

SERFF Tracking Number: PCWA-125531336 State: District of Columbia
Filing Company: NCRIC, Inc. State Tracking Number:
Company Tracking Number: DC-HPL-RR-0408
TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1009 Hospitals
Product Name: Health Care Facility Program Manual
Project Name/Number: Initial Filing/

Filing at a Glance

Company: NCRIC, Inc.

Product Name: Health Care Facility Program Manual SERFF Tr Num: PCWA-125531336 State: District of Columbia

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

Sub-TOI: 11.1009 Hospitals

Co Tr Num: DC-HPL-RR-0408

State Status:

Filing Type: Rate/Rule

Reviewer(s): Robert Nkojo

Author: LaQuita Goodwin

Disposition Date: 05/08/2008

Date Submitted: 03/11/2008

Disposition Status: APPROVED

Effective Date Requested (New): 04/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 04/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Initial Filing

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments: None

Reference Organization: None

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/08/2008

State Status Changed:

Deemer Date:

Created By: LaQuita Goodwin

Submitted By: LaQuita Goodwin

Corresponding Filing Tracking Number:

Filing Description:

Please find enclosed, as the initial filing, the Health Care Facility Liability Underwriting Rates and Rules Underwriting Manual to be used for hospitals and health care facilities. I respectfully request an effective date of April 1, 2008 for this filing submission.

With the merger of NCRIC into the ProAssurance Group of companies, this underwriting manual is being submitted to be comparable to what we are doing in other states. The enclosed Filing Memorandum and its exhibits should support the rate development. Please note that the policy forms will be submitted under separate cover.

Company and Contact

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Filing Contact Information

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Filing Company Information

NCRIC, Inc. CoCode: 41149 State of Domicile: District of
Columbia
100 Brookwood Place Group Code: 2698 Company Type: Property &
Casualty
Birmingham, AL 35209 Group Name: ProAssurance State ID Number: 08
(205) 877-4426 ext. [Phone] FEIN Number: 52-1194407

Filing Fees

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

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Robert Nkojo	05/08/2008	05/08/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective Date Change	Note To Reviewer	LaQuita Goodwin	03/25/2008	03/25/2008

SERFF Tracking Number: PCWA-125531336 *State:* District of Columbia
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Disposition

Disposition Date: 05/08/2008

Effective Date (New):

Effective Date (Renewal):

Status: APPROVED

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter (P&C)	No	No
Supporting Document	Consulting Authorization	No	No
Supporting Document	Actuarial Certification (P&C)	No	No
Supporting Document	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)	No	No
Supporting Document	District of Columbia and Countrywide Loss Ratio Analysis (P&C)	No	No
Supporting Document	Schedule of Rates or Methodology (P&C)	No	No
Rate	Base HPL Manual	No	No
Rate	Rate Section of HPL Manual	No	No

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Note To Reviewer

Created By:

LaQuita Goodwin on 03/25/2008 09:43 AM

Last Edited By:

LaQuita Goodwin

Submitted On:

03/25/2008 09:44 AM

Subject:

Effective Date Change

Comments:

In an effort to have the effective dates of the rates and rules filing to coincide with the forms filing submitted through SERFF under PCWA-125531336, I would like to request that the effective date of this filing be changed from 4/1/08 to 5/1/08.

Thank you for your immediate attention to this matter.

Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	Base HPL Manual	Pages 1 - 8	New	Base HPL Manual.PDF
	Rate Section of HPL Manual	Pages 9 - 23	New	Rate Section of HPL Manual.PDF



NCRIC

A ProAssurance Company

**HEALTH CARE FACILITY PROGRAM
MANUAL**

NCRIC, Inc.
100 Brookwood Place
PO Box 590009 (35259-0009)
Birmingham, AL 35209
(800) 282-6242
(205) 877-4400

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Introduction

NCRIC, Inc. (NCRIC) will provide coverage for the indicated lines of insurance based upon the policy forms and endorsements specifically developed for the Health Care Facility Liability program. Rates contained in the rate section of this manual have been specifically adapted based on the coverages provided by the respective policy forms, endorsements and industry data compiled by companies in the industry (which provide such coverages) and our actuarial consultants.

If any discrepancy or conflict arises between other NCRIC filings and this manual regarding which coverage is being provided in the Health Care Facility program, the Health Care Facility Liability manual will prevail unless otherwise indicated.

Rating Plans and Programs

Experience Rating Plan

Eligibility

This plan applies only to the hospital professional liability exposures of any one insured including allied or subsidiary interests if the insured either holds a majority financial interest or exercises management control.

Any risk that will, at renewal, develop at least a \$75,000 annual premium for hospital professional liability exposures (using manual rates and renewal policy limits) is eligible for rating under this plan.

Application of Modifications

The experience modifications, determined according to the following described procedures, applies to the manual hospital professional liability premium at \$1,000,000/\$3,000,000 limits.

In addition to any experience modification, a modification reflecting specific risk characteristics may be applied to the professional liability premium in accordance with the Schedule Rating Table which is part of this plan. Schedule rating applies only to the extent that such risk characteristics are not already recognized in the experience of the risk.

Experience Period

The experience modification will be determined from this company's latest available, complete, ten-year experience excluding the expiring 12-month period. In the event that the experience for the full ten-year period is not available, the total experience which is available (subject to a minimum of one completed policy year) will be used in determining the experience modification.

The experience period will end at least six months prior, but no more than eighteen months prior, to the effective date of the experience modification being established. Experience incurred by other companies, or self-insured experience, may be used to the extent that the loss data appears credible and the loss reserves are consistent with this company's valuation practices.

Experience Period Premium at Present Rates

The experience period premium at present rates is the total of the premiums computed by extending the actual exposures developed during the experience period at present manual rates for \$200,000 limits. If loss data is available such that each report year is mature (that is, if the retroactive date is at least 10 years prior to the effective date of the experience year), then the experience premium will be the mature claims-made premium extended by the exposures. If the retroactive date is less than 10 years before the effective date of the experience year, then the exposures will be extended by the appropriate claims-made rates.

Experience Period Premium Subject to Experience Rating

The experience period premium is the experience period premium at present rates as previously defined, multiplied by the following adjustments for trend and undeveloped losses and ALAE:

<u>Experience Period Year</u>	<u>Trend Multiplier</u>	<u>Loss Development Multiplier</u>	<u>Composite Multiplier</u>
Latest Report Year	.826	.500	.413
2 nd Latest Report Year	.751	1.000	.751
3 rd Latest Report Year	.683	1.000	.683
4 th Latest Report Year	.621	1.000	.621
5 th Latest Report Year	.564	1.000	.564
6 th Latest Report Year	.513	1.000	.513
7 th Latest Report Year	.467	1.000	.467
8 th Latest Report Year	.424	1.000	.424
9 th Latest Report Year	.386	1.000	.386
10 th Latest Report Year	.350	1.000	.350

Losses Subject to Experience Rating

The losses subject to experience rating include paid and outstanding losses. The indemnity portion of each claim is to be limited to \$200,000 per claim, with no aggregate limit. Allocated loss adjustment expenses are then added and are subject to no limitation.

Actual Loss Ratio

The actual loss ratio for the risk is determined by dividing “Losses Subject to Experience Rating” by “Experience Period Premium Subject to Experience Rating.”

Credibility

The credibility is calculated as follows:

$$\frac{\text{Experience Period Premium Subject to Experience Rating}}{\text{Experience Period Premium Subject to Experience Rating} + K}$$

K is a constant. Its value will depend on the average company basic limit per bed rate for the risk. The K values are as follows:

Average Rate Range (Average Company Basic Limits Per Bed Rate For The Risk)	K Value
\$ 1 - \$ 600	563,800
\$ 601 - \$1,200	1,283,000
\$1,201 – and Over	2,644,000

Experience Modification

The experience modification shall be determined by application of the following formula, with the expected indemnity and ALAE loss ratio (ELR) equal to 63%.

$$((\text{Actual Loss Ratio} - \text{Expected Loss Ratio}) / (\text{Expected Loss Ratio})) \times \text{Credibility}$$

For rate calculation, the experience modification must be added to 1.00 to produce an experience rating multiplier. This multiplier is limited to a minimum of 0.50 and a maximum of 2.00.

Retrospective Rating Plan

TO BE FILED AT A LATER DATE

(a) Rating Guidelines

RULES FOR (a) RATING SIZABLE MEDICAL RISKS

These rules apply to the following NCRIC insurance programs:

- ◆ Health Care Facility Liability Program
 - ◆ Physician and Surgeon Liability Program
- A. NCRIC programs developing \$100,000 or more annual manual premium are eligible for (a) Rating. It is not necessary to file rates developed under this rule with the Insurance Department for approval unless otherwise noted.
- B. Excess and umbrella coverage will be offered on an (a) Rating basis due to the fact that reinsurance limits factors are provided by annual reinsurance treaties. Reinsurance treaty factors will be grossed up to include a 25% company and agent commission.
- C. The following rule applies to these special rating procedures to the extent they are available in the various states:

Rating procedures applicable to the headquarters location of the risk shall govern the rating of all operations regardless of location. This rule applies provided the state where risk headquarters are maintained has adopted the identical programs as the other states where exposures exist.

Risk Management Program

Introduction

Our litigious tort system is escalating the cost of insuring health care professionals. Research of claims data indicates that 80% of lawsuits against physicians originate in the hospital setting. Further, 80% of all lawsuits involve hospitals and physicians. One of the best solutions to the medical malpractice problem is for hospitals and physicians to work together with their insurance company to reduce losses.

Program Benefits

The NCRIC Risk Management Program is a risk control program that provides a proven methodology for decreasing medical liability exposure for physicians and hospitals.

By joining together in this coordinated program, the hospital and its physicians can:

- ◆ Minimize professional liability risks;
- ◆ Enhance quality assessment and improvement programs;
- ◆ Increase physician interest and involvement in quality improvement and risk management activities; and
- ◆ Assist hospitals in preparation for surveys by the Joint Commission on Accreditation of Health Care Organizations.

This program introduces strategies which are designed to improve hospital systems and processes. Our research has identified certain patient care systems which have the propensity to produce medical malpractice claims. With the Risk Management Program, these systems are routinely reviewed, risks identified and appropriate interventions suggested. Hospitals will be assisted in gaining necessary knowledge and developing specific plans for reducing risks in these known areas of liability. It is anticipated that this knowledge and planning will be integrated and applied throughout the hospital for continuous improvement of these processes.

On-site Risk Management surveys are performed each year depending on the complexity of services offered by the facility. These reviews are conducted by registered nurses who are experienced in risk management and quality improvement processes. Each survey consists of interviews with clinical or risk management personnel and physicians, medical records review and a review of other specific hospital documents. The high risk areas of obstetrics, surgery, anesthesia and emergency services are addressed individually utilizing national standards of care and patient care events which are recognized through claims data to produce litigation.

A report is sent to the hospital and physician through the appropriate risk management and quality improvement channels. The report identifies potential risks and possible areas for improvement of the hospital's clinical risk management program.

Qualification Requirements

To qualify for the Risk Management Program, hospitals must:

- ◆ Acquire their professional liability insurance through NCRIC and have an annual premium of \$75,000 or more;
- ◆ Enhance their quality assessment and improvement and risk control programs with strong support from their medical staffs;
- ◆ Develop comprehensive risk control programs based on the following ten Risk Management Loss Reduction Components:
 1. Quality Improvement
 2. Obstetrical
 3. Surgery/Anesthesia
 4. Emergency Department
 5. Competency
 6. Medication Administration
 7. Systems/Adverse Outcomes
 8. Systems/Biomedical/Safety
 9. Systems/Codes
 10. Systems/Diagnostic Imaging

Grid Score

A Grid Score is calculated based on the individual hospital's compliance with the Risk Management Program. Each of the ten components has a percentage value. To determine the percentage value, objective criteria are used to provide a numerical grid score for each requirement contained in the ten Risk Management Loss Reduction Components. A premium discount may be awarded at the Underwriting Manager's discretion subject to current market conditions, exposures and experience with regards to the hospital. The maximum possible premium discount available for the hospital is 20%. A hospital will be required to have an account-incurred loss ratio of 75% or less to be eligible for a Risk Management discount.

State Rates and Exceptions

State Rates and Exception

General Liability District of Columbia Rates for GL Exposures for Hospitals

Claims-Made Multipliers:	1st Yr. 0.30	2nd Yr. 0.60	3rd Yr. 0.85	4th Yr. 0.92	5th Yr. 1.00
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I. Premises and Operations - Subline 334

FP = For profit; NFP = Not for profit

Code	Description	Premium Base	Occurrence Rates \$1,000,000 Occurrence \$3,000,000 Aggregate
12014	Dental Laboratories	Per \$1,000 Gross Sales	\$.579
12374	Drugstore - Retail	Per \$1,000 Gross Sales	\$3.925
13759	Hearing Aid Store	Per \$1,000 Gross Sales	\$1.149
15300	Medical, Hospital, Surgical, Equipment - Rental	Per \$1,000 Gross Sales	To be filed at a later date
15314	Medical, Hospital, Surgical, Supply Store – Sales	Per \$1,000 Gross Sales	\$1.328
15839	Optical Goods Stores	Per \$1,000 Gross Sales	\$1.979
16901	Restaurants — self-service or self-ordering	Per \$1,000 Gross Sales	\$4.998
40005 40006	Adult Day Care	Per Person	\$1.390
40031 40032	Ambulance Service, First Aid or Rescue Squads	Per Person	\$36.944
40101 40102	Blood Banks	Per 1,000 SF	\$79.309 \$63.600
41715 41716	Day Care Centers	Per Person	\$8.544 \$7.278
44311	Health Club	Per \$1,000 Gross Sales	\$32.419
44427 44428	Health Care Facilities – Alcohol & Drugs (Sanitariums/Rehabs)	Per 1,000 SF	\$246.036 \$327.473
44429 44430	Health Care Facilities — Convalescent or Nursing Homes (Including RHC)	Per \$1,000 Gross Sales	\$7.161 \$2.579
44431 44432	Health Care Facilities – Homes for the Aged	Per \$1,000 Gross Sales	\$8.238 \$2.611

Code	Description	Premium Base	Occurrence Rates \$1,000,000 Occurrence \$3,000,000 Aggregate
44433	FP Health Care Facilities – Homes for the Physically	Per 1,000 SF	\$99.926
44434	NFP Handicapped or Orphaned		\$191.139
44435	FP Health Care Facilities — Hospitals	Per 1,000 SF	\$262.989
44436	NFP		\$206.984
44437	FP Health Care Facilities — Mental-Psychopathic	Per 1,000 SF	\$159.489
44438	NFP Institutions		\$126.040
44439	FP Health Care Facilities — Clinics, Dispensaries or	Per 1,000 SF	\$263.021
44440	NFP Infirmaries treating outpatients only		\$209.775
46112	Medical or X-ray Laboratories	Per \$1,000 Gross Sales	\$.402
46604	Private Parking, Open Air	Per \$1,000 SF	\$8.439
46622	Parking	Per 1,000 SF	\$63.327
49451	FP Vacant Land	Per Acre	To be determined
49452	NFP		at a later date
56805	Medical, Dental, Hospital, Surgical, Equipment or Supplies – Expendable Mfg.	Per \$1,000 Gross Sales	\$1.260
56806	Medical, Dental, Hospital, Surgical, Equipment or Supplies – Non-Expendable Mfg.	Per \$1,000 Gross Sales	\$1.014
60010	Apartment Buildings	Per Unit	\$72.169
61217	FP Buildings or Premises — bank or office —	Per 1,000 SF	\$64.358
61218	NFP (Lessor's risk only)		\$52.774
61224	FP Buildings or Premises – Employees of the Insured	Per 1,000 SF	\$99.112
61225	NFP		\$124.855
61226	FP Buildings or Premises — Office – NOC	Per 1,000 SF	\$219.462
61227	NFP		\$206.591
63010	Dwellings — one-family (Lessor's risk only)	Per Dwelling	\$152.277
63011	Dwellings — two-family (Lessor's risk only)	Per Dwelling	\$160.937
63012	Dwellings — three-family (Lessor's risk only)	Per Dwelling	\$215.786

Code	Description	Premium Base	Occurrence Rates \$1,000,000 Occurrence \$3,000,000 Aggregate
63013	Dwellings — four-family (Lessor's risk only)	Per Dwelling	\$248.262
66561	Medical Offices	Per 1,000 SF	\$155.104
68606	FP Vacant Buildings (Not Factories)	Per 1,000 SF	\$25.100
68607	NFP		\$20.595

II. INDEPENDENT CONTRACTORS

16292	Construction Operations — Subline 335 Owner NOC (Not railroads) Excluding operations onboard ships.	Per \$1,000 Total Cost	To be determined at a later date
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A \$500 charge shall be made for each swimming pool, fountain or lake on the premises.

Non-Owned Auto Endorsement Rates:

<u># of Vehicles</u>	<u>Premium</u>
0 – 10	\$350
11 – 25	\$500
26 – 49	\$750
50 – 100	\$1,000
101 – 250	\$1,500
251 – Up	\$2,500

Helipad Endorsement Rates:

<u># of Landings</u>	<u>Premium</u>
0 – 365	\$500
366 – 1,000	\$1,000
1,001 – Up	\$2,500

Bodily Injury to Patients Endorsements - When a Bodily Injury to Patients Exclusion Endorsement is attached to the General Liability Coverage Part and Bodily Injury to Patients is not endorsed onto the Professional Liability Coverage Part, a credit up to 20% may apply to the General Liability Coverage Part. When a Bodily Injury to Patients Exclusion Endorsement-Broad Form is utilized, a credit up to 25% may apply to the General Liability Coverage Part. When NCRIC provides both general liability and professional liability, no credits will be given to move the bodily injury to patients' coverage from the General Liability Coverage Part to the Professional Liability Coverage Part.

Reporting Endorsements - Premiums for claims-made general liability coverage may not be greater than 200% of the current expiring coverage premium.

Basic Professional Liability
Rates for \$1,000,000/\$3,000,000
District of Columbia

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
HOSPITAL-NOC							
For Profit	Per Bed	80611	\$720.00	\$1,440.00	\$2,040.00	\$2,208.00	\$2,400.00
	OPV's	80610	\$43.20	\$86.40	\$122.40	\$132.48	\$144.00
Not for Profit	Per Bed	80612	\$720.00	\$1,440.00	\$2,040.00	\$2,208.00	\$2,400.00
	OPV's	80617	\$43.20	\$86.40	\$122.40	\$132.48	\$144.00
MENTAL-PSYCHOPATHIC INSTITUTIONS							
For Profit	Per Bed	80997	\$504.00	\$1,008.00	\$1,428.00	\$1,546.00	\$1,680.00
	OPV's	80999	\$27.36	\$54.72	\$77.52	\$83.90	\$91.20
Not for Profit	Per Bed	80916	\$504.00	\$1,008.00	\$1,428.00	\$1,546.00	\$1,680.00
	OPV's	80917	\$27.36	\$54.72	\$77.52	\$83.90	\$91.20
BASSINETS							
For Profit	Per Bed	85004	\$2,160.00	\$4,320.00	\$6,120.00	\$6,624.00	\$7,200.00
Not for Profit	Per Bed	85005	\$2,160.00	\$4,320.00	\$6,120.00	\$6,624.00	\$7,200.00
EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING							
For Profit	Per Bed	80955	\$72.00	\$144.00	\$204.00	\$221.00	\$240.00
Not for Profit	Per Bed	80956	\$72.00	\$144.00	\$204.00	\$221.00	\$240.00
CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE							
For Profit	Per Bed	80923	\$432.00	\$864.00	\$1,224.00	\$1,325.00	\$1,440.00
Not for Profit	Per Bed	80924	\$432.00	\$864.00	\$1,224.00	\$1,325.00	\$1,440.00
ASSISTED LIVING							
For Profit	Per Bed	80522	\$94.00	\$187.00	\$265.00	\$287.00	\$312.00
Not for Profit	Per Bed	80524	\$94.00	\$187.00	\$265.00	\$287.00	\$312.00
HOSPICES (SANITARIUMS)							
For Profit	Per Bed	80925	\$360.00	\$720.00	\$1,020.00	\$1,104.00	\$1,200.00
Not for Profit	Per Bed	80926	\$360.00	\$720.00	\$1,020.00	\$1,104.00	\$1,200.00
EMERGENCY ROOM							
For Profit	OPV's	80653	\$126.00	\$252.00	\$357.00	\$386.40	\$420.00
Not for Profit	OPV's	80654	\$126.00	\$252.00	\$357.00	\$386.40	\$420.00
CLINICS, DISPENSARIES OR INFIRMARIES							
For Profit	OPV'S	80613	\$36.00	\$72.00	\$102.00	\$110.40	\$120.00
Not for Profit	OPV's	80614	\$36.00	\$72.00	\$102.00	\$110.40	\$120.00
SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES							
	Per 100 Procedures	80453	\$288.00	\$576.00	\$816.00	\$883.20	\$960.00

*Per Bed = Per occupied bed, crib or bassinet
OPV's = Per 100 outpatient visits

Basic Professional Liability
Reporting Endorsement OPTION
Rates for \$1,000,000/\$3,000,000 Limits
District of Columbia

Classification	Rating Basis	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
HOSPITAL-NOC							
For Profit	Per Bed	80611	\$1,920.00	\$3,120.00	\$3,720.00	\$4,152.00	\$4,392.00
	OPV's	80610	\$115.20	\$187.20	\$223.20	\$249.12	\$263.52
Not for Profit	Per Bed	80612	\$1,920.00	\$3,120.00	\$3,720.00	\$4,152.00	\$4,392.00
	OPV's	80617	\$115.20	\$187.20	\$223.20	\$249.12	\$263.52
MENTAL-PSYCHOPATHIC INSTITUTIONS							
For Profit	Per Bed	80997	\$1,344.00	\$2,184.00	\$2,604.00	\$2,906.00	\$3,074.00
	OPV's	80999	\$72.96	\$118.56	\$141.36	\$157.78	\$166.90
Not for Profit	Per Bed	80916	\$1,344.00	\$2,184.00	\$2,604.00	\$2,906.00	\$3,074.00
	OPV's	80917	\$72.96	\$118.56	\$141.36	\$157.78	\$166.90
BASSINETS							
For Profit	Per Bed	85004	\$5,760.00	\$9,360.00	\$11,160.00	\$12,456.00	\$13,176.00
Not for Profit	Per Bed	85005	\$5,760.00	\$9,360.00	\$11,160.00	\$12,456.00	\$13,176.00
EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING							
For Profit	Per Bed	80955	\$192.00	\$312.00	\$372.00	\$415.00	\$439.00
Not for Profit	Per Bed	80956	\$192.00	\$312.00	\$372.00	\$415.00	\$439.00
CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE							
For Profit	Per Bed	80923	\$1,152.00	\$1,872.00	\$2,232.00	\$2,491.00	\$2,635.00
Not for Profit	Per Bed	80924	\$1,152.00	\$1,872.00	\$2,232.00	\$2,491.00	\$2,635.00
ASSISTED LIVING							
For Profit	Per Bed	80522	\$250.00	\$406.00	\$484.00	\$540.00	\$571.00
Not for Profit	Per Bed	80524	\$250.00	\$406.00	\$484.00	\$540.00	\$571.00
HOSPICES (SANITARIUMS)							
For Profit	Per Bed	80925	\$960.00	\$1,560.00	\$1,860.00	\$2,076.00	\$2,196.00
Not for Profit	Per Bed	80926	\$960.00	\$1,560.00	\$1,860.00	\$2,076.00	\$2,196.00
EMERGENCY ROOM							
For Profit	OPV's	80653	\$336.00	\$546.00	\$651.00	\$726.60	\$768.60
Not for Profit	OPV's	80654	\$336.00	\$546.00	\$651.00	\$726.60	\$768.60
CLINICS, DISPENSARIES OR INFIRMARIES							
For Profit	OPV'S	80613	\$96.00	\$156.00	\$186.00	\$207.60	\$219.60
Not for Profit	OPV's	80614	\$96.00	\$156.00	\$186.00	\$207.60	\$219.60
SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES							
	Per 100 Procedures	80453	\$768.00	\$1,248.00	\$1,488.00	\$1,660.80	\$1,756.80

*Per Bed = Per occupied bed, crib or bassinet
OPV's = Per 100 outpatient visits

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Five Year Reporting Endorsement – 5% Credit applied to Reporting Endorsement premium.
Three Year Reporting Endorsement – 15% Credit applied to Reporting Endorsement premium.

Other Health Care Facility
Rates for \$1,000,000/\$3,000,000 Limits
District of Columbia

Classification	Rating Basis	Code	Factor
Blood or Plasma Bank	Donation	73301	0.002
Organ Bank - No Direct Processing	Receipt	73303	0.004
Organ Bank - Direct Processing	Receipt	73304	0.004
Optical Establishment	Receipt	73401	0.003
Ocular Laboratory	Receipt	73502	0.002
Dental Laboratory	Receipt	73503	0.002
X-Ray/Imaging Center	Receipt	73504	0.002
Pathology Laboratory	Receipt	73505	0.002
Medical Laboratory	Receipt	73506	0.002
Quality Control/Reference Laboratory	Receipt	73507	0.002
Community Health Center	Visit	73701	0.030
College/University Health Center	Visit	73702	0.020
Urgicenter	Visit	73703	0.050
Birthing Center	Visit	73704	0.250
Abortion Clinic	Visit	73705	0.160
Substance Abuse - Counseling	Visit	73706	0.030
Emergicenter	Visit	73707	0.060
Weight Loss Center	Visit	73708	0.006
Physical/Occupational Rehabilitation	Visit	73709	0.020
Cardiac Rehabilitation	Visit	73710	0.030
Surgicenter, Minor Procedures	Visit	73711(A)	0.140
Surgicenter, Major Procedures	Visit	73711(B)	0.300
Dialysis Center	Visit	73712	0.050
Developmental Health Counseling	Visit	73714	0.020
Crises Stabilization Center	Visit	73715	0.030
Developmental Disability	Visit	73716	0.100
Medical Registry Service	Staff	73717	To Be Filed at a Later Date
Municipal Health Department	Visit	73719	0.030
Trauma Rehabilitation - Skilled Medical	Visit	73720	0.050
Pharmacy	Receipt	73721	0.002
Ambulance Service	Staff	73722	To Be Filed at a Later Date
Trauma Rehabilitation - Therapy	Visit	73723	0.030
Trauma Rehabilitation - Transitional Living	Visit	73724	0.030
Substance Abuse - Skilled Medical	Visit	73726	0.050
Hospice Care	Visit	74503	0.005
Home Care - Personal Care	Visit	74504	0.008
Home Care - Skilled Care	Visit	74505	0.008
Home Care - Rehabilitation	Visit	74506	0.008
Home Care - Intravenous therapy	Visit	74507	0.010
Home Care - Respiratory Therapy	Visit	74508	0.020
Home Care - Durable Equipment	Receipt	74509	0.020
Medical or Dental Group-Primary Care	Receipt	88534	To Be Filed at a Later Date
Medical or Dental Group	Receipt	88535	To Be Filed at a Later Date
Medical or Dental Group	Receipt	88536	To Be Filed at a Later Date
Substance Abuse - Counseling	Bed	99005	0.150
Weight Loss Center	Bed	99006	0.030
Physical/Occupational Rehabilitation	Bed	99007	0.100
Cardiac Rehabilitation	Bed	99008	0.150

Other Health Care Facility
Rates for \$1,000,000/\$3,000,000 Limits
District of Columbia

Classification	Rating Basis	Code	Factor
Developmental Disability Rehabilitation	Bed	99010	0.020
Trauma Rehabilitation - Skilled Medical	Bed	99011	0.500
Community Health Center	Bed	99012	0.150
College/University Health Center	Bed	99013	0.100
Urgicenter	Bed	99014	0.250
Mental Health - Counseling	Bed	99015	0.040
Crises Stabilization Center	Bed	99016	0.150
Hospice	Bed	99017	0.030
Birthing Center	Bed	99018	1.250
Abortion Clinic	Bed	99019	0.800
Emergicenter	Bed	99020	0.580
Surgicenter	Bed	99021	0.700
Substance Abuse - Skilled Medical	Bed	99024	0.250
Trauma Rehabilitation - Therapy	Bed	99025	0.150
Trauma Rehabilitation - Transitional Living	Bed	99026	0.150

The premium will be determined by applying the above factors to the appropriate rate for hospital class 80611 in the applicable rating territory. Apply the factor to the applicable claims-made or reporting endorsement rate.

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Basic Professional Liability
Rates for \$1,000,000/\$3,000,000

ADDITIONAL INTERESTS (Surcharge for Paramedical or Other Personnel employed by Hospitals and Facilities)

CRNA	Per Person	80960	Flat charge equal to General Practitioner physician mature premium or if supervised by a MDA, flat charge equal to 50% of General Practitioner physician mature premium
Nurse Practitioner	Per Person	80964	Flat charge equal to 40% of General Practitioner physician mature premium
Nurse Midwife	Per Person	80410	Flat charge equal to 175% of General Practitioner physician mature premium
Psychologist	Per Person	80912	Flat charge equal to 11.1% of General Practitioner physician mature premium
Respiratory Therapist	Per Person	80601	Flat charge equal to 15% of General Practitioner physician mature premium
Physician's Assistant	Per Person	80116	Flat charge equal to 40% of General Practitioner physician mature premium
Surgeon's Assistant	Per Person	80116B	Flat charge equal to 40% of General Practitioner physician mature premium
Perfusionist	Per Person	80764	Flat charge equal to 40% of General Practitioner physician mature premium
Emergency Medical Techs.	Per Person	80763	Flat charge equal to 20% of General Practitioner physician mature premium
Anesthesiology Assistant	Per Person	80116C	Flat charge equal to 50% of General Practitioner physician mature premium
Physiotherapist	Per Person	80938	Flat charge equal to 10% of General Practitioner physician mature premium
Architect	Per Person		Flat charge
Optometrist	Per Person	80944	Flat charge equal to 4.0% of General Practitioner physician mature premium

- ◆ Additional Insured Charges: A 5% surcharge of the Hospital Professional Liability premium will be made to include all other employees and volunteers as insureds except for employed Physicians, Surgeons, Interns, Residents, Dentists, any other physician in training or other designated employees indicated above. This premium charge is based on a Shared Limit Basis.
- ◆ Additional Insured Charges for entities named onto the policy without rateable exposure data will result in a 5% surcharge.
- ◆ A Vicarious Charge of 10% may be added for Physicians, other contracted personnel and entities.
- ◆ Additional Insured Charges for employed or contracted Physicians, Surgeons, Interns, Residents, Dentists, other physicians in training or personnel will be made in accordance with the the Company's physician rates filed in the Physician Manual unless otherwise indicated. The above referenced employed or contracted employees will be added on a fully earned basis on Health Care Facility Liability policies.
- ◆ When liability limits for designated employed medical or other personnel are shared with the hospital, the Company provides a premium credit. The shared limit credit is 65%. However, in no instance shall the resulting charge for any individual Paramedical or Other Personnel employed by Hospitals and Facilities be less than 1% of the General Practitioner physician mature premium.

RULE REGARDING PREMIUM FOR MANAGEMENT OF NON-OWNED/AFFILIATED HOSPITALS & FACILITIES

The Medical Management Services endorsement will be utilized when a Policyholder agrees pursuant to a written contract to provide medical management services to other scheduled managed health care facilities. The premium for coverage provided by this endorsement shall be computed by developing the mature professional liability premium for the entities, physicians, hospitals or other health care facility which is to be managed and then applying the factor indicated on the management premium scale below corresponding to the developed professional liability premium applicable.

Management Premium Scale

Percent Factor	Developed Professional Liability Range
5%	\$0 - \$275,000
4.5%	\$275,001 - \$750,000
4%	\$750,001 - \$1,000,000
3.5%	\$1,000,001 - \$3,000,000
3%	\$3,000,001 - \$7,000,000
2%	\$7,000,001 - \$10,000,000
1.5%	+\$10,000,000

CONTRACTED MANAGEMENT COMPANY COVERAGE AND SURCHARGE

Management Companies contracted to manage operations of the Policyholder may be extended coverage as provided by endorsement to the policy for their management duties. A 10% surcharge of the policy premium will apply.

Management Companies may also be extended coverage by endorsement to the policy for their vicarious liability exposures as a result of the actions of the Policyholder's insured operations. A 5% surcharge of the policy premium will apply.

MINIMUM PREMIUM FOR HOSPITAL POLICY

\$25,000 if the sum of the premium developed for professional liability from the rated exposures is less
\$5,000 if the sum of the premium developed for general liability from the rated exposures is less

MINIMUM PREMIUM FOR SURGICAL CENTER/OUTPATIENT SURGICAL CENTER POLICY

\$6,000 if the sum of the premium developed for professional liability from the rated exposures is less
\$2,500 if the sum of the premium developed for general liability from the rated exposures is less

MINIMUM PREMIUM FOR OTHER HEALTH RELATED FACILITIES

\$3,500 if the sum of the premium developed for professional liability from the rated exposures is less
\$1,500 if the sum of the premium developed for general liability from the rated exposures is less

SCHEDULE RATING TABLE – GENERAL LIABILITY

	Maximum <u>Credit%</u>	Maximum <u>Debit%</u>
A. <u>Exposures</u>		
Day Care Center	10%	10%
Restaurant	10%	10%
Helicopter Landing Pad	5%	5%
Retail Pharmacy	10%	10%
Major Construction in the last or next 12 months	15%	15%
Health or Fitness Center	10%	10%
Habitational Risk (Apt. or Hotel)	15%	15%
Special Events that attract the general public	5%	5%
B. <u>Risk Management</u>	15%	15%
1. Administration commitment/ involvement as exhibited by an established and enforced policy statement.		
2. Existence of an effective management level risk management committee or position.		
3. Reporting/trending/analysis system in all high risk areas of the facility to generate data for use in quality assurance/risk management efforts.		
C. <u>NFPA Compliance</u>	5%	5%
Compliance with National Fire Protection Association Standards.		
D. <u>Continuing Education</u>	3%	3%
Existence of continuing education programs which include risk management topics for administrative, governing board and department heads.		
E. <u>Compliance</u>	3%	3%
Compliance with the Company's recommendations relating to critical findings other than the above.		
F. <u>Claims Experience</u>	25%	25%
Claims experience of the insured, if the Experience Rating plan is not utilized.		

SCHEDULE RATING TABLE – PROFESSIONAL LIABILITY

	<u>Maximum Credit%</u>	<u>Maximum Debit%</u>
A. <u>Claims Experience</u> Claims experience of the insured, if the Experience Rating plan is not utilized.	25%	25%
B. <u>Management</u>	15%	15%
1. Quality/Consistency/Stability		
2. Cooperation with insurer		
3. Safety/Loss Control/Equipment/Maintenance		
4. Security		
C. <u>Risk Management Program</u>		
1. Administrative and Medical Staff commitment/involvement as exhibited by an established enforced policy statement.	15%	15%
2. The existence of an effective management level risk management committee or position.	5%	5%
3. Utilization of an occurrence/generic screening system in all high risk areas on the facility including surgical, anesthesia, obstetrical and emergency services. This system provides data utilized in the medical staff reappointment process, the quality assurance activities of the medical staff and risk management efforts.	10%	10%
4. Patient Advocate Policy: A mechanism exists for visitors, patients or their families to formally or informally communicate concerns regarding the institution (i.e., satisfaction surveys).	4%	4%
5. Continuing Education of Staff: Regular provision of in-service education programs for nursing and allied health professionals.	6%	6%
D. <u>JCAHO or Equivalent Accreditation</u> Joint Commission on Accreditation of Hospitals (JCAHO) American Osteopathic Assn. (AOA) accreditation with no outstanding contingencies.	10%	10%
E. <u>Compliance with Applicable Regulations</u>	5%	0%
1. OSHA regulations regarding employee exposure to blood-borne pathogens (e.g., Hepatitis B vaccination, protective barrier equipment).		
2. CLIA regulation for on-site laboratory testing.		
3. Federal regulations regarding mammography testing (including training and credentialing of technicians).		
F. <u>Medical Professional Staffing</u> (including qualifications/continuing education)	5%	5%
G. <u>Other Staffing</u> (employee selection, training, supervision and experience)	5%	5%

**Limits Factor Table
General Liability**

Per Claim (000's)	Aggregate (000's)										
	75	150	200	300	600	900	1000	1500	2000	3000	5000
25	0.586	0.610	0.614	0.622	0.629	0.642	0.648	0.662	0.675	0.688	0.702
50		0.697	0.709	0.717	0.740	0.753	0.760	0.776	0.787	0.800	0.815
75		0.764	0.780	0.789	0.809	0.817	0.825	0.837	0.842	0.851	0.863
100			0.787	0.795	0.819	0.825	0.827	0.839	0.851	0.863	0.874
200			0.827	0.835	0.858	0.864	0.866	0.874	0.882	0.894	0.905
300				0.866	0.883	0.894	0.898	0.906	0.913	0.929	0.940
500					0.929	0.935	0.937	0.945	0.953	0.969	0.984
1000							0.969	0.976	0.984	1.000	1.016

Professional Liability

Per Claim (000's)	Aggregate (000's)											
	300	400	500	600	750	900	1000	1250	1500	2000	2500	3000
100	0.562	0.577	0.585	0.592	0.600	0.608	0.615	0.623	0.631	0.646	0.654	0.662
200		0.669	0.677	0.685	0.692	0.700	0.708	0.715	0.723	0.738	0.746	0.754
250			0.715	0.723	0.731	0.738	0.746	0.754	0.762	0.777	0.785	0.792
300				0.754	0.762	0.769	0.777	0.785	0.792	0.808	0.823	0.838
500							0.854	0.862	0.869	0.885	0.900	0.915
1000							0.931	0.946	0.954	0.969	0.985	1.000

Other Health Care Facility Professional Liability

Per Claim (000's)	Aggregate (000's)											
	300	400	500	600	750	900	1000	1250	1500	2000	2500	3000
100	0.541	0.557	0.562	0.573	0.578	0.584	0.589	0.595	0.605	0.622	0.638	0.649
200		0.649	0.659	0.665	0.676	0.681	0.686	0.692	0.703	0.714	0.730	0.741
250		0.681	0.692	0.697	0.708	0.714	0.719	0.724	0.735	0.751	0.762	0.773
300		0.697	0.708	0.719	0.730	0.741	0.751	0.762	0.773	0.784	0.795	0.805
500			0.805	0.811	0.822	0.827	0.832	0.838	0.849	0.865	0.876	0.892
1000							0.941	0.951	0.962	0.973	0.989	1.000

Hospital and Health Care Facilities
Deductible and SIR Credits*

Deductible Amount		Deductible Applies to			
Per Occurrence	Annual Aggregate	Loss & ALAE		Loss Only	
		Small & Med.	Large	Small & Med.	Large
\$5,000	None	3.50%	3.50%	2.50%	2.50%
\$5,000	\$25,000	3.25%	2.25%	2.25%	2.00%
\$10,000	None	7.00%	7.00%	5.50%	5.50%
\$10,000	\$50,000	6.75%	5.50%	5.25%	4.25%
\$25,000	None	13.00%	13.00%	11.50%	11.50%
\$25,000	\$75,000	12.25%	7.00%	10.50%	6.50%
\$25,000	\$100,000	12.50%	9.00%	11.00%	8.00%
\$25,000	\$150,000	12.75%	9.50%	11.25%	8.50%
\$50,000	None	22.00%	22.00%	17.50%	17.50%
\$50,000	\$150,000	21.00%	12.25%	16.25%	11.50%
\$50,000	\$250,000	21.25%	16.50%	16.50%	13.50%
\$100,000	None	33.00%	33.00%	25.00%	25.00%
\$100,000	\$300,000	31.50%	21.00%	23.50%	20.00%
\$100,000	\$500,000	32.25%	26.00%	24.50%	24.25%
\$150,000	None	40.25%	40.25%	28.50%	28.50%
\$200,000	None	47.50%	47.50%	31.50%	31.50%
\$200,000	\$600,000	46.25%	42.00%	30.00%	27.50%
\$250,000	None	55.00%	55.00%	35.00%	35.00%
\$250,000	\$750,000	52.50%	49.00%	33.50%	30.50%
\$500,000	None	65.00%	65.00%	45.00%	45.00%
\$500,000	\$1,500,000	63.25%	60.00%	43.00%	40.50%

SIR Limit		SIR Applies to		
Per Occurrence	Annual Aggregate	Loss & ALAE	Loss & ALAE (Reduces S.I.R.)	Loss Only
\$250,000	None	55.00%	53.00%	41.00%
\$250,000	\$1,250,000	41.25%	40.00%	27.25%
\$500,000	None	65.00%	64.00%	49.00%
\$500,000	\$2,500,000	48.75%	47.00%	32.75%

*Small to medium risks are defined as those with 500 or fewer occupied beds, and large risks are defined as those with more than 500 occupied beds.

*Deductibles or SIR options not indicated above shall be interpolated.

*Amount of the deductible credit may never exceed 80% of the annual aggregate, if any.

*Credits applicable to professional and general liability coverages.

*Deductibles mandated by the Company due to adverse experience or unusual exposures may result in the reduction or elimination of any credits.

**Pollution Liability
Guide (a) Rates**

Group Class Codes
A - Hospitals
B - Clinic
C - Laboratories
D - Nursing Homes
E - All Other "Rateable Sites"

Rate Table 1
Claims-Made Base Rates
Pollution Liability Classification Code 90100

Claims-Made Year	Group Class	Limits of Liability: (\$2,500 Deductible)			
		25,000 100,000	100,000/ 100,000	500,000/ 1 million	1 million/ 1 million
2 or More	A	\$1,125	\$1,450	\$2,275	\$2,475
2 or More	B	\$985	\$1,270	\$1,990	\$2,165
2 or More	C	\$565	\$725	\$1,140	\$1,240
2 or More	D	\$1,015	\$1,305	\$2,050	\$2,230
2 or More	E	\$565	\$725	\$1,140	\$1,240

- ◆ See Limited Pollution Liability Endorsement, PRA-HF-460.
- ◆ "Rateable Sites" means other sites which have minimum pollution exposure.
- ◆ Rates apply separately to each risk location of an exposure group.
- ◆ Refer to the General Liability Increased Limits tables to compute other desired limits.
- ◆ Pollution Liability coverage shall not exceed \$1,000,000/\$1,000,000 limits.
- ◆ NCRIC's total liability for all damages (including damages for care and loss of service) because of all bodily injury and property damage, for all clean-up costs and for all other costs, expenses, charges, legal expenses and legal fees to which this endorsement applies shall not exceed the limit of liability stated in the Schedule as the "aggregate".
- ◆ With respect to coverage under Coverage P only, regardless of the number of (1) insureds under this policy, (2) claims-made, (3) persons or organizations who sustain bodily injury, property damage or environmental damage to which this endorsement applies or (4) governmental actions taken or consents granted by NCRIC with respect to clean-up costs, NCRIC's liability is limited as follows:
 - NCRIC's total liability for all damages (including damages for care and loss of service) because of all bodily injury and property damage, for all clean-up costs and for all other costs, expenses, charges, legal expenses and legal fees to which this endorsement applies shall not exceed the limit of liability stated in the Schedule as the "aggregate".
 - Subject to the above provisions with respect to the "aggregate", NCRIC's total liability for all damages because of bodily injury and property damage sustained by one or more persons as a result of any one pollution incident, for all related clean-up costs and for all other related costs, expenses, charges, legal expenses and legal fees to which this endorsement applies shall not exceed the limit of liability stated in the Schedule as applicable to "each pollution incident".
- ◆ Pollution Liability minimum premium - \$1,500.
- ◆ Extended Reporting Endorsement will extend the reporting period for one year from the date of the endorsement effective date. The extended reporting charge will be 150% of the current annual premium.

**Pollution Liability
Guide (a) Rates**

Rate Table 2
Analysis of Underground Storage Tanks: Flat Rates

Age of Tank	0 - 5	6 - 10	11 - 14	15 or More
Tank in Vault	\$2,225	\$2,550	\$2,900	\$3,350
Double Wall Tank	\$2,335	\$2,680	\$3,045	\$3,520
Fiberglass Steel Coats	\$2,450	\$2,805	\$3,190	\$3,685
Cathodically Protected Steel	\$2,450	\$2,805	\$3,190	\$3,685
Fiberglass	\$3,005	\$3,445	\$3,915	\$4,525
Fiberglass Lined Steel Tank	\$2,560	\$2,935	\$3,335	\$3,850
Unprotected	Not Insurable			

Credits may be given for those with one of the following leak detection systems: (See Schedule Rating Plan)

- A. Automatic Tank Gauging
- B. Vapor Monitoring Systems (Alarm)
- C. Interstitial Monitoring (Liquid/Vapor Monitoring within the wall of the tank - Alarm)
- D. Ground Water Monitoring

Rate Table 3
Infectious Waste Incinerators: Flat Rates
(Charge is per incinerator if more than one)

Pounds Per Day	Flat Rate
0 - 100 Lbs.	\$1,125
101 - 250 Lbs.	\$1,295
251 - 400 Lbs.	\$1,465
401 - 600 Lbs.	\$1,630
601 - 850 Lbs.	\$1,800
851 - 1,000 Lbs.	\$1,970
1,001 - 1,250 Lbs.	\$2,140
1,251 - 1,500 Lbs.	\$2,305
1,501 - 1,750 Lbs.	\$2,475
1,751 - 2,000 Lbs.	\$2,645
More than 1 Ton	\$3,375

Rate Table 4
Claims-Made Factors

Year	Factor
2 or More	1.000
1	.500

SERFF Tracking Number: PCWA-125531336 State: District of Columbia
 Filing Company: NCRIC, Inc. State Tracking Number:
 Company Tracking Number: DC-HPL-RR-0408
 TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1009 Hospitals
 Product Name: Health Care Facility Program Manual
 Project Name/Number: Initial Filing/

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Cover Letter (P&C)

Comments:

Attachment:

Cover letter for 4-1-08 filing.PDF

Item Status: **Status Date:**

Bypassed - Item: Consulting Authorization

Bypass Reason: N/A

Comments:

Item Status: **Status Date:**

Satisfied - Item: Actuarial Certification (P&C)

Comments:

N/A

Attachment:

DC_HPL_08.pdf

Item Status: **Status Date:**

Bypassed - Item: District of Columbia and Countrywide Experience for the Last 5 Years (P&C)

Bypass Reason: N/A

Comments:

Item Status: **Status Date:**

Bypassed - Item: District of Columbia and

SERFF Tracking Number: PCWA-125531336 State: District of Columbia
Filing Company: NCRIC, Inc. State Tracking Number:
Company Tracking Number: DC-HPL-RR-0408
TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1009 Hospitals
Product Name: Health Care Facility Program Manual
Project Name/Number: Initial Filing/
Countrywide Loss Ratio Analysis
(P&C)
Bypass Reason: N/A
Comments:

Item Status:

**Status
Date:**

Bypassed - Item: Schedule of Rates or Methodology
(P&C)
Bypass Reason: N/A
Comments:

March 10, 2008

Honorable Thomas E. Hampton, Acting Commissioner
Department of Insurance, Securities & Banking
810 First Street NE, Suite 701
Washington, DC 20002
Attn: Clark Simcock

RE: NCRIC, Inc. - NAIC 41149
Health Care Facility Program Manual
Filing Number DC-HPL-RR-0408

Dear Mr. Simcock:

Please find enclosed, as the initial filing, the Health Care Facility Liability Underwriting Rates and Rules Underwriting Manual to be used for hospitals and health care facilities. I respectfully request an effective date of April 1, 2008 for this filing submission.

With the merger of NCRIC into the ProAssurance Group of companies, this underwriting manual is being submitted to be comparable to what we are doing in other states. The enclosed Filing Memorandum and its exhibits should support the rate development. Please note that the policy forms will be submitted under separate cover.

I believe you will find everything in order. If you have any questions or need anything further, please contact me at (800) 282-6242, ext. 4426 or email me at lgoodwin@proassurance.com.

Sincerely,



LaQuita B. Goodwin
Compliance Specialist

Enclosures

NCRIC, Inc.

Hospital Professional Liability
Filing Memorandum

District of Columbia

This memorandum and the attached exhibits summarize an initial filing for the hospital and health care professional liability and general liability programs for NCRIC, Inc. (NCRIC), in the District of Columbia. The proposed effective date for this filing is April 1, 2008.

Rating factors, minimum premiums and pollution rates were selected to be consistent with those utilized for other states written by the ProAssurance Group of companies. General liability rates and increased limits factors were selected based on indications from the Insurance Services Office (ISO), with their permission.

Exhibit 1 - Calculation of Proposed Base Rate

Shows the calculation to produce the proposed base rate.

Exhibit 2 - Class Relativity Plan

This exhibit shows the proposed NCRIC class plan.

Exhibit 3 - Claims-Made and Reporting Endorsement Step Factors

Claims-Made and Reporting Endorsement Step Factors have been selected to be consistent with those currently in effect for the ProAssurance Group of companies in other states.

Exhibit 4 - Profit and Contingencies Load

Calculates a profit provision, net of investment income based on estimated earnings as a percent of earned premiums and the required return from insurance operations.

Exhibit 5 - Expense Provisions and Target Loss Ratio

Shows the selected expense provisions based on NCRIC financial information. The Target Loss and LAE is calculated by deducting from 1.00 the selected expense provisions and the provision for profit and contingencies.

Exhibit 6 - Indicated ULAE Load - ProAssurance Group of Companies

This exhibit shows the calculation of the ULAE load based on company experience.

Exhibit 7 - Other Health Care Facility Rating Factors

Shows the proposed rating factors by classification. Factors were selected based on the currently effective other health care facility factors for the ProAssurance Group of companies in other states.

Exhibit 8 - Increased Limits Factors

Shows proposed general liability, professional liability and health care facility liability increased limits factors by per claim and aggregate limit. Selections were based on those currently in effect for the ProAssurance Group of companies in other states, and Insurance Services Organization (ISO) indications, with their permission.

Exhibit 9 - Minimum Premium Rule

Shows the proposed minimum premiums by type of facility and elected coverage. The program was selected based on that currently in effect for the ProAssurance Group of companies in other states.

Exhibit 10 - General Liability Rates at \$1M/\$3M

Shows the proposed general liability rates by facility at \$1,000,000/\$3,000,000 liability limits. Rates are selected based on the most recent indications from the Insurance Services Office (ISO) filing for Alabama adjusted to reflect District of Columbia loss costs.

Exhibit 11 - Hospital Professional Liability - Pollution Liability Rates

Shows the proposed pollution liability rates by group class, by limits, and by type of coverage. Rates are selected based on those currently in effect for the ProAssurance Group of companies in other states.

Exhibit 12 - Miscellaneous Professionals - Basic Professional Liability

Surcharges are shown for other medical professionals employed by the hospital or healthcare facility by type of employee. The plan was selected to be equal to that currently in effect for the ProAssurance Group of companies in other states.

NCRIC, Inc.

Hospital Professional Liability
Filing Memorandum

District of Columbia

Exhibit 13 - Deductible and SIR Credits as a Percentage of \$1M/\$3M Rate

Deductible and Self-Insured Retention (SIR) credits are shown by deductible amount or SIR limit and for loss only or loss and ALAE combined limits. The plan was selected based on that currently in effect for the ProAssurance Group of companies in other states.

Exhibit 14 - Hospital Professional Liability Rates

Rates are shown by class and claims-made coverage year and reporting endorsement coverage year at \$1,000,000/\$3,000,000 limits.

Exhibit 15 - Excess Limits Premium Factors

Proposed excess limits premium factors are shown by excess limit. Factors are derived based upon negotiated reinsurance agreements.

NCRIC, Inc.

Hospital Professional Liability
District of Columbia Rates Effective April 1, 2008
Calculation of Proposed Base Rate

(1)	NCRIC District of Columbia Physicians and Surgeons Pure Premium.	10,092
(2)	Ratio of TMAC Tennessee Hospital Base Rate to Tennessee Physician and Surgeon Base Rate	0.235
(3)	Indicated \$1M/\$3M District of Columbia Acute Care Bed Rate: [(1)x(2)]	2,370
(4)	Selected \$1M/\$3M Hospital Mature Claims-Made Base Rate	2,400

Notes: (1) From NCRIC, Inc. (NCRIC) District of Columbia Physicians and Surgeons Professional Liability Rate Filing, effective 1/1/2007.

NCRIC, Inc.

Hospital Professional Liability
 District of Columbia Rates Effective April 1, 2008
 Class Relativity Plan

Classification (1)	Premium Base (2)	Class Code		AHA Districtwide Exposures (5)	ISO Class Relativity (6)	Proposed Class Relativity (7)
		For Profit (3)	Not For Profit (4)			
Hospital	Per Bed	80611	80612	3,307	1.000	1.000
Mental-Psychopathic Institutions	Per Bed	80997	80916	391	0.600	0.700
Extended/Ind. Living/Residential Care	Per Bed	80955	80956	68	0.125	0.100
Nursing Home/Acute Extended Care	Per Bed	80923	80924	68	0.125	0.600
Hospice	Per Bed	80925	80926	20	0.300	0.500
Assisted Living	Per Bed	80522	80524	N/A	0.125	0.130
Bassinets	Per Bed	80812	80810	200	1.000	3.000
Emergency Room	Per 100 Visits	80653	80654	3,596	0.060	0.175
Clinics, Dispensaries, Infirmarys	Per 100 Visits	80613	80614	N/A	0.050	0.050
Hospital/Other	Per 100 Visits	80610	80617	12,287	0.060	0.060
Mental-Psychopathic Institutions	Per 100 Visits	80999	80917	294	0.020	0.038
Outpatient Surgical	Per 100 Visits	80453	80453	615	N/A	0.400
Total/Average Relativity				<u>20,846</u>	<u>0.2266</u>	<u>0.2812</u>

Notes: (5) District of Columbia exposure data based on 2005 American Hospital Association Survey.

(6) From Insurance Service Office (ISO) Circular LI-PR-2007-100, which shows class relativities for the District of Columbia, with their permission.

NCRIC, Inc.

Hospital Professional Liability
 District of Columbia Rates Effective April 1, 2008
 Claims-Made and Reporting Endorsement Step Factors

Claims-Made Year	District of Columbia Phys/Surg Factor	PRA Model	Selected
(1)	(2)	(3)	(4)
1	0.165	0.300	0.300
2	0.450	0.600	0.600
3	0.615	0.850	0.850
4	0.870	0.920	0.920
5+	1.000	1.000	1.000

Reporting Endorsement Year	District of Columbia Phys/Surg Factor	PRA Model	Selected
(1)	(2)	(3)	(4)
1	0.935	0.800	0.800
2	1.540	1.300	1.300
3	1.952	1.550	1.550
4	2.089	1.730	1.730
5+	2.089	1.830	1.830

Notes:

(2) Based on currently effective step factors for NCRIC's physician and surgeon program in the state of District of Columbia.

(3) NCRIC standard Model

NCRIC, Inc.

Hospital Professional Liability
Profit and Contingencies Load
ProAssurance Group of Companies, Medical Malpractice Direct Business Written
District of Columbia

	Claims- Made
Estimated Investment Income on Unearned Premium and Loss Reserves (\$000's)	
(1) Mean Unearned Premium Reserve (UPR) as % of Direct Written Premium (WP)	53.51%
(2) Average Agents' Balances and Uncollected Premiums as % of Direct WP	21.71%
(3) Prepaid Expenses (commissions & brokerage fees, taxes, other) as % of Direct WP	17.10%
(4) Other Income	-0.54%
(5) Deduction for Federal Income Tax Payable: $[20\% \times (1) \times 35\% \text{ Federal Income Tax Rate}]$	3.75%
(6) UPR Subject to Investment Income as % of Direct WP: $[(1) \times \{1.00 - (2) - (3) - (4) - (5)\}]$	31.03%
(7) Premium Discount Provision	17.50%
(8) UPR subject to Investment Income as % of Manual Premium: $[(6) \times \{1 - (7)\}]$	25.60%
(9) Expected Incurred Loss & LAE as % of Manual Premium	81.10%
(10) Ratio of Loss & LAE Reserves to Incurred Losses	3.066
(11) Expected Loss & LAE Reserves as % of Manual Premium: $[(9) \times (10)]$	248.65%
(12) Average IRS Loss Reserve Discount Factor on Loss and LAE Reserves	12.94%
(13) Loss and LAE Reserves Available for Investment as % of Manual Premium $[(11) \times \{1 - [(12) \times 35\%\}]]$	237.39%
(14) Total Reserves subject to Investment as % of Manual Premium: $[(8) + (13)]$	262.99%
(15) Expected Pre-Tax Investment Yield: [Sheet 2]	4.25%
(16) Pre-Tax Investment Earnings on Total Reserves subject to Investment as % of Manual Premium: $[(14) \times (15)]$	11.18%
Profit Loading Provision	
(17) Required After Tax Rate of Return On Surplus	13.00%
(18) Federal Income Tax Rate	35.00%
(19) Required Pre-Tax Rate of Return On Surplus: $[(17) / \{1.0 - (18)\}]$	20.00%
(20) Expected Pre-Tax Return on Surplus Funds: [Sheet 2]	4.25%
(21) Required Pre-Tax Return from Insurance Operations as a Percent of Surplus: $[(19) - (20)]$	15.75%
(22) Premium to Surplus Ratio	1.00
(23) Required Return from Insurance Operations as % of Charged Premium: $[(21) / (22)]$	15.75%
(24) Premium Discount Provision	17.50%
(25) Required Return from Insurance Operations as % of Manual Premium: $[(23) \times \{1 - (24)\}]$	12.99%
Profit Provision	
(26) Profit Provision Net of Investment Income as % of Manual Premium: $[(25) - (16)]$	1.8%

- Notes: (1),(2) Based on average values for 2004-2006 NCRIC and TMAC Insurance Expense Exhibits.
(3) = Selected for NCRIC based on historic company experience.
(5) 20% of the change in unearned premium reserve is included in federal taxable income. Taxes paid as a result of this provision are unavailable for investment.
(9) This value represents the percentage of the manual premium, i.e. premium before the application of premium credits and debits, that is attributable to loss and loss adjustment expenses. In other words, that portion of the manual premium that will not go towards corporate costs such as overhead expenses. The actual formula is as follows:
 $\{1.0 - \text{Variable Expense Load}\}$
(10) Based on an analysis of historical medical malpractice claims-made payment patterns for the ProAssurance companies
(12) From IRS Revenue Procedure 2007-9.
(13) Adjusts item (11) for federal tax payable due to IRS loss reserve discounting.

NCRIC, Inc.

Hospital Professional Liability
Investment Income
ProAssurance Group of Companies, Medical Malpractice Direct Business Written
District of Columbia

Investment Income as a % of Invested Assets, Including Net Realized Capital Gains/Losses

Historical Earnings Levels

<u>Cal. Yr.</u> (1)	<u>Net Investment Gain</u> (2)	<u>Invested Assets</u> (3)	<u>Inv. Inc. to Invested Assets</u> (4)
2002	74,114,271	1,677,040,821	4.64%
2003	70,979,773	1,960,084,363	3.90%
2004	80,797,061	2,308,087,482	3.79%
2005	94,575,132	2,672,071,420	3.80%
2006	122,167,125	2,810,492,251	4.46%

Future Earnings Levels

<u>Maturity Distribution</u> (5)	<u>Calendar Year 2006 Bond Holdings</u> (6)	<u>01/08 U.S. Treasury Rate</u> (7)
<=1yr	358,419,738	2.30%
2-5 yrs	1,124,626,045	2.54%
6-10yrs	970,548,106	3.18%
11-20yrs	248,944,263	3.75%
>20yrs	69,291,699	4.10%
Total	<u>2,771,829,851</u>	<u>2.88%</u>

(8) Prior Selected

n/a

(9) Projected

4.25%

Notes: (2) From Page 4 of historical Annual Statements.
(3) From Page 2 of historical Annual Statements.
(4) = Column 2 divided by average of current and prior calendar year entry for Column (3).

NCRIC, Inc.Hospital Professional Liability
Expense Provisions and Target Loss Ratio

District of Columbia

	<u>Claims- Made</u>
(1) Expense Provisions	
(a) General Expense	5.4%
(b) Acquisition	1.6%
(c) Commission	10.0%
(d) Tax, Licenses, Fees	1.7%
(e) Unallocated LAE: [Exhibit 6]	9.5%
(f) Profit and Contingencies: [Exhibit 4]	1.8%
(g) TOTAL: [Sum (a) to (f)]	<u>30.0%</u>
(2) Target Loss and ALAE Ratio: [1.00-(1g)]	70.0%

(1a)-(1d) Based on budgeted amounts.

(1f) Determined from discounted model, with due consideration to loss payment pattern, investment income on surplus and on reserves, taxes, and deferred premium collection. Assumes a target 13.0% return on equity.

NCRIC, Inc.

Hospital Professional Liability
 Indicated ULAE Load - ProAssurance Group of Companies
 Claims-Made Basis
 District of Columbia

Calendar Year	Direct Paid		Change Direct Case O/S Loss & ALAE	Direct ULAE Base (3)+[0.5x(4)]	ULAE Ratio Indications	
	ULAE	Loss & ALAE			Paid ULAE Ratio to Base (2)/(5)	Paid ULAE Ratio to Loss & ALAE (2)/(3)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
2002	25,129	335,529	96,852	383,955	6.5%	7.5%
2003	28,472	313,309	79,562	353,090	8.1%	9.1%
2004	31,923	292,963	87,030	336,478	9.5%	10.9%
2005	37,529	276,208	136,121	344,269	10.9%	13.6%
2006	30,871	296,045	(28,242)	281,924	11.0%	10.4%
Total	153,924	1,514,054	371,323	1,699,716	9.1%	10.2%

(8)	Previously Selected ULAE Load	n/a
(9)	Selected ULAE Load	9.5%

Notes: (2)-(4) From Insurance Expense Exhibits for the ProAssurance Group of Companies for the medical malpractice line of business.

NCRIC, Inc.

Hospital Professional Liability
 District of Columbia Rates Effective April 1, 2008
 Other Health Care Facility Rating Factors

The premium charge will be determined by applying the factors below to the appropriate claims-made rate for Hospital Class 80611.

Classification (1)	Rating Basis (2)	Code (3)	Factor (4)
Blood or Plasma Bank	Donation	73301	0.002
Organ Bank - No Direct Processing	Receipt	73303	0.004
Organ Bank - Direct Processing	Receipt	73304	0.004
Optical Establishment	Receipt	73401	0.003
Ocular Laboratory	Receipt	73502	0.002
Dental Laboratory	Receipt	73503	0.002
X-Ray/Imaging Center	Receipt	73504	0.002
Pathology Laboratory	Receipt	73505	0.002
Medical Laboratory	Receipt	73506	0.002
Quality Control/Reference Laboratory	Receipt	73507	0.002
Community Health Center	Visit	73701	0.030
College/University Health Center	Visit	73702	0.020
Urgicenter	Visit	73703	0.050
Birth Center	Visit	73704	0.250
Abortion Clinic	Visit	73705	0.160
Substance Abuse - Counseling	Visit	73706	0.030
Emergency Center	Visit	73707	0.060
Weight Loss Center	Visit	73708	0.006
Physical/Occupational Rehabilitation	Visit	73709	0.020
Cardiac Rehabilitation	Visit	73710	0.030
Surgicenter Minor Procedures	Visit	73711(A)	0.140
Surgicenter Major Procedures	Visit	73711(B)	0.300
Dialysis Center	Visit	73712	0.050
Developmental Health Counseling	Visit	73714	0.020
Crises Stabilization Center	Visit	73715	0.030
Developmental Disability	Visit	73716	0.100
Medical Registry Service	Staff	73717	To Be Filed at a Later Date
Municipal Health Department	Visit	73719	0.030
Trauma Rehabilitation - Skilled Medical	Visit	73720	0.050
Pharmacy	Receipt	73721	0.002
Ambulance Service	Staff	73722	To Be Filed at a Later Date
Trauma Rehabilitation - Therapy	Visit	73723	0.030
Trauma Rehabilitation - Transitional Living	Visit	73724	0.030
Substance Abuse - Skilled Medical	Visit	73726	0.050
Hospice Care	Visit	74503	0.005
Home Care - Personal Care	Visit	74504	0.008
Home Care - Skilled Care	Visit	74505	0.008
Home Care - Rehabilitation	Visit	74506	0.008
Home Care - Intravenous therapy	Visit	74507	0.010
Home Care - Respiratory Therapy	Visit	74508	0.020
Home Care - Durable Equipment	Receipt	74509	0.020
Substance Abuse - Counseling	Bed	99005	0.150
Weight Loss Center	Bed	99006	0.030
Physical/Occupational Rehabilitation	Bed	99007	0.100
Cardiac Rehabilitation	Bed	99008	0.150
Developmental Disability Rehabilitation	Bed	99010	0.020
Trauma Rehabilitation - Skilled Medical	Bed	99011	0.500
Community Health Center	Bed	99012	0.150
College/University Health Center	Bed	99013	0.100
Urgicenter	Bed	99014	0.250
Mental Health - Counseling	Bed	99015	0.040
Crises Stabilization Center	Bed	99016	0.150
Hospice	Bed	99017	0.030
Birth Center	Bed	99018	1.250
Abortion Clinic	Bed	99019	0.800
Emergency Center	Bed	99020	0.580
Surgicenter	Bed	99021	0.700
Substance Abuse - Skilled Medical	Bed	99024	0.250
Trauma Rehabilitation - Therapy	Bed	99025	0.150
Trauma Rehabilitation - Transitional Living	Bed	99026	0.150

Note: Factors were selected from the hospital professional liability programs for other states.

NCRIC, Inc.

Hospital Professional Liability
District of Columbia Rates Effective April 1, 2008
Increased Limits Factors
Hospital Professional Liability

Companywide Model

Per Claim	Aggregate											
	300,000	400,000	500,000	600,000	750,000	900,000	1.0M	1.25M	1.5M	2.0M	2.5M	3.0M
100,000	0.562	0.577	0.585	0.592	0.600	0.608	0.615	0.623	0.631	0.646	0.654	0.662
200,000		0.669	0.677	0.685	0.692	0.700	0.708	0.715	0.723	0.738	0.746	0.754
250,000			0.715	0.723	0.731	0.738	0.746	0.754	0.762	0.777	0.785	0.792
300,000				0.754	0.762	0.769	0.777	0.785	0.792	0.808	0.823	0.838
500,000							0.854	0.862	0.869	0.885	0.900	0.915
1.0M							0.931	0.946	0.954	0.969	0.985	1.000

ISO DC LI-PR-2006-181

Per Claim	Aggregate											
	300,000	400,000	500,000	600,000	750,000	900,000	1.0M	1.25M	1.5M	2.0M	2.5M	3.0M
100,000	0.420	-	0.441	0.445	-	-	-	-	-	-	-	-
200,000	0.466	-	0.517	0.534	-	-	0.559	-	0.563	-	-	-
250,000	0.475	-	0.538	0.559	-	-	0.597	-	0.609	-	-	-
300,000	0.483	-	0.555	0.580	-	-	0.630	-	0.647	0.651	-	-
500,000	-	-	0.588	0.626	-	-	0.714	-	0.761	0.777	-	-
1.0M	-	-	-	-	-	-	0.794	-	0.895	0.954	-	1.000

Selected

Per Claim	Aggregate											
	300,000	400,000	500,000	600,000	750,000	900,000	1.0M	1.25M	1.5M	2.0M	2.5M	3.0M
100,000	0.562	0.577	0.585	0.592	0.600	0.608	0.615	0.623	0.631	0.646	0.654	0.662
200,000		0.669	0.677	0.685	0.692	0.700	0.708	0.715	0.723	0.738	0.746	0.754
250,000			0.715	0.723	0.731	0.738	0.746	0.754	0.762	0.777	0.785	0.792
300,000				0.754	0.762	0.769	0.777	0.785	0.792	0.808	0.823	0.838
500,000							0.854	0.862	0.869	0.885	0.900	0.915
1.0M							0.931	0.946	0.954	0.969	0.985	1.000

NCRIC, Inc.

Hospital Professional Liability
District of Columbia Rates Effective April 1, 2008
Increased Limits Factors
Other Health Care Facility Professional Liability

Company Standard

Per Claim	Aggregate											
	300,000	400,000	500,000	600,000	750,000	900,000	1.0M	1.25M	1.5M	2.0M	2.5M	3.0M
100,000	0.541	0.557	0.562	0.573	0.578	0.584	0.589	0.595	0.605	0.622	0.638	0.649
200,000		0.649	0.659	0.665	0.676	0.681	0.686	0.692	0.703	0.714	0.730	0.741
250,000		0.681	0.692	0.697	0.708	0.714	0.719	0.724	0.735	0.751	0.762	0.773
300,000		0.697	0.708	0.719	0.730	0.741	0.751	0.762	0.773	0.784	0.795	0.805
500,000			0.805	0.811	0.822	0.827	0.832	0.838	0.849	0.865	0.876	0.892
1.0M							0.941	0.951	0.962	0.973	0.989	1.000

ISO DC LI-PR-2006-181

Per Claim	Aggregate											
	300,000	400,000	500,000	600,000	750,000	900,000	1.0M	1.25M	1.5M	2.0M	2.5M	3.0M
100	0.429	-	0.442	0.446	-	-	-	-	-	-	-	-
200	0.502	-	0.549	0.562	-	-	0.575	-	0.579	-	-	-
250	0.524	-	0.584	0.597	-	-	0.627	-	0.631	-	-	-
300	0.541	-	0.605	0.627	-	-	0.665	-	0.674	0.678	-	-
500	-	-	0.665	0.695	-	-	0.768	-	0.798	0.807	-	-
1,000	-	-	-	-	-	-	0.871	-	0.944	0.979	-	1.000

Selected

Per Claim	Aggregate											
	300,000	400,000	500,000	600,000	750,000	900,000	1.0M	1.25M	1.5M	2.0M	2.5M	3.0M
100,000	0.541	0.557	0.562	0.573	0.578	0.584	0.589	0.595	0.605	0.622	0.638	0.649
200,000		0.649	0.659	0.665	0.676	0.681	0.686	0.692	0.703	0.714	0.730	0.741
250,000		0.681	0.692	0.697	0.708	0.714	0.719	0.724	0.735	0.751	0.762	0.773
300,000		0.697	0.708	0.719	0.730	0.741	0.751	0.762	0.773	0.784	0.795	0.805
500,000			0.805	0.811	0.822	0.827	0.832	0.838	0.849	0.865	0.876	0.892
1.0M							0.941	0.951	0.962	0.973	0.989	1.000

NCRIC, Inc.

Hospital Professional Liability
District of Columbia Rates Effective April 1, 2008
Increased Limits Factors
General Liability

Company Standard

Per Claim	Aggregate										
	75,000	150,000	200,000	300,000	600,000	900,000	1.0M	1.5M	2.0M	3.0M	5.0M
25,000	0.586	0.610	0.614	0.622	0.629	0.642	0.648	0.662	0.675	0.688	0.702
50,000		0.697	0.709	0.717	0.740	0.753	0.760	0.776	0.787	0.800	0.815
75,000		0.764	0.780	0.789	0.809	0.817	0.825	0.837	0.842	0.851	0.863
100,000			0.787	0.795	0.819	0.825	0.827	0.839	0.851	0.863	0.874
200,000			0.827	0.835	0.858	0.864	0.866	0.874	0.882	0.894	0.905
300,000				0.866	0.883	0.894	0.898	0.906	0.913	0.929	0.940
500,000					0.929	0.935	0.937	0.945	0.953	0.969	0.984
1.0M							0.969	0.976	0.984	1.000	1.016

ISO Alabama LI-GL-2005-210

Per Claim	Aggregate										
	75,000	150,000	200,000	300,000	600,000	900,000	1.0M	1.5M	2.0M	3.0M	5.0M
25	-	-	-	0.465	-	-	-	-	-	-	-
50	-	-	-	0.541	0.560	-	-	-	-	-	-
75	-	-	-	-	-	-	-	-	-	-	-
100	-	-	-	0.635	0.654	-	0.660	-	-	-	-
200	-	-	-	0.717	0.736	-	0.742	0.748	0.755	-	-
300	-	-	-	0.780	0.799	-	0.805	0.811	0.818	0.830	-
500	-	-	-	-	0.874	-	0.881	0.887	0.893	0.906	-
1,000	-	-	-	-	-	-	0.975	0.981	0.987	1.000	-

Proposed District of Columbia

Per Claim	Aggregate										
	75,000	150,000	200,000	300,000	600,000	900,000	1.0M	1.5M	2.0M	3.0M	5.0M
25,000	0.586	0.610	0.614	0.622	0.629	0.642	0.648	0.662	0.675	0.688	0.702
50,000		0.697	0.709	0.717	0.740	0.753	0.760	0.776	0.787	0.800	0.815
75,000		0.764	0.780	0.789	0.809	0.817	0.825	0.837	0.842	0.851	0.863
100,000			0.787	0.795	0.819	0.825	0.827	0.839	0.851	0.863	0.874
200,000			0.827	0.835	0.858	0.864	0.866	0.874	0.882	0.894	0.905
300,000				0.866	0.883	0.894	0.898	0.906	0.913	0.929	0.940
500,000					0.929	0.935	0.937	0.945	0.953	0.969	0.984
1.0M							0.969	0.976	0.984	1.000	1.016

NCRIC, Inc.

Hospital Professional Liability
 District of Columbia Rates Effective April 1, 2008
 Minimum Premium Rule

The minimum policy-writing premium is the lowest amount for which coverage may be written, and is not subject to increased limits factors.

<u>Facility</u> (1)	<u>Coverages</u> (2)	<u>Proposed Minimum</u> (3)
Hospital Hospital	PL Only	25,000
	GL Only	5,000
Surgical/Invasive Surgical/Invasive	PL Only	6,000
	GL Only	2,500
All Other All Other	PL Only	3,500
	GL Only	1,500

Notes: (3) Hospital minimum premium based on minimum premiums in NCRIC's hospital programs in other states.

NCRIC, Inc.

Hospital Professional Liability
District of Columbia
General Liability Rates at \$1,000,000/\$3,000,000 Limits

Classification (1)	Premium Base (2)	ISO Information			S/W AL 1M/3M Loss Cost Ex. ULAE (6)	Indic. S/W DC 1M/3M Rate (7)
		Class Code (3)	Class Group (4)	Base Class (5)		
I. Premises and Operations - Subline 334						
Dental Laboratories	Per \$1,000 Gross Sales	12014	34	10255	0.342	0.579
Drugstore - Retail	Per \$1,000 Gross Sales	12374	3	18437	2.315	3.925
Hearing Aid Store	Per \$1,000 Gross Sales	13759	3	18437	0.678	1.149
Medical, Hospital, Surgical, Equipment - Rental	Per \$1,000 Gross Sales	15300	14	(a)	(a)	(a)
Medical, Hospital, Surgical, Supply Stores	Per \$1,000 Gross Sales	15314	3	18437	0.783	1.328
Optical Goods Stores	Per \$1,000 Gross Sales	15839	3	18437	1.167	1.979
Restaurants, self-service or self-ordering	Per \$1,000 Gross Sales	16901	2	16916	2.948	4.998
Adult Day Care	Per Person	40005-6	14	(a)	(a)	1.390
Ambulance Service, First Aid or Rescue Squads	Per Person	40031-2	13	49183	21.787	36.944
Blood Banks - FP	Per 1,000 Sq.Ft.	40101	8	46112	46.771	79.309
Blood Banks - NFP	Per 1,000 Sq.Ft.	40102	8	46112	37.508	63.600
Day Care Center - FP	Per Person	41715	10	41650	5.039	8.544
Day Care Center - NFP	Per Person	41716	10	41650	4.292	7.278
Health Club	Per \$1,000 Gross Sales	44311	7	11138	19.119	32.419
HCF - Alcohol & Drugs (Sanitariums/Rehabs) - FP	Per 1,000 Sq.Ft.	44427	8	46112	145.097	246.036
HCF - Alcohol & Drugs (Sanitariums/Rehabs) - NFP	Per 1,000 Sq.Ft.	44428	8	46112	193.124	327.473
HCF - Convalescent/Nursing Home (Including RHC) - FP	Per \$1,000 Gross Sales	44429	8	46112	4.223	7.161
HCF - Convalescent/Nursing Home (Including RHC) - NFP	Per \$1,000 Gross Sales	44430	8	46112	1.521	2.579
HCF - Homes for the Aged - FP	Per \$1,000 Gross Sales	44431	8	46112	4.858	8.238
HCF - Homes for the Aged - NFP	Per \$1,000 Gross Sales	44432	8	46112	1.540	2.611
HCF - Homes for the Phys Handicapped or Orphaned - FP	Per 1,000 Sq.Ft.	44433	8	46112	58.930	99.926
HCF - Homes for the Phys Handicapped or Orphaned - NFP	Per 1,000 Sq.Ft.	44434	8	46112	112.722	191.139
HCF - Hospitals - FP	Per 1,000 Sq.Ft.	44435	8	46112	155.095	262.989
HCF - Hospitals - NFP	Per 1,000 Sq.Ft.	44436	8	46112	122.066	206.984
HCF - Mental - Psychopathic Institutions - FP	Per 1,000 Sq.Ft.	44437	8	46112	94.057	159.489
HCF - Mental - Psychopathic Institutions - NFP	Per 1,000 Sq.Ft.	44438	8	46112	74.331	126.040
HCF - Clinics, Dispensaries or Infirmarys - FP	Per 1,000 Sq.Ft.	44439	8	46112	155.114	263.021
HCF - Clinics, Dispensaries or Infirmarys - NFP	Per 1,000 Sq.Ft.	44440	8	46112	123.713	209.775
Home Health Care Services	Per Person	44500-1	14	(a)	(a)	(a)
Diagnostic testing Laboratories	Per \$1,000 Gross Sales	46112	8	46112	0.237	0.402
Private Parking, Open Air	Per 1,000 Sq.Ft.	46604	12	61212	4.977	8.439
Private Parking	Per 1,000 Sq.Ft.	46622	38	47050	37.346	63.327
Vacant Land	Per Acre	49451-2	14	(a)	(a)	(a)
Med, Dent, Hosp, Surg, Equip or Supplies - expendable	Per \$1,000 Gross Sales	56805	36	51896	0.743	1.260
Med, Dent, Hosp, Surg, Equip or Supplies - nonexpendable	Per \$1,000 Gross Sales	56806	36	51896	0.598	1.014
Apartment Buildings	Units	60010	11	60010	42.561	72.169
Building/Premises Lessor's Risk - FP	Per 1,000 Sq.Ft.	61217	12	61212	37.955	64.358
Building/Premises Lessor's Risk - NFP	Per 1,000 Sq.Ft.	61218	12	61212	31.123	52.774
Buildings or Premises - Employees of the Insured - FP	Per 1,000 Sq.Ft.	61224	12	61212	58.450	99.112
Buildings or Premises - Employees of the Insured - NFP	Per 1,000 Sq.Ft.	61225	12	61212	73.632	124.855
Building/Premises NOC - FP	Per 1,000 Sq.Ft.	61226	12	61212	129.425	219.462
Building/Premises NOC - NFP	Per 1,000 Sq.Ft.	61227	12	61212	121.834	206.591
Dwellings (One Family)	Per Dwelling	63010	11	60010	89.804	152.277
Dwellings (Two Families)	Per Dwelling	63011	11	60010	94.911	160.937
Dwellings (Three Families)	Per Dwelling	63012	11	60010	127.257	215.786
Dwellings (Four Families)	Per Dwelling	63013	11	60010	146.410	248.262
Medical Offices	Per 1,000 Sq.Ft.	66561	12	61212	91.471	155.104
Vacant Building (Not Factories) - FP	Per 1,000 Sq.Ft.	68606	12	61212	14.802	25.100
Vacant Building (Not Factories) - NFP	Per 1,000 Sq.Ft.	68607	12	61212	12.145	20.595
Contractual	Per Person	94444	39	(a)	(a)	(a)
Laboratories - R&D or Testing	Per Person	97002-3	39	(a)	(a)	(a)

II. Independent Contractors

Construction Operations, Subline 335 owner NOC, not railroads, excl. operations onboard ships	Per \$1,000 Total Cost	16292	14	(a)	(a)	(a)
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Notes:

- (6) Based on information from ISO Circulars LI-GL-2005-210 and LI-GL-2004-611 for the state of Alabama, with their permission.
(7) Loss cost from Column (6) developed to a rate based on the rating factors as shown on Exhibit 5, an assumed average discount level of 17.5%, and a District of Columbia to Alabama conversion factor of 1.016.

NCRIC, Inc.

Hospital Professional Liability
District of Columbia Rates Effective April 1, 2008
Hospital Professional Liability - Pollution Liability Rates

Guide (A) Rates
Rate Table 1
Claims-Made Base Rates
Pollution Liability Classification Code 90100

Claims-Made Year	Group Class	Group Class Description	Limits of Liability (\$2,500 Deductible)			
			\$25,000/ \$100,000	\$100,000/ \$100,000	\$500,000/ \$1M	\$1M/ \$1M
(1)	(2)	(3)	(4)	(5)	(6)	(7)
2 or More	A	Hospitals	1,125	1,450	2,275	2,475
2 or More	B	Clinic	985	1,270	1,990	2,165
2 or More	C	Laboratories	565	725	1,140	1,240
2 or More	D	Nursing Homes	1,015	1,305	2,050	2,230
2 or More	E	All Other "Ratable Sites"	565	725	1,140	1,240

- Notes:
- See Limited Pollution Liability Endorsement MAI-HF-460.
 - "Ratable Sites" means other sites which have minimum pollution exposure.
 - Rates apply separately to each risk location of an exposure group.
 - Pollution Liability coverage limits shall not exceed \$1,000,000/\$1,000,000 limits.
 - NCRIC's total liability for all damages (including damages for care and loss of service) because of all bodily injury and property damage, for all clean-up costs, and for all other costs, expenses, charges, legal expenses and legal fees to which this endorsement applies shall not exceed the limit of liability stated in the Schedule as the "aggregate".
 - As respects coverage under Coverage P only, regardless of the number of (1) insureds under this policy, (2) claims-made, (3) persons or organizations who sustain bodily injury, property damage, or environmental damage to which this endorsement applies, or (4) governmental actions taken or consents granted by NCRIC with respect to clean-up costs, NCRIC's liability is limited as follows:
 - NCRIC's total liability for all damages (including damages for care and loss of service) because of all bodily injury and property damage, for all clean-up costs, and for all other costs, expenses, charges, legal expenses and legal fees to which this endorsement applies shall not exceed the limit of liability stated in the Schedule as the "aggregate".
 - Subject to the above provisions with respect to the 'aggregate', NCRIC's total liability for all damages because of bodily injury and property damage sustained by one or more persons as a result of any one pollution incident, for all related clean-up costs, and for all other related costs, expenses, charges, legal expenses, and legal fees to which this endorsement applies shall not exceed the limit of liability stated in the Schedule as applicable to "each pollution incident".
 - Pollution Liability minimum premium - \$1,500.
 - Extended Reporting Endorsement will extend the reporting period for one year from the date of the endorsement effective date. The extended reporting charge will be 150% of the current annual premium.

NCRIC, Inc.

Hospital Professional Liability
District of Columbia Rates Effective April 1, 2008
Hospital Professional Liability - Pollution Liability Rates

Rate Table 2
Analysis of Underground Storage Tanks: Flat Rates

Type of Tank (1)	Age of Tank			
	0-5 (2)	6-10 (3)	11-14 (4)	15 or More (5)
Tank in Vault	2,225	2,550	2,900	3,350
Double Wall Tank	2,335	2,680	3,045	3,520
Fiberglass Steel Coats	2,450	2,805	3,190	3,685
Cathodically Protected Steel	2,450	2,805	3,190	3,685
Fiberglass	3,005	3,445	3,915	4,525
Fiberglass Lined Steel Tank	2,560	2,935	3,335	3,850
Unprotected	Not Insurable			

Credits may be given for those with one of the following leak detection systems: (See Schedule Rating Plan)

- A. Automatic Tank Gauging
- B. Vapor Monitoring Systems (Alarm)
- C. Interstitial Monitoring (Liquid/Vapor Monitoring within the wall of the tank - Alarm)
- D. Ground Water Monitoring

Rate Table 3
Infectious Waste Incinerators: Flat Rates
(Charge is Per Incinerator if More Than One)

Pounds per Day (6)	Flat Rate (7)
0 - 100 Lbs.	1,125
101 - 250 Lbs.	1,295
251 - 400 Lbs.	1,465
401 - 600 Lbs.	1,630
601 - 850 Lbs.	1,800
851 - 1,000 Lbs.	1,970
1,001 - 1,250 Lbs.	2,140
1,251 - 1,500 Lbs.	2,305
1,501 - 1,750 Lbs.	2,475
1,751 - 2,000 Lbs.	2,645
More than 1 Ton	3,375

Rate Table 4
Claims-Made Factors

Year (8)	Factor (9)
2 or More	1.000
1	0.500

Notes: Rates selected based on those filed for NCRIC in other states.

NCRIC, Inc.

Hospital Professional Liability
 District of Columbia Rates Effective April 1, 2008
 Miscellaneous Professionals - Basic Professional Liability

Surcharge for Medical or Other Personnel Employed by Hospital

<u>Additional Interest</u> (1)	<u>Class Code</u> (2)	<u>Flat Charge per Person as a % of a Class 3 Equivalent Mature Physician Premium</u> (3)
CRNA-supervised by MDA	80960	50%
CRNA-not supervised by MDA	80960	100%
Nurse Practitioner	80964	40%
Nurse Midwife	80410	175%
Psychologist	80912	11.1%
EMT	80763	20%
Anesthesiology Assistant	80116(C)	50%

Surcharge for Medical or Other Personnel Employed by Other Healthcare Facilities

<u>Additional Interest</u> (1)	<u>Class Code</u> (2)	<u>Flat Charge per Person as a % of a Class 3 Equivalent Mature Physician Premium</u> (3)
CRNA-supervised by MDA	80960	50%
CRNA-not supervised by MDA	80960	100%
Nurse Practitioner	80964	40%
Nurse Midwife	80410	175%
Psychologist	80912	11.1%
Respiratory Therapist	80601	15%
Physician's Assistant	80116(A)	40%
Surgeon's Assistant	80116(B)	40%
Perfusionist	80764	40%
EMT	80763	20%
Anesthesiology Assistant	80116(C)	50%
Physiotherapist	80938	10%

Notes: Rates selected equal to those filed for the ProAssurance Group of Companies in other states.

- Additional Insured Charges:** A 5% surcharge of the Hospital Professional Liability premium will be made to include all other employees and volunteers as insureds except for employed Physicians, Surgeons, Interns, Residents, Dentists, any other physician in training or other designated employees indicated above. This premium charge is based on a Shared Limit Basis.
- Additional Insured Charges for entities named onto the policy without rateable exposure data will result in a 5% surcharge.
- A Vicarious Charge of 10% for Physicians, other contracted personnel and entities.
- Additional Insured Charges** for employed or contracted Physicians, Surgeons, Interns, Residents, Dentists, other physicians in training or personnel will be made in accordance with the Company's physician rates filed in the Physician Manual unless otherwise indicated. The above referenced employed or contracted employees will be added on a fully earned basis on Health Care Facility Policies.
- When liability limits for designated employed medical or other personnel are shared with the hospital, the Company provides a premium credit. The shared limit credit is 65%. However, in no instance shall the resulting charge for any individual Paramedical or Other Personnel employed by Hospital and Facilities be less than 1% of the General Practitioner physician mature premium.

NCRIC, Inc.

Hospital Professional Liability
 District of Columbia Rates Effective April 1, 2008
 Deductible and SIR Credits as a Percentage of \$1M/\$3M Rate

Deductible Amount		Deductible Applies to:			
Per Occurrence	Annual Aggregate	Loss & ALAE		Loss Only	
(1)	(2)	Small, Med.	Large	Small, Med.	Large
(1)	(2)	(3)	(4)	(5)	(6)
\$5,000	None	3.50%	3.50%	2.50%	2.50%
5,000	25,000	3.25%	2.25%	2.25%	2.00%
10,000	None	7.00%	7.00%	5.50%	5.50%
10,000	50,000	6.75%	5.50%	5.25%	4.25%
25,000	None	13.00%	13.00%	11.50%	11.50%
25,000	75,000	12.25%	7.00%	10.50%	6.50%
25,000	100,000	12.50%	9.00%	11.00%	8.00%
25,000	150,000	12.75%	9.50%	11.25%	8.50%
50,000	None	22.00%	22.00%	17.50%	17.50%
50,000	150,000	21.00%	12.25%	16.25%	11.50%
50,000	250,000	21.25%	16.50%	16.50%	13.50%
100,000	None	33.00%	33.00%	25.00%	25.00%
100,000	300,000	31.50%	21.00%	23.50%	20.00%
100,000	500,000	32.25%	26.00%	24.50%	24.25%
100,000	None	40.25%	40.25%	28.50%	28.50%
200,000	None	47.50%	47.50%	31.50%	31.50%
200,000	600,000	46.25%	42.00%	30.00%	27.50%
250,000	None	55.00%	55.00%	35.00%	35.00%
250,000	750,000	52.50%	49.00%	33.50%	30.50%
500,000	None	65.00%	65.00%	45.00%	45.00%
500,000	1,500,000	63.25%	60.00%	43.00%	40.50%

SIR Limit		SIR Applies to:		
Per Occurrence	Annual Aggregate	Loss & ALAE	Loss & ALAE (Reduces SIR)	Loss Only
(7)	(8)	(9)	(10)	(11)
\$250,000	None	55.00%	53.00%	41.00%
250,000	1,250,000	41.25%	40.00%	27.25%
500,000	None	65.00%	64.00%	49.00%
500,000	2,500,000	48.75%	47.00%	32.75%

- Notes: (1)-(6) Rates and minimum premiums are selected based on an analysis of TMAC data, supplemented with industry information.
 Small to medium risks are defined as those with 500 or fewer occupied beds, and large risks are defined as those with more than 500 occupied beds.
 Occupied bed is defined as Manual Premium divided by the Current Acute Care Bed Rate.
- (7)-(11) Remain unchanged from currently effective factors.
 Deductibles or SIR options not indicated above shall be interpolated.
 Amount of the deductible credit may never exceed 80% of annual aggregate, if any.
 Credits are applicable to professional and general liability coverages.

NCRIC, Inc.

Hospital Professional Liability
 District of Columbia Rates Effective April 1, 2008
 Hospital Professional Liability Rates

Claims-Made Rates

Limits	Exposure Base	Classification	Claims-Made Year				
			1st Yr.	2nd Yr.	3rd Yr.	4th Yr.	Mature
1M/3M	Beds	Hospital	720	1,440	2,040	2,208	2,400
		Mental-Psych. Inst.	504	1,008	1,428	1,546	1,680
		Extended Care	72	144	204	221	240
		Nursing Home	432	864	1,224	1,325	1,440
		Hospice	360	720	1,020	1,104	1,200
		Assisted Living	94	187	265	287	312
		Bassinet	2,160	4,320	6,120	6,624	7,200
	Visits (per 100)	Emergency Room	126.00	252.00	357.00	386.40	420.00
		Clinics, Dispensaries, Hospital/Other	36.00	72.00	102.00	110.40	120.00
		Mental-Psych. Inst.	43.20	86.40	122.40	132.48	144.00
			27.36	54.72	77.52	83.90	91.20
		Outpatient Surgical	288.00	576.00	816.00	883.20	960.00

Reporting Endorsement Rates

Limits	Exposure Base	Classification	Reporting Endorsement Year				
			1st Yr.	2nd Yr.	3rd Yr.	4th Yr.	Mature
1M/3M	Beds	Hospital	1,920	3,120	3,720	4,152	4,392
		Mental-Psych. Inst.	1,344	2,184	2,604	2,906	3,074
		Extended Care	192	312	372	415	439
		Nursing Home	1,152	1,872	2,232	2,491	2,635
		Hospice	960	1,560	1,860	2,076	2,196
		Assisted Living	250	406	484	540	571
		Bassinet	5,760	9,360	11,160	12,456	13,176
	Visits (per 100)	Emergency Room	336.00	546.00	651.00	726.60	768.60
		Clinics	96.00	156.00	186.00	207.60	219.60
		Hospital/Other	115.20	187.20	223.20	249.12	263.52
		Mental-Psych. Inst.	72.96	118.56	141.36	157.78	166.90
		Outpatient Surgical	768.00	1,248.00	1,488.00	1,660.80	1,756.80

NCRIC, Inc.

Hospital Professional Liability
Excess Limits Premium Factors
Claims-Made Coverage
District of Columbia

Rates for excess coverage are determined by multiplying the applicable premium by the appropriate factor as determined annually by NCRIC's reinsurers.

These factors are based upon negotiated reinsurance agreements.

Submit to company