

SERFF Tracking Number: MDPC-126924219 State: District of Columbia
Filing Company: The Medical Protective Company State Tracking Number:
Company Tracking Number: 11-CRNA-02
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0010 Nurse - Anesthetists
Made/Occurrence
Product Name: Healthcare Professionals - Certified Registered Nurse Anesthetist
Project Name/Number: PAC / Per Diem/11-CRNA-02

Filing at a Glance

Company: The Medical Protective Company

Product Name: Healthcare Professionals - Certified Registered Nurse Anesthetist SERFF Tr Num: MDPC-126924219 State: District of Columbia

TOI: 11.0 Medical Malpractice - Claims

SERFF Status: Assigned

State Tr Num:

Made/Occurrence

Sub-TOI: 11.0010 Nurse - Anesthetists

Co Tr Num: 11-CRNA-02

State Status:

Filing Type: Rate/Rule

Authors: Melissa Millican,
Christopher Cole

Reviewer(s): Robert Nkojo

Disposition Date:

Date Submitted: 12/08/2010

Disposition Status:

Effective Date Requested (New): 04/01/2011

Effective Date (New):

Effective Date Requested (Renewal): 04/01/2011

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: PAC / Per Diem

Status of Filing in Domicile: Pending

Project Number: 11-CRNA-02

Domicile Status Comments: Indiana is the state of domicile.

Reference Organization: n/a

Reference Number: n/a

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 12/17/2010

State Status Changed:

Deemer Date:

Created By: Christopher Cole

Submitted By: Christopher Cole

Corresponding Filing Tracking Number: 11-CRNA-01

Filing Description:

The Medical Protective Company (MedPro) submits for your review and consideration the attached filing for the Company's stand-alone Certified Registered Nurse Anesthetist (CRNA) Product.

Where applicable we have separated the forms from the rule filing and have submitted a separate filing under a separate submission (Company filing #11-CRNA-01).

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

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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		

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Rate Information

Rate data applies to filing.

Filing Method: file and use
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 02/05/2010
Filing Method of Last Filing: file and use

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%

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Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Status:		#:		Number:
	OCC Prior Acts Convertible Extended Reporting Coverage Rating Plan Rule	PACC-CW; 1/1/11 edt.	New	DC OCC PACC- CW.pdf
	OCC Per Diem Coverage Rating Plan Rule	PDC-CW; 1/1/11 edt.	New	DC OCC PDC-CW.pdf

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

DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

OCCURRENCE PROGRAM

**PRIOR ACTS CONVERTIBLE EXTENDED REPORTING
COVERAGE RATING PLAN**

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

- 1) INSURED HAS MAINTAINED CONTINUOUS CLAIMS MADE COVERAGE BACK TO THE INSURED'S CURRENT IN-FORCE CLAIMS MADE POLICY'S RETROACTIVE DATE.
- 2) INSURED HAS NO GAPS IN COVERAGE BETWEEN THE EXPIRATION DATE OF THE INSURED'S IN-FORCE CLAIMS MADE POLICY AND THE INSURED'S REQUESTED EFFECTIVE DATE FOR OCCURRENCE COVERAGE FROM THE COMPANY.
- 3) INSURED'S PAYMENT TO THE COMPANY OF THE APPLICABLE PREMIUM FOR AN ANNUAL OCCURRENCE POLICY.

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DISTRICT OF COLUMBIA

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

OCCURRENCE PROGRAM

**PRIOR ACTS CONVERTIBLE EXTENDED REPORTING
COVERAGE RATING PLAN**

AT THE TIME THE AFOREMENTIONED CONDITIONS ARE MET, AND THE INSURED ELECTS TO PURCHASE OCCURRENCE COVERAGE, THE COMPANY WILL ISSUE A SHARED LIMIT PRIOR ACTS CONVERTIBLE EXTENDED REPORTING ENDORSEMENT, COVERING SERVICES SUBSEQUENT TO THE SCHEDULED RETROACTIVE DATE AND PRIOR TO THE PRIOR ACTS CONVERTIBLE EXTENDED REPORTING ENDORSEMENT'S EFFECTIVE DATE. THERE IS NO PREMIUM CHARGE FOR THIS COVERAGE.

SHOULD THE INSURED BE UNABLE TO MEET THE ABOVE CONDITIONS FOR CONVERSION, THE INSURED MAY ELECT TO PURCHASE AN EXTENSION CONTRACT ENDORSEMENT OR A PRIOR ACTS ENDORSEMENT. REFER TO THE EXTENSION CONTRACT RULE OR PRIOR ACTS RULE TO DETERMINE THE APPLICABLE PREMIUM.

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DISTRICT OF COLUMBIA
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
PER DIEM COVERAGE RATING PLAN

INDIVIDUAL CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA'S), AND THEIR SOLO CORPORATIONS, SHALL BE PROVIDED THE OPTION, SUBJECT TO UNDERWRITING GUIDELINES, TO PURCHASE PER DIEM COVERAGE PURSUANT TO THE FOLLOWING CONDITIONS:

- 1) THE APPLICANT MUST COMPLETE AN APPLICATION AND SUBMIT IT TO THE COMPANY FOR APPROVAL PRIOR TO THE REQUESTED EFFECTIVE DATE OF COVERAGE.
- 2) PER DIEM PREMIUM IS FULLY EARNED FOR EACH REQUESTED COVERAGE TERM.

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

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CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
PER DIEM COVERAGE RATING PLAN

PER DIEM RATES	
PER DAY	\$200
PER WEEK	\$500
PER MONTH*	\$1,100

* UP TO 31 DAYS

NO OTHER PREMIUM MODIFICATIONS ARE TO APPLY CONCURRENT WITH THIS RULE EXCEPT FOR SCHEDULE RATING MODIFICATIONS.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Consulting Authorization		
Comments: n/a - the filing is being made by the Company.		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Certification (P&C)		
Comments: attached		
Attachment: DC actuarial certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
Comments: This a new program initially filed in late 2009. As such, the premiums, losses and expenses for the program is \$0. We currently do not have any policyholders for this program.		

	Item Status:	Status Date:
Satisfied - Item: District of Columbia and Countrywide Loss Ratio Analysis (P&C)		
Comments: A.Evaluation Period (Accident Year, Policy Year, etc.) - Accident Year B.Earned Premium - \$0 C.On-Level Premium - \$0		

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- D.Losses (includes ALAE) - \$0 – New Program in 2010
- E.Loss Trend - Not Applicable – No historical Experience
- F.Loss Development Factors - NA
- G.Ultimate Claims - NA
- H.Loss Ratio - NA
- I.Selected Loss Ratio - NA
- J.Permissible Loss Ratio (includes) - (67.5%)
 - i.Expenses - 32.5%
 - ii.Profit & Contingency Provision - 5.0%
 - iii.Investment Income - 3.68% Investment rate and total rate of return of 11.74%
- K.Number of Claims - NA – New Product
- L.Claim Amount - NA – New Product
- M.Credibility Analysis (includes) - NA – New Product
 - i.DC Credibility - 0%
 - ii.Countrywide Credibility - 0%
 - iii.Complimentary Credibility - 100%
- N.Loss Cost Calculation (includes) - NA
 - i.Currently Approved Loss Multiplier - NA
 - ii.Currently Approved Loss Modifier - NA
 - iii.Derivation of Proposed Loss Cost Modifier - NA
 - iv.Proposed Loss Multiplier - NA

Item Status: **Status**
Date:

Satisfied - Item: Memo

Comments:

please see the attached memorandum.

Attachment:

DC rules memo.pdf

*District of Columbia
Actuarial Certification:*

I certify that the Company's rates are based on sound actuarial principles and are not inconsistent with the Company's experience.



*Keith M. Burnes, FCAS, MAAA
Vice President, Actuary*

THE MEDICAL PROTECTIVE COMPANY
DISTRICT OF COLUMBIA
CERTIFIED REGISTERED NURSE ANESTHETIST PRODUCT
EXPLANATORY MEMORANDUM

The Medical Protective Company (MedPro) submits for your review and consideration the attached rule filing for the Company's stand-alone Certified Registered Nurse Anesthetist (CRNA) Product.

PRIOR ACTS CONVERTIBLE EXTENDED REPORTING COVERAGE RATING PLAN

The Company wishes to introduce the Prior Acts Convertible Extended Reporting Coverage Rating Plan for its Occurrence Program. This rule outlines conditions which, when met, allow the insured to convert from claims made to occurrence coverage. Once such conditions are met, the Company will issue a Prior Acts Convertible Extended Reporting Endorsement, which covers services subsequent to the scheduled retroactive date and prior to the Prior Acts Convertible Extended Reporting Endorsement's effective date. This rule is consistent with the countrywide format.

PER DIEM COVERAGE RATING PLAN

The Company wishes to introduce the Per Diem Coverage Rating Plan for its Occurrence Program. This rule outlines the rates and conditions for which an insured may purchase Per Diem coverage for specified the number of hours worked must take place during a stated month/period and will be used in lieu of part time rating which is designed to rate coverage based upon restricted number of hours worked over an annual policy term. This rule is consistent with the countrywide format.