

SERFF Tracking Number: MMLM-126739154 State: District of Columbia
Filing Company: Professionals Advocate Insurance Company State Tracking Number:
Company Tracking Number: 2011-01-01-PHY-DC-FR
TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2023 Physicians & Surgeons
Product Name: 2011-01-01-PHY-DC-FR
Project Name/Number: 2011-01-01-PHY-DC-FR/2011-01-01-PHY-DC-FR

Filing at a Glance

Company: Professionals Advocate Insurance Company

Product Name: 2011-01-01-PHY-DC-FR SERFF Tr Num: MMLM-126739154 State: District of Columbia

TOI: 11.2 Med Mal-Claims Made Only SERFF Status: Closed-APPROVED State Tr Num:

Sub-TOI: 11.2023 Physicians & Surgeons Co Tr Num: 2011-01-01-PHY-DC- FR State Status:

Filing Type: Rule

Reviewer(s): Robert Nkojo

Authors: Gail Sconing, Andrea Hamerla

Disposition Date: 10/05/2010

Date Submitted: 07/26/2010

Disposition Status: APPROVED

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

Effective Date (New):

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

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: 2011-01-01-PHY-DC-FR

Status of Filing in Domicile: Pending

Project Number: 2011-01-01-PHY-DC-FR

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/05/2010

State Status Changed:

Deemer Date:

Created By: Andrea Hamerla

Submitted By: Andrea Hamerla

Corresponding Filing Tracking Number: 2011-01-01-PHY-DC-F

Filing Description:

The purpose of this filing is to update the Rating Instructions - State Exceptions to change the Extended Reporting Period (Tail) rating for professional organizations. Previously the tail charge for professional organizations was calculated by applying a factor to each tail charge calculated for each professional individual for which the insured organization has vicarious liability. Now the tail charge for professional organizations will be calculated by applying a factor to the highest premium charged for the professional organization at the termination date of the current policy term or the 2 immediately preceding policy terms in which policy coverage was provided. Rather than just modifying the paragraphs in the General Rating Instructions that are specific to tail rating for professional organizations, we have restated the entire tail rating section to make it easier to understand for the reader. No change was made to tail rating for individuals. We have also added a sentence to the end the rating instructions for each type of coverage form saying that Extended Reporting Period rating instructions are contained in the Extended Reporting Period ("Tail") sections.

SERFF Tracking Number: MMLM-126739154 State: District of Columbia
 Filing Company: Professionals Advocate Insurance Company State Tracking Number:
 Company Tracking Number: 2011-01-01-PHY-DC-FR
 TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2023 Physicians & Surgeons
 Product Name: 2011-01-01-PHY-DC-FR
 Project Name/Number: 2011-01-01-PHY-DC-FR/2011-01-01-PHY-DC-FR

In the Premium Discounts section of the Individual Professional Liability Form rating instructions, we have clarified that the Prepayment Discount applies to additional premium due for mid-term policy changes.

In the Suspension of Coverage section, we clarified by individuals rated as an Other Health Care Professional (as listed in the Rate Tables) are not eligible for suspension of coverage.

In addition, we have added a Premium Payment section to the Rules State Exceptions to describe the billing for additional premium due for mid-term changes on policies being paid in installments. The rule states that additional premium due for the current quarter (from the effective date of the change to the next regular installment) will be payable on the effective date of the change unless it is a small amount of the total remaining policy premium due or there is a regularly scheduled installment shortly after the effective date of the change. The remaining premium due will be divided among the remaining installments. Previously we had waited until the next installment to bill additional premium due regardless of how large the amount was.

We have updated the Cancellation and Nonrenewal section of the Rules State Exceptions to state that we may provide written notice of nonrenewal electronically or by mail which is permitted by statute.

Company and Contact

Filing Contact Information

Andrea Hamerla, Business Systems Analyst ahamerla@weinsuredocs.com
 225 International Circle 410-785-0050 [Phone] 117 [Ext]
 Box 8016 410-785-3057 [FAX]
 Hunt Valley, MD 21030

Filing Company Information

Professionals Advocate Insurance Company	CoCode: 29017	State of Domicile: Maryland
225 International Drive, Box 8016	Group Code: 377	Company Type: Property and Casualty
Hunt Valley, MD 21030	Group Name: Medical Mutual Group	State ID Number:
(800) 492-0193 ext. [Phone]	FEIN Number: 52-1473382	

Filing Fees

Fee Required? No
 Retaliatory? No

SERFF Tracking Number: MMLM-126739154 State: District of Columbia
Filing Company: Professionals Advocate Insurance Company State Tracking Number:
Company Tracking Number: 2011-01-01-PHY-DC-FR
TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2023 Physicians & Surgeons
Product Name: 2011-01-01-PHY-DC-FR
Project Name/Number: 2011-01-01-PHY-DC-FR/2011-01-01-PHY-DC-FR
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Professionals Advocate Insurance Company	\$0.00		

SERFF Tracking Number: MMLM-126739154 State: District of Columbia
Filing Company: Professionals Advocate Insurance Company State Tracking Number:
Company Tracking Number: 2011-01-01-PHY-DC-FR
TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2023 Physicians & Surgeons
Product Name: 2011-01-01-PHY-DC-FR
Project Name/Number: 2011-01-01-PHY-DC-FR/2011-01-01-PHY-DC-FR

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Robert Nkojo	10/05/2010	10/05/2010

SERFF Tracking Number: MMLM-126739154 *State:* District of Columbia
Filing Company: Professionals Advocate Insurance Company *State Tracking Number:*
Company Tracking Number: 2011-01-01-PHY-DC-FR
TOI: 11.2 Med Mal-Claims Made Only *Sub-TOI:* 11.2023 Physicians & Surgeons
Product Name: 2011-01-01-PHY-DC-FR
Project Name/Number: 2011-01-01-PHY-DC-FR/2011-01-01-PHY-DC-FR

Disposition

Disposition Date: 10/05/2010

Effective Date (New):

Effective Date (Renewal):

Status: APPROVED

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MMLM-126739154 State: District of Columbia
 Filing Company: Professionals Advocate Insurance Company State Tracking Number:
 Company Tracking Number: 2011-01-01-PHY-DC-FR
 TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2023 Physicians & Surgeons
 Product Name: 2011-01-01-PHY-DC-FR
 Project Name/Number: 2011-01-01-PHY-DC-FR/2011-01-01-PHY-DC-FR

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter All Filings		Yes
Supporting Document	Consulting Authorization		Yes
Supporting Document	Actuarial Certification (P&C)		Yes
Supporting Document	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		Yes
Supporting Document	District of Columbia and Countrywide Loss Ratio Analysis (P&C)		Yes
Rate	District of Columbia Medical Professional Liability Program - Rules State Exceptions		Yes
Rate	District of Columbia Medical professional Liability Program - Rating Instructions State Exceptions		Yes

SERFF Tracking Number: MMLM-126739154 State: District of Columbia
 Filing Company: Professionals Advocate Insurance Company State Tracking Number:
 Company Tracking Number: 2011-01-01-PHY-DC-FR
 TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2023 Physicians & Surgeons
 Product Name: 2011-01-01-PHY-DC-FR
 Project Name/Number: 2011-01-01-PHY-DC-FR/2011-01-01-PHY-DC-FR

Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	District of Columbia Medical Professional Liability Program - Rules State Exceptions	Pages 1-19	Replacement	Redline Rules State Exceptions-DC-PHY - 2011-01-01.pdf Rules State Exceptions-DC-PHY - 2011-01-01.pdf
	District of Columbia Medical professional Liability Program - Rating Instructions State Exceptions	Page 1-13	Replacement	Redline Rating Instructions State Exceptions-DC-PHY - 2011-01-01.pdf Rating Instructions State Exceptions-DC-PHY - 2011-01-01.pdf

Professionals Advocate Insurance Company
District of Columbia Medical Professional Liability Program
Rules State Exceptions
Edition January 1, 2011

Deleted: 2009

Table of Contents Page 1

GENERAL RULES EXCEPTIONS 2

 Cancellation and Nonrenewal 2

Premium Payment 2

 Certification of Exempt Commercial Risks 4

PROFESSIONAL LIABILITY RULES EXCEPTIONS 5

 Coverage Options 5

 Extended Reporting Period Option 5

 Deductible Liability Insurance 5

BUSINESS LIABILITY RULES EXCEPTIONS 6

 Coverage Options 6

 Extended Reporting Period Option 6

 Deductible Liability Insurance 6

EXCESS LIABILITY RULES EXCEPTIONS 7

 Coverage Options 7

 Extended Reporting Period Option 7

RULES APPLICABLE TO DISTRICT OF COLUMBIA APPROVED FORMS AND
 ENDORSEMENTS 8

Deleted: ¶

Deleted: 3

Formatted: Check spelling and grammar

Deleted: 4

Deleted: 4

Deleted: 4

Deleted: 4

Deleted: 5

Deleted: 5

Deleted: 5

Deleted: 5

Deleted: 6

Deleted: 6

Deleted: 6

Deleted: 7

Deleted: 2009

Medical Professional Liability Program

Rules State Exceptions – District of Columbia

This Section of the manual contains State Exceptions to the rules and rates otherwise applying to the Medical Professional Liability Program.

General Rules Exceptions

Cancellation and Nonrenewal

Any notice of cancellation or nonrenewal will state the Effective Date of the cancellation or nonrenewal and will include the reason(s) for such cancellation or nonrenewal. Any notice of cancellation or nonrenewal will be mailed to the first Named Insured at least thirty (30) days prior to the date of cancellation or nonrenewal. At least 5 days before sending the notice of cancellation or nonrenewal to the insured, the company shall notify the agent or broker who wrote the policy being canceled or nonrenewed. In the event of policy cancellation, the company shall also furnish a copy of the notice to the Superintendent of Insurance, unless the policy is being canceled for nonpayment of premium.

A policy may only be canceled for the following reasons:

- The insured has refused or failed to pay a premium due under the terms of the policy;
- The insured has made a material and willful misstatement or omission of fact to the company, its employees, agents or brokers in connection with any application to or claim against the company; or
- The property or other interest of the insured shall have been transferred to a person other than the insured or beneficiary, unless the transfer is permissible under the terms of the policy, or unless the property, interest or use thereof shall have materially changed with respect to its insurability.

These cancellation and nonrenewal requirements do not apply to any policy which has been in force for 30 days or less, provided that such policy is not a renewal policy.

Deleted: 2009

Premium Payment

Formatted: Table2, Tabs: 0.38", Left + 0.75", Left + 1.13", Left + 1.5", Left + 6.5", Left

Additional or return premiums arising out of mid-term policy changes will be handled as follows:

- The additional premium to provide coverage up to the next regular installment will be payable on the Effective Date of the change, unless it is a small amount of the total unpaid policy premium or there is a regularly scheduled installment due shortly after the Effective Date of the change. The remaining additional premium will be divided among the remaining installments. If no installments remain, the additional premium will be due on the Effective Date of the change.

Formatted: Font: Not Bold

Deleted: 2009

Certification of Exempt Commercial Risks

D.C. Law 13-265 Section 13(c)(2) provides that the Company at the time of entering into the policy agreement and annually thereafter obtain a written certification from the policyholder for any policy issued as an “exempt commercial risk.”

For the purposes of this Act, the term “exempt commercial risk” means a person or entity that meets at least 2 of the following criteria:

- (1) Retains or employs a certified or qualified risk manager to negotiate insurance coverage;
- (2) Possesses a net worth exceeding \$2 million;
- (3) Generates annual revenues exceeding \$2 million;
- (4) Has at least 10 employees;
- (5) Pays annual aggregate countrywide standard insurance premiums in excess of \$10,000;
- (6) Has total insured property value of at least \$2 million; or
- (7) Is a nonprofit organization or public body generating annual budgeted expenditures of at least \$5 million.

If an insured is certified as an exempt commercial risk, we are not required to file with or to receive approval from, the Commissioner for rates and policy forms used in insuring this risk.

Every application form for insurance for an exempt commercial risk, and every policy, on its front and declarations page issued to an exempt commercial risk shall contain in 10-point type the following notice:

NOTICE

This policy is issued to an exempt commercial risk. The rate and policy form are not subject to the filing, review and approval requirements of the Commissioner of the District of Columbia Department of Insurance and Securities Regulation.

At the time of entering into the policy agreement and annually on the policy renewal thereafter, the company shall obtain a signed copy of the Notice – Certification of Exempt Commercial Risk – District of Columbia form. This form shall be filed with, and retained by the Company.

Annually, on or before the 1st day of March, the Company shall execute and file with the Commissioner an affidavit covering the exempt commercial risk policies for the preceding year ending December 31 setting forth:

- The description and location of the insured property or risk
- The name of the insured, and whether the organization is for profit or nonprofit; and
- The amount insured under the policy.

Deleted: 2009

Professional Liability Rules Exceptions

Coverage Options

Extended Reporting Period Option

For Named Insureds who are individuals or for individuals who are listed on the Health Care Provider Group Professional Liability Individual Limits of Insurance – Expanded ERP Option of the Health Care Provider Group Professional Liability Coverage Form, an Extended Reporting Period will be provided at no charge upon coverage termination, if, during the coverage period, the insured dies, suffers total and permanent disability, or enters qualified retirement (retirement must immediately follow one (1) full year of coverage provided by the Company).

Deductible Liability Insurance

Deductible Liability premium credits are not available.

Deleted: 2009

Business Liability Rules Exceptions

Coverage Options

Extended Reporting Period Option

If the Named Insured is an Individual, an Extended Reporting Period will be provided on coverage termination at no charge, if, during the policy period, the insured dies, suffers total and permanent disability, or enters qualified retirement (retirement must immediately follow one (1) full year of coverage provided by the Company).

Deductible Liability Insurance

Deductible Liability premium credits are not available.

Deleted: 2009

Excess Liability Rules Exceptions

Coverage Options

Extended Reporting Period Option

For Named Insureds who are Individuals or for individuals who are listed the Health Care Provider Group Professional Liability Individual Limits of Insurance – Expanded ERP Option of the Health Care Provider Group Professional Liability Coverage Form, an Extended Reporting Period will be provided at no charge upon coverage termination, if, during the coverage period, the insured dies, suffers total and permanent disability, or enters qualified retirement (retirement must immediately follow one (1) full year of coverage provided by the Company).

Deleted: 2009

Rules Applicable to District of Columbia Approved Forms and Endorsements

Form PR 25000 0102, Declarations Extension – Additional Insureds. Issued to schedule certain persons or organizations who otherwise would not be covered under basic coverage forms. Refer to Manual for additional premium, if any.

Form PR 25003 0102, Declarations Extension – Insured Employees. Issued to schedule employees who otherwise would not be covered under basic coverage forms. These professionals share a limit with the Named Insured. Refer to Manual for additional premium charge, if any.

Form PR 25004 0604, Declarations Extension – Insured Locations. Issued for certain group policies for which a condition precedent to providing coverage is that only “incidents” at a particular location or locations are covered.

Form PR 25011 0102, Declarations Extension – Premium Endorsement Summary. Issued when particular endorsements require a separate premium charge.

Form PR 25012 0102, Declarations Extension – Rating Information – Auditable Policies. Issued when the policy is rated on a per exposure basis.

Form PR 25013 1103, Declarations Extension – Retroactive Dates. Issued when different insureds have different Retroactive Dates and/or different coverage forms or coverages provide different Retroactive Dates.

Form PR 31000 1204, Policy Introduction (Claims-Made). Mandatory form when an Individual Professional Liability Coverage Form (Claims-Made), an Organization Professional Liability Coverage Form (Claims-Made), or a Health Care Provider Group Professional Liability Coverage Form (Claims-Made) is issued. Issued in conjunction with the General Conditions.

Form PR 31100 0703, General Conditions. Mandatory form when an Individual Professional Liability Coverage Form, an Organization Professional Liability Coverage Form or a Health Care Provider Group Professional Liability Coverage Form is issued. Issued in conjunction with the Policy Introduction.

Form PR 31200 0102, Individual Professional Liability Coverage Form (Claims-Made). Issued to individual insureds for claims-made professional liability coverage. Requires payment of appropriate premium for such coverage.

Form PR 31201 0102, Organization Professional Liability Coverage Form (Claims-Made). Issued to organizations, such as professional associations or corporations, for claims-made professional liability coverage when a separate policy is permitted pursuant to the Company’s underwriting rules. Requires payment of appropriate premium for such coverage.

Deleted: 2009

Form PR 31202 0102, Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Issued to groups, when permitted by the Company's underwriting rules, to provide claims-made professional liability coverage for the organization, its employees, contracted professionals and affiliated physicians. Requires payment of appropriate premium for such coverage.

Form PR 31203 0102, Excess Liability Coverage Form (Claims-Made). Issued in conjunction with the Individual Professional Liability Coverage Form (Claims-Made), the Organization Professional Liability Coverage Form (Claims-Made) or the Health Care Provider Group Professional Liability Coverage Form (Claims-Made) to provide claims-made excess liability coverage. Requires payment of appropriate premium for such coverage. Under no circumstances is this coverage form issued unless an Individual Professional Liability Coverage Form, an Organization Professional Liability Coverage Form or a Health Care Provider Group Professional Liability Coverage Form is also issued.

Form PR 31204 0102, Business Liability Coverage Form (Claims-Made). Issued to individuals or organizations for claims-made business liability coverage. Requires payment of appropriate premium for such coverage. Under no circumstances is this coverage form issued unless either an Individual Professional Liability Coverage Form (Claims-Made), an Organization Professional Liability Coverage Form (Claims-Made), or a Health Care Provider Group Professional Liability Coverage Form (Claims-Made) is also issued.

Forms PR 40006 0102 through PR 40034 0102, Exclusions. These endorsements are attached when, based on information provided by the applicant, the risk would be ineligible for coverage at the quoted premium without the exclusion.

Form PR 40036 0102, Limitation – Locations of Practice. Issued in conjunction with a policy where the insured is practicing in a geographical area for which the Company does not provide coverage at the quoted premium.

Form PR 40042 0102, Limitation – Part-Time Practice. Issued in conjunction with a policy for which a part-time premium discount has been provided.

Form PR 50016 ~~0111~~, Changes in Policy General Conditions – District of Columbia. Mandatory form issued in conjunction with the General Conditions.

Deleted: 0102

Form PR 50017 0102, Changes in Policy Provisions – District of Columbia. Mandatory form issued in conjunction with the Individual Professional Liability Coverage Forms, the Organization Professional Liability Coverage Forms, the Health Care Provider Group Professional Liability Coverage Forms and the Excess Liability Coverage Forms.

Form PR 50026 0804, Nonrenewal for Failure to Pay Deductible. Issued on policies that previously had a deductible but no longer do. The purpose of this form is to alert policyholders that payment of prior deductibles is a condition of continuing coverage.

Deleted: 2009

Form PR 50034 0109, Policy Amendments – Claims Made Policy. Mandatory form issued in conjunction with the Individual Professional Liability Coverage Form, Organization Professional Liability Coverage Form, and Health Care Provider Group Professional Liability Coverage Form

Form PR 60000 0102, Endorsement. Issued when a particular coverage situation is not addressed by any of the other forms and requires the use of manuscript wording to make the detail of the coverage clear and unambiguous.

Form PR 60012 0102, Consent To Settle – Health Care Provider Group. May be issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form at the request of the Named Insured. Extends to each physician insured under the Health Care Provider Group Professional Liability Individual Limits of Insurance – Expanded ERP Option Endorsement the right to consent to any settlement of covered claims against the physician.

Forms PR 60028 0102 through PR 60037 0102, Additional Insured Endorsements. Issued at insured's request.

Form PR 60038 0804, Deductible Liability Insurance (Aggregate Basis). Issued in conjunction with Individual Professional Liability Coverage Form, the Organization Professional Liability Coverage Form, the Health Care Provider Group Professional Liability Coverage Form, and the Business Liability Coverage Form to provide an aggregate deductible as described in the endorsement.

Form PR 60039 0804, Deductible Liability Insurance (Per Incident Basis). Issued in conjunction with the Individual Professional Liability Coverage Form, the Organization Professional Liability Coverage Form, the Health Care Provider Group Professional Liability Coverage Form and the Business Liability Coverage Form to provide a per incident deductible as described in the endorsement.

Form PR 60049 0102, Sole Agent – Premiums & Dividends. Issued when a single individual or organization is designated to act on behalf of a Named Insured with respect to all premium transactions.

Form PR 60050 0102, Supplemental Limits of Insurance Endorsement. Issued to extend excess limits of District of Columbia physicians who have privileges at Virginia hospitals that required those physicians to carry limits equal to Virginia's medical malpractice damages cap. The excess limits apply only to those claims subject to the cap.

Form PR 60051 0102, Suspension of Coverage. Issued when coverage is suspended in accordance with the Company's underwriting rules. Requires payment of appropriate premium.

Form PR 60053 0102, Audit Statement. This endorsement is issued and attached to a policy when the Company elects to conduct an audit pursuant to the terms of Declarations Extension – Rating Information – Auditable Policies, and such an audit results in a premium adjustment.

Deleted: 2009

Form PR 60062 0102, Extended Reporting Period. Issued upon cancellation of a professional liability insurance policy provided the insured complies with the Company's underwriting rules related to Extended Reporting Periods. Requires payment of appropriate premium.

Form PR 60067 0304, Extended Reporting Period – Death, Disability or Retirement. Issued upon cancellation of an Individual Professional Liability Coverage Form (Claims-Made) or termination of coverage for an insured scheduled on a Health Care Provider Group Professional Liability Individual Limits of Insurance – Expanded ERP Option Endorsement to the Health Care Provider Group Professional Liability Coverage Form. This Extended Reporting Period is issued at no additional charge provided the individual insured meets the Company's underwriting rules related to death, total and permanent disability or qualified retirement.

Form PR 60070 0102, Extended Reporting Period – Waiver of Premium. Issued with certain group policies which are rated at a mature claims-made rate from the Effective Date of the first policy period. Refer to the Manual pages for specific rules and rates applicable to this endorsement.

Form PR 60071 0102, Changes in Policy Provisions – Solo Practitioners. Issued to extend coverage to a professional corporation or association when the Individual Professional Liability Coverage Form is issued to an insured who is the sole member or stockholder of such professional corporation or association and who has no professional employees eligible for separate Individual Professional Liability Coverage.

Form PR 60076 0102, Extended Reporting Period – Partial Termination. Issued when the Named Insured chooses to purchase an Extended Reporting Period when a portion of the coverage is being terminated, but the coverage form itself is not being canceled or nonrenewed.

Form PR 60079 0804, Deductible – Liability Insurance – Group Policy (Aggregate Basis). Issued as part of a group policy to apply separate aggregate deductibles to the Named Insured organization as well as other additional insureds scheduled on the endorsement.

Form PR 60080 0804, Deductible – Liability Insurance – Group Policy (Per Incident Basis). Issued as part of a group policy to apply separate per incident deductibles to the Named Insured organization as well as other additional insureds scheduled on the endorsement.

Form PR 65005 0803, Organization Professional Liability – Modified Separate Limits of Insurance with ERP Option. Issued in conjunction with the Organization Professional Liability Coverage Form (Claims-Made). Performs the same function as Form PR 65008, except that coverage for insureds scheduled onto this endorsement is not limited to scope of duties on behalf of the Named Insured. Since there may be multiple groups of employees on a policy (such as CRNA's, Physician Assistants, etc.), with each group having a separate limit to be shared among the members of that group, a suffix of -1, -2, etc., will be added to the form number (in numerical order) as each such endorsement is issued as part of the policy. It also includes the ERP Option.

Deleted: 2009

Form PR 65008 0803, Organization Professional Liability – Separate Limits of Insurance with ERP Option. Issued in conjunction with the Organization Professional Liability Coverage Form (Claims-Made). Rated based upon providing a limit of insurance separate from the organization which is shared by all health care professionals listed on the endorsement. Since there may be multiple groups of employees on a policy (such as CRNA's, Physician Assistants, Lab Technicians, etc.), with each group having a separate limit to be shared among the members of that group, a suffix of -1, -2, etc., will be added to the form number (in numerical order) as each such endorsement is issued as part of the policy. It also includes the ERP Option.

Form PR 65011 0103, Health Care Provider Group Professional Liability – Individual Limits of Insurance with ERP Option. Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Rated based upon providing separate individual limits of insurance and a right to purchase an Extended Reporting Period for each health care professional or member of a class of insureds listed on the endorsement.

Form PR 65014 0103, Health Care Provider Group Professional Liability – Modified Separate Limits of Insurance with ERP Option. Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Performs the same function as Form PR 65017, except that coverage for insureds scheduled onto this endorsement is not limited to scope of duties on behalf of the Named Insured. Since there may be multiple groups of employees on a policy (such as CRNA's, Physician Assistants, etc.), with each group having a separate limit to be shared among the members of that group, a suffix of -1, -2, etc., will be added to the form number (in numerical order) as each such endorsement is issued as part of the policy. It also includes and ERP option.

Form PR 65017 0103, Health Care Provider Group Professional Liability – Separate Limits of Insurance with ERP Option. Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Rated based upon providing a limit of insurance separate from the organization which is shared by all health care professionals listed on the endorsement. Since there may be multiple groups of employees on a policy (such a CRNA's, Physician Assistants, Lab Technicians, etc.) with each group having a separate limit to be shared among the members of that group, a suffix of -1, -2, etc., will be added to the form number (in numerical order) as each such endorsement is issued as part of the policy.

Form PR 65018 0102, Health Care Provider Group Professional Liability – Slot Program – Limits of Insurance. Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Rated based upon providing separate individual limits for certain health care professionals occupying certain slots.

Form PR 65020 0102, Health Care Provider Group Professional Liability – Individual Limits of Insurance – Expanded ERP Option (1-Year). Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Rated based upon providing to each scheduled individual separate individual limits of insurance, a right to purchase an Extended Reporting Period and the right to an Extended Reporting Period at no charge upon death, qualified disability or qualified retirement. This form may not be used for per visit rated accounts.

Deleted: 2009

**Professionals Advocate Insurance Company
District of Columbia Medical Professional Liability Program
Rules State Exceptions
Edition January 1, 2011**

Table of ContentsPage 1

GENERAL RULES EXCEPTIONS.....2

 Cancellation and Nonrenewal.....2

 Premium Payment2

 Certification of Exempt Commercial Risks.....4

PROFESSIONAL LIABILITY RULES EXCEPTIONS5

 Coverage Options5

 Extended Reporting Period Option.....5

 Deductible Liability Insurance.....5

BUSINESS LIABILITY RULES EXCEPTIONS.....6

 Coverage Options6

 Extended Reporting Period Option.....6

 Deductible Liability Insurance.....6

EXCESS LIABILITY RULES EXCEPTIONS.....7

 Coverage Options7

 Extended Reporting Period Option.....7

RULES APPLICABLE TO DISTRICT OF COLUMBIA APPROVED FORMS AND
ENDORSEMENTS.....8

Medical Professional Liability Program

Rules State Exceptions – District of Columbia

This Section of the manual contains State Exceptions to the rules and rates otherwise applying to the Medical Professional Liability Program.

General Rules Exceptions

Cancellation and Nonrenewal

Any notice of cancellation or nonrenewal will state the Effective Date of the cancellation or nonrenewal and will include the reason(s) for such cancellation or nonrenewal. Any notice of cancellation or nonrenewal will be mailed to the first Named Insured at least thirty (30) days prior to the date of cancellation or nonrenewal. At least 5 days before sending the notice of cancellation or nonrenewal to the insured, the company shall notify the agent or broker who wrote the policy being canceled or nonrenewed. In the event of policy cancellation, the company shall also furnish a copy of the notice to the Superintendent of Insurance, unless the policy is being canceled for nonpayment of premium.

A policy may only be canceled for the following reasons:

- The insured has refused or failed to pay a premium due under the terms of the policy;
- The insured has made a material and willful misstatement or omission of fact to the company, its employees, agents or brokers in connection with any application to or claim against the company; or
- The property or other interest of the insured shall have been transferred to a person other than the insured or beneficiary, unless the transfer is permissible under the terms of the policy, or unless the property, interest or use thereof shall have materially changed with respect to its insurability.

These cancellation and nonrenewal requirements do not apply to any policy which has been in force for 30 days or less, provided that such policy is not a renewal policy.

Premium Payment

Additional or return premiums arising out of mid-term policy changes will be handled as follows:

- The additional premium to provide coverage up to the next regular installment will be payable on the Effective Date of the change, unless it is a small amount of the total unpaid policy premium or there is a regularly scheduled installment due shortly after the Effective Date of the change. The remaining additional premium will be divided among the remaining installments. If no installments remain, the additional premium will be due on the Effective Date of the change.
-

Certification of Exempt Commercial Risks

D.C. Law 13-265 Section 13(c)(2) provides that the Company at the time of entering into the policy agreement and annually thereafter obtain a written certification from the policyholder for any policy issued as an “exempt commercial risk.”

For the purposes of this Act, the term “exempt commercial risk” means a person or entity that meets at least 2 of the following criteria:

- (1) Retains or employs a certified or qualified risk manager to negotiate insurance coverage;
- (2) Possesses a net worth exceeding \$2 million;
- (3) Generates annual revenues exceeding \$2 million;
- (4) Has at least 10 employees;
- (5) Pays annual aggregate countrywide standard insurance premiums in excess of \$10,000;
- (6) Has total insured property value of at least \$2 million; or
- (7) Is a nonprofit organization or public body generating annual budgeted expenditures of at least \$5 million.

If an insured is certified as an exempt commercial risk, we are not required to file with or to receive approval from, the Commissioner for rates and policy forms used in insuring this risk.

Every application form for insurance for an exempt commercial risk, and every policy, on its front and declarations page issued to an exempt commercial risk shall contain in 10-point type the following notice:

NOTICE

This policy is issued to an exempt commercial risk. The rate and policy form are not subject to the filing, review and approval requirements of the Commissioner of the District of Columbia Department of Insurance and Securities Regulation.

At the time of entering into the policy agreement and annually on the policy renewal thereafter, the company shall obtain a signed copy of the Notice – Certification of Exempt Commercial Risk – District of Columbia form. This form shall be filed with, and retained by the Company.

Annually, on or before the 1st day of March, the Company shall execute and file with the Commissioner an affidavit covering the exempt commercial risk policies for the preceding year ending December 31 setting forth:

- The description and location of the insured property or risk
- The name of the insured, and whether the organization is for profit or nonprofit; and
- The amount insured under the policy.

Professional Liability Rules Exceptions

Coverage Options

Extended Reporting Period Option

For Named Insureds who are individuals or for individuals who are listed on the Health Care Provider Group Professional Liability Individual Limits of Insurance – Expanded ERP Option of the Health Care Provider Group Professional Liability Coverage Form, an Extended Reporting Period will be provided at no charge upon coverage termination, if, during the coverage period, the insured dies, suffers total and permanent disability, or enters qualified retirement (retirement must immediately follow one (1) full year of coverage provided by the Company).

Deductible Liability Insurance

Deductible Liability premium credits are not available.

Business Liability Rules Exceptions

Coverage Options

Extended Reporting Period Option

If the Named Insured is an Individual, an Extended Reporting Period will be provided on coverage termination at no charge, if, during the policy period, the insured dies, suffers total and permanent disability, or enters qualified retirement (retirement must immediately follow one (1) full year of coverage provided by the Company).

Deductible Liability Insurance

Deductible Liability premium credits are not available.

Excess Liability Rules Exceptions

Coverage Options

Extended Reporting Period Option

For Named Insureds who are Individuals or for individuals who are listed the Health Care Provider Group Professional Liability Individual Limits of Insurance – Expanded ERP Option of the Health Care Provider Group Professional Liability Coverage Form, an Extended Reporting Period will be provided at no charge upon coverage termination, if, during the coverage period, the insured dies, suffers total and permanent disability, or enters qualified retirement (retirement must immediately follow one (1) full year of coverage provided by the Company).

Rules Applicable to District of Columbia Approved Forms and Endorsements

Form PR 25000 0102, Declarations Extension – Additional Insureds. Issued to schedule certain persons or organizations who otherwise would not be covered under basic coverage forms. Refer to Manual for additional premium, if any.

Form PR 25003 0102, Declarations Extension – Insured Employees. Issued to schedule employees who otherwise would not be covered under basic coverage forms. These professionals share a limit with the Named Insured. Refer to Manual for additional premium charge, if any.

Form PR 25004 0604, Declarations Extension – Insured Locations. Issued for certain group policies for which a condition precedent to providing coverage is that only “incidents” at a particular location or locations are covered.

Form PR 25011 0102, Declarations Extension – Premium Endorsement Summary. Issued when particular endorsements require a separate premium charge.

Form PR 25012 0102, Declarations Extension – Rating Information – Auditable Policies. Issued when the policy is rated on a per exposure basis.

Form PR 25013 1103, Declarations Extension – Retroactive Dates. Issued when different insureds have different Retroactive Dates and/or different coverage forms or coverages provide different Retroactive Dates.

Form PR 31000 1204, Policy Introduction (Claims-Made). Mandatory form when an Individual Professional Liability Coverage Form (Claims-Made), an Organization Professional Liability Coverage Form (Claims-Made), or a Health Care Provider Group Professional Liability Coverage Form (Claims-Made) is issued. Issued in conjunction with the General Conditions.

Form PR 31100 0703, General Conditions. Mandatory form when an Individual Professional Liability Coverage Form, an Organization Professional Liability Coverage Form or a Health Care Provider Group Professional Liability Coverage Form is issued. Issued in conjunction with the Policy Introduction.

Form PR 31200 0102, Individual Professional Liability Coverage Form (Claims-Made). Issued to individual insureds for claims-made professional liability coverage. Requires payment of appropriate premium for such coverage.

Form PR 31201 0102, Organization Professional Liability Coverage Form (Claims-Made). Issued to organizations, such as professional associations or corporations, for claims-made professional liability coverage when a separate policy is permitted pursuant to the Company’s underwriting rules. Requires payment of appropriate premium for such coverage.

Form PR 31202 0102, Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Issued to groups, when permitted by the Company's underwriting rules, to provide claims-made professional liability coverage for the organization, its employees, contracted professionals and affiliated physicians. Requires payment of appropriate premium for such coverage.

Form PR 31203 0102, Excess Liability Coverage Form (Claims-Made). Issued in conjunction with the Individual Professional Liability Coverage Form (Claims-Made), the Organization Professional Liability Coverage Form (Claims-Made) or the Health Care Provider Group Professional Liability Coverage Form (Claims-Made) to provide claims-made excess liability coverage. Requires payment of appropriate premium for such coverage. Under no circumstances is this coverage form issued unless an Individual Professional Liability Coverage Form, an Organization Professional Liability Coverage Form or a Health Care Provider Group Professional Liability Coverage Form is also issued.

Form PR 31204 0102, Business Liability Coverage Form (Claims-Made). Issued to individuals or organizations for claims-made business liability coverage. Requires payment of appropriate premium for such coverage. Under no circumstances is this coverage form issued unless either an Individual Professional Liability Coverage Form (Claims-Made), an Organization Professional Liability Coverage Form (Claims-Made), or a Health Care Provider Group Professional Liability Coverage Form (Claims-Made) is also issued.

Forms PR 40006 0102 through PR 40034 0102, Exclusions. These endorsements are attached when, based on information provided by the applicant, the risk would be ineligible for coverage at the quoted premium without the exclusion.

Form PR 40036 0102, Limitation – Locations of Practice. Issued in conjunction with a policy where the insured is practicing in a geographical area for which the Company does not provide coverage at the quoted premium.

Form PR 40042 0102, Limitation – Part-Time Practice. Issued in conjunction with a policy for which a part-time premium discount has been provided.

Form PR 50016 0111, Changes in Policy General Conditions – District of Columbia. Mandatory form issued in conjunction with the General Conditions.

Form PR 50017 0102, Changes in Policy Provisions – District of Columbia. Mandatory form issued in conjunction with the Individual Professional Liability Coverage Forms, the Organization Professional Liability Coverage Forms, the Health Care Provider Group Professional Liability Coverage Forms and the Excess Liability Coverage Forms.

Form PR 50026 0804, Nonrenewal for Failure to Pay Deductible. Issued on policies that previously had a deductible but no longer do. The purpose of this form is to alert policyholders that payment of prior deductibles is a condition of continuing coverage.

Form PR 50034 0109, Policy Amendments – Claims Made Policy. Mandatory form issued in conjunction with the Individual Professional Liability Coverage Form, Organization Professional Liability Coverage Form, and Health Care Provider Group Professional Liability Coverage Form

Form PR 60000 0102, Endorsement. Issued when a particular coverage situation is not addressed by any of the other forms and requires the use of manuscript wording to make the detail of the coverage clear and unambiguous.

Form PR 60012 0102, Consent To Settle – Health Care Provider Group. May be issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form at the request of the Named Insured. Extends to each physician insured under the Health Care Provider Group Professional Liability Individual Limits of Insurance – Expanded ERP Option Endorsement the right to consent to any settlement of covered claims against the physician.

Forms PR 60028 0102 through PR 60037 0102, Additional Insured Endorsements. Issued at insured's request.

Form PR 60038 0804, Deductible Liability Insurance (Aggregate Basis). Issued in conjunction with Individual Professional Liability Coverage Form, the Organization Professional Liability Coverage Form, the Health Care Provider Group Professional Liability Coverage Form, and the Business Liability Coverage Form to provide an aggregate deductible as described in the endorsement.

Form PR 60039 0804, Deductible Liability Insurance (Per Incident Basis). Issued in conjunction with the Individual Professional Liability Coverage Form, the Organization Professional Liability Coverage Form, the Health Care Provider Group Professional Liability Coverage Form and the Business Liability Coverage Form to provide a per incident deductible as described in the endorsement.

Form PR 60049 0102, Sole Agent – Premiums & Dividends. Issued when a single individual or organization is designated to act on behalf of a Named Insured with respect to all premium transactions.

Form PR 60050 0102, Supplemental Limits of Insurance Endorsement. Issued to extend excess limits of District of Columbia physicians who have privileges at Virginia hospitals that required those physicians to carry limits equal to Virginia's medical malpractice damages cap. The excess limits apply only to those claims subject to the cap.

Form PR 60051 0102, Suspension of Coverage. Issued when coverage is suspended in accordance with the Company's underwriting rules. Requires payment of appropriate premium.

Form PR 60053 0102, Audit Statement. This endorsement is issued and attached to a policy when the Company elects to conduct an audit pursuant to the terms of Declarations Extension – Rating Information – Auditable Policies, and such an audit results in a premium adjustment.

Form PR 60062 0102, Extended Reporting Period. Issued upon cancellation of a professional liability insurance policy provided the insured complies with the Company's underwriting rules related to Extended Reporting Periods. Requires payment of appropriate premium.

Form PR 60067 0304, Extended Reporting Period – Death, Disability or Retirement. Issued upon cancellation of an Individual Professional Liability Coverage Form (Claims-Made) or termination of coverage for an insured scheduled on a Health Care Provider Group Professional Liability Individual Limits of Insurance – Expanded ERP Option Endorsement to the Health Care Provider Group Professional Liability Coverage Form. This Extended Reporting Period is issued at no additional charge provided the individual insured meets the Company's underwriting rules related to death, total and permanent disability or qualified retirement.

Form PR 60070 0102, Extended Reporting Period – Waiver of Premium. Issued with certain group policies which are rated at a mature claims-made rate from the Effective Date of the first policy period. Refer to the Manual pages for specific rules and rates applicable to this endorsement.

Form PR 60071 0102, Changes in Policy Provisions – Solo Practitioners. Issued to extend coverage to a professional corporation or association when the Individual Professional Liability Coverage Form is issued to an insured who is the sole member or stockholder of such professional corporation or association and who has no professional employees eligible for separate Individual Professional Liability Coverage.

Form PR 60076 0102, Extended Reporting Period – Partial Termination. Issued when the Named Insured chooses to purchase an Extended Reporting Period when a portion of the coverage is being terminated, but the coverage form itself is not being canceled or nonrenewed.

Form PR 60079 0804, Deductible – Liability Insurance – Group Policy (Aggregate Basis). Issued as part of a group policy to apply separate aggregate deductibles to the Named Insured organization as well as other additional insureds scheduled on the endorsement.

Form PR 60080 0804, Deductible – Liability Insurance – Group Policy (Per Incident Basis). Issued as part of a group policy to apply separate per incident deductibles to the Named Insured organization as well as other additional insureds scheduled on the endorsement.

Form PR 65005 0803, Organization Professional Liability – Modified Separate Limits of Insurance with ERP Option. Issued in conjunction with the Organization Professional Liability Coverage Form (Claims-Made). Performs the same function as Form PR 65008, except that coverage for insureds scheduled onto this endorsement is not limited to scope of duties on behalf of the Named Insured. Since there may be multiple groups of employees on a policy (such as CRNA's, Physician Assistants, etc.), with each group having a separate limit to be shared among the members of that group, a suffix of -1, -2, etc., will be added to the form number (in numerical order) as each such endorsement is issued as part of the policy. It also includes the ERP Option.

Form PR 65008 0803, Organization Professional Liability – Separate Limits of Insurance with ERP Option. Issued in conjunction with the Organization Professional Liability Coverage Form (Claims-Made). Rated based upon providing a limit of insurance separate from the organization which is shared by all health care professionals listed on the endorsement. Since there may be multiple groups of employees on a policy (such as CRNA's, Physician Assistants, Lab Technicians, etc.), with each group having a separate limit to be shared among the members of that group, a suffix of -1, -2, etc., will be added to the form number (in numerical order) as each such endorsement is issued as part of the policy. It also includes the ERP Option.

Form PR 65011 0103, Health Care Provider Group Professional Liability – Individual Limits of Insurance with ERP Option. Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Rated based upon providing separate individual limits of insurance and a right to purchase an Extended Reporting Period for each health care professional or member of a class of insureds listed on the endorsement.

Form PR 65014 0103, Health Care Provider Group Professional Liability – Modified Separate Limits of Insurance with ERP Option. Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Performs the same function as Form PR 65017, except that coverage for insureds scheduled onto this endorsement is not limited to scope of duties on behalf of the Named Insured. Since there may be multiple groups of employees on a policy (such as CRNA's, Physician Assistants, etc.), with each group having a separate limit to be shared among the members of that group, a suffix of -1, -2, etc., will be added to the form number (in numerical order) as each such endorsement is issued as part of the policy. It also includes and ERP option.

Form PR 65017 0103, Health Care Provider Group Professional Liability – Separate Limits of Insurance with ERP Option. Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Rated based upon providing a limit of insurance separate from the organization which is shared by all health care professionals listed on the endorsement. Since there may be multiple groups of employees on a policy (such a CRNA's, Physician Assistants, Lab Technicians, etc.) with each group having a separate limit to be shared among the members of that group, a suffix of -1, -2, etc., will be added to the form number (in numerical order) as each such endorsement is issued as part of the policy.

Form PR 65018 0102, Health Care Provider Group Professional Liability – Slot Program – Limits of Insurance. Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Rated based upon providing separate individual limits for certain health care professionals occupying certain slots.

Form PR 65020 0102, Health Care Provider Group Professional Liability – Individual Limits of Insurance – Expanded ERP Option (1-Year). Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Rated based upon providing to each scheduled individual separate individual limits of insurance, a right to purchase an Extended Reporting Period and the right to an Extended Reporting Period at no charge upon death, qualified disability or qualified retirement. This form may not be used for per visit rated accounts.

Professionals Advocate[®] Insurance Company
District of Columbia Medical Professional Liability Program –
Rating Instructions State Exceptions
Edition January 1, 2011

Deleted: 2005

	<u>Page</u>
Table of Contents	1
Rating Territory Definition	2
Refer to Company References	2
Primary Coverage Form Premiums	2
Individual Professional Liability Coverage Form	2
Organization Professional Liability Coverage Form	3
Health Care Provider Group Professional Liability Coverage Form	4
Group Program – Emergency Room Groups (Rated Per Visit)	5
Group Program – Clinics (Rated Per Visit)	5
Business Liability Coverage Form	6
Extended Reporting Period Endorsement (“Tail”)	7
Individual Experience Rating Plan	9
Group Experience Rating Plan	12
Schedule Rating Plan	12
Additional Exposure to Loss	12
Other Rating Situations	13
A-Rating	13
Suspension of Coverage	13

Deleted: 2005

Deleted: Page 1 of 12

Medical Professional Liability Program

Rating Instructions State Exceptions – District of Columbia

This Section of the manual contains State Exceptions to the rating instructions otherwise applying to the Medical Professional Liability Program.

Rating Territory Definition

<u>Territory</u>	<u>Description</u>
1	Entire State

Refer to Company References

Wherever used in this manual, the reference “Refer to Company” means that the noted program feature may not be offered without either or both prior approval by the Company or the State Insurance Department. It is not intended to indicate that any rates, factors or other program features are exempted from state filing requirements.

Primary Coverage Form Premiums

Manual Rates are shown in the rate pages for Basic Limits of:

- \$1,000,000 Each Incident/\$3,000,000 Annual Aggregate for Professional Liability Coverage.
- \$500 Per Day and a \$5,000 Annual Aggregate for Defendant’s Reimbursement. (Note: Only one set of limits will apply to the policy, regardless of the number of Coverage Forms attached.)

Individual Professional Liability Coverage Form

3. Determine Base Rate(s).

- If other professionals are employed to perform services on behalf of the insured, select the appropriate rate factor from the Vicarious Exposures section of the rate tables and multiply by the claims-made Basic rate for the Rate Class/Class Code that was used to rate the separate individual coverage. (For professionals not directly insured by Company, it is necessary to first determine the individual premium prior to applying the applicable vicarious factor.)

Deleted: 2005

Deleted: Page 1 of 12

4. Determine Adjusted Base Premium(s)

Supplemental Limits

Supplemental Limits for Virginia Exposure (for individuals with \$1M/\$3M limits) - Divide the total number of practice hours in Virginia by the total of all practice hours, using a maximum of 40 hours, and round to the nearest 5%. Multiply the result by 41% and add 1.000. This is the supplemental limits factor to apply to the Base Rate.

Premium Discounts

Standard Risk Management Discount – Any physician who attends an approved risk management program during a calendar year will be eligible for a discount for their claims-made coverage of their next year’s policy following completion of the seminar.

Enhanced Group Risk Management – Groups that participate in an additional enhanced risk management program, as coordinated and designed by the Company for the Group, will be eligible for an additional discount for their claims-made coverage.

The two Risk Management discounts described above are not added together. They apply multiplicatively.

Prepayment of Premium Discount – A discount is applied to the final annual premium, if such premium is paid in entirety before the policy is issued. The discount will also subsequently be applied to additional premium due for mid-term changes. See the rate tables for the discount factor.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement (“Tail”) section.

Organization Professional Liability Coverage Form

3. Determine Base Rate(s)

Rather than always using the “mature” claims-made Basic rate, use the claims-made year that was used to rate the individual coverage.

Note: This exception also applies to Health Care Provider Group (other than Rated Per Visit) since the Rating Instructions for this section refers to the Organization Professional Liability Coverage Form.

4. Determine Adjusted Base Premium(s)

Supplemental Limits

Deleted: 2005
Deleted: Page 1 of 12

Supplemental Limits for Virginia Exposure (for individuals with \$1M/\$3M limits) - Divide the total number of practice hours in Virginia by the total of all practice hours, using a maximum of 40 hours, and round to the nearest 5%. Multiply the result by 41% and add 1.000. This is the supplemental limits factor to apply to the Base Rate.

Premium Discounts

Prepayment of Premium Discount – A discount is applied to the final annual premium, if such premium is paid in entirety before the policy is issued. The discount will also subsequently be applied to additional premium due for mid-term changes. See the rate tables for the discount factor.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement (“Tail”) section.

Health Care Provider Group Professional Liability Coverage Form

Health Care Provider Groups (Other than Rated Per Visit)

1. For insureds scheduled on the Health Care Provider Group Professional Liability Individual Limits of Insurance - Extended ERP option Endorsement Only – To determine the premium for the physicians and other health care professionals who are scheduled on this endorsement, follow the rating instructions outlined in the Individual Professional Liability Coverage Form Section for each individual physician and health care professional.
2. For the Named Insured Organization and any person or organization sharing the Named Insured’s Limits of Insurance Only – To determine the premium for the organization, the covered employed or contract health care professionals and the other employees sharing the corporation limits, follow the rating instructions outlined in the Organization Professional Liability Coverage Form Section.
3. Total the Premium from Paragraphs 1 and 2 above.

If no other Coverage Forms apply, proceed directly to the Additional Coverage Premiums and Total Policy Premium rating instructions.

Premium Discounts

Prepayment of Premium Discount – A discount is applied to the final annual premium, if such premium is paid in entirety before the policy is issued. The discount will also subsequently be applied to additional premium due for mid-term changes. See the rate tables for the discount factor.

Extended Reporting Period

Formatted: Indent: First line: 0", Tabs: 0", Left + Not at 0.38"

Formatted: Indent: Left: 0"

Deleted: 2005

Deleted: Page 1 of 12

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement ("Tail") section.

Formatted: Indent: Left: 0"

Group Program – Emergency Room Groups (Rated Per Visit)

Premium Discounts

Standard Risk Management Discount – Emergency department physician groups that are rated on a per visit basis will be eligible for this discount if 75% of the group's full-time (36 hours per week or more) physicians have participated in an approved risk management seminar or activity during the previous calendar year.

Enhanced Group Risk Management – Groups that participate in an additional enhanced risk management program, as coordinated and designed by the Company for the Group, will be eligible for an additional discount for their claims-made coverage.

The two Risk Management discounts described above are not added together. They apply multiplicatively.

Prepayment of Premium Discount – A discount is applied to the final annual premium, if such premium is paid in entirety before the policy is issued. The discount will also subsequently be applied to additional premium due for mid-term changes. See the rate tables for the discount factor.

Extended Reporting Period

Formatted: Indent: Left: 0"

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement ("Tail") section.

Formatted: Indent: Left: 0"

Group Program – Clinics (Rated Per Visit)

Prepayment of Premium Discount – A discount is applied to the final annual premium, if such premium is paid in entirety before the policy is issued. The discount will also subsequently be applied to additional premium due for mid-term changes. See the rate tables for the discount factor.

Extended Reporting Period

Formatted: Indent: Left: 0"

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement ("Tail") section.

Formatted: Indent: Left: 0"

Deleted: 2005

Deleted: Page 1 of 12

Business Liability Coverage Form

Manual Rates are shown in the rate pages for Basic Limits of:

- \$1,000,000 Each Incident and a \$3,000,000 Annual Aggregate for Business Liability Coverage.
- \$2,000 Each Person and a \$25,000 Annual Aggregate for Medical Expenses Coverage.
- \$500 Per Day and a \$5,000 Annual Aggregate for Defendant's Reimbursement.
(Note: Only one set of limits will apply to the policy, regardless of the number of Coverage Forms attached.)

1. Classify the Risk.

Refer to the instructions in the Classification pages.

2. Determine the State Rating Territory.

- Determine the appropriate state for the risk. Refer to the appropriate Rating Instructions for that state.
- Refer to the Rating Territory Definition Page to determine the appropriate territorial assignment. If the risk maintain facilities in more than one state or territory, rate each location separately.

3. Determine Base Rate(s).

- Refer to the Primary Business Liability Rate Table of the appropriate territory.
- Select the Basic rate for the applicable Class Code/Square Foot Area of each location to be insured and the Claims-Made Year of the Coverage Form. Follow the notes shown on the Rate Table.

4. Determine Adjusted Base Premium(s).

Apply each adjustment consecutively, in the order shown:

Increased (or Decreased) Limits

Multiply the Base Rate(s) by the Limit Factor applying to any Increased (or Decreased) Limit elected. Refer to the Increased (or Decreased) Limits Factors Section of the Rate Tables.

Deleted: 2005

Deleted: Page 1 of 12

Deductibles

Multiply the above result by the Deductible Credit Factor applying to any Deductible amount elected (Refer to Company).

Prepayment of Premium Discount – A discount is applied to the final annual premium if such premium is paid in entirety before the policy is issued. See the rate tables for the discount factor.

5. Determine Total Coverage Form Premium.

Total each insured location’s Adjusted Base Premium, as determined in Step 4 above.

Premium Discounts

Prepayment of Premium Discount – A discount is applied to the final annual premium, if such premium is paid in entirety before the policy is issued. The discount will also subsequently be applied to additional premium due for mid-term changes. See the rate tables for the discount factor.

Formatted: Indent: Left: 0"
Formatted: Font: Italic

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement (“Tail”) section.

Formatted: Indent: Left: 0"
Formatted: Indent: Left: 0"

Excess Coverage Form Premiums

Premium Discounts

Prepayment of Premium Discount – A discount is applied to the final annual premium, if such premium is paid in entirety before the policy is issued. The discount will also subsequently be applied to additional premium due for mid-term changes. See the rate tables for the discount factor.

Formatted: Indent: First line: 0"
Formatted: Indent: Left: 0"

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement (“Tail”) section.

Formatted: Indent: Left: 0"

Extended Reporting Period Endorsement (“Tail”)

For an individual health care provider, use the rules outlined below to calculate the Extended Reporting Period premium. For an individual who has been provided separate limits under the policy of an organization or under the policy of another individual, proceed as if an individual

Formatted: Normal, Tabs: Not at 0.38" + 0.75"
Deleted: 2005
Deleted: Page 1 of 12

policy (with separate and exclusive limits applicable for the individual health care provider) had been issued during the coverage period.

1. Calculate Extended Reporting Period (ERP) premium based on exposures existing during an "ERP Rating Base Period". The ERP Rating Base Period means the current policy term and up to 2 immediately preceding policy terms in which policy coverage was provided.
2. Use the same classification and rating procedures applied to calculate the Total Policy Premium above to determine the Total Extended Reporting Period Premium, with the following exceptions:

- Use the rates and factors labeled "ERP" in the appropriate territorial rate tables for each Coverage Form, rather than the rates labeled "Basic."
- Separately calculate the premium for each coverage which will be afforded under the ERP, applying the classification and rating modifications described below:

Rating Territory, Rate Class/Code and Exposure Units

For insureds with individual limits, use the highest-rated territory, highest-rated Rate Class/Code and highest number of Exposure Units applying to any policy term in the ERP Rating Base Period.

For insureds sharing limits separate from professional organization, calculate coverage premiums using current rates for each policy term in the ERP Rating Base Period. Use the calculation for the policy term that generates the highest premium derived above to calculate the premium for the ERP coverage

Claims-Made Year

Use the Retroactive Date to determine the actual claims-made year.

Limits of Insurance

Refer to the Extended Reporting Period provisions of each coverage form in the Medical Professional Liability Program Rules section of this Manual for the procedure to calculate the Extended Reporting Period Limits.

Deductibles

Use the Deductible factor, if any, applying at policy termination for each Coverage Form.

Premium Discounts

Only New Practitioner, Government Employee, Part-Time Practitioner, and Individual Experience Rating Plan (IERP), discounts will be considered in ERP rating.

Deleted: For other than Vicarious Exposures,

Deleted: u

Deleted: <#>For Vicarious Exposures, select the appropriate rate factor from the Vicarious Exposures section of the Rate Table and multiply by the "ERP" rate for the appropriate territory, rate class and claims-made year.¶

Deleted: MedGuard Coverage¶ An ERP Endorsement is not available for MedGuard Coverage on District of Columbia risks.¶

Deleted: For other than Vicarious Exposures,¶

Deleted: sharing limits with professional organization or

Deleted: If the current Claims-Made Year is 1 or 2, calculate the amount of time between the Retroactive Date and the Termination Date of the last policy period. If the amount of time calculated is greater than 1 year but less than or equal to 1.5 years, use the ERP factor for year 1.5

Deleted: For Vicarious Exposures, calculate coverage premiums using current rates for each policy term in the ERP Rating Base Period. Use the calculation for policy term that generates the highest premium derived above to calculate premium for the ERP coverage.¶

Deleted: Group Experience Rating Plan (GERP

Deleted:)

Deleted: and Schedule Rating Plan

Deleted: 2005

Deleted: Page 1 of 12

For other than IERP, use only those discounts that applied to all policy terms in the ERP Rating Base Period. For each such discount type, use the lowest discount (highest factor) applying to any policy term in the ERP Rating Base Period. For IERP (if applicable) use the discount, if any, applying at the inception of the current policy term.

Deleted: and GERP

Deleted: and GERP

Premium Surcharges

Use the premium surcharge, if any, applying at inception of the current policy term.

3. Pro-rate the ERP premium for all policies for which the period of coverage provided is less than one year as of the date of policy termination and Claims-Made Year 1 rating was applied. Do not apply less than a minimum pro-rata factor of .500.

Formatted

Formatted: _, Indent: Hanging: 0.5", Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 2 + Alignment: Left + Aligned at: 0.25" + Tab after: 0.5" + Indent at: 0.5"

For a professional organization, including insureds sharing the limits with the professional organization, use the highest premium at the termination date of any policy term in the ERP Rating Base Period. (For any policy term in the ERP Rating Base Period that is less than 1 year, increase the premium for that policy term to the amount the premiums would have been for a full year.) Multiply the highest premium by 2.15.

Formatted: Indent: Left: 0", First line: 0"

For per visit rated accounts, use the highest number of visits for any policy term in the ERP Rating Base Period. Apply the ERP per visit rate shown in the Rate Tables.

Individual Experience Rating Plan

The entire Individual Experience Rating Plan shown in the General Rating Instructions does **not** apply to District of Columbia risks. Use the following plan:

APPLICATION

The Individual Experience Rating Plan (IERP) is a measure of relative professional liability exposure. Discounts or Surcharges developed through use of the Plan will be applied to the total premium for each primary or excess Professional Liability Coverage afforded. For individually rated exposures, this rule applies whether the insured is provided coverage through an individual policy or a group policy. For exposures rated on a full-time equivalent (FTE) basis, each FTE exposure will be treated as an individual exposure. Note that this is an eligibility and rating rule only. Each insured's coverage shall also be subject to all applicable underwriting standards, rules, restrictions, and guidelines.

With annual written premiums less than or equal to \$100,000 for the upcoming year, variably rated policies, i.e., those rated on a per visit basis or other basis different than individually rated, shall be subject to this plan. For Emergency Rooms, Clinics and Other facilities, treat the entire policy as if it were a single individual exposure.

Experience Rating Procedure

Deleted: 2005

Deleted: Page 1 of 12

Part A. This part of the Plan evaluates the insured's closed claim history in terms of an insured's past "Loss Ratio." Experience Rating Points, if any apply, are calculated as follows:

Step 1

Determine a "Premium Base" and a "Loss Threshold."

- Calculate the primary Professional Liability annual standard premium for the insured coverage at the mature claims-made level, using the territory, limits and specialty applying to the upcoming policy term.

Exception: If the specialty rate class applying to the upcoming policy term is lower than the rate class applying to any other specialty practiced during the 5 calendar years preceding policy term inception, use the higher rate class to perform the above calculation.

- Multiply the above premium by a factor of 5, to derive the "Premium Base."
- Multiply the "Premium Base" by a factor of 1.5, to derive the "Loss Threshold."

Step 2

Determine a "Loss Value" for each claim paid during the 5 calendar years preceding policy term inception, regardless of insurer.

- Total the actual indemnity payments or settlements made for each individual claim.

Do not:

- Include any claim for which the total indemnity payment was \$2,500 or less.
- Apply more than the amount of the "Loss Threshold" for any single claim.

Step 3

Determine the insured's "Loss Experience."

- Total the chargeable "Loss Values" for all claims

Step 4

Determine the insured's "Loss Ratio."

- Divide the applicable "Loss Experience" by the "Premium Base" and convert to a percentage (e.g. .25 = 25%). This is the "Loss Ratio."

Deleted: 2005
Deleted: Page 1 of 12

Step 5

Determine the number of Part A Evaluation Points to be applied.

- Assign 1 Evaluation Point for each 25% of “Loss Ratio” (e.g. 1% to 25% = 1 point; 25.1% to 50% = 2 points, etc.). Limit the points assigned for the largest paid claim to a maximum of 3 points. All other claims are not limited except as described in Steps 1 through 4.

Part B. This part of the Plan evaluates the insured’s closed claim history that is not fully reflected under Part A. Part B Evaluation Points will be assigned as follows:

- Each claim with no indemnity payment or with a total indemnity payment of \$2,500 or less closed during the 5 calendar years preceding policy term inception, regardless of Insurer. ½ point

Total the Part B Evaluation Points and round down to the nearest whole number. If there are no points assigned to the insured under Part A, Part C and the insured has 2 or fewer claims under Part B, the Part B Evaluation Points are 0.

Part C. This part of the Plan evaluates the insured’s open claim information which is not fully reflected in Parts A and B. Part C Evaluation Points will be assigned as follows:

- Each pending “claim” or suit for which final settlement has not been reached. An Incident Report will not be considered a chargeable “claim” unless an actual request has been made by or on behalf of an injured party for compensation because of alleged injury or damage. 1 point

Premium Modification

The combined total Parts A, B and C Evaluation Points will be applied to the following table (and subject to the applicable notes) to determine eligibility and/or the applicable Discount or Surcharge:

<u>Evaluation Point</u>	<u>Surcharge or Discount %</u>
0	10% Discount (a)
1-4	0%
5-6	25% Surcharge
7	50% Surcharge
8	100% Surcharge
9 or more	(b)

Deleted: 2005
Deleted: Page 1 of 12

Notes:

- (a) If the coverage has not been insured for five years or more continuously with the company, the 10% discount shall apply only if the insured can produce verifiable loss and claim information from all other carriers during the previous five years that shows that less than 1 point would have been accumulated under the plan.
- (b) The insured is not an acceptable insurance risk under Company's standard plan.

Deleted: no

Deleted: s

Deleted: ¶

Group Experience Rating Plan

The entire Group Experience Rating Plan shown in the General Rating Instructions does **not** apply to District of Columbia risks. Group Experience Rating Plan is NOT available for District of Columbia risks.

Deleted: ¶

Schedule Rating Plan

Schedule Rating Plan is NOT available for District of Columbia Risks.

Additional Exposure to Loss

The characteristics or structure of certain physician and group practices may result in an additional exposure to loss. Practices may employ a high number of independent contractors, request a broader locum tenens agreement than what is provided for in the basic coverage form, or have other unique and unusual risk characteristics. The following charges are available for use in these instances, on individual, group or professional association policies:

- A. If the ratio of independent contractors to ProAd insured physicians exceeds an acceptable level, as determined by underwriting standards and guidelines, an additional charge of up to 20% of the mature claims made (or extended reporting period endorsement) rate for professional liability for the independent contractor's rating classification may be applied to the policy.
- B. The locum tenens agreement may be extended beyond the coverage provided in the basic policy coverage form. Such extension of coverage is subject to an additional charge of up to 20% of the insureds' professional liability premium.
- C. An additional charge of up to 20% may be applied to the insureds' professional liability premium due to unique and unusual risk characteristics, not included above, that result in an additional exposure to loss.

Deleted: 2005

Deleted: Page 1 of 12

Other Rating Situations

A-Rating

A-rating is not available in the District of Columbia.

Suspension of Coverage

Rating for Suspension of Coverage will be as follows:

1. For Classes 1A, 1B, 2A, 2B, 2, 3A, 3B, and 3, the rate for Suspension of Coverage will be 50% of the manual rate for Class 1B. (Individuals rated as Other Health Care Professionals are not eligible for Suspension of Coverage.)
2. For all classes other than those stated in paragraph 1 above, the rate for Suspension of Coverage will be 100% of the manual rate for Class 1B.
3. New practitioner, part-time practitioner or government employee discount will not apply to suspended rate.

All classes will be rated in the current claims-made year at the time coverage is suspended. During a Suspension of Coverage, time will accrue for the insured toward his or her years with the Company, advancement of claims-made year and time toward a claims-free discount. However, time during a Suspension of Coverage will not be applied to the calculations for an Extended Reporting Period at no charge.

For Suspensions of Coverage for military reasons, no premium will be charged for the time the physician is on military duty. Consequently, time will not accrue toward years with the Company, advancement of claims-made year and time toward a claims-free discount. Time during military Suspension of Coverage will also not be applied to the calculations for an Extended Reporting Period at no charge.

All premium adjustments for Suspension of Coverage will be made on a pro-rata basis.

Deleted: 2005

Deleted: Page 1 of 12

**Professionals Advocate[®] Insurance Company
District of Columbia Medical Professional Liability Program –
Rating Instructions State Exceptions
Edition January 1, 2011**

	<u>Page</u>
Table of Contents	1
Rating Territory Definition	2
Refer to Company References	2
Primary Coverage Form Premiums	2
Individual Professional Liability Coverage Form	2
Organization Professional Liability Coverage Form	3
Health Care Provider Group Professional Liability Coverage Form	4
Group Program – Emergency Room Groups (Rated Per Visit)	5
Group Program – Clinics (Rated Per Visit)	5
Business Liability Coverage Form	5
Extended Reporting Period Endorsement (“Tail”)	7
Individual Experience Rating Plan	9
Group Experience Rating Plan	12
Schedule Rating Plan	12
Additional Exposure to Loss	12
Other Rating Situations	12
A-Rating	12
Suspension of Coverage	12

Medical Professional Liability Program

Rating Instructions State Exceptions – District of Columbia

This Section of the manual contains State Exceptions to the rating instructions otherwise applying to the Medical Professional Liability Program.

Rating Territory Definition

<u>Territory</u>	<u>Description</u>
1	Entire State

Refer to Company References

Wherever used in this manual, the reference “Refer to Company” means that the noted program feature may not be offered without either or both prior approval by the Company or the State Insurance Department. It is not intended to indicate that any rates, factors or other program features are exempted from state filing requirements.

Primary Coverage Form Premiums

Manual Rates are shown in the rate pages for Basic Limits of:

- \$1,000,000 Each Incident/\$3,000,000 Annual Aggregate for Professional Liability Coverage.
- \$500 Per Day and a \$5,000 Annual Aggregate for Defendant’s Reimbursement. (Note: Only one set of limits will apply to the policy, regardless of the number of Coverage Forms attached.)

Individual Professional Liability Coverage Form

3. Determine Base Rate(s).

- If other professionals are employed to perform services on behalf of the insured, select the appropriate rate factor from the Vicarious Exposures section of the rate tables and multiply by the claims-made Basic rate for the Rate Class/Class Code that was used to rate the separate individual coverage. (For professionals not directly insured by Company, it is necessary to first determine the individual premium prior to applying the applicable vicarious factor.)

4. Determine Adjusted Base Premium(s)

Supplemental Limits

Supplemental Limits for Virginia Exposure (for individuals with \$1M/\$3M limits) - Divide the total number of practice hours in Virginia by the total of all practice hours, using a maximum of 40 hours, and round to the nearest 5%. Multiply the result by 41% and add 1.000. This is the supplemental limits factor to apply to the Base Rate.

Premium Discounts

Standard Risk Management Discount – Any physician who attends an approved risk management program during a calendar year will be eligible for a discount for their claims-made coverage of their next year’s policy following completion of the seminar.

Enhanced Group Risk Management – Groups that participate in an additional enhanced risk management program, as coordinated and designed by the Company for the Group, will be eligible for an additional discount for their claims-made coverage.

The two Risk Management discounts described above are not added together. They apply multiplicatively.

Prepayment of Premium Discount – A discount is applied to the final annual premium, if such premium is paid in entirety before the policy is issued. The discount will also subsequently be applied to additional premium due for mid-term changes. See the rate tables for the discount factor.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement (“Tail”) section.

Organization Professional Liability Coverage Form

3. Determine Base Rate(s)

Rather than always using the “mature” claims-made Basic rate, use the claims-made year that was used to rate the individual coverage.

Note: This exception also applies to Health Care Provider Group (other than Rated Per Visit) since the Rating Instructions for this section refers to the Organization Professional Liability Coverage Form.

4. Determine Adjusted Base Premium(s)

Supplemental Limits

Supplemental Limits for Virginia Exposure (for individuals with \$1M/\$3M limits) - Divide the total number of practice hours in Virginia by the total of all practice hours, using a maximum of 40 hours, and round to the nearest 5%. Multiply the result by 41% and add 1.000. This is the supplemental limits factor to apply to the Base Rate.

Premium Discounts

Prepayment of Premium Discount – A discount is applied to the final annual premium, if such premium is paid in entirety before the policy is issued. The discount will also subsequently be applied to additional premium due for mid-term changes. See the rate tables for the discount factor.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement (“Tail”) section.

Health Care Provider Group Professional Liability Coverage Form

Health Care Provider Groups (Other than Rated Per Visit)

1. For insureds scheduled on the Health Care Provider Group Professional Liability Individual Limits of Insurance - Extended ERP option Endorsement Only – To determine the premium for the physicians and other health care professionals who are scheduled on this endorsement, follow the rating instructions outlined in the Individual Professional Liability Coverage Form Section for each individual physician and health care professional.
2. For the Named Insured Organization and any person or organization sharing the Named Insured’s Limits of Insurance Only – To determine the premium for the organization, the covered employed or contract health care professionals and the other employees sharing the corporation limits, follow the rating instructions outlined in the Organization Professional Liability Coverage Form Section.
3. Total the Premium from Paragraphs 1 and 2 above.

If no other Coverage Forms apply, proceed directly to the Additional Coverage Premiums and Total Policy Premium rating instructions.

Premium Discounts

Prepayment of Premium Discount – A discount is applied to the final annual premium, if such premium is paid in entirety before the policy is issued. The discount will also subsequently be applied to additional premium due for mid-term changes. See the rate tables for the discount factor.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement (“Tail”) section.

Group Program – Emergency Room Groups (Rated Per Visit)

Premium Discounts

Standard Risk Management Discount – Emergency department physician groups that are rated on a per visit basis will be eligible for this discount if 75% of the group’s full-time (36 hours per week or more) physicians have participated in an approved risk management seminar or activity during the previous calendar year.

Enhanced Group Risk Management – Groups that participate in an additional enhanced risk management program, as coordinated and designed by the Company for the Group, will be eligible for an additional discount for their claims-made coverage.

The two Risk Management discounts described above are not added together. They apply multiplicatively.

Prepayment of Premium Discount – A discount is applied to the final annual premium, if such premium is paid in entirety before the policy is issued. The discount will also subsequently be applied to additional premium due for mid-term changes. See the rate tables for the discount factor.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement (“Tail”) section.

Group Program – Clinics (Rated Per Visit)

Prepayment of Premium Discount – A discount is applied to the final annual premium, if such premium is paid in entirety before the policy is issued. The discount will also subsequently be applied to additional premium due for mid-term changes. See the rate tables for the discount factor.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement (“Tail”) section.

Business Liability Coverage Form

Manual Rates are shown in the rate pages for Basic Limits of:

-
- \$1,000,000 Each Incident and a \$3,000,000 Annual Aggregate for Business Liability Coverage.
 - \$2,000 Each Person and a \$25,000 Annual Aggregate for Medical Expenses Coverage.
 - \$500 Per Day and a \$5,000 Annual Aggregate for Defendant's Reimbursement. (Note: Only one set of limits will apply to the policy, regardless of the number of Coverage Forms attached.)

1. Classify the Risk.

Refer to the instructions in the Classification pages.

2. Determine the State Rating Territory.

- Determine the appropriate state for the risk. Refer to the appropriate Rating Instructions for that state.
- Refer to the Rating Territory Definition Page to determine the appropriate territorial assignment. If the risk maintain facilities in more than one state or territory, rate each location separately.

3. Determine Base Rate(s).

- Refer to the Primary Business Liability Rate Table of the appropriate territory.
- Select the Basic rate for the applicable Class Code/Square Foot Area of each location to be insured and the Claims-Made Year of the Coverage Form. Follow the notes shown on the Rate Table.

4. Determine Adjusted Base Premium(s).

Apply each adjustment consecutively, in the order shown:

Increased (or Decreased) Limits

Multiply the Base Rate(s) by the Limit Factor applying to any Increased (or Decreased) Limit elected. Refer to the Increased (or Decreased) Limits Factors Section of the Rate Tables.

Deductibles

Multiply the above result by the Deductible Credit Factor applying to any Deductible amount elected (Refer to Company).

Prepayment of Premium Discount – A discount is applied to the final annual premium if

such premium is paid in entirety before the policy is issued. See the rate tables for the discount factor.

5. Determine Total Coverage Form Premium.

Total each insured location's Adjusted Base Premium, as determined in Step 4 above.

Premium Discounts

Prepayment of Premium Discount – A discount is applied to the final annual premium, if such premium is paid in entirety before the policy is issued. The discount will also subsequently be applied to additional premium due for mid-term changes. See the rate tables for the discount factor.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement (“Tail”) section.

Excess Coverage Form Premiums

Premium Discounts

Prepayment of Premium Discount – A discount is applied to the final annual premium, if such premium is paid in entirety before the policy is issued. The discount will also subsequently be applied to additional premium due for mid-term changes. See the rate tables for the discount factor.

Extended Reporting Period

For extended reporting period rating, follow the instructions in the Extended Reporting Period Endorsement (“Tail”) section.

Extended Reporting Period Endorsement (“Tail”)

For an individual health care provider, use the rules outlined below to calculate the Extended Reporting Period premium. For an individual who has been provided separate limits under the policy of an organization or under the policy of another individual, proceed as if an individual policy (with separate and exclusive limits applicable for the individual health care provider) had been issued during the coverage period.

1. Calculate Extended Reporting Period (EPR) premium based on exposures existing during an "ERP Rating Base Period". The ERP Rating Base Period means the current policy term and up to 2 immediately preceding policy terms in which policy coverage was provided.

2. Use the same classification and rating procedures applied to calculate the Total Policy Premium above to determine the Total Extended Reporting Period Premium, with the following exceptions:

- Use the rates and factors labeled “ERP” in the appropriate territorial rate tables for each Coverage Form, rather than the rates labeled “Basic.”
- Separately calculate the premium for each coverage which will be afforded under the ERP, applying the classification and rating modifications described below:

Rating Territory, Rate Class/Code and Exposure Units

For insureds with individual limits, use the highest-rated territory, highest-rated Rate Class/Code and highest number of Exposure Units applying to any policy term in the ERP Rating Base Period.

For insureds sharing limits separate from professional organization, calculate coverage premiums using current rates for each policy term in the ERP Rating Base Period. Use the calculation for the policy term that generates the highest premium derived above to calculate the premium for the ERP coverage

Claims-Made Year

Use the Retroactive Date to determine the actual claims-made year.

Limits of Insurance

Refer to the Extended Reporting Period provisions of each coverage form in the Medical Professional Liability Program Rules section of this Manual for the procedure to calculate the Extended Reporting Period Limits.

Deductibles

Use the Deductible factor, if any, applying at policy termination for each Coverage Form.

Premium Discounts

Only New Practitioner, Government Employee, Part-Time Practitioner, and Individual Experience Rating Plan (IERP), discounts will be considered in ERP rating.

For other than IERP, use only those discounts that applied to all policy terms in the ERP Rating Base Period. For each such discount type, use the lowest discount (highest factor) applying to any policy term in the ERP Rating Base Period. For IERP (if applicable) use the discount, if any, applying at the inception of the current policy term.

Premium Surcharges

Use the premium surcharge, if any, applying at inception of the current policy term.

3. Pro-rate the ERP premium for all policies for which the period of coverage provided is less than one year as of the date of policy termination and Claims-Made Year 1 rating was applied. Do not apply less than a minimum pro-rata factor of .500.

For a professional organization, including insureds sharing the limits with the professional organization, use the highest premium at the termination date of any policy term in the ERP Rating Base Period. (For any policy term in the ERP Rating Base Period that is less than 1 year, increase the premium for that policy term to the amount the premiums would have been for a full year.) Multiply the highest premium by 2.15.

For per visit rated accounts, use the highest number of visits for any policy term in the ERP Rating Base Period. Apply the ERP per visit rate shown in the Rate Tables.

Individual Experience Rating Plan

The entire Individual Experience Rating Plan shown in the General Rating Instructions does **not** apply to District of Columbia risks. Use the following plan:

APPLICATION

The Individual Experience Rating Plan (IERP) is a measure of relative professional liability exposure. Discounts or Surcharges developed through use of the Plan will be applied to the total premium for each primary or excess Professional Liability Coverage afforded. For individually rated exposures, this rule applies whether the insured is provided coverage through an individual policy or a group policy. For exposures rated on a full-time equivalent (FTE) basis, each FTE exposure will be treated as an individual exposure. Note that this is an eligibility and rating rule only. Each insured's coverage shall also be subject to all applicable underwriting standards, rules, restrictions, and guidelines.

With annual written premiums less than or equal to \$100,000 for the upcoming year, variably rated policies, i.e., those rated on a per visit basis or other basis different than individually rated, shall be subject to this plan. For Emergency Rooms, Clinics and Other facilities, treat the entire policy as if it were a single individual exposure.

Experience Rating Procedure

Part A. This part of the Plan evaluates the insured's closed claim history in terms of an insured's past "Loss Ratio." Experience Rating Points, if any apply, are calculated as follows:

Step 1

Determine a "Premium Base" and a "Loss Threshold."

- Calculate the primary Professional Liability annual standard premium for the

insured coverage at the mature claims-made level, using the territory, limits and specialty applying to the upcoming policy term.

Exception: If the specialty rate class applying to the upcoming policy term is lower than the rate class applying to any other specialty practiced during the 5 calendar years preceding policy term inception, use the higher rate class to perform the above calculation.

- Multiply the above premium by a factor of 5, to derive the “Premium Base.”
- Multiply the “Premium Base” by a factor of 1.5, to derive the “Loss Threshold.”

Step 2

Determine a “Loss Value” for each claim paid during the 5 calendar years preceding policy term inception, regardless of insurer.

- Total the actual indemnity payments or settlements made for each individual claim.

Do not:

- Include any claim for which the total indemnity payment was \$2,500 or less.
- Apply more than the amount of the “Loss Threshold” for any single claim.

Step 3

Determine the insured’s “Loss Experience.”

- Total the chargeable “Loss Values” for all claims

Step 4

Determine the insured’s “Loss Ratio.”

- Divide the applicable “Loss Experience” by the “Premium Base” and convert to a percentage (e.g. $.25 = 25\%$). This is the “Loss Ratio.”

Step 5

Determine the number of Part A Evaluation Points to be applied.

- Assign 1 Evaluation Point for each 25% of “Loss Ratio” (e.g. 1% to 25% = 1 point; 25.1% to 50% = 2 points, etc.). Limit the points assigned for the largest paid claim to a maximum of 3 points. All other claims are not limited except as described in Steps 1 through 4.

Part B. This part of the Plan evaluates the insured’s closed claim history that is not fully reflected under Part A. Part B Evaluation Points will be assigned as follows:

- Each claim with no indemnity payment or with a total indemnity payment of \$2,500 or less closed during the 5 calendar years preceding policy term inception, regardless of Insurer. ½ point

Total the Part B Evaluation Points and round down to the nearest whole number. If there are no points assigned to the insured under Part A, Part C and the insured has 2 or fewer claims under Part B, the Part B Evaluation Points are 0.

Part C. This part of the Plan evaluates the insured’s open claim information which is not fully reflected in Parts A and B. Part C Evaluation Points will be assigned as follows:

- Each pending “claim” or suit for which final settlement has not been reached. An Incident Report will not be considered a chargeable “claim” unless an actual request has been made by or on behalf of an injured party for compensation because of alleged injury or damage. 1 point

Premium Modification

The combined total Parts A, B and C Evaluation Points will be applied to the following table (and subject to the applicable notes) to determine eligibility and/or the applicable Discount or Surcharge:

Evaluation Point	Surcharge or Discount %
0	10% Discount (a)
1-4	0%
5-6	25% Surcharge
7	50% Surcharge
8	100% Surcharge
9 or more	(b)

Notes:

- If the coverage has not been insured for five years or more continuously with the company, the 10% discount shall apply only if the insured can produce verifiable loss and claim information from all other carriers during the previous five years that shows that less than 1 point would have been accumulated under the plan.
- The insured is not an acceptable insurance risk under Company’s standard plan.

Group Experience Rating Plan

The entire Group Experience Rating Plan shown in the General Rating Instructions does **not** apply to District of Columbia risks. Group Experience Rating Plan is NOT available for District of Columbia risks.

Schedule Rating Plan

Schedule Rating Plan is NOT available for District of Columbia Risks.

Additional Exposure to Loss

The characteristics or structure of certain physician and group practices may result in an additional exposure to loss. Practices may employ a high number of independent contractors, request a broader locum tenens agreement than what is provided for in the basic coverage form, or have other unique and unusual risk characteristics. The following charges are available for use in these instances, on individual, group or professional association policies:

- A. If the ratio of independent contractors to ProAd insured physicians exceeds an acceptable level, as determined by underwriting standards and guidelines, an additional charge of up to 20% of the mature claims made (or extended reporting period endorsement) rate for professional liability for the independent contractor's rating classification may be applied to the policy.
- B. The locum tenens agreement may be extended beyond the coverage provided in the basic policy coverage form. Such extension of coverage is subject to an additional charge of up to 20% of the insureds' professional liability premium.
- C. An additional charge of up to 20% may be applied to the insureds' professional liability premium due to unique and unusual risk characteristics, not included above, that result in an additional exposure to loss.

Other Rating Situations

A-Rating

A-rating is not available in the District of Columbia.

Suspension of Coverage

Rating for Suspension of Coverage will be as follows:

1. For Classes 1A, 1B, 2A, 2B, 2, 3A, 3B, and 3, the rate for Suspension of Coverage will be 50% of the manual rate for Class 1B. (Individuals rated as Other Health Care Professionals are not eligible for Suspension of Coverage.)

-
2. For all classes other than those stated in paragraph 1 above, the rate for Suspension of Coverage will be 100% of the manual rate for Class 1B.
 3. New practitioner, part-time practitioner or government employee discount will not apply to suspended rate.

All classes will be rated in the current claims-made year at the time coverage is suspended. During a Suspension of Coverage, time will accrue for the insured toward his or her years with the Company, advancement of claims-made year and time toward a claims-free discount. However, time during a Suspension of Coverage will not be applied to the calculations for an Extended Reporting Period at no charge.

For Suspensions of Coverage for military reasons, no premium will be charged for the time the physician is on military duty. Consequently, time will not accrue toward years with the Company, advancement of claims-made year and time toward a claims-free discount. Time during military Suspension of Coverage will also not be applied to the calculations for an Extended Reporting Period at no charge.

All premium adjustments for Suspension of Coverage will be made on a pro-rata basis.

SERFF Tracking Number: MMLM-126739154 State: District of Columbia
 Filing Company: Professionals Advocate Insurance Company State Tracking Number:
 Company Tracking Number: 2011-01-01-PHY-DC-FR
 TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2023 Physicians & Surgeons
 Product Name: 2011-01-01-PHY-DC-FR
 Project Name/Number: 2011-01-01-PHY-DC-FR/2011-01-01-PHY-DC-FR

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter All Filings		
Comments:		
Attachment: Rules Transmittal Document-PHY-DC.pdf		

	Item Status:	Status Date:
Bypassed - Item: Consulting Authorization		
Bypass Reason: This filing is not by a third party.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Certification (P&C)		
Comments:		
Attachment: Rules Transmittal Document-PHY-DC.pdf		

	Item Status:	Status Date:
Bypassed - Item: District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
Bypass Reason: Not applicable to rules filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: District of Columbia and Countrywide Loss Ratio Analysis		

SERFF Tracking Number: MMLM-126739154 *State:* District of Columbia
Filing Company: Professionals Advocate Insurance Company *State Tracking Number:*
Company Tracking Number: 2011-01-01-PHY-DC-FR
TOI: 11.2 Med Mal-Claims Made Only *Sub-TOI:* 11.2023 Physicians & Surgeons
Product Name: 2011-01-01-PHY-DC-FR
Project Name/Number: 2011-01-01-PHY-DC-FR/2011-01-01-PHY-DC-FR
(P&C)
Bypass Reason: Not applicable to rules filing.
Comments:

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)						
------------	---	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
------------	--	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
---	--	--	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	--	--

7.	Effective Date of last rate revision	
-----------	--------------------------------------	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	---	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: _____ Renewal: _____
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)
------------	---

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
------------	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
-----------	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	---	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	