

SERFF Tracking Number: MDPC-126055948 State: District of Columbia
Filing Company: The Medical Protective Company State Tracking Number:
Company Tracking Number: 09-HCNP-02
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0013 Nurse - Practitioners
Made/Occurrence
Product Name: Health Care Professionals - Nurse Practitioners
Project Name/Number: HCP - NP/09-HCPNP-02

Filing at a Glance

Company: The Medical Protective Company

Product Name: Health Care Professionals - Nurse Practitioners SERFF Tr Num: MDPC-126055948 State: District of Columbia

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

Made/Occurrence

Sub-TOI: 11.0013 Nurse - Practitioners

Co Tr Num: 09-HCNP-02

State Status:

Filing Type: Rate/Rule

Reviewer(s): Robert Nkojo

Authors: Melissa Millican,

Disposition Date: 07/14/2009

Christopher Cole

Date Submitted: 03/12/2009

Disposition Status: APPROVED

Effective Date Requested (New): 07/01/2009

Effective Date (New):

Effective Date Requested (Renewal): 07/01/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: HCP - NP

Status of Filing in Domicile: Pending

Project Number: 09-HCPNP-02

Domicile Status Comments:

Reference Organization: n/a

Reference Number: n/a

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 07/14/2009

State Status Changed:

Deemer Date:

Created By: Melissa Millican

Submitted By: Melissa Millican

Corresponding Filing Tracking Number: 09-HCNP-01

Filing Description:

The Medical Protective Company is pleased to introduce new Nurse Practitioner rates, rules and forms for individual Healthcare Professionals.

Where applicable we have separated the forms from the rates and rules and have submitted a separate filing under a separate submission. We respectfully request an effective date of July 1, 2009 for this submission.

The enclosed Memorandum and exhibits detail the rate development of this filing and provide brief descriptions of the manual rate and rule pages included in the package. In addition to the aforementioned pages, please find specimen copies of the proposed policies and endorsements.

SERFF Tracking Number: MDPC-126055948 State: District of Columbia
 Filing Company: The Medical Protective Company State Tracking Number:
 Company Tracking Number: 09-HCNP-02
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0013 Nurse - Practitioners
 Made/Occurrence
 Product Name: Health Care Professionals - Nurse Practitioners
 Project Name/Number: HCP - NP/09-HCPNP-02

If you should have any additional questions related to this filing, please let me know.

Thank you for your time,
 Melissa Coker

Company and Contact

Filing Contact Information

Melissa Millican, Paralegal melissa.millican@medpro.com
 5814 Reed Road 260-486-0838 [Phone]
 Fort Wayne, IN 46835 260-486-0733 [FAX]

Filing Company Information

The Medical Protective Company CoCode: 11843 State of Domicile: Indiana
 5814 Reed Road Group Code: Company Type:
 Fort Wayne, IN 46835 Group Name: State ID Number:
 (260) 486-0838 ext. [Phone] FEIN Number: 35-0506406

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Medical Protective Company	\$0.00		

SERFF Tracking Number: MDPC-126055948 State: District of Columbia
 Filing Company: The Medical Protective Company State Tracking Number:
 Company Tracking Number: 09-HCNP-02
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0013 Nurse - Practitioners
 Made/Occurrence
 Product Name: Health Care Professionals - Nurse Practitioners
 Project Name/Number: HCP - NP/09-HCPNP-02

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Robert Nkojo	07/14/2009	07/14/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	OCC Employed Nurse Practitioner Rule	Christopher Cole	04/08/2009	04/08/2009
Rate	SCM Employed Nurse Practitioner Rule	Christopher Cole	04/08/2009	04/08/2009
Supporting Document	Actuarial Certification (P&C)	Christopher Cole	04/08/2009	04/08/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status of filing	Note To Reviewer	Melissa Millican	05/04/2009	05/04/2009
Effective Date	Note To Reviewer	Christopher Cole	03/19/2009	03/19/2009

SERFF Tracking Number: MDPC-126055948 State: District of Columbia
 Filing Company: The Medical Protective Company State Tracking Number:
 Company Tracking Number: 09-HCNP-02
 TOI: 11.0 Medical Malpractice - Claims Made/Occurrence Sub-TOI: 11.0013 Nurse - Practitioners
 Product Name: Health Care Professionals - Nurse Practitioners
 Project Name/Number: HCP - NP/09-HCPNP-02

Disposition

Disposition Date: 07/14/2009
 Effective Date (New):
 Effective Date (Renewal):
 Status: APPROVED
 Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
The Medical Protective Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
	Percent Change Approved:						
	Minimum:	%	Maximum:	%	Weighted Average:		%

SERFF Tracking Number: MDPC-126055948 State: District of Columbia
 Filing Company: The Medical Protective Company State Tracking Number:
 Company Tracking Number: 09-HCNP-02
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0013 Nurse - Practitioners
 Made/Occurrence
 Product Name: Health Care Professionals - Nurse Practitioners
 Project Name/Number: HCP - NP/09-HCPNP-02

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Actuarial Certification (P&C)		Yes
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	OCC Rate Pages		Yes
Rate	OCC Class Plan		Yes
Rate	OCC Aggregate Credit Rule		Yes
Rate	OCC Deferred Premium Payment Plan Rule		Yes
Rate	OCC Full Time Equivalency Rating Rule		Yes
Rate	OCC Group Rating Rule		Yes
Rate	OCC Leave of Absence Credit Rule		Yes
Rate	OCC Military Leave of Absence Credit Rule		Yes
Rate	OCC Minimum Premium Rating Rule		Yes
Rate	OCC Renewal Rating Rule		Yes
Rate	OCC Risk Management Credit Rule		Yes
Rate	OCC Schedule Rating Plan		Yes
Rate	OCC Membership Association Credit		Yes
Rate	OCC New to Practice Credit		Yes
Rate	OCC Shared Entity Vicarious Liability Coverage		Yes
Rate	OCC Partnership or Corporation Coverage		Yes
Rate	SCM Rate Pages		Yes
Rate	SCM Class Plan		Yes
Rate	SCM Tail Factors		Yes
Rate	SCM Aggregate Credit Rule		Yes
Rate	SCM Deferred Premium Payment Plan Rule		Yes
Rate	SCM Full Time Equivalency Rating Rule		Yes

SERFF Tracking Number: MDPC-126055948 State: District of Columbia
 Filing Company: The Medical Protective Company State Tracking Number:
 Company Tracking Number: 09-HCNP-02
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0013 Nurse - Practitioners
 Made/Occurrence
 Product Name: Health Care Professionals - Nurse Practitioners
 Project Name/Number: HCP - NP/09-HCPNP-02

Rate	SCM Group Rating Rule	Yes
Rate	SCM Leave of Absence Credit Rule	Yes
Rate	SCM Military Leave of Absence Credit Rule	Yes
Rate	SCM Minimum Premium Rating Rule	Yes
Rate	SCM Renewal Rating Rule	Yes
Rate	SCM Risk Management Credit Rule	Yes
Rate	SCM Schedule Rating Plan	Yes
Rate	SCM Membership Association Credit	Yes
Rate	SCM New to Practice Credit	Yes
Rate	SCM Shared Entity Vicarious Liability Coverage	Yes
Rate	SCM Partnership or Corporation Coverage	Yes
Rate	SCM Accelerated Extension Contract Rule	Yes
Rate	SCM Extension Contract Rating	Yes
Rate	SCM Prior Acts Coverage	Yes
Rate	SCM Slot Rating Rule	Yes
Rate	SCM Convertible Coverage Rating Plan	Yes
Rate	OCC Employed Nurse Practitioner Rule	Yes
Rate	SCM Employed Nurse Practitioner Rule	Yes

SERFF Tracking Number: MDPC-126055948 *State:* District of Columbia
Filing Company: The Medical Protective Company *State Tracking Number:*
Company Tracking Number: 09-HCNP-02
TOI: 11.0 Medical Malpractice - Claims *Sub-TOI:* 11.0013 Nurse - Practitioners
Made/Occurrence
Product Name: Health Care Professionals - Nurse Practitioners
Project Name/Number: HCP - NP/09-HCPNP-02

Note To Reviewer

Created By:

Melissa Millican on 05/04/2009 07:31 AM

Last Edited By:

Melissa Millican

Submitted On:

05/04/2009 07:31 AM

Subject:

Status of filing

Comments:

I wanted to check the status of the filing, is there any additional information you need at this time to complete your review?

Thank you,

Melissa

SERFF Tracking Number: MDPC-126055948 State: District of Columbia
 Filing Company: The Medical Protective Company State Tracking Number:
 Company Tracking Number: 09-HCNP-02
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0013 Nurse - Practitioners
 Made/Occurrence
 Product Name: Health Care Professionals - Nurse Practitioners
 Project Name/Number: HCP - NP/09-HCPNP-02

Amendment Letter

Submitted Date: 04/08/2009

Comments:

The filing has been amended to include the occurrence and standard claims made Employed Nurse Practitioner Rule. There is a revised memo to explain the additional rules.

Please let me know if you should have any questions regarding this filing.

Thank you for your time,

Chris Cole

Changed Items:

Rate/Rule Schedule Item Changes:

Exhibit Name:	Rule # or Page #:	Rate Action:	Previous State Filing Number:	Attach Document:
OCC Employed Nurse Practitioner Rule	ENP-CW; 7/1/2009	New		dc np occ enp.pdf
SCM Employed Nurse Practitioner Rule	ENP-CW; 7/1/2009	New		ks np scm enp.pdf

Supporting Document Schedule Item Changes:

Satisfied -Name: Actuarial Certification (P&C)

Comment: attached is the revised memo to include the employed nurse practitioner rules
 dc np ex.pdf
 DC rev NP Filing Act Memo.pdf

SERFF Tracking Number: MDPC-126055948 *State:* District of Columbia
Filing Company: The Medical Protective Company *State Tracking Number:*
Company Tracking Number: 09-HCNP-02
TOI: 11.0 Medical Malpractice - Claims *Sub-TOI:* 11.0013 Nurse - Practitioners
Made/Occurrence
Product Name: Health Care Professionals - Nurse Practitioners
Project Name/Number: HCP - NP/09-HCPNP-02

Note To Reviewer

Created By:

Christopher Cole on 03/19/2009 09:54 AM

Last Edited By:

Christopher Cole

Submitted On:

03/19/2009 09:54 AM

Subject:

Effective Date

Comments:

We ask to modify the effective date from 7/1/2009 to 6/1/2009.

Thank you.

SERFF Tracking Number: MDPC-126055948 State: District of Columbia
 Filing Company: The Medical Protective Company State Tracking Number:
 Company Tracking Number: 09-HCNP-02
 TOI: 11.0 Medical Malpractice - Claims Made/Occurrence Sub-TOI: 11.0013 Nurse - Practitioners
 Product Name: Health Care Professionals - Nurse Practitioners
 Project Name/Number: HCP - NP/09-HCPNP-02

Rate Information

Rate data applies to filing.

Filing Method: file and use
Rate Change Type: %
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing: n/a - this is the initial filing

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
The Medical Protective Company	N/A	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: MDPC-126055948 State: District of Columbia
 Filing Company: The Medical Protective Company State Tracking Number:
 Company Tracking Number: 09-HCNP-02
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0013 Nurse - Practitioners
 Made/Occurrence
 Product Name: Health Care Professionals - Nurse Practitioners
 Project Name/Number: HCP - NP/09-HCPNP-02

Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	OCC Rate Pages	RTS-xxx; ST-09-1	New	dc np oc.pdf
	OCC Class Plan	NPRC-CW; 7/1/2009	New	dc np oc cp.pdf
	OCC Aggregate Credit Rule	ACR-CW; 7/1/2009	New	dc np occ acr.pdf
	OCC Deferred Premium Payment Plan Rule	DPP-CW; 7/1/2009	New	dc np occ dpp.pdf
	OCC Full Time Equivalency Rating Rule	FTE-CW; 7/1/2009	New	dc np occ fte.pdf
	OCC Group Rating Rule	GRR-CW; 7/1/2009	New	dc np occ group.pdf
	OCC Leave of Absence Credit Rule	LOA-CW; 7/1/2009	New	dc np occ loa.pdf
	OCC Military Leave of Absence Credit Rule	MLOA-CW; 7/1/2009	New	dc np occ mloa.pdf

SERFF Tracking Number: MDPC-126055948 State: District of Columbia
 Filing Company: The Medical Protective Company State Tracking Number:
 Company Tracking Number: 09-HCNP-02
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0013 Nurse - Practitioners
 Made/Occurrence
 Product Name: Health Care Professionals - Nurse Practitioners
 Project Name/Number: HCP - NP/09-HCPNP-02

OCC Minimum Premium Rating Rule	MPR-CW; 7/1/2009	New	dc np occ mpr.pdf
OCC Renewal Rating Rule	RRR-CW; 7/1/2009	New	dc np occ renewal.pdf
OCC Risk Management Credit Rule	RMC-CW; 7/1/2009	New	dc np occ rmc.pdf
OCC Schedule Rating Plan	SRP-CW; 7/1/2009	New	dc np occ srp.pdf
OCC Membership Association Credit	MAC-CW; 7/1/2009	New	dc np occ mac.pdf
OCC New to Practice Credit	NTP-CW; 7/1/2009	New	dc np occ ntp.pdf
OCC Shared Entity Vicarious Liability Coverage	SVL-CW; 7/1/2009	New	dc np occ entity.pdf
OCC Partnership or Corporation Coverage	PCC-CW; 7/1/2009	New	dc np occ pc.pdf
SCM Rate Pages	RTS-xxx; ST-09- 1	New	dc np cm.pdf
SCM Class Plan	NPRC-CW; 7/1/2009	New	dc np cm cp.pdf

SERFF Tracking Number: MDPC-126055948 State: District of Columbia
 Filing Company: The Medical Protective Company State Tracking Number:
 Company Tracking Number: 09-HCNP-02
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0013 Nurse - Practitioners
 Made/Occurrence
 Product Name: Health Care Professionals - Nurse Practitioners
 Project Name/Number: HCP - NP/09-HCPNP-02

SCM Tail Factors	ECF-xxx; ST-09- New 1		dc np scm ecf.pdf
SCM Aggregate Credit Rule	ACR-CW; 7/1/2009	New	dc np scm acr.pdf
SCM Deferred Premium Payment Plan Rule	DPP-CW; 7/1/2009	New	dc np scm dpp.pdf
SCM Full Time Equivalency Rating Rule	FTE-CW; 7/1/2009	New	dc np scm fte.pdf
SCM Group Rating Rule	GRR-CW; 7/1/2009	New	dc np scm group.pdf
SCM Leave of Absence Credit Rule	LOA-CW; 7/1/2009	New	dc np scm loa.pdf
SCM Military Leave of Absence Credit Rule	MLOA-CW; 7/1/2009	New	dc np scm mloa.pdf
SCM Minimum Premium Rating Rule	MPR-CW; 7/1/2009	New	dc np scm mpr.pdf
SCM Renewal Rating Rule	RRR-CW; 7/1/2009	New	dc np scm renewal.pdf
SCM Risk Management Credit	RMC-CW; 7/1/2009	New	dc np scm rmc.pdf

SERFF Tracking Number: MDPC-126055948 State: District of Columbia
 Filing Company: The Medical Protective Company State Tracking Number:
 Company Tracking Number: 09-HCNP-02
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0013 Nurse - Practitioners
 Made/Occurrence
 Product Name: Health Care Professionals - Nurse Practitioners
 Project Name/Number: HCP - NP/09-HCPNP-02

Rule

SCM Schedule Rating Plan	SRP-CW; 7/1/2009	New	dc np scm srp.pdf
SCM Membership Association Credit	MAC-CW; 7/1/2009	New	dc np scm mac.pdf
SCM New to Practice Credit	NTP-CW; 7/1/2009	New	dc np scm ntp.pdf
SCM Shared Entity Vicarious Liability Coverage	SVL-CW; 7/1/2009	New	dc np scm shared.pdf
SCM Partnership or Corporation Coverage	PCC-CW; 7/1/2009	New	dc np scm pc.pdf
SCM Accelerated Extension Contract Rule	AEC-CW; 7/1/2009	New	dc np scm acc ecr.pdf
SCM Extension Contract Rating	ECR-CW; 7/1/2009	New	dc np scm ecr.pdf
SCM Prior Acts Coverage	PAC-CW; 7/1/2009	New	dc np scm prior.pdf
SCM Slot Rating Rule	SRR-CW; 7/1/2009	New	dc np scm srr.pdf
SCM Convertible	CCR-CW;	New	dc np scm conv.pdf

SERFF Tracking Number: MDPC-126055948 State: District of Columbia
Filing Company: The Medical Protective Company State Tracking Number:
Company Tracking Number: 09-HCNP-02
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0013 Nurse - Practitioners
Made/Occurrence
Product Name: Health Care Professionals - Nurse Practitioners
Project Name/Number: HCP - NP/09-HCPNP-02

Coverage Rating Plan 7/1/2009

OCC Employed Nurse ENP-CW; New dc np occ enp.pdf
Practitioner Rule 7/1/2009

SCM Employed Nurse ENP-CW; New ks np scm enp.pdf
Practitioner Rule 7/1/2009

**The
Medical Protective Company**
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

**DISTRICT OF COLUMBIA
NURSE PRACTITIONERS PROGRAM
OCCURRENCE RATES**

Class	100/300	200/600	250/750	500/1000	1000/3000	1000/6000	2000/4000
N1	538	580	597	647	807	841	967
N2	762	821	845	917	1,143	1,191	1,369
N3	984	1,061	1,091	1,184	1,476	1,538	1,768
N4	1,208	1,302	1,340	1,453	1,812	1,888	2,171
NS	176	190	195	212	264	275	316

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
OCCURRENCE PROGRAM

CLASS PLAN

CLASS N1

A NURSE PRACTITIONER SPECIALIZING IN ADULT, ADULT ONCOLOGY, FAMILY PLANNING, GERIATRIC, GYNECOLOGY OR WOMEN'S HEALTH CARE.

CLASS N2

A NURSE PRACTITIONER SPECIALIZING IN PSYCHIATRIC CARE.

CLASS N3

A NURSE PRACTITIONER SPECIALIZING IN ACUTE CRITICAL CARE, SCHOOL NURSE, FAMILY PRACTICE, PEDIATRIC OR NEONATAL CARE.

CLASS N4

A NURSE PRACTITIONER SPECIALIZING IN ACUTE CARE OBSTETRICS, OBSTETRICS/GYNECOLOGY OR PERINATAL CARE.

CLASSES

STUDENTS CURRENTLY ATTENDING AN APPROVED NURSE PRACTITIONER PROGRAM.

**Coverage is not available for Midwives under this program.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
OCCURRENCE PROGRAM
AGGREGATE CREDIT RULE

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 50% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO LEAVE OF ABSENCE OR MILITARY LEAVE OF ABSENCE CREDITS.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

OCCURRENCE PROGRAM

DEFERRED PREMIUM PAYMENT PLAN RULE

THE COMPANY WILL, SUBJECT TO APPLICABLE GUIDELINES, OFFER THE INSURED VARIOUS PREMIUM PAYMENT OPTIONS. THE DEFERRED PREMIUM PAYMENT PLAN REQUIRES A DOWN PAYMENT TO BE PAID ON OR BEFORE THE INCEPTION/RENEWAL DATE OF THE POLICY. THE BALANCE OF THE PREMIUM WILL BE PAYABLE IN PERIODIC INSTALLMENTS. OTHER FEES MAY APPLY.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

OCCURRENCE PROGRAM

FULL TIME EQUIVALENCY RATING RULE

COVERAGE FOR A HEALTHCARE PROFESSIONAL GROUP IS AVAILABLE, AT THE COMPANY'S OPTION, ON A FULL TIME EQUIVALENT (FTE) BASIS RATHER THAN ON AN INDIVIDUAL INSURED BASIS. COVERAGE IS PROVIDED ON AN INDIVIDUAL LIMIT OR SHARED LIMIT BASIS. FULL TIME EQUIVALENCY IS BASED ON EACH HEALTHCARE PROFESSIONAL'S NUMBER OF HOURS OF PRACTICE PER YEAR. THE DEFINITION OF ONE FTE IS BASED ON THE FOLLOWING NUMBER OF HOURS PER YEAR:

2,000	GROUP PRACTICE
1,800	TRAINING/RESIDENCY PROGRAMS

FOR GROUP PRACTICES, THE MINIMUM AVERAGE FTE ASSIGNED TO ANY INDIVIDUAL HEALTHCARE PROFESSIONAL IS .10 (200 HOURS), SUBJECT TO A TOTAL FTE PER POLICY OF NO LESS THAN 1.0. TRAINING/RESIDENCY PROGRAMS (AND OTHER SIMILAR PROGRAMS) ARE NOT SUBJECT TO THE GROUP PRACTICE MINIMUMS.

THE PREMIUM DEVELOPED BY APPLYING THE APPLICABLE HEALTHCARE PROFESSIONAL RATE TO THE CORRESPONDING FTE WILL BE ADJUSTED TO REFLECT LOSS COST CONSIDERATIONS NOT RECOGNIZED IN THE STANDARD RATES.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

OCCURRENCE PROGRAM

FULL TIME EQUIVALENCY RATING RULE

THE FOLLOWING TABLE IDENTIFIES THE APPLICABLE PREMIUM MODIFICATION PER THE NUMBER OF FTE'S IN THE POLICY FOR A SHARED LIMIT:

<u>FTE*</u> <u>PER POLICY</u>	<u>PREMIUM</u> <u>MODIFICATION</u>
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25 +	-15.0%

*THE TABLE VALUE IS DETERMINED BY ROUNDING THE ACTUAL FTE PER POLICY USING THE .50 ROUNDING RULE.

PREMIUM MODIFICATION FOR NEW TO PRACTICE AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

FTE POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MID-TERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
OCCURRENCE PROGRAM
GROUP RATING RULE

ANY GROUP PRACTICE CONSISTING OF TWO OR MORE HEALTHCARE PROFESSIONALS MAY BE COLLECTIVELY RATED. "GROUP PRACTICE" SHALL MEAN A GROUP OR BODY OF INSURED'S WHO MAKE A COLLECTIVE BUYING DECISION TO PURCHASE INSURANCE AS THE OWNERS, EMPLOYEES, OR AGENTS OF A SPECIFIC AND DISTINCT CORPORATION, PARTNERSHIP, OR ASSOCIATION.

1. THE PREMIUM FOR THE GROUP WILL BE DETERMINED BY MULTIPLYING THE 'GROUP'S NET PREMIUM' BY ANY CREDITS OR DEBITS ASSIGNED TO THE GROUP UNDER THE SCHEDULE RATING PLAN AFTER FACTORING IN ANY COMMISSION FEE OR OTHER EXPENSE VARIATIONS ASSOCIATED WITH THE GROUP. (THE COMPANY WILL NEGOTIATE AN APPROPRIATE COMMISSION WITH THE INSURED'S AGENT BASED UPON THE GROUP'S SIZE AND THE AMOUNT OF WORK TO BE PERFORMED BY THE AGENT. UPON REQUEST, THE COMPANY WILL WRITE THE GROUP ON A NET OF COMMISSION BASIS IF THE GROUP HAS NEGOTIATED A SEPARATE FEE AGREEMENT WITH ITS AGENT.)
2. THE "GROUP'S NET PREMIUM" WILL EQUAL THE SUM OF THE "INDIVIDUAL NET PREMIUMS" FOR EACH INDIVIDUAL OR ENTITY RECEIVING SEPARATE LIMITS OF LIABILITY.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

OCCURRENCE PROGRAM

GROUP RATING RULE

3. THE "INDIVIDUAL NET PREMIUMS" WILL EQUAL THE FILED RATE FOR THE INSURED. HOWEVER, ONCE THE PREMIUM FOR THE GROUP HAS BEEN ESTABLISHED, THE COMPANY MAY ALLOCATE THAT PREMIUM AMONG THE INDIVIDUAL INSURED BASED UPON APPLICABLE UNDERWRITING CRITERIA.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

OCCURRENCE PROGRAM

LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROVIDER WHO IS ON A LEAVE OF ABSENCE FOR A CONTINUOUS PERIOD OF 45 DAYS OR MORE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE, IF REPORTED TO THE COMPANY WITHIN 30 DAYS. ONLY ONE APPLICATION OF THIS CREDIT MAY BE APPLIED TO AN ANNUAL POLICY PERIOD. LEAVE OF ABSENCE MAY INCLUDE THE FOLLOWING:

- THE BIRTH OF INSUREDS NEWBORN, PLACEMENT OF FOSTER CHILDREN OR INSURED ADOPTS A CHILD, PROVIDED THE LEAVE IS COMPLETED WITHIN 12 MONTHS OF THE BIRTH, PLACEMENT OR ADOPTION.
- TO CARE FOR A SPOUSE, CHILD OR PARENT WHO HAS A SERIOUS HEALTH CONDITION.
- TO CARE FOR INSUREDS OWN HEALTH CONDITION WHICH PREVENTS INSURED FROM WORKING.
- TIME TO ENHANCE THE INSUREDS EDUCATION OR OTHER REASON WHILE NOT PRACTICING.

THIS CREDIT IS NOT AVAILABLE TO AN INSUREDS LEAVE OF ABSENCE FOR VACATION PURPOSES. THE MINIMUM PREMIUM RATING RULE APPLIES TO INSUREDS ELIGIBLE FOR THE LEAVE OF ABSENCE CREDIT.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

OCCURRENCE PROGRAM

MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROVIDER WHO IS ON A MILITARY LEAVE OF ABSENCE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE.

THE MINIMUM PREMIUM RATING RULE DOES NOT APPLY TO INSURED THAT ARE ELIGIBLE FOR THE MILITARY LEAVE OF ABSENCE CREDIT.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
OCCURRENCE PROGRAM
MINIMUM PREMIUM RATING RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF \$50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELLED AS OF THE INCEPTION DATE.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

OCCURRENCE PROGRAM

RENEWAL RATING RULE

MEMBERS OF A QUALIFIED PROFESSIONAL GROUP/ASSOCIATION MAY QUALIFY FOR ADDITIONAL PREMIUM MODIFICATIONS.

IF THE GROUP PRACTICE/ASSOCIATION GENERATES A MANUAL PREMIUM IN EXCESS OF \$250,000 THE COMPANY MAY, IN CONSIDERATION OF THE UNDERLYING RISK, HOLD THE NEXT RENEWAL RATE(S) FOR THE INDIVIDUAL POLICYHOLDER(S) CONSTANT, SUBJECT TO UNDERWRITING APPROVAL.

HOWEVER, CHANGES IN CLASSIFICATION, LIMITS OF LIABILITY, CLAIMS-MADE STEP WILL BE APPLIED IN THE USUAL MANNER.

ONLY ONE CONSECUTIVE RENEWAL MAY RECEIVE APPLICATION OF THIS RULE. THE GROUP PRACTICE/ASSOCIATION MAY AGAIN QUALIFY FOR THIS RULE AFTER PAYMENT OF ONE RENEWAL PREMIUM BASED UPON CURRENTLY FILED RATES.

The
Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

OCCURRENCE PROGRAM

RISK MANAGEMENT CREDIT RULE

THE INSURED WILL RECEIVE A TEN PERCENT (10%) PREMIUM CREDIT FOR A RISK MANAGEMENT COURSE APPROVED FOR CREDIT BY THE MEDICAL PROTECTIVE COMPANY.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
OCCURRENCE PROGRAM
SCHEDULE RATING PLAN

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR CERTAIN INSUREDS, OR GROUPS OF INSUREDS, WHO IN THE OPINION OF THE MEDICAL PROTECTIVE COMPANY, UNIQUELY QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING, SUBJECT TO A MAXIMUM MODIFICATION OF -25% / 25%; TO RECOGNIZE RISK CHARACTERISTICS THAT ARE NOT REFLECTED IN THE OTHERWISE APPLICABLE PREMIUM. ALL MODIFICATIONS APPLIED UNDER THIS SCHEDULE RATING PLAN ARE SUBJECT TO PERIODIC REVIEW.

THE MODIFICATION SHALL BE BASED ON ONE OR MORE OF THE FOLLOWING CONSIDERATIONS:

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

OCCURRENCE PROGRAM

SCHEDULE RATING PLAN

1. **HISTORICAL LOSS EXPERIENCE:**
THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.
2. **CUMULATIVE YEARS OF PATIENT EXPERIENCE:**
THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.
3. **CLASSIFICATION ANOMALIES:**
CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
OCCURRENCE PROGRAM
SCHEDULE RATING PLAN

4. **CLAIM ANOMALIES:**
ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES OR TRENDS THAT WILL POSTIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).
5. **MANAGEMENT CONTROL PROCEDURES:**
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.
6. **NUMBER / TYPE OF PATIENT EXPOSURES:**
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSTIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.
7. **ORGANIZATIONAL SIZE / STRUCTURE:**
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSUREDS ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

OCCURRENCE PROGRAM

SCHEDULE RATING PLAN

8. **HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW:**
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE, (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTH CARE SERVICES BEING RENDERED AND/OR (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.
9. **OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES:**
ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY OR SEVERITY OF CLAIMS.
10. **TRAINING, ACCREDITATION AND CREDENTIALING:**
THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.
11. **RECORD KEEPING PRACTICES:**
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
OCCURRENCE PROGRAM
SCHEDULE RATING PLAN

12. **UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES:**

DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, PROVIDING ABOVE OR BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

THE AFOREMENTIONED MODIFICATIONS CONTEMPLATE THE STANDARD ALLOWANCE FOR EXPENSES AND ARE SUBJECT TO THE MAXIMUM MODIFICATION REFERENCED ABOVE. IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
OCCURRENCE PROGRAM
MEMBERSHIP ASSOCIATION CREDIT

A PREMIUM CREDIT OF 10% SHALL BE GIVEN TO THOSE INSUREDS WHO ARE A MEMBER OF A DESIGNATED MEDICAL PROTECTIVE HEALTHCARE PROFESSIONAL ASSOCIATION.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
OCCURRENCE PROGRAM
NEW TO PRACTICE CREDIT

A PRACTITIONER IN THEIR FIRST YEAR OF PRACTICE, AFTER GRADUATION, WILL RECEIVE A 25% CREDIT APPLIED TO CURRENT FILED RATES.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

OCCURRENCE PROGRAM

SHARED ENTITY VICARIOUS LIABILITY COVERAGE

A SCHEDULED HEALTHCARE PROFESSIONAL ENTITY MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE. COVERAGE IS LIMITED TO VICARIOUS LIABILITY BASED SOLELY ON PROFESSIONAL SERVICES RENDERED, OR WHICH SHOULD HAVE BEEN RENDERED BY THE NAMED INSURED NURSE PRACTITIONER.

THIS ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER CLAIM FILED OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

OCCURRENCE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

THE PREMIUM WILL EQUAL 10% OF THE SUM OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS AND EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION.

LIMITS OF COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS, OR EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS.

**The
Medical Protective Company**
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
NURSE PRACTITIONERS PROGRAM
STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/3000	1000/6000	2000/4000
N1	172	185	191	207	258	269	309
N2	244	263	271	294	366	381	438
N3	315	340	349	379	473	492	566
N4	386	416	428	464	579	603	694
NS							

**The
Medical Protective Company
Fort Wayne, Indiana 46835**

Professional Protection Exclusively Since 1899

**DISTRICT OF COLUMBIA
NURSE PRACTITIONERS PROGRAM
STANDARD CLAIMS MADE RATES**

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/3000	1000/6000	2000/4000
N1	307	331	340	369	461	480	552
N2	434	468	481	522	651	678	780
N3	561	605	622	675	842	877	1,008
N4	689	743	764	829	1,034	1,077	1,238
NS							

**The
Medical Protective Company**
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

**DISTRICT OF COLUMBIA
NURSE PRACTITIONERS PROGRAM
STANDARD CLAIMS MADE RATES
2 YEARS SINCE RETROACTIVE DATE**

Class	100/300	200/600	250/750	500/1000	1000/3000	1000/6000	2000/4000
N1	415	447	460	499	623	649	746
N2	587	633	651	706	881	917	1,055
N3	758	817	841	912	1,137	1,185	1,362
N4	930	1,003	1,031	1,119	1,395	1,454	1,671
NS							

**The
Medical Protective Company
Fort Wayne, Indiana 46835**
Professional Protection Exclusively Since 1899

**DISTRICT OF COLUMBIA
NURSE PRACTITIONERS PROGRAM
STANDARD CLAIMS MADE RATES
3 YEARS SINCE RETROACTIVE DATE**

Class	100/300	200/600	250/750	500/1000	1000/3000	1000/6000	2000/4000
N1	452	487	501	544	678	706	812
N2	639	689	709	769	959	999	1,148
N3	826	890	916	994	1,239	1,291	1,484
N4	1,014	1,093	1,125	1,220	1,521	1,585	1,822
NS							

**The
Medical Protective Company
Fort Wayne, Indiana 46835**
Professional Protection Exclusively Since 1899

**DISTRICT OF COLUMBIA
NURSE PRACTITIONERS PROGRAM
STANDARD CLAIMS MADE RATES**

MATURE

Class	100/300	200/600	250/750	500/1000	1000/3000	1000/6000	2000/4000
N1	533	575	591	641	800	833	958
N2	754	813	836	907	1,131	1,179	1,355
N3	974	1,050	1,080	1,172	1,461	1,522	1,750
N4	1,196	1,289	1,326	1,439	1,794	1,869	2,149
NS							

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
STANDARD CLAIMS MADE PROGRAM

CLASS PLAN

CLASS N1

A NURSE PRACTITIONER SPECIALIZING IN ADULT, ADULT ONCOLOGY, FAMILY PLANNING, GERIATRIC, GYNECOLOGY OR WOMEN'S HEALTH CARE.

CLASS N2

A NURSE PRACTITIONER SPECIALIZING IN PSYCHIATRIC CARE.

CLASS N3

A NURSE PRACTITIONER SPECIALIZING IN ACUTE CRITICAL CARE, SCHOOL NURSE, FAMILY PRACTICE, OR PEDIATRIC OR NEONATAL CARE.

CLASS N4

A NURSE PRACTITIONER SPECIALIZING IN ACUTE CARE OBSTETRICS, OBSTETRICS/GYNECOLOGY OR PERINATAL CARE.

CLASS NS

STUDENTS CURRENTLY ATTENDING AN APPROVED NURSE PRACTITIONER PROGRAM.

**Coverage is not available for Midwives under this program.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

STANDARD CLAIMS MADE PROGRAM

EXTENSION CONTRACT RATING FACTORS

YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE	FACTOR
LESS THAN 1	0.920
1	1.430
2	1.700
MATURE	1.870

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

STANDARD CLAIMS MADE PROGRAM

AGGREGATE CREDIT RULE

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 50% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO LEAVE OF ABSENCE OR MILITARY LEAVE OF ABSENCE CREDITS.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
STANDARD CLAIMS MADE PROGRAM
DEFERRED PREMIUM PAYMENT PLAN RULE

THE COMPANY WILL, SUBJECT TO APPLICABLE GUIDELINES, OFFER THE INSURED VARIOUS PREMIUM PAYMENT OPTIONS. THE DEFERRED PREMIUM PAYMENT PLAN REQUIRES A DOWN PAYMENT TO BE PAID ON OR BEFORE THE INCEPTION/RENEWAL DATE OF THE POLICY. THE BALANCE OF THE PREMIUM WILL BE PAYABLE IN PERIODIC INSTALLMENTS. OTHER FEES MAY APPLY.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

STANDARD CLAIMS MADE PROGRAM

FULL TIME EQUIVALENCY RATING RULE

COVERAGE FOR A HEALTHCARE PROFESSIONAL GROUP IS AVAILABLE, AT THE COMPANY'S OPTION, ON A FULL TIME EQUIVALENT (FTE) BASIS RATHER THAN ON AN INDIVIDUAL INSURED BASIS. COVERAGE IS PROVIDED ON AN INDIVIDUAL LIMIT OR SHARED LIMIT BASIS. FULL TIME EQUIVALENCY IS BASED ON EACH HEALTHCARE PROFESSIONAL'S NUMBER OF HOURS OF PRACTICE PER YEAR. THE DEFINITION OF ONE FTE IS BASED ON THE FOLLOWING NUMBER OF HOURS PER YEAR:

2,000	GROUP PRACTICE
1,800	TRAINING/RESIDENCY PROGRAMS

FOR GROUP PRACTICES, THE MINIMUM AVERAGE FTE ASSIGNED TO ANY INDIVIDUAL HEALTHCARE PROFESSIONAL IS .10 (200 HOURS), SUBJECT TO A TOTAL FTE PER POLICY OF NO LESS THAN 1.0. TRAINING/RESIDENCY PROGRAMS (AND OTHER SIMILAR PROGRAMS) ARE NOT SUBJECT TO THE GROUP PRACTICE MINIMUMS.

THE PREMIUM DEVELOPED BY APPLYING THE APPLICABLE HEALTHCARE PROFESSIONAL RATE TO THE CORRESPONDING FTE WILL BE ADJUSTED TO REFLECT LOSS COST CONSIDERATIONS NOT RECOGNIZED IN THE STANDARD RATES.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

STANDARD CLAIMS MADE PROGRAM

FULL TIME EQUIVALENCY RATING RULE

THE FOLLOWING TABLE IDENTIFIES THE APPLICABLE PREMIUM MODIFICATION PER THE NUMBER OF FTE'S IN THE POLICY FOR A SHARED LIMIT:

<u>FTE*</u> <u>PER POLICY</u>	<u>PREMIUM</u> <u>MODIFICATION</u>
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25 +	-15.0%

*THE TABLE VALUE IS DETERMINED BY ROUNDING THE ACTUAL FTE PER POLICY USING THE .50 ROUNDING RULE.

PREMIUM MODIFICATION FOR NEW TO PRACTICE AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

FTE POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MID-TERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

The
Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

STANDARD CLAIMS MADE PROGRAM

GROUP RATING RULE

ANY GROUP PRACTICE CONSISTING OF TWO OR MORE HEALTHCARE PROFESSIONALS MAY BE COLLECTIVELY RATED. (“GROUP PRACTICE” SHALL MEAN A GROUP OR BODY OF INSURED’S WHO MAKE A COLLECTIVE BUYING DECISION TO PURCHASE INSURANCE AS THE OWNERS, EMPLOYEES, OR AGENTS OF A SPECIFIC AND DISTINCT CORPORATION, PARTNERSHIP, OR ASSOCIATION.)

1. THE PREMIUM FOR THE GROUP WILL BE DETERMINED BY MULTIPLYING THE ‘GROUP’S NET PREMIUM’ BY ANY CREDITS OR DEBITS ASSIGNED TO THE GROUP UNDER THE SCHEDULE RATING PLAN AFTER FACTORING IN ANY COMMISSION FEE OR OTHER EXPENSE VARIATIONS ASSOCIATED WITH THE GROUP. (THE COMPANY WILL NEGOTIATE AN APPROPRIATE COMMISSION WITH THE INSURED’S AGENT BASED UPON THE GROUP’S SIZE AND THE AMOUNT OF WORK TO BE PERFORMED BY THE AGENT. UPON REQUEST, THE COMPANY WILL WRITE THE GROUP ON A NET OF COMMISSION BASIS IF THE GROUP HAS NEGOTIATED A SEPARATE FEE AGREEMENT WITH ITS AGENT.)
2. THE “GROUP’S NET PREMIUM” WILL EQUAL THE SUM OF THE “INDIVIDUAL NET PREMIUMS” FOR EACH INDIVIDUAL OR ENTITY RECEIVING SEPARATE LIMITS OF LIABILITY.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
STANDARD CLAIMS MADE PROGRAM
GROUP RATING RULE

3. THE "INDIVIDUAL NET PREMIUMS" WILL EQUAL THE FILED RATE FOR THE INSURED. HOWEVER, ONCE THE PREMIUM FOR THE GROUP HAS BEEN ESTABLISHED, THE COMPANY MAY ALLOCATE THAT PREMIUM AMONG THE INDIVIDUAL INSUREDS BASED UPON APPLICABLE UNDERWRITING CRITERIA.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

STANDARD CLAIMS MADE PROGRAM

LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROVIDER WHO IS ON A LEAVE OF ABSENCE FOR A CONTINUOUS PERIOD OF 45 DAYS OR MORE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE, IF REPORTED TO THE COMPANY WITHIN 30 DAYS. ONLY ONE APPLICATION OF THIS CREDIT MAY BE APPLIED TO AN ANNUAL POLICY PERIOD. LEAVE OF ABSENCE MAY INCLUDE THE FOLLOWING:

- THE BIRTH OF INSUREDS NEWBORN, PLACEMENT OF FOSTER CHILDREN OR INSURED ADOPTS A CHILD, PROVIDED THE LEAVE IS COMPLETED WITHIN 12 MONTHS OF THE BIRTH, PLACEMENT OR ADOPTION.
- TO CARE FOR A SPOUSE, CHILD OR PARENT WHO HAS A SERIOUS HEALTH CONDITION.
- TO CARE FOR INSUREDS OWN HEALTH CONDITION WHICH PREVENTS INSURED FROM WORKING.
- TIME TO ENHANCE THE INSUREDS EDUCATION OR OTHER REASON WHILE NOT PRACTICING.

THIS CREDIT IS NOT AVAILABLE TO AN INSUREDS LEAVE OF ABSENCE FOR VACATION PURPOSES. THE MINIMUM PREMIUM RATING RULE APPLIES TO INSUREDS ELIGIBLE FOR THE LEAVE OF ABSENCE CREDIT.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER

STANDARD CLAIMS MADE PROGRAM

MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROVIDER WHO IS ON A MILITARY LEAVE OF ABSENCE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE.

THE MINIMUM PREMIUM RATING RULE DOES NOT APPLY TO INSUREDS THAT ARE ELIGIBLE FOR THE MILITARY LEAVE OF ABSENCE CREDIT.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
STANDARD CLAIMS MADE PROGRAM
MINIMUM PREMIUM RATING RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF \$50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELLED AS OF THE INCEPTION DATE.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
STANDARD CLAIMS MADE PROGRAM
RENEWAL RATING RULE

MEMBERS OF A QUALIFIED PROFESSIONAL GROUP/ASSOCIATION MAY QUALIFY FOR ADDITIONAL PREMIUM MODIFICATIONS.

IF THE GROUP PRACTICE/ASSOCIATION GENERATES A MANUAL PREMIUM IN EXCESS OF \$250,000 THE COMPANY MAY, IN CONSIDERATION OF THE UNDERLYING RISK, HOLD THE NEXT RENEWAL RATE(S) FOR THE INDIVIDUAL POLICYHOLDER(S) CONSTANT, SUBJECT TO UNDERWRITING APPROVAL.

HOWEVER, CHANGES IN CLASSIFICATION, LIMITS OF LIABILITY, CLAIMS-MADE STEP WILL BE APPLIED IN THE USUAL MANNER.

ONLY ONE CONSECUTIVE RENEWAL MAY RECEIVE APPLICATION OF THIS RULE. THE GROUP PRACTICE/ASSOCIATION MAY AGAIN QUALIFY FOR THIS RULE AFTER PAYMENT OF ONE RENEWAL PREMIUM BASED UPON CURRENTLY FILED RATES.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
STANDARD CLAIMS MADE PROGRAM
RISK MANAGEMENT CREDIT RULE

THE INSURED WILL RECEIVE A TEN PERCENT (10%) PREMIUM CREDIT FOR A RISK MANAGEMENT COURSE APPROVED FOR CREDIT BY THE MEDICAL PROTECTIVE COMPANY.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
STANDARD CLAIMS MADE PROGRAM
SCHEDULE RATING PLAN

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR CERTAIN INSUREDS, OR GROUPS OF INSUREDS, WHO IN THE OPINION OF THE MEDICAL PROTECTIVE COMPANY, UNIQUELY QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING, SUBJECT TO A MAXIMUM MODIFICATION OF -25% / 25% ; TO RECOGNIZE RISK CHARACTERISTICS THAT ARE NOT REFLECTED IN THE OTHERWISE APPLICABLE PREMIUM. ALL MODIFICATIONS APPLIED UNDER THIS SCHEDULE RATING PLAN ARE SUBJECT TO PERIODIC REVIEW.

THE MODIFICATION SHALL BE BASED ON ONE OR MORE OF THE FOLLOWING CONSIDERATIONS:

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN

1. **HISTORICAL LOSS EXPERIENCE:**

THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.

2. **CUMULATIVE YEARS OF PATIENT EXPERIENCE:**

THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.

3. **CLASSIFICATION ANOMALIES:**

CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN

4. **CLAIM ANOMALIES:**
ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES OR TRENDS THAT WILL POSTIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).
5. **MANAGEMENT CONTROL PROCEDURES:**
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.
6. **NUMBER/TYPE OF PATIENT EXPOSURES:**
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSTIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.
7. **ORGANIZATIONAL SIZE/STRUCTURE:**
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSUREDS ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN

8. **HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW:**
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE, (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTH CARE SERVICES BEING RENDERED AND/OR (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.
9. **OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES:**
ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY OR SEVERITY OF CLAIMS.
10. **TRAINING, ACCREDITATION AND CREDENTIALING:**
THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.
11. **RECORD KEEPING PRACTICES:**
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
STANDARD CLAIMS MADE PROGRAM
SCHEDULE RATING PLAN

12. **UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES:**

DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, PROVIDING ABOVE OR BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

THE AFOREMENTIONED MODIFICATIONS CONTEMPLATE THE STANDARD ALLOWANCE FOR EXPENSES AND ARE SUBJECT TO THE MAXIMUM MODIFICATION REFERENCED ABOVE. IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
STANDARD CLAIMS MADE PROGRAM
MEMBERSHIP ASSOCIATION CREDIT

A PREMIUM CREDIT OF 10% SHALL BE GIVEN TO THOSE INSUREDS WHO ARE A MEMBER OF A DESIGNATED MEDICAL PROTECTIVE HEALTHCARE PROFESSIONAL ASSOCIATION.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
STANDARD CLAIMS MADE PROGRAM
NEW TO PRACTICE CREDIT

A PRACTITIONER IN THEIR FIRST YEAR OF PRACTICE, AFTER GRADUATION, WILL RECEIVE A 25% CREDIT APPLIED TO CURRENT FILED RATES.

The
Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

STANDARD CLAIMS MADE PROGRAM

SHARED ENTITY VICARIOUS LIABILITY COVERAGE

A SCHEDULED HEALTHCARE PROFESSIONAL ENTITY MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE. COVERAGE IS LIMITED TO VICARIOUS LIABILITY BASED SOLELY ON PROFESSIONAL SERVICES RENDERED, OR WHICH SHOULD HAVE BEEN RENDERED BY THE NAMED INSURED NURSE PRACTITIONER.

THIS ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER CLAIM FILED OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
STANDARD CLAIMS MADE PROGRAM
PARTNERSHIP OR CORPORATION COVERAGE

THE PREMIUM WILL EQUAL 10% OF THE SUM OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS AND EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION.

LIMITS OF COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS, OR EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
STANDARD CLAIMS MADE PROGRAM
ACCELERATED EXTENSION CONTRACT RULE

THE COMPANY MAY AGREE TO WAIVE THE STANDARD REQUIREMENTS FOR QUALIFYING FOR A FREE EXTENDED REPORTING PERIOD ENDORSEMENT AT RETIREMENT IF THE INSURED MEETS THE FOLLOWING CRITERIA:

- 1) THE INSURED IS A MEMBER OF A GROUP PRACTICE THAT IS INSURED ON A CLAIMS-MADE BASIS WITH THE COMPANY.
- 2) THE GROUP REQUESTED THE WAIVE FOR AN INSURED WHO ANTICIPATES PERMANENTLY RETIRING FROM THE PRACTICE OF MEDICINE IN LESS THAN ONE YEAR AND/OR WILL NOT ATTAIN THE REQUIRED NUMBER OF YEARS OF CONTINUOUS CLAIMS-MADE COVERAGE AT THE TIME OF RETIREMENT.
- 3) THE INSURED OTHERWISE MEETS THE REQUIREMENTS AS SET FORTH IN THE POLICY FOR A FREE EXTENSION CONTRACT.
- 4) THE COMPANY APPROVED THE GROUP'S REQUEST FOR THE WAIVER AFTER DETERMINING THE INSURED HAD LIMITED PRIOR ACTS EXPOSURE.

THE TOTAL NUMBER OF INSUREDS WITHIN A GROUP PRACTICE THAT MAY QUALIFY FOR THIS WAIVER MAY NOT EXCEED A RATIO OF 1 IN 3.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
STANDARD CLAIMS MADE PROGRAM
EXTENSION CONTRACT RATING

THE PREMIUM FOR THE EXTENSION CONTRACT ENDORSEMENT SHALL BE DETERMINED BY APPLYING THE EXTENSION CONTRACT RATING FACTORS CONTAINED IN THE RATES SECTION OF THIS MANUAL TO THE APPLICABLE STANDARD MATURE CLAIMS MADE RATE, SUBJECT TO EXPIRING SCHEDULE RATING MODIFICATIONS.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
NURSE PRACTITIONER
STANDARD CLAIMS MADE PROGRAM
PRIOR ACTS COVERAGE

THE POLICY SHALL BE EXTENDED TO PROVIDE PRIOR ACTS COVERAGE IN ACCORDANCE WITH THE APPLICABLE RETROACTIVE DATE(S). THE RETROACTIVE DATE CAN BE ADVANCED ONLY WITH THE WRITTEN ACKNOWLEDGEMENT OF THE INSURED AND THE APPROVAL BY THE COMPANY.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

STANDARD CLAIMS MADE PROGRAM

SLOT RATING RULE

COVERAGE FOR MULTI-HEALTHCARE PROFESSIONAL GROUPS IS AVAILABLE, AT THE COMPANY'S OPTION, ON A SLOT BASIS RATHER THAN ON AN INDIVIDUAL HEALTHCARE PROFESSIONAL BASIS. THE SLOT ENDORSEMENT WILL IDENTIFY THE INDIVIDUALS AND PRACTICE SETTINGS THAT ARE COVERED. COVERAGE WILL BE PROVIDED ON A SHARED LIMIT BASIS FOR THOSE INSUREDS MOVING THROUGH THE SLOT OR POSITION.

THE APPLICABLE MANUAL RATE WILL BE DETERMINED BY THE CLASSIFICATION OF THE SLOT. POLICIES CONVERTED TO A SLOT BASIS WILL BE RATED AS A STANDARD CLAIMS MADE POLICY, UTILIZING THE RETROACTIVE DATE OF THE SLOT. EXTENSION CONTRACT COVERAGE MAY BE PURCHASED FOR THE SLOT BASED ON THE APPLICABLE RETROACTIVE DATE, CLASSIFICATION AND LIMITS.

PREMIUM MODIFICATION FOR RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

STANDARD CLAIMS MADE PROGRAM

CONVERTIBLE COVERAGE RATING PLAN

INSUREDS SHALL BE PROVIDED THE OPTION, SUBJECT TO UNDERWRITING GUIDELINES, TO CONVERT FROM STANDARD CLAIMS MADE TO OCCURRENCE COVERAGE. THE INSURED SHALL BE ELIGIBLE FOR CONVERSION AFTER THE FOLLOWING CONDITIONS HAVE BEEN MET:

- 1) PAYMENT TO THE COMPANY OF THE APPLICABLE PREMIUM FOR A MINIMUM OF THREE ANNUAL STANDARD CLAIMS MADE POLICIES.
- 2) ACHIEVE THREE YEARS OF CONTINUOUS CLAIMS MADE COVERAGE UNDER THIS PLAN WITH NO CLAIMS ATTRIBUTED TO THE INSURED.
 - A CLAIM UNDER THIS PLAN SHALL NOT BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

AT THE TIME THE AFOREMENTIONED CONDITIONS ARE MET, AND THE INSURED ELECTS TO PURCHASE OCCURRENCE COVERAGE, THE COMPANY WILL ISSUE AN EXTENSION CONTRACT, COVERING SERVICES SUBSEQUENT TO THE RETROACTIVE DATE AND PRIOR TO THE EXPIRATION OF THE CLAIMS MADE POLICY, AND WILL WAIVE ANY PREMIUM THAT WOULD NORMALLY BE DUE FOR SUCH EXTENSION.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

STANDARD CLAIMS MADE PROGRAM

CONVERTIBLE COVERAGE RATING PLAN

THE APPLICABLE PREMIUM UNDER THIS PLAN SHALL BE EQUAL TO 100% OF THE MANUAL PREMIUM THAT WOULD OTHERWISE BE DERIVED FOR THE INSURED UNDER THE OCCURRENCE PROGRAM. NO OTHER MODIFICATIONS ARE TO APPLY CONCURRENT WITH THIS RULE WITH THE EXCEPTION OF MEMBERSHIP, RISK MANAGEMENT AND SCHEDULE RATING MODIFICATIONS.

SHOULD THE INSURED BE UNABLE TO MEET THE CONDITIONS FOR CONVERSION, THE INSURED MAY ELECT TO PURCHASE AN EXTENSION CONTRACT SUBJECT TO POLICY PROVISIONS. REFER TO THE EXTENSION CONTRACT RATING RULE TO DETERMINE THE APPLICABLE PREMIUM.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

OCCURRENCE PROGRAM

EMPLOYED NURSE PRACTITIONER RULE

NURSE PRACTITIONERS REQUESTING COVERAGE SOLELY FOR WORK FOR, OR ON BEHALF OF AN ENTITY(S) THEY DO NOT OWN, AND IN WHICH THEY RECEIVE W2'S FROM THEIR EMPLOYER(S), SHALL QUALIFY FOR A PREMIUM CREDIT OF 19% OF THEIR APPLICABLE BASE RATE. THIS CREDIT IS NOT AVAILABLE TO ENTITIES.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

KANSAS

HEALTHCARE PROFESSIONALS

NURSE PRACTITIONER

STANDARD CLAIMS MADE PROGRAM

EMPLOYED NURSE PRACTITIONER RULE

NURSE PRACTITIONERS REQUESTING COVERAGE SOLELY FOR WORK FOR, OR ON BEHALF OF AN ENTITY(S) THEY DO NOT OWN, AND IN WHICH THEY RECEIVE W2'S FROM THEIR EMPLOYER(S), SHALL QUALIFY FOR A PREMIUM CREDIT OF 19% OF THEIR APPLICABLE BASE RATE. THIS CREDIT IS NOT AVAILABLE TO ENTITIES.

SERFF Tracking Number: MDPC-126055948 State: District of Columbia
 Filing Company: The Medical Protective Company State Tracking Number:
 Company Tracking Number: 09-HCNP-02
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0013 Nurse - Practitioners
 Made/Occurrence
 Product Name: Health Care Professionals - Nurse Practitioners
 Project Name/Number: HCP - NP/09-HCPNP-02

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Actuarial Certification (P&C) Comments: attached is the revised memo to include the employed nurse practitioner rules Attachments: dc np ex.pdf DC rev NP Filing Act Memo.pdf</p>		
<p>Satisfied - Item: Cover Letter All Filings Comments: Please find attached cover letter. Attachment: dc np cover letter.pdf</p>		
<p>Satisfied - Item: Consulting Authorization Comments: n/a - This filing is being made by the Company.</p>		
<p>Satisfied - Item: District of Columbia and Countrywide Experience for the Last 5 Years (P&C) Comments: n/a - This is the initial filing for this product.</p>		

SERFF Tracking Number: MDPC-126055948 State: District of Columbia
Filing Company: The Medical Protective Company State Tracking Number:
Company Tracking Number: 09-HCNP-02
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0013 Nurse - Practitioners
Made/Occurrence
Product Name: Health Care Professionals - Nurse Practitioners
Project Name/Number: HCP - NP/09-HCPNP-02

Item Status:

**Status
Date:**

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

Comments:

n/a - This is the initial filing for this product.

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT I

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

Proposed Rates

Class	Description	1M/6M Occurrence Coverage Full-Time Self-Employed Rates	
		Filed CNA	Proposed MedPro
N1	Adult	\$ 842	\$ 842
N1	Geriatric	\$ 842	\$ 842
N1	Family Planning	\$ 842	\$ 842
N1	Gynecology	\$ 842	\$ 842
N1	Women's Health	\$ 842	\$ 842
N1	Adult Oncology	\$ 842	\$ 842
N2	Psychiatric	\$ 1,191	\$ 1,190
N3	Pediatric	\$ 1,539	\$ 1,538
N3	Neonatal	\$ 1,539	\$ 1,538
N3	Family Practice	\$ 1,539	\$ 1,538
N3	Acute Critical Care	\$ 1,539	\$ 1,538
N4	Obstetrics / Gynecology	\$ 1,890	\$ 1,889
N4	Perinatal	\$ 1,890	\$ 1,889
N4	Acute Care Obstetrics	\$ 1,890	\$ 1,889
NS	Student	\$ 275	\$ 275

THE MEDICAL PROTECTIVE COMPANY
EXHIBIT II

DISTRICT OF COLUMBIA
NURSE PRACTITIONERS
CNA COUNTRYWIDE (excl FL)
OCCURRENCE EXPERIENCE
Data Evaluated as of: 06/30/2006

Rate Level Indication
Proposed Rates Effective: 07/01/2009

Accident Year	(1) Current Level Earned Premium (000's)	(2) Selected Ultimate \$1M Loss (000's)	(3) Selected Ultimate ALE (000's)	(4) \$1M Loss Trend Factor	(5) ALE Trend Factor	(6) Frequency Adjustment Factor	(7) Trended LALE (000's)	(8) Trended LALE Ratio
1996	\$ 3,530	\$ 1,873	\$ 583	1.232	1.608	0.786	\$ 2,552	72.3%
1997	\$ 5,395	\$ 1,195	\$ 782	1.214	1.554	1.082	\$ 2,884	53.5%
1998	\$ 7,560	\$ 2,027	\$ 1,118	1.196	1.502	0.842	\$ 3,456	45.7%
1999	\$ 9,782	\$ 3,700	\$ 1,160	1.178	1.452	1.032	\$ 6,238	63.8%
2000	\$ 11,848	\$ 3,800	\$ 2,086	1.161	1.404	0.990	\$ 7,264	61.3%
2001	\$ 13,822	\$ 3,200	\$ 2,650	1.143	1.357	1.205	\$ 8,743	63.3%
2002	\$ 16,644	\$ 5,500	\$ 3,000	1.127	1.312	1.011	\$ 10,246	61.6%
2003	\$ 18,781	\$ 6,200	\$ 3,300	1.110	1.268	0.991	\$ 10,967	58.4%
2004	\$ 19,079	\$ 6,000	\$ 3,500	1.093	1.226	0.890	\$ 9,654	50.6%
2005	\$ 19,541	\$ 5,000	\$ 2,700	1.077	1.185	1.152	\$ 9,894	50.6%
1998 - 2004	\$ 97,516						\$ 56,567	58.0%
2001 - 2005	\$ 87,866						\$ 49,503	56.3%
1996 - 2005	\$ 125,981						\$ 71,897	57.1%

Selected CNA Experience LALE Ratio: 56.3%
MedPro Permissible LALE Ratio: 56.4%
Rate Indication: -0.1%
Proposed Rate Modification: -0.1%

Source: CNA Ohio Filing effective 02/01/2007, Exhibit B.2 Countrywide excl Florida
Notes: Col. (2) = Exn. IV, Col. (10)
Col. (3) = Exn. V, Col. (9)
Trend factors in Col. (4) contemplate annual 1.5% \$1M loss trend from Exn. VI
Trend factors in Col. (5) contemplate annual 3.5% ALE trend from Exn. VI
Col. (6) = Exn. VIII, Col. (4)
Col. (7) = [Col. (2) x Col. (4) + Col. (3) x Col. (5)] x Col. (6)
Col. (8) = Col. (7) / Col. (1)
Col. (9) = Col. (8) / [1.0 + (Filed Rate Change)]

EXHIBIT III

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

Expense Provisions &
Permissible LALE Ratio

(1) Commissions		30.0%
(2) Taxes, Licenses & Fees		2.5%
(3) General Expenses & Other Acquisition		5.0%
(4) Underwriting Profit & Contingencies		5.0%
(5) Total Expenses	(1)+(2)+(3)+(4)	42.5%
(6) Permissible LLAE Ratio	1.0 - (5)	57.5%
(7) Unallocated Loss Expenses (ULE as a % of LLAE)		2.0%
(8) Permissible LALE Ratio	(6) / [1.0 + (7)]	56.4%

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT IV

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

CNA COUNTRYWIDE (excl FL)
 OCCURRENCE EXPERIENCE
 Data Evaluated as of: 06/30/2006

Ultimate \$1M Limited Loss Projections

Accident Year	(1) Paid Loss (000's)	(2) Loss Dev Factor	(3) Incurred Loss (000's)	(4) Loss Dev Factor	(5) Paid Loss Projection (000's)	(6) Incurred Loss Projection (000's)	(7) Bornhetter Ferguson Projection (000's)	(8) Stanard- Buhlmann Projection (000's)	(9) Avg. Paid on Closed Projection (000's)	(10) Selected Ultimate (000's)
1996	\$ 1,873	1.100	\$ 1,873	1.008	\$ 2,060	\$ 1,888	\$ 1,873	\$ 1,887	\$ 1,873	\$ 1,873
1997	\$ 969	1.123	\$ 1,174	1.018	\$ 1,088	\$ 1,195	\$ 1,174	\$ 1,219	\$ 1,259	\$ 1,195
1998	\$ 1,330	1.136	\$ 1,955	1.037	\$ 1,511	\$ 2,027	\$ 1,664	\$ 2,085	\$ 1,620	\$ 2,027
1999	\$ 3,053	1.176	\$ 4,025	1.076	\$ 3,590	\$ 4,331	\$ 3,653	\$ 4,360	\$ 4,213	\$ 3,700
2000	\$ 2,467	1.243	\$ 4,603	1.187	\$ 3,066	\$ 5,464	\$ 4,280	\$ 5,504	\$ 3,047	\$ 3,800
2001	\$ 978	1.458	\$ 3,492	1.295	\$ 1,426	\$ 4,522	\$ 3,623	\$ 5,011	\$ 1,993	\$ 3,200
2002	\$ 2,318	2.160	\$ 6,562	1.264	\$ 5,007	\$ 8,294	\$ 6,528	\$ 8,236	\$ 4,203	\$ 5,500
2003	\$ 647	3.089	\$ 6,685	1.703	\$ 1,999	\$ 11,385	\$ 8,234	\$ 10,421	\$ 4,707	\$ 6,200
2004	\$ 88	12.106	\$ 2,840	4.246	\$ 1,065	\$ 12,059	\$ 8,394	\$ 9,869	\$ 5,743	\$ 6,000
2005	\$ -	95.247	\$ 264	27.778	\$ -	\$ 7,333	\$ 9,500	\$ 9,342	\$ 4,785	\$ 5,000

Source: CNA Ohio Filing effective 02/01/2007, Exhibit B.2a Countrywide excl Florida

Notes: Col. (5) = Col. (1) x Col. (2)
 Col. (6) = Col. (3) x Col. (4)

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT V

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

CNA COUNTRYWIDE (excl FL)
 OCCURRENCE EXPERIENCE
 Data Evaluated as of: 06/30/2006

Ultimate ALE Projections

Accident Year	(1) Paid ALE (000's)	(2) ALE Dev Factor	(3) Paid ALE Projection (000's)	(4) Incr. Pd to Pd Projection (000's)	(5) Standard-Buhlmann Projection (000's)	(6) Selected Ultimate (000's)
1996	\$ 542	1.075	\$ 583	\$ 542	\$ 610	\$ 583
1997	\$ 715	1.094	\$ 782	\$ 807	\$ 769	\$ 782
1998	\$ 1,003	1.115	\$ 1,118	\$ 1,285	\$ 1,112	\$ 1,118
1999	\$ 1,001	1.159	\$ 1,160	\$ 1,263	\$ 1,268	\$ 1,160
2000	\$ 1,642	1.271	\$ 2,087	\$ 2,259	\$ 2,067	\$ 2,086
2001	\$ 1,953	1.434	\$ 2,801	\$ 2,961	\$ 2,462	\$ 2,650
2002	\$ 1,620	1.872	\$ 3,033	\$ 3,097	\$ 2,965	\$ 3,000
2003	\$ 836	3.394	\$ 2,837	\$ 4,067	\$ 3,132	\$ 3,300
2004	\$ 490	11.233	\$ 5,504	\$ 3,895	\$ 3,360	\$ 3,500
2005	\$ 81	132.622	\$ 10,742	\$ 2,953	\$ 2,686	\$ 2,700

Source: CNA Ohio Filing effective 02/01/2007, Exhibit B.2b Countrywide excl Florida

Notes: Col. (3) = Col. (1) x Col. (2)

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT VI

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

CNA COUNTRYWIDE (excl FL)
 OCCURRENCE EXPERIENCE
 Data Evaluated as of: 06/30/2006

Severity Analysis

Accident Year	(1) Selected Incurred Counts	(2) Indicated \$1M Loss Severity	(3) Two-Year Moving Average	(4) Reported Counts	(5) Indicated ALE Severity	(6) Two-Year Moving Average
1996	9	\$ 208,111		21	\$ 27,385	
1997	10	\$ 119,500	\$ 161,474	28	\$ 28,256	\$ 27,877
1998	18	\$ 112,611	\$ 115,071	47	\$ 23,583	\$ 25,305
1999	19	\$ 194,737	\$ 154,784	53	\$ 21,709	\$ 22,590
2000	24	\$ 158,333	\$ 174,419	82	\$ 25,494	\$ 23,999
2001	23	\$ 139,130	\$ 148,936	98	\$ 26,905	\$ 26,265
2002	33	\$ 166,667	\$ 155,357	100	\$ 30,035	\$ 28,481
2003	38	\$ 163,158	\$ 164,789	128	\$ 25,722	\$ 27,610
2004	43	\$ 139,535	\$ 150,617	128	\$ 27,246	\$ 26,484
2005	34	\$ 147,059	\$ 142,857	145	\$ 18,621	\$ 22,673

	R ²	\$1M Loss Trend	R ²	ALE Trend
1997 - 2005	1.6%	0.5%	0.4%	-0.2%
1998 - 2005	8.7%	1.5%	3.1%	0.6%
1999 - 2005	25.1%	-1.5%	4.5%	0.9%
1999 - 2004	5.5%	-0.8%	62.8%	3.8%
2000 - 2004	21.1%	-1.9%	36.4%	2.5%
Selected:		1.5%		3.5%

Source: CNA Ohio Filing effective 02/01/2007, Exhibits B.2c & B.2d Countrywide excl Florida

Notes: Col. (2) = Exh. IV, Col. (10) / Col. (1)
 Col. (5) = Exh. V, Col. (6) / Col. (4)

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT VII

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

CNA COUNTRYWIDE (excl FL)
 OCCURRENCE EXPERIENCE
 Data Evaluated as of: 06/30/2006

Frequency Analysis

	(1)	(2)	(3)	(4)
Accident Year	Selected Incurred Counts	Current Level Earned Premium (000's)	Frequency Per Unit of CLEP	Frequency Adjustment Factor
1996	9	\$ 3,530	2.550	0.786
1997	10	\$ 5,395	1.854	1.082
1998	18	\$ 7,560	2.381	0.842
1999	19	\$ 9,782	1.942	1.032
2000	24	\$ 11,848	2.026	0.990
2001	23	\$ 13,822	1.664	1.205
2002	33	\$ 16,644	1.983	1.011
2003	38	\$ 18,781	2.023	0.991
2004	43	\$ 19,079	2.254	0.890
2005	34	\$ 19,541	1.740	1.152
1999 - 2005	214	\$ 109,496	1.954	
2000 - 2005	195	\$ 99,714	1.956	
2001 - 2004	137	\$ 68,326	2.005	
2003 - 2005	115	\$ 57,400	2.003	
		Selected:	2.005	

Source: CNA Ohio Filing effective 02/01/2007, Exhibit B.2e Countrywide excl Florida

Notes: Col. (3) = 1000 x Col. (1) / Col. (2)

Col. (4) = (Selected) / Col. (3)

THE MEDICAL PROTECTIVE COMPANY

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

ACTUARIAL MEMORANDUM

The Medical Protective Company (MedPro) respectfully submits support for its new Nurse Practitioner Product. The attached exhibits support rates for a stand alone Nurse Practitioner Product in the State of District of Columbia. The proposed rates represent a new product available to the thousands of Nurse Practitioners who do not have their professional liability insurance provided by their primary physicians practice or hospital. The proposed effective date for the new product is June 01, 2009.

Our filing is based on the most recent publicly available countrywide Nurse Practitioner data from CNA. This memorandum summarizes the results of the analysis shown in the accompanying exhibits. As a result of MedPro's countrywide review, this filing proposes the introduction of a new product specifically for nurse practitioners, to which the proposed rates would apply.

EXHIBIT I: NURSE PRACTITIONER RATES

Exhibit I presents a comparison of the nurse practitioner rates for CNA's filed product and MedPro's proposed rate structure. The rates shown are for full-time self-employed risks with 1M/6M limits occurrence coverage. The rate differential between the CNA rates and MedPro rates is uniform on a percentage basis and is supported by the calculations in Exhibit II.

EXHIBIT II: RATE LEVEL INDICATION

Exhibit II presents the development of the indicated rate level for MedPro's Nurse Practitioner Product. The countrywide experience of CNA's book of business as presented in their rate filing in Ohio effective 02/01/2007 is used to project an ultimate loss and allocated loss adjustment expense (LALE) ratio applicable to CNA's filed rates. The ultimate LALE ratio is compared to the MedPro permissible LALE ratio to arrive at a indicated rate change. This represents the percentage change to CNA's nurse practitioner rates needed to arrive at MedPro's target loss ratio.

EXHIBIT III: MEDPRO EXPENSE PROVISIONS

Exhibit III shows the MedPro expense provisions for its Nurse Practitioner Product. These are used to calculate the permissible LALE ratio, which is carried forward to the rate level indication in Exhibit II.

EXHIBIT IV: CNA ULTIMATE LOSS PROJECTIONS

Exhibit IV shows the various accident year ultimate loss projections provided in the CNA actuarial analysis, along with their selections of ultimate settlement values. The ultimate selections are carried forward to the rate level indication in Exhibit II.

EXHIBIT V: CNA ULTIMATE ALE PROJECTIONS

Exhibit V shows the various accident year ultimate allocated loss adjustment expense (ALE) projections provided in the CNA actuarial analysis, along with their selections of ultimate settlement values. The ultimate selections are carried forward to the rate level indication in Exhibit II.

EXHIBIT VI: SEVERITY ANALYSIS

Annual trend values for loss and ALE are each derived in Exhibit VI. Two-year moving average severities are used to reduce the volatility of the accident year severity estimates. They are fit utilizing an exponential least-squares technique for several combinations of years. Based upon the resulting trends and R-squared values, annual trends of 1.5% and 3.5% were selected for loss and ALE, respectively, to adjust historical values to the current cost level in Exhibit II.

EXHIBIT VII: FREQUENCY ANALYSIS

The frequency adjustment factors applied in the rate level indication are derived in Exhibit VII. Frequency per \$1000 of current level earned premium is calculated for each accident year. The selected prospective value is then used along with the accident year values to determine frequency adjustment factors for each accident year. These are carried forward to the rate level indication in Exhibit II.

REVISED MANUAL RATES

The proposed rate pages for the Nurse Practitioner Product are attached to this filing.

REVISED MANUAL RULES

The Medical Protective Company proposes the following rating rules which conform to the countrywide template and largely do not constitute a substantive change in use or content from most rules currently on file for other Medical Protective Products.

ACCELERATED EXTENSION CONTRACT RULE

The Company proposes to file an Accelerated Extension Contract Rule for its Standard Claims Made Program. If requirements outlined in the rule are met, the insured may qualify for an Accelerated Extension Contract. The total number of insureds within a group practice that may qualify should not exceed a ratio of one in three. There is no rate impact associated with this rule.

AGGREGATE CREDIT RULE

The Company proposes to file an Aggregate Credit Rule for its Occurrence and Standard Claims Made Programs. This rule outlines the limitation of all credits shall not exceed 50%, with the exception of Part Time, Leave of Absence or Military Leave of Absence credits. This rule conforms with the countrywide format.

CONVERTIBLE CLAIMS MADE RATING RULE

The Company proposes to file the Convertible Claims Made Rating Plan for its Standard Claims Made Program. This rule outlines the conditions on which an insured would be eligible to convert a Standard Claims Made policy to an Occurrence policy at no charge. This rule conforms with the countrywide format.

DEFERRED PAYMENT PLAN RULE

The Company wishes to file the Deferred Payment Plan Rule for its Occurrence and Standard Claims Made Programs. This plan requires a down payment to be paid on or before the inception/renewal date of the policy. There is no rate impact associated with this rule.

EMPLOYED NURSE PRACTITIONER RULE

The Company wishes to introduce the Employed Nurse Practitioner Rule for its Occurrence and Standard Claims Made Programs. The rule provides a 19% credit to Nurse Practitioners who request coverage solely for work for, or on behalf of an entity(s) they do not own, and in which they receive W2's from their employer(s). This rule conforms with the countrywide format.

EXTENSION CONTRACT RATING

The Company proposes to file an Extension Contract Rating Rule for its Standard Claims Made Program to clarify the modifications employed in the extension contract premium calculation. This rule is consistent with our countrywide format.

FULL TIME EQUIVALENCY RATING RULE

The Company proposes to file the Full Time Equivalency Rating Rule for its Occurrence and Standard Claims Made Programs. This rule outlines rating for coverage for a multi-provider groups which is available, at the Company's option, on a full time equivalent (FTE) basis rather than on an individual healthcare provider basis. This rule is consistent with our countrywide format.

GROUP RATING RULE

The Company proposes to file the Group Rating Rule for its Occurrence and Standard Claims Made Programs. The rule outlines the methodology in which a group of two or more healthcare professionals will be rated. The rule also outlines how premium will be allocated to each member within such group. This rule conforms with the countrywide format.

LEAVE OF ABSENCE CREDIT RULE

The Company proposes to file the Leave of Absence Credit Rule for its Occurrence and Standard Claims Made Programs. The rule provides rating for those insureds which have a "continuous" leave of absence of 45 days. This rule is consistent with our countrywide format.

MEMBERSHIP ASSOCIATION CREDIT RULE

The Company wishes to revise the Membership Association Credit Rule for its Occurrence and Standard Claims Made Programs. This rule allows for a premium modification, due to unique characteristics of a healthcare practice and their membership in qualified professional associations. The rule is consistent with the countrywide format.

MILITARY LEAVE OF ABSENCE CREDIT RULE

The Company proposes to file the Military Leave of Absence Credit Rule for its Occurrence and Standard Claims Made Programs. The rule provides rating for those insureds which are on active military leave. This rule is consistent with our countrywide format.

MINIMUM PREMIUM RULE

The Company wishes to file the Minimum Premium Rule for its Occurrence and Standard Claims Made Programs. This rule requires a minimum policy premium of \$50, is consistent with the countrywide format, and does not present a substantive rate impact.

NEW TO PRACTICE CREDIT RULE

The Company proposes to file the New to Practice Credit for the Occurrence and Standard Claims Made Programs. The revisions include explicitly limiting the application of this credit to those healthcare providers that are starting their practice for the first time. The rule is consistent with the countrywide format.

PARTNERSHIP OR CORPORATION COVERAGE RULE

The Company proposes to file a Partnership or Corporation Rating Rule for the Occurrence and Standard Claims Made programs. The rule outlines that such coverage shall be calculated as 10% of the individual insureds premium. This rule is consistent with our countrywide format.

PRIOR ACTS COVERAGE

The Company proposes to file the Prior Acts Coverage Rule for its Standard Claims Made Program. This rule outlines rating for prior acts coverage and clarifies that the advancement of the retroactive date can only be completed with not only the written acknowledgement of the insured, but also with the approval of the Company. This rule is consistent with the countrywide format.

RENEWAL RATING RULE

The Company wishes to file the Renewal Rating Rule for its Occurrence and Standard Claims Made Programs. This rule outlines the conditions on which a groups premium, which exceeds \$250,000, may be held constant from policy year to policy year. This rule conforms with our countrywide format.

RISK MANAGEMENT CREDIT RULE

The Company proposes to file a Risk Management Credit Rule for its Occurrence and Standard Claims Made Programs. This rule explains that a 10% credit is available to the policyholder for approved Risk Management courses, and follows the countrywide format.

SCHEDULE RATING PLAN

The Company proposes to file a Schedule Rating Plan rule for its Occurrence and Standard Claims Made Programs. The proposed rule allows for a rate modification for the recognition of unique risk characteristics not contemplated in the company's filed rate structure.

The proposed rule also provides additional clarity regarding the characteristics underlying each criteria as well as modifications necessary as a result of reduction in expenses. The rule conforms to the Medical Protective Company's countrywide template.

SHARED ENTITY VICARIOUS LIABILITY COVERAGE

The Company proposes to file a Shared Entity Vicarious Liability Coverage rating rule for its Occurrence & Standard Claims Made Programs. This rule outlines the methodology for adding an additional insured to the policy, for VL exposure only, on a shared limit basis. This rule conforms with the Company's countrywide format.

SLOT RATING RULE

The Company proposes to file a Slot Rating Rule for its Standard Claims Made Programs. This rule outlines and identifies that coverage for multi-healthcare provider groups is available, at the Company's option, on a slot basis rather than on an individual healthcare provider basis. The slot endorsement will identify the individuals and practice settings that are covered. This rule conforms to the countrywide format.



March 11, 2009

Department of Insurance and Security Regulations
Insurance Products Division
810 First Street, NE, Room 701
Washington, DC 20002

**RE: THE MEDICAL PROTECTIVE COMPANY- NAIC #11843
COMPANY FILE NO: 09-HCNP-02
COMPANY FEIN NO: 35-0506406
DISTRICT OF COLUMBIA HEALTHCARE PROFESSIONALS – NURSE PRACTITIONER
OCCURRENCE AND STANDARD CLAIMS MADE PROGRAMS
INITIAL RATE FILING
INITIAL RULE FILING**

PROPOSED EFFECTIVE DATE: July 1, 2009

Dear Sir or Madame:

The Medical Protective Company hereby submits for your review and consideration the above-captioned rate and rule filing applicable to its District of Columbia Healthcare Professionals – Nurse Practitioner product. The company requests **July 1, 2009**, as the effective date for this submission.

The enclosed Memorandum and exhibits detail the rate development of this filing and provide brief descriptions of the manual rate and rule pages included in the package. In addition to the aforementioned pages, please find specimen copies of the proposed policies and endorsements.

Should you have any questions regarding this filing, please do not hesitate to contact me. Thank you.

Sincerely,

Melissa Coker Millican, Paralegal
The Medical Protective Company
5814 Reed Road
Fort Wayne, IN 46835-3568
(800)-348-4669, ext. 6838
(260)-486-0733 (fax)
melissa.millican@medpro.com

Enclosure(s)

SERFF Tracking Number: MDPC-126055948 State: District of Columbia
 Filing Company: The Medical Protective Company State Tracking Number:
 Company Tracking Number: 09-HCNP-02
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0013 Nurse - Practitioners
 Made/Occurrence
 Product Name: Health Care Professionals - Nurse Practitioners
 Project Name/Number: HCP - NP/09-HCPNP-02

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/02/2009		Supporting Actuarial Certification (P&C) Document	04/08/2009	dc np ex.pdf DC NP Memo.pdf (Superseded)

THE MEDICAL PROTECTIVE COMPANY

DISTRICT OF COLUMBIA

NURSE PRACTITIONERS

ACTUARIAL MEMORANDUM

The Medical Protective Company (MedPro) respectfully submits support for its new Nurse Practitioner Product. The attached exhibits support rates for a stand alone Nurse Practitioner Product in the District of Columbia. The proposed rates represent a new product available to the thousands of Nurse Practitioners who do not have their professional liability insurance provided by their primary physicians practice or hospital. The proposed effective date for the new product is July 01, 2009.

Our filing is based on the most recent publicly available countrywide Nurse Practitioner data from CNA. This memorandum summarizes the results of the analysis shown in the accompanying exhibits. As a result of MedPro's countrywide review, this filing proposes the introduction of a new product specifically for nurse practitioners, to which the proposed rates would apply.

EXHIBIT I: NURSE PRACTITIONER RATES

Exhibit I presents a comparison of the nurse practitioner rates for CNA's filed product and MedPro's proposed rate structure. The rates shown are for full-time self-employed risks with 1M/6M limits occurrence coverage. The rate differential between the CNA rates and MedPro rates is uniform on a percentage basis and is supported by the calculations in Exhibit II.

EXHIBIT II: RATE LEVEL INDICATION

Exhibit II presents the development of the indicated rate level for MedPro's Nurse Practitioner Product. The countrywide experience of CNA's book of business as presented in their rate filing in Ohio effective 02/01/2007 is used to project an ultimate loss and allocated loss adjustment expense (LALE) ratio applicable to CNA's filed rates. The ultimate LALE ratio is compared to the MedPro permissible LALE ratio to arrive at a indicated rate change. This represents the percentage change to CNA's nurse practitioner rates needed to arrive at MedPro's target loss ratio.

EXHIBIT III: MEDPRO EXPENSE PROVISIONS

Exhibit III shows the MedPro expense provisions for its Nurse Practitioner Product. These are used to calculate the permissible LALE ratio, which is carried forward to the rate level indication in Exhibit II.

EXHIBIT IV: CNA ULTIMATE LOSS PROJECTIONS

Exhibit IV shows the various accident year ultimate loss projections provided in the CNA actuarial analysis, along with their selections of ultimate settlement values. The ultimate selections are carried forward to the rate level indication in Exhibit II.

EXHIBIT V: CNA ULTIMATE ALE PROJECTIONS

Exhibit V shows the various accident year ultimate allocated loss adjustment expense (ALE) projections provided in the CNA actuarial analysis, along with their selections of ultimate settlement values. The ultimate selections are carried forward to the rate level indication in Exhibit II.

EXHIBIT VI: SEVERITY ANALYSIS

Annual trend values for loss and ALE are each derived in Exhibit VI. Two-year moving average severities are used to reduce the volatility of the accident year severity estimates. They are fit utilizing an exponential least-squares technique for several combinations of years. Based upon the resulting trends and R-squared values, annual trends of 1.5% and 3.5% were selected for loss and ALE, respectively, to adjust historical values to the current cost level in Exhibit II.

EXHIBIT VII: FREQUENCY ANALYSIS

The frequency adjustment factors applied in the rate level indication are derived in Exhibit VII. Frequency per \$1000 of current level earned premium is calculated for each accident year. The selected prospective value is then used along with the accident year values to determine frequency adjustment factors for each accident year. These are carried forward to the rate level indication in Exhibit II.

REVISED MANUAL RATES

The proposed rate pages for the Nurse Practitioner Product are attached to this filing.

REVISED MANUAL RULES

The Medical Protective Company proposes the following rating rules which conform to the countrywide template and largely do not constitute a substantive change in use or content from most rules currently on file for other Medical Protective Products.

ACCELERATED EXTENSION CONTRACT RULE

The Company proposes to file an Accelerated Extension Contract Rule for its Standard Claims Made Program. If requirements outlined in the rule are met, the insured may qualify for an Accelerated Extension Contract. The total number of insureds within a group practice that may qualify should not exceed a ratio of one in three. There is no rate impact associated with this rule.

AGGREGATE CREDIT RULE

The Company proposes to file an Aggregate Credit Rule for its Occurrence and Standard Claims Made Programs. This rule outlines the limitation of all credits shall not exceed 50%, with the exception of Part Time, Leave of Absence or Military Leave of Absence credits. This rule conforms with the countrywide format.

CONVERTIBLE CLAIMS MADE RATING RULE

The Company proposes to file the Convertible Claims Made Rating Plan for its Standard Claims Made Program. This rule outlines the conditions on which an insured would be eligible to convert a Standard Claims Made policy to an Occurrence policy at no charge. This rule conforms with the countrywide format.

DEFERRED PAYMENT PLAN RULE

The Company wishes to file the Deferred Payment Plan Rule for its Occurrence and Standard Claims Made Programs. This plan requires a down payment to be paid on or before the inception/renewal date of the policy. There is no rate impact associated with this rule.

EXTENSION CONTRACT RATING

The Company proposes to file an Extension Contract Rating Rule for its Standard Claims Made Program to clarify the modifications employed in the extension contract premium calculation. This rule is consistent with our countrywide format.

FULL TIME EQUIVALENCY RATING RULE

The Company proposes to file the Full Time Equivalency Rating Rule for its Occurrence and Standard Claims Made Programs. This rule outlines rating for coverage for a multi-provider groups which is available, at the Company's option, on a full time equivalent (FTE) basis rather than on an individual healthcare provider basis. This rule is consistent with our countrywide format.

GROUP RATING RULE

The Company proposes to file the Group Rating Rule for its Occurrence and Standard Claims Made Programs. The rule outlines the methodology in which a group of two or more healthcare professionals will be rated. The rule also outlines how premium will be allocated to each member within such group. This rule conforms with the countrywide format.

LEAVE OF ABSENCE CREDIT RULE

The Company proposes to file the Leave of Absence Credit Rule for its Occurrence and Standard Claims Made Programs. The rule provides rating for those insureds which have a "continuous" leave of absence of 45 days. This rule is consistent with our countrywide format.

MEMBERSHIP ASSOCIATION CREDIT RULE

The Company wishes to revise the Membership Association Credit Rule for its Occurrence and Standard Claims Made Programs. This rule allows for a premium modification, due to unique characteristics of a healthcare practice and their membership in qualified professional associations. The rule is consistent with the countrywide format.

MILITARY LEAVE OF ABSENCE CREDIT RULE

The Company proposes to file the Military Leave of Absence Credit Rule for its Occurrence and Standard Claims Made Programs. The rule provides rating for those insureds which are on active military leave. This rule is consistent with our countrywide format.

MINIMUM PREMIUM RULE

The Company wishes to file the Minimum Premium Rule for its Occurrence and Standard Claims Made Programs. This rule requires a minimum policy premium of \$50, is consistent with the countrywide format, and does not present a substantive rate impact.

NEW TO PRACTICE CREDIT RULE

The Company proposes to file the New to Practice Credit for the Occurrence and Standard Claims Made Programs. The revisions include explicitly limiting the application of this credit to those healthcare providers that are starting their practice for the first time. The rule is consistent with the countrywide format.

PARTNERSHIP OR CORPORATION COVERAGE RULE

The Company proposes to file a Partnership or Corporation Rating Rule for the Occurrence and Standard Claims Made programs. The rule outlines that such coverage shall be calculated as 10% of the individual insureds premium. This rule is consistent with our countrywide format.

PRIOR ACTS COVERAGE

The Company proposes to file the Prior Acts Coverage Rule for its Standard Claims Made Program. This rule outlines rating for prior acts coverage and clarifies that the advancement of the retroactive date can only be completed with not only the written acknowledgement of the insured, but also with the approval of the Company. This rule is consistent with the countrywide format.

RENEWAL RATING RULE

The Company wishes to file the Renewal Rating Rule for its Occurrence and Standard Claims Made Programs. This rule outlines the conditions on which a groups premium, which exceeds \$250,000, may be held constant from policy year to policy year. This rule conforms with our countrywide format.

RISK MANAGEMENT CREDIT RULE

The Company proposes to file a Risk Management Credit Rule for its Occurrence and Standard Claims Made Programs. This rule explains that a 10% credit is available to the policyholder for approved Risk Management courses, and follows the countrywide format.

SCHEDULE RATING PLAN

The Company proposes to file a Schedule Rating Plan rule for its Occurrence and Standard Claims Made Programs. The proposed rule allows for a rate modification for the recognition of unique risk characteristics not contemplated in the company's filed rate structure.

The proposed rule also provides additional clarity regarding the characteristics underlying each criteria as well as modifications necessary as a result of reduction in expenses. The rule conforms to the Medical Protective Company's countrywide template.

SHARED ENTITY VICARIOUS LIABILITY COVERAGE

The Company proposes to file a Shared Entity Vicarious Liability Coverage rating rule for its Occurrence & Standard Claims Made Programs. This rule outlines the methodology for adding an additional insured to the policy, for VL exposure only, on a shared limit basis. This rule conforms with the Company's countrywide format.

SLOT RATING RULE

The Company proposes to file a Slot Rating Rule for its Standard Claims Made Programs. This rule outlines and identifies that coverage for multi-healthcare provider groups is available, at the Company's option, on a slot basis rather than on an individual healthcare provider basis. The slot endorsement will identify the individuals and practice settings that are covered. This rule conforms to the countrywide format.