

SERFF Tracking Number: ZURC-126353319 State: District of Columbia  
First Filing Company: American Zurich Insurance Company, ... State Tracking Number:  
Company Tracking Number: CW PR 29310  
TOI: 11.1 Med Mal-Occurrence Only Sub-TOI: 11.1002 Ambulance Services  
Product Name: Medical Professional Liability - Ambulance Program Zurich Companies  
Project Name/Number: Medical Professional Liability - Ambulance Program Zurich Companies/CW PR 29310

## Filing at a Glance

Companies: American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Zurich American Insurance Company of Illinois, Zurich American Insurance Company

Product Name: Medical Professional Liability - SERFF Tr Num: ZURC-126353319 State: District of Columbia  
Ambulance Program Zurich Companies

TOI: 11.1 Med Mal-Occurrence Only

SERFF Status: Closed-APPROVED State Tr Num:

Sub-TOI: 11.1002 Ambulance Services

Co Tr Num: CW PR 29310

State Status:

Filing Type: Rate/Rule

Reviewer(s): Robert Nkojo

Author: Carole Amato

Disposition Date: 02/04/2010

Date Submitted: 10/22/2009

Disposition Status: APPROVED

Effective Date Requested (New): 04/01/2010

Effective Date (New):

Effective Date Requested (Renewal): 04/01/2010

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Medical Professional Liability - Ambulance Program  
Zurich Companies

Status of Filing in Domicile: Not Filed

Project Number: CW PR 29310

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/04/2010

State Status Changed:

Deemer Date:

Created By: Carole Amato

Submitted By: Carole Amato

Corresponding Filing Tracking Number:

Filing Description:

Zurich is filing to add a new program. We would like to begin marketing a Medical Professional Liability policy as part of our Ambulance program. This new program will use proprietary rates and follow ISO rules.

We are filing:

1. Base Rates at 500/1500
2. Rule 9 – Additional Premium
3. Rule 10 – Return of Premium
4. Rule 16 – Basic Limits

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- 5. Rule 17 - Increased Limits Factor Table
- 6. Rule 20 – Volunteer Endorsement
- 7. Rule 28 – No Reinstatement
- 8. Schedule Rating
- 9. Additional Rule - Other Premium Modifications
- 10. Additional Rule – Company deviations

We are filing rates, with volume discounts as the number of units on an account increases. This reflects expense savings on our end and the expectation that larger fleets are more likely to implement formal loss control programs. Size considerations prompted a grading of the unit rate by number of units. Larger accounts will receive a discount off the per unit base rate. Schedule rating will be used to more accurately rate accounts with slightly better or slightly worse risk than the average account.

In determining our proposed rate, we used Empire Fire and Marine’s approved rates (our affiliated company) see SERFF filing#: ZURC-125631022 approved 10/7/08.

## 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

American Zurich Insurance Company	CoCode: 40142	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-3141762	

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American Guarantee and Liability Insurance Company	CoCode: 26247	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-6071400	

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Zurich American Insurance Company of Illinois	CoCode: 27855	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:

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 (847) 605-6000 ext. [Phone] FEIN Number: 36-2781080

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 Zurich American Insurance Company CoCode: 16535 State of Domicile: New York  
 1400 American Lane Group Code: 212 Company Type:  
 Schaumburg, IL 60102 Group Name: State ID Number:  
 (847) 605-6000 ext. [Phone] FEIN Number: 36-4233459  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Zurich Insurance Company	\$0.00		
American Guarantee and Liability Insurance Company	\$0.00		
Zurich American Insurance Company of Illinois	\$0.00		
Zurich American Insurance Company	\$0.00		

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Robert Nkojo	02/04/2010	02/04/2010

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Status Update	Note To Reviewer	Carole Amato	01/20/2010	01/20/2010

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## Disposition

Disposition Date: 02/04/2010

Effective Date (New):

Effective Date (Renewal):

Status: APPROVED

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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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	General Rules - Additional Rule Base Rates		Yes
Rate	General Rules - Additional Premium Changes		Yes
Rate	General Rules - Return Premium Changes		Yes
Rate	General Rules - Additional Rule Other Premium Modifications		Yes
Rate	General Rules - Basic Limits		Yes
Rate	General Rules - Increased Limits Table		Yes
Rate	General Rules - Description of Additional Optional Endorsements		Yes
Rate	Coverage Rules - Allied Health Care Providers Professional Liability Coverage		Yes
Rate	Additional Rule Company Deviation		Yes
Rate	Schedule Rating Plan		Yes

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**Note To Reviewer**

**Created By:**

Carole Amato on 01/20/2010 08:01 AM

**Last Edited By:**

Carole Amato

**Submitted On:**

01/20/2010 08:01 AM

**Subject:**

Filing Status Update

**Comments:**

Please advise when filing review may be completed. Any information you could provide would be helpful.

**Rate/Rule Schedule**

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Status:		#:		Number:
	General Rules - Additional Rule Base Rates		New	RULE Ad BASE RATES 1311.pdf
	General Rules - Additional Premium Changes	9	New	Rule 9 CW Add Prem.pdf
	General Rules - Return Premium Changes	10	New	Rule 10 CW Return Premium.pdf
	General Rules - Additional Rule Other Premium Modifications		New	Rule Ad CW Surcharge.pdf
	General Rules - Basic Limits	16	New	Rule 16 CW Basic Limits.pdf

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General Rules - Increased Limits Table	17	New	Rule 17 CW ILF.pdf
General Rules - Description of Additional Optional Endorsements	20	New	Rule 20 CW usage rule.pdf
Coverage Rules - Allied Health Care Providers Professional Liability Coverage	28	New	Rule 28 CW No Reinstatement.pdf
Additional Rule Company Deviation		New	Rule Ad CW Co deviation.pdf
Schedule Rating Plan		New	RULE Ad DC Schedule Rating.pdf



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

SECTION I  
 GENERAL RULES

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

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

COUNTRYWIDE

SECTION I  
GENERAL RULES

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

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

COUNTRYWIDE

SECTION I  
GENERAL RULES

<b>RULE 10.</b>	
<b>RETURN PREMIUM CHANGES</b>	
Paragraph 1. of section B. Waiver of Premium is replaced by the following:	
<b>B.</b>	<b>Waiver Of Premium</b>
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

<b>ADDITIONAL RULE OTHER PREMIUM MODIFICATIONS</b>	
<b>Surcharge</b>	<b>Description</b>
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  
ZURICH PROGRAMS – AMBULANCE PROGRAM  
EXCEPTION PAGE

COUNTRYWIDE

SECTION I  
GENERAL RULES

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



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

COUNTRYWIDE

SECTION I  
GENERAL RULES

<b>RULE 20.</b>	
<b>DESCRIPTION OF ADDITIONAL OPTIONAL ENDORSEMENTS</b>	
The following is added to paragraph E. Additional Coverage Endorsements	
<b>E.</b>	The following endorsements are for use when providing Medical Professional Liability Coverage for Emergency Medical Technicians under the Allied Health Care Providers Professional Liability Coverage form.
<b>1.</b>	Coverage for medical directors may be provided when the medical director is an independent contractor and not an employee. Use U-PL-1402 Additional Insured – Medical Director. There is no charge for this endorsement.
<b>2.</b>	Coverage for Employees must be provided. Use mandatory endorsement, U-PL-1403-A.
<b>3.</b>	Coverage for volunteer workers may be provided. Use U-PL-1404 Volunteer Worker(s) Professional Liability Coverage. There is no charge for this endorsement.
<b>4.</b>	When a risk is contractually required to include a specific entity as an additional insured, use U-PL-1405 Additional Insured – Entity. There is no charge for this endorsement.

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

COUNTRYWIDE

SECTION II  
COVERAGE RULES

<b>RULE 28.</b> <b>ALLIED HEALTH CARE PROVIDERS PROFESSIONAL LIABILITY COVERAGE</b>
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Paragraph 28.B.4. Basic Limits is deleted in its entirety.
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COMMERCIAL LINES MANUAL  
DIVISION SEVEN – MEDICAL PROFESSIONAL LIABILITY  
ZURICH PROGRAMS – AMBULANCE PROGRAM  
RATE PAGE

COUNTRYWIDE

SECTION I  
GENERAL RULES

<b>ADDITIONAL RULE COMPANY DEVIATION</b>	
<b>Company</b>	<b>Factor</b>
Zurich American Insurance Company	1.0
American Guarantee & Liability Insurance Company	0.8
American Zurich Insurance Company	0.6
Zurich American Insurance Company of Illinois	1.2

Final rates are to be determined by multiplying the company base premiums by the company deviation factors shown above.

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.			
<b>SCHEDULE RATING TABLE</b>			
<b>Risk Characteristics</b>		<b>Range of Modification</b>	
		<b>Maximum Credit</b>	<b>Maximum Debit</b>
<b>A.</b>	<b>Management:</b>		
	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>B.</b>	<b>Employees</b>		
	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%
<b>C.</b>	<b>Professional Procedures</b>		
	Documentation of required professional procedures that go beyond normal standards.	10%	
	Lack of documentation for professional procedural standards.		25%
<b>D.</b>	<b>Education and Training:</b>		
	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%
<b>E.</b>	<b>Accreditations:</b>		
	Accreditation by Commission On Accreditation of Ambulance Services	5%	0%
<b>F.</b>	<b>Equipment:</b>		
	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%
<b>G.</b>	<b>Loss Prevention:</b>		
	Compliance with any insurance company loss prevention recommendations when made.	5%	
	Failure to comply with insurance company recommendations.		10%
<b>H.</b>	<b>Nonstandard Professional Exposures</b>		
	Regular operation under circumstances which are unusual for an ambulance operation which increase professional exposure.	0%	15%
<b>Maximum Credit/Debit is 25%</b>			

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter All Filings <b>Comments:</b> <b>Attachment:</b> Coverltr29310rules.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Consulting Authorization <b>Bypass Reason:</b> not applicable <b>Comments:</b>		

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

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

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

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**Bypass Reason:** new program  
**Comments:**



SERFF Filing

**Zurich North America**

Head Office  
1400 American Lane  
Schaumburg, Illinois  
60196-1056

Telephone (847)413-5235  
[www.carole.amato@zurichna.com](http://www.carole.amato@zurichna.com)

**Reference: Medical Professional - Ambulance Program Rate/Rule Manual  
Zurich American Ins. Co. NAIC# 212 16535, FEIN 36-4233459  
Zurich American Ins. Co. of IL NAIC# 212 27855, FEIN 36-2781080  
American Zurich Ins. Co. NAIC# 212 40142, FEIN 36-3141762  
American Guarantee & Liability Ins. Co. NAIC# 212 26247, FEIN 36-6071400  
Company Filing # CW PR 29310**

Dear Sir:

In accordance with the filing requirements of your state, we would like to begin marketing a Medical Professional Liability policy as part of our Ambulance program. This new program will use proprietary rates and follow ISO rules.

We have received approval for this program for Empire Fire and Marine Ins. Company and with this submission we are expanding this offering to 4 additional companies. This is a new program for these companies.

We request that the form become effective April 1, 2010 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](mailto:carole.amato@zurichna.com)