

SERFF Tracking Number: PCWA-126300962 State: District of Columbia  
Filing Company: ProAssurance National Capital Insurance State Tracking Number:  
Company  
Company Tracking Number: DC-HCP-PP-1009  
TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2000 Med Mal Sub-TOI Combinations  
Product Name: Health Care Professional Liability Rates and Rules Manual  
Project Name/Number: 9 Pay EPP Plan/

## Filing at a Glance

Company: ProAssurance National Capital Insurance Company

Product Name: Health Care Professional Liability Rates and Rules Manual SERFF Tr Num: PCWA-126300962 State: District of Columbia

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

Sub-TOI: 11.2000 Med Mal Sub-TOI Combinations Co Tr Num: DC-HCP-PP-1009 State Status:

Filing Type: Rule

Author: LaQuita Goodwin

Reviewer(s): Robert Nkojo

Date Submitted: 09/11/2009

Disposition Date: 01/14/2010

Effective Date Requested (New): 10/01/2009

Disposition Status: APPROVED

Effective Date Requested (Renewal): 10/01/2009

Effective Date (New):

State Filing Description:

Effective Date (Renewal):

## General Information

Project Name: 9 Pay EPP Plan

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: 01/14/2010

State Status Changed:

Deemer Date:

Created By: LaQuita Goodwin

Submitted By: LaQuita Goodwin

Corresponding Filing Tracking Number:

Filing Description:

I submit for your review and approval an additional nine-pay payment plan that is a benefit to our insureds. We plan to offer the flexibility of longer payment plans with no service fees or carrying charges, as you will see outlined on the manual pages. I request the effective date of October 1, 2009 for this filing submission.

## Company and Contact

### Filing Contact Information

LaQuita Goodwin, Compliance Specialist  
100 Brookwood Place

lgoodwin@proassurance.com  
205-877-4426 [Phone]

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Birmingham, AL 35209 205-414-2887 [FAX]

**Filing Company Information**

ProAssurance National Capital Insurance CoCode: 41149 State of Domicile: District of  
 Company 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

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ProAssurance National Capital Insurance Company	\$0.00		

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Robert Nkojo	01/14/2010	01/14/2010

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Manual Pages	LaQuita Goodwin	09/11/2009	09/11/2009

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status of Filing	Note To Reviewer	LaQuita Goodwin	11/06/2009	11/06/2009

*SERFF Tracking Number:* PCWA-126300962      *State:* District of Columbia  
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*Project Name/Number:* 9 Pay EPP Plan/

## **Disposition**

Disposition Date: 01/14/2010

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 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 (revised)	Manual Pages		Yes
Rate	Manual Pages		Yes

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**Note To Reviewer**

**Created By:**

LaQuita Goodwin on 11/06/2009 09:59 AM

**Last Edited By:**

LaQuita Goodwin

**Submitted On:**

11/06/2009 09:59 AM

**Subject:**

Status of Filing

**Comments:**

If possible, can we expect approval on this filing submission soon?

Thank you.

LaQuita B. Goodwin

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**Amendment Letter**

Submitted Date: 09/11/2009

**Comments:**

I failed to include an additional rule. We are also proposing to file the annual payment discount of 1.0% if the insured elects to pay the premium in full prior to the inception date of the policy.

**Changed Items:**

**Rate/Rule Schedule Item Changes:**

Exhibit Name:	Rule # or Page #:	Rate Action:	Previous State Filing Number:	Attach Document:
Manual Pages	Pages 36, 48 & 52	Replacement	Previous State Filing Num: PCWA-125650141	Page 36, 48 & 52.PDF

**Rate/Rule Schedule**

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Filing Attachments
	Manual Pages	Pages 36, 48 & 52	Replacement	PCWA-125650141	Page 36, 48 & 52.PDF

## **II. EXCEPTIONS**

### **A. Policy Issuance**

1. Item III, Premium Payments, is hereby added to Section 1, Introduction, as follows:

#### **III. PREMIUM PAYMENTS**

1. Annual Payment Plan – The premium must be paid in full prior to the inception date of the policy.
2. Semi-Annual Payment Plan – 60% of the premium must be paid prior to the policy inception date and one installment of 40% is due six months after inception.
3. Quarterly Payment Plan – 35% of the premium must be paid prior to the policy inception date, with second and third quarterly payments of 25% each and a final quarterly payment of 15%.
4. Nine Payment Plan – 20% down and eight consecutive monthly installments of 10% each. This plan requires that the policyholder participate in the Electronic Payment Plan in which premiums are automatically deducted from the policyholder's bank account.

No finance charges or fees apply to these payment plans. The option to pay premium on other than the Annual Payment Plan may be withdrawn by the Company if the insured has failed to make premium payments when due.

### **B. Rules**

1. Item VIII, Annual Premium Payment Discount, is hereby added to Section 4, Professional Liability Discounts, as follows:

#### **VIII. ANNUAL PREMIUM PAYMENT DISCOUNT**

A discount of 1.0% of the policy premium will be applied if the insured pays the premium in full prior to the inception date of the policy. This discount is not available if the initial policy term is less than six months. If the full premium is not received by the Company by the policy effective date, the discount will be withdrawn, the policy will be rated without the discount and the insured will be billed for the additional premium.



## II. STATE EXCEPTIONS

### A. Policy Issuance

1. Item III, Premium Payments, is hereby added to Section 1, Introduction, as follows:

### III. PREMIUM PAYMENTS

1. Annual Payment Plan – The premium must be paid in full prior to the inception date of the policy.
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No finance charges or fees apply to these payment plans. The option to pay premium on other than the Annual Payment Plan may be withdrawn by the Company if the insured has failed to make premium payments when due.

### B. Rules

1. Section 2, Physicians & Surgeons Specialty Classifications & Codes, is amended as follows:

<u>Specialties</u>	<u>Industry Class Code</u>		
	<u>No Surgery</u>	<u>Minor Surgery</u>	<u>Major Surgery</u>
Cardio-Thoracic Surgery			80141
General Practice	80420(B)	80423	
General Surgery Consultation	80143(B)		
Gynecology		80277(B)	
Hematology/Oncology	80473(B)		
Infectious Disease	80246		
Internal Medicine		80284(B)	
Internal Medicine – Allergy	80254(B)		
Internal Medicine-Cardiology		80281(D)	
Internal Medicine-Cardiovascular Disease	80255(B)	80281(E)	
Internal Medicine-Endocrin	80238(B)		
Internal Medicine-Gastroenterology		80274(C)	
Internal Medicine-Nephrology	80260(B)		

5. Section 4, Professional Liability Discounts, is amended by adding the following:

**VIII. BLENDING CREDIT**

A blending credit is available for those accounts that are rated in one territory, but have a percentage of their practice in another (one or more) territory. This credit is intended to bring the premium in line with the exposure per territory. It is not intended to reduce the premium below that of which they would pay in the outside territory. The Named Insured must provide a complete distribution of their practice. This distribution may include percentages for office and hospital practice along with a further breakdown into territory for each facet. This information must be completed in order to provide an accurate credit.

6. Item IX, Annual Premium Payment Discount, is hereby added to Section 4, Professional Liability Discounts, as follows:

**IX. ANNUAL PREMIUM PAYMENT DISCOUNT**

A discount of 1.0% of the policy premium will be applied if the insured pays the premium in full prior to the inception date of the policy. This discount is not available if the initial policy term is less than six months. If the full premium is not received by the Company by the policy effective date, the discount will be withdrawn, the policy will be rated without the discount and the insured will be billed for the additional premium.

7. Item II of Section 5, Additional Practice Charges, is amended as follows:

**II. PARTNERSHIP - CORPORATION - PROFESSIONAL ASSOCIATION COVERAGE**

Coverage for partnerships, corporations, or professional associations may be written with a separate limit of liability. The premium charge will be a percentage (selected from the table below) of the sum of each member physician's net individual premium. For each member physician not individually insured by the Company, a premium charge will be made equal to 30% of the appropriate specialty rate if the Company agrees to provide such coverage. In order for the entity to be eligible for coverage under the separate limit coverage, the Company must insure all member physicians.

<u>Number of Insureds</u>	<u>Percent</u>
2 - 5	15.0%
6 - 9	12.0%
10 - 19	9.0%
20 - 49	7.0%
50 or more	5.0%

A separate corporate limit is not available for solo practitioners or dentists. A separate corporate limit is not available to insureds purchasing limits of less than \$1M/\$3M.

8. Item V of Section 5, Additional Practice Charges, is replaced as follows:

**V. PRACTICEGARD**

The Company offers PracticeGard Defense Coverage to insured physicians. No charge is made for form PRA-HCP-080-01 06, PracticeGard Defense.

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter All Filings		
<b>Comments:</b>		
<b>Attachment:</b>		
9 EPP Pay Plan cover letter.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Consulting Authorization		
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Actuarial Certification (P&C)		
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
<b>Bypass Reason:</b> N/A - This is a rules filing		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> District of Columbia and Countrywide Loss Ratio Analysis		

*SERFF Tracking Number:* PCWA-126300962      *State:* District of Columbia  
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*Project Name/Number:* 9 Pay EPP Plan/  
(P&C)  
**Bypass Reason:** N/A - This is a rules filing  
**Comments:**

September 11, 2009

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

RE: ProAssurance National Capital Insurance Company - NAIC 41149  
Health Care Professionals Underwriting Manual  
Filing Number DC-HCP-PP-1009

Dear Mr. Simcock:

I submit for your review and approval an additional nine-pay payment plan that is a benefit to our insureds. We plan to offer the flexibility of longer payment plans with no service fees or carrying charges, as you will see outlined on the manual pages. I request the effective date of October 1, 2009 for this filing submission.

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](mailto:lgoodwin@proassurance.com).

Sincerely,

A handwritten signature in cursive script that reads "LaQuita B. Goodwin".

LaQuita B. Goodwin  
Compliance Specialist

Enclosures

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## Superseded Schedule Items

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

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/11/2009	Rate and Rule	Manual Pages	09/11/2009	Page 36 & 48 - 9 pay EPP.PDF (Superseded)

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