

SERFF Tracking Number: ZURC-125631022 State: District of Columbia
Filing Company: Empire Fire and Marine Insurance Company State Tracking Number:
Company Tracking Number: CW PR 27261
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0002 Ambulance Services
Made/Occurrence
Product Name: Medical Professional Liability CW PR 27261
Project Name/Number: Medical Professional Liability CW PR 27261/CW PR 27261

Filing at a Glance

Company: Empire Fire and Marine Insurance Company

Product Name: Medical Professional Liability SERFF Tr Num: ZURC-125631022 State: District of Columbia
CW PR 27261

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

Made/Occurrence

Sub-TOI: 11.0002 Ambulance Services

Co Tr Num: CW PR 27261

State Status:

Filing Type: Rule

Author: Carole Amato

Reviewer(s): Robert Nkojo

Date Submitted: 05/01/2008

Disposition Date: 10/07/2008

Disposition Status: APPROVED

Effective Date Requested (New): 09/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 09/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Medical Professional Liability CW PR 27261

Status of Filing in Domicile: Not Filed

Project Number: CW PR 27261

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/07/2008

State Status Changed:

Deemer Date:

Created By: Carole Amato

Submitted By: Carole Amato

Corresponding Filing Tracking Number:

Filing Description:

Earlier this year, we submitted a new Professional Liability program for your approval, which was approved effective 5/1/08. Empire Fire and Marine Insurance Company is now filing revisions to our rules to correspond with the changes ISO is making to the Medical Professional rules and rates per ISO 2008 Multi State Revision to Division Seven – Medical Professional Liability Rules (PR-2007-ORU07, Edition 9/01/2008), as well as the corresponding ISO state-specific Rules circulars.

We are updating our Base Rate Page to reflect ISO's new 500/1500 limits. We are also submitting a revised Increased Limits Table (Rule 17) that is still based on ISO, but updated to reflect the new ISO Increased Limits. The other pages listed below simply reflect the name change from Professional Liability to Medical Professional Liability. There are no

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other changes included with this filing. These changes will not affect any insureds. This filing includes the following supporting documents:

We are filing:

- Base Rates at 500/1500
- Rule 17 - Increased Limits Factor Table
- Rule 9 – Additional Premium
- Rule 10 – Return of Premium
- Rule 16 – Basic Limits
- Rule 20 – Volunteer Endorsement
- Rule 28 – No Reinstatement
- Schedule Rating
- Additional Rule - Surcharge

The prior SERFF filing# is: ZURC-125380093 approved 1/9/08, effective 5/1/08.

Company and Contact

Filing Contact Information

Carole Amato, Regulatory Services Analyst carole.amato@zurichna.com
 1400 American Lane 847-413-5235 [Phone]
 Schaumburg, IL 60196-1056 847-605-7768 [FAX]

Filing Company Information

Empire Fire and Marine Insurance Company	CoCode: 21326	State of Domicile: Nebraska
13810 FNB Parkway	Group Code: 212	Company Type:
Omaha, NE 68154-5202	Group Name:	State ID Number:
(402) 963-5000 ext. [Phone]	FEIN Number: 47-6022701	

Filing Fees

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

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Robert Nkojo	10/07/2008	10/07/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Status	Note To Reviewer	Carole Amato	09/04/2008	09/04/2008
Filing Status	Note To Reviewer	Carole Amato	07/31/2008	07/31/2008

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Disposition

Disposition Date: 10/07/2008

Effective Date (New):

Effective Date (Renewal):

Status: APPROVED

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter All Filings	No	
Supporting Document	Consulting Authorization	No	
Supporting Document	Actuarial Certification (P&C)	No	
Supporting Document	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)	No	
Supporting Document	District of Columbia and Countrywide Loss Ratio Analysis (P&C)	No	
Supporting Document	Schedule of Rates or Methodology (P&C)	No	
Rate	General Rules - Additional Rule Base Rates	No	
Rate	General Rules - Additional Premium Changes	No	
Rate	General Rules - Return Premium Changes	No	
Rate	General Rules - Additional Rule Other Premium Modifications	No	
Rate	General Rules - Basic Limits	No	
Rate	General Rules - Increased Limits Table	No	
Rate	General Rules - Description of Additional Optional Endorsements	No	
Rate	Coverage Rules - Allied Health Care Providers Professional Liability Coverage	No	
Rate	Schedule Rating Plan	No	

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Note To Reviewer

Created By:

Carole Amato on 09/04/2008 07:26 AM

Last Edited By:

Carole Amato

Submitted On:

09/04/2008 07:26 AM

Subject:

Filing Status

Comments:

Please advise when the review of this submission will be completed.

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Note To Reviewer

Created By:

Carole Amato on 07/31/2008 09:47 AM

Last Edited By:

Carole Amato

Submitted On:

07/31/2008 09:51 AM

Subject:

Filing Status

Comments:

Please advise status of this submission. Your response would be greatly appreciated.

Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	General Rules - Additional Rule Base Rates		Replacement	CW PR 26276 BASE RATES 1311.pdf
	General Rules - Additional Premium Changes	9	Replacement	CW PR 26276 CW Rule9 Add Prem.pdf
	General Rules - Return Premium Changes	10	Replacement	CW PR 26276 CW Rule10 Return Premium.pdf
	General Rules - Additional Rule Other Premium Modifications		Replacement	CW PR 26276 CW Addl Rule Surcharge.pdf

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General Rules - Basic Limits	16	Replacement	CW PR 26276	CW Rule 16 Basic Limits.pdf
General Rules - Increased Limits Table	17	Replacement	CW PR 26276	CW Rule 17 ILF Exception Table.pdf
General Rules - Description of Additional Optional Endorsements	20	Replacement	CW PR 26276	CW Rule 20 Volunteer Endorsement.pdf
Coverage Rules - Allied Health Care Providers Professional Liability Coverage	28	Replacement	CW PR 26276	CW Rule 28 No Reinstatement.pdf
Schedule Rating Plan		Replacement	CW PR 26276	DC State Addl Rule Schedule Rating.pdf

COMMERCIAL LINES MANUAL
 DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY
 ZURICH PROGRAMS – AMBULANCE PROGRAM
 RATE PAGE

SECTION I
 GENERAL RULES

Base Rates Per Power Unit at 500/1500 Base Rate			
a.	Rate per Unit: \$984 - \$1,639		
b.	Discount factor applied to each unit		
	Number of Units	Factor	
	First 4	1.00	
	5 th to 19 th	0.87	
	20 th +	0.78	
Example:			
Policy with 25 power units, priced at mid-point of range			
	Units	Base	Total Premium
First 4	4	\$1,311	\$5,244
5 th to 19 th	15	\$1,141	\$17,115
20 th +	6	\$1,023	\$6,138
Total	25	--	\$28,497

COMMERCIAL LINES MANUAL
DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY
EXCEPTION PAGE

COUNTRYWIDE

SECTION I
GENERAL RULES

RULE 9.	
ADDITIONAL PREMIUM CHANGES	
Paragraph 9.B.1. Waiver of Premium is replaced with the following:	
B.	Waiver Of Premium
1.	Additional premiums at or below \$25.00 may be waived.

COMMERCIAL LINES MANUAL
DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY
EXCEPTION PAGE

COUNTRYWIDE

SECTION I
GENERAL RULES

RULE 10. RETURN PREMIUM CHANGES		
Paragraph 1. of section B. Waiver of Premium is replaced by the following:		
B.	Waiver Of Premium	
	1.	Return premiums at or below \$25.00 may be waived.

COMMERCIAL LINES MANUAL
DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY
ZURICH PROGRAMS – AMBULANCE PROGRAM
RATE PAGE

COUNTRYWIDE

SECTION I
GENERAL RULES

ADDITIONAL RULE OTHER PREMIUM MODIFICATIONS	
Surcharge	Description
25%	More than 50% of calls are dispatched as emergency
10%	Hospital based but not hospital owned
25%	Advanced life support services provided

COMMERCIAL LINES MANUAL
DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY
EXCEPTION PAGE

COUNTRYWIDE

SECTION I
GENERAL RULES

RULE 16. BASIC LIMITS	
Paragraph 16.B. is replaced by the following:	
B.	For basic limits, refer to company Additional Rule - Base Rates.

COMMERCIAL LINES MANUAL
 DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY
 LOSS COST PAGE

COUNTRYWIDE

SECTION I
 GENERAL RULES

RULE 17.													
INCREASED LIMITS TABLES													
Paragraph E. of Rule 17. Increased Limits Tables is replaced by the following:													
E.	Increased Limits Tables												
6.	Allied Health Care and Optometrists												
Per Medical Incident													
Aggregate	100	200	250	300	500	750	1000	1500	2000	2500	3000	4000	5000
\$200	.60	.68											
\$300	.61	.70	.73	.76									
\$400	.62	.72	.75	.78									
\$500	.63	.74	.77	.80	.92								
\$600	.64	.76	.79	.82	.94								
\$750			.81	.84	.96	1.06							
\$900			.83	.86	.98	1.08							
\$1,000			.84	.87	.99	1.09	1.15						
\$1,500			.85	.88	1.00	1.12	1.18	1.27					
\$2,000				.89	1.01	1.13	1.19	1.28	1.34				
\$2,500						1.14	1.20	1.29	1.35	1.40			
\$3,000							1.21	1.30	1.36	1.41	1.45		
\$4,000							1.22	1.31	1.37	1.42	1.46	1.53	
\$5,000								1.32	1.38	1.43	1.47	1.54	1.59
\$6,000									1.39	1.44	1.48	1.55	1.60
\$7,000											1.49	1.56	1.61
\$8,000											1.50	1.57	1.62
\$9,000											1.51	1.58	1.63
\$10,000													1.64

COMMERCIAL LINES MANUAL
DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY
EXCEPTION PAGE

COUNTRYWIDE

SECTION I
GENERAL RULES

RULE 20. DESCRIPTION OF ADDITIONAL OPTIONAL ENDORSEMENTS	
The following is added to paragraph E. Additional Coverage Endorsements	
Volunteer Workers Professional Liability Coverage – EM 4656	
E.	Professional liability coverage for volunteer workers may be provided under the Allied Health Care Providers Professional Liability Coverage form by attaching EM 4656 Volunteer Worker(s) Professional Liability Coverage.

COMMERCIAL LINES MANUAL
DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY
EXCEPTION PAGE

COUNTRYWIDE

SECTION II
COVERAGE RULES

RULE 28. ALLIED HEALTH CARE PROVIDERS PROFESSIONAL LIABILITY COVERAGE
Paragraph 28.4.B. Basic Limits is deleted in its entirety.

COMMERCIAL LINES MANUAL
 DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY
 ZURICH PROGRAMS – AMBULANCE PROGRAM
 SCHEDULE RATING PLAN
 RATING PLAN PAGE

DISTRICT OF COLUMBIA

The risk may be further modified in accordance with the following schedule rating tables to reflect such characteristics of the risk as are not reflected in the experience.			
SCHEDULE RATING TABLE			
Risk Characteristics		Range of Modification	
		Maximum Credit	Maximum Debit
A.	Management:		
	Superior senior management as evidenced by professional designations, post-graduate academic degrees, etc.	10%	
	Lack of expected procedures and processes regarding medical reviews, reviews of patient care and safety, and incident report.		25%
B.	Employees		
	Lower than normal turnover of professional staff and higher than normal average years of experience for professional staff.	10%	
	Higher than normal turnover of professional staff and lower than normal average years of experience for professional staff.		10%
C.	Professional Procedures		
	Documentation of required professional procedures that go beyond normal standards.	10%	
	Lack of documentation for professional procedural standards.		25%
D.	Education and Training:		
	Existence of a continuing education program for professional employees that exceeds state requirements.	10%	
	Lack of a continuing education program that meets state requirements.		25%
E.	Accreditations:		
	Accreditation by Commission On Accreditation of Ambulance Services	5%	0%
F.	Equipment:		
	Use of superior quality equipment and adherence to manufacturers suggested maintenance program.	10%	
	Use of lower quality equipment and lack of preventive maintenance program.		10%
G.	Loss Prevention:		
	Compliance with any insurance company loss prevention recommendations when made.	5%	
	Failure to comply with insurance company recommendations.		10%
H.	Nonstandard Professional Exposures		
	Regular operation under circumstances which are unusual for an ambulance operation which increase professional exposure.	0%	15%
Maximum Credit/Debit is 25%			

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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Cover Letter All Filings Comments: There is no rate impact with these updates. Attachment: Coverltr27261rules.pdf</p>		
<p>Bypassed - Item: Consulting Authorization Bypass Reason: not applicable Comments:</p>		
<p>Bypassed - Item: Actuarial Certification (P&C) Bypass Reason: not applicable Comments:</p>		
<p>Bypassed - Item: District of Columbia and Countrywide Experience for the Last 5 Years (P&C) Bypass Reason: not applicable Comments:</p>		
<p>Bypassed - Item: District of Columbia and</p>		

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Countrywide Loss Ratio Analysis
(P&C)
Bypass Reason: not applicable
Comments:

Item Status: **Status**
Date:

Bypassed - Item: Schedule of Rates or Methodology
(P&C)
Bypass Reason: not applicable
Comments:



SERFF

Zurich North America

Head Office
1400 American Lane
Schaumburg, Illinois
60196-1056

Telephone (847) 605-6303
[www.jane.fruhauff@zurichna.com](mailto:jane.fruhauff@zurichna.com)

**Reference: Medical Professional Liability Rating Rules
Ambulance Program
Empire Fire and Marine NAIC# 27261**

Dear Sir:

In accordance with the filing requirements of your state, we enclose for your review and approval our revised rules filing to provide coverage for our Ambulance Program under Professional Liability. These revisions are a result of the ISO 2008 Multi state Revision to Division Seven – Medical Professional Liability Rules (PR-2007-ORU07, Edition 9/01/2008), as well as the corresponding ISO state-specific rules circulars.

We are also updating our Base Rate Page to reflect ISO's new 500/1500 limits. These changes will not affect any insureds.

The following documents are included in this filing:

- Explanatory memorandums
- Rules

We request an effective date of September 01, 2008 for new and renewal business.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Carole Amato
Product Analyst
Regulatory Services
(847) 413-5235
(847) 605-7768 (FAX)
carole.amato@zurichna.com