

SERFF Tracking Number: SERT-6MAKX7843/00-00/00-00/00 State: District of Columbia
Filing Company: ACE American Insurance Company State Tracking Number:
Company Tracking Number: 06-PR-068(R)
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0025 Podiatry
Made/Occurrence
Product Name: 06-PR-068(R)
Project Name/Number: Podiatrist Prof. Liab. Prog. Medical Expense Reimbursement/06-PR-068(R)

Filing at a Glance

Company: ACE American Insurance Company

Product Name: 06-PR-068(R)

SERFF Tr Num: SERT-
6MAKX7843/00-00/00-00/00

State: District of Columbia

TOI: 11.0 Medical Malpractice - Claims

SERFF Status: Closed-APPROVED State Tr Num:

Made/Occurrence

Sub-TOI: 11.0025 Podiatry

Co Tr Num: 06-PR-068(R)

State Status:

Filing Type: Rule

Authors: Marlene Thomas, Bob
Wolfrom

Reviewer(s): Clark Simcock

Disposition Date: 03/22/2006

Date Submitted: 02/23/2006

Disposition Status: APPROVED

Effective Date Requested (New): 05/01/2006

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Podiatrist Prof. Liab. Prog. Medical Expense
Reimbursement

Status of Filing in Domicile:

Project Number: 06-PR-068(R)

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/22/2006

State Status Changed: 03/22/2006

Deemer Date:

Created By: Marlene Thomas

Submitted By: Marlene Thomas

Corresponding Filing Tracking Number:

Filing Description:

We are filing new Medical Waste and Medicare/Medicaid Legal Expense
Reimbursement Coverage Parts and rules to be used with our Podiatrists
Professional Liability Program.

Company and Contact

Filing Contact Information

SERFF Tracking Number: SERT-6MAKX7843/00-00/00-00/00 State: District of Columbia
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Robert Wolfrom,
436 Walnut Street 215-640-5123 [Phone]
WB04G 215-640-5611 [FAX]
Philadelphia, PA 19106

Filing Company Information

ACE American Insurance Company	CoCode: 22667	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street	Group Name:	State ID Number:
Philadelphia, PA 19106	FEIN Number: 95-2371728	
(215) 640-5123 ext. [Phone]		

Filing Fees

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

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Clark Simcock	03/22/2006	03/22/2006

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Disposition

Disposition Date: 03/22/2006

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)	Yes	Yes
Supporting Document	NAIC Property & Casualty Transmittal Document	Yes	Yes
Supporting Document	Consulting Authorization (P&C)	Yes	Yes
Supporting Document	Actuarial Certification (P&C)	Yes	Yes
Supporting Document	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)	Yes	Yes
Supporting Document	District of Columbia and Countrywide Loss Ratio Analysis (P&C)	Yes	Yes
Supporting Document	Schedule of Rates or Methodology (P&C)	Yes	Yes
Supporting Document	Filing Memorandum	Yes	Yes
Supporting Document	Optional Medicare-Medical & Medical Waste Rule 01-06	Yes	Yes
Supporting Document	Rate/Rule Schedule	Yes	Yes
Supporting Document	Optional Medicare-Medicaid & Medical Waste Rule 01-06 Markedup	Yes	Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter (P&C)		
Comments:		
Attachment:		
DC-Cover Letter - Rule .pdf		

	Item Status:	Status Date:
Satisfied - Item: NAIC Property & Casualty Transmittal Document		
Comments:		
Attachment:		
DC-NAIC PC TD-1 _1-06_RULE.pdf		

	Item Status:	Status Date:
Bypassed - Item: Consulting Authorization (P&C)		
Bypass Reason: form not required		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Actuarial Certification (P&C)		
Bypass Reason: form not required		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: District of Columbia and Countrywide Experience for the		

SERFF Tracking Number: SERT-6MAKX7843/00-00/00-00/00 State: District of Columbia
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Last 5 Years (P&C)

Bypass Reason: form not required

Comments:

Item Status: **Status**
Date:

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

Bypass Reason: form not required

Comments:

Item Status: **Status**
Date:

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

Bypass Reason: form not required

Comments:

Item Status: **Status**
Date:

Satisfied - Item: Filing Memorandum

Comments:

Attachment:

Memo - Rule - DC.pdf

Item Status: **Status**
Date:

Satisfied - Item: Optional Medicare-Medical &
Medical Waste Rule 01-06

Comments:

Attachment:

Optional Medicare-Medicaid & Medical Waste Rules _01-06_.pdf

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Item Status:

**Status
Date:**

Satisfied - Item: Rate/Rule Schedule

Comments:

Attachment:

DC-NAIC PC RRFS-1 RR Schedule _1-06_.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Optional Medicare-Medicaid &
Medical Waste Rule 01-06
Markedup

Comments:

Attachment:

Optional Medicare-Medicaid & Medical Waste Rules _01-06_Markedup.pdf



ace ina

ACE INA
Filing & Regulation
Routing WB04G
PO Box 1000
436 Walnut Street
Philadelphia, PA 19106

215.640.5123 *tel*
215.640.4986 *fax*

robert.wolfrom@ace-ina.com
www.ace-ina.com

Robert E. Wolfrom, CPCU
Sr. Regulatory Specialist

February 16, 2006

Government of the District of Columbia
Department of Insurance and Securities
Insurance Products Division
810 first Street, N. E., Suite 601
Washington, DC 20002

Re: Company NAIC # ACE USA # 626
ACE American Insurance Company 22667

Podiatrists Professional Liability Program
Medical Waste and Medicare/Medicaid Legal Expense Reimbursement
Rules
Our Filing Number: 06-PR-068 (R)

Dear Commissioner:

We are filing new rules for Medical Waste Legal Expense Reimbursement coverage and Medicare/Medicaid Legal Expense Reimbursement coverage. These are optional coverages to be available with our Podiatrists Professional Liability Program.

We wish to implement this revision with all new and renewal policies effective on or after May 1, 2006 or earlier upon your approval.

Please contact me if you have any questions.

Regards,

Bob Wolfrom, CPCU
Sr. Regulatory Specialist

Property & Casualty Transmittal Document (Revised 1/1/06)

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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	ACE USA			Group NAIC #	626
4. Company Name(s)	Domicile	NAIC #	FEIN #		
ACE American Insurance Company	PA	22667	95-2371728		

5. Company Tracking Number	06-PR-068
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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
Bob Wolfrom ACE INA 436 Walnut Street WB04G Philadelphia, PA 19106	Sr. Regulatory Specialist	215.640.5123	215.640.4986	robert.wolfrom@ace- ina.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Robert E. Wolfrom			

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

9. Type of Insurance (TOI)	Medical Malpractice 11.1000
10. Sub-Type of Insurance (Sub-TOI)	Podiatry 11.0025
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Podiatrists Professional Liability Program
13. Filing Type	[] Rate/Loss Cost [X] Rules [] Rates/Rules [] Forms [] Combination Rates/Rules/Forms [] Withdrawal [] Other (give description)
14. Effective Date(s) Requested	New: May 1, 2006 Renewal: May 1, 2006
15. Reference Filing?	[] Yes [X] No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	[X] Not Filed [] Pending [] Authorized [] Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	06-PR-069
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing new Medical Waste and Medicare/Medicaid Legal Expense Reimbursement Coverage Parts and rules to be used with our Podiatrists 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]
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Check #:
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.)**

PC TD-1 pg 2 of 2

ACE GROUP OF INSURANCE COMPANIES

ACE American Insurance Company Podiatrists Professional Liability Program Medical Waste and Medicare/Medicaid Legal Expense Reimbursement Coverage Rules Explanatory Memorandum

We are introducing new Medical Waste and Medicare/Medicaid Legal Expense Reimbursement Coverage Parts rules to be used with our Podiatrists Professional Liability Program.

The new optional Medical Waste Legal Expense Reimbursement Coverage Part provides the insured with reimbursement of reasonable and necessary legal expenses incurred resulting from a civil suit alleging a violation of a law or regulation governing the disposal of medical waste. The coverage is subject to a per suit and annual aggregate limit of \$50,000. Likewise, the new optional Medicare/Medicaid Legal Expense Reimbursement Coverage Part provides the insured with coverage for the reimbursement of reasonable and necessary legal expenses that may result from an action by any federal or state authority that imposes sanctions against the insured as a result of the insured's participation in the Medicare or Medicaid programs. The coverage is subject to a per action and aggregate limit of \$30,000. This coverage part is the same as the approved form SR9989 from the Podiatrists Program of the General Insurance Company of America (SAFECO). Our original program filing was identical to the SAFECO program which was made because they were exiting the market. Our original filing had omitted this coverage.

A. Forms

n/a

B. Rules

Manual Page

Podiatrists Professional Liability Insurance Program Rates and Rules - Optional Coverage
PO-1 edition 01/2006

Manual Rule

1. Optional Medicare/Medicaid Legal Expense Reimbursement Coverage - Professional Liability

This optional coverage may be added to the policy for an additional charge of \$200 subject to the approved manual's premium modifiers. This charge is identical to the charge that was in the approved Podiatrists Professional Liability Program of the General Insurance Company of America (SAFECO).

2. Optional Medical Waste Legal Expense Reimbursement Coverage - Professional Liability

This optional coverage may be added to the policy for no additional charge.

**PODIATRISTS PROFESSIONAL LIABILITY INSURANCE PROGRAM
RATES AND RULES –
OPTIONAL COVERAGE**

PO-1

The following rules are added to the state specific rate pages:

**1. OPTIONAL MEDICARE/MEDICAID LEGAL EXPENSE REIMBURSEMENT COVERAGE –
PROFESSIONAL LIABILITY**

Endorsement PF-10876, MEDICARE/MEDICAID LEGAL EXPENSE REIMBURSEMENT COVERAGE PART may be added to the policy for an additional charge of \$200, subject to modifiers. The limits of liability afforded for this coverage are \$30,000 per Action / \$30,000 Annual Aggregate Limit.

**2. OPTIONAL MEDICAL WASTE LEGAL EXPENSE REIMBURSEMENT COVERAGE – PROFESSIONAL
LIABILITY**

Endorsement PF-10875, MEDICAL WASTE LEGAL EXPENSE REIMBURSEMENT COVERAGE PART may be added to the policy for no charge. The limits of liability afforded to this coverage are \$50,000 Per Suit / \$50,000 Annual Aggregate Limit.

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, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	06-PR-068(R)
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	06-PR-068(F)
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)					
Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
ACE American Ins. Co.	n/a					

4b.	Rate Change by Company (As Accepted) For State Use Only					
Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate impact for this filing	n/a	
5b	Effect of Rate Filing – Written premium change for this program	n/a	
5c	Effect of Rate Filing – Number of policyholders affected	n/a	

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	PO-1 01/2006	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

The following rules are added to the state specific rate pages:

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1. **OPTIONAL MEDICARE/MEDICAID LEGAL EXPENSE REIMBURSEMENT COVERAGE – PROFESSIONAL LIABILITY**

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Endorsement PF-10876, MEDICARE/MEDICAID LEGAL EXPENSE REIMBURSEMENT COVERAGE PART may be added to the policy for an additional charge of \$200, subject to modifiers. The limits of liability afforded for this coverage are \$30,000 per Action / \$30,000 Annual Aggregate Limit.

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2. **OPTIONAL MEDICAL WASTE LEGAL EXPENSE REIMBURSEMENT COVERAGE – PROFESSIONAL LIABILITY**

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Endorsement PF-10875, MEDICAL WASTE LEGAL EXPENSE REIMBURSEMENT COVERAGE PART may be added to the policy for no charge. The limits of liability afforded to this coverage are \$50,000 Per Suit / \$50,000 Annual Aggregate Limit.

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Revised

ACE AMERICAN INSURANCE COMPANY

01/2006

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Deleted: 09/2004