

SERFF Tracking Number: XLAM-126346348 State: District of Columbia
Filing Company: Greenwich Insurance Company State Tracking Number:
Company Tracking Number: 09GD-XL-EO03-MU-DC-R
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0030 Dentist
Made/Occurrence
Product Name: Dentists E&O
Project Name/Number: New Program Filing/09GD-XL-EO03-MU-DC-R

Filing at a Glance

Company: Greenwich Insurance Company

Product Name: Dentists E&O

TOI: 11.0 Medical Malpractice - Claims

Made/Occurrence

Sub-TOI: 11.0030 Dentist

Filing Type: Rate/Rule

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

SERFF Tr Num: XLAM-126346348 State: District of Columbia

SERFF Status: Closed-APPROVED State Tr Num:

Co Tr Num: 09GD-XL-EO03-MU-DC-R State Status:

Author: Patricia Pollard

Date Submitted: 10/15/2009

Reviewer(s): Robert Nkojo

Disposition Date: 04/14/2010

Disposition Status: APPROVED

Effective Date (New):

Effective Date (Renewal):

General Information

Project Name: New Program Filing

Project Number: 09GD-XL-EO03-MU-DC-R

Reference Organization:

Reference Title:

Filing Status Changed: 04/14/2010

State Status Changed:

Created By: Patricia Pollard

Corresponding Filing Tracking Number:

Filing Description:

Greenwich Insurance Company is submitting a new Dentists Professional Liability program. The rates and rules included in this submission are new and do not replace any previously filed rates or rules.

The rates and rating rules are based on competitors' rate filings including National Union, Fireman's Fund, Liberty Mutual and Medical Protective.

The corresponding form number has been submitted under our file number 09GD-XL-EO03-MU-DC.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Submitted By: Patricia Pollard

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Company and Contact

Filing Contact Information

Patricia Pollard, State Filings Supervisor patricia.pollard@xlgroup.com
 505 Eagleview Blvd. 610-968-2745 [Phone]
 Exton, PA 19341 610-458-8635 [FAX]

Filing Company Information

Greenwich Insurance Company CoCode: 22322 State of Domicile: Delaware
 1201 North Market street Group Code: 1285 Company Type:
 Suite 501 Group Name: State ID Number:
 Wilmington, DE 19801 FEIN Number: 95-1479095
 (866) 304-3079 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Greenwich Insurance Company	\$0.00		

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Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Status:		#:		Number:
	Dentists Professional Liability Rate Page	7/2009	New	District of Columbia-dental rate GIC.pdf

**GREENWICH INSURANCE COMPANY
DENTAL PROFESSIONAL LIABILITY
RATE PLAN
DISTRICT OF COLUMBIA**

RATES

1. PROFESSIONAL LIABILITY 1ST YEAR CLAIMS MADE BASE PREMIUMS

A.	Limit of Liability	Base Premium
	\$100,000 each claim/ \$300,000 aggregate	\$586

B. Territory Relativity Factors

Territory		Relativity
Terr 1	Entire State	1.000

2. CLASS PLAN RELATIVITY FACTORS

Class		Factor
1		1.000
2		1.230
3		3.329
4		5.660
5		6.119

3. POLICY TYPE FACTORS

A.	Claims Made Year	Factor
	Year	
	1	1.00
	2	1.82
	3	2.45
	4	2.73
	5	3.03

B.	Occurrence	3.33
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4. INCREASED LIMIT FACTORS

A.	Increased Limit	Factor
	\$100,000/ \$300,000	1.00
	\$200,000/ \$600,000	1.14
	\$500,000/ \$1,500,000	1.33
	\$1,000,000/ \$3,000,000	1.56
	\$2,000,000/ \$4,000,000	1.64
	\$3,000,000/ \$3,000,000	1.72
	\$5,000,000/ \$5,000,000	1.80

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5. MINIMUM PREMIUMS

A. Limit of Liability	Minimum
\$100,000/ \$300,000	\$425
\$200,000/ \$600,000	\$485
\$500,000/ \$1,500,000	\$565
\$1,000,000/ \$3,000,000	\$663
\$2,000,000/ \$4,000,000	\$697
\$3,000,000/ \$3,000,000	\$802
\$5,000,000/ \$5,000,000	\$1,000

6. EXTENDED REPORTING PERIOD FACTORS

A. Number of Years of Prior Acts	Factor to be Multiplied by the Mature Claims Made Premium
Year	
1	0.80
2	1.20
3	1.45
4	1.60
5 +	1.80

7. NEW DENTIST DISCOUNT FACTORS

A. Years in Practice	Factor
First Year	0.50
Second or Third Year	0.75

8. PART TIME DENTIST DISCOUNT FACTOR

A. Number of Hours in Practice	Factor
20 hours or less per week	0.50
21 hours or more per week	1.00

9. FACULTY DISCOUNT FACTORS

A. Appointment Status	Factor
Full-Time	0.70
Half-Time	0.80
Part-Time	0.90
Zero-Time	1.00

10. WAIVER OF CONSENT DISCOUNT FACTOR 0.90

11. RISK MANAGEMENT EDUCATION FACTOR 0.90

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12. CLAIM FREE CREDIT DISCOUNT FACTORS

A. Years	Factor
10 + years claim free	0.90
9 years claim free	0.91
8 years claim free	0.92
7 years claim free	0.93
6 years claim free	0.94
5 years claim free	0.95
4 years claim free	0.96
3 years claim free	0.97
2 years claim free	0.98
1 years claim free	0.99

13. CLAIMS EXPERIENCE DEBIT

A. Total of All Claims	1 loss	2 losses	3 losses	4 losses
\$0 - \$3,000	1.05	1.10	1.15	1.20
\$3,001 - \$10,000	1.10	1.15	1.20	1.25
\$10,001 - \$20,000	1.15	1.20	1.25	1.30
\$20,001 - \$30,000	1.20	1.25	1.30	1.35
\$30,001 - \$40,000	1.25	1.30	1.35	1.40
\$40,001 +	1.30	1.35	1.40	1.50

14. INDIVIDUAL RISK PREMIUM MODIFICATIONS

	Range of Modifications	
	<u>Credits</u>	<u>Debits</u>
Operational controls and procedure mix, such as but not limited to mandatory referrals for extractions, use of consent forms, internal documentation practices, implant procedures and laser use, and extraction of impacted third molars.	10%	25%
Practice Characteristics, such as but not limited to single v. multiple locations, degree of severity presented by area of specialization, volume of patient traffic, number of years of patient experience.	10%	25%
Loss Control procedures, such as but not limited to training and retraining of all employees on the safest way to do their job; promoting safety awareness; conducting frequent safety inspections of all work areas; having an office safety program; using proper sterilization techniques to ensure environmental is free from the possibility of contamination from blood-borne pathogens.	10%	25%
Claim peculiarities, such as but not limited to who was responsible for the loss (Insured Dentist, Employee of Insured Dentists, Partner, Independent Contractor- this is for the respondeat superior or indemnity exposures); frequency or lack of administrative actions such	10%	25%

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as peer review, office of professional discipline or dental board
complaints; frequency or lack of claims for return of fees

Maximum Debit/ Credit=25%

15. ADDITIONAL INSUREDS PREMIUM CHARGE FACTOR

10% Premium Charge	Factor 1.10
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16. BOARD EXAMINATION AND INTERVIEW COVERAGE PREMIUM CHARGE

Premium Charge	\$40
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17. MEDICAL WASTE DEFENSE EXPENSES REIMBURSEMENT COVERAGE

Premium Charge	\$50
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18. DISABILITY OR LEAVE OF ABSENCE

75% Premium Discount	Factor 0.25
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19. ASSOCIATION AND MEMBERSHIP CREDIT

Association		Credit
American Dental Association		5%
AGD		
Membership		10%
Fellowship		15%
Mastership		20%

20. PREMISES LIABILITY

Premium charge for each location \$100,000 each claim/ \$300,000 aggregate

Territory	
Terr 1 Entire State	Premium \$75

21. DEDUCTIBLE OPTIONS

Deductible	Factor
\$0	1.00
\$1,000	0.95
\$2,500	0.90
\$5,000	0.81
\$10,000	0.70

22. GROUP PRACTICES OVER 20 DENTISTS TO BE RATED BY THE COMPANY