

SERFF Tracking Number: CAMP-125361995 State: District of Columbia
Filing Company: Campmed Casualty & Indemnity Company Inc. State Tracking Number:
of MD
Company Tracking Number: DC.PHY.RATES.111407
TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1000 Med Mal Sub-TOI Combinations
Product Name: DC Physician Program
Project Name/Number: DC Physician Rates & Rules/DC.PHY.Rates.111407

Filing at a Glance

Company: Campmed Casualty & Indemnity Company Inc. of MD

Product Name: DC Physician Program SERFF Tr Num: CAMP-125361995 State: District of Columbia

TOI: 11.1 Medical Malpractice - Claims Made Only SERFF Status: Closed-APPROVED State Tr Num:

Only

Sub-TOI: 11.1000 Med Mal Sub-TOI

Co Tr Num:

State Status:

Combinations

DC.PHY.RATES.111407

Filing Type: Rate/Rule

Reviewer(s): Robert Nkojo

Author: Nancy Powell

Disposition Date: 02/25/2008

Date Submitted: 11/19/2007

Disposition Status: APPROVED

Effective Date Requested (New): 02/15/2008

Effective Date (New):

Effective Date Requested (Renewal): 02/15/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: DC Physician Rates & Rules

Status of Filing in Domicile: Not Filed

Project Number: DC.PHY.Rates.111407

Domicile Status Comments: Domicile filing expected in 2008

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/25/2008

State Status Changed:

Deemer Date:

Created By: Nancy Powell

Submitted By: Nancy Powell

Corresponding Filing Tracking Number:

Filing Description:

Campmed Casualty & Indemnity Company, Inc. of Maryland (NAIC #12260) is submitting the attached initial Professional Liability Rate and Rule filing for Physicians, Surgeons and other Healthcare Professions including Podiatrists for your review and approval.

Campmed became an admitted insurer in the District of Columbia in 2002 and currently has approved rate, rule and form filings for our Durable Medical Equipment and Long Term Care Programs. These programs include Commercial General Liability, Products/ Completed Operations and Miscellaneous Professional Liability coverages.

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Campmed wants to add Professional Liability to the lines we are able to provide for our DC clients. Campmed has written Professional Liability for Podiatrists in Pennsylvania since 2002 adding Florida and West Virginia Podiatrists in 2005 and 2007 respectively. Physician other than Podiatrists rates for Pennsylvania were recently approved effective 11/1/07.

A Physicians Forms filing with Company Tracking #DC.PHY.Forms.111407 is being submitted separately.

We request the proposed rates and rules go into effect for new and renewal policies effective on or after February 15, 2008 or on the approval date of this filing. Campmed is an ISO member and will follow all ISO filings unless otherwise stated in the attached manual.

Please contact me via SERFF or at the contact information below if you have any questions regarding the filing.

Nancy Powell, Director of Compliance
800-831-9506
npowell@thecampaniagroup.com

Company and Contact

Filing Contact Information

Nancy Powell, Compliance Coordinator npowell@thecampaniagroup.com
111 Berry St 800-831-9506 [Phone]
Vienna, VA 22180 703-242-3815 [FAX]

Filing Company Information

Campmed Casualty & Indemnity Company Inc. CoCode: 12260 State of Domicile: Maryland
of MD
111 Berry St. SE Group Code: -99 Company Type: Casualty
Vienna, VA 22180 Group Name: State ID Number:
(703) 242-9224 ext. [Phone] FEIN Number: 52-1827116

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	02/25/2008	02/25/2008

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Disposition

Disposition Date: 02/25/2008

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 (P&C)		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

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter (P&C)		
Comments: Cover letter attached.		
Attachment: DC.PHY.Rates.111407 cover ltr.pdf		

	Item Status:	Status Date:
Bypassed - Item: Consulting Authorization		
Bypass Reason: This filing is submitted by Campmed Casualty & Indemnity on its own behalf.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Actuarial Certification (P&C)		
Bypass Reason: This is an initial filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
Comments:		
Attachment: Experience.pdf		

	Item Status:	Status Date:

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

Comments:

Attachment:

Loss Ratio.pdf

Item Status:

Status

Date:

Satisfied - Item: Schedule of Rates or Methodology
(P&C)

Comments:

Attached find the Rate and Rule Manual for our Physicians Program

Attachment:

Pending DC.PHY.Rates.111407 Manual.pdf

CAMPMED

Casualty & Indemnity Company, Inc. of Maryland

Office of the President, 111 Berry Street SE, Vienna, VA 22180

November 14, 2007

Government of the District of Columbia
Department of Insurance, Securities and Banking
Insurance Products Division
810 First Street, NE, Suite 601
Washington, DC 20002

To Whom It May Concern:

Campmed Casualty & Indemnity (NAIC #12260) is submitting an initial Professional Liability Rate and Rule filing for Physicians, Surgeons and other Healthcare Professions including Podiatrists for your review and approval. The Company Tracking Number for the filing is DC.PHY.Rates.111407.

Campmed became an admitted insurer in the District of Columbia in 2002 and currently has DC approved rate, rule and form filings for our Durable Medical Equipment and Long Term Care Programs. These programs include Commercial General Liability, Products/ Completed Operations and Miscellaneous Professional Liability coverages.

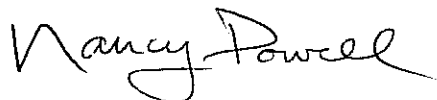
Campmed wants to add Professional Liability to the lines we are able to provide for our clients. Campmed has written Professional Liability for Podiatrists in Pennsylvania since 2002 adding Florida and West Virginia Podiatrists in 2005 and 2007 respectively. Physician other than Podiatrists rates for Pennsylvania were recently approved effective 11/1/07.

We request approval of these rates and rules for use with policies effective on or after 2/15/08 or as of the approval date of the filing if earlier.

A Forms filing, DC.PHY.Forms.111407, is being submitted concurrently with this Rate and Rule filing.

If you have any questions and/or require any additional information, please do not hesitate to contact me.

Sincerely,



Director of Compliance
(800) 831-9506 Ext 803 / npowell@thecampaniagroup.com

CAMPMED

Casualty & Indemnity Company, Inc. of Maryland

Office of the President, 111 Berry Street SE, Vienna, VA 22180

Year	#DC Policies	DC Med Mal Premium	Countrywide Med Mal Premium
2002	5	\$481,303	\$3,487,625
2003	4	\$409,640	\$6,386,372
2004	8	\$521,318	\$8,588,015
2005	9	\$564,195	\$8,234,682
2006	10	\$608,391	\$7,653,231
2007 estimate	7	@\$615,000	

Campmed has had rates filed for our Durable Medical Equipment program since 2003 with a 9.3% increase in rates in 2006.

Campmed has had rates filed for our Long Term Care program since 2004 with no rate increases.

CAMPMED

Casualty & Indemnity Company, Inc. of Maryland

Office of the President, 111 Berry Street SE, Vienna, VA 22180

Permissible Loss Ratio (Nationwide)

Commission and Brokerage	16%	
New Acquisition	2%	
General	4%	
Taxes, Licenses, Fees	6%	
Other	2%	
Profit and Contingencies	<u>4%</u>	
TOTAL EXPENSES	34%	
Pure Permissible Loss Ratio		42.3%
Loss Adjustment Expenses		<u>23.7%</u>
Allocated	17.7%	
Unallocated	6%	
Total permissible loss and loss adjustment expense ratio		66%

Campmed has been admitted in the District of Columbia since 2002 but has written approximately 40 professional liability policies on an individually rated basis to date. These policies have been split between physicians and large behavioral health institutions. We do not have enough data to give numbers for only DC experience.



Casualty & Indemnity Company of Maryland, Inc.

308 West Potomac Street, Brunswick, MD 21716

Office of the President: 111 Berry Street/Vienna, Virginia 22180

Phone: 800/831-9506

Fax 703/242-3815

District of Columbia - Rates & Rules Manual

**Physicians, Surgeons
And Other Health Care Professionals
Including Podiatrists**

Professional Liability

For policies effective on or after February 15, 2008

Table of Contents

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I. INSURANCE COVERAGE

A. INDIVIDUAL PROFESSIONAL LIABILITY

-Claims Made Form

-Eligibility –Licensed Healthcare Providers

B. LIMITS OF LIABILITY

-\$500,000 Each Claim/\$1,000,000 Annual Aggregate

-\$500,000 Each Claim/\$1,500,000 Annual Aggregate

-\$1,000,000 Each Claim/\$1,000,000 Annual Aggregate

-\$1,000,000 Each Claim/\$2,000,000 Annual Aggregate

-\$1,000,000 Each Claim / \$ 3,000,000 Annual Aggregate

-Up to \$2,000,000 Each Claim/ \$6,000,000 Annual Aggregate limits available

C. POLICY TERM

-Policies are written for one year term and renewed annually thereafter.

-On exception, a short term policy may be issued on a pro-rata basis and then renewed for an annual term thereafter.

E. MINIMUM PREMIUM

-A minimum premium of \$1500 applies to all policies

F. CORPORATE ENTITY PROFESSIONAL LIABILITY

-Claims Made Form

-Separate or Shared limits coverage for the insured's Professional Corporation, Association or Partnership is available.

II. USE OF ISO MATERIALS

-The rating plan for this filing will not be used in conjunction with ISO Experience/Schedule Rating Plan. All rates used with this program will be filed by the company.

-For all items not specifically addressed in this filing regarding rates and rules, materials filed by ISO will be used.

III. PAYMENT PLAN

-An optional payment plan of four equal installments at a cost of \$25 per installment may be added. The first installment is due by the policy effective date. Subsequent installments are due on the 1st day of the 3rd, 6th, and 9th months after the policy effective date.

IV. PROFESSIONAL LIABILITY CLASSIFICATIONS

Class 1

SPECIALTIES PERFORMING NO SURGERY:

Aerospace Medicine	Otorhinolaryngology
Allergy/Immunology	Pharmacology – Clinical
Dermatology	Physical Medicine & Rehabilitation
Forensic Medicine	Physicians
Laryngology	Podiatry
Medical Toxicology	Public/General Health Medicine
Nuclear Medicine	Psychiatry
Nutrition	Psychoanalysis
Occupational Medicine	Rhinology
Ophthalmology	Undersea/Hyperbaric Medicine
Otology	Urology

Class 2

SPECIALTIES PERFORMING NO SURGERY:

Geriatrics
Gynecology
Psychosomatic Medicine
Rheumatology
Sports Medicine

SPECIALTIES PERFORMING MINOR SURGERY:

Dermatology

Class 3

SPECIALTIES PERFORMING NO SURGERY:

Endocrinology
Nephrology
Pathology: Blood Banking/Transfusion Medicine
Pathology: Cytopathology
Pediatrics

SPECIALTIES PERFORMING MINOR SURGERY:

Ophthalmology

IV. PROFESSIONAL LIABILITY CLASSIFICATIONS (continued)

Class 4

SPECIALTIES PERFORMING NO SURGERY:

Hematology
Internal Medicine
Neoplastic Diseases
Oncology
Pathology other than Blood Banking/Transfusion Medicine or Cytopathology
Physicians or Surgeons Assistant

SPECIALTIES PERFORMING MAJOR SURGERY:

Ophthalmology

Class 5

SPECIALTIES PERFORMING NO SURGERY:

Anesthesiology other than Pain Management
Cardiovascular Disease
Diabetes
Family Physicians/General Practitioners
Hospitalist
Infectious Diseases

SPECIALTIES PERFORMING MINOR SURGERY:

Otorhinolaryngology
Physicians
Pathology: Cytopathology

SPECIALTIES PERFORMING NO MAJOR SURGERY:

Neonatal/Perinatal Medicine

Class 6

SPECIALTIES PERFORMING NO SURGERY:

Gastroenterology
Neurology including Child
Pulmonary Diseases
Radiology Diagnostic
Radiology Therapeutic

SPECIALTIES PERFORMING MINOR SURGERY:

Endocrinology
Geriatrics
Gynecology
Nephrology
Pathology excluding Blood Banking/Transfusion Medicine & Cytopathology
Pediatrics

SPECIALTIES PERFORMING NO MAJOR SURGERY:

Anesthesiology: Pain Management
Intensive Care Medicine

IV. PROFESSIONAL LIABILITY CLASSIFICATIONS (continued)

Class 7

SPECIALTIES PERFORMING MINOR SURGERY:

Cardiovascular Disease	Oncology
Gastroenterology	Otology
Hematology	Physical Medicine & Rehabilitation
Infectious Diseases	Radiology Diagnostic
Internal Medicine	Radiology Therapeutic
Neoplastic Diseases	Rhinology
Nephrology including Child	Urology
Nuclear Medicine	

SPECIALTIES PERFORMING MAJOR SURGERY:

Podiatry

Class 8

SPECIALTIES PERFORMING MINOR SURGERY:

Family Physicians/General Practitioners

SPECIALTIES PERFORMING MAJOR SURGERY:

Otorhinolaryngology

Urology

Class 9

SPECIALTIES PERFORMING NO MAJOR SURGERY:

Radiology Interventional

SPECIALTIES PERFORMING MAJOR SURGERY:

Head & Neck

Oncology

Pediatrics

Class 10

SPECIALTIES PERFORMING NO MAJOR SURGERY:

Emergency Medicine

SPECIALTIES PERFORMING MAJOR SURGERY:

Colon & Rectal

Emergency Medicine

Hand

Class 11

SPECIALTIES PERFORMING MAJOR SURGERY:

Gastroenterology

General or Family Practice

Plastic

IV. PROFESSIONAL LIABILITY CLASSIFICATIONS (continued)

Class 12

SPECIALTIES PERFORMING MAJOR SURGERY:

Abdominal
Cardiovascular Disease
General Surgery
Geriatrics
Gynecology
Orthopedics
Thoracic
Vascular

Class 13

SPECIALTIES PERFORMING MAJOR SURGERY:

Cardiac
Endocrinology
Neurology including Child
Obstetrics-Gynecology
Traumatic

Class 14

SPECIALTIES PERFORMING MAJOR SURGERY:

Obstetrics

V. A. PROFESSIONAL LIABILITY BASE RATES-
Mature Claims Made Basis
For limits \$1,000,000 each claim/ \$3,000,000 aggregate

CLASS	BASE RATE
1	\$13,365
2	\$18,225
3	\$19,980
4	\$24,300
5	\$30,240
6	\$36,450
7	\$41,850
8	\$47,250
9	\$60,750
10	\$75,735
11	\$92,205
12	\$113,805
13	\$142,560
14	\$180,360

B. TERRITORIES

District of Columbia is one territory

VI. A. CLAIMS MADE FACTORS

The following claims-made factors apply:

1 st Year	.50 of base rate
2 nd Year	.70 of base rate
3 rd Year	.90 of base rate
4 th Year or more	1.0 of base rate

B. INCREASE/DECREASE LIMITS FACTORS

Each Occurrence	Aggregate						
	\$1,000,000	\$1,500,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000	\$6,000,000
\$500,000	0.73	0.76	N/A	N/A	N/A	N/A	N/A
\$1,000,000	0.88	N/A	0.94	1.00	N/A	N/A	N/A
\$2,000,000	N/A	N/A	1.33	1.37	1.41	1.46	1.50

VII. SCHEDULED CREDITS & DEBITS

- The following schedule may be used to modify premium.
- Both credits and debits are subject to maximums and are reviewable annually.
- Appropriate supporting documentation will be kept in the insured's file.

Surgical and Non-Surgical

- 1. **Board Certified Discount** -5%
- 2. **Training and residency history** +/- up to 10%
- 3. **Practice reviewed for expertise and procedures** +/- up to 10%
- 4. **Volume of Practice** See table below

Number of Patients	Credit/Debit	Maximum
Patient Count 80-120/Week	0	N/A
Each 10 above / below	+1 / -1	+5 / -5
Nursing Home up to 10	0	N/A
Each 10 above	+1	+8
Hospitals up to 5	0	N/A
Each 5 above	+1	+8
Total		+16 / -5

- 5. **Risk Management Discount completed within the past 12 month period** -5%
- 6. **Loss Free Claim Discount (three-five years claim free)** Up to -15%
- 7. **Adverse claims history surcharge** Up to +200%
Losses & premium totals include data from all prior policy periods with Company
 (Total incurred losses divided by total premium – 1 = applied surcharge)
- 8. **Membership in Campmed affiliated Risk Purchasing Group** -5%

MAXIMUM CREDITS/DEBITS/DISCOUNTS

CREDITS/DISCOUNT +/- 25%

DEBITS/SURCHARGE +200%

VIII. NEW DOCTOR DISCOUNT

This discount applies to recent medical school and/or residency graduates, practitioners who have completed a preceptorship, practitioners who have completed three years of service in one of the Armed Forces or other government program.

New Doctor Factors:

1 st Year Doctor	Base Rate X Claims Made Factor	X .50
2 nd Year Doctor	Base Rate X Claims Made Factor	X .75
3 rd Year Doctor	Base Rate X Claims Made Factor	X .90
4 th Year Doctor	Base Rate X Claims Made Factor	X 1.0

- Claims Made Factor is applied to Base Rate first, followed by New Doctor Factor.
- Minimum premium applies.
- New Doctor Discount cannot be combined with Part Time Doctor Discount

IX. PART-TIME DOCTOR DISCOUNT

Part-time is defined as working 24 hours or less/week. The following factors will be applied to the applicable full time base rate for any physician based on number of hours worked up to a maximum of 24 hours/week.

1-8 hr/wk	full time base rate X .50
9-16 hr/wk	full time base rate X .65
17-24 hr wk	full time base rate X .80
25+ hr/wk	not qualified for part-time status

- Claims Made Factor is applied to Base Rate first, followed by Part-Time Dr. Factor.
- Minimum premium applies.
- Part Time Discount cannot be combined with the New Doctor Discount.

X. ENTITY COVERAGE FOR PROFESSIONAL CORPORATIONS, ASSOCIATIONS OR PARTNERSHIPS

All owners in a partnership, corporation or association are not required to carry Campmed insurance.

For shared limits, the following guidelines apply:

- 10% of the applicable insured's premium will be charged for each partner, shareholder or employed physician insured by us.
- 20% of the applicable insured's premium will be charged for each partner, shareholder or employed physician not insured by us.
- If we are providing coverage for doctors not insured through our program on a corporate policy, we will need to have the declarations page for their current individual professional liability coverage on file.

Separate Limit of Liability is optional for an additional charge of 25% of the total premium. The maximum charge will be 100% of the mature premium for the corresponding limit of liability. The minimum charge would be 25% of the professional liability premium.

-A Minimum Premium of \$500.00 shall apply to ALL Professional Corporate, Association or Partnership policies

XI. OPTIONAL ENDORSEMENTS

1. Medicare/Medicaid & Administrative Defense Endorsement

The insured may opt to purchase an endorsement for defense costs for an alleged action brought by a federal or state agency related to the insured's participation in the Medicare or Medicaid programs or alleged act or omission related to the insured's participation in a medical or specialty society or proceedings by a state licensing agency.

Limit:	Charge:
\$25,000	\$250.00

2. TELMED Endorsement

The insured if a member of ATA, the American Telemedicine Association, may opt to purchase an endorsement adding coverage for telemedicine activities. Refer to company for details

XII. EXTENDED REPORTING PERIOD

An eligible insured may purchase an Extended Reporting Period provided the insured requests and pays balance of premium due for Extended Reporting Period Coverage within 60 days after the effective date of cancellation or non-renewal of the policy

Extended Reporting Period of Unlimited, 1, 2, or 3 year duration are offered.

Unlimited Extended Reporting Coverage Rating

No. Of Years of Claims-Made Coverage	Percentage of 4th Year Claims Made Premium
After 1 st Year	.85
After 2 nd Year	1.20
After 3 rd Year	1.40
After 4 th Year	1.50
After 5 Years or more	1.55

XIII. GENERAL RULES

A. Classification Definitions and Assignment:

For classification assignment purposes, the following definitions apply:

1. Major Surgery: Includes operations in or upon any body cavity, including but not limited to the cranium, thorax, abdomen or pelvis; any other operation which, because of the condition of the patient, or the length or circumstances of the operation, presents a distinct hazard to life. It also includes treating ulcers exceeding Wagner Grade II, including those with localized infection; removal of tumors, open bone fractures, amputations; the removal of any gland or organ, plastic surgery, any other operation performed under general anesthesia and other procedures determined by the Association to be considered major surgery.
2. Minor Surgery: Any operation not defined as Major Surgery. Minor surgery also includes specialists who assist in major surgery on their own patients and any procedure determined by the Association to be extra hazardous.
3. No Surgery: The term no surgery applies to general practitioners and specialists who do not perform obstetrical procedures or surgery (Other than incision of boils and superficial abscesses, or suturing of skin and superficial fascia), and who do not ordinarily assist in surgical procedures and do not perform any of the procedures determined to be extra-hazardous by the Association.
4. Post operative treatment will be covered under a non-surgical policy if and only if the physician performing the surgery maintains a surgical policy with Campmed.
5. A physician acting as an assistant surgeon will not be covered under a non-surgical policy.
6. Classification assignment is based on highest level of risk exposure.

B. Premium Computation/Rounding Table:

1. Computation of the premium at inception uses the premium in effect at the time. Retroactive coverage will be provided to the insured's previous policy retroactive date provided that the insured's prior policy is a claims-made policy.
2. At each renewal, computation of the premium will use the premium in effect at the time.
3. Premiums are calculated according to the rules, classifications, territories, coverage basis and rates set forth in this manual. Scheduled debits and credits established in this manual may be applied to recognize differences in exposure between members of the same class.
4. Rounding to the nearest dollar amount is done at each step of the computation process, as opposed to rounding the final premium. (Round a premium involving \$.50 or over to the next higher whole dollar; less than \$.50 to the previous whole dollar).

C. Coverage Change Request:

1. The premium and rules in effect on the effective date of change apply. Coverage may be increased or decreased at any time during the policy year. Premium changes will be computed on a pro-rata basis.
2. Endorsements are not back dated unless coverage has been replaced and verified. Any change in coverage must be submitted in writing and signed by the named insured.
3. For a physician requesting a change from one Class to another, the premium will be calculated by averaging the sum of the applicable Class premiums. Subsequent renewal premium will be based on the new Class premium.
4. Retroactive Coverage: A copy of the applicant's current declaration page is required to verify the retroactive date. If retroactive coverage is not approved, the applicant will be advised that Optional Extension Coverage should be purchased from their previous carrier.

5. Leave of Absence: This endorsement interrupts the premium and policy for special circumstances. These include, but are not limited to illness, childbirth, sabbatical leave, additional training and other situations as approved by the Underwriting Department. A premium rate of 25% of the Physician, Surgeon or other Health Care Professional's current premium calculated on a pro rata basis will apply.

6. Locum Tenens: Coverage: This coverage will be offered at no charge for periods of sixty days within any policy year, subject to underwriting approval of the replacement physician.

D. Return Premium:

1. Deletion of a state mandated coverage is not permitted unless the entire policy is canceled.
2. Premium will be computed for policy cancellation utilizing the initial premium charged.
3. Short rate computation will apply to insured request and non-payment cancellations.
4. Return premium will be computed pro-rata by rounding to the next higher whole dollar when any coverage is deleted or an amount of insurance is reduced or policy is canceled by the Company or due to retirement, disability or death by the insured.
5. No premium waivers will be used for return or additional premium.
6. Return premium is sent to the Named Insured at the last known address within time parameters prescribed by state statute.

E. Policy Cancellation/ Non-Renewal:

1. A policy canceled for non-payment of premium will not be reinstated unless the total amount of outstanding premium is received.
2. Procedures for cancellation or non-renewal of policies will follow all ISO provisions set out in Common Policy Conditions form IL 00 17 as amended by any state mandatory endorsement relating to cancellation and non-renewal.

F. Extended Reporting Period Coverage

1. The availability of Extended Reporting Period coverage shall be governed by the following rules, subject to underwriting approval.
 - a. Available Limits of Liability shall not exceed those afforded under the current claims-made policy.
 - b. Extended Reporting Period Coverage applies to claims first made against the insured following the effective date of cancellation or non-renewal; but only by reason of alleged malpractice which occurred subsequent to the retroactive date and prior to the effective date of cancellation or non-renewal (and which is otherwise covered by this insurance).
 - c. Extended Reporting Period Coverage will be available to all physicians as provided under state statute.

XIV. RATING EXAMPLES

Example 1

Dr. Foote, a DC family physician who performs minor surgery, needs 4th Year Claims Made Coverage. Dr. Foote's is in Class 8 (General or Family Practitioner: Minor Surgery). He is Board Certified and has completed an acceptable risk management program but has an adverse claims history. His total incurred losses from all prior policy periods equals \$196,000 and total premium paid for all prior policy periods equals \$93,000. Dr. Foote needs coverage limits of \$1,000,000 per medical incident/\$3,000,000 annual aggregate. Here is how Campmed would calculate Dr. Foote's premium:

Base Rate-Class 8, \$1,000,000 /\$3,000,000		\$47,250
4 th year Claims-Made Factor	1.0 X \$47,250	no change to premium
Board Certification Credit	.05 X \$47,250	\$(2,363)
RM Program Credit	.05 X \$47,250	\$(2,363)
Adverse Claims Surcharge	1.11 X \$47,250	\$52,448
(\$196,000 total losses divided by \$93,000 total premium = 2.11 – 1 =1.11 applied surcharge)		
Total Premium:		\$94,972
(\$47,250 Base Rate – \$2,363 - \$2,363 + \$52,448)		

Example 2

Dr. Childs is a pediatrician who performs no surgery in his second year of practice in the District of Columbia. Dr. Childs needs 2nd Year Claims Made coverage. His Classification is 3 (Pediatrics-no surgery). Dr Childs needs coverage limits of \$1,000,000 per medical incident/\$3,000,000 annual aggregate. Here is how Campmed would calculate Dr. Childs' premium:

Base Rate- Class 3 \$1,000,000 /\$3,000,000		\$19,980
2nd Year Claims Made Factor	.70 X \$19,980 = \$13,986	(base reduced \$5,994)
New Doctor 2nd year in practice discount	.75 X \$13,986 = \$10,490	(discount \$3,496)
Total Premium:		\$10,490
(\$19,980 Base Rate – \$5,994 - \$3,496)		