

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0008 Home Care Service Agencies
Product Name: Medical Malpractice
Project Name/Number: Hospice Target Market Program/CPRO14821

Filing at a Glance

Companies: The Cincinnati Casualty Company
 The Cincinnati Indemnity Company
 The Cincinnati Insurance Company
Product Name: Medical Malpractice
State: Illinois
TOI: 11.0 Medical Malpractice - Claims Made/Occurrence
Sub-TOI: 11.0008 Home Care Service Agencies
Filing Type: Rate/Rule
Date Submitted: 03/18/2013
SERFF Tr Num: CNNA-128747150
SERFF Status: Closed-Filed
State Tr Num: CNNA-128747150
State Status:
Co Tr Num: CQD-PRO-13-7504MM-IL

Effective Date: 07/15/2013
Requested (New):
Effective Date: 07/15/2013
Requested (Renewal):
Author(s): Connie Petertonjes, Kelly Lindemuth
Reviewer(s): Gayle Neuman (primary), Neetha Mamoottille, Caryn Carmean, Julie Rachford, Kathi Frye
Disposition Date: 10/28/2013
Disposition Status: Filed
Effective Date (New): 07/15/2013
Effective Date (Renewal): 07/15/2013

State Filing Description:
 ROUTED 3/19/13

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0008 Home Care Service Agencies
Product Name: Medical Malpractice
Project Name/Number: Hospice Target Market Program/CPRO14821

General Information

Project Name: Hospice Target Market Program

Project Number: CPRO14821

Reference Organization:

Reference Title:

Filing Status Changed: 10/28/2013

State Status Changed:

Created By: Connie Petertonjes

Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Submitted By: Kelly Lindemuth

Filing Description:

The Cincinnati Insurance Company - FEIN 31-0542366

The Cincinnati Casualty Company - FEIN 31-0826946

The Cincinnati Indemnity Company - FEIN 31-1241230

At this time, we wish to file new rules per the attached memorandum. The rules are applicable to all of the above companies. We are filing new rules for use with our new Hospice target market program. No rate changes are involved. We are adding some new coverages though, that do have new rates. However, there is no net effect on any current insured since these are new coverages that are being offered.

Final copies are attached for your review.

We will be using Illinois File and Use rule, with an effective date of 7/15/2013.

Company and Contact

Filing Contact Information

Connie Petertonjes, CPCU, AFSB, AIM, connie_petertonjes@cinfin.com

RPLU, Senior Filings Specialist

6200 S. Gilmore Road

513-603-5352 [Phone]

Fairfield, OH 45014

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0008 Home Care Service Agencies
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Project Name/Number: Hospice Target Market Program/CPRO14821

Filing Company Information

| | | |
|---------------------------------|-------------------------|-------------------------|
| The Cincinnati Casualty Company | CoCode: 28665 | State of Domicile: Ohio |
| 6200 S. Gilmore Road | Group Code: 244 | Company Type: |
| Fairfield, OH 45014 | Group Name: | State ID Number: |
| (513) 870-2000 ext. [Phone] | FEIN Number: 31-0826946 | |

| | | |
|----------------------------------|-------------------------|-------------------------|
| The Cincinnati Indemnity Company | CoCode: 23280 | State of Domicile: Ohio |
| 6200 S. Gilmore Road | Group Code: 244 | Company Type: |
| Fairfield, OH 45014 | Group Name: | State ID Number: |
| (513) 870-2000 ext. [Phone] | FEIN Number: 31-1241230 | |

| | | |
|----------------------------------|-------------------------|-------------------------|
| The Cincinnati Insurance Company | CoCode: 10677 | State of Domicile: Ohio |
| 6200 S. Gilmore Road | Group Code: 244 | Company Type: |
| Fairfield, OH 45014 | Group Name: | State ID Number: |
| (513) 870-2000 ext. [Phone] | FEIN Number: 31-0542366 | |

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

Refer to our checklists prior to submitting filing (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm):
Reviewed

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Understood

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: Understood

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Understood

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": Medical Malpractice

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: N/A

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Project Name/Number: Hospice Target Market Program/CPRO14821

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|------------|------------|----------------|
| Filed | Kathi Frye | 10/28/2013 | 10/28/2013 |

Objection Letters and Response Letters

Objection Letters

| Status | Created By | Created On | Date Submitted |
|---------------------------|----------------|------------|----------------|
| Pending Industry Response | Julie Rachford | 08/14/2013 | 08/14/2013 |
| Pending Industry Response | Caryn Carmean | 06/17/2013 | 06/17/2013 |
| Pending Industry Response | Gayle Neuman | 03/19/2013 | 03/19/2013 |

Response Letters

| Responded By | Created On | Date Submitted |
|-----------------|------------|----------------|
| Kelly Lindemuth | 08/15/2013 | 08/15/2013 |
| Kelly Lindemuth | 06/18/2013 | 06/18/2013 |
| Kelly Lindemuth | 03/19/2013 | 03/19/2013 |

Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|------------------------------------|------------------|-----------------|------------|----------------|
| Response regarding effective date. | Note To Reviewer | Kelly Lindemuth | 10/24/2013 | 10/24/2013 |
| EFFECTIVE DATE | Note To Filer | Kathi Frye | 10/23/2013 | 10/23/2013 |
| Actuarial Review | Reviewer Note | Julie Rachford | 09/19/2013 | |

SERFF Tracking #:

CNNA-128747150

State Tracking #:

CNNA-128747150

Company Tracking #:

CQD-PRO-13-7504MM-IL

State:

Illinois

First Filing Company:

The Cincinnati Casualty Company, ...

TOI/Sub-TOI:

11.0 Medical Malpractice - Claims Made/Occurrence/11.0008 Home Care Service Agencies

Product Name:

Medical Malpractice

Project Name/Number:

Hospice Target Market Program/CPRO14821

Disposition

Disposition Date: 10/28/2013

Effective Date (New): 07/15/2013

Effective Date (Renewal): 07/15/2013

Status: Filed

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing

0.000%

Overall Percentage Rate Impact For This Filing

0.000%

Effect of Rate Filing-Written Premium Change For This Program

\$0

Effect of Rate Filing - Number of Policyholders Affected

0

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|----------------------------|----------------------|---------------|
| Supporting Document | Explanatory Memorandum | | Yes |
| Supporting Document | Form RF3 - (Summary Sheet) | | Yes |
| Supporting Document | Certification | | Yes |
| Supporting Document | Manual | | Yes |
| Supporting Document | Support | | Yes |
| Rate | Manual pages | | Yes |

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Objection Letter

| | |
|-------------------------|---------------------------|
| Objection Letter Status | Pending Industry Response |
| Objection Letter Date | 08/14/2013 |
| Submitted Date | 08/14/2013 |
| Respond By Date | 08/22/2013 |

Dear Connie Petertonjes, CPCU, AFSB, AIM, RPLU,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Objection 1

Comments: The rating for the program is based on rates and relativities of Pennsylvania filings. Explain how the Company concluded that Pennsylvania is a good benchmark for Illinois business. This should include, but not be limited to, an expense comparison.

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Julie Rachford

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
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Product Name: Medical Malpractice
Project Name/Number: Hospice Target Market Program/CPRO14821

Objection Letter

| | |
|-------------------------|---------------------------|
| Objection Letter Status | Pending Industry Response |
| Objection Letter Date | 06/17/2013 |
| Submitted Date | 06/17/2013 |
| Respond By Date | 06/24/2013 |

Dear Connie Peteronjes, CPCU, AFSB, AIM, RPLU,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Objection 1

Comments: Provide support/basis for the rates for the new coverages.

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Caryn Carmean

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Product Name: Medical Malpractice
Project Name/Number: Hospice Target Market Program/CPRO14821

Objection Letter

| | |
|-------------------------|---------------------------|
| Objection Letter Status | Pending Industry Response |
| Objection Letter Date | 03/19/2013 |
| Submitted Date | 03/19/2013 |
| Respond By Date | 03/26/2013 |

Dear Connie Petertonjes, CPCU, AFSB, AIM, RPLU,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Please indicate if 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?

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
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Project Name/Number: Hospice Target Market Program/CPRO14821

Response Letter

| | |
|------------------------|--------------------|
| Response Letter Status | Submitted to State |
| Response Letter Date | 08/15/2013 |
| Submitted Date | 08/15/2013 |

Dear Gayle Neuman,

Introduction:

Please see below for a response to your objection.

Response 1

Comments:

Because this is a newly developed program for our company, we based our rates (not just in Illinois, but country-wide) on Pennsylvania rates which were accessible to us. Those rates were provided in a program that is comparable to our new Hospice.

Our actuaries and analysts did research Illinois filings in Perr & Knight but were unable to find any comparable programs. Therefore, the rates were based off of the rates that were available in Pennsylvania.

Related Objection 1

Comments: The rating for the program is based on rates and relativities of Pennsylvania filings. Explain how the Company concluded that Pennsylvania is a good benchmark for Illinois business. This should include, but not be limited to, an expense comparison.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thanks for your time and consideration.

Sincerely,

Kelly Lindemuth

SERFF Tracking #:

CNNA-128747150

State Tracking #:

CNNA-128747150

Company Tracking #:

CQD-PRO-13-7504MM-IL

State:

Illinois

First Filing Company:

The Cincinnati Casualty Company, ...

TOI/Sub-TOI:

11.0 Medical Malpractice - Claims Made/Occurrence/11.0008 Home Care Service Agencies

Product Name:

Medical Malpractice

Project Name/Number:

Hospice Target Market Program/CPRO14821

Response Letter

| | |
|------------------------|--------------------|
| Response Letter Status | Submitted to State |
| Response Letter Date | 06/18/2013 |
| Submitted Date | 06/18/2013 |

Dear Gayle Neuman,

Introduction:

Please see below for a response to your objection.

Response 1

Comments:

Attached is the support that you requested.

Related Objection 1

Comments: Provide support/basis for the rates for the new coverages.

Changed Items:

| Supporting Document Schedule Item Changes | |
|---|--------------------|
| Satisfied - Item: | Support |
| Comments: | |
| Attachment(s): | ACTUARIAL MEMO.pdf |

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any other questions or concerns.

Sincerely,

Kelly Lindemuth

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Response Letter

| | |
|------------------------|--------------------|
| Response Letter Status | Submitted to State |
| Response Letter Date | 03/19/2013 |
| Submitted Date | 03/19/2013 |

Dear Gayle Neuman,

Introduction:

Thank you for reviewing this filing; see below for a response to your objection.

Response 1

Comments:

We are an ISO reporting company and we follow ISO's reporting conditions and requirements.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any other questions or concerns, and as always, thank you for your time and consideration.

Sincerely,

Kelly Lindemuth

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
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Product Name: Medical Malpractice
Project Name/Number: Hospice Target Market Program/CPRO14821

Note To Reviewer

Created By:

Kelly Lindemuth on 10/24/2013 05:53 AM

Last Edited By:

Kathi Frye

Submitted On:

10/28/2013 10:01 AM

Subject:

Response regarding effective date.

Comments:

Yes, the filing was effective 7/15/13, as we used Illinois' File and Use rule. However, It is unlikely that many (if any) policies were issued with an effective date that early because this is one of our new "target market" programs and our agents would be unfamiliar with the program.

Please let me know if you have any other concerns or questions.

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Project Name/Number: Hospice Target Market Program/CPRO14821

Note To Filer

Created By:

Kathi Frye on 10/23/2013 03:12 PM

Last Edited By:

Kathi Frye

Submitted On:

10/28/2013 10:01 AM

Subject:

EFFECTIVE DATE

Comments:

The Department of Insurance has now completed its review of this filing. Originally, an effective dated of July 15, 2013 was requested. Was the filing put in effect on that date? Your prompt response is appreciated.

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Reviewer Note

Created By:

Julie Rachford on 09/19/2013 02:41 PM

Last Edited By:

Kathi Frye

Submitted On:

10/28/2013 10:01 AM

Subject:

Actuarial Review

Comments:

Actuarial review complete.

SERFF Tracking #:

CNNA-128747150

State Tracking #:

CNNA-128747150

Company Tracking #:

CQD-PRO-13-7504MM-IL

State:

Illinois

First Filing Company:

The Cincinnati Casualty Company, ...

TOI/Sub-TOI:

11.0 Medical Malpractice - Claims Made/Occurrence/11.0008 Home Care Service Agencies

Product Name:

Medical Malpractice

Project Name/Number:

Hospice Target Market Program/CPRO14821

Rate/Rule Schedule

| Item No. | Schedule Item Status | Exhibit Name | Rule # or Page # | Rate Action | Previous State Filing Number | Attachments |
|----------|----------------------|--------------|------------------|-------------|------------------------------|---------------------|
| 1 | | Manual pages | MM-54 thru MM-58 | New | | IL MM 07-13 DDD.pdf |

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

54. - 55. RESERVED

56. HOSPICE PROFESSIONAL LIABILITY

A. Description of Coverage

These coverage forms provide protection against liability claims arising from the furnishing or failure to furnish professional services arising from a Hospice operation.

B. Forms

PA 142 - Hospice Professional Liability Coverage Form - Occurrence

PA 141 - Hospice Professional Liability Coverage Form - Claims-Made

PA 572 or PA 574 (ECLAS) - Hospice Professional Liability Coverage Part Declarations - Occurrence

PA 571 or PA573 (ECLAS) - Hospice Professional Liability Coverage Part Declarations - Claims-Made

PA 328 - Exclusion - Scheduled Medical Professionals

PA 330 - Exclusion - Vicarious and Individual Professional Liability for Specified Medical Professionals - Occurrence

PA 329 - Exclusion - Vicarious and Individual Professional Liability for Specified Medical Professionals - Claims-Made

PA 222 - Licensing Board Defense Coverage - Occurrence - Form will be attached to the policy at no additional premium charge when Hospice Professional Liability is a part of the policy.

PA 221 - Licensing Board Defense Coverage - Claims-Made - Form will be attached to the policy at no additional premium charge when Hospice Professional Liability is a part of the policy.

PA 224 - Medical Waste Defense Expenses Reimbursement Coverage - Occurrence - Form will be attached to the policy at no additional premium charge when Hospice Professional Liability is a part of the policy.

PA 223 - Medical Waste Defense Expenses Reimbursement Coverage - Claims-Made - Form will be attached to the policy at no additional charge when Hospice Professional Liability is a part of the policy.

PA 226 - Patient Information Privacy Incident Coverage - Occurrence - Form will be attached to the policy at no additional premium charge when Hospice Professional Liability is a part of the policy.

PA 225 - Patient Information Privacy Incident Coverage - Claims-Made - Form will be attached to the policy at no additional premium charge when Hospice Professional Liability is a part of the policy.

PA 229 - Good Samaritan Extension of Coverage - Form will be attached to the policy at no additional premium charge when Hospice Professional Liability is part of the policy.

PA 228 - Good Samaritan Extension of Coverage - Claims-Made - Form will be attached to the policy at no additional premium charge when Hospice Professional Liability is part of the policy.

PA 4242 - Multi-Jurisdiction Endorsement - Occurrence

PA 4241 - Multi-Jurisdiction Endorsement - Claims-Made

PA 227 - Supplemental Extended Reporting Period Endorsement

C. Applications

GA 026 - Camp Supplemental Questionnaire

IA 028 - Hospice Questionnaire

PA 021 - Medical Practitioner Professional Liability Application

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

56. HOSPICE PROFESSIONAL LIABILITY (Cont'd)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are per \$1,000 of payroll for Nursing, Therapeutic Services and Home Health Aides and All Other Skilled Workers - Hospice (do not include clerical payroll). The premium developed from the Medical Practitioner's rates will be based on each individual and will be added to the sum of all Nursing, Therapeutic Services, Home Health Aides and All Other Skilled Workers - Hospice premiums.

2. Classifications

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

| Classification | Subline / Class Code |
|---|----------------------|
| Nursing (LPN, RN) | (245/30057) |
| Therapeutic Services (Physical, Occupational, Respiratory, Speech, Chemotherapy and Dialysis) | (245/30058) |
| Home Health Aide | (245/30059) |
| All Other Skilled Workers - Hospice | (245/30060) |
| Medical Doctor | (245/30061) |
| Physician Assistant | (235/30053) |
| Nurse Practitioner | (245/30054) |
| Resident | (245/30062) |
| Intern | (245/30063) |
| Psychiatrist | (235/30055) |
| Acupuncturist | (245/30056) |

Nursing - Consists of services that can be provided only by someone with at least the qualifications of a licensed practical nurse or registered nurse.

Physical Therapy - Consists of services that provide treatment to individuals to develop, maintain and restore maximum movement and function throughout life.

Respiratory Therapy - Consists of services providing exercises and treatments that help patients recover lung function after surgery.

Occupational Therapy - Consists of services providing therapy based on engagement in meaningful activities of daily life, especially to enable or encourage participation in such activities in spite of impairments or limitations in physical or mental functions.

Speech Therapy - Consists of services providing the treatment of the correction of a speech impairment which resulted from birth, or from disease, injury, or prior medical treatment.

Chemotherapy - Consists of services providing the use of chemical agents to treat or control disease.

Dialysis - Consists of services providing the procedure for cleansing the blood using membranes to filter out waste products; kidney dialysis is a substitute for the function of damaged or absent kidneys.

Home Health Aide - Consists of services that provide light housekeeping and homemaking tasks such as laundry, change bed linens, shop for food, and plan and prepare meals. Aides also may help clients get out of bed, bathe, dress, and groom. Some accompany clients to doctors' appointments or on other errands as well as provide instruction and psychological support to their clients. They may advise families and patients on nutrition, cleanliness, and household tasks.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

56. HOSPICE PROFESSIONAL LIABILITY (Cont'd)

All Other Skilled Workers - Hospice - Consists of skilled workers that provide services to the Hospice that could include: Pharmacists, Pharmacy technicians, X-ray technicians, Psychologists, Social Workers (ACSW and MSW), licensed family counselor, case workers or Masters of PHD (Doctoral Degree) in closely related health fields.

3. Rates

a. Occurrence Rates

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

For increased limits, refer to Rule **52.C.6. Miscellaneous Health Care.**

| Classification | Rate per \$1,000 payroll |
|--|---------------------------------|
| Nursing (LPN, RN) | 1.33 |
| Therapeutic Services (Physical, Occupational, Respiratory, Speech, Chemotherapy and Dialysis) | 4.15 |
| Home Health Aide | 1.70 |
| All Other Skilled Workers - Hospice | 1.33 |

| Medical Practitioner Classification | Rate per individual |
|--|----------------------------|
| Medical Doctor | \$2,708 |
| Physician Assistant | 650 |
| Nurse Practitioner | 1,083 |
| Resident | 2,708 |
| Intern | 1,354 |
| Psychiatrist | 1,895 |
| Acupuncturist | 2,708 |

Part-Time Rating Plan - To qualify for a part-time credit of 50%, the medical practitioner professional must work no more than 20 hours per week.

b. Claims-Made Rates

Claims-made rates are calculated by applying a claims-made multiplier to the appropriate occurrence rate. Claims-made multipliers are shown below.

Claims-made multipliers vary by the appropriate year in claims-made. These claims-made multipliers assume a Retroactive Date coincident with the effective date of the insured's first claims-made policy in an uninterrupted claims-made program and that the date is not advanced upon renewal. If the Retroactive Date is advanced, the new Retroactive Date should be considered as the insured's entry into claims-made for the purposes of determining the appropriate year in claims-made.

Claims-Made Multipliers

| Number of Whole Years In Claims-Made Program | Number of Months in Claims-Made Program | | | | | | | | | | | |
|--|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 0 | .25 | .27 | .29 | .31 | .33 | .35 | .37 | .40 | .42 | .44 | .46 | .48 |
| 1 | .50 | .52 | .54 | .56 | .58 | .60 | .62 | .65 | .67 | .69 | .71 | .73 |
| 2 | .75 | .75 | .76 | .76 | .77 | .77 | .77 | .78 | .78 | .79 | .79 | .80 |
| 3 | .80 | .80 | .81 | .81 | .82 | .82 | .82 | .83 | .83 | .84 | .84 | .85 |
| 4 | .85 | | | | | | | | | | | |

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

56. HOSPICE PROFESSIONAL LIABILITY (Cont'd)

4. Prior Acts Coverage

a. Description of Coverage

This endorsement to the Hospice 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.

b. Form

PA 4243 - Prior Acts Coverage Endorsement

c. Rates / Premium Determination (Code 30064)

(1) Premium Basis

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

(2) Rates

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

For increased limits, refer to Rule **52.C.6**. The factors indicated below are applied to the gross Cincinnati Insurance Companies' occurrence premium, and except for expense modification and the following rate plan, the premium for this coverage is not subject to any further modification or rate plan.

(3) A documented incident reporting program in place at least three years (.80 factor)

(4) No paid claims or suits brought in the past five years (.90 factor)

(5) No known circumstances, acts, errors or omissions that could result in a claim (.90 factor).

Apply each factor consecutively. Do not add them together.

| 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.

5. Extended Reporting Periods - Claims-Made Coverage Form (Code 30065)

Upon termination of coverage for any reason the following Extended Reporting Periods are provided:

a. A 60-day Basic Extended Reporting Period is automatically provided without additional charge.

b. A Supplemental Extended Reporting Period may be available, but only by endorsement and for an extra charge. The insured must request the endorsement within 60 days of the termination of coverage. Attach Form **PA 227** - Supplemental Extended Reporting Period Endorsement.

The premium shall be determined by multiplying the expiring annual premium by the corresponding factor from the following table.

| Extended Reporting Period | Factor |
|---------------------------|--------|
| 1 year | 2.00 |

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

56. HOSPICE PROFESSIONAL LIABILITY (Cont'd)

E. The following classifications are ineligible:

Obstetrician / Midwife
Surgeon
Anesthesiologist / Nurse Anesthetists
Legal Nurse Consultants

F. Rate Modification Plan

1. General Rule

The rating plans in Rule 51. apply to the extent they are in addition to or not changed by the following rules.

2. Experience Rating Plan (This plan replaces Rule 51.B. for Hospice risks.)

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

a. Experience Credit

| | |
|----------|------------|
| 0 losses | 10% credit |
|----------|------------|

b. Experience Debit

| | |
|-----------|-----------|
| 1 loss | 10% debit |
| 2 losses | 20% debit |
| 3+ losses | 35% debit |

A chargeable loss is defined as a paid loss or a reserve for a claim which the underwriter deems there is probable negligence involved and a loss payment is likely. Any risk that qualifies for an experience debit may also be declined or nonrenewed.

G. Minimum Premiums

The Hospice Professional Liability Coverage Part is subject to an annual minimum premium of \$2,500.

H. Optional Coverage

Multi-Jurisdiction Endorsement. This endorsement can be used for an insured who practices in more than one state, where one of those states may have a Patients Compensation Fund (PCF) or similar limit on the insured's liability which in turn limits the amount of professional liability insurance the insured is required to carry. This endorsement may be desired by such insureds, as claims arising from other jurisdictions would not be subject to the PCF, and thus they may want to purchase a higher limit of insurance for such claims than they purchase for their practice in the state with the PCF or similar limit on their liability. The premium for this endorsement would be based on the filed rates for Hospice Professional Liability in the states in question. The premium for the non-PCF state with the higher limit of insurance would be offset by the premium paid in the PCF state. Attach Form **PA 4169**.

SERFF Tracking #:

CNNA-128747150

State Tracking #:

CNNA-128747150

Company Tracking #:

CQD-PRO-13-7504MM-IL

State:

Illinois

First Filing Company:

The Cincinnati Casualty Company, ...

TOI/Sub-TOI:

11.0 Medical Malpractice - Claims Made/Occurrence/11.0008 Home Care Service Agencies

Product Name:

Medical Malpractice

Project Name/Number:

Hospice Target Market Program/CPRO14821

Supporting Document Schedules

| | |
|--------------------------|------------------------|
| Satisfied - Item: | Explanatory Memorandum |
| Comments: | |
| Attachment(s): | FSMEMO1.pdf |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|---|
| Bypassed - Item: | Form RF3 - (Summary Sheet) |
| Bypass Reason: | These are NEW rules for Hospice risks. We do not currently offer this coverage. There is no net effect to report. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|---------------------------------------|
| Satisfied - Item: | Certification |
| Comments: | |
| Attachment(s): | ACTUARIAL CERTIFICATION-MED MAL 2.pdf |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|--|
| Satisfied - Item: | Manual |
| Comments: | |
| Attachment(s): | Manual Certification Statement.pdf Non-Discriminatory Statement.pdf |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|--------------------|
| Satisfied - Item: | Support |
| Comments: | |
| Attachment(s): | ACTUARIAL MEMO.pdf |
| Item Status: | |
| Status Date: | |

**ILLINOIS
DIVISION SEVEN – MEDICAL MALPRACTICE LIABILITY
RULES AND RATES MEMORANDUM**

| NEW PAGE | REPLACED PAGE | DESCRIPTION OF CHANGE |
|----------------------------|----------------------|---|
| MM-54 thru MM-58 (7/13) | ----- | RULE 56. HOSPICE PROFESSIONAL LIABILITY New rule for a new program is added. Also adding RULE 54.-55. RESERVED. |

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, C. Kathleen Saurber, CPCU, AINS, a duly authorized officer of The Cincinnati Insurance Companies, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Richard A. Knudson Jr., FCAS, MAAA, a duly authorized actuary of The Cincinnati Insurance Companies, am authorized to certify on behalf of The Cincinnati Insurance Company, The Cincinnati Indemnity Company and The Cincinnati Casualty Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

C. Kathleen Saurber, CPCU, AINS, Assistant Secretary 03/14/2013
Signature and Title of Authorized Insurance Company Officer Date

Richard A. Knudson Jr., FCAS, MAAA, P & C Actuary 03/14/2013
Signature, Title and Designation of Authorized Actuary Date

Insurance Company FEIN 31 - 0542366 - The Cincinnati Insurance Company
31 - 1241230 - The Cincinnati Indemnity Company
31 - 0826946 - The Cincinnati Casualty Company

Filing Number CQD-PRO-13-7504MM-IL

Insurer's Address P.O. Box 145496

City Cincinnati State OH Zip Code 45250-5496

Contact Person's:

Name and E-mail Kelly Lindemuth kelly_lindemuth@cinfin.com

Direct Telephone and Fax Number phone: (513) 603-5980 fax: (513) 881-8884

Manual Certification Statement

DATE: March 15, 2013

FILING NUMBER: CQD-PRO-13-7504MM-IL

DIVISION SEVEN – MEDICAL MALPRACTICE

The Cincinnati Insurance Company - FEIN 31-0542366

The Cincinnati Casualty Company - FEIN 31-0826946

The Cincinnati Indemnity Company - FEIN 31-1241230

This will certify that nothing in our Division Seven – Medical Malpractice manual has changed from the previously filed manual except for what is proposed in this filing.

Respectfully Submitted,



Kelly A. Lindemuth, AINS, AIS
Senior Filings Analyst
The Cincinnati Insurance Companies

Non-Discriminatory Statement

DATE: March 15, 2013
FILING NUMBER: CQD-PRO-13-7504MM-IL
DIVISION SEVEN – MEDICAL MALPRACTICE

The Cincinnati Insurance Company - FEIN 31-0542366
The Cincinnati Casualty Company - FEIN 31-0826946
The Cincinnati Indemnity Company - FEIN 31-1241230

We, in offering, administering or applying our filed rate/rule manual and/or any amended provisions, do not unfairly discriminate.

Respectfully Submitted,



Kelly A. Lindemuth, AINS, AIS
Senior Filings Analyst
The Cincinnati Insurance Companies

Cincinnati Insurance Group

Exhibit A

Hospice Program

Rates for Professionals

| | | |
|----------------------|-----------------------|---------|
| Physician | Footnote I | \$2,708 |
| Physicians Assistant | Footnote II | \$650 |
| Intern | 50% of Physician rate | \$1,354 |
| Resident | Physician rate | \$2,708 |
| Psychiatrist | Footnote II | \$1,895 |
| Acupuncturist | Physician rate | \$2,708 |
| Nurse Practitioner | Footnote III | \$1,083 |

Footnote I - Rate taken from physician rates in AAIC 7/2010, ACE American 11/2011, and Philadelphia Indemnity 9/2011 Pennsylvania hospice filings

Footnote II - Relativity to physician rate taken from Medical Protective 1/2012 and Philadelphia Indemnity 9/2011 Pennsylvania filings

Footnote III - Relativity to physician rate taken from Medical Protective 1/2012, Philadelphia Indemnity 9/2011, and AAIC 7/2010 Pennsylvania filings