

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0019 Optometry
Product Name: Medical Malpractice Liability
Project Name/Number: /CPRO16559

Filing at a Glance

Companies: The Cincinnati Casualty Company
 The Cincinnati Indemnity Company
 The Cincinnati Insurance Company
Product Name: Medical Malpractice Liability
State: Illinois
TOI: 11.0 Medical Malpractice - Claims Made/Occurrence
Sub-TOI: 11.0019 Optometry
Filing Type: Rule
Date Submitted: 06/04/2013
SERFF Tr Num: CNNA-129054323
SERFF Status: Closed-Filed
State Tr Num: CNNA-129054323
State Status:
Co Tr Num: CQD-PRO-13-2508MM-IL

Effective Date 11/15/2013
Requested (New):
Effective Date 11/15/2013
Requested (Renewal):
Author(s): Kelly Lindemuth
Reviewer(s): Gayle Neuman (primary)
Disposition Date: 06/04/2013
Disposition Status: Filed
Effective Date (New): 11/15/2013
Effective Date (Renewal): 11/15/2013

State Filing Description:

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0019 Optometry
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General Information

Project Name: Status of Filing in Domicile:
 Project Number: CPRO16559 Domicile Status Comments:
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 06/04/2013
 State Status Changed: Deemer Date:
 Created By: Kelly Lindemuth Submitted By: Kelly Lindemuth
 Corresponding Filing Tracking Number:

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.

The corresponding form filing is being submitted under separate summary #CQD-PRO-13-2509MM-IL.

No rate changes are involved.

Final copies are attached for your review.

Your approval is respectfully requested for use on policies effective on or after November 15, 2013.

Company and Contact

Filing Contact Information

Kelly Lindemuth, AINS, AIS, Senior Filings kelly_lindemuth@cinfin.com
 Analyst
 PO BOX 145496 513-603-5980 [Phone]
 Cincinnati, OH 45250-5496 513-603-5650 [FAX]

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

SERFF Tracking #:

CNNA-129054323

State Tracking #:

CNNA-129054323

Company Tracking #:

CQD-PRO-13-2508MM-IL

State:

Illinois

First Filing Company:

The Cincinnati Casualty Company, ...

TOI/Sub-TOI:

11.0 Medical Malpractice - Claims Made/Occurrence/11.0019 Optometry

Product Name:

Medical Malpractice Liability

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/CPRO16559

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	06/04/2013	06/04/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	06/04/2013	06/04/2013

Response Letters

Responded By	Created On	Date Submitted
Kelly Lindemuth	06/04/2013	06/04/2013

SERFF Tracking #:

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Disposition

Disposition Date: 06/04/2013
 Effective Date (New): 11/15/2013
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 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	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Manual		Yes
Rate	Manual pages		Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/04/2013
Submitted Date	06/04/2013
Respond By Date	06/11/2013

Dear Kelly Lindemuth, AINS, AIS,

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

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/04/2013
Submitted Date 06/04/2013

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

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State Tracking #:

CNNA-129054323

Company Tracking #:

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State:

Illinois

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The Cincinnati Casualty Company, ...

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Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Manual pages	MM-30 (11/13)	Replacement		IL MM 11-13 D.pdf

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

8. DIAGNOSTIC TESTING 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 - Medical Arts Practitioner Professional Liability Coverage Form

PA 506 or **PA 538 (e-CLAS®)** - Medical Arts Practitioner Professional Liability Coverage **Part** Declarations

PA 321 - Optometrists Amendatory Endorsement

PA 231 - Optometrist Professional Liability Endorsement modifies the Insuring Agreement and Definitions wording of the **PA 106**.

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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Supporting Document Schedules

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

Bypassed - Item:	Form RF3 - (Summary Sheet)
Bypass Reason:	No needed as there is no change in rate level.
Attachment(s):	
Item Status:	
Status Date:	

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

Bypassed - Item:	Request to Maintain Data as Trade Secret Information
Bypass Reason:	Not needed.
Attachment(s):	
Item Status:	
Status Date:	

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

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

NEW PAGE	REPLACED PAGE	DESCRIPTION OF CHANGE
MM-30 (11/13)	MM-30 (7/12)	<p>RULE 9. OPTOMETRIST PROFESSIONAL LIABILITY B. Forms is amended to add reference to a new e-CLAS® Declarations PA 538, and new endorsement PA 231 Optometrist Professional Liability Endorsement, which modifies the Insuring Agreement and Definitions sections' wording of the Medical Arts Practitioner Professional Liability Coverage Form PA 106.</p> <p>Also revising Declarations title to read "Part" in lieu of "Form".</p>

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 05/31/2013
Signature and Title of Authorized Insurance Company Officer Date

Richard A. Knudson Jr., FCAS, MAAA, P & C Actuary 05/31/2013
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-13-2508MM-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: 05/28/2013

FILING NUMBER: CQD-PRO-13-2508MM-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 submitted manual has changed from the previously filed manual except for what is highlighted in this filing.

Respectfully Submitted,

Handwritten signature of Kelly A. Lindemuth in black ink.

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

Non-Discriminatory Statement

DATE: 05/28/2013

FILING NUMBER: CQD-PRO-13-2508MM-IL

DIVISION SEVEN – MEDICAL MALPRACTICE LIABILITY

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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