

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2029 Other
Product Name: Medical Malpractice
Project Name/Number: Claims-Made Health Care Facility Rules/CPRO12205

Filing at a Glance

Companies: The Cincinnati Casualty Company
 The Cincinnati Indemnity Company
 The Cincinnati Insurance Company
Product Name: Medical Malpractice
State: Illinois
TOI: 11.2 Med Mal-Claims Made Only
Sub-TOI: 11.2029 Other
Filing Type: Rate/Rule
Date Submitted: 02/26/2013
SERFF Tr Num: CNNA-128785236
SERFF Status: Closed-Filed
State Tr Num: CNNA-128785236
State Status:
Co Tr Num: CQD-PRO-12-7516MM-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 Mamoottile, Caryn Carmean, Julie Rachford
Disposition Date: 08/16/2013
Disposition Status: Filed
Effective Date (New): 07/15/2013
Effective Date (Renewal): 07/15/2013

State Filing Description:
 ROUTED 3/5/13

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2029 Other
Product Name: Medical Malpractice
Project Name/Number: Claims-Made Health Care Facility Rules/CPRO12205

General Information

Project Name: Claims-Made Health Care Facility Rules	Status of Filing in Domicile:
Project Number: CPRO12205	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/16/2013	
State Status Changed:	Deemer Date:
Created By: Connie Petertonjes	Submitted By: Connie Petertonjes
Corresponding Filing Tracking Number: CQD-PRO-12-7517MM-IL	

Filing Description:

We are filing claims-made rules/rates for Health Care Facilities. Please note that these are new rules and rates. There is no net effect on any existing insured since we do not currently offer this program.

We are filing these rules/rates under Illinois' Use and File rules. We will not be waiting for approval. We will be using these rules and rates effective 07/15/2013.

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

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

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
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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.: REVIEWED

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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First Filing Company: The Cincinnati Casualty Company, ...

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	08/16/2013	08/16/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Caryn Carmean	06/17/2013	06/17/2013
Pending Industry Response	Gayle Neuman	03/01/2013	03/01/2013

Response Letters

Responded By	Created On	Date Submitted
Kelly Lindemuth	06/18/2013	06/18/2013
Kelly Lindemuth	03/05/2013	03/05/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Response to question.	Note To Reviewer	Kelly Lindemuth	08/16/2013	08/16/2013
effective date	Note To Filer	Gayle Neuman	08/12/2013	08/12/2013

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Disposition

Disposition Date: 08/16/2013
 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 (revised)	Explanatory Memorandum		Yes
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes
Supporting Document	Cover Letter		Yes
Rate (revised)	New/Revised Rules/Rates		Yes
Rate	New/Revised Rules/Rates		Yes

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Product Name: Medical Malpractice
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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 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: Provide actuarial support for the rates filed in this rate filing.

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
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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	03/01/2013
Submitted Date	03/01/2013
Respond By Date	03/15/2013

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?

In reviewing the companies' manuals, it appears only claims-made coverage is provided for home health care, social services and now medical institutions. Each of these should provide the exact(s) factor used to determine the extended reporting premium. The statement "will not exceed 200%" does not meet this requirement.

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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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:

The rates that we have filed on the Claims-Made Multiplier chart come directly from ISO.

Related Objection 1

Comments: Provide actuarial support for the rates filed in this rate filing.

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.

Sincerely,

Kelly Lindemuth

State: Illinois
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Product Name: Medical Malpractice
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First Filing Company: The Cincinnati Casualty Company, ...

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 03/05/2013
 Submitted Date 03/05/2013

Dear Gayle Neuman,

Introduction:

Thank you for reviewing this filing. Please see below for a response to your objections.

Response 1

Comments:

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

Per your request we have revised our manual pages for Home Health Care, Social Services and Medical Institutions to provide an exact factor used to determine the ERP premium. Please see revised pages and memorandum attached below.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Explanatory Memorandum
Comments:	
Attachment(s):	FSMEMO2.pdf
<i>Previous Version</i>	
Satisfied - Item:	Explanatory Memorandum
Comments:	
Attachment(s):	FSMEMO1.pdf

No Form Schedule items changed.

SERFF Tracking #:

CNNA-128785236

State Tracking #:

CNNA-128785236

Company Tracking #:

CQD-PRO-12-7516MM-IL

State:

Illinois

First Filing Company:

The Cincinnati Casualty Company, ...

TOI/Sub-TOI:

11.2 Med Mal-Claims Made Only/11.2029 Other

Product Name:

Medical Malpractice

Project Name/Number:

Claims-Made Health Care Facility Rules/CPRO12205

Rate Schedule Item Changes

Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	New/Revised Rules/Rates	MM-1, MM-4.3, MM-40.3, and MM-52.1 (7/13)	Replacement		03/05/2013 By: Kelly Lindemuth
<i>Previous Version</i>					
1	<i>New/Revised Rules/Rates</i>	<i>MM-1, MM-4.3</i>	<i>Replacement</i>		<i>02/26/2013 By: Connie Peteronjes</i>

Conclusion:

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

Thank you for your time and consideration.

Sincerely,

Kelly Lindemuth

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Note To Reviewer

Created By:

Kelly Lindemuth on 08/16/2013 09:19 AM

Last Edited By:

Gayle Neuman

Submitted On:

08/16/2013 09:30 AM

Subject:

Response to question.

Comments:

Ms. Neuman,

I apologize for not responding sooner; I just saw your note. As we processed as File and Use, we would like to keep the 7/15/13 effective date.

Thanks,

Kelly

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Note To Filer

Created By:

Gayle Neuman on 08/12/2013 02:18 PM

Last Edited By:

Gayle Neuman

Submitted On:

08/16/2013 09:30 AM

Subject:

effective date

Comments:

The Department of Insurance has now completed its review of the filing referenced above. Originally, the companies requested the filing be effective July 15, 2013. Was the filing put in effect on July 15, 2013 or do you wish to have a different effective date? Your prompt response is appreciated.

SERFF Tracking #:

CNNA-128785236

State Tracking #:

CNNA-128785236

Company Tracking #:

CQD-PRO-12-7516MM-IL

State:

Illinois

First Filing Company:

The Cincinnati Casualty Company, ...

TOI/Sub-TOI:

11.2 Med Mal-Claims Made Only/11.2029 Other

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Project Name/Number:

Claims-Made Health Care Facility Rules/CPRO12205

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		New/Revised Rules/Rates	MM-1, MM-4.3, MM-40.3, and MM-52.1 (7/13)	Replacement		IL MM 07-13 D.pdf

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215)

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 - Medical Institution Professional Liability Coverage Form

PA 514 or PA 543 (e-CLAS[®]) - Medical Institution Professional Liability Coverage Part Declarations

PA 126 - Health Care Facility Professional Liability Coverage Form

PA 524 or PA 548 (e-CLAS[®]) - Health Care Facility Professional Liability Coverage Part Declarations

PA 137 - Health Care Facility Professional Liability Coverage Form - Claims-Made

PA 563 or PA 564 (e-CLAS[®]) - Health Care Facility Professional Liability Coverage Part Declarations - Claims-Made

C. Applications

MI-1313 - Hospital Questionnaire

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

IA 029 - Health Care Facility Application

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

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

4. Prior Acts Coverage

For Prior Acts Coverage, refer to Rule **50.B.** with the following amendments and additions:

The indicated factors 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.

- | | |
|---|-----|
| a. Above average staffing for the past three years | .80 |
| b. Below average health and fire deficiencies for the past three years | .80 |
| c. No major health deficiencies for the past three years | .90 |
| d. A documented incident reporting program in place at least three years | .80 |
| e. No paid claims or suits brought in the past five years | .90 |
| f. No known circumstances, acts, errors or omissions that could result in a claim | .90 |

Failure to meet any of the above criteria may result in declination for Prior Acts Coverage.

5. 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											

6. Extended Reporting Periods - Claims-Made Coverage Form

- 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 217** - 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

36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

7. Extended Reporting Periods - Claims-Made Coverage Form

- 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 220** - 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

E. Rate Modification Plan

1. General Rules

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

2. **Experience** (Refer to the Experience Rating Plan in Rule **51**. The following Experience Credit is in addition to that plan)

Experience Credit

0 losses 25% credit

F. 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 Social Services 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 4029** for Claims Made Coverage or Form **PA 4030** for Occurrence Coverage.

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.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

53. HOME HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

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.

- (1) A documented incident reporting program in place at least three years (.80 factor)
- (2) No paid claims or suits brought in the past five years (.90 factor)
- (3) 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

Upon termination of coverage for any reason, other than cancellation for nonpayment of premium, 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 4155** - 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

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First Filing Company: The Cincinnati Casualty Company, ...

Supporting Document Schedules

Satisfied - Item:	Explanatory Memorandum
Comments:	
Attachment(s):	FSMEMO2.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Form RF3 - (Summary Sheet)
Bypass Reason:	These are NEW rules for Claims-Made Health Care Facility 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 MAL1.pdf
Item Status:	
Status Date:	

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

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	LETTER.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

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State Tracking #:

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Company Tracking #:

CQD-PRO-12-7516MM-IL

State:

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TOI/Sub-TOI:

11.2 Med Mal-Claims Made Only/11.2029 Other

Product Name:

Medical Malpractice

Project Name/Number:

Claims-Made Health Care Facility Rules/CPRO12205

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

NEW PAGE	REPLACED PAGE	DESCRIPTION OF CHANGE
MM-1 (7/13)	MM-1 (7/12)	RULE 1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE B. Adding new claims-made forms. C. Adding the Health Care Facility Application.
MM-4.3 (7/13)	MM-4.3 (7/12)	RULE 1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE Adding D.5. Claims-Made Rates and D.6. Extended Reporting Periods – Claims-Made Coverage Form.
MM-40.3 (7/13)	MM-40.3 (7/12)	RULE 36. SOCIAL SERVICES PROFESSIONAL LIABILITY Revising 7.b. to remove verbiage that reads “The additional premium will not exceed 200% of the expiring annual premium”. We are adding a table to show the exact calculation for Extended Reporting Period.
MM-52.1 (7/13)	MM-52.1 (7/12)	RULE 53. HOME HEALTH CARE PROFESSIONAL LIABILITY Revising 5.b. to remove verbiage that reads “The additional premium will not exceed 200% of the expiring annual premium”. We are adding a table to show the exact calculation for Extended Reporting Period.

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 02/26/2013
Signature and Title of Authorized Insurance Company Officer Date

Richard A. Knudson Jr., FCAS, MAAA, P & C Actuary 02/26/2013
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-12-7516MM-IL

Insurer's Address P.O. Box 145496

City Cincinnati State OH Zip Code 45250-5496

Contact Person's:

Name and E-mail Connie Petertonjes connie_petertonjes@cinfin.com

Direct Telephone and Fax Number phone: (513) 603-5352 fax: (513) 881-8884

Non-Discriminatory Statement

DATE: February 26, 2013

FILING NUMBER: CQD-PRO-12-7516MM-IL

DIVISION SEVEN – MEDICAL MALPRACTICE LIABILITY

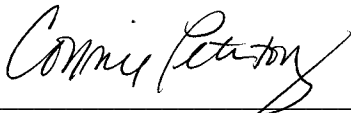
The Cincinnati Insurance Company - FEIN 31-0542366

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,



Connie Petertonjes, CPCU, AIM, AFSB, RPLU

Senior Filings Specialist

The Cincinnati Insurance Companies

Manual Certification Statement

DATE: February 26, 2013

FILING NUMBER: CQD-PRO-12-7516MM-IL

DIVISION SEVEN – MEDICAL MALPRACTICE LIABILITY

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 the above referenced manual has changed from the previously filed manual except for what is highlighted in this filing.

Respectfully Submitted,



Connie Petertonjes, CPCU, AIM, AFSB, RPLU
Senior Filings Specialist
The Cincinnati Insurance Companies



The Cincinnati Insurance Company ■ The Cincinnati Indemnity Company
The Cincinnati Casualty Company ■ The Cincinnati Specialty Underwriters Insurance Company
The Cincinnati Life Insurance Company

February 26, 2013

Honorable Andrew Boron
Director of Insurance
Illinois Department Of Insurance
Property and Casualty Compliance Unit
320 W. Washington St.
Springfield, IL 62767-0001

Attention: Gayle Neuman

Reference: The Cincinnati Insurance Company - FEIN 31-0542366
The Cincinnati Casualty Company - FEIN 31-0826946
The Cincinnati Indemnity Company - FEIN 31-1241230
Commercial Lines
Medical Malpractice Liability
Rule/Rate Filing
Filing #CQD-PRO-12-7516MM-IL

Dear Ms. Neuman:

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

Please be advised that we will not be waiting for approval. We are filing these rules and rates under Illinois' Use and File rules. We will begin using these rules and rates for policies effective on or after July 15, 2013.

Sincerely,

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

SERFF Tracking #:

CNNA-128785236

State Tracking #:

CNNA-128785236

Company Tracking #:

CQD-PRO-12-7516MM-IL

State:

Illinois

First Filing Company:

The Cincinnati Casualty Company, ...

TOI/Sub-TOI:

11.2 Med Mal-Claims Made Only/11.2029 Other

Product Name:

Medical Malpractice

Project Name/Number:

Claims-Made Health Care Facility Rules/CPRO12205

Superseded Schedule Items

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

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/26/2013		Rate	New/Revised Rules/Rates	03/05/2013	IL MM 07-13 D.pdf (Superseded)
11/27/2012		Supporting Document	Explanatory Memorandum	03/05/2013	FSMEMO1.pdf (Superseded)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215)

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 - Medical Institution Professional Liability Coverage Form

PA 514 or PA 543 (e-CLAS[®]) - Medical Institution Professional Liability Coverage Part Declarations

PA 126 - Health Care Facility Professional Liability Coverage Form

PA 524 or PA 548 (e-CLAS[®]) - Health Care Facility Professional Liability Coverage Part Declarations

PA 137 - Health Care Facility Professional Liability Coverage Form - Claims-Made

PA 563 or PA 564 (e-CLAS[®]) - Health Care Facility Professional Liability Coverage Part Declarations - Claims-Made

C. Applications

MI-1313 - Hospital Questionnaire

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

IA 029 - Health Care Facility Application

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

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

4. Prior Acts Coverage

For Prior Acts Coverage, refer to Rule **50.B.** with the following amendments and additions:

The indicated factors 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.

- a. Above average staffing for the past three years .80
- b. Below average health and fire deficiencies for the past three years .80
- c. No major health deficiencies for the past three years .90
- d. A documented incident reporting program in place at least three years .80
- e. No paid claims or suits brought in the past five years .90
- f. No known circumstances, acts, errors or omissions that could result in a claim .90

Failure to meet any of the above criteria may result in declination for Prior Acts Coverage.

5. 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											

6. Extended Reporting Periods - Claims-Made Coverage Form

- 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. The additional premium will not exceed 200% of the expiring annual premium. Attach Form **PA 217** - Supplemental Extended Reporting Period Endorsement.

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

NEW PAGE	REPLACED PAGE	DESCRIPTION OF CHANGE
MM-1 (7/13)	MM-1 (7/12)	RULE 1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE B. Adding new claims-made forms. C. Adding the Health Care Facility Application.
MM-4.3 (7/13)	MM-4.3 (7/12)	RULE 1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE Adding D.5. Claims-Made Rates and D.6. Extended Reporting Periods – Claims-Made Coverage Form.