DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAR 1 5 2007
SPRINGFIELD, ILLINOIS

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GENERAL RULES

THIS MANUAL CONTAINS THE RULES AND RATES FOR PROFESSIONAL LIABILITY USED BY THE FOLLOWING BY APPLYING THE FACTORS INDICATED

THE CINCINNATI INSURANCE COMPANY - 1.00
THE CINCINNATI CASUALTY COMPANY - .85
THE CINCINNATI INDEMNITY COMPANY - 1.35

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1. APPLICATION OF THIS DIVISION

A. The rules contained in this subdivision apply to the following liability coverages:

1. Animal Grooming Professional Liability
2. Blood Bank Professional Liability
3. Cemetery Professional Liability
4. Chiropodist / Podiatrist Professional Liability
5. Chiropractor Professional Liability
6. Clergy / Counselors Professional Liability
7. Condominium or Homeowners Associations Wrongful Acts
8. Cosmetologists and Barbers Professional Liability
9. Cosmetology or Barbering School Professional Liability
10. County Recorder and / or County Clerk's Errors and Omissions
11. Dentist's Professional Liability
12. Emergency Medical Technician Professional Liability
13. Funeral Service Provider Professional Liability
14. Hospital Professional Liability
15. Insurance Agents Errors and Omissions
16. Lawyer's Professional Liability
17. Medical or X-Ray Laboratory Professional Liability
18. Miscellaneous Health Care Professional Liability
19. Nurse's Professional Liability
20. Optometrist Professional Liability

Superseded 11-15-08

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1. APPLICATION OF THIS DIVISION (Cont'd)

21. Pedorthists Professional Liability

22. Physicians and Surgeons Professional Liability

23. Physiotherapist Professional Liability

24. Printers Errors and Omissions

25. Prior Acts or Omissions Extension of Coverage

26. Real Estate Agents' Errors and Omissions

27. Religious Institutions Wrongful Acts

28. Social Services Professional Liability

29. Teacher's Professional Liability

30. Travel Agents Errors and Omissions

31. Veterinarian Professional Liability

B. The coverages listed in Item **A.** above may be written as part of any policy containing property coverage.

2. REFERRALS TO COMPANY

Refer to the company for:

A. Rating or classifying any risk or exposure for which there is no manual rate or applicable classification.

B. Any applicable rating plan modification.

3. EFFECTIVE DATE

The date shown on the bottom of the page is a printing date and not necessarily the effective date. The effective date or distribution date will be announced on the Manual Revision Notice accompanying new or revised pages.

4. POLICY TERM

Policies may be written for a specific period up to five years.

5. PREMIUM COMPUTATION

A. One-year or Fractional Year Policies

1. For one-year policies, compute the premium using the rates in effect at policy inception.

2. For policies issued for other than a whole number of years, prorate the annual premium to determine the premiums for the fractional part of a year.

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5. PREMIUM COMPUTATION (Cont'd)

B. Multi-year Policies

1. For each annual period, compute the premium at inception using the annual rates in effect at that time.
2. Multi-year policies that are to be adjusted at each anniversary should have the Calculation of Premium (Annual Rerating) Endorsement **IA 429** attached. At each anniversary, compute the premium using the rates in effect at each anniversary.
3. For policies issued for other than a whole number of years, prorate the annual premium to determine the premiums for the fractional part of a year.
4. Prepaid policies should not be written in excess of a one year term except as otherwise indicated.

C. Installment Payments (including Quarterly Installments Option)

1. The premium for a policy issued for a period of one, three and five years may be payable on semi-annual or quarterly installment basis in the following manner:

   For policies issued on a semi-annual basis, divide the annual premium by two (2) and add $5.00 for each installment.

   For policies issued on a quarterly basis, divide the annual premium by four (4) and add $5.00 for each installment.

2. **Eligibility: (Minimum premium does not apply to Medical Professional)**
   a. A policy must develop a $250 minimum premium per installment prior to the installment charge; or
   b. If a policy is one of several policies written by us for the same insured, all policies shall be eligible for installment payments provided at least one of the policies develops a $250 minimum payment per installment prior to the installment charge.
3. The following items apply to policies with Medical Professional Liability:
   a. There is no interest charge associated with the installment plan.
   b. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.
   c. For policies written on a quarterly payment plan, an initial payment of 25% of the total annual premium plus $5 will be due at policy inception. Each of the subsequent installments will be 25% of the total annual premium plus $5 per installment and will be due 3, 6, and 9 months from policy inception, respectively.

6. FACTORS OR MULTIPLIERS

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

7. ROUNDING RULE

A. Round rates, factors and multipliers after the final calculation to three decimal places. Five-tenths or more of a mill shall be considered one mill; for example, .1245 = .125.

B. Round the premium for each coverage and exposure for which a separate premium is calculated to the nearest whole dollar. Round a premium involving $.50 or over to the next higher whole dollar; for example, $100.50 = $101.00 but $100.49 = $100.00.

Note: Charge a premium of at least $1 for each instance where a separate premium is calculated.

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7. ROUNDING RULE (Cont'd)

C. **Installments.** Add the installment charge per Rule **5.C.** and round each installment to the lowest whole dollar.

Example:

Quarterly Policy.
Annual Policy Premium is $1,395.

$1,395 / 4 Installments = $348.75

$348.75 + $5 (Installment Charge) = $353.75

Round Quarterly Premium with Installment Charge to $353.

8. MINIMUM PREMIUM

Division Minimum Premium

The lowest amount for which the Professional Coverage Part may be written is $100. This amount is not subject to any adjustment, including increased limits, package modification, expense factor or rate plans. Specific coverage minimum premiums are included within the Division Minimum unless stated otherwise. Specific coverage minimums that exceed the Division Minimum override the Division Minimum.

If Animal Grooming Professional Liability, Cosmetologists and Barbers Professional Liability, Cosmetology or Barbering School Professional Liability, or Clergy / Counselors Professional Liability is the only Division Seven coverage being written, the Division Minimum Premium is $50.

9. ADDITIONAL PREMIUM CHANGES

A. Prorate all changes requiring additional premium.

B. Apply the rates and rules in effect on the effective date of the policy. In computing the additional premium, charge the amount applicable on the effective date of the change even if the policy inception premium was less than the Division Minimum Premium.

C. Waive additional premium of $15.00 or less. This waiver only applies to cash exchange due on an endorsement effective date.

10. RETURN PREMIUM CHANGES

A. Deletion of a mandatory coverage is not permitted unless the entire policy is cancelled. See Cancellation Rule.

B. Compute return premium at the rates used to calculate the policy premium.

C. Compute return premium pro rata and round to the nearest whole dollar when any change or exposure is deleted or an amount of insurance is reduced.

D. Waive return premium of $15.00 or less. Grant any return premium due if requested by the insured. This waiver only applies to cash exchange due on the endorsement effective date.

E. Retain the Division Minimum Premium.

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11. POLICY CANCELLATIONS

If the policy is canceled, the earned premium shall be calculated on a pro rata basis and rounded to the nearest whole dollar.

12. RATES AND PREMIUM DEVELOPMENT

A. Rates are shown on the rate pages opposite the identifying code numbers of the classifications. For classifications not subject to premium adjustment on audit, the rates apply per policy year unless otherwise specified in classification footnotes.

B. Use all bases of premium which are listed next to any particular classification in the Classification portion of this manual.

C. Every risk whose classifications show the symbol (a) instead of a specific rate or minimum premium and every risk having no specific classification must be referred to the company.

13. INDIVIDUAL RISK SITUATIONS

A. Refer to Company

1. For rating or classifying any risk or exposure for which:

   a. The manual rate or applicable classification is clearly demonstrated to be inappropriate because of a unique or unusual feature of the risk; or

   b. The coverage to be written is broader than that contained in the applicable standard coverage part; or

   c. There is proof that, for a specified professional liability coverage, the named risk is qualified in this jurisdiction for placement of such insurance with an unauthorized insurer, and the insured agrees to the proposed rate or premium to be charged; or

   d. Excess insurance is being provided. Excess insurance means liability insurance provided in an amount not less than $1,000,000 in excess of a specified retained limit provided that such retained limit is not less than;

   (1) $350,000 per claim, as respects those exposures covered by underlying insurance; and

   (2) $10,000 per claim, as respects those exposures not covered by underlying insurance; or

   e. Increased limits are provided and the annual increased limits written premium determined by the customary rating procedures is $5,000 or more.

2. If a coverage part providing the insurance contemplated by an applicable classification and rate is endorsed to restrict coverage for hazards not common to all risks within the class.

3. Where liability increased limits are provided and the risk is reinsured on a facultative basis.

   The following rating procedure is available for the determination of the applicable premium:

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13. INDIVIDUAL RISK SITUATIONS (Cont'd)

a. Manual rules and rates shall apply to the portion of the limits of insurance retained by the company.

b. For limits of insurance obtained by means of facultative reinsurance, the premium shall be the facultative cost for such insurance increased by a charge up to but not exceeding 50%.

4. If an aggregate limit of professional liability is adjusted at any time during the policy period.

14. - 15. RESERVED FOR FUTURE USE

16. ADDITIONAL RULES

A. When Professional Liability Coverage is added to a Homeowners Policy, attach Common Policy Conditions Form **PX 401** in conjunction with the Professional Liability Coverage Form.

B. Attach Illinois Changes - Cancellation and Nonrenewal **IA 4210 IL** to all professional liability coverage forms issued in Illinois.

C. Attach Lawyer's Professional Liability Amendatory Endorsement **PA 416 IL** to Lawyer's Professional Liability Coverage Form **PA 105.**

D. Attach Illinois Changes - Condominium or Homeowners Associations Wrongful Acts Endorsement **PA 465 IL** to Condominium or Homeowners Associations Wrongful Acts Coverage Form **PA 110.**

E. Attach Illinois Changes - Religious Institutions Wrongful Acts Endorsement **PA 472 IL** to Religious Institutions Wrongful Acts Coverage Form **PA 112.**

F. Attach Emergency Medical Technician Professional Liability Amendatory Endorsement **GA 424 IL** to Emergency Medical Technician Professional Liability Coverage Form **PA 113.**

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17. - 18. RESERVED FOR FUTURE USE

19. INTERSTATE ACCOUNTS

A. Rules and Rates

The rules and rates for Commercial Professional Liability coverage(s) will use the filed rates for each medical or professional liability exposure(s) in the respective state where the operations are licensed.

B. Forms

1. Professional liability policies providing coverage on locations in more than one state may be written on one policy subject to the basic coverage form(s) filed in the state where the:
   a. Insured's largest medical or professional liability exposure or headquarters is located; or
   b. Insurance is negotiated.
2. When applicable, forms recognizing state amendatory changes will be included as required by the coverage(s) afforded for each respective state endorsed.

20. ACORD FORMS

Current supplies of ACORD applications, binders and / or certificates may be used for coverages relative to this line of business. Future state revisions will require use of the proper applications on the effective date mandated.

THE

CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
COVERAGE RULES

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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services made against the insured hospital, institution or clinic.

B. Forms

PA 114 - Hospital Professional Liability Coverage Form

PA 514 - Hospital Professional Liability Coverage Part Declarations

PA 126 - Health Care Facility Professional Liability Coverage Form

PA 524 - Health Care Facility Professional Liability Coverage Part Declarations

C. Applications

MI-1313 - Hospital Questionnaire

IT-001 - Senior Citizens Long-Term Care Facility Supplemental Questionnaire

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are per bed or number of outpatient visits. Per bed is the daily average number of beds, cribs or bassinets occupied during the policy period. Per outpatient visit is the total number of visits made during the policy period by patients who do not receive bed and board service.

Hospitals are subject to additional premium charges for each of their employed staff physicians, surgeons or dentists, other than interns, who do not have their own private practices. Refer to Rule **2.** Physicians and Surgeons Professional to classify employed physicians and surgeons. Use .35 of the rate from the appropriate classifications for each employed physician or surgeon to calculate the additional charges.

2. Classifications

Based on the insured's business operation, choose the classification which best describes the operation. More than one classification may be necessary for risks with multiple business operations.

Hospitals, institutions and clinics operated by the federal government or a state, county, city or other governmental unit shall be rated as not-for-profit hospitals, institutions or clinics, as appropriate.

a. Clinics, Dispensaries or Infirmaries - treatment of outpatients only - no regular bed and board facilities. This classification does not apply to drugless healing institutions such as chiropractic, naturopathic, santipractic and Christian Science Institutions and not-for-profit dental clinics. Such risks should be submitted to the Home Office.

Clinics, dispensaries or infirmaries incidental to industrial or commercial risks should be classified and rated under the For-Profit classification. Clinics, dispensaries or infirmaries operated by physicians shall be classified and rated according to Rule **2.** Physicians and Surgeons Professional Liability.

Classification	Code
For-Profit-Per 100 outpatient visits	80613
Not-For-Profit-Per 100 outpatient visits	80614
Osteopathic-Per 100 outpatient visits	84803

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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd)

b. **Convalescent or Nursing Homes - not mental-psychopathic institutions.** This classification does not apply to risks with surgical operating room facilities, laboratory or medical departments or X-ray apparatus.

For-Profit	
Per bed	
Skilled Care	30018
Intermediate Care	30019
Assisted Living	30020
Group Homes	30021
Independent Retirement Living	30022
Per 100 outpatient visits	80951
Not-for-Profit	
Per bed	
Skilled Care	30023
Intermediate Care	30024
Assisted Living	30025
Group Homes	30026
Independent Retirement Living	30027
Per 100 outpatient visits	80952

Skilled Care: Provides nursing care 24 hours per day by licensed nursing professionals. Some specialized equipment used. Most patients are totally dependent on the staff for assistance with Activities of Daily Living (ADL) including feeding, bathing, dressing and mobility. Staff will also administer tube feedings, catheterizations and injections. These facilities are eligible to participate in Medicare and Medicaid programs as nursing facilities.

Intermediate Care: Provides health care services at a more than incidental basis, but at a level below a skilled care facility. Usually do not administer tube feedings, catheterizations or injections. Most patients need assistance with Activities of Daily Living (ADL): dressing, bathing, feeding and mobility, and some assistance with medications. These facilities do not qualify for Medicare or Medicaid Program.

Assisted Living: Provides residents with minimal care by professional staff. Residents are ambulatory with minor exceptions, and need some assistance with Activities of Daily Living (ADL): dressing, bathing and feeding. The facility provides a protective environment involving communal meals and planned programs for their social and spiritual needs. Residents also receive incidental health care services, including assistance with medications.

Group Homes: These facilities provide living accommodations for senior citizens who need some form of structured living. These facilities will be under the direction of a live-in supervisor and may include communal dining, social and spiritual needs. Residents will be ambulatory and not dependent on others for Activities of Daily Living (ADL). Buildings occupied by Senior Citizens without any form of organized group activities and / or without live-in supervisor are not eligible for this classification. This classification is reserved for facilities that provide 15 or fewer beds per group home.

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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd)

Independent Retirement Living: Provides for residents who are of retirement age and in general good health. Residents do not receive any health care services, assistance with Activities of Daily Living (ADL) or medications. They occupy apartment / dwelling units that normally include cooking facilities and contain special features for senior citizens, such as panic or help buttons, wider doorways and halls. These facilities may offer voluntary social and spiritual programs, transportation and limited food service. Residents may be required to have a predetermined number of meals per day or per week in the facility's dining area. One or more LPNs may be on premises to answer call buttons.

c. **Hospices.** This classification applies to institutions specializing in the care and treatment of terminal illness. It does not apply to risks with surgical operating room facilities even though designated as hospices.

For-Profit-per bed	80510
Not-for-Profit-per bed	80512

d. **Hospitals.** This classification applies to hospitals treating all general or special medical and surgical cases including sanitariums with surgical operating room facilities. This is a NOC classification.

For-Profit	
Per bed	80611
Per 100 outpatient visits	80610
Not-for-Profit	
Per bed	80612
Per 100 outpatient visits	80617
Osteopathic	
Per bed	84965
Per 100 outpatient visits	84966

e. **Mental-Psychopathic Institutions.** This classification applies to institutions primarily for the restraint and treatment of mental, drug, narcotic or alcoholic cases.

For-Profit	
Per bed	80997
Per 100 outpatient visits	80999
Not-for-Profit	
Per bed	80916
Per 100 outpatient visits	80917

f. **Outpatient Surgical Facilities**

Osteopathic	84453
Not Osteopathic	80453

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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd)

g. **Rehabilitation Hospitals.** This classification applies to institutions providing restorative and support services for the disabled. If regular bed and board facilities are provided, classify and rate in accordance with the appropriate classification in this rule.

For-Profit	
Per bed	80516
Per 100 outpatient visits	80517
Not-for-Profit	
Per bed	80518
Per 100 outpatient visits	80519

h. **Sanitariums or Health Institutions - not hospitals or mental-psychopathic institutions.** This classification applies to risks with regular bed and board facilities, and with laboratory or medical departments. It does not apply to risks with surgical operating room facilities even though designated as sanitariums or health institutions.

For-Profit	
Per bed	80925
Per 100 outpatient visits	80953
Not-for-Profit	
Per bed	80926
Per 100 outpatient visits	80954

i. **Skilled Nursing Facilities - Short Term.** This classification applies to institutions primarily engaged in providing skilled nursing care and related services for inpatients requiring medical supervision of their care or rehabilitation services on a daily basis. It does not apply to risks with surgical operating room facilities, laboratory or medical departments or X-ray apparatus.

For-Profit	
Per bed	80522
Per 100 outpatient visits	80523
Not-for-Profit	
Per bed	80524
Per 100 outpatient visits	80525

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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd)

3. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification Code	Rate	Minimum Premium Per Location
30018	351.00	3,510.00
30019	328.00	3,280.00
30020	292.00	2,920.00
30021	211.00	2,110.00
30022	18.00	180.00
30023	317.00	3,170.00
30024	296.00	2,960.00
30025	264.00	2,640.00
30026	190.00	1,900.00
30027	16.00	160.00
80453	(a)	(a)
80510	95.00	950.00
80512	69.00	690.00
80516	190.00	1,900.00
80517	8.00	included in 80516
80518	138.00	1,380.00
80519	8.00	included in 80518
80522	238.00	2,380.00
80523	8.00	included in 80522
80524	172.00	1,720.00
80525	8.00	included in 80524
80610	79.00	included in 80611
80611	1,618.00	16,180.00
80612	2,666.00	26,660.00
80613	(a)	(a)
80614	95.00	1,050.00
80617	114.00	included in 80612
80916	761.00	7,610.00
80917	38.00	included in 80916
80925	799.00	7,990.00
80926	381.00	3,810.00
80951	8.00	included in 30018 - 30022
80952	8.00	included in 30023 - 30027
80953	19.00	included in 80925
80954	19.00	included in 80926
80997	1,143.00	11,430.00
80999	40.00	included in 80997
84453	(a)	(a)
84803	(a)	(a)
84965	2,380.00	23,800.00
84966	95.00	included in 84965

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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd)

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

C. Application

PA-002 - Medical Professional Liability Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each physician or surgeon.

2. Classifications

When multiple physicians or surgeons are covered under the same policy, each insured physician or surgeon shall be assigned to one classification only, based on that person's medical specialty. If two or more classifications apply to the same individual, use the highest rated classification. An individual who would normally be assigned to a classification whose code number is followed by an asterisk* or cross-hatch # must be classified under **b.** or **c.** below if they perform any of the procedures listed in **b.** or **c.**

a. Physicians and Surgeons Classifications

	M.D. Code	D.O. Code
Aerospace Medicine	80230*#	
Allergy	80254*#	84254*#
Anesthesiology	80151	84151
This classification applies to all general practitioners or specialists who perform general anesthesia or acupuncture anesthesia.		
Broncho-Esophagology	80101	
Cardiovascular Disease-minor surgery	80281*	84281*
Cardiovascular Disease-no surgery	80255*#	84255*#
Dermatology-minor surgery	80282*	84282*
Dermatology-no surgery	80256*#	84256*#
Diabetes-minor surgery	80271*	

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Diabetes-no surgery	80237*#	
Emergency Medicine - including major surgery	80157	84157
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who performs major surgery.		
Emergency Medicine-no major surgery	80102	84102
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who does not perform major surgery.		
Endocrinology-minor surgery	80272*	84272*
Endocrinology-no surgery	80238*#	84238*#
Family Physicians or General Practitioners-no surgery	80420	84420
Family Physicians or General Practitioners-minor surgery	80421	84421
Forensic Medicine	80240*#	84240*#
Gastroenterology-minor surgery	80274*	84274*
Gastroenterology-no surgery	80241*#	84241*#
General Preventive Medicine-no surgery	80231*#	
Geriatrics-minor surgery	80276*	84276*
Geriatrics-no surgery	80243*#	84243*#
Gynecology-minor surgery	80277*	84277*
Gynecology-no surgery	80244*#	84244*#
Hematology-minor surgery	80278*	84278*
Hematology-no surgery	80245*#	84245*#
Hypnosis	80232*#	
Infectious Diseases-minor surgery	80279*#	
Infectious Diseases-no surgery	80246*#	
Intensive Care Medicine	80283	84283
This classification applies to any general practitioner or specialist employed in an intensive care hospital unit.		

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Internal Medicine-minor surgery	**80284***	**84284***
Internal Medicine-no surgery	**80257*#**	**84257*#**
Laryngology-minor surgery	**80285***	
Laryngology-no surgery	**80258*#**	
Legal Medicine	**80240*#**	
Manipulator		**84801***
Neoplastic Diseases-minor surgery	**80286***	
Neoplastic Diseases-no surgery	**80259*#**	
Nephrology-minor surgery	**80287***	
Nephrology-no surgery	**80260*#**	
Nephrology-including child-minor surgery	**80288***	**84288***
Neurology-including child-no surgery	**80261*#**	**84261*#**
Nuclear Medicine	**80262*#**	**84262*#**
Nutrition	**80248*#**	
Occupational Medicine	**80233*#**	**84233*#**
Opthalmology-minor surgery	**80289***	**84289***
Opthalmology-no surgery	**80263*#**	**84263*#**
Otology-minor surgery	**80290***	
Otology-no surgery	**80264*#**	
Otorhinolaryngology-minor surgery	**80291*#**	**84291***
Otorhinolaryngology-no surgery	**80265*#**	**84265*#**
Pathology-minor surgery	**80292***	**84292***
This classification includes pathological laboratories operated by the insured. Use endorsement **PA 494**.		
Pathology-no surgery	**80266*#**	**84266*#**
This classification includes pathological laboratories operated by the insured. Use endorsement **PA 494**.		
Pediatrics-minor surgery	**80293***	**84293***
Pediatrics-no surgery	**80267*#**	**84267*#**

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Pharmacology-clinical	**80234*#**	
Physiatry	**80235*#**	
Physical Medicine and Rehabilitation	**80235*#**	**84235*#**
Physicians-minor surgery	**80294***	

This is an NOC classification.

Physicians-no surgery	**80268*#**	**84268*#**

This is a NOC classification.

Physicians or Surgeons Assistants	**80116*#**	**84116*#**

This classification applies to physicians or surgeons assistants who have completed an approved course of study leading to university certification and who perform their duties under the direct supervision of a licensed physician or surgeon assisting in the clinical and / or research endeavors of the physician or surgeon.

Psychiatry-including child	**80249*#**	**84249*#**
Psychoanalysis	**80250*#**	
Psychosomatic Medicine	**80251*#**	**84251*#**
Public Health	**80236*#**	
Pulmonary Diseases-no surgery	**80269*#**	**84269*#**
Radiology-diagnostic-minor surgery	**80280***	**84280***

This classification includes X-ray laboratories operated by the insured. Use endorsement **PA 494**.

Radiology-diagnostic-no surgery	**80253*#**	**84253*#**

This classification includes X-ray laboratories operated by the insured. Use endorsement **PA 494**.

Rheumatology-no surgery	**80252*#**	**84252*#**
Rhinology-minor surgery	**80270***	
Rhinology-no surgery	**80247*#**	
Scierotherapy		**84802***
Teaching Physicians-no surgery	**80321**	

This classification applies to those physicians who would normally be assigned to codes 80230-80269 inclusive.

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Teaching Physicians-minor surgery 80322

This classification applies to those physicians who would normally be assigned to codes 80270-80294.

Teaching Physicians or Surgeons-major surgery 80323

This classification applies to those specialists who would normally be assigned to one of the following codes:
80101, 80102, 80103, 80104,
80105, 80107, 80108, 80114,
80115, 80117.

Teaching Physicians or Surgeons-major surgery 80324

This classification applies to those specialists who would normally be assigned to code 80145.

Teaching Physicians or Surgeons-major surgery 80325

This classification applies to those specialists who would normally be assigned to one of the following codes:
80106, 80141, 80143, 80151,
80155, 80157, 80158, 80159,
80160, 80166.

Teaching Physicians or Surgeons-major surgery 80326

This classification applies to those specialists who would normally be assigned to one of the following codes:
80153, 80156, 80167,
80168, 80169, 80170.

Teaching Physicians or Surgeons-major surgery 80327

This classification applies to those specialists who would normally be assigned to one of the following codes:
80144, 80146, 80150,
80152, 80154, 80171.

b. Physicians-No Major Surgery Classifications (For Classifications with an *)

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques or procedures:

	M.D. Code	D.O. Code
Acupuncture-other than acupuncture anesthesia	80437	84437
Angiography	80422	84422
Arteriography	80422	84422

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Catheterization	80422	84422
Arterial, cardiac or diagnostic-other than (a) the occasional emergency insertion of pulmonary wedge pressure recording catheters or temporary pacemakers, (b) urethra catheterization or (c) umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen.		
Discograms	80428	84428
Lasers-used in therapy	80425	84425
Lymphangiography	80434	84434
Myleography	80428	84428
Phlebography	80434	84434
Pneumoencephalography	80428	84428
Radiation Therapy	80425	84425
This classification includes X-ray laboratories operated by the insured. Use endorsement **PA 494**.		
Shock Therapy	80431	84431

c. **Physicians-No Major Surgery Classifications (For Classifications with a #)**

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques:

	M.D. Code	D.O. Code
Colonoscopy	80443	84443
Endoscopic Retrograde Cholangiopancreatography	80443	84433
Laparoscopy (Peritonescopy)	80440	84440
Needle Biopsy	80446	84446
Including lung and prostate, but not including liver, kidney or bone marrow biopsy.		
Pneumatic or mechanical esophageal dilatation (not bougie or olive)	80433	84443
Radiopaque Dye Injections	80449	84449
Injection into blood vessels, lymphatics, sinus tracts and fistulae (Not applicable to Radiologists codes 80280* and 84280*).		

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d. Surgery Classifications	M.D. Code	D.O. Code
Abdominal	80166	
Cardiac	80141	
Cardiovascular disease	80150	84150
Colon and rectal	80115	
Endocrinology	80103	
Gastroenterology	80104	
General	80143	84143
This is an NOC classification. This classification does not apply to any family or general practitioner or to any specialist who occasionally performs major surgery.		
General practice or family practice	80117	
Geriatrics	80105	
Gynecology	80167	84167
Hand	80169	
Head and neck	80170	
Laryngology	80106	
Neoplastic	80107	
Nephrology	80108	
Neurology-including child	80152	84152
Obstetrics	80168	
Obstetrics-gynecology	80153	84153
Opthalmology	80114	
Orthopedic	80154	84154
Otology	80158	
This classification does not apply to general practitioners or specialists performing plastic surgery.		
Otorhinolaryngology	80159	
This classification does not apply to general practitioners or specialists performing plastic surgery.		

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Plastic	**80156**	**84156**
This is an NOC classification.		
Plastic-otorhino-laryngology	**80155**	**84155**
Rhinology	**80160**	
Thoracic	**80144**	**84144**
Traumatic	**80171**	
Urological	**80145**	**84145**
Vascular	**80146**	

e. Physicians and Surgeons-In Active US Military Service Classifications

The following classifications and additional charges apply for physicians and surgeons in active United States Military Service:

Physicians-no surgery	**80131**	**84131**
Physicians-no major surgery	**80172**	**84172**
Physicians-minor surgery	**80132**	**84132**
Physicians or Surgeons-major surgery	**80172**	**84172**

This classification applies to those specialists who would normally be assigned to one of the following codes:
80101, 80102, 80103, 80104,
80105, 80107, 80108, 80114,
80115, 80117.

Physicians or Surgeons-major surgery	**80173**	**84173**

This classification applies to those specialists who would normally be assigned to the following codes: 80145, 84145.

Physicians or Surgeons-major surgery	**80174**	**84174**

This classification applies to those specialists who would normally be assigned to one of the following codes:
80106, 80141, 80143, 80151,
80155, 80157, 80158, 80159,
80160, 80166.

Physicians or Surgeons-major surgery	**80175**	**84175**

This classification applies to those specialists who would normally be assigned to one of the following codes:
80153, 80156, 80167,
80168, 80169, 80170.

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Physicians or Surgeons-major surgery **80176** **84176**

This classification applies to those specialists who would normally be assigned to one of the following codes:
80144, 80146, 80150,
80152, 80154, 80171.

Additional charges:

Radiation therapy **80136** **84136**

Shock therapy **80137** **84137**

f. Additional charges

These classifications are not designed to be used as governing classifications, except for partnership or corporate liability (codes 80999 and 84999).

The following additional charges apply for all classifications, except classifications in **e.** above.

Partnership or Corporate Liability **80999** **84999**

This classification is to be used as the governing classification when the individual insured physician or surgeon is also insured as either a corporation or partnership. This classification is subject to any applicable additional charge classifications for employed physicians, surgeons and technicians.

+Employed Nurse Anesthetist **80452** **84452**

The manual rate for this classification will be .10 of the rate for Anesthesiology codes 80151 and 84151.

Employed Physicians or Surgeons Assistants **80129** **84129**

This additional charge classification applies not only to individual insured physicians or surgeons but also to physicians or surgeons who are employees of partnerships, limited liability companies, corporations or professional associations practicing medicine.

Employed Physicians or Surgeons **80177** **84177**

The rate shall be .25 of the rate applicable for the self-employed physician or surgeon.

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+Employed Technicians-radium, including diagnostic X-ray laboratory or pathological	**80148**	**84148**
+Employed Technicians-radiation therapy	**80149**	**84149**
+Shock Therapy-by employed physicians or surgeons involved with major surgery	**80161**	**84161**
Shock Therapy-by insured physicians or surgeons involved with major surgery	**80162**	**84162**

This additional charge applies to each insured physician or surgeon doing shock therapy work.

+Radiation Therapy-by employed physicians or surgeons involved with major surgery	**80163**	**84163**
Radiation Therapy-by insured physicians or surgeons involved with major surgery	**80165**	**84165**

This additional charge applies to each insured physician or surgeon doing X-ray therapy work.

+The rate for this additional charge classification applies not only to employees of individual insured physicians or surgeons but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It also applies to such personnel in pathological or X-ray laboratories operated or supervised by the insured.

3. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

4. Additional Charge - Partnership, association or corporation - M.D. Code 80999/ D.O. Code 84999

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (but not a professional corporation), make an additional charge of 20% of the per person rate for each individual comprising the partnership, association or corporation, for the exposure of the partnership, association or corporate entity. This charge is **in addition** to the charges below for full coverage.

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Classification		Rates	Classification		Rates
M.D.	D.O.		M.D.	D.O.	
80101	-	$12,093.00	80156	84156	$19,349.00
80102	84102	18,140.00	80157	84157	14,512.00
80103	-	12,093.00	80158	-	12,093.00
80104	-	14,512.00	80159	-	12,093.00
80105	-	12,093.00	80160	-	12,093.00
80106	-	12,093.00	80161	84161	726.00
80107	-	12,093.00	80162	84162	1,210.00
80108	-	12,093.00	80163	84163	908.00
80114	-	7,256.00	80165	84165	3,629.00
80115	-	12,093.00	80166	-	21,768.00
80116	84116	2,419.00	80167	84167	16,930.00
80117	-	14,512.00	80168	-	24,186.00
80129	84129	454.00	80169	-	19,349.00
80131	84131	58.00	80170	-	19,349.00
80132	84132	100.00	80171	-	19,349.00
80136	84136	58.00	80172	84172	231.00
80137	84137	58.00	80173	84173	308.00
80141	-	21,768.00	80174	84174	308.00
80143	84143	19,349.00	80175	84175	385.00
80144	84144	21,768.00	80176	84176	385.00
80145	84145	12,093.00	80177	84177	*
80146	-	21,768.00	80178	84178	**
80148	84148	182.00	80179	84179	(a)
80149	84149	363.00	80230	-	2,903.00
80150	84150	21,768.00	80231	-	3,629.00
80151	84151	12,093.00	80232	-	3,629.00
80152	84152	31,442.00	80233	84233	3,629.00
80153	84153	24,186.00	80234	-	3,629.00
80154	84154	21,768.00	80235	84235	3,629.00
80155	84155	16,930.00	80236	-	3,629.00
			80237	-	3,629.00

*25% of the rate applicable for the self-employed physician or surgeon.
**75% of the rate applicable if physicians or surgeons not employed by the Federal Government.

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Classification		Rates	Classification		Rates
M.D.	D.O.		M.D.	D.O.	
80238	84238	$3,629.00	80280	84280	$7,256.00
80240	84240	2,903.00	80281	84281	8,466.00
80241	84241	4,837.00	80282	84282	4,837.00
80243	84243	3,629.00	80283	84283	8,466.00
80244	84244	3,629.00	80284	84284	7,256.00
80245	84245	3,629.00	80285	-	4,837.00
80246	-	4,837.00	80286	-	6,047.00
80247	-	3,629.00	80287	-	6,047.00
80248	-	3,629.00	80288	84288	11,052.00
80249	84249	3,629.00	80289	84289	4,837.00
80250	-	2,903.00	80290	-	4,837.00
80251	84251	2,903.00	80291	84291	4,837.00
80252	84252	3,629.00	80292	84292	4,837.00
80253	84253	4,837.00	80293	84293	7,256.00
80254	84254	2,903.00	80294	-	4,837.00
80255	84255	4,837.00	80321	-	2,721.00
80256	84256	3,629.00	80322	-	4,535.00
80257	84257	4,837.00	80323	-	9,070.00
80258	-	3,629.00	80324	-	9,070.00
80259	-	3,629.00	80325	-	12,698.00
80260	-	3,629.00	80326	-	14,512.00
80261	84261	7,256.00	80327	-	16,325.00
80262	84262	3,629.00	80420	84420	4,837.00
80263	84263	2,903.00	80421	84421	7,256.00
80264	-	3,629.00	80422	84422	7,256.00
80265	84265	3,629.00	80425	84425	7,256.00
80266	84266	3,629.00	80428	84228	7,256.00
80267	84267	4,837.00	80431	84431	7,256.00
80268	84268	3,629.00	80434	84434	7,256.00
80269	84269	4,837.00	80437	84437	7,256.00
80270	-	4,837.00	80440	84440	7,256.00
80271	-	6,047.00	80443	84443	7,256.00
80272	84272	6,047.00	80446	84446	7,256.00
80274	84274	7,256.00	80449	84449	7,256.00
80276	84276	7,256.00	80452	84452	1,210.00
80277	84277	6,047.00	-	84801	2,903.00
80278	84278	6,047.00	-	84802	4,837.00
80279	-	8,466.00			

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

E. Resident - Intern - Fellow Coverage

This coverage is provided for physicians in training. Use endorsement **PA 404**. The rate is that available to a Physician / Surgeon.

F. Professional Associations or Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS

A. Medical and Surgical Specialties

Aerospace Medicine

The branch of medicine which deals with physiological, medical, psychological and epidemiological (that is, disease-related) problems in present day air and space travel.

Allergy

A condition in which an individual is sensitive to a substance (or temperature) that does not affect most other people - such as pollen, dust or food.

Anesthesiology

The branch of medicine specializing in anesthesia - the abolition of sensation or the rendering unconscious by artificial means.

Broncho-Esphagology

The branch of medicine which deals with the bronchial tree (body tubes which carry air) and the esophagus (muscular tubular organ which carries food from mouth to stomach).

Cardiovascular Disease

Any diseases that are pertaining to the heart and blood vessels.

Dermatology

The branch of medicine that deals with diagnosis and treatment of diseases of the skin.

Diabetes

The branch of medicine that deals with a disease associated with deficient insulin secretion.

Endocrinology

The branch of medicine that deals with the endocrine (ductless) glands (for example, thyroid) and the various internal secretions.

Forensic Medicine

(See Legal Medicine.)

Gastroenterology

The branch of medicine that deal with the anatomy, physiology and pathology of the stomach and intestines.

General Preventive Medicine

The branch of medicine which aims at the prevention of disease.

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3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Geriatrics

The branch of medicine that deals with the structural changes, physiology, diseases and hygiene of old age.

Gynecology

The branch of medicine that deals with the functions and diseases peculiar to women.

Hematology

The branch of medicine that deals with the blood and its diseases.

Hypnosis

A trance-like condition that can be artificially induced, characterized by an altered consciousness, diminished will power, and an increased responsiveness to suggestion.

Infectious Diseases

Any diseases that are due to the growth and action of microorganisms or parasites in the body, and that may or may not be contagious.

Internal Medicine

The branch of medicine that is concerned with diseases of the internal organs.

Laryngology

The branch of medicine that deals with the larynx (throat part, vocal cords), its functions and its pathology.

Legal Medicine

The application of medical principals in law (also called Forensic Medicine).

Manipulation

Skillful handling in the adjustment of an abnormality or the bringing about of a desirable condition, as the changing of the position of the fetus, the alignment of the fragments of a broken bone, the replacement of a protruding organ (in hernia), etc.

Neoplastic Diseases

Any diseases that are concerned with any new and abnormal growth, such as a tumor.

Nephrology

The branch of medicine that deals with the kidney and its diseases.

Neurology

The branch of medicine that deals with the nervous system and its disorders.

Nuclear Medicine

The branch of medicine that deals with diagnostic, therapeutic and investigative use of radioactive materials.

Nutrition

The branch of medicine that deals with the act or process of nourishing or taking nourishment, especially the processes by which food is assimilated.

Obstetrics

The branch of medicine that deals with pregnancy and childbirth.

Occupational Medicine

The branch of medicine that deals with treatment of work related illnesses and injuries.

Ophthalmology

The branch of medicine that deals with the structure, functions and diseases of the eye.

Otology

The branch of medicine that deals with the ear

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3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Otorhinolaryngology

The branch of medicine that treats the ear, nose and throat.

Pathology

The branch of medicine that deals with the origin, nature, causes and development of diseases.

Pediatrics

The branch of medicine that deals with the diseases and hygienic care of children.

Pharmacology, Clinical

The branch of medicine concerned with the nature, preparation, administration and effects of drugs.

Physiatry

The practice of Physical Medicine.

Physical Medicine

A consultative diagnostic, and therapeutic medical specialty coordinating and integrating the use of physical therapy (use of light, heat, cold, water, electricity, and exercises) occupational therapy and physical reconditioning in the Professional Management of the diseased and injured.

Psychiatry

The branch of medicine that deals with the diagnosis, treatment and prevention of mental disorders.

Psychoanalysis

A system used in the investigation of the human mind and the treatment of mental disorders.

Psychosomatic Medicine

The branch of medicine that investigates the reciprocal influences of body and mind in the cause, prevention, treatment and cure of disease.

Public Health

The branch of medicine that deals with the protection and improvement of community health by organized community effort and including Preventive Medicine and Sanitary and Social Science.

Pulmonary Diseases

Any diseases that are affecting the lungs.

Radiology

The branch of medicine that relates to radiant energy and its application especially in the diagnosis and treatment of disease.

Rheumatology

The branch of medicine that treats rheumatism, a disease marked by inflammation of the connective tissue structures of the body, especially the muscles and joints.

Rhinology

The branch of medicine that relates to the nose and its diseases.

Roentgenology

(See Radiology)

Sclerosant

A medicinal substance which induces inflammation in a tissue and subsequent hardening or shrinkage. It is often used, by injection, in the treatment of varicose veins.

Sclerotherapy

The use of a chemical irritant (a sclerosant) to produce a hardening of a structure, as by injecting it into a varicose vein. See under sclerosant.

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3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Surgery, Cardiovascular

Surgery pertaining to the heart and blood vessels.

Surgery, Neurological

Surgery pertaining to the nervous system.

Surgery, Orthopedic

The branch of surgery concerned with the preservation and restoration of the function of the skeletal system.

Surgery, Plastic

Surgery concerned with the restoration or reconstruction of body structures that are defective or damaged by injury or disease.

Surgery, Thoracic

Surgery pertaining to the chest.

Surgery, Traumatic

Surgery pertaining to trauma - a wound or injury.

Surgery, Urological

Surgery pertaining to the urinary tract of both male and female, and with the genital organs of the male.

Surgery, Vascular

Surgery of the blood vessels within the limbs of the body, or the trunk, neck, abdomen or head.

B. Medical and Surgical Procedures

Acupuncture

Puncture of the skin with long, fine needles for relief of pain.

Angiography

The injection of radiopaque dye into a blood vessel (artery or vein), with or without catheterization, for the purpose of radiologic study of the vessel or its branches.

Arteriography

X-ray studies or arterial circulation following injection of radiopaque material into the blood stream.

Catheterization, Cardiac

Passage of a small catheter (tubular instrument) into a vein in the arm and through the blood vessels into the heart, permitting the securing of blood samples, determination of intracardiac pressure, and detection of cardiac anomalies (irregularities).

Catheterization

The employment or passage of a catheter.

Cryosurgery

Surgery in which extreme cold chilling (as by use of liquid nitrogen or carbon dioxide) produces the desired dissection.

Discograms

A radiological film of an intervertebral disk.

Endoscopy

The inspection of cavities of the body by use of the endoscope.

Laparoscopy (Peritoneoscopy)

A method of examining the peritoneal cavity by means of a peritoneoscope.

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3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Lasers

An operating assembly used to emit a powerful, highly directional and coherent (nonspreading), monochromatic beam of light which has been used as a surgical tool and in research.

Lymphangiography

Radiological visualization of lymphatic vessels (absorbitant vessels which drain tissue fluid from various body tissues and return it to the blood) following injection of a contrast medium.

Major Surgery

Includes operations in or upon any body cavity, including but not limited to the cranium, thorax, abdomen or pelvis; any other operation which, because of the condition of the patient or the length or circumstances of the operation presents a distinct hazard to life. It also includes: removal of tumors, bone fractures, amputations, the removal of any gland or organ and plastic surgery.

Minor Surgery

A surgical procedure of slight extent and not hazardous to life.

Myelography

Radiological visualization of the spinal cord after injection of a contrast medium.

Needle Biopsy

A biopsy in which the tissue or fluid gathering procedure is accomplished through the use of a syringe.

Phlebography

Radiological visualization of veins following injection of a contrast medium.

Pneumoencephalography

X-ray studies of the head following injection of air or gas into the spinal canal following removal of some spinal fluid.

Radiation Therapy

The treatment of disease with any type of radiation, most commonly with ionizing radiation, including the use of roentgen rays, radium or other radioactive substances.

Radiopaque

Not permitting the passage of radiant energy such as X-rays. Radiopaque substances, frequently called "contrast media" are introduced to parts of a patient's body to be studied by X-ray. X-rays will not penetrate the radiopaque substance which causes the part to be studied to show white on an exposed X-ray film.

Shock Therapy

The treatment of certain psychotic disorders by the injection of drugs, or by electrical shocks, both methods inducing coma, with or without convulsions.

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3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

C. Definitions

1. D.O. means Doctor of Osteopathy.
2. For-Profit Hospital, Institution or Clinic means one which is neither a Governmental Hospital, Institution or Clinic, nor a Not-For-Profit Hospital, Institution or Clinic as defined in this rule.
3. Major Surgery means:
   a. Performing major surgery; or
   b. Assisting in major surgery on patients other than the insured's.

   Tonsillectomies, adenoidectomies and cesarean sections are major surgery.
4. M.D. means Medical Doctor.
5. Minor Surgery means:
   a. Performing minor surgery (including obstetrical procedures which are not major surgery); or
   b. Assisting in major surgery on the insured's patients.
6. No Surgery means neither performing surgery or obstetrical procedures nor assisting in surgery. Incising of boils and superficial fascia, suturing of minor lacerations and removal of superficial skin lesions by other than surgical incision are not surgery.
7. Not-For-Profit Hospital, Institution or Clinic means one which is not operated by a governmental unit and the net earnings of which do not inure to the benefit of any private individual.
8. Teaching Physician or Surgeon means one who teaches on a full-time basis and has no private practice.

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional dental services.

B. Forms

PA 128 - Dentist's Professional Liability Occurrence Coverage Form

PA 526 - Dentist's Professional Liability Coverage Part Declarations (Occurrence)

C. Application (A separate application is to be completed by each dentist)

PA-007 - Dentist's Professional Liability Application for new business

PA-435 - Dentist's Professional Renewal Questionnaire for renewal business

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4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each dentist.

2. Classifications

   Refer the following classification to the Home Office for approval:

   Class 3 Dentist

   Coverage for Dentist's Professional Liability is offered for Dentist Class 1 (Professional Liability Class 80226); Class 2 (Professional Liability Class 80227); Class 2A (Professional Liability Class 80229); Class 2B (Professional Liability Class 30028), and Class 3 (Professional Liability Class 80210). Corporation, Limited Liability Company or Partnership (Professional Liability Class 80239) is included if applicable.

Procedure and / or Specialty	Class	Anesthesia
General Dentistry Endodontics Pedodontics Prosthodontics Orthodontics Periodontics / Non-Osseous Surgery, Non-Advanced or Non-Refractory Progressive Periodontitis Implant Prostheses / Non-Surgical Extraction of Erupted Third Molars	1	In the Office: Local N_2O Oral Administered by other than an insured or insured's employee: General Deep Intramuscular (IM)
Periodontics / Osseous Surgery, Advanced or Refractory Progressive Periodontitis Extraction of Impacted Third Molars Soft Tissue or Partial Bony Only	2	Conscious IV
Implants / Surgical	2A	Conscious IM
Extraction of Impacted Third Molars Other Than Soft Tissue or Other Than Partial Bony	2B	Conscious IM
Oral and Maxillofacial Surgeon	3	General anesthesia and / or deep sedation given in a dosage designed to render the patient unconscious and done in the office; or in a hospital if administered by an insured or insured's employee.
Any Procedure or Anesthesia in a higher class would make the higher class applicable.		

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4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Rates

Rates for Basic Limits: $100,000 Each Dental Incident Limit - Coverage A.
$ 5,000 Any One Person - Coverage B. First Aid Payments
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Territory (001) - Cook County

Limits	Class				
	1	2	2A	2B	3
$100,000/$300,000	$1,056	1,599	3,175	2,159	7,619

Territory (002) - Remainder of State

Limits	Class				
	1	2	2A	2B	3
$100,000/$300,000	$754	1,143	2,268	1,543	5,442

E. Dental Board Examination Coverage (Binder) (Class Code 80226)

Dentist Professional Liability Coverage may be issued for a dentist while taking their state dental board examination.

1. Binder can be issued for a maximum 5 day term;
2. Limits are $1,000,000 Each Dental Incident / $3,000,000 Aggregate;
3. Premium is $25 flat charge and except for expense modification, is not subject to any further modification or rate plan;
4. Dentist's Professional Liability Occurrence Coverage Form **PA 128** and Dentist's Professional Liability Coverage Part Declarations **PA 526** must be shown on the binder; and
5. Completed binder should be sent to Home Office Underwriter or Field Marketing Representative.

F. For Prior Acts Coverage, refer to Rule **50.**

G. Independent contractor hygienists and assistants are included as an insured. A separate charge is not necessary.

H. Optional Coverages

1. Medical Waste Defense Expenses Reimbursement Coverage. Coverage provides $50,000 of "defense expenses" for a "civil suit" alleging violation of a law or regulation governing the disposal of medical wastes. Attach Form **PA 206**. No premium charge.
2. Department of Professional Regulation (DPR) Supplementary Payments Coverage. Coverage provides $25,000/$75,000 annual aggregate for an insured who becomes the subject of a Department of Professional Regulation (DPR), or a similar state regulatory board, investigation. Attach Form **PA 205**. No premium charge.

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4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Locum Tenens (Temporary Substitute) Coverage. Coverage is extended to a named individual who is temporarily substituting for an insured. The Limits of Insurance do not apply separately to the Locum Tenens, but are shared with the insured. Attach Form **PA 204.** No premium charge. Application **PA-007** is required.

I. Rate Modification Plan

1. General Rules

a. All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.

b. All credits and debits apply to each dentist individually.

c. The credits and debits provided by these plans shall be taken one after the other and not added together.

d. The total credits for all Rating Plans combined, not including the Leave of Absence Rating Plan, may not exceed 60%.

2. Recent Graduate Rating Plan:

	Credit
First year dentist	60% **credit**
Second year dentist	40% **credit**
Third year dentist	20% **credit**

The first year begins on the date the dentist receives the first state or regional board certification.

3. Part-time Rating Plan:

To qualify for a part-time credit of 50%, the dentist must work no more than 20 hours per week.

4. Leave of Absence Rating Plan:

Apply 75% credit to that portion of the premium that is charged for the period of the leave of absence. To qualify for this credit, the dentist must be disabled or on a leave of absence for a period of not less than 45 days but no more than 180 days.

5. Association Rating Plan:

a. Member of a local, state, or national dental association — 5% **credit**

b. Member of the Chicago Dental Society — 5% **credit**

6. Practice Rating Plan:

a. Endodontic work by any classification other than Endodontic specialist:

- Treatment of single-rooted teeth — 10% **debit**
- Treatment of multi-rooted teeth — 25% **debit**

If both, only apply the debit associated with Treatment of multi-rooted teeth.

b. Extraction of:

- Erupted third molars — 15% debit
- Impacted third molars - soft tissue or partial bony only — 25% debit

If both, only apply the debit associated with Impacted third molars - soft tissue or partial bony only.

These debits do not apply to Class 2B dentists.

c. If not doing oral cancer examinations: — 15% **debit**

7. Experience Rating Plan:

The experience period is the three years immediately preceding the effective date of the current policy period, and three years since the insured has had an experience debit.

a. Experience Credit:

The dentist must be insured with The Cincinnati Insurance Companies entirely during the experience period:

0 losses — 25% **credit**

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4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

b. Experience Debits:

1 loss	15% **debit**
2 losses	50% **debit**
3 losses	100% **debit**

A loss is a paid or reserved claim (expenses are not included as a paid loss).

Any insured who qualifies for an experience debit may also be declined or non-renewed.

8. Expense Considerations

The experience and practice rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit, shall be increased, or if a debit, shall be decreased by the amount of the reduction in expenses.

5. BLOOD BANK PROFESSIONAL LIABILITY (Subline Code 220)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a blood bank.

B. Forms

PA 114 - Hospital Professional Liability Coverage Form

PA 514 - Hospital Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each donation.

2. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
Blood Bank (Each Donation)	80992	$.29

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6. CHIROPODIST / PODIATRIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a chiropodist or podiatrist.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

C. Application

LC-1070 - Professional Liability Application (Podiatrists)

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are each chiropodist and podiatrist.

2. Rates

   Rates for Basic Limits: $100,000 Each Medical Incident Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

Classification	Code	Rate
Chiropodist / Podiatrist - NOC	80993	$3,093.00
Chiropodist / Podiatrist in Active United States Military Service	80935	$ 138.00
Chiropodist / Podiatrist employed full time by the Federal Government	80936	$ 208.00

3. Additional Charges

   a. Vicarious Liability / Chiropodist / Podiatrist — 80943 — $1,288.00

   This charge applies to those chiropodists / podiatrists not insured under the named insured's policy (that is, having their professional liability coverage with another carrier or under a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80993, 80935 or 80936 and obtain application **LC-1070** for that individual.

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6. CHIROPODIST / PODIATRIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

b. Partnership, association or corporation charge - Code 80950

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of $1,029.00 for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 80993/80935/80936/80943.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

F. Refer to Home Office:

D.P.M.'s that:

1. Perform surgery (removal of warts, corns, ingrown toenails and bunions are not considered surgery);
2. Use general anesthesia; or
3. Perform treatment for anything other than minor foot ailments.

7. CHIROPRACTOR PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a chiropractor.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each chiropractor.

2. Rates

   Rates for Basic Limits: $100,000 Each Medical Incident Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

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7. CHIROPRACTOR PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

Classification	Code	Rate
Chiropractor	80410	$1,451.00

3. Additional Charges

a. Vicarious Liability / Chiropractor	80411	$363.00

This charge applies to those chiropractors not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80410 and obtain an application for that individual.

b. Partnership, association or corporation charge - Code 80412

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of $290.00 for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 80410/80411.

For example: Named Insured of Joe Smith and Smith Professional, Inc.

Charge full rate for code in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

8. MEDICAL OR X-RAY LABORATORY PROFESSIONAL LIABILITY (Subline Code 220)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional health care services as a medical or X-ray laboratory.

B. Forms

PA 114 - Hospital Professional Liability Coverage Form

PA 514 - Hospital Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis. The basis used is per $1,000 of receipts.

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8. MEDICAL OR X-RAY LABORATORY PROFESSIONAL LIABILITY (Subline Code 220) (Cont'd)

2. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52**.

Classification	Code	Rate
Medical or X-ray Laboratories	80715	$4.65 per $1,000 of receipts

E. This coverage is available to all medical or X-ray laboratories operated by:

1. Corporate interests; or
2. Persons who are not physicians.

This coverage is **not** available to the following types of laboratories:

1. Those operated at or away from hospitals by physician pathologists or physician radiologists;
2. Those operated by physicians or surgeons in connection with the treatment of their own patients; or
3. Those operated by osteopaths.

Classify and rate the above risks from Rule **2.** Physicians and Surgeons Professional Liability.

9. OPTOMETRIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an optometrist.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Form Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each optometrist.

2. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52**.

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9. OPTOMETRIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

Classification	Code	Rate
Optometrist NOC	80994	$145.00
Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic)	80946	$169.00
Optometrist with Therapeutic Pharmaceutical Agents Certificate	80947	$315.00

Optician - Refer to Rule **30.**

3. Additional Charges

   a. Vicarious Liability / Optometrist — 80944 — $ 48.00

   This charge applies to those optometrists not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80994, 80946 or 80947 and obtain application **CA-1038** for that individual.

   b. Partnership, association or corporation charge - Code 80956

   When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge for the exposure of the partnership, association or corporate entity as follows:

Optometrist NOC	$19.00
Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic)	$19.00
Optometrist with Therapeutic Pharmaceutical Agents Certificate	$39.00

   This charge is in addition to the charge made for codes 80994/80946/80947/80944.

   For example: Named insured of Joe Smith and Smith Professional, Inc.

   Charge full rate for codes in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a physiotherapist (physical therapist).

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Form Declarations

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10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each physiotherapist

2. Rates

   Rates for Basic Limits: $100,000 Each Medical Incident Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

Classification	Code	Rate
Each Physiotherapist NOC	80995	$380.00
Each Employed Physiotherapist (named) including those who perform pathological or X-ray duties	80945	$303.00
Each Physiotherapist in Active United States Military Service	80911	$ 54.00
Each Physiotherapist employed full time by the Federal Government	80912	$ 84.00

3. Additional Charges

   a. Vicarious Liability / Physiotherapist — 80938 — $ 73.00

   This charge applies to those physiotherapists not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80995, 80945, 80911 or 80912 and obtain application **CA-1038** for that individual.

   b. Partnership, association or corporation - Code 80955

   When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of $242.00 for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 80995/80945/80911/80912/80938.

   For example: Named insured of Joe Smith and Smith Professional, Inc.

   Charge full rate for codes in **2.** above for individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

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10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

E. Professional Corporations

Use Endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

11. VETERINARIAN PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a veterinarian.

B. Forms

PA 107 - Animal Services Professional Liability Coverage Form

PA 507 - Animal Services Professional Liability Coverage Form Declarations

PA 208 - State Board of Veterinary Medical Examiners (SBVME) Supplementary Payments Coverage. Coverage provides up to $10,000 for each annual period for an insured who becomes the subject of a State Board of Veterinary Medical Examiners or a similar state regulatory board, investigation. No premium charge.

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each veterinarian.

2. Rates

   Rates for Basic Limits: $100,000 Each Claim Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

Classification	Code	Rate
Veterinarian (household pets only)	07225	$170.00
Veterinarian (all other including household pets)	07226	$195.00

3. Additional Charges

   a. Vicarious Liability / Veterinarian 07221 $ 55.00

   This charge applies to those veterinarians not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 07225 or 07226 and obtain Application **CA-1038** for that individual.

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11. VETERINARIAN PROFESSIONAL LIABILITY (Subline Code 317) (Cont'd)

b. Partnership, association or corporation - Code 07222

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation, make an additional charge of $49.00 for the exposure of the partnership, association or corporation entity. This charge is in addition to the charge made for codes 07225/07226/07221.

Example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in **2.** above for individual entity, Joe Smith in addition to the charge for exposure of corporate entity, Smith Professional, Inc.

E. Deductible

The rates contemplate no deductible. For the following optional deductible, multiply the basic rates shown in **D.** by deductible rate factor:

Deductible Amount	Deductible Rate Factor
$25	.95

12. - 19. RESERVED FOR FUTURE USE

20. ANIMAL GROOMING PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an animal groomer.

B. Forms

PA 107 - Animal Services Professional Liability Coverage Form

PA 507 - Animal Services Professional Liability Coverage Form Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each animal groomer.

2. Rates

   Rates for Basic Limits: $100,000 Each Claim Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

Classification	Code	Rate
Each Animal Groomer	20040	$61.00

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20. ANIMAL GROOMING PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

3. Minimum annual premium is $50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.

4. Additional charge - Partnership, association or corporation - Code 20041

   When the named insured consists of an individual(s) entity **and** a partnership, association or corporation, make an additional charge of 20% of the animal groomer professional premium for the exposure of the partnership, association or corporation entity. This charge is in addition to the charge made for code 20040.

   For example: Named insured of Joe Smith and Smith Professional, Inc.

   Charge full rate for code in **2.** above for individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Deductible

The rates contemplate no deductible. For the following optional deductible, multiply the basic rate shown in **D.** by deductible rate factor:

Deductible Amount	Deductible Rate Factor
$25	.95

21. CONDOMINIUM OR HOMEOWNERS ASSOCIATIONS WRONGFUL ACTS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against claims arising out of wrongful acts committed by the insured in the conduct of their management responsibilities for condominium or homeowners associations. Coverage is extended to wrongful act(s) committed prior to the effective date of coverage where the insured had no knowledge of a claim or suit as of the effective date of coverage and where no other applicable insurance exists.

B. Forms

PA 110 - Condominium or Homeowners Associations Wrongful Acts Coverage Form

PA 510 - Condominium or Homeowners Associations Wrongful Acts Coverage Part Declarations

C. Application

MP-1056 - Condominium or Homeowners Associations Wrongful Acts Coverage Questionnaire

D. Rate / Premium Determination

1. Premium Basis

   Rates and premium are based on total number of units in each condominium association (class code 20150) or homeowner association (class code 20155).

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21. CONDOMINIUM OR HOMEOWNERS ASSOCIATIONS WRONGFUL ACTS (Subline Code 398) (Cont'd)

2. Rates

	Limits of Insurance Each Claim Limit / Aggregate Limit			
	100/300	200/600	500/500	1M/1M
Number of units	Rate			
1 - 4	$ 115	$ 131	$ 139	$ 154
5 - 10	165	188	199	221
11 - 30	206	235	249	276
31 - 50	235	268	284	315
51 - 100	349	398	422	467
101 - 200	604	688	730	809
201 - 400	907	1,033	1,096	1,215
401 - 500	1,134	1,292	1,371	1,519
501 - 750+	2,013	2,293	2,433	2,695

For increased limits:

a. Determine appropriate 1M/1M premium;

b. Obtain the increased limits factor for the limit desired:

2M/2M	1.20
3M/3M	1.40
4M/4M	1.60
5M/5M	1.75

c. Multiply the 1M/1M premium by the increased limits factor and round to the nearest whole dollar to arrive at the premium for the higher limit.

22. COSMETOLOGISTS AND BARBERS PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a licensed cosmetologist or barber.

B. Forms

PA 108 - Cosmetologists and Barbers Professional Liability Coverage Form

PA 508 - Cosmetologists and Barbers Professional Liability Coverage Form Declarations

C. Application

PA-003 - Cosmetologists and Barbers Professional Liability Supplemental Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each cosmetologist.

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22. COSMETOLOGISTS AND BARBERS PROFESSIONAL LIABILITY (Subline Code 317) (Cont'd)

2. Rates

Rates for Basic Limits: $100,000 Each Professional Incident Limit
$300,000 Professional Liability Aggregate Limit

For increased limits, refer to Rule **52.**

	Code	Cosmetologist	Code	Barber
Each Full-Time Person	72310	$25.00	72410	$12.50
Each Part-Time Person	22310	$15.00	22410	$ 7.50

A full-time cosmetologist or barber is a person who regularly works more than 20 hours in any one week.

A part-time cosmetologist or barber is a person who regularly works 20 hours or less in any one week.

3. Minimum annual premium is $50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.

E. Optional Coverage

Electrolysis Coverage endorsement provides coverage for electrolysis at a basic limits rate of $25.00 for each cosmetologist (full or part-time) providing this service. Attach form **PA 207.** (Class code 22998)

23. COSMETOLOGY OR BARBERING SCHOOL PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services from the operation of a school of cosmetology and / or barbering.

B. Forms

PA 132 - Cosmetology or Barbering School Professional Liability Coverage Form

PA 529 - Cosmetology or Barbering School Professional Liability Coverage Form Declarations

C. Application

PA-010 - Cosmetology or Barbering School Professional Liability Supplemental Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each person actually engaged in instruction and the average daily attendance of students at all locations covered and shall include all individuals, officers, partners, directors, and other employees.

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23. COSMETOLOGY OR BARBERING SCHOOL PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

2. Rates

Rates for Basic Limits: $100,000 Each Professional Incident Limit
$300,000 Professional Liability Aggregate Limit

For increased limits, refer to Rule **52**.

Classification	Code	Instructor	Code	Student
Barber College (only)	29859	$25.00	29857	$13.00
Cosmetology School	29856	$25.00	29858	$12.50

3. Minimum annual premium is $50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.

E. Optional Coverage - Electrolysis Coverage

Electrolysis Coverage endorsement provides coverage for electrolysis at a basic limits rate of $25.00 for each instructor and student providing this service. Attach form **PA 207.** (Class code 22998)

24. CEMETERY PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide:

1. Mental anguish (limit provided is same as General Liability Each Occurrence Limit);
2. Property damage liability for property of others in the care, custody or control of the insured (limit provided is $50,000); and
3. Burial lot liability (limit provided is $50,000).

B. Forms

PA 109 - Cemetery Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.

C. Application

ACORD Commercial General Liability Section. Include number of graves (already buried and to be buried).

D. Rates / Premium Determination

1. Premium Basis. The basis used is per burial plot.

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24. CEMETERY PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

2. Rates - Class Code 25080

Rates for Basic Limits:
*$100,000 Each Occurrence Limit (Limit must be same as General Liability Each Occurrence)
*$300,000 Aggregate Limit (Limit must be same as General Liability Products / Completed Operations Aggregate)
$50,000 Each Occurrence Damage to Property of Others
$50,000 Each Occurrence Burial Lot Liability

*For increased limits, refer to Rule **52.**

Classification	Rate
Already Buried	.006 per grave first 5,000 graves .002 per grave over 5,000 graves
To Be Buried	.006 per burial first 100 in current year .480 per burial over 100 in current year

25. COUNTY RECORDER AND / OR COUNTY CLERK'S ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a county recorder and / or county clerk.

B. Forms

PA 111 - County Recorder and / or County Clerk's Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. Rates and premium are based on each county recorder and / or county clerk.
2. Rates

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
County Recorder and / or County Clerk	25000	$147.00 plus $21.00 for each person on the staff

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26. EMERGENCY MEDICAL TECHNICIAN PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render professional services as a certified or registered emergency medical technician.

B. Forms

PA 113 - Emergency Medical Technician Professional Liability Coverage Form

PA 513 - Emergency Medical Technician Professional Liability Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. The rates and premium are based on each EMT.
2. Classifications
   - **a.** EMT means any person who has successfully completed a basic Emergency Medical Technician course as approved by the United States Department of Transportation and / or the Interagency Committee on Emergency Services of the Federal Government.
   - **b.** EMT-D means any person who has successfully completed a basic Emergency Medical Technician course as described in **a.** above and has also obtained the additional certification for use of a defibrillator.
   - **c.** EMT - Advanced means any person who has successfully completed an Emergency Medical Technician course in addition to courses in advanced life support which are equivalent to the modules contained in the National EMT Paramedic Course as approved by the Interagency Committee on Emergency Medical Services.
   - **d.** EMT - Paramedic means any person who has successfully completed an Emergency Medical Technician course in addition to completing an advanced life support course equivalent to the 15 modules of the National EMT Paramedic Course.
3. Rates

   Rates for Basic Limits: $100,000 Each Claim Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

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26. EMERGENCY MEDICAL TECHNICIAN PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

Classification	Code	Rate
EMT	30010	$56.00
EMT-D	30011	56.00
EMT - Advanced	30012	66.00
EMT - Paramedic	30013	75.00

27. FUNERAL SERVICE PROVIDER PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render services as a mortician, funeral director or embalmer. The coverage provided is as follows:

1. Mental anguish as a result of a professional incident (limit provided is same as General Liability Each Occurrence Limit);
2. Property damage to deceased human bodies, personal effects thereof, or any casket while in the care, custody or control of the insured.

B. Forms

PA 121 - Funeral Service Provider Professional Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. Rates and premium are based on number of funerals handled annually.
2. Rates - Class Code 72610

Rates for Basic Limits: $100,000 Each Occurrence Limit
$300,000 Products-Completed Operations and Professional Liability Aggregate Limit

For increased limits, refer to Rule **52.**

Number of Funerals	Rate
1 - 50	$70.00
51 - 100	78.00
101 - 200	89.00
over 200	97.00

The rates above include coverage for General Liability. Do not make a separate premium charge for the General Liability Coverage Part.

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28. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an insurance agent.

B. Forms

PA 115 - Insurance Agents Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

C. Application

MP-1010 - Insurance Agents' and Brokers' Errors and Omissions Policy Application

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on the total annual premium volume for all lines of insurance, except Life, Accident and Health, which is based on Commission Income.

2. Rates - Class Code 25060

   Rates for Basic Limits: $100,000 Each Claim Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

   $2.30 per $1,000 on first $750,000 of annual premium volume / commission income
   $2.10 per $1,000 on next $750,000
   $1.97 per $1,000 on next $1,000,000
   $1.84 per $1,000 on excess of $2,500,000

3. Adjustment Factors

   The following adjustment factors may be multiplied by the basic rates:

   a. Personal Lines premium volume represents 50% - 60% of the total premium volume: .95

   b. Personal Lines premium volume represents over 60% of the total premium volume: .90

4. Additional Charge of $55.00 at basic limits for each licensed CSR, solicitor or broker.

5. Minimum annual premium is $500 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.

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28. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

E. Deductible

Minimum deductible is $5,000 per claim

For the following optional deductibles, multiply the basic rates shown in **D.** by the deductible rate factor:

Deductible Amount	Deductible Rate Factor
$ 7,500	.90
10,000	.85
15,000	.80
20,000	.75
25,000	.70

F. Notary Public Errors and Omissions. Coverage may be extended to afford protection for loss arising out of errors and omissions of a duly licensed Notary Public. The premium charge is $30.00 per person at basic limits. (Class code 25065)

G. Coverage for Sale of Securities, Mutual Funds and Financial Planning Services. Coverage may be extended for loss arising out of errors and omissions for sale of Securities, Mutual Funds or Financial Planning Services. Attach form **PA 423**. The premium charge is $83.00 per licensed representative at basic limits. (Class code 23125)

H. Rate Modification Plan

1. General Rules

a. All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.

b. The credits or debits provided by these plans shall be taken one after the other and not added together.

2. Experience Rating Plan

The experience period is the three years immediately preceding the effective date of the current policy period.

a. Experience Credits:

No chargeable losses in the previous 3 years	5% credit
No chargeable losses in the previous 5 years	10% credit

b. Experience Debits:

One chargeable loss within the previous 3 years	20% debit
Two chargeable losses within the previous 3 years	25% debit

A chargeable loss is defined as a paid loss (expenses are not included as a paid loss) or a reserve for a claim which the underwriter deems there was probable negligence involved and a loss payment is likely.

Any insured who qualifies for an experience debit may also be declined or non-renewed.

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28. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

3. Schedule Rating Plan

The premium determined after applying the Experience Rating Plan may, if applicable, be modified to reflect individual characteristics of the risk. For factors peculiar to the risk under consideration, which shall include but not be limited to internal controls, management or degree of agency automation, schedule rating credits or debits may be applied up to 40%. If credits or debits from more than one risk characteristic apply, the credits or debits shall be added together, not multiplied.

4. Expense Considerations

The experience and schedule rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit shall be increased, or if a debit shall be decreased, by the amount of the reduction in expenses.

29. LAWYER'S PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional legal services.

B. Forms

PA 105 - Lawyer's Professional Liability Coverage Form

PA 505 - Lawyer's Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each lawyer, law clerk, investigator, abstracter and paralegal.

2. Rates

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

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29. LAWYER'S PROFESSIONAL LIABILITY (Subline Code 317) (Cont'd)

Classification	Code	Rate
All Lawyers	81400	$2,700.00
Law Clerks, Abstracters, Investigators and Paralegals	81420	$ 1,080.00

3. Minimum annual premium is $250 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.

E. Deductible

Minimum deductible is $2,500

For the following optional deductibles, multiply the basic rate shown in **D.** by the deductible rate factor:

Deductible Amount	Deductible Rate Factor
$ 5,000	.95
10,000	.90
15,000	.85
20,000	.80
25,000	.75

30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional health care services.

B. Forms

PA 101 - Nurse's Professional Liability Coverage Form (used to provide coverage on a monoline basis)

PA 102 - Nurse's Professional Liability Policy (Declarations Page)

PA 122 - Nurse's Professional Liability Coverage Form (used to provide coverage when attached to a policy with other property and casualty coverages)

PA 522 - Nurse's Professional Liability Coverage Part Declarations

PA 106 - Professional Liability Coverage Form (used to provide coverage for all professions other than nurses)

PA 506 - Professional Liability Coverage Declarations

C. Applications

PP-001 - Nurse's Professional Liability Application for nurses

CA-1038 - Professional Liability Application (Miscellaneous Professional) for all other professions

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30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

D. Rates / Premium Determination

1. Premium Basis. Rate and premium are based on each individual professional.
2. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

The following professions, when written monoline, shall be on a 3 year prepaid term.

Classification	Subline / Code	Annual	3 year prepaid
Hygienist / Dental Assistant	240/81910	$ 71.00	$ 178.00
Nurse - LPN	240/80963	$ 66.00	$ 165.00
Nurse - RN	240/80964	$ 66.00	$ 165.00
Nurse - Obstetrics (labor & delivery)	240/30014	$ 299.00	$748.00
Nurse - Student	398/28000	$ 25.00	$ 63.00
Dietician	240/30015	$ 66.00	$ 165.00
Optician *	240/80937	$ 101.00	$ 253.00
Pharmacist *	240/59112	$ 75.00	$ 188.00
Hearing Aid Service Fitter *	220/59981	$ 37.00	$ 93.00
Medical Lab Technician (this classification is used when providing individual liability only)	240/80711	$ 24.00	$ 60.00
X-ray Technician (this classification is used when providing individual liability only)	240/80713	$ 50.00	$ 125.00
X-ray Technician with X-ray therapy	240/80714	$ 39.00	$ 98.00
Medical Technologist / Occupational Therapist / Respiratory Therapist	240/30016	$ 66.00	$ 165.00

* Professional coverage is provided through the Commercial General Liability Coverage Part when form **CG 2265** or **CG 2269** is used with the appropriate General Liability code (Optical Goods Stores 15839, Drugstores 12375 or Hearing Aid Stores 13759). If using the above General Liability codes, do not charge separately for professional liability coverage.

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30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

3. Additional Charge - Partnership, association or corporation - (Subline 240) (Class Code 30017)

   If the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of 20% of the professional premium for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for above codes.

   For example: Named insured of Joe Smith and Smith Professional, Inc.

   Charge full rate for codes listed in **2.** above for individual entity, Joe Smith in addition to the charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

F. The following classifications are ineligible:

1. Nurse Practitioners;
2. Nurse Anesthetists;
3. Nurse Midwives; and
4. Legal Nurse Consultants.

31. CLERGY / COUNSELORS PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish counseling services as an ordained minister, certified counselor, or trained lay advisor. Injury arising out of furnishing or failing to furnish advice to another person in exchange for the payment of a counseling fee is excluded.

B. Forms

PA 116 - Clergy / Counseling Professional Liability Coverage Form

PA 516 - Clergy / Counseling Professional Liability Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

   Rates are based on each clergy member, certified counselor, or trained lay advisor.

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31. CLERGY / COUNSELORS PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

2. Rates

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
Each clergy member, certified counselor, or trained lay advisor	20190	$40.00

3. Minimum annual premium is $50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.

32. PEDORTHISTS PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render professional services as a pedorthist (customized footwear).

B. Forms

PA 120 - Pedorthists Professional Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. Rates and premium are based on each store.

2. Rates

Rates for Basic Limits: $100,000 Each Occurrence Limit
$300,000 Professional Liability Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
Retail Shoe Store - no prescription work	80983	$62.00
Retail Shoe Store - with prescription work	81983	93.00

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish printing services.

B. Forms

PA 117 - Printers Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

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33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

C. Application

IW-001 - Printer's Application

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based upon the total annual gross receipts from printing operations.

2. Classifications

   a. Low Hazard ($500 minimum deductible)

Bulletins / Newsletters	Matchbooks
Bronzing	Napkins
Color separation	Photoengraving
Envelopes	Presentation folders
Folding boxes (no mfg.)	Non-promotional material
Invitations	Stationery

   b. Average Hazard ($500 minimum deductible)

Bank checks	Foil stamping
Blueprints	Greeting cards
Booklets	Lighters - specialty items
Book printing	Menus
Brochures	Mugs - specialty items
Business reply cards	Newspapers - Pennysave type only
Business forms	Packaging (no mfg.)
Data sheets	Photo Duplicating
Die cutting	Platemaking
Embossing	Press kits
Engraving	Programs
Equipment list	Publication inserts
Film processing	Reprographics
Finishing Services (incl. binding)	T-Shirts
	Wallpaper

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33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

c. High Hazard ($1,000 minimum deductible)

Advertising	Graphic Design
Annual reports	Labels - stickers, wrapping tags
Book Binding	Manuals
Catalogs	Mailings
Computer forms	Optical character recognition (OCR)
Coupons	Posters
Design / typography	Signs
Direct Mailings	Trade show material
Financial	Typesetting
Forms & documents	Universal products code (UPC)

Ineligible E & O classes:

Games of Chance
Magazine publishing
Newspaper (excluding weekly advertisers), book or magazine printing
Printing Brokers
Printing of stamps (postage or trading)
Printing of controversial material
Printing of currency, securities, travelers checks or money orders
Telephone directories
Ticket printing, such as but not limited to, raffle, lottery, sports or concert tickets
Web site design or development

3. Rates

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate per $1,000 of receipts
Low Hazard	25051	.08
Average Hazard	25052	.11
High Hazard	25053	.28

E. Deductible

1. The minimum deductible is $500 per claim for low and average hazard classes and $1,000 per claim for high hazard classes.
2. If Correction of Work Coverage applies, minimum deductibles are higher. See paragraph **F.** below. The E&O deductible must be written at the Correction of Work deductible.
3. For the following optional deductibles, multiply the rates shown in paragraph **D.** by the following factors:

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33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

	E&O Hazard Class		
Deductible	**Low**	**Average**	**High**
$ 750	.97	.95	not available
1,000	.94	.90	1.00
2,500	.90	.85	.80
5,000	.85	.80	.75
10,000	.80	.75	.70

F. Correction of Work Coverage - Code 25054

1. This endorsement extends the Printers Errors and Omissions Form **PA 117** to provide coverage for correction of the insured's work that has already been distributed. Coverage is still on a legally obligated to pay basis, and includes the insured's costs to:
   - **a.** Recover the incorrect material;
   - **b.** Print corrected material;
   - **c.** Package and re-mail the corrected material.
2. This coverage does not apply to correcting mistakes **before the work has been mailed**.
3. Use endorsement **PA 499.**
4. **Correction of Work Minimum Deductible**
   - **a.** $1,000 minimum deductible for Low or Average hazard classes.
   - **b.** $2,500 minimum deductible for High hazard class.
   - **c.** The Printers E&O deductible must be the same as the Correction of Work deductible.
5. **Correction of Work Minimum Premium**
   - **a.** For the Printers Package Program, minimum premiums for Correction of Work coverage are:
     - **(1)** $150 for Low or Average hazard classes
     - **(2)** $250 for High hazard class
   - **b.** For other printing risks, minimum premiums for Correction of Work coverage are:
     - **(1)** $225 for Low or Average hazard classes
     - **(2)** $350 for High hazard class
   - **c.** The Correction of Work minimum premium is in addition to the Division Minimum Premium.

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6. Sublimit of Insurance

Correction of Work Coverage is available at limits of $100,000 per claim/$100,000 aggregate and $300,000 per claim/$300,000 aggregate. The $300,000/$300,000 limit is only available if the per claim limit for the Printers E&O is at least $300,000.

7. Premium Determination

a. Base rates (per $1,000 sales) for Correction of Work coverage:

	Correction of Work Rate	
Hazard	**100/100**	**300/300***
Low (Code 25047)	.08	.31
Average (Code 25048)	.11	.45
High (Code 25049)	.28	.71

* Only available if Printers E&O per claim limit is at least $300,000.

b. Multiply base rate by the deductible factors in paragraph **E.** of this rule.

c. Result of **a.** x **b.** is the Correction of Work rate.

d. Multiply **c.** by the amount of sales (per $1,000) that was used to determine the E&O premium. This is the Correction of Work premium.

e. The Correction of Work premium is in addition to the Printers E&O premium. Except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

34. REAL ESTATE AGENTS' ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish real estate professional services.

B. Forms

PA 118 - Real Estate Agents' Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

C. Application

MP-1007 - Real Estate Errors and Omissions Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based upon the **gross income** of the insured. Gross Income is the total amount of money charged by the insured for real estate agency services.

2. Rates - Class Code 25070

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34. REAL ESTATE AGENTS' ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

$2.10 per $100 on first $25,000 of gross income

$1.05 per $100 on **next** $50,000 of gross income

$ .53 per $100 on **next** $75,000 of gross income

$ .26 per $100 on excess of $150,000 gross income

3. Additional charge of $66.00 at basic limits per sales person under named insured's real estate broker's license.

E. Deductible

Minimum deductible is $2,500.

For the following optional deductibles, multiply the basic rates shown in paragraph **D.** by the deductible rate factor:

Deductible Amount	Deductible Rate Factor
$ 5,000	.95
7,500	.90
10,000	.85
15,000	.80
20,000	.75
25,000	.70

F. Notary Public Errors and Omissions. Coverage may be extended to afford protection for loss arising out of errors and omissions of a duly licensed Notary Public. The premium charge is $45.00 per person for basic limits. (Class code 25075)

G. Lead Liability Exclusion. This endorsement excludes all liability coverage arising out of the exposure to or presence of lead in any form. Attach **PA 301** - Exclusion - Lead Liability.

H. Fungi or Bacteria Exclusion. This endorsement excludes all liability arising out of fungi or bacteria. You may attach **PA 310**, Fungi or Bacteria Exclusion.

35. RELIGIOUS INSTITUTIONS WRONGFUL ACTS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against claims arising out of wrongful acts committed by the directors and officers, as well as specified trustees and members, in the performance of their duties of the management responsibilities of a religious institution. Coverage is extended to wrongful act(s) committed prior to the effective date of coverage where the insured had no knowledge of a claim or suit as of the effective date of coverage and where no other applicable insurance exists.

B. Forms

PA 112 - Religious Institution Wrongful Acts Coverage Form

PA 527 - Religious Institution Wrongful Acts Coverage Part Declarations

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35. RELIGIOUS INSTITUTIONS WRONGFUL ACTS (Subline Code 398) (Cont'd)

C. Application

PA-016 - Religious Institutions Wrongful Acts Questionnaire

D. Rates / Premium Determination

1. Premium Basis

   Premium basis is each institution

2. Rates - Class Code 20090

Limits of Insurance Each Claim Limit / Aggregate Limit	Rate
$ 100,000/$100,000	$ 60.00
100,000/300,000	75.00
300,000/300,000	89.00
500,000/500,000	107.00
1,000,000/1,000,000	139.00
2,000,000/2,000,000	179.00
3,000,000/3,000,000	209.00
4,000,000/4,000,000	234.00
5,000,000/5,000,000	254.00

36. SOCIAL SERVICES PROFESSIONAL LIABILITY

A. Description of Coverage

This coverage provides protection against liability claims arising from the furnishing or failure to furnish professional services as a social service agency.

B. Forms

PA 123 - Miscellaneous Professional Liability Coverage Form

PA 523 - Miscellaneous Professional Liability Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each professional individual.

2. Rates

   Rates for Basic Limits: $100,000 Each Claim Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

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36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

Classification	Subline / Code	Rate
Psychiatrist	Refer to Rule **2.** Physicians and Surgeons Professional Liability	
Psychologist	398/20011	$ 127.00
APA Psychologist (American Psychiatric Assoc. or Psychological Assoc.)	398/20012	$ 94.00
ACSW (Academy of Certified Social Workers)	398/20013	$ 54.00
MSW (Masters in Social Work)	398/20014	$ 62.00
Other Professional, defined as:	317/80110	$ 109.00

a. BS in Social Work;

b. SW - Social Worker; or

c. Masters in Psychology;

d. Licensed marriage counselor or family counselor;

e. Masters or PHD (Doctoral Degree) in closely related mental health fields;

f. CW - Case Worker.

3. Additional Charge - Partnership, association or corporation - (Subline 398) (Class Code 20017)

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of 20% of the social service professional premium for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 20011/20012/20013/20014/80110.

Example: Named Insured of Joe Smith and Smith Professional, Inc.

Charge full rate in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

F. Refer the following (a) rated classes to the Home Office prior to binding:

1. Adoption or child placement (Subline 398) (Code 20015); and

2. Residential child care (Subline 398) (Code 20016).

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36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

G. The following operations are ineligible:

1. Alcohol or drug rehabilitation;
2. Sex counseling;
3. Abortion or birth counseling; and
4. Criminal rehabilitation or probation activities.

37. TEACHER'S PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a teacher.

B. Forms

PA 119 - Teacher's Professional Liability Coverage Form

PA 519 - Teacher's Professional Liability Coverage Part Declarations

C. Application

IA-005 - Teacher's Professional Liability Application

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each teacher.

2. Rates

   Rates for Basic Limits: $100,000 Each Claim Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

   All monoline Teacher's Professional Liability shall be written on a 3 year pre-paid term.

Classification	Code	Annual	3 year Pre-paid
Each Teacher	72998	$20.00	$50.00

38. TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a travel agency. Coverage is extended to acts, errors or omissions committed prior to the effective date of coverage if claim or "suit" is brought during the policy period and the insured had no knowledge of the claim or "suit" as of the effective date of coverage.

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38. TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

B. Forms

PA 104 - Travel Agents Errors and Omissions Coverage Form

PA 504 - Travel Agents Errors and Omissions Coverage Part Declarations

C. Application

PA-009 - Travel Agents Errors and Omissions Application

D. Rates / Premium Determination

1. Premium Basis. The basis used is per $100 of total gross receipts.

2. Rates - Class Code 25010

Rates for Basic Limits: $100,000 Each Occurrence Limit for Errors and Omissions
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

The rates below are the basic annual rates for Errors and Omissions coverage only. The General Liability portion is rated in accordance with Division Six - General Liability.

Gross Receipts	Rate	
100,000 - 200,000	$208.00	
200,001 - 300,000	251.00	
300,001 - 400,000	294.00	
400,001 - 500,000	336.00	
500,001 - 600,000	378.00	
600,001 - 700,000	420.00	
700,001 - 800,000	462.00	
800,001 - 900,000	504.00	
900,001 -1,000,000	545.00	
over 1,000,000	545.00	plus $42.00 per $100,000 of receipts in excess of $1,000,000.

Note: The gross receipts shall be at least equal to $100,000 times the number of employees.

3. Minimum premium is $300 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.

E. Deductible

Minimum deductible is $250.

For the following optional deductibles, multiply the basic rates shown in **D.** by deductible rate factor:

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38. TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

Deductible Amount	Deductible Rate Factor
$ 500	.90
1,000	.85
2,500	.80
5,000	.65
10,000	.50
25,000	.35

F. Refer to the Home Office any travel agencies that conduct or organize tours.

39. - 49. RESERVED FOR FUTURE USE

50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398)

A. Dentist's Professional Liability (Class Code 26050)

1. Description of Coverage

This endorsement to the Dentist's Professional Liability Occurrence Form provides protection against liability claims arising from the furnishing or failure to furnish professional services on or after the retroactive date and prior to the effective date. This form may be necessary when the insured was previously covered by a claims-made professional form and an adequate Extended Reporting Period was not secured.

2. Forms

PA 421 - Dentist's Professional Prior Acts or Omissions Extension

3. Application

PA-007 - Dentist's Professional Liability Application

4. Rates / Premium Determination

a. Premium Basis

Rates and premium are based on the number of consecutive years in a claims-made professional form.

b. Rates

Rates for Basic Limits: $100,000 Each Dental Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

The following factors are applied to the gross CIC occurrence premium, and except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

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50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398) (Cont'd)

Number of Consecutive Years under Claims-Made Coverage	Prior Acts Coverage Factor
1	.13
2	.24
3	.32
4	.35
5 or more	.37

This is a one time charge and premium is fully earned.

B. Other than Dentist's Professional Liability (Class Code 26112)

1. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services on or after the retroactive date and prior to the effective date. This form may be necessary when the insured was previously covered by a claims-made professional form and an adequate Extended Reporting Period was not secured.

2. Forms

PA 444 - Prior Acts or Omissions - Errors & Omissions or Professional

3. Application

PA-008 - Prior Acts or Omissions Application - Directors & Officers, Errors & Omissions or Professional

4. Rates / Premium Determination

a. Premium Basis

Rates and premium are based on the number of consecutive years in a claims-made professional form.

b. Rates

Rates for Basic Limits: $100,000 Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.** Use increased limits chart according to insured's profession.

The following factors are applied to the gross CIC occurrence premium, and except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

Number of Consecutive Years under Claims-Made Coverage	Prior Acts Coverage Factor
1	.26
2	.48
3	.63
4	.70
5 or more	.74

This is a one time charge and premium is fully earned.

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51. EXPENSE, EXPERIENCE AND SCHEDULE RATING PLAN

Other than Dentist's Professional Liability / Insurance Agents Errors and Omissions

A. General Rules

1. Any risk that develops an annual basic limits premium of $100 or more for the rated exposures may be eligible for the application of experience or schedule rating.
2. All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.
3. The credits or debits provided by these plans shall be taken one after the other and not added together.
4. This rating plan applies to all classes in Division Seven - Professional Liability, other than Dentist's Professional Liability and Insurance Agents Errors and Omissions. (Refer to their individual rules for rating plans.)

B. Experience Rating Plan

The experience period is the three years immediately preceding the effective date of the current policy period.

Experience Debit

One chargeable loss within the previous 3 years	30% debit
Two chargeable losses within the previous 3 years	50% debit

A chargeable loss is defined as a paid loss (expenses are not included as a paid loss) or a reserve for a claim which the underwriter deems there was probable negligence involved and a loss payment is likely.

Any insured who qualifies for an experience debit may also be declined or non-renewed.

C. Schedule Rating Plan

The premium determined after applying the Experience Rating Plan may, if applicable, be modified to reflect individual characteristics of the risk. For factors peculiar to the risk under consideration, which shall include but not be limited to internal controls, management or classification analysis, schedule rating credits or debits may be applied up to 40%. If credits or debits from more than one risk characteristic apply, the credits or debits shall be added together, not multiplied.

D. Expense Considerations

The experience and schedule rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit shall be increased, or if a debit shall be decreased, by the amount of the reduction in expenses.

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52. INCREASED LIMITS TABLES

A. The following interpolation procedure shall be used in determining increased limits factors or combinations of limits not shown in the limits tables:

1. Determine the table factor for the limit or combination of limits next lower than the limit or limits desired and the table factor for the next higher limit or combination of limits.
2. The factor for the limit or combination of limits desired shall be determined by interpolation, but all fractions in the third decimal place shall be considered as an additional unit in the second decimal place.
3. Where neither limit required appears in the table, refer to company.

B. All limits are expressed in thousands of dollars.

C. Limit codes are shown in parentheses under factors.

1. Convalescent or Nursing Homes

	Per Medical Incident						
Aggregate	**100**	**150**	**200**	**250**	**300**	**500**	**1,000**
300	**1.00**	**1.12**	**1.19**	**1.24**	**1.27**		
	(52)	(56)	(60)	(63)	(66)		
400	**1.01**	**1.13**	**1.24**	**1.29**	**1.32**		
	(55)	(56)	(60)	(63)	(66)		
500	**1.03**	**1.18**	**1.28**	**1.36**	**1.41**	**1.54**	
	(53)	(56)	(57)	(61)	(66)	(67)	
600	**1.04**	**1.19**	**1.30**	**1.38**	**1.45**	**1.60**	
	(55)	(56)	(58)	(63)	(66)	(70)	
750	**1.05**	**1.19**	**1.30**	**1.39**	**1.46**	**1.62**	
	(55)	(56)	(60)	(62)	(66)	(70)	
1,000	**1.06**	**1.20**	**1.32**	**1.42**	**1.50**	**1.72**	**1.94**
	(54)	(56)	(59)	(63)	(66)	(68)	(71)
1,250	**1.07**	**1.20**	**1.32**	**1.42**	**1.50**	**1.73**	**1.98**
	(55)	(56)	(60)	(63)	(66)	(70)	(73)
1,500	**1.08**	**1.21**	**1.33**	**1.43**	**1.51**	**1.75**	**2.06**
	(55)	(56)	(60)	(63)	(66)	(69)	(73)
2,000	**1.09**	**1.22**	**1.34**	**1.44**	**1.52**	**1.76**	**2.10**
	(55)	(56)	(60)	(63)	(66)	(70)	(73)
2,500	**1.10**	**1.23**	**1.35**	**1.45**	**1.53**	**1.77**	**2.10**
	(55)	(56)	(60)	(63)	(66)	(70)	(73)
3,000	**1.11**	**1.24**	**1.36**	**1.46**	**1.54**	**1.78**	**2.12**
	(55)	(56)	(60)	(63)	(66)	(70)	(72)

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52. INCREASED LIMITS TABLES (Cont'd)

2. Dentists

Aggregate	Per Dental Incident								
	100	150	200	250	300	500	1,000	1,500	2,000
300	1.00	1.06							
	(52)	(56)							
400	1.01	1.07	1.10	1.12					
	(55)	(56)	(60)	(63)					
500	1.03	1.08	1.12	1.14	1.16	1.21			
	(53)	(56)	(57)	(61)	(66)	(67)			
600	1.04	1.09	1.14	1.16	1.18	1.23			
	(55)	(56)	(58)	(63)	(66)	(70)			
750	1.05	1.10	1.15	1.18	1.20	1.25			
	(55)	(56)	(60)	(62)	(66)	(70)			
900	1.06	1.11	1.16	1.19	1.22	1.27			
	(55)	(56)	(60)	(63)	(65)	(70)			
1,000	1.06	1.11	1.16	1.19	1.23	1.28	1.34		
	(54)	(56)	(59)	(63)	(66)	(68)	(71)		
1,250	1.07	1.12	1.17	1.20	1.24	1.29	1.35		
	(55)	(56)	(60)	(63)	(66)	(70)	(73)		
1,500	1.08	1.13	1.18	1.21	1.24	1.29	1.35	1.39	
	(55)	(56)	(60)	(63)	(66)	(69)	(73)	(74)	
2,000	1.10	1.14	1.20	1.23	1.26	1.30	1.36	1.40	1.42
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	(74)	(75)
2,500	1.12	1.15	1.22	1.24	1.28	1.32	1.37	1.41	1.43
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	(74)	(75)
3,000	1.14	1.16	1.24	1.26	1.30	1.34	1.38	1.42	1.44
	(55)	(56)	(60)	(63)	(66)	(70)	(72)	(74)	(75)
4,000	1.14	1.19	1.24	1.27	1.30	1.35	1.39	1.43	1.45
	(55)	(56)	(60)	(63)	(66)	(70)	(72)	(74)	(75)

3. Hospitals

Aggregate	Per Medical Incident						
	100	150	200	250	300	500	1,000
300	1.00	1.08	1.12	1.14	1.16		
	(52)	(56)	(60)	(63)	(66)		
500	1.04	1.16	1.24	1.29	1.33	1.41	
	(53)	(56)	(57)	(61)	(66)	(67)	
600	1.05	1.18	1.27	1.33	1.38	1.49	
	(55)	(56)	(58)	(63)	(66)	(70)	
1,000		1.20	1.31	1.40	1.47	1.66	1.83
		(56)	(59)	(63)	(66)	(68)	(71)
1,500		1.21	1.32	1.42	1.50	1.73	2.01
		(56)	(60)	(63)	(66)	(69)	(73)
2,000					1.51	1.76	2.09
					(66)	(70)	(73)
3,000							2.14
							(72)

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52. INCREASED LIMITS TABLES (Cont'd)

4. **Insurance Agents**
   Lawyers
   Physicians
   Social Services

Aggregate	Per Claim / Medical Incident 100	150	200	250	300	500	1,000
300	**1.00**	**1.15**	**1.24**	**1.32**	**1.38**		
	(52)	(56)	(60)	(63)	(66)		
400	**1.01**	**1.17**	**1.30**	**1.39**	**1.46**		
	(55)	(56)	(60)	(63)	(66)		
500		**1.19**	**1.32**	**1.44**	**1.52**	**1.74**	
		(56)	(57)	(61)	(66)	(67)	
600		**1.20**	**1.34**	**1.46**	**1.56**	**1.80**	
		(56)	(58)	(63)	(66)	(70)	
750		**1.21**	**1.35**	**1.48**	**1.58**	**1.87**	
		(56)	(60)	(62)	(66)	(70)	
900				**1.49**	**1.60**	**1.92**	
				(63)	(65)	(70)	
1,000					**1.61**	**1.94**	**2.30**
					(66)	(68)	(71)
1,500					**1.62**	**1.99**	**2.44**
					(66)	(69)	(73)
2,000						**2.00**	**2.50**
						(70)	(73)
2,500							**2.52**
							(73)
3,000							**2.53**
							(72)

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52. INCREASED LIMITS TABLES (Cont'd)

5. Surgeons

Aggregate	Per Medical Incident 100	150	200	250	300	500	1,000
300	**1.00**	**1.15**	**1.25**	**1.33**	**1.40**		
	(52)	(56)	(60)	(63)	(66)		
400	**1.01**	**1.18**	**1.31**	**1.41**	**1.48**		
	(55)	(56)	(60)	(63)	(66)		
500		**1.19**	**1.34**	**1.46**	**1.54**	**1.78**	
		(56)	(57)	(61)	(66)	(67)	
600		**1.20**	**1.36**	**1.48**	**1.59**	**1.85**	
		(56)	(58)	(63)	(66)	(70)	
750		**1.21**	**1.37**	**1.50**	**1.61**	**1.92**	
		(56)	(60)	(62)	(66)	(70)	
900				**1.51**	**1.63**	**1.97**	
				(63)	(65)	(70)	
1,000					**1.64**	**2.00**	**2.40**
					(66)	(68)	(71)
1,500					**1.65**	**2.05**	**2.56**
					(66)	(69)	(73)
2,000						**2.06**	**2.63**
						(70)	(73)
2,500							**2.65**
							(73)
3,000							**2.66**
							(72)

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52. INCREASED LIMITS TABLES (Cont'd)

6. Animal Grooming
Cemetery
Chiropractors
Chiropodists / Podiatrists
Clergy / Counselors
Cosmetologists and Barbers
Cosmetology or Barbering School
County Recorders and / or County Clerks
EMTs
Funeral Service Providers
Miscellaneous Health Care
Optometrists
Pedorthists
Physiotherapists
Printers
Real Estate Agents
Teachers
Travel Agents
Veterinarians

	Per Claim / Medical Incident / Occurrence / Professional Incident						
Aggregate	100	150	200	250	300	500	1,000
300	**1.00** (52)	**1.14** (56)	**1.22** (60)	**1.29** (63)	**1.33** (66)		
400	**1.01** (55)	**1.15** (56)	**1.26** (60)	**1.34** (63)	**1.38** (66)		
500		**1.16** (56)	**1.27** (57)	**1.36** (61)	**1.40** (66)	**1.56** (67)	
600		**1.17** (56)	**1.28** (58)	**1.37** (63)	**1.42** (66)	**1.62** (70)	
750		**1.18** (56)	**1.29** (60)	**1.38** (62)	**1.44** (66)	**1.65** (70)	
900				**1.39** (63)	**1.46** (65)	**1.67** (70)	
1,000					**1.47** (66)	**1.68** (68)	**1.92** (71)
1,500					**1.48** (66)	**1.69** (69)	**1.97** (73)
2,000						**1.70** (70)	**1.98** (73)
2,500							**1.99** (73)
3,000							**2.00** (72)

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52. INCREASED LIMITS TABLES (Cont'd)

7. **Blood Banks**
Medical or X-ray Laboratories

Aggregate	Per Medical Incident 100	150	200	250	300	500	1,000
300	**1.00**	**1.15**			**1.38**		
	(52)	(56)			(66)		
500	**1.01**	**1.17**	**1.29**	**1.40**	**1.48**	**1.70**	
	(53)	(56)	(57)	(61)	(66)	(67)	
600			**1.30**	**1.40**	**1.49**	**1.75**	
			(58)	(63)	(66)	(70)	
1,000						**1.82**	**2.32**
						(68)	(71)
1,500						**1.82**	**2.40**
						(69)	(73)
2,000							**2.42**
							(73)
3,000							**2.42**
							(72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
TERRORISM COVERAGE RULES

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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1. TERRORISM COVERAGE

The Terrorism Risk Insurance Extension Act of 2005 has amended the Terrorism Risk Insurance Act of 2002 to state that the Department of the Treasury may not certify an act of terrorism for this line of insurance, thus acts that are determined to be terrorism may be considered other acts of terrorism.

A. Description of Coverage

1. **Certified Terrorism Losses** - In accordance with the Terrorism Risk Insurance Act of 2002 (the Act), all companies writing commercial property and casualty insurance must make available to policyholders coverage for certified terrorism losses. A certified terrorism loss is any loss that is covered by an applicable coverage part and that results from an act of terrorism if:

   a. Such loss:

      (1) Occurs and results in damage within the United States; or

      (2) To an air carrier (as defined in Section 40102 of title 49, United States Code); to a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), regardless of where the loss occurs; or at the premises of any United States mission; and

      (3) Results from a violent act or an act that is dangerous to human life, property, or infrastructure;

      (4) Has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as a part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

   b. The act of terrorism is certified by the Secretary of the Treasury as such, in concurrence with the Secretary of State and the Attorney General of the United States.

   c. The act of terrorism results in losses greater than $5,000,000 in the aggregate.

   d. When the Secretary of the Treasury determines that certified terrorism losses have exceeded the maximum annual liability as set forth in the Act, (or any amendments thereto) and a company has met its deductible and co-payment as required by the Act, the company is not liable for the payment of any portion of certified terrorism losses that exceed the maximum annual liability.

2. **Other Acts of Terrorism Losses** - An Other Act of Terrorism loss is any loss defined as such covered by an applicable coverage part that results from a violent act or an act that is dangerous to human life, property, or infrastructure that:

   a. Is committed by an individual or individuals, not acting on behalf of any foreign person or foreign interest (domestic terrorism); and

   b. Appears to be part of an effort to coerce a civilian population or to influence the policy or affect the conduct of any government by coercion; and

   c. Is not certified as a terrorist act pursuant to the Federal Terrorism Risk Insurance Act of 2002.

3. For insureds of The Cincinnati Insurance Companies, Certified Acts of Terrorism Coverage and Other Acts of Terrorism Coverage are linked together, either provided or excluded together, barring unusual exposures or circumstances, and subject to the forms, limitations, exclusions and rates in the rules below.

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1. TERRORISM COVERAGE (Cont'd)

B. Offer, Disclosure and Forms - Disclosures / Limitations / Exclusions:

1. The Act requires that companies notify policyholders of the availability of coverage for certified terrorism losses and the premium charge applicable to such coverage.

2. Attach **Policyholder Notice Terrorism Insurance Coverage, Form IA 4236**, if applicable. Also attach **Cap on Losses from Certified Acts of Terrorism, Form IA 4238** to the policy, if **Form IA 4236** is attached.

3. **Terrorism Coverage Rejection.** If terrorism coverage is NOT desired, we must receive and have on file a letter from the first named insured, on the insured's letterhead, and signed by the insured. In such cases, remove **Cap on Losses from Certified Acts of Terrorism, Form IA 4238**, if it has been attached, and attach **Exclusion of Certified Acts and Other Acts of Terrorism, Form IA 319** to the policy.

C. Premium Determination:

1. **Certified Acts of Terrorism and Other Acts of Terrorism**

   a. Apply the factor / rate shown below in accordance with the geographic tier and hazard class of the policy to all eligible policy premium to determine the additional premium for acts of terrorism.

   b. Factors / Rates apply per policy to all eligible coverage premiums and cannot be divided.

   c. Factors / Rates for Certified Losses. Other Acts of Terrorism Losses are included.

      (1) **Eligible Policy Premium** - Includes all premium for all coverages and policies rated from any of the following except as noted:

         (a) Division One - Auto

         (b) Division Two - Machinery and Equipment

         (c) Division Three - Crime

         (d) Division Four - Farm

         (e) Division Five - Fire and Allied Lines

         (f) Division Six - General Liability

         (g) Division Seven - Professional Liability, excluding any Medical Professional

         (h) Division Eight - Inland Marine

         (i) Division Nine - Multiple Line

         (j) Commercial Umbrella Program, excluding any Medical Professional and any attached Personal Umbrella

DIVISION OF INSURANCE
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1. TERRORISM COVERAGE (Cont'd)

(k) Businessowners Package Program, excluding any Medical Professional

(l) Dentist's Package Program, excluding any Medical Professional

(m) Package for Artisan Contractors

(n) Religious Institutions Package Policy

(o) Garage Operators Policy

(p) Financial Institutions Package Program

(q) Printers Package Program

(r) Metalworkers Package Policy

(s) Commercial Output Policy

(t) Non-Profit Organization Package Program (Iowa)

(2) Geographic Tiers:

TIER	TERRITORY DEFINITION	TERRITORY CODES (Fire)*	TERRITORY CODES (GL)*
1	San Francisco, CA	**CA** - 380, 410	**CA** - 001
	Washington, D.C.	**DC** - All Codes	**DC** - 001
	Chicago, IL	**IL** - 082	**IL** - 001
	New York City, NY (Manhattan only)	**NY** - 310	**NY** - 001
2	Los Angeles County, CA	**CA** - 600-630	**CA** - 003
	Cook County, IL (Outside Tier 1)	**IL** - 080-089, excl - 082	**IL** - 007
	Suffolk County, MA (Boston Area)	**MA** - 130, 131	**MA** - 014
	Montgomery & Prince George's Counties, MD (DC Area)	**MD** - 160-179	**MD** - 002
	New York City, NY except Manhattan	**NY** - 030, 240, 300-309, 410, 430, 520	**NY** - 010
	Philadelphia, PA	**PA** - 510	**PA** - 001
	Harris County, TX (Houston Area)	**TX** - 718	**TX** - 004
	Arlington, Alexandria, VA (DC Area)	**VA** - 040, 150, 495, 545, 565	**VA** - 001
	King County, WA (Seattle Area)	**WA** - 170, 171	**WA** - 001
3	Remainder of Country	All Other per State	All Other

*Territory codes are those in effect as of February 2003. If territory revisions are made by ISO, the original territory assignments will apply until the company submits the required filings.

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1. **TERRORISM COVERAGE** (Cont'd)

(3) Hazard Classes - These are subject to change in accordance with evolving knowledge of terrorist means, targeting and reinsurance limitations. Refer to the Terrorism Hazard Underwriting Guideline for current specific class and risk definitions:

(a) High Hazard - Subject to underwriting judgement, but primarily terrorism target properties as determined by ISO and / or associated with reinsurance limitations. Refer to company for classification and rating.

(b) Low Hazard - Subject to underwriting judgement, but generally all other classes and risks not considered a high hazard terrorism target but still potentially subject to loss, even if just collateral damage or incidental liability.

(4) Rate Factors:

(a) Auto and Other Than Auto (OTA):

HAZARD CLASS:	LINE:	GEOGRAPHIC TIERS: 1	2	3	MIN. PREM.:
LOW HAZARD	Auto	0.2% (0.002)	0.2% (0.002)	0.2% (0.002)	
	OTA	5.0% (0.050)	4.0% (0.040)	0.75% (0.0075)	$ 25.00
HIGH HAZARD	Auto	0.2% (0.002)	0.2% (0.002)	0.2% (0.002)	
	OTA	8.0% (0.080)	7.0% (0.070)	1.50% (0.0150)	$125.00

(b) Factors apply to final eligible premiums, after the application of all other rating factors including IRPM or Schedule credits or debits.

(c) Factors do not apply to state specified surcharges, fees or taxes.

(d) Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

(e) This premium is subject to anniversary adjustment but not midterm adjustment.

THE

CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GUIDE (a) RATES

DIVISION OF INSURANCE
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1. RULES FOR USE OF GUIDE (a) RATES

I. Rates differing from the guide (a) rates in the schedule, or a rating basis differing from a rating basis in the schedule, provided none is specified in the Professional Liability Manual, may be established in individual cases by the company.

II. (a) rates for exposures not assignable to any classification contained in the schedule of guide (a) rates or in the Professional Liability Manual may be established in individual cases by the company.

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36. SOCIAL SERVICES PROFESSIONAL LIABILITY

Adoption or Child Placement	Code 20015	$415.00	each professional individual
Residential Childcare	Code 20016	$205.00	each professional individual

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52. INCREASED LIMITS TABLES

A. The following interpolation procedure shall be used in determining increased limits factors or combinations of limits not shown in the limits tables:

1. Determine the table factor for the limit or combination of limits next lower than the limit or limits desired and the table factor for the next higher limit or combination of limits.
2. The factor for the limit or combination of limits desired shall be determined by interpolation, but all fractions in the third decimal place shall be considered as an additional unit in the second decimal place.
3. Where neither limit required appears in the table, submit for rating.

B. All limits are expressed in thousands of dollars.

C. Limit codes are shown in parentheses under factors.

THE

CINCINNATI INSURANCE COMPANIES

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1. Convalescent or Nursing Homes

Aggregate	Per Medical Incident 100	200	250	500	1,000	1,500	2,000	2,500	3,000
4,000	2.01	2.07	2.09	2.16	2.26	2.33	2.48	2.58	2.68
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
4,500	2.02	2.08	2.10	2.17	2.27	2.33	2.48	2.59	2.68
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
5,000	2.03	2.09	2.11	2.18	2.28	2.34	2.49	2.60	2.70
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
6,000	2.04	2.10	2.12	2.19	2.29	2.35	2.50	2.61	2.71
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
7,500	2.05	2.12	2.13	2.20	2.30	2.36	2.51	2.62	2.72
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
9,000	2.06	2.14	2.14	2.21	2.31	2.37	2.52	2.63	2.73
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
10,000	2.07	2.15	2.15	2.22	2.32	2.38	2.53	2.64	2.74
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)

2. Dentists

Aggregate	Per Dental Incident 2,500	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000
2,500	1.45								
	(76)								
3,000	1.46	1.47							
	(76)	(77)							
4,000	1.47	1.48	1.49						
	(76)	(77)	(78)						
4,500	1.48	1.49	1.50						
	(76)	(77)	(78)						
5,000	1.49	1.50	1.51	1.52					
	(76)	(77)	(78)	(79)					
6,000	1.50	1.51	1.52	1.53	1.54				
	(76)	(77)	(78)	(79)	(80)				
7,500	1.51	1.52	1.53	1.54	1.55	1.56			
	(76)	(77)	(78)	(79)	(80)	(81)			
9,000	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.59	
	(76)	(77)	(78)	(79)	(80)	(81)	(83)	(84)	
10,000	1.53	1.54	1.56	1.57	1.58	1.59	1.60	1.61	1.62
	(76)	(77)	(78)	(79)	(80)	(81)	(83)	(84)	(85)

THE
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3. Hospitals

Aggregate	Per Medical Incident 1,500	2,000	3,000
1,500	**2.10** (74)		
2,000	**2.24** (74)	**2.30** (75)	
3,000	**2.34** (74)	**2.46** (75)	**2.58** (77)
4,000	**2.37** (74)	**2.51** (75)	**2.69** (77)
5,000	**2.38** (74)	**2.53** (75)	**2.73** (77)

4. Insurance Agents
Lawyers
Physicians
Social Services

Aggregate	Per Claim / Medical Incident 1,500	2,000	2,500	3,000
1,500	**2.63** (74)			
2,000	**2.73** (74)	**2.85** (75)		
2,500	**2.78** (74)	**2.92** (75)	**3.00** (76)	
3,000	**2.80** (74)	**2.96** (75)	**3.06** (76)	**3.12** (77)

5. Surgeons

Aggregate	Per Medical Incident 1,500	2,000	2,500	3,000
1,500	**2.78** (74)			
2,000	**2.89** (74)	**3.04** (75)		
2,500	**2.95** (74)	**3.13** (75)	**3.24** (76)	
3,000	**2.98** (74)	**3.17** (75)	**3.31** (76)	**3.39** (77)

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6. Animal Grooming
Cemetery
Chiropractors
Chiropodists / Podiatrists
Clergy / Counselors
Cosmetologists and Barbers
Cosmetology or Barbering School
County Recorders and / or County Clerks
EMTs
Funeral Service Providers
Miscellaneous Health Care
Optometrists
Pedorthists
Physiotherapists
Printers
Real Estate Agents
Teachers
Travel Agents
Veterinarians

Aggregate	Per Claim / Medical Incident / Occurrence / Professional Incident 1,500	2,000	2,500	3,000
1,500	**2.10** (74)			
2,000	**2.13** (74)	**2.21** (75)		
2,500	**2.14** (74)	**2.23** (75)	**2.28** (76)	
3,000	**2.15** (74)	**2.24** (75)	**2.30** (76)	**2.33** (77)

DIVISION OF INSURANCE
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7. **Blood Banks**
Medical or X-ray Laboratories

Aggregate	Per Medical Incident 1,500	2,000	3,000
1,500	**2.81** (74)		
2,000	**2.88** (74)	**3.25** (75)	
3,000	**2.91** (74)	**3.34** (75)	**4.08** (77)
4,000		**3.35** (75)	**4.14** (77)
5,000			**4.15** (77)

THE

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TERRITORY PAGE

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Legal Professional (Subline Code 317)

ENTIRE STATE 999

Medical Professional

Hospital Professional Liability (Subline Code 210)

Miscellaneous Liability - Professional - Excluding Veterinarians Professional Liability (Subline Codes 220 or 240)

Physicians, Surgeons and Dentists Professional Liability (Subline Code 230)

COOK COUNTY 001
REMAINDER OF STATE 002

Veterinarians Professional Liability (Subline Code 317)

ENTIRE STATE 999

THE
CINCINNATI
INSURANCE COMPANIES

THE
CINCINNATI INSURANCE COMPANIES

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY
THE CINCINNATI INDEMNITY COMPANY
THE CINCINNATI LIFE INSURANCE COMPANY
Mailing Address: P.O. BOX 145496
CINCINNATI, OHIO 45250-5496
(513) 870-2000

May 11, 2006

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED
MAY 17 2006
SPRINGFIELD, ILLINOIS

Honorable Michael T. McRaith
Director of Insurance
Illinois Department of Insurance
Property and Casualty Evaluation
320 West Washington Street
Springfield, Illinois 62767-0001

Attention: Gayle Neuman

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAR 15 2007
SPRINGFIELD. ILLINOIS

Reference: **The Cincinnati Insurance Company - FEIN 31-0542366**
The Cincinnati Casualty Company - FEIN 31-0826946
The Cincinnati Indemnity Company - FEIN 31-1241230
Commercial Lines
Division Seven - Professional Liability
Rule/Rate Filing
Filing #PRO-06-7504-IL

Dear Ms Neuman:

At this time, we wish to file revised rules and rates per the attached memorandum. The rules are applicable to all of the above companies.

We are adding a new class code for Dentist's Professional Liability in order to better track our loss experience for dentist's who perform the extraction of impacted third molars other than soft tissue. Since this is a new class, we are unable to determine a net effect for this rate. The attached memorandum gives a better explanation as to how the rate was developed and our justification behind it.

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by August 1, 2006, for the software to be mailed to our agents on September 1, 2006, for the effective date of November 15, 2006.

Your approval is respectfully requested for use on policies effective on or after November 15, 2006.

Sincerely,

Connie Petertonjes

Connie Petertonjes, CPCU, RPLU, AFSB, CPIW
Senior Filings Specialist
Staff Underwriting Department
(513) 603-5352
E-mail: connie_petertonjes@cinfin.com

6200 S. Gilmore Road Fairfield, Ohio 45014-5141

Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]
Sent: Monday, December 18, 2006 12:41 PM
To: Neuman, Gayle
Subject: Professional Liability Rate Change--NEW EFFECTIVE DATE REQUEST--PRO-06-7504-IL

Dear Ms. Neuman:

As mentioned in an earlier e-mail, I need to have you amend the requested effective date for my approved Division Seven-Professional Liability Rate Filing, PRO-06-754-IL. This filing was approved back in September; however, it corresponds to the pending Dentist Package Program filing, CDEN-06-7503-IL. I need for you to change the effective date for this filing to 7/15/07. (The original date requested was 11/15/06 and I had already asked you to change it to 3/15/07 when we missed deadline for the original effective date.)

Thank you for your help!

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW

Senior Filings Specialist

The Cincinnati Insurance Companies

Phone: (513) 603-5352

Fax: (513) 881-8884

E-mail: connie_petertonjes@cinfin.com

Cincinnati Ins. Co.
Cincinnati Casualty
Cincinnati Indemnity

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ILLINOIS
DIVISION SEVEN - PROFESSIONAL LIABILITY
RULES AND RATES MEMORANDUM

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
-----	PL-TC-1 (7/02) and PL-TC-2 (11/03)	TABLE OF CONTENTS Deleting Table of Contents pages due to manual reformatting and online availability.
-----	PL-INDEX-1 and PL-INDEX-2 (11/03)	INDEX Deleting Index pages due to manual reformatting and online availability.

Dentist's Professional Liability

In order to track our loss experience for dentists that perform "Extraction of Impacted Third Molars Other Than Soft Tissue or Other Than Partial Bony ", we have removed this procedure from Class 3 (Oral and Maxillofacial Surgeon) and have created new class 2B. (We have created class 2B for those dentists who are not oral surgeons yet on occasion may perform extraction of impacted third molars other than soft tissue or other than partial bony.)

The rate for new class 2B is 35% higher than the rate for class 2. Currently a class 2 dentist that performs extractions of impacted third molars (soft tissue or partial bony) receives a debit of 25%. For extractions of bony impacted third molars, an additional 10% increase is applied.

PL-23 (11/06)	PL-23 (7/05)	Rule 4.D.2. Added mention of new Class 2B (30028) and mention of Corporate, Limited Liability Company, and Partnership Liability Class 80239 to the paragraph immediately preceding the table. In the table, the "Extraction of Impacted Third Molars Other Than Soft Tissue or Other Than Partial Bony" procedure was removed from Class 3 and added as a procedure for new class 2B.
PL-24 (11/06)	PL-24 (3/04)	Rule 4.D.3. Added rates for new class 2B to the rate tables.
PL-25 (11/06)	PL-25 (7/05)	Rule 4.I.6.b. Added a sentence to clarify that extraction debits do not apply to Class 2B dentists.
PL-26 (11/06)	PL-26 (3/04)	Rule 4.I.7.b. Deleted the requirement that, in order to apply an experience debit, the dentist must be insured with the Cincinnati Insurance Companies at the time of the loss and the loss must be during the experience period.
PL-33 (11/06)	PL-33 (3/04)	Rule 11. Veterinarian Professional Liability Added mention of form PA 208 - State Board of Veterinary Medical Examiners (SBVME) Supplementary Payments Coverage under Rule 11.B.

Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]
Sent: Thursday, August 31, 2006 10:06 AM
To: Neuman, Gayle
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL
Attachments: Pages from IL PRO 11-06 D REVISED.pdf

Dear Ms. Neuman,

Kindergarten was fine for my daughter, not so easy for me! But, I am doing much better now, thanks!

I really hope this can be our final version. I am sure you are getting sick of me by now!

Please let me know if you have any questions.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Monday, August 28, 2006 12:10 PM
To: Petertonjes, Connie
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Petertonjes,

I hope the first day of kindergarten went well – it can be a heartbreaker!

In regard to the title of the section, the "Installments (including Quarterly Installment Options)" is fine and there is no need to separate this section from the annual and semi-annual information.

You can disregard the second issue.

In regard to your "payment due" paragraph, it reads fine – although you could delete the second sentence as the first and third sentence cover it all.

Thank you for your assistance.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Saturday, August 26, 2006 12:24 PM
To: Neuman, Gayle

Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Neuman:

I am sorry this has not been going smoothly. I was not expecting the state to be so particular in how this rule is being worded. Plus, the state's new guidelines are pretty much exactly how our company does quarterly payment plans. I am surprised to learn that other companies do not handle things in a similar fashion. I just assumed that a quarterly installment plan was meant to be due every quarter of the year. Before I have the final rule revised again, I would like to make sure I have finally understood the changes you require.

First, I need to revise the section title. I am a bit confused as to how you would like for me to do this. Should I just completely separate out the quarterly information from the annual and semi-annual information and title that information separately as "Quarterly Installment Option". Or, can I just revise our current title of "Installments" to read something like "Installments (including Quarterly Installments Option)". I want to make sure I am in compliance, but I also don't want to make the rule so confusing for the reader.

Second, you need me to change the phrase "For policies written on a quarterly pay basis" to read "For policies written on a quarterly payment plan", is this correct?

Finally, I need to add clarification as to when the actual payments are due. Will this wording satisfy the state's concerns? (I basically just used the wording spelled out in your initial e-mail.)

> *For policies written on a quarterly payment plan, an initial payment of 25% of the total annual premium plus $5 will be due at policy inception. The remaining premium will be spread equally among the second, third, and fourth installments. Each of these subsequent installments will be 25% of the total annual premium plus $5 per installment and will be due 3, 6, and 9 months from policy inception, respectively.*

Again, thank you for being so patient and working with me to get this corrected.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, August 24, 2006 12:25 PM
To: Petertonjes, Connie
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Petertonjes,

The section is not labeled as requested. We just require your statement indicating the title you will use. The section says the premium will be divided into quarters, but does not mention when the subsequent payments will be due. Additionally, the language "for policies issued on a quarterly basis" should read "for policies with a quarterly payment plan".

Thank you for your prompt attention.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Thursday, August 24, 2006 9:38 AM
To: Neuman, Gayle
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Neuman:

I have amended our Installment plan according to your guidelines listed below. Please let me know if this is acceptable. I will not be in the office tomorrow and will only be in for the morning on Monday (my daughter is starting kindergarten Monday), so I wanted to get this to you as soon as possible.

Thank you, again, for clarifying what needed to be done.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]
Sent: Saturday, August 26, 2006 12:24 PM
To: Neuman, Gayle
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Neuman:

I am sorry this has not been going smoothly. I was not expecting the state to be so particular in how this rule is being worded. Plus, the state's new guidelines are pretty much exactly how our company does quarterly payment plans. I am surprised to learn that other companies do not handle things in a similar fashion. I just assumed that a quarterly installment plan was meant to be due every quarter of the year. Before I have the final rule revised again, I would like to make sure I have finally understood the changes you require.

First, I need to revise the section title. I am a bit confused as to how you would like for me to do this. Should I just completely separate out the quarterly information from the annual and semi-annual information and title that information separately as "Quarterly Installment Option". Or, can I just revise our current title of "Installments" to read something like "Installments (including Quarterly Installments Option)". I want to make sure I am in compliance, but I also don't want to make the rule so confusing for the reader.

Second, you need me to change the phrase "For policies written on a quarterly pay basis" to read "For policies written on a quarterly payment plan", is this correct?

Finally, I need to add clarification as to when the actual payments are due. Will this wording satisfy the state's concerns? (I basically just used the wording spelled out in your initial e-mail.)

> *For policies written on a quarterly payment plan, an initial payment of 25% of the total annual premium plus $5 will be due at policy inception. The remaining premium will be spread equally among the second, third, and fourth installments. Each of these subsequent installments will be 25% of the total annual premium plus $5 per installment and will be due 3, 6, and 9 months from policy inception, respectively.*

Again, thank you for being so patient and working with me to get this corrected.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, August 24, 2006 12:25 PM
To: Petertonjes, Connie
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Petertonjes,

The section is not labeled as requested. We just require your statement indicating the title you will use. The section says the premium will be divided into quarters, but does not mention when the subsequent payments will be due. Additionally, the language "for policies issued on a quarterly basis" should read "for policies with a quarterly payment plan".

Thank you for your prompt attention.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Thursday, August 24, 2006 9:38 AM
To: Neuman, Gayle
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Neuman:

I have amended our Installment plan according to your guidelines listed below. Please let me know if this is acceptable. I will not be in the office tomorrow and will only be in for the morning on Monday (my daughter is starting kindergarten Monday), so I wanted to get this to you as soon as possible.

Thank you, again, for clarifying what needed to be done.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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Neuman, Gayle

From: Neuman, Gayle
Sent: Thursday, August 24, 2006 11:25 AM
To: 'Petertonjes, Connie'
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Petertonjes,

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Sent: Thursday, August 24, 2006 9:38 AM
To: Neuman, Gayle
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

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Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]
Sent: Thursday, August 24, 2006 9:38 AM
To: Neuman, Gayle
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL
Attachments: Pages from M PRO 01-06 F.pdf

Ms. Neuman:

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, August 17, 2006 9:03 AM
To: Petertonjes, Connie
Subject: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Petertonjes,

As you know, the new Medical Professional Liability law in Illinois, PA94-677 (Senate Bill 475), requires insurers to implement a quarterly premium payment installment plan as prescribed by the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR).

This email is to advise you of the requirements being prescribed by the Secretary and by the Director of the Division of Insurance regarding the quarterly premium payment installment plan you are required to offer to your insureds. In reviewing the filing referenced above, we note that your quarterly installment plan does not meet and/or address some or all of the following prescribed requirements.

Please amend your rate/rule manual's quarterly installment plan provisions to comply with all of the following prescribed requirements and send me your updated manual pages no later than August 23, 2006.

Quarterly Premium Payment Installment Plan Prescribed Requirements

All companies writing medical liability insurance shall file with the Secretary or Director a plan to offer each medical liability insured the option to make premium payments, in at least quarterly installments. For purposes of

this requirement, insurers may, but are not required to, offer such premium installment plans to insureds whose annual premiums are less than $500, or for premium for any extension of a reporting period. Quarterly installment premium payment plans subject to this Section shall be included in the initial offer of the policy, or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer may, but need not re-offer such payment plan, but if an insured requests such payment plan at a later date, the insurer must make it available. All quarterly installment premium payment plan provisions shall be contained in the filed rate and/or rule manual in a section entitled, "Quarterly Installment Option" or a substantially similar title. If the company uses a substantially similar title, the Rule Submission Letter must indicate the name of the section that complies with this requirement. All quarterly installment premium payment plans shall include the minimum standards listed below. Insurers may provide for quarterly installment premium payment plans that differ from these minimum standards, as long as such plans have terms that are at least as or more favorable than those listed below.

i) An initial payment of no more than 40% of the estimated total premium due at policy inception;

ii) The remaining premium spread equally among the second, third, and fourth installments, with the maximum for such installments set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;

iii) No interest charges;

iv) Installment charges or fees of no more than 1% of the total premium or $25.00, whichever is less;

v) A provision stating that additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

Your immediate attention is requested.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Neuman, Gayle

From: Neuman, Gayle
Sent: Wednesday, August 16, 2006 2:35 PM
To: 'Petertonjes, Connie'
Subject: RE: Dentist's Professional Liability Rate/Rule Filing #PRO-06-7504-IL

Connie,

We will amend the effective date as requested.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Wednesday, August 16, 2006 2:15 PM
To: Neuman, Gayle
Subject: RE: Dentist's Professional Liability Rate/Rule Filing #PRO-06-7504-IL

Gayle:

I know that this one is still waiting to be reviewed by your actuarial staff, and that isn't a problem, but I was wondering if you would mind amending my proposed effective date on this filing from 11/15/06 to 3/15/07. This is another one of the filings that I have which missed our internal deadline of 8/1/06 for approval and I need to move these to our next scheduled trimester for Illinois which is 3/15/07.

Thank you so much! Please let me know if you have any questions.

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Wednesday, July 12, 2006 10:55 AM
To: Petertonjes, Connie
Subject: RE: Dentist's Professional Liability Rate/Rule Filing #PRO-06-7504-IL

Connie,

No additional information is needed at this time. I have completed my review of the filing, however our actuarial staff has yet to review it - and it could be months from now before it is done.

Glad you are back - and a late congratulations!

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]

Sent: Wednesday, July 12, 2006 9:19 AM
To: Gayle_Neuman@ins.state.il.us
Subject: Dentist's Professional Liability Rate/Rule Filing #PRO-06-7504-IL

Dear Ms. Neuman:

I am trying to get back into the swing of things after returning from maternity leave and I noticed that you and Allison Timmers were corresponding on the above referenced filing. (I apologize for not giving you everything you needed before I left.) Anyway, I want to check to see if you now have everything you need to review this filing? I have an internal deadline of 8/1/06 on this one, so I thought I better follow up and see if you need any additional information or if you have any more questions.

Thanks so much and I appreciate your willingness to work with Allison on this one in my absence.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW

Senior Filings Specialist

The Cincinnati Insurance Companies

Phone: (513) 603-5352

Fax: (513) 881-8884

E-mail: connie_petertonjes@cinfin.com

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Neuman, Gayle

From: Timmers, Allison [Allison_Timmers@cinfin.com]
Sent: Friday, June 02, 2006 12:49 PM
To: Neuman, Gayle
Subject: RE: Dentists Professional Liability - Rate/Rule Filing #PRO-06-7504-IL

Dear Ms. Neuman:

We have removed the annual premium limitation from our installment payment plan for medical professional on page PL-GR-3 . Please see attached revisions made to Rule # 5.C.2.

Sincerely,

Allison Timmers

From: Neuman, Gayle [mailto:GNeuman@idfpr.com]
Sent: Wednesday, May 31, 2006 11:36 AM
To: Timmers, Allison
Subject: RE: Dentists Professional Liability - Rate/Rule Filing #PRO-06-7504-IL

Ms. Timmers,

In regard to the installment payments, we require the manual state that the company will offer to every medical liability insured a premium installment payment plan as the language in the law states. There should not be any reference to a minimum annual premium. There was no premium threshold included in the law to allow a minimum premium limitation. Therefore, please submit an updated manual page with such change.

Additionally, there is current legislation pending in regard to the installment payment plan. Upon such legislation being finalized, we will advise you if the manual would require additional information or changes.

Your prompt attention is appreciated.

From: Timmers, Allison [mailto:Allison_Timmers@cinfin.com]
Sent: Friday, May 26, 2006 7:53 AM
To: Neuman, Gayle
Subject: RE: Dentists Professional Liability - Rate/Rule Filing #PRO-06-7504-IL

Dear Ms. Neuman:

Please accept my apologies. I am attaching the complete Professional Liability manual. The pages are the same for all 3 companies.

You will find the Installment Payment Plan on PL-GR-3.

Sincerely,

Allison Timmers

From: Neuman, Gayle [mailto:GNeuman@idfpr.com]
Sent: Thursday, May 25, 2006 11:18 AM
To: Timmers, Allison
Subject: Dentists Professional Liability - Rate/Rule Filing #PRO-06-7504-IL

Ms. Timmers,

We are in receipt of your May 19, 2005 e-mail providing a copy of the manual. Thank you for your prompt attention.

In the pages referenced as "PL", we see no mention of a premium installment payment plan. SB475 requires as of January 1, 2006 that insurers have on file and offer a quarterly premium installment payment plan.

Gayle Neuman
Property & Casualty Compliance Unit, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through our website at http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm.

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Neuman, Gayle

From: Timmers, Allison [Allison_Timmers@CINFIN.com]
Sent: Thursday, May 18, 2006 1:10 PM
To: Neuman, Gayle
Subject: RE: Dentists Professional Liability - Rate/Rule Filing #PRO-06-7504-IL

Dear Ms. Neuman:

Thank you for forwarding this e-mail to me.

I have attached the complete rule/rate manual pages for Rule #4 Dentist's Professional Liability and Rule #11 Veterinarian Professional Liability. The pages are the same for all 3 companies.

Yes, we report our statistics to ISO, but ISO does not file on our behalf.

This is for occurrence only.

Please let me know if you need any further assistance.

Thank You,

Allison Timmers, Senior Commercial Filings Analyst

From: Neuman, Gayle [mailto:GNeuman@idfpr.com]
Sent: Thursday, May 18, 2006 10:28 AM
To: Timmers, Allison
Subject: FW: Dentists Professional Liability - Rate/Rule Filing #PRO-06-7504-IL

Ms. Timmers,

I am forwarding this e-mail to you as Connie has indicated she is out of the office until early July. Thank you for your assistance.

From: Neuman, Gayle
Sent: Thursday, May 18, 2006 9:23 AM
To: 'connie_petertonjes@cinfin.com'
Subject: Dentists Professional Liability - Rate/Rule Filing #PRO-06-7504-IL

Ms. Petertonjes,

We are in receipt of the above referenced filing.

We request you provide a copy of the complete rate/rule manual for the applicable section for each of the three companies.

Also, does your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

Is this for claims-made, occurrence, or both?

Your prompt attention is appreciated.

Gayle Neuman
Property & Casualty Compliance Unit, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

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