurse anesthetist qualifies for more than one of the following rate modifications, the modification which results in the largest rate benefit to the nurse anesthetist should typically be applied. It is not the intent for more than one of the following rate modifications to be applied to the same insured during any single policy period.

A. Employed Coverage

Individual nurse anesthetists working solely for, or on behalf of their employer, are eligible for restricted coverage, and a rate credit of 33% of their applicable base rate. This credit is not available to entities.

B. Entity Coverage

It shall be permissible to provide coverage for eligible entities (sole proprietorship, partnership, corporation, S corporation, professional association or professional corporation) for liability arising from the practice of member nurse anesthetists insured by the Company. Such coverage may be provided either:

- 1. On a shared limit liability basis with the nurse anesthetist, in which case no additional premium shall be charged; or
- 2. On a separate limit of liability basis. The limit of liability shall be equal to the highest limits provided to any one individual nurse practitioner. Additional premium shall be 10% of the total developed professional liability premium for each nurse anesthetist.

C. Locum Tenens

Coverage may be available to temporarily substitute for an insured nurse anesthetist, at shared limits of liability, for no additional premium charge.

COMPANY PAGES
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AMERICAN CASUALTY COMPANY OF READING, PA

D. Moonlighting

Individual nurse anesthetists, who are employed full time and performing their professional services in a non employed capacity less than 1001 hours annually, may be eligible for an exclusion of coverage for their employed activities at a reduced premium.

The credit would be applied as follows:

Up to 500 hours annually in a non employed capacity	65% credit
Up to 1000 hours annually in a non employed capacity	50% credit

E. Multiple State Practice

If a nurse anesthetist works in up to **four (4)** different states during the policy period, rates will be calculated as follows to determine a blended rate:

1. Determine the percentage of practice in each state;
2. Multiply the applicable state rate to the percentage of practice;
3. Add the result to determine the blended rate.

When a nurse anesthetist works in **five (5)** or more states, **or when countrywide coverage is requested by the nurse anesthetist that allows the nurse anesthetist to waive notice to Company regarding state specific practice information, a flat rate will be assessed equal to the highest nurse anesthetist rate the Company has on file in any US jurisdiction.**

F. New Graduate Discount

An individual nurse anesthetist, who has completed post graduate training within the previous twelve (12) months, and who is first entering full time practice is eligible for a discount as follows:

Year1: 50% credit
Year2: 25% credit

The above credit does not apply if part time credit is also given.

G. Part Time

Individual nurse anesthetists working 20 or fewer hours per week (less than 1001 hours annually) may be eligible for a rate reduction of 50%.

H. Leave of Absence

Individual nurse anesthetists who must interrupt their practice but maintain an active license for a period of three (3) to twelve (12) months may be eligible for an 80% premium credit for the interruption period. The reduced rate may be applied retroactively to the first day of practice interruption if the Company is notified within ten (10) days. If the Company is notified at a later date, the discount may be applied as of the date the Company receives notice. This credit will not apply to entities.

I. Slot Rating

An entity may use multiple nurse anesthetists contiguously to fill a single full time position, 2000 hours or less annually. A slot rate is equivalent to one full time rate. All of the individuals included in a single slot share a common retroactive date and share a single set of limits. A maximum of ten (10) individuals can be named within a single slot.

J. Schedule Rating

COMPANY PAGES
MAGAW HEALTHCARE PROFESSIONALS PURCHASING GROUP ASSOCIATION
AMERICAN CASUALTY COMPANY OF READING, PA

Based on the following risk characteristics, the maximum debit or credit produced by the addition of the debit and/or credit will not exceed 25%.

	<u>CREDIT</u>	<u>DEBIT</u>
1. Procedure Mix	0 – 25%	0 - 25%
Applicable to insureds whose procedures or practice specialties are primarily concentrated in areas other than their practice classification and/or specialty.		
2. Exposure Modification	0 - 25%	0 - 25%
Applicable to those insureds who have an increased or reduced exposure.		
3. Unusual Risk Characteristics	0 - 25%	0 – 25%

K. Vicarious Liability

An individual or entity may be eligible for vicarious professional liability coverage, on a shared limit basis, subject to a rate of 10% - 40% of the policy's professional liability premium.

L. Surcharges

A surcharge of the developed premium, before credits and debits, will apply when any of the following practice characteristics are present. The total of all surcharges will not exceed 25%.

1. Non Hospital Setting – A surcharge will apply to any individual or entity when a percentage of professional services are provided in a non hospital setting, as follows:

1% to 25%	10% surcharge
26% to 50%	15% surcharge
51% and greater	25% surcharge

2. High Risk Procedures – A surcharge will apply to any individual or entity when a percentage of the following high risk procedures are performed in a non hospital setting as follows:

Plastic/Cosmetic procedures to 25%	10% surcharge
Plastic/Cosmetic procedures 26% to 50%	15% surcharge
Plastic/Cosmetic procedures exceed 50%	25% surcharge
OB/GYN Services to 50%	15% surcharge
OB/GYN Services exceed 50%	25% surcharge

3. Practice Locations - A surcharge will apply to any individual or entity when professional services are provided in more than a single practice location as follows:

2 Locations	5% surcharge		5 Locations	20% surcharge
3 Locations	10% surcharge		6 or more locations	25% surcharge
4 Locations	15% surcharge			

4. Designated Recovery Area - A surcharge of 25% will apply to any individual or entity that indicates professional services are provided in a non hospital setting with no designated recovery area.

COMPANY PAGES
MAGAW HEALTHCARE PROFESSIONALS PURCHASING GROUP ASSOCIATION
AMERICAN CASUALTY COMPANY OF READING, PA

5. Background Review – A surcharge of 25% will apply to any individual or entity that indicates a history of license or certification issues, claims experience or chemical/substance abuse.

DISTRICT OF COLUMBIA (08)

**COMPANY STATE PAGE FOR
MAGAW HEALTHCARE PROFESSIONALS PURCHASING GROUP ASSOCIATION
AMERICAN CASUALTY COMPANY OF READING, PA**

I. STATE ENDORSEMENTS

Form #	Title	Rule of Application
G-142858-A08	Cancellation and Non-renewal Endorsement – District of Columbia	- Mandatory on all policies

II. AMENDED RULES

Reserved for future use.

III. RATES

A. All rates indicated below are for Professional Liability limits of \$100,000 each claim, with a \$300,000 annual aggregate.

Territory 1 (entire state): **\$2,660**

B. The rate for an individual nurse anesthetist student is **\$275**.