THE
CINCINNATI INSURANCE COMPANIES
DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
COVERAGE RULES

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

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210)

A. Description of Coverage

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

B. Forms

PA 114 - Hospital Professional Liability Coverage Form

PA 514 - Hospital Professional Liability Coverage Part Declarations

PA 126 - Health Care Facility Professional Liability Coverage Form

PA 524 - Health Care Facility Professional Liability Coverage Part Declarations

C. Applications

MI-1313 - Hospital Questionnaire

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

D. Rates / Premium Determination

1. Premium Basis

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

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

2. Classifications

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

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

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

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

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

Cl4

superseded
1-15-08

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

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

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

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

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

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

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

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

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

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

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

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

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

f. **Outpatient Surgical Facilities**

Osteopathic	84453
Not Osteopathic	80453

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

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

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

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

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

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

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

3. Rates

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

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

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

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

RESERVED

FOR

FUTURE

USE

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STATE OF ILLINOIS/IDFPR
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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230)

A. Description of Coverage

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

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

C. Application

PA-002 - Medical Professional Liability Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each physician or surgeon.

2. Classifications

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

a. Physicians and Surgeons Classifications

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

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

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

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

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

This is an NOC classification.

Physicians-no surgery	80268*#	84268*#

This is a NOC classification.

Physicians or Surgeons Assistants	80116*#	84116*#

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

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

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

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

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

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

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

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Teaching Physicians-minor surgery 80322

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

Teaching Physicians or Surgeons-major surgery 80323

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

Teaching Physicians or Surgeons-major surgery 80324

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

Teaching Physicians or Surgeons-major surgery 80325

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

Teaching Physicians or Surgeons-major surgery 80326

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

Teaching Physicians or Surgeons-major surgery 80327

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Physicians or Surgeons-major surgery	80173	84173

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

Physicians or Surgeons-major surgery	80174	84174

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

Physicians or Surgeons-major surgery	80175	84175

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

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

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

Additional charges:

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

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

f. Additional charges

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. **Rates**

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

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

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

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

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THE
CINCINNATI INSURANCE COMPANIES
DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
COVERAGE RULES

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

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

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

THE

CINCINNATI INSURANCE COMPANIES

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COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
COVERAGE RULES

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

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

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

E. Resident - Intern - Fellow Coverage

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

F. Professional Associations or Corporations

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

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS

A. Medical and Surgical Specialties

Aerospace Medicine

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

Allergy

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

Anesthesiology

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

Broncho-Esphagology

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

Cardiovascular Disease

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

Dermatology

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

Diabetes

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

Endocrinology

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

Forensic Medicine

(See Legal Medicine.)

Gastroenterology

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

General Preventive Medicine

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

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Geriatrics

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

Gynecology

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

Hematology

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

Hypnosis

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

Infectious Diseases

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

Internal Medicine

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

Laryngology

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

Legal Medicine

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

Manipulation

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

Neoplastic Diseases

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

Nephrology

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

Neurology

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

Nuclear Medicine

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

Nutrition

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

Obstetrics

The branch of medicine that deals with pregnancy and childbirth.

Occupational Medicine

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

Ophthalmology

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

Otology

The branch of medicine that deals with the ear

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Otorhinolaryngology

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

Pathology

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

Pediatrics

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

Pharmacology, Clinical

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

Physiatry

The practice of Physical Medicine.

Physical Medicine

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

Psychiatry

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

Psychoanalysis

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

Psychosomatic Medicine

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

Public Health

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

Pulmonary Diseases

Any diseases that are affecting the lungs.

Radiology

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

Rheumatology

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

Rhinology

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

Roentgenology

(See Radiology)

Sclerosant

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

Sclerotherapy

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

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Surgery, Cardiovascular

Surgery pertaining to the heart and blood vessels.

Surgery, Neurological

Surgery pertaining to the nervous system.

Surgery, Orthopedic

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

Surgery, Plastic

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

Surgery, Thoracic

Surgery pertaining to the chest.

Surgery, Traumatic

Surgery pertaining to trauma - a wound or injury.

Surgery, Urological

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

Surgery, Vascular

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

B. **Medical and Surgical Procedures**

Acupuncture

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

Angiography

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

Arteriography

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

Catheterization, Cardiac

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

Catheterization

The employment or passage of a catheter.

Cryosurgery

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

Discograms

A radiological film of an intervertebral disk.

Endoscopy

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

Laparoscopy (Peritoneoscopy)

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

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Lasers

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

Lymphangiography

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

Major Surgery

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

Minor Surgery

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

Myelography

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

Needle Biopsy

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

Phlebography

Radiological visualization of veins following injection of a contrast medium.

Pneumoencephalography

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

Radiation Therapy

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

Radiopaque

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

Shock Therapy

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

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

C. Definitions

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

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

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

A. Description of Coverage

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

B. Forms

PA 128 - Dentist's Professional Liability Occurrence Coverage Form

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

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

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

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

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

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each dentist.

2. Classifications

   Refer the following classification to the Home Office for approval:

   Class 3 Dentist

   Coverage for Dentist's Professional Liability is offered for Dentist Class 1 (Professional Liability Class 80226); Class 2 (Professional Liability Class 80227); Class 2A (Professional Liability Class 80229); Class 2B (Professional Liability Class 80026); and Class 3 (Professional Liability Class 80210). Corporation, Limited Liability Company or Partnership (Professional Liability Class 80239) is included if applicable.

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

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

3. Rates

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

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

Territory (001) - Cook County

Limits	Class				
	1	2	2A	2B	3
$100,000/$300,000	$1,056	1,599	3,175	2,159	7,639

Territory (002) - Remainder of State

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

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

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

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

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

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

H. Optional Coverages

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

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

I. Rate Modification Plan

1. General Rules

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

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

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

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

2. Recent Graduate Rating Plan:

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

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

3. Part-time Rating Plan:

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

4. Leave of Absence Rating Plan:

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

5. Association Rating Plan:

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

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

6. Practice Rating Plan:

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

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

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

b. Extraction of:

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

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

These debits do not apply to Class 2B dentists.

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

7. Experience Rating Plan:

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

a. Experience Credit:

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

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

b. Experience Debits:

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

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

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

8. Expense Considerations

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

5. BLOOD BANK PROFESSIONAL LIABILITY (Subline Code 220)

A. Description of Coverage

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

B. Forms

PA 114 - Hospital Professional Liability Coverage Form

PA 514 - Hospital Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are each donation.

2. Rates

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

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

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

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

A. Description of Coverage

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

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

C. Application

LC-1070 - Professional Liability Application (Podiatrists)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each chiropodist and podiatrist.

2. Rates

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

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

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

3. Additional Charges

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

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

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

b. Partnership, association or corporation charge - Code 80950

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

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

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

E. Professional Corporations

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

F. Refer to Home Office:

D.P.M.'s that:

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

7. CHIROPRACTOR PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

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

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each chiropractor.

2. Rates

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

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

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

Classification	Code	Rate
Chiropractor	80410	$1,451.00

3. Additional Charges

   a. Vicarious Liability / Chiropractor — 80411 — $363.00

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

   b. Partnership, association or corporation charge - Code 80412

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

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

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

E. Professional Corporations

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

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

A. Description of Coverage

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

B. Forms

PA 114 - Hospital Professional Liability Coverage Form

PA 514 - Hospital Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

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

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

2. Rates

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

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

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

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

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

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

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

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

9. OPTOMETRIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

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

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Form Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each optometrist.

2. Rates

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

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

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

Classification	Code	Rate
Optometrist NOC	80994	$145.00
Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic)	80946	$169.00
Optometrist with Therapeutic Pharmaceutical Agents Certificate	80947	$315.00
Optician - Refer to Rule **30.**		

3. Additional Charges

a. Vicarious Liability / Optometrist — 80944 — $ 48.00

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

b. Partnership, association or corporation charge - Code 80956

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

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

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

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

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

E. Professional Corporations

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

10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

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

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Form Declarations

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

C. **Application**

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. **Rates / Premium Determination**

1. Premium Basis

Rates and premium are based on each physiotherapist

2. Rates

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

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

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

3. Additional Charges

a.	Vicarious Liability / Physiotherapist	80938	$ 73.00

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

b. Partnership, association or corporation - Code 80955

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

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

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

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

E. Professional Corporations

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

11. VETERINARIAN PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

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

B. Forms

PA 107 - Animal Services Professional Liability Coverage Form

PA 507 - Animal Services Professional Liability Coverage Form Declarations

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

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each veterinarian.

2. Rates

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

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

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

3. Additional Charges

a.	Vicarious Liability / Veterinarian	07221	$ 55.00

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

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

b. Partnership, association or corporation - Code 07222

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

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

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

E. Deductible

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

Deductible Amount	Deductible Rate Factor
$25	.95

12. - 19. RESERVED FOR FUTURE USE

20. ANIMAL GROOMING PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

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

B. Forms

PA 107 - Animal Services Professional Liability Coverage Form

PA 507 - Animal Services Professional Liability Coverage Form Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each animal groomer.

2. Rates

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

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

Classification	Code	Rate
Each Animal Groomer	20040	$61.00

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

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

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

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

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

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

E. Deductible

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

Deductible Amount	Deductible Rate Factor
$25	.95

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

A. Description of Coverage

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

B. Forms

PA 110 - Condominium or Homeowners Associations Wrongful Acts Coverage Form

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

C. Application

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

D. Rate / Premium Determination

1. Premium Basis

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

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

2. Rates

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

For increased limits:

a. Determine appropriate 1M/1M premium;

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

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

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

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

A. Description of Coverage

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

B. Forms

PA 108 - Cosmetologists and Barbers Professional Liability Coverage Form

PA 508 - Cosmetologists and Barbers Professional Liability Coverage Form Declarations

C. Application

PA-003 - Cosmetologists and Barbers Professional Liability Supplemental Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each cosmetologist.

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

2. Rates

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

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

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

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

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

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

E. Optional Coverage

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

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

A. Description of Coverage

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

B. Forms

PA 132 - Cosmetology or Barbering School Professional Liability Coverage Form

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

C. Application

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

D. Rates / Premium Determination

1. Premium Basis

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

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

2. Rates

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

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

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

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

E. Optional Coverage - Electrolysis Coverage

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

24. CEMETERY PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

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

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

B. Forms

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

C. Application

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

D. Rates / Premium Determination

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

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

2. Rates - Class Code 25080

Rates for Basic Limits: *$100,000 Each Occurrence Limit (Limit must be same as General Liability Each Occurrence)

*$300,000 Aggregate Limit (Limit must be same as General Liability Products / Completed Operations Aggregate)

$50,000 Each Occurrence Damage to Property of Others

$50,000 Each Occurrence Burial Lot Liability

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

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

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

A. Description of Coverage

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

B. Forms

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

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

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

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

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

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

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

A. Description of Coverage

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

B. Forms

PA 113 - Emergency Medical Technician Professional Liability Coverage Form

PA 513 - Emergency Medical Technician Professional Liability Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

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

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

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

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

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

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

A. Description of Coverage

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

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

B. Forms

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

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

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

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

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

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

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

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

A. **Description of Coverage**

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

B. **Forms**

PA 115 - Insurance Agents Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

C. **Application**

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

D. **Rates / Premium Determination**

1. Premium Basis

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

2. Rates - Class Code 25060

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

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

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

3. Adjustment Factors

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

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

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

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

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

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

E. **Deductible**

Minimum deductible is $5,000 per claim

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

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

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

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

H. **Rate Modification Plan**

1. **General Rules**

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

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

2. **Experience Rating Plan**

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

a. Experience Credits:

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

b. Experience Debits:

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

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

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

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

3. Schedule Rating Plan

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

4. Expense Considerations

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

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

A. Description of Coverage

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

B. Forms

PA 105 - Lawyer's Professional Liability Coverage Form

PA 505 - Lawyer's Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

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

2. Rates

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

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

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

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

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

E. Deductible

Minimum deductible is $2,500

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

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

30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY

A. Description of Coverage

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

B. Forms

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

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

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

PA 522 - Nurse's Professional Liability Coverage Part Declarations

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

PA 506 - Professional Liability Coverage Declarations

C. Applications

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

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

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

D. **Rates / Premium Determination**

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

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

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

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

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

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

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

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

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

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

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

E. Professional Corporations

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

F. The following classifications are ineligible:

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

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

A. Description of Coverage

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

B. Forms

PA 116 - Clergy / Counseling Professional Liability Coverage Form

PA 516 - Clergy / Counseling Professional Liability Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

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

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

2. Rates

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

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

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

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

32. PEDORTHISTS PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

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

B. Forms

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

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

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

2. Rates

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

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

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

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

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

B. Forms

PA 117 - Printers Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

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

C. Application

IW-001 - Printer's Application

D. Rates / Premium Determination

1. Premium Basis

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

2. Classifications

   a. Low Hazard ($500 minimum deductible)

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

   b. Average Hazard ($500 minimum deductible)

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

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

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

Ineligible E & O classes:

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

3. Rates

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

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

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

E. Deductible

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

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

F. Correction of Work Coverage - Code 25054

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

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6. Sublimit of Insurance

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

7. Premium Determination

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

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

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

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

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

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

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

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

A. Description of Coverage

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

B. Forms

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

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

C. Application

MP-1007 - Real Estate Errors and Omissions Application

D. Rates / Premium Determination

1. Premium Basis

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

2. Rates - Class Code 25070

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

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

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

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

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

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

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

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

E. Deductible

Minimum deductible is $2,500.

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

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

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

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

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

35. RELIGIOUS INSTITUTIONS WRONGFUL ACTS (Subline Code 398)

A. Description of Coverage

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

B. Forms

PA 112 - Religious Institution Wrongful Acts Coverage Form

PA 527 - Religious Institution Wrongful Acts Coverage Part Declarations

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

C. Application

PA-016 - Religious Institutions Wrongful Acts Questionnaire

D. Rates / Premium Determination

1. Premium Basis

   Premium basis is each institution

2. Rates - Class Code 20090

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

36. SOCIAL SERVICES PROFESSIONAL LIABILITY

A. Description of Coverage

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

B. Forms

PA 123 - Miscellaneous Professional Liability Coverage Form

PA 523 - Miscellaneous Professional Liability Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each professional individual.

2. Rates

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

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

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36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

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

a. BS in Social Work;

b. SW - Social Worker; or

c. Masters in Psychology;

d. Licensed marriage counselor or family counselor;

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

f. CW - Case Worker.

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

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

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

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

E. Professional Corporations

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

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

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

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

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36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

G. The following operations are ineligible:

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

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

A. Description of Coverage

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

B. Forms

PA 119 - Teacher's Professional Liability Coverage Form

PA 519 - Teacher's Professional Liability Coverage Part Declarations

C. Application

IA-005 - Teacher's Professional Liability Application

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each teacher.

2. Rates

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

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

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

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

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

A. Description of Coverage

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

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

B. **Forms**

PA 104 - Travel Agents Errors and Omissions Coverage Form

PA 504 - Travel Agents Errors and Omissions Coverage Part Declarations

C. **Application**

PA-009 - Travel Agents Errors and Omissions Application

D. **Rates / Premium Determination**

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

2. Rates - Class Code 25010

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

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

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

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

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

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

E. **Deductible**

Minimum deductible is $250.

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

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

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

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

39. - 49. RESERVED FOR FUTURE USE

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

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

1. **Description of Coverage**

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

2. **Forms**

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

3. **Application**

   PA-007 - Dentist's Professional Liability Application

4. **Rates / Premium Determination**

   a. Premium Basis

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

   b. Rates

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

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

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

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

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

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

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

1. Description of Coverage

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

2. Forms

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

3. Application

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

4. Rates / Premium Determination

a. Premium Basis

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

b. Rates

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

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

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

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

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

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51. EXPENSE, EXPERIENCE AND SCHEDULE RATING PLAN

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

A. General Rules

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

B. Experience Rating Plan

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

Experience Debit

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

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

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

C. Schedule Rating Plan

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

D. Expense Considerations

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

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52. INCREASED LIMITS TABLES

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

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

B. All limits are expressed in thousands of dollars.

C. Limit codes are shown in parentheses under factors.

1. Convalescent or Nursing Homes

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

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52. INCREASED LIMITS TABLES (Cont'd)

2. Dentists

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

3. Hospitals

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

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52. INCREASED LIMITS TABLES (Cont'd)

4. Insurance Agents
   Lawyers
   Physicians
   Social Services

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

THE

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52. INCREASED LIMITS TABLES (Cont'd)

5. Surgeons

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

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52. INCREASED LIMITS TABLES (Cont'd)

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

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

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52. INCREASED LIMITS TABLES (Cont'd)

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

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

THE

CINCINNATI INSURANCE COMPANIES

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

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

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

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

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36. SOCIAL SERVICES PROFESSIONAL LIABILITY

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

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52. INCREASED LIMITS TABLES

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

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

B. All limits are expressed in thousands of dollars.

C. Limit codes are shown in parentheses under factors.

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1. Convalescent or Nursing Homes

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

2. Dentists

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

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3. Hospitals

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

4. Insurance Agents
Lawyers
Physicians
Social Services

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

5. Surgeons

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

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

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

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7. Blood Banks
Medical or X-ray Laboratories

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

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Legal Professional (Subline Code 317)

ENTIRE STATE 999

Medical Professional

Hospital Professional Liability (Subline Code 210)

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

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

COOK COUNTY 001
REMAINDER OF STATE 002

Veterinarians Professional Liability (Subline Code 317)

ENTIRE STATE 999

THE

CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GENERAL RULES

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

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

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1. APPLICATION OF THIS DIVISION

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

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

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1. APPLICATION OF THIS DIVISION (Cont'd)

21. Pedorthists Professional Liability
22. Physicians and Surgeons Professional Liability
23. Physiotherapist Professional Liability
24. Printers Errors and Omissions
25. Prior Acts or Omissions Extension of Coverage
26. Real Estate Agents' Errors and Omissions
27. Religious Institutions Wrongful Acts
28. Social Services Professional Liability
29. Teacher's Professional Liability
30. Travel Agents Errors and Omissions
31. Veterinarian Professional Liability

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

2. REFERRALS TO COMPANY

Refer to the company for:

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

B. Any applicable rating plan modification.

3. EFFECTIVE DATE

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

4. POLICY TERM

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

5. PREMIUM COMPUTATION

A. One-year or Fractional Year Policies

1. For one-year policies, compute the premium using the rates in effect at policy inception.
2. For policies issued for other than a whole number of years, prorate the annual premium to determine the premiums for the fractional part of a year.

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5. PREMIUM COMPUTATION (Cont'd)

B. Multi-year Policies

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

C. Installment Payments (including Quarterly Installments Option)

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

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

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

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

6. FACTORS OR MULTIPLIERS

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

7. ROUNDING RULE

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

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

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

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7. ROUNDING RULE (Cont'd)

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

Example:

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

$1,395 / 4 Installments = $348.75

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

Round Quarterly Premium with Installment Charge to $353.

8. MINIMUM PREMIUM

Division Minimum Premium

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

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

9. ADDITIONAL PREMIUM CHANGES

A. Prorate all changes requiring additional premium.

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

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

10. RETURN PREMIUM CHANGES

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

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

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

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

E. Retain the Division Minimum Premium.

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11. POLICY CANCELLATIONS

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

12. RATES AND PREMIUM DEVELOPMENT

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

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

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

13. INDIVIDUAL RISK SITUATIONS

A. **Refer to Company**

1. For rating or classifying any risk or exposure for which:
   a. The manual rate or applicable classification is clearly demonstrated to be inappropriate because of a unique or unusual feature of the risk; or
   b. The coverage to be written is broader than that contained in the applicable standard coverage part; or
   c. There is proof that, for a specified professional liability coverage, the named risk is qualified in this jurisdiction for placement of such insurance with an unauthorized insurer, and the insured agrees to the proposed rate or premium to be charged; or
   d. Excess insurance is being provided. Excess insurance means liability insurance provided in an amount not less than $1,000,000 in excess of a specified retained limit provided that such retained limit is not less than;
      (1) $350,000 per claim, as respects those exposures covered by underlying insurance; and
      (2) $10,000 per claim, as respects those exposures not covered by underlying insurance; or
   e. Increased limits are provided and the annual increased limits written premium determined by the customary rating procedures is $5,000 or more.
2. If a coverage part providing the insurance contemplated by an applicable classification and rate is endorsed to restrict coverage for hazards not common to all risks within the class.
3. Where liability increased limits are provided and the risk is reinsured on a facultative basis.

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

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13. INDIVIDUAL RISK SITUATIONS (Cont'd)

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

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

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

14. - 15. RESERVED FOR FUTURE USE

16. ADDITIONAL RULES

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

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

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

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

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

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

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17. - 18. RESERVED FOR FUTURE USE

19. INTERSTATE ACCOUNTS

A. Rules and Rates

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

B. Forms

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

20. ACORD FORMS

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

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1. TERRORISM COVERAGE

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

A. Description of Coverage

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

   a. Such loss:

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

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

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

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

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

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

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

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

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

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

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

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

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1. TERRORISM COVERAGE (Cont'd)

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

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

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

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

C. Premium Determination:

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

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

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

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

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

(a) Division One - Auto

(b) Division Two - Machinery and Equipment

(c) Division Three - Crime

(d) Division Four - Farm

(e) Division Five - Fire and Allied Lines

(f) Division Six - General Liability

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

(h) Division Eight - Inland Marine

(i) Division Nine - Multiple Line

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

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

(k) Businessowners Package Program, excluding any Medical Professional

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

(m) Package for Artisan Contractors

(n) Religious Institutions Package Policy

(o) Garage Operators Policy

(p) Financial Institutions Package Program

(q) Printers Package Program

(r) Metalworkers Package Policy

(s) Commercial Output Policy

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

(2) Geographic Tiers:

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

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

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1. TERRORISM COVERAGE (Cont'd)

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

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

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

(4) **Rate Factors:**

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

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

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

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

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

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

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DENTIST'S PACKAGE PROGRAM MANUAL

1. APPLICATION OF THIS PROGRAM

A. This manual contains the information governing the writing of the Dentist's Package Policy.

B. The rules, classifications and rates in this manual make up the entire Dentist's Package Program and may not be amended except as specifically permitted.

C. Unless specifically mentioned in this manual, refer to the forms filed by the Cincinnati Insurance Company under our Businessowners Package Program, Commercial Lines Division Seven - Professional Liability, Commercial Lines Division One - Automobile and the Commercial Umbrella Program. Forms unique to this program will be filed separately.

2. COVERAGES

Property and Liability coverage is provided as indicated below:

A. Section I - Property Coverage

The Dentist's Package Policy provides coverage with these features:

-- Building and Business Personal Property coverage is available for a specified Limit of Insurance on either an Actual Cash Value or Replacement Cost basis.
-- "Special" Causes of Loss Coverage.
-- Business Income coverage is included on a valued daily loss basis of $500 per day for 30 days and on an actual loss sustained basis in excess of the valued daily loss basis for a period up to 12 consecutive months.
-- Business Income From Dependent Properties coverage is included up to a limit of $5,000.
-- No coinsurance clause applies.
-- Glass Coverage is included within the building limit.
-- When our insured does not insure the building non-owned exterior glass for which the insured is legally responsible is covered within the BPP limit.
-- Earthquake and Flood coverage for Business Personal Property is automatically provided.
-- Water Backup of Sewers, Drains, Septic Systems or Sump Pumps is included up to a $25,000 limit per location.
-- Theft of gold, silver and other precious alloys or metals is included at a $3,000 limit.
-- Newly acquired property is covered for 90 days with Buildings at $1,000,000, Business Personal Property at $500,000, Business Income at the Valued Daily Loss Limit and then at actual loss sustained and Extra Expense at actual loss sustained.
-- Extra Expense is included for necessary expenses incurred for a period up to 12 consecutive months.
-- Building Laws Safeguard coverage is included up to a limit of $25,000 per location.
-- Electronic Data Processing Property coverage is included up to a $25,000 limit per location.
-- Money and Securities is included up to $15,000 per occurrence inside the premises and up to $5,000 per occurrence outside the premises.
-- Money Orders and Counterfeit Paper Currency is included up to a $10,000 limit per occurrence.
-- Employee Dishonesty coverage is included up to a $25,000 limit per occurrence.
-- Forgery or Alteration coverage is provided up to a $25,000 limit per occurrence.
-- Accounts Receivable coverage is included up to a $100,000 limit per location.

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-- Valuable Papers coverage is included up to a $100,000 limit per location.
-- Signs coverage is included up to a $10,000 limit per location.
-- A standard deductible of $250 applies per occurrence. Optional deductibles are available.

B. Section II - Business Liability Coverage

The Dentist's Package Policy provides the following Liability coverages with an "occurrence" format:

-- Liability coverage for Bodily Injury and Property Damage is provided for described premises and operations of business conducted at or from that premises. In conjunction, coverage is provided for independent contractors, contractual liability and products / completed operations.
-- Premises Medical Expenses.
-- Personal and Advertising Injury Liability for offenses defined in the policy.
-- Worldwide Products, Extended Bodily Injury, Incidental Medical Malpractice, Host Liquor Liability, Broad Form Property Damage and Nonowned Watercraft Coverage.
-- Liability coverage for Bodily Injury caused by fumes from equipment used to service or maintain a covered building.
-- Employees and volunteer workers are insureds.
-- Damage to Premises Rented to You is included up to the Each Occurrence Liability Limit.

C. Section VII - Business Auto Coverage

The Dentist's Package Policy provides the following auto coverages:

-- Hired Auto and Nonowned Auto Liability is automatically included for no additional premium charge. Use Dentist's Business Auto Coverage Declarations **IF 505 IL** and Dentist's Package Policy Auto Amendment **IF 436 IL.** For other applicable forms, refer to the forms filed in Division One, Automobile Manual, of the Cincinnati Insurance Companies Commercial Lines Manual.
-- Uninsured and Underinsured Motorist coverage applicable to Hired Auto and Nonowned Auto is automatically included for no additional premium charge.

3. BASIC COVERAGE AND LIMITS

A. The Dentist's Package Policy must be written to afford coverage on both Business Property and Business Liability exposures.

B. Business Liability Limits apply as follows:

1. Liability Coverages - Basic Limit

$1,000,000 Each Occurrence Limit

$2,000,000 General Aggregate Limit

$2,000,000 Products-Completed Operations Aggregate Limit

$1,000,000 Personal & Advertising Injury Limit

$1,000,000 Damage to Premises Rented to You Limit

2. $5,000 Any One Person Medical Expenses - Optional Limits are available.

Higher limits may be purchased.

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C. Professional Liability Coverage is available as an option, at the following limits, for an additional premium: (Separate Application **PA 007** is to be completed by each dentist.)

$100,000 Each Dental Incident $300,000 Aggregate Limit	$200,000 Each Dental Incident $600,000 Aggregate Limit
$300,000 Each Dental Incident $900,000 Aggregate Limit	$1,000,000 Each Dental Incident $1,000,000 Aggregate Limit
$1,000,000 Each Dental Incident $2,000,000 Aggregate Limit	$1,000,000 Each Dental Incident $3,000,000 Aggregate Limit
$2,000,000 Each Dental Incident $4,000,000 Aggregate Limit	

Other limits are available.

4. APPLICATION

Form **IF 003**, or **IF-004 (e-CLAS®)**, shall be fully completed and signed by the insured or the agent for new business.

5. POLICY PROVISIONS

A. Policies may be written for a specific term of up to 5 years.

B. **Cancellation**

1. It is not permissible to cancel all business property or all liability coverage unless the entire policy is canceled.
2. If the policy is canceled, the earned premium shall be calculated on a pro rata basis.

C. Building and Business Personal Property may not be written on a blanket basis.

D. **Policy Amendments and Changes.** Only the following policy changes and endorsements are permitted:

1. Limits of Insurance on Buildings and Business Personal Property may be increased or decreased.
2. Locations may be added or deleted.
3. Optional coverages including Professional Liability may be added, deleted or amended.
4. General Change Endorsement **IB 447** or **IB 478 (e-CLAS®)** must be used for all changes after the inception date of the policy.

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E. **Protective Devices or Services.** Protective devices or services may be required. The policy must be endorsed to require that the company be notified if the devices or services are discontinued or out of service. Use Protective Safeguards Endorsement **IA 467.** This form contains the following clauses, of which one or more will apply to the risk being insured:

P-1 Automatic Sprinkler System Clause

P-2 Automatic Fire Alarm Clause

P-3 Security Service Clause

P-4 Security Contract Clause

P-9 Described Protective System.

6. MINIMUM PREMIUMS AND INSTALLMENTS

A. Minimum Premiums

1. The following policywriting minimum premium applies:

   Dentist's Package Policy..... $ 300

2. Policywriting minimum premiums do not include premiums for Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability.

3. Policywriting minimum premiums are not subject to any modification.

4. Coverage Option minimum premiums may apply. Refer to Coverage Options Rule **12.**

B. Premium Payments

1. **Direct Bill:** The total policy premium may be paid in annual, semi-annual, quarterly or monthly installments. The monthly installment option requires payment by Electronic Fund Transfer (EFT).

2. **Agency Bill:** The total policy premium may be paid in annual, semi-annual or quarterly installments.

   Installments (Including Quarterly Installments Option)

   a. For policies written on a semi-annual pay basis, divide the annual premium by two (2) and add $5 per installment.

   b. For policies written on a quarterly pay basis, divide the annual premium by four (4) and add $5 per installment.

   c. There is no interest charge associated with the installment plan.

   d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

   e. For policies written on a quarterly payment plan, an initial payment of 25% of the total annual premium plus $5 will be due at policy inception. Each of the subsequent installments will be 25% of the total annual premium plus $5 per installment and will be due 3, 6, and 9 months from policy inception, respectively.

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7. PREMIUM

A. Changes in Amounts or Coverages

1. Additional Premium

a. Prorate all changes requiring an additional premium.

b. In computing the additional premium for:

(1) Any changes made to a coverage or location included at policy inception, use the rates and rules in effect on the effective date of the policy.

(2) Coverages or locations which are added after the policy inception (including additions of coverages, options and causes of loss to existing locations) use the rates and rules in effect as of the date of the change.

(3) Any changes made to a location or coverage which was added after the policy inception, use the rates developed when the coverage was added.

c. **Agency Bill:** Waive additional premium amounts of $15 or less. This waiver applies only to that portion of the premium due on the effective date of the policy change.

Direct Bill: Any change resulting in an additional premium of $15 or less will be deferred to the next bill. This deferral applies only to that portion of the premium due on the effective date of the policy change.

2. Return Premium

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

b. Compute return premium on a pro-rata basis and round to the nearest whole dollar when any coverage or exposure is deleted or a Limit of Insurance is reduced. Retain the policywriting minimum premium.

c. **Agency Bill:** Waive additional premium amounts of $15 or less. This waiver applies only to that portion of the premium due on the effective date of the policy change.

Direct Bill: Any change resulting in an additional premium of $15 or less will be deferred to the next bill. This deferral applies only to that portion of the premium due on the effective date of the policy change.

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B. Rounding of Premium

1. All premium calculations shall be rounded to the nearest whole dollar. A premium of $.50 or more shall be rounded to the next higher whole dollar except as described in Rule **7.B.2.** below.

2. **Installments (Agency Bill).** Add the installment charge per Rule **6.B.2.** to the semi-annual or quarterly premium and round each installment to the lowest whole dollar.

   Example:
   Quarterly Policy.
   Annual Policy Premium is $1,395.
   $1,395 ÷ 4 = 348.75 + $5 (Installment Charge) = $353.75.
   Round Quarterly Premium with Installment Charge to $353.

8. AGENT'S BINDING AUTHORITY

A. Agent's maximum binding authority is $1,000,000 on Buildings and Business Personal Property combined. All risks over $1,000,000 must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

B. Agent's maximum binding authority is $5,000,000 on the Umbrella Endorsement. All risks over $5,000,000 must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

C. Any risk previously declined, canceled or nonrenewed must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

D. Risks with two or more claims during the past three years should be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

E. All risks with buildings more than 25 years of age must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding. **Picture(s) are required. Submit a detailed written description explaining all structure updates.**

F. All risks should be inspected prior to binding.

G. All risks wanting coverage for Employment Practices Liability Insurance must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

H. Issue binders immediately on all bound risks. Binders must be mailed to the Field Marketing Representative or Headquarters Underwriter no more than three (3) working days after the effective date of the binder.

I. Dentist's Professional Liability must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

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DENTIST'S PACKAGE PROGRAM MANUAL

9. ELIGIBILITY SECTION

A. General Rules

The following general eligibility rules apply:

1. A dental office operation is the only eligible class under this program. No other type of business may be insured.
2. The following dental office risks are eligible:
   a. Building Property: Office buildings which do not exceed 150,000 square feet in total floor area.
   b. Business Personal Property: Offices which do not occupy more than 25,000 square feet in any one building.
3. When owner occupied in whole or in part, Building and Personal property must be included in the same policy.
4. Incidental storage buildings used in the insured's business are eligible provided we insure the main location.
5. Buildings owned by the insured that include apartments, mercantile or service occupancies are ineligible.
6. Dental Office Buildings leased to others and Dental Offices under construction are ineligible.

10. CLASSIFICATIONS SECTION

A. Building Classification

Office Buildings (including Condominiums) - owner occupied in whole or in part. The Business Personal Property of the owner must be included in the policy; rate separately 65121

B. Business Personal Property Classification

Dentist Office 65825

11. PREMIUM DEVELOPMENT

Basic rates shown in this manual are annual rates per $100 of property insurance and include all mandatory coverages in the policy.

A. Compute premium for coverages by using the Limit of Insurance separately applying to building and business personal property.

B. The Limit of Insurance must be an amount equal to 90% of the Actual Cash Value or the Replacement Cost Value, whichever applies, of the property to be insured.

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C. Premium Determination

1. **Rating Territory.** The state territory rate page applicable to the location of the property being insured shall be used to obtain the appropriate rate.

2. **Public Fire Protection.** All risks shall be classified according to the Public Protection Classification applicable to the location of the property insured.

3. **Building Construction.** All risks shall be classified by the construction of the building containing the Business Personal Property based on the following building construction types:

   Class A / Modified Fire Resistive or Fire Resistive - Buildings where the exterior walls, floors and roof are constructed of masonry or other fire-resistive materials.

   Class B / Noncombustible and Masonry Noncombustible - Buildings where the exterior walls, floors and roof are constructed of, and supported by metal, asbestos, gypsum or other non-combustible materials. Buildings where the exterior walls are constructed of masonry materials as described in Class C., with the floors and roof of metal or other non-combustible materials.

   Class C / Joisted Masonry - Buildings where exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible (disregarding floors resting directly on the ground).

   Class D / Frame - Buildings with exterior walls of wood or other combustible materials including construction where combustible materials are combined with other materials (such as brick veneer, stone veneer, wood ironclad, stucco on wood).

   Mixed Construction - If the area of inferior construction exceeds 33-1/3% of the total area, the entire structure shall be classified in accordance with the rule applicable to such inferior construction.

4. **Premium Computation**

   a. Buildings

   (1) For each building item, obtain the rate from the applicable state territory rate page, using the type of building construction and Public Protection Classification.

   (2) For each building item, multiply the rate by the amount of insurance per $100.

   b. Business Personal Property

   (1) For each Personal Property Item, obtain the rate from the applicable state territory rate page, using the type of building construction and Public Protection Classification.

   (2) For each Personal Property Item, multiply the rate by the amount of insurance per $100.

   c. The rates for Protection class 9 also apply to Protection Class 8B.

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5. Sprinklered Property

a. Eligibility and Application

Multiply the state Building and / or Business Personal Property rate by the sprinkler factor when at least 85% of the total floor area of:

(1) The building; or

(2) The building in which the business personal property is located;

is protected by an approved automatic sprinkler system that is regularly tested and maintained. This includes cooking protection equipment.

b. Sprinkler Factor Tables

To develop the sprinklered rate, refer to the appropriate rate table. Multiply the non-sprinklered Building or Business Personal Property rate by the following factor:

Sprinklered Factors - Business Personal Property = .85

Sprinklered Factors - Building = .60

6. Coverage Options

Refer to Rule **12.** Coverage Options to determine the premium for all Coverage Options.

7. Rate Modifications

For rate modifications, refer to Rule **13.** Rate Plans.

8. Factors or Multipliers

Factors or multipliers are to be applied consecutively and not added together unless otherwise specified.

9. Policy Premium

a. Total the Building, Business Personal Property, and Coverage Options premiums (excluding Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability).

b. If the total premium is less than the minimum premium in Rule **6.**, Minimum Premiums and Installments, the minimum premium applies.

c. Add the premiums excluded in item **a.** above. This is the total premium for all coverages included in the policy.

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12. COVERAGE OPTIONS

A. Unless specifically mentioned in this manual, no other Coverage Options or limits are available for this program.

B. The following annual rates and premiums apply:

1. Auto

The following coverages may be added to the Dentist's Package Policy provided there is no owned auto exposure.

Hired Auto Physical Damage - (Class 6619)

Physical damage coverage may be provided on a primary basis for autos which are hired, leased, rented or borrowed while being operated by or in the custody of the insured. Attach Hired Auto Physical Damage Amendment **IF 437 IL.** The Limit of Insurance is $40,000 subject to a $250 deductible.

Hired Auto Physical Damage Premium	
$35.00	Per Policy

2. Equipment Breakdown (Previously referred to as Boiler)

a. The Limit of Insurance is determined by:

(1) Adding the Building and Business Personal Property Limits of Insurance for the applicable location; or

(2) If there is no Building coverage on the same policy for the applicable location, use the Business Personal Property Limit of Insurance for that location; or

(3) If there is no Business Personal Property coverage on the same policy for the applicable location, use the Building Limit of Insurance for that location.

Use the Limit of Insurance determined above times the appropriate rate from the Rate Table below for each location where coverage is desired.

b. The **DENTIST'S PACKAGE POLICY EQUIPMENT BREAKDOWN COVERAGE AMENDMENT** (Form **IF 205**) must be attached when Equipment Breakdown Coverage is provided.

c. The deductible amount and valuation (Replacement Cost or Actual Cash Value) for the Equipment Breakdown coverage will be the same as for the SECTION I - PROPERTY coverages. See Deductible Factors applicable to Equipment Breakdown in **g.** below.

d. Physical damage, business interruption and extra expense are included.

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

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f. Rates:

(1) **Comprehensive coverage (including dental related medical equipment) (Coverage Code U):** To rate coverage for boilers, fired and unfired pressure vessels, air conditioning, refrigeration, mechanical and electrical equipment, and equipment used for research, medical, diagnostic, surgical, dental or pathological purposes, use the rate from the table below.

Equipment Breakdown Rate Table per $100	
Comprehensive coverage (including dental related medical equipment)	.04

(2) **Minimum Premiums**

Comprehensive coverage (including dental related medical equipment) = $150

g. Deductible Factors:

Equipment Breakdown Deductible Factors Table	
Deductible	**Factor**
$ 100	1.25
500	.96
1,000	.91
2,500	.82
5,000	.73
10,000	.59

3. **Crime**

a. **Employee Dishonesty (Coverage Code - 5)**

(1) The Additional Coverages section provides up to $25,000 coverage for employee dishonesty. A completed Application (**CA 001**) must be submitted with requests for limits higher than $25,000. Increased limits are available up to $250,000. Use Form **IA 4014**. To determine the premium, multiply the rate(s) indicated below by the Limit of Insurance in excess of $25,000.

Employee Dishonesty Rate Table		
	Rates per $100 - Per Policy	
Increased Limit	**First $75,000**	**Next $150,000**
Rate	.380	.170

Example: $150,000 limit
25,000 = Included
.380 x 75,000 = $285
.170 x 50,000 = $ 85

$370**(2) Welfare and Pension Plan Compliance - CA 204 (Coverage Code - G)**

This coverage is available for those insureds who need excess limits of Employee Dishonesty Coverage to comply with ERISA. Increased limits are available up to $250,000. To determine the premium, multiply the rate indicated

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below by the Limit of Insurance for ERISA that is in excess of the Employee Dishonesty Coverage limit.

ERISA Rate	
$.15	Rate per $100

Example: $250,000 ERISA Limit with $150,000 Employee Dishonesty Limit
$250,000
-150,000
$100,000 x .15 = $150

b. Employee Dishonesty, Money and Securities and/or Theft Exclusion - CB 301 (Coverage Code - H)

This endorsement is available to delete the Employee Dishonesty, Money and Securities and/or Theft coverage. To determine the premium, multiply the appropriate Business Personal Property rate by the applicable factor(s) indicated below:

Employee Dishonesty, M & S and / or Theft Exclusion Factor Table	
Exclusion	**Factor**
Employee Dishonesty	.96
Money and Securities	.96
Theft	.93

c. Forgery or Alteration - IA 4014 (Coverage Code - I)

The Additional Coverages section provides up to $25,000 coverage for forgery or alteration. A completed Application (**CA 001**) must be submitted with requests for limits higher than $25,000. Increased limits are available up to $100,000. To determine the premium, multiply the rate(s) indicated below by the Limit of Insurance in excess of $25,000.

Forgery or Alteration Rate Table	
Rates per $100 - Per Policy	
Rate	.10

d. Money and Securities - IA 4013 (Coverage Code - J)

The Additional Coverage section provides up to $15,000 Inside / $5,000 Outside coverage. A completed Application (**CA 001**) must be submitted with requests for limits higher than $15,000 Inside / $5,000 Outside. Increased limits are available up to $25,000. To determine the per location premium, multiply the rates indicated below by the Limit of Insurance in excess of the $15,000 Inside / $5,000 Outside limits.

Money and Securities Rate Table	
Rates per $100 - Per location	
Inside (07)	$3.20
Outside (08)	1.30

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4. **Commercial Property**

   a. **Automatic Increase in Insurance (Coverage Code - R)**

   Coverage is provided as an extension to the building coverage. The Limit of Insurance applicable to all buildings is automatically increased by 2% per year during the policy period. (There is no option to eliminate this coverage feature.) Increased percentages are available. The premium for this coverage is not subject to any further modification or rate plan. To determine the premium for percentages higher than 2% per year, multiply the final building premium for each building and structure by the appropriate factor indicated below:

Automatic Increase Factors Table	
Amount of Annual Increase	**Factor**
4.0%	.02
6.0%	.03
8.0%	.04
10.0%	.05
12.0%	.06

   b. **Blanket Basket Endorsement - IF 206 (Coverage Code B)**

   This endorsement provides a $150,000 Blanket Coverage Limit that is excess over the Limits of Insurance stated in the Businessowners Package Policy, and the Dentist's Package Policy Coverage Endorsement for the following coverages.

   (1) Accounts Receivable

   (2) Electronic Data Processing Property

   (3) Debris Removal

   (4) Valuable Papers and Records

   (5) Water Back Up of Sewers, Drains, Septic Systems or Sump Pumps

   The total payment for loss for all the above coverages combined shall not exceed the Blanket Coverage Limit for each occurrence.

Blanket Basket Endorsement Premium Table
$35 - Per Location

   c. **Building Laws Safeguard Coverage (BLS) - IA 4013 (Class Code 4000)**

   A limit of $25,000 is included for loss to the undamaged portion of a covered building, cost of demolition and increased cost of construction resulting from the enforcement of ordinances or laws regulating the restoration or demolition of a damaged building. Limits may be increased provided the building is insured at Replacement Cost. Select the desired Limit of Insurance and charge the premium shown in the BLS Premium Table below. The premium charge applies "per covered building". When earthquake coverage is provided as a Covered Cause of Loss on the covered building, use the "Including Earthquake" column of the BLS Premium Table to determine the premium.

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Building Laws Safeguard Premium Table			
	Premium Per Building / Structure		
Total BLS Limit of Insurance	No Earthquake on Covered Building / Structure	Including Earthquake on Covered Building / Structure Territories 4-7	Territories 1-3
$ 50,000	$ 35	$ 43	$ 47
75,000	50	65	75
100,000	65	88	103
125,000	80	110	130
150,000	95	133	158
200,000	125	178	212
250,000	155	223	266

d. Condominium Commercial Unit-Owners Optional Coverages - FA 420

Coverage is available for Loss Assessment and Miscellaneous Real Property.

(1) Loss Assessment (Class Code 4100)

Coverage is subject to a $250 deductible. The premium per unit is as follows:

Loss Assessment Premium Table	
Loss Assessment Limit	Premium
$ 1,000	$ 6
5,000	10
10,000	13
Each Add'l $5,000	2

(2) Miscellaneous Real Property (Class Code 4110)

Coverage is subject to the property deductible. Multiply the rate indicated below by the Limit of Insurance:

Miscellaneous Real Property Rate	
$.80	Per $100 - Per Unit

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e. Earthquake Coverage (Building Only) - FF 204, Earthquake Sublimit - FF 205

(1) Earthquake Classifications

Coverage for Building is available for one or more locations. Coverage applies to Buildings (including Business Income and Extra Expense) at the locations selected. The Building premiums are based on the building construction and location.

(2) Earthquake Full Limits Form and Rates (Subline 930)

(a) Use Earthquake Form **FF 204** to write full limits on building.

(b) To determine the premium for earthquake, multiply the rates in the Earth quake Rate Table (Rule **16.** - Rate Section) by the Limit of Insurance. Except for Expense Modification and the Large Premium Discount Plan, the premium for this coverage is not subject to any further modification or rate plan.

(c) Optional deductibles are available. Multiply the appropriate Earthquake Base Rate by the appropriate factor shown or determined in the Optional Earthquake Deductible Table (Rule **16.** - Rate Tables).

(3) Earthquake Sublimit Form and Rates (Subline 939)

(a) Earthquake Sublimit Form **FF 205** is available as an option to the full limit form.

(b) To determine the earthquake sublimit rate, multiply the earthquake rates in Rule **16.** - Rate Section by a 1.25 factor. To determine the premium for the earthquake sublimit coverage, multiply the earthquake sublimit rate by the earthquake sublimit of insurance. Except for Expense Modification and the Large Premium Discount Plan, the premium for this coverage is not subject to any further modification or rate plan.

f. Fairs or Exhibitions - IA 4014 (Class Code 4120)

The Fairs or Exhibitions Coverage Extension provides up to $25,000 per occurrence for covered property while it is located at fairs or exhibitions. Increased limits are available. The increased limit is the amount of covered property at all fairs or exhibitions in excess of $25,000. To determine the premium, multiply the rate indicated below by the Limit of Insurance in excess of $25,000.

Fairs or Exhibitions Rate	
$1.50	Rates per $100 - Per Policy

g. Mine Subsidence

Refer to the rules and rates filed in the Commercial Lines Manual Businessowners Package Program.

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h. Ordinance or Law Coverage - FA 228

This coverage responds to losses that result from the enforcement of ordinances or laws regulating the restoration or demolition of a damaged building. Losses can result from:

(1) Loss in value of the undamaged portion of the building;

(2) Costs of demolition and debris removal of the undamaged portion of the building; and

(3) Increased expenses to:

(a) Reconstruct the undamaged portion of the building so that it complies with current building, zoning or land use laws or ordinances.

(b) Repair the damaged building so that it complies with current building, zoning or land use laws or ordinances.

The following coverages are independent of each other and any or all of them may be purchased. Building coverage is required. If Earthquake Coverage is purchased for the building and Coverage 1, 2 or 3 is purchased, Earthquake premiums must also be charged for Coverage 1, 2, or 3.

(1) Coverage 1 - Coverage for Loss to the Undamaged Portion of the Building (Class Code 4210)

(a) This is not a separate Limit of Insurance. Building coverage is extended to include loss to the undamaged portion of the building.

(b) The premium for Coverage 1 shall be determined by multiplying the applicable location building premium (prior to using Experience Rating, Schedule Rating and Expense Modification Rate Plans.) by .15.

(c) The Earthquake premium for Coverage 1 shall be determined by multiplying the applicable location building Earthquake premium (prior to using Experience Rating, Schedule Rating, Large Premium Discount and Expense Modification Rate Plans.) by .85.

(2) Coverage 2 - Demolition Cost Coverage (Class Code 4211)

(a) A separate Limit of Insurance must be chosen for demolition and debris removal costs for the undamaged portion of the building.

(b) The premium for Coverage 2 shall be determined by multiplying the applicable location Building base rate by the Coverage 2 Limit of Insurance per $100.

(c) The Earthquake premium for Coverage 2 shall be determined by multiplying the applicable Building Earthquake base rate by the Coverage 2 Limit of Insurance per $100.

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(3) Coverage 3 - Increased Cost of Construction Coverage (Class Code 4212)

(a) A separate Limit of Insurance must be chosen for increased cost of construction. The underlying building coverage must be written for Replacement Cost when a Limit of Insurance is shown in the Coverage Schedule for Increased Cost of Construction.

(b) The premium for Coverage 3 shall be determined by multiplying the applicable location Building base rate by the Coverage 3 Limit of Insurance per $100.

(c) The Earthquake premium for Coverage 3 shall be determined by multiplying the applicable Building Earthquake base rate by the Coverage 3 Limit of Insurance per $100.

(4) Combined Limit for Coverages 2 and 3 (Class Code 4213)

(a) This option combines Coverages 2 and 3 above. A combined Limit of Insurance must be chosen for Demolition Cost Coverage and Increased Cost of Construction Coverage.

(b) The premium for Combined Coverage 2 and 3 shall be determined by multiplying the applicable location Building base rate by the combined Coverage 2 and 3 Limit of Insurance per $100.

(c) The Earthquake premium for Combined Coverage 2 and 3 shall be determined by multiplying the applicable Building Earthquake base rate by the Coverage 2 and 3 Limit of Insurance per $100.

i. Outdoor Property - IA 4013 (Class Code 4150)

The Coverage Extensions section provides up to $10,000 for awnings (**Note:** Awnings attached to buildings insured on this policy are included in the building coverage and should not be included in this coverage extension limit.), fences and antennas. Increased limits are available. To determine the per location premium, multiply the rate indicated below by the Limit of Insurance in excess of $10,000 for each location being increased.

Outdoor Property Rate	
$1.25	Per $100

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j. Property Deductibles

Apply the appropriate factor below to the $250 deductible Building and Business Personal Property rates. (The same Property Deductible amount is required at all locations on the policy.)

Property Deductible Factors Table	
Deductible	**Factor**
$ 100	1.25
500	.89
1,000	.81
2,500	.75
5,000	.70
10,000	.65

k. Property Off-Premises - IA 4014 (Class Code 4170)

The Property Off-Premises Coverage Extension provides up to $25,000 per occurrence for covered property while it is temporarily at a location not owned, leased or operated by the insured. Increased limits are available. The increased limit is the total amount of covered property at all temporary locations not owned, leased or operated by the insured in excess of $25,000. To determine the premium, multiply the rate indicated below by the Limit of Insurance in excess of $25,000.

Property Off-Premises Rate	
$1.00	Rates per $100 - Per Policy

l. Transportation - IA 4014 (Class Code 4190)

The Transportation Coverage Extension provides up to $25,000 per occurrence for covered property while it is in or on a vehicle, including loading and unloading of the property. Increased limits are available. The increased limit is the total amount of covered property on all vehicles at one time in excess of $25,000. To determine the premium, multiply the rate indicated below by the Limit of Insurance in excess of $25,000.

Transportation Rate	
$1.50	Rate per $100 - Per Policy

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m. Valued Daily Loss of Income

(1) The Additional Coverage section provides a limit of $500 per day for 30 days up to a maximum of $15,000 for loss of business income.

(2) The limit per day and the number of days may both be increased. The limit per day may be increased in increments of $50. The number of days may be increased in increments of 10 days up to a maximum of 90 days.

(3) To determine the per location premium, multiply the Business Personal Property rate times the limit of coverage in excess of $15,000 divided by 100.

Example: New Limit Desired: $600 per day for 30 days
$600 x 30 days = $18,000
($18,000 - $15,000) ÷ 100 = 30
30 x $.63 = $19.00 Charge

n. Reserved

o. Windstorm or Hail Percentage Deductibles - FA 494

(1) The Windstorm or Hail percentage deductibles apply whenever there is an occurrence of Windstorm or Hail.

(2) The Windstorm or Hail deductible is calculated separately for, and applies separately to:

(a) Each building, if two or more buildings sustain loss or damage;

(b) The Building and to Business Personal Property in that building, if both sustain loss or damage;

(c) Business Personal Property at each building, if Business Personal Property at two or more buildings sustains loss or damage;

(d) Business Personal Property in the open.

(3) Percentage deductibles may vary by location. At a location all covered property must be written using the same percentage deductible.

(4) Multiply the Building and Business Personal Property rates by the appropriate factor from the following table:

Windstorm or Hail Percentage Deductible Factor Table		
Code(s)	**Deductible**	**Factor**
19	1%	.99
29	2%	.98
39	5%	.96

This modification should be made in addition to fixed deductibles per Coverage Options Item **4.j.** of this Section for Property Deductibles.

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5. **Liability**

   a. **Additional Insureds**

   Liability coverage may be extended to certain designated additional insureds.

   The premium for these endorsements will be as follows:

Additional Insured Premium Table		
Type of Additional Insured	**Form**	**Charge**
Co-Owner of Insured Premises	**IA 4167**	No Charge
Designated Person or Organization	**GA 429**	No Charge
Lessors of Leased Equipment	**GA 458**	No Charge
Lessor of Leased Equipment - Automatic Status When Required in Lease Agreement with You	**IA 4168**	No Charge
Managers or Lessors of Premises	**GA 457**	No Charge
Mortgagee, Assignee or Receiver	**IA 4169**	No Charge
Owners or Other Interests From Whom Land has Been Leased	**IA 4170**	No Charge
Pick Up or Delivery - Scheduled Person or Organization	**GA 4247**	No Charge

   b. **Bodily Injury Exceptions to Pollutant Exclusion - IA 208 (Class Code 20410)**

   Coverage is available to the named insured for bodily injury from sudden and accidental release of pollutants from the insured's premises or work site, and from bodily injury caused by gaseous or airborne pollutants from a work site. The injured person must be clinically diagnosed or treated by a physician within 1 year of first exposure to the pollutants.

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We shall have no duty to defend or pay damages for any person or organization that is not a named insured. The premium for this endorsement will be as follows:

(1) $10 per location, subject to a $25 minimum premium.

c. Business Liability - Optional Increased Limit

Optional $2,000,000 Liability Limit

(1) Description of Coverage

The basic limit of liability of $1,000,000 per occurrence for Business Liability may be increased to $2,000,000.

(2) Rate Modification

Add the rate increment to the applicable rate. Refer to the Rate Pages to determine this rate increment.

d. Business Liability Broadened Endorsement - IF 209 (Class Code 20289)

(1) Forms

(a) If the primary coverage form is **IF 102**, attach forms **IF 209** - Business Liability Broadened Endorsement - and **IF 431** - Bridge Endorsement, if applicable. Refer to Rule **12.B.5.c.(4)** for guidelines applicable to the Bridge Endorsement.

(b) If the primary coverage form is **IB 101**, 4/99 and subsequent, attach form **IB 207** - Business Liability Broadened Endorsement.

(2) Explanation: The Business Liability Broadened Endorsement adds the following broadened or additional coverages:

(a) Employee Benefit Liability at $1,000,000/$3,000,000 limits with a $1,000 deductible;

(b) Unintentional Failure to Disclose Hazards Condition;

(c) Damage to Premises Rented to You;

(d) Supplementary Payments of $1,000 for bail bonds and $500 per day loss of earnings;

(e) Medical Payments at $10,000 per person;

(f) Volunteer Workers included as insureds;

(g) 180 Day Coverage for Newly Formed or Acquired Organizations;

(h) Waiver of Subrogation;

(i) Automatic Additional Insured - Specified Relationships:

1) Managers or Lessors of Premises;

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2) Lessor of Leased Equipment;

3) Vendors; and

4) State or Political Subdivisions - Permits Relating to Premises.

(j) Property Damage to Borrowed Equipment at $10,000 per occurrence ($250 deductible);

(k) Employees as Insureds - Specified Health Care Services:

1) Nurses;

2) Emergency Medical Technicians; and

3) Paramedics.

(l) Broadened Notice of Occurrence Condition.

(3) Rates - Flat Charge $125.00 annually. Except for expense modification, the premium for this endorsement is not subject to further modification or rate plan. The premium is in addition to, not included within, the Minimum Premium in Rule **6.**

(4) Bridge Endorsement

IF 209 may be added to existing policies written with Form **IF 102.** When this is done, the rules and rates that are shown in this manual apply. In addition, Bridge Endorsement **IF 431** must be added if the policy is subject to the **IF 102** with an edition date prior to 4/99. The bridge endorsement will amend the underlying coverage to be in accordance with the coverage offered in the Business Liability Broadened Endorsement.

e. Coverage for Injury to Leased Workers - IA 4098 (Class Code 22991)

Coverage for bodily injury sustained by a leased worker while performing duties related to the conduct of the named insured's business may be provided, by mutual agreement between the insurer and the insured, by attaching Coverage for Injury to Leased Workers Endorsement **IA 4098.** To determine the premium, multiply the Workers Compensation rate for the Classification times a 1.25 surcharge. Multiply the result by the total estimated annual payroll for Workers Compensation (per $100). Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

Injury to Leased Workers Rate	
Workers Compensation Rate x 1.25	Per $100 of Annual Payroll

Leased worker means a person leased to the named insured by a labor leasing firm under an agreement between the named insured and the labor leasing firm, to perform duties related to the conduct of the insured's business. A leased worker does not include a temporary worker who is furnished to the named insured for a finite period to support or supplement the named insured's work force in special work situations such as employee absences, temporary skill shortages and seasonal workloads.

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g. Employee Benefit Liability - GA 208 (Class Code 20180)

This endorsement provides coverage against claims for damages because of the insured's negligent acts, errors or omissions committed in the administration of an employee benefit program. The coverage is provided on an occurrence basis. Coverage is also extended to negligent act(s), errors or omissions committed prior to the effective date of the coverage provided the insured had no knowledge of a claim or suit as of that effective date. The Each Employee limit of insurance must be the same as the Business Liability Each Occurrence limit. A $1,000 deductible applies. A completed Application (**IB 005**) must be submitted. The premium for this coverage will be as follows:

Employee Benefit Premium Table		
	Limits and Premiums	
Number of Employees	$1,000,000 / $3,000,000	$2,000,000 / $6,000,000
1 - 50	$148	$178
51 - 100	199	239
Over 100	298	358

h. Reserved

i. Employment Practices Liability Insurance - GA 520 / GA 116

Application **GA 012 IL** is to be fully completed.

Employment Practices provides coverage on a claims-made basis to insureds for wrongful acts committed, attempted, or allegedly committed or attempted relating to employment practices of the named insured. Coverage is subject to a copayment and deductible. Defense is provided within the limits of insurance. Coverage is available as an option per the chart below:

Employment Practices provides coverage on a claims-made basis to insureds for wrongful acts committed, attempted, or allegedly committed or attempted relating to employment practices of the named insured. Coverage is subject to a copayment and deductible. Defense is provided within the limits of insurance. Coverage is available as an option per the chart below:

Limit	Deductible	Copayment	Premium	Minimum Premium
$500,000	$2,500	10%	$50 per employee	$200

Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan available under the Dentist's Package Policy. If different limits and / or retentions are desired, then Employment Practices Liability Insurance must be written on a separate policy, and you must refer to Division Six of the Independent Commercial Lines Manual for rules and rates.

j. Freight or Passenger Elevators Inspection Fee (Class Code 65210)

Insured may elect to have the Cincinnati Insurance Company order state inspections for freight and passenger elevators. Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

Elevator Inspection Fee	
Per Elevator	$204

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k. Medical Payments Coverage (Class Code 22223)

(1) The Dentist's Package Policy provides for Medical Payments with limits of $5,000 to or for any person injured as a result of a condition in the insured's premises or in connection with operations performed by the insured.

(2) Per person limits may be increased or decreased in increments of $1,000. Application **GA 014** is to be fully completed when limits are increased.

(a) The maximum increased may not exceed $5,000 ($10,000 total limit).

(b) To increase the limit, a 2% charge per $1,000 of increased limit will apply to the Business Personal Property base rate for all locations. The minimum premium per $1,000 of increased limit is $10 and is not subject to further modification.

(c) To reduce Medical Payments limits below $5,000, a 1% credit per $1,000 of decreased limit will apply to the Business Personal Property base rate for all locations.

(3) Coverage may be deleted by attaching Form **IA 310** - Exclusion - Medical Payments. A 5% credit will be applied to the Business Personal Property base rate for all locations.

(4) Excess Medical Payments Coverage is available to be excess over individual, blanket or group accident, disability or hospitalization insurance; medical or surgical reimbursement plan; or Workers' Compensation or disability benefits law or similar law. Use Form **IA 4166** - Medical Payments - Excess. A credit of 2% will apply to the Business Personal Property base rate for all locations.

Example:

Policy provides $5,000 med pay limit. Desire $10,000 limit.

B.P.P. Base Rate = $3.25

Med Pay Increase $5,000, so 5 x 2% = 10% increase

Thus: 1.10 x 3.25 = $3.58 new B.P.P. base rate

l. Personal and Advertising Injury Exclusion - IB 301

The Dentist's Package Policy provides coverage for Personal and Advertising Injury with a basic limit of $1,000,000. To exclude this coverage, a 2% credit will apply to the Business Personal Property base rate for all locations.

6. Professional Liability (Application **PA 007** - a separate application is to be completed by each dentist)

a. Coverage / Forms

(1) Dentist's Professional Liability Coverage Part Declarations (Occurrence) - **PA 526** or **PA 531 (e-CLAS™)**

(2) Dentist's Professional Liability Occurrence Coverage Form - **PA 128**
Includes First Aid Payments subject to $5,000 any one person limit.

(3) Dentist's Package Policy Occurrence Professional Amendment - **PA 441**

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(4) Medical Waste Defense Expenses Reimbursement Coverage - **PA 206**
Form will be attached to the Policy at no additional premium charge when Dentist's Professional Liability is a part of the policy.

(5) Locum Tenens (Temporary Substitute) Coverage - **PA 204**
This form is used to extend Dentist's Professional Liability Coverage to a named individual who is temporarily substituting for an insured. No additional premium is charged. Limits of Insurance for the Locum Tenens is shared with the insured who is temporarily replaced. Application **PA 007** is required.

(6) Department of Professional Regulation (DPR) Supplementary Payments Coverage - **PA 205**
This form extends the Dentist's Professional Liability Supplementary Payments to pay for defense expenses if the insured becomes the subject of the DPR investigation. No premium is charged for this endorsement.

(7) Professional Liability premiums are subject to annual adjustment.

b. Classifications

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

Note: Class 3 Dentists are not eligible.

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

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c. Dentist's Professional Rate Modification Plan

All credits and debits apply to each dentist individually.

All credits and debits are to be taken separately and are not added together.

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

(1) Recent Graduate Rating Plan:

	Credits
First year dentist	60%
Second year dentist	40%
Third year dentist	20%

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

(2) Part-time Rating Plan:

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

(3) Leave of Absence Rating Plan:

Apply 75% credit to that portion of the premium that is charged for the period of the leave of absence. To qualify for this credit the dentist must be disabled or on a leave of absence for a period of not less than 45 days but not more than 180 days.

(4) Association Rating Plan:

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

b. Member of The Chicago Dental Society 5% **credit**

(5) Practice Rating Plan:

(a) Endodontic work by any classification other than Endodontist specialist:

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

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

(b) Extraction of:

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

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

These debits do not apply to Class 2B dentists.

(c) If not doing oral cancer examinations: 15% **debit**

(6) Experience Rating Plan:

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

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(a) Credit:

The dentist must be insured with CIC entirely during the experience period:

0 losses	25% **credit**

(b) Debits:

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

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

Any insured who qualifies for an Experience Debit may also be declined or non-renewed.

d. Occurrence Premiums

The occurrence premium is calculated by determining the proper class of the dentist and multiplying the base premium for the dentist by the appropriate increased limits factor and any applicable debits and credits.

(1) Base Premiums

Territory 01 - Cook County

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

Territory 02 - Remainder of State

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

(2) Medical Professional Territories

Dentists Professional Liability (Subline Code 230)

COOK COUNTY 001

REMAINDER OF STATE 002

Exposure = No. of dentists x No. of months (up to 12)

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(3) Increased Limits

(Limit Codes in Parentheses)
(Limits are in Thousands)

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

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

e. Prior Acts or Omissions Extension

(1) This optional endorsement to Dentist's Professional Liability Occurrence Coverage provides coverage for the reporting of claims arising out of the rendering or failure to render professional services on or after the retroactive date and prior to the effective date. This endorsement may be necessary when the insured was previously covered by a policy with a claims made trigger and an adequate Extended Report Period was not purchased.

(2) Dentist's Professional Prior Acts or Omissions Extension **PA 421** is used to provide this coverage.

(3) Premium Calculation

The following factors are applied to the gross CIC occurrence premium without the application of any credits or debits.

Number of Consecutive Years Insured has Purchased Claims-Made Coverage	Prior Acts Coverage Factors
1	.13
2	.24
3	.32
4	.35
5 or more	.37

This is a one time charge.

The premium is fully earned. No commission is paid on Prior Acts or Omissions.

(4) Code 26050

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7. **Inland Marine**

   a. **Accounts Receivable**

      (1) Coverage is provided up to $100,000 per location for Accounts Receivable with no deductible. Increased limits are available up to $250,000. Use form **IA 4013.** To determine the premium, multiply the applicable location Business Personal Property base rate by the appropriate factor from the table below for each location being increased. Multiply the result by the Limit of Insurance (per $100) in excess of $100,000.

Accounts Receivable Rate Table
All Territories
10% of B.P.P. rate

      (2) Accounts Receivable - Away from Your Premises - IA 4014 (Class Code 155)

      Coverage is provided up to $5,000 for Accounts Receivable - Away from Your Premises. Increased limits are available up to $25,000. To determine the premium, multiply the rate indicated below by the Limit of Insurance in excess of $5,000.

Accounts Receivable - Away from Your Premises Rate	
$.25	Per $100 - Per Policy

   b. **Electronic Data Processing Property - IA 4013 (Class Code 225)**

      Coverage is provided up to $25,000 per location for electronic data processing exposures. Increased limits for this coverage are available. (A $1,000 Mechanical Breakdown deductible applies per the form.) A completed Application **MA 004** must be submitted with requests for limits in excess of $50,000. The premium for increased Electronic Data Processing Property Coverage shall be calculated by multiplying the Business Personal Property base rate by the factor shown below for each location being increased:

Electronic Data Processing Property Increased Limit Factor	
.60	Per $100

Deletion of Power Surge Exclusion - FA 433 (Class Code 780)

Deletion of Power Surge Exclusion is available for a premium. The equipment must have a power surge protector if this exclusion is to be deleted.

Deletion of Power Surge Exclusion Premium	
$25	Per Location

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Worldwide Coverage for Computers Temporarily Off Premises - IA 212 (Class Code 227)

For Data Processing Equipment, Data and Media that is in transit or temporarily away from the insured's premises, the policy territory can be expanded to provide worldwide coverage. The premium for this coverage will be as follows:

Worldwide Coverage for Computers Temporarily Off Premises Premium	
$50	Per Policy

c. Signs - IA 4013 (Class Code 460)

Coverage is provided up to $10,000 per location for outdoor signs not included in the building coverage. (Attached signs must be included in the Building value.) A $250 deductible applies. Increased limits for this coverage are available. To determine the per location premium, multiply the rate indicated below by the Limit of Insurance in excess of $10,000 (per $100).

Signs Rate Table	
$2.20	Per $100 Per Location

d. Valuable Papers and Records (Class Code 530)

Coverage is provided up to $100,000 per location for valuable papers with no deductible. Increased limits are available up to $250,000. Use Form **IA 4013.** To determine the premium, multiply the Business Personal Property base rate by the appropriate Valuable Papers factor from the table below for each location being increased. Multiply the result by the Limit of Insurance in excess of $100,000 (per $100).

Valuable Papers and Records Rate Table
All Territories
25% of B.P.P. Rate

8. Umbrella Liability

Coverage is available as an option. Use Form UF 501 or **UF 502 (e-CLAS™)** - Dentist's Commercial Umbrella Liability Coverage Declarations and **IF 438** - Dentist's Package Policy Commercial Umbrella Amendment. For all other forms, refer to forms filed by The Cincinnati Companies under the Commercial Umbrella Program.

a. Eligibility:

Umbrella coverage is available as a coverage option. Eligible risks will meet the requirements specified in **(1)** through **(5)** below. **Note**: Risks that do not meet these requirements may be eligible for a monoline Umbrella Policy.

(1) Auto Liability - Eligible risks:

(a) Will have primary Hired & Nonowned Auto liability coverage insured by The Cincinnati Companies.

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(b) Will have no more than five owned, private passenger automobiles and light commercial trucks that are primarily operated within a local radius and insured by The Cincinnati Companies.

(2) Risks eligible for excess Employers Liability limits will have their primary Employers Liability coverage insured by an acceptable carrier.

(3) Risks desiring excess Professional Liability limits will have their primary Professional Liability coverage insured under the Dentist's Package Policy.

(4) Eligible risks will not have any of the following:

(a) Aircraft - owned or nonowned exposures

(b) Personal Umbrella(s)

(c) Watercraft - nonowned if craft exceeds 50 feet in length or owned exposure.

(5) Eligible risks will have at least the following primary limits:

Automobile Liability	$250/500 BI / $100,000 PD or $500,000 CSL. $300,000 CSL if primary is with Cincinnati.
Business Liability	$1,000,000
Employers Liability	$100,000
Professional Liability	$300,000
Coverage Option:	
Employee Benefit Liability	$1,000,000

b. Agents Binding Authority - refer to Rule 8.

c. Premium - Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

(1) Professional (Individual)

Premiums shown under this section are applicable to each individual partner, active corporate officer or any employee who is a Named Insured on the primary Professional Liability policy.

	Annual Premiums for 1st $1,000,000	
Primary Professional Liability Limits:	**300 / 300**	**500 / 1,000 or higher**
Dentist - Class 1	$100	$ 85
Dentist - Class 2	150	125
Dentist - Class 2B	200	170
Dentist - Class 2A	575	460

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(2) Auto

Primary Owned Auto Limits:	Annual Premiums for 1st $1,000,000	
	500 CSL or 250/500/100	Higher Limits
Private passenger and light GVW commercial - local radius	$50 each auto	$25 each auto
Hired and Nonowned Auto - included in Basic Premises Charge	N/C	N/C

(3) Minimum Premiums

Dentist - Individual	$325
Dentist - Corporation or Partnership	$400

(4) Increased Limits

For limits over $1,000,000 up to $5,000,000	With Professional and Owned Auto	With Professional and no Owned Auto	With Owned Auto and no Professional	With no Owned Auto and no Professional
Excluding UM/UIM (Charge for each additional $1,000,000)	$300	$275	$275	$250
For limits over $5,000,000	Submit to Home Office	Submit to Home Office	Submit to Home Office	Submit to Home Office

13. RATE PLANS

A. Building Age Credit

If the building is ten years or less in age, apply a .95 factor to the building base rate. Building Age Credit may not be applied to the Coverage Options provided in Rule **12.**

B. Building Code Effectiveness Grading Rule

The Building Code Effectiveness Grading Schedule is designed to grade the effectiveness of a community's building code enforcement program. The Building Code Effectiveness Grades for a community, and their effective date, are provided in the Public Protection Classification Manual published by ISO Commercial Risk Services, Inc. Below are the ISO statistical codes for the Building Code Effectiveness Grades:

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1. **Community Grading**

   Building, Business Personal Property and Earthquake

   Grade (Code)

1	(01)
2	(02)
3	(03)
4	(04)
5	(05)
6	(06)
7	(07)
8	(08)
9	(09)
10	(10)
Ungraded	(99)

2. **Individual Grading**

   Community Grade

   Grade (Code)

1	(11)
2	(12)
3	(13)
4	(14)
5	(15)
6	(16)
7	(17)
8	(18)
9	(19)
10	(20)
Ungraded	(99)

C. Experience Rating

Any risk may be eligible for the application of experience rating. The experience period is the three years immediately preceding the effective date of the current policy period and the insurance must have been with The Cincinnati Insurance Company entirely during the experience period.

Experience Rating Table	
0 Losses (Paid or reserved)	15% Credit
Two or More Losses and a loss ratio (Paid & Reserves) / Earned Premium) that exceeds 90%	25% Debit

This Experience Rating Plan may not be applied to Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Earthquake, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability.

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D. Schedule Rating Plan

1. General Rules

a. This plan may be applied to a Dentist's Package Policy which develops a total premium of $500 or more (excluding Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Earthquake, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability).

b. All rating plans apply for the term of the policy.

2. Rating Procedure

a. If applicable, the modifications shown in the Schedule Rating Plan Table may be applied. These modifications reflect the individual characteristics of the risk that are not fully reflected in the basic premium or rates.

b. When modifications from more than one Risk Characteristic apply, the modifications shall be added together, not multiplied.

c. The total modifications under the following table shall not:

(1) Exceed 40%;

(2) Apply to minimum premiums; or

(3) Apply to Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Earthquake, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability premiums.

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3. **Risk Characteristics**

Schedule Rating Plan Table			
Risk Characteristics	**Range of Modifications**		
	Credits		**Debits**
Management: Cooperation in matters of experience, qualification, stability	10%	to	10%
Location: Accessibility, congestion and exposures	10%	to	10%
Building Features: Age, condition and unusual structural features	10%	to	10%
Premises and Equipment Care, condition and type	10%	to	10%
Employees: Selection, training supervision and experience	10%	to	10%
Protection: Not otherwise recognized	10%	to	10%
Attitude: Complies with recommendations, controls exposure to loss	10%	to	10%

4. Total credits in excess of 10% should be discussed with your Field Marketing Representative or Headquarters Underwriter.

E. Large Premium Discount Plan (LPDP)

The LPDP may be used to modify premiums to reflect reduced costs realized by The Cincinnati Insurance Company through the combining of several coverages into a Dentist's Package Policy. The LPDP reflects the redundancies developed by large premiums.

1. **Premium Development**

   a. Individually compute the annual premium for each eligible coverage, refer to **2.** below for ineligible coverages.

   b. Apply the LPDP factor from the Large Premium Discount Factors Table to the premium for each eligible coverage.

Large Premium Discount Factors Table	
Annual Coverage Premium	**Factor**
0 to $ 1,000	None
1,001 to 2,000	.95
2,001 to 4,000	.90
4,001 to 8,000	.85
8,001 to 16,000	.80
16,001 and above	.75

   c. The sum of the modified premiums for each coverage eligible for the LPDP shall be added to the premiums of the coverages not eligible for LPDP to determine the annual policy premium.

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2. **Coverages not eligible for LPDP:**

   The Large Premium Discount Plan may not be applied to Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability premiums.

F. Expense Modification

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

14. ENDORSEMENTS

A. Mandatory Forms

1. Dentist's Package Policy Declarations - **IF 502** or **IF 504 (e-CLAS™)**
2. Businessowners Package Policy Coverage Form - **IB 101.**
3. Dentist's Package Policy Coverage Endorsement - **IF 207.**
4. Dentist's Business Auto Coverage Declarations - **IF 505 IL.**
5. Dentist's Package Policy Auto Amendment - **IF 436 IL.**

B. State Mandatory Forms

1. Illinois Changes - **IA 4041**
2. Illinois Changes - Cancellation and Nonrenewal - **IA 4042 IL**

C. Classification or Coverage Mandatory Forms

1. Claims-Made Employment Practices Liability Coverage Part Declarations - **GA 520.** This form must be attached when Employment Practices Liability Insurance Coverage is provided.
2. Condominium Commercial Unit-Owners Coverage - **FA 418.** This form must be attached when covered property is Business Personal Property located in a condominium.

D. Other Endorsements

The following endorsements may be added at no charge as warranted by circumstances or exposures.

1. Additional Insured - Designated Person or Organization (Professional) - **PA 447.** This form is used to add the person or organization designated as an insured with respect to liability arising out of the insured's acts or omissions in the furnishing of professional services.

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2. Material Coverage Change Notification - Additional Insured - **IA 4087.** This form provides for prior notification of material changes for a specified number of days before the effective date of the coverage change.
3. Earlier Notice of Cancellation Provided by Us - **IA 4086.** This form increases the number of days required for notice of cancellation for any statutorily permitted reason other than nonpayment of premium.
4. Exclusion - All Hazards in Connection with Designated Premises - **GA 314.** This form may be used to exclude the insured's operations at a location for which coverage is provided by another policy or by another carrier.
5. Exclusion - Designated Products - **GB 306.** This form is used to exclude the products / completed operations hazard arising out of any of the insured's products named in this form's Schedule.
6. Exclusion - Lead Liability - **IA 305.** This endorsement excludes all liability coverage arising out of the exposure to or presence of lead in any form. (Required for habitational property built prior to 1980 unless the property has been certified lead free by abatement and / or there is written proof that the property has been professionally encapsulated. In either case, written documentation is needed.)
7. Exclusion - Lead Liability Schedule - **IB 473.** Used to indicate designated premises to which the Lead Liability Exclusion **IA 305** does not apply.
8. Exclusion - Personal and Advertising Injury - **IB 301.** This form is used to exclude liability for personal and advertising injury.
9. General Change Endorsement - **IB 447**, or **IB 478 (e-CLAS ™)**. This form is used for making general changes to the policy.
10. Limitation of Coverage to Designated Premises - **GA 312.** This form may be used to limit liability coverage to a designated insured premises when the insured has other locations for which coverage is provided by another policy or by another carrier.
11. Loss Payable Provisions - **FA 435.** The following provisions are available:
    a. Loss Payable, when it is intended to make loss payable to the insured and a named loss payee as their interests may appear. Under this provision, the rights of the loss payee are subject to the company's defenses against the insured.
    b. Lender's Loss Payable, to protect the interest of a named lender. This provision is applicable when a mortgageholders clause is not applicable and where the interest has been established by warehouse receipts or other suitable documentary evidence. Under this provision, the rights of the lender are independent of any breach of condition by the insured.
    c. Contract of Sale, to be used when duplicate interests exist in property undergoing transfer by sale.
12. Named Insured Schedule - **IA 905.** This form is used to indicate the Named Insured when it won't fit on the Dentist's Package Policy Declarations Page.

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13. Policy Reinstatement - **IA 475.** This form can be used to reinstate a policy that has been canceled by Direct Notice of Cancellation.
14. Premium Payment Endorsement - **IB 451.** This endorsement is used to show short-term premiums and to break out premiums, such as to show applicable state taxes.
15. Prior Policy Replacement - **IA 489.** This form is used when the insured(s) and Company agree that another policy will take the place of and replaces a prior policy issued by the Company on a designated date.
16. Resident Agent Countersignature Endorsement - **MI 1090.** This form is used when the resident agent's countersignature is required by state law.
17. Schedule of Additional Locations - **IF 424.** This form is used to schedule additional locations when there is not sufficient room on the Dentist's Package Policy Declarations page.
18. Schedule of Additional Mortgageholder(s) - **FA 434.** This form is used to schedule additional mortgageholders.
19. Welfare and Pension Named Plan - **CA 414.** This form is used to name welfare and / or pension plan(s).
20. Primary / Noncontributory Amendment of Conditions for Designated Additional Insureds - **IB 458.** This form amends the Business Liability coverage to primary and noncontributory, where required in a written contract, over any other insurance policy issued to the designated additional insured. This form is not an additional insured endorsement, it must be used in conjunction with an applicable additional insured endorsement.

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15. TERRITORY DEFINITIONS

The following list contains all the more important cities, towns, boroughs and villages in this state together with their counties and territory code assignments. For any cities or towns not specifically named, the territory codes are shown by county at the end of this listing.

City and County	Territory Code
A	
Argo, Cook	006
B	
Bedford Park, Cook	006
Blue Island, Cook	006
Burnham, Cook	006
C	
Calumet Park, Cook	006
Canteen, St. Clair	004
Centreville, St. Clair	004
Chicago, Cook	001
Cicero, Cook	006
D	
Dalton, Cook	006
E	
East St. Louis, St. Clair	004
Elmwood Park, Cook	006
Evanston, Cook	006
Evergreen Park, Cook	006
G	
Granite City, Madison	004
H	
Harwood Heights, Cook	006
Hometown, Cook	006
L	
Lincolnwood, Cook	006

City and County	Territory Code
M	
Melrose Park, Cook	006
Merrionette Park, Cook	006
Moline, Rock Island	008
N	
Nameoki, Madison	004
Niles, Cook	006
Norridge, Cook	006
O	
Oak Park, Cook	006
P	
Park Ridge, Cook	006
Peoria, Peoria	008
R	
Riverdale, Cook	006
River Grove, Cook	006
Rock Island, Rock Island	008
Rockford, Winnebago	008
S	
Springfield, Sangamon	008
Stickney, Cook	006
Stites, St. Clair	004
Summit, Cook	006
V	
Venice, Madison	004

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County	Territory Code
A	
Alexander	016
C	
Cook	007
D	
Du Page	009
F	
Franklin	016
G	
Gallatin	016
H	
Hamilton	016
Hardin	016
J	
Jackson	016
Johnson	016
K	
Kane	009
L	
Lake	009
M	
Massac	016
P	
Perry	016
Pope	016
Pulaski	016
S	
Saline	016
U	
Union	016
W	
White	016
Will	009
Williamson	016
Remainder of state	015

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16. RATE SECTION

A. Earthquake Territories

Use the zip codes and territory corresponding to the location of the risk being rated.

B. Territory Assignment

A new zip code may be created by the United States Postal Service, which may not yet be listed in the territory pages. If this is the case, to determine the rating territory for a risk located in a new zip code, use the zip code that formerly applied to the risk before the zip code boundaries were changed.

Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
60001	16	60044	16	60087	16	60128	16
60002	16	60045	16	60088	16	60129	16
60004	16	60046	16	60089	16	60130	16
60005	16	60047	16	60090	16	60131	16
60006	16	60048	16	60091	16	60132	16
60007	16	60049	16	60092	16	60133	16
60008	16	60050	16	60093	16	60134	16
60009	16	60051	16	60094	16	60135	16
60010	16	60053	16	60095	16	60136	16
60011	16	60055	16	60096	16	60137	16
60012	16	60056	16	60097	16	60138	16
60013	16	60060	16	60098	16	60139	16
60014	16	60061	16	60099	16	60140	16
60015	16	60062	16	60101	16	60141	16
60016	16	60064	16	60102	16	60142	16
60017	16	60065	16	60103	16	60143	16
60018	16	60067	16	60104	16	60144	16
60020	16	60068	16	60106	16	60145	16
60021	16	60069	16	60107	16	60146	16
60022	16	60070	16	60108	16	60147	16
60025	16	60071	16	60109	16	60148	16
60026	16	60072	16	60110	16	60150	16
60029	16	60073	16	60111	16	60151	16
60030	16	60074	16	60112	16	60152	16
60031	16	60075	16	60113	16	60153	16
60033	16	60076	16	60115	16	60154	16
60034	16	60077	16	60116	16	60155	16
60035	16	60078	16	60117	16	60156	16
60037	16	60079	16	60118	16	60157	16
60038	16	60081	16	60119	16	60159	16
60039	16	60082	16	60120	16	60160	16
60040	16	60083	16	60121	16	60161	16
60041	16	60084	16	60123	16	60162	16
60042	16	60085	16	60125	16	60163	16
60043	16	60086	16	60126	16	60164	16

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
60165	16	60208	16	60434	16	60468	16
60168	16	60209	16	60435	16	60469	16
60170	16	60301	16	60436	16	60470	16
60171	16	60302	16	60437	16	60471	16
60172	16	60303	16	60438	16	60472	16
60173	16	60304	16	60439	16	60473	16
60174	16	60305	16	60440	16	60474	16
60175	16	60398	16	60441	16	60475	16
60176	16	60399	16	60442	16	60476	16
60177	16	60401	16	60443	16	60477	16
60178	16	60402	16	60444	16	60478	16
60179	16	60406	16	60445	16	60479	16
60180	16	60407	16	60446	16	60480	16
60181	16	60408	16	60447	16	60481	16
60183	16	60409	16	60448	16	60482	16
60184	16	60410	16	60449	16	60490	16
60185	16	60411	16	60450	16	60491	16
60186	16	60412	16	60451	16	60499	16
60187	16	60415	16	60452	16	60501	16
60188	16	60416	16	60453	16	60504	16
60189	16	60417	16	60454	16	60505	16
60190	16	60419	16	60455	16	60506	16
60191	16	60420	16	60456	16	60507	16
60192	16	60421	16	60457	16	60510	16
60193	16	60422	16	60458	16	60511	16
60194	16	60423	16	60459	16	60512	16
60195	16	60424	16	60460	16	60513	16
60196	16	60425	16	60461	16	60514	16
60197	16	60426	16	60462	16	60515	16
60199	16	60429	16	60463	16	60516	16
60201	16	60430	16	60464	16	60517	16
60202	16	60431	16	60465	16	60518	16
60203	16	60432	16	60466	16	60519	16
60204	16	60433	16	60467	16	60520	16

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60521	16	60561	16	60623	16	60664	16
60522	16	60563	16	60624	16	60665	16
60523	16	60564	16	60625	16	60666	16
60525	16	60565	16	60626	16	60667	16
60526	16	60566	16	60628	16	60668	16
60527	16	60567	16	60629	16	60670	16
60530	16	60568	16	60630	16	60671	16
60531	16	60570	16	60631	16	60673	16
60532	16	60572	16	60632	16	60674	16
60534	16	60597	16	60633	16	60675	16
60536	16	60598	16	60634	16	60677	16
60537	16	60599	16	60636	16	60678	16
60538	16	60601	16	60637	16	60679	16
60539	16	60602	16	60638	16	60680	16
60540	16	60603	16	60639	16	60681	16
60541	16	60604	16	60640	16	60682	16
60542	16	60605	16	60641	16	60683	16
60543	16	60606	16	60643	16	60684	16
60544	16	60607	16	60644	16	60685	16
60545	16	60608	16	60645	16	60686	16
60546	16	60609	16	60646	16	60687	16
60548	16	60610	16	60647	16	60688	16
60549	16	60611	16	60649	16	60689	16
60550	16	60612	16	60651	16	60690	16
60551	16	60613	16	60652	16	60691	16
60552	16	60614	16	60653	16	60693	16
60553	16	60615	16	60654	16	60694	16
60554	16	60616	16	60655	16	60695	16
60555	16	60617	16	60656	16	60696	16
60556	16	60618	16	60657	16	60697	16
60557	16	60619	16	60659	16	60701	16
60558	16	60620	16	60660	16	60706	16
60559	16	60621	16	60661	16	60707	16
60560	16	60622	16	60663	16	60712	16

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
60714	16	60941	16	61012	16	61058	16
60803	16	60942	16	61013	16	61059	16
60804	16	60944	16	61014	16	61060	16
60805	16	60945	16	61015	16	61061	16
60827	16	60946	16	61016	16	61062	16
60901	16	60948	16	61018	16	61063	16
60902	16	60949	16	61019	16	61064	16
60910	16	60950	16	61020	16	61065	16
60911	16	60951	16	61021	16	61067	16
60912	16	60952	16	61024	16	61068	16
60913	16	60953	16	61025	16	61070	16
60914	16	60954	16	61027	16	61071	16
60915	16	60955	16	61028	16	61072	16
60917	16	60956	16	61030	16	61073	16
60918	16	60957	16	61031	16	61074	16
60919	16	60959	16	61032	16	61075	16
60920	16	60960	16	61036	16	61077	16
60921	16	60961	16	61037	16	61078	16
60922	16	60962	16	61038	16	61079	16
60924	16	60963	16	61039	16	61080	16
60926	16	60964	16	61041	16	61081	16
60927	16	60966	16	61042	16	61084	16
60928	16	60967	16	61043	16	61085	16
60929	16	60968	16	61044	16	61087	16
60930	16	60969	16	61046	16	61088	16
60931	16	60970	16	61047	16	61089	16
60932	16	60973	16	61048	16	61091	16
60933	16	60974	16	61049	16	61101	16
60934	16	61001	16	61050	16	61102	16
60935	16	61006	16	61051	16	61103	16
60936	16	61007	16	61052	16	61104	16
60938	16	61008	16	61053	16	61105	16
60939	16	61010	16	61054	16	61106	16
60940	16	61011	16	61057	16	61107	16

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61108	16	61257	16	61318	16	61359	16
61109	16	61258	16	61319	16	61360	16
61110	16	61259	16	61320	16	61361	16
61111	16	61260	16	61321	16	61362	16
61112	16	61261	16	61322	16	61363	16
61114	16	61262	16	61323	16	61364	16
61115	16	61263	16	61324	16	61367	16
61125	16	61264	16	61325	16	61368	16
61126	16	61265	16	61326	16	61369	16
61130	16	61266	16	61327	16	61370	16
61131	16	61270	16	61328	16	61371	16
61132	16	61272	16	61329	16	61372	16
61201	16	61273	16	61330	16	61373	16
61204	16	61274	16	61331	16	61374	16
61230	16	61275	16	61332	16	61375	16
61231	16	61276	16	61333	16	61376	16
61232	16	61277	16	61334	16	61377	16
61233	16	61278	16	61335	16	61378	16
61234	16	61279	16	61336	16	61379	16
61235	16	61281	16	61337	16	61401	16
61236	16	61282	16	61338	16	61402	16
61237	16	61283	16	61340	16	61410	16
61238	16	61284	16	61341	16	61411	16
61239	16	61285	16	61342	16	61412	16
61240	16	61299	16	61344	16	61413	16
61241	16	61301	16	61345	16	61414	16
61242	16	61310	16	61346	16	61415	16
61243	16	61311	16	61348	16	61416	16
61244	16	61312	16	61349	16	61417	16
61250	16	61313	16	61350	16	61418	16
61251	16	61314	16	61353	16	61419	16
61252	16	61315	16	61354	16	61420	16
61254	16	61316	16	61356	16	61421	16
61256	16	61317	16	61358	16	64122	16

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61423	16	61466	16	61529	16	61569	16
61424	16	61467	16	61530	16	61570	16
61425	16	61468	16	61531	16	61571	16
61426	16	61469	16	61532	16	61572	16
61427	16	61470	16	61533	16	61601	16
61428	16	61471	16	61534	16	61602	16
61430	16	61472	16	61535	16	61603	16
61431	16	61473	16	61536	16	61604	16
61432	16	61474	16	61537	16	61605	16
61433	16	61475	16	61539	16	61606	16
61434	16	61476	16	61540	16	61607	16
61435	16	61477	16	61541	16	61610	16
61436	16	61478	16	61542	16	61611	16
61437	16	61479	16	61543	16	61612	16
61438	16	61480	16	61544	16	61613	16
61439	16	61482	16	61545	16	61614	16
61440	16	61483	16	61546	16	61615	16
61441	16	61484	16	61547	16	61616	16
61442	16	61485	16	61548	16	61625	16
61443	16	61486	16	61550	16	61628	16
61447	16	61488	16	61552	16	61629	16
61448	16	61489	16	61553	16	61630	16
61449	16	61490	16	61554	16	61632	16
61450	16	61491	16	61555	16	61633	16
61451	16	61501	16	61558	16	61634	16
61452	16	61516	16	61559	16	61635	16
61453	16	61517	16	61560	16	61636	16
61454	16	61519	16	61561	16	61637	16
61455	16	61520	16	61562	16	61638	16
61458	16	61523	16	61563	16	61639	16
61459	16	61524	16	61564	16	61640	16
61460	16	61525	16	61565	16	61641	16
61462	16	61526	16	61567	16	61643	16
61465	16	61528	16	61568	16	61644	16

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
61650	16	61742	16	61803	16	61852	16
61651	16	61743	16	61810	16	61853	16
61652	16	61744	16	61811	16	61854	16
61653	16	61745	16	61812	16	61855	16
61654	16	61747	16	61813	16	61856	16
61655	16	61748	16	61814	16	61857	16
61656	16	61749	16	61815	16	61858	16
61701	16	61750	16	61816	16	61859	16
61702	16	61751	16	61817	16	61862	16
61704	16	61752	16	61818	16	61863	16
61709	16	61753	16	61820	16	61864	16
61710	16	61754	16	61821	16	61865	16
61720	16	61755	16	61822	16	61866	16
61721	16	61756	16	61824	16	61870	16
61722	16	61758	16	61825	16	61871	16
61723	16	61759	16	61826	16	61872	16
61724	16	61760	16	61830	16	61873	16
61725	16	61761	16	61831	16	61874	16
61726	16	61764	16	61832	16	61875	16
61727	16	61769	16	61833	16	61876	16
61728	16	61770	16	61834	16	61877	16
61729	16	61771	16	61839	16	61878	16
61730	16	61772	16	61840	16	61880	16
61731	16	61773	16	61841	16	61882	16
61732	16	61774	16	61842	16	61883	16
61733	16	61775	16	61843	16	61884	16
61734	16	61776	16	61844	16	61910	16
61735	16	61777	16	61845	16	61911	16
61736	16	61778	16	61846	16	61912	15
61737	16	61790	16	61847	16	61913	16
61738	16	61791	16	61848	16	61914	16
61739	16	61799	16	61849	16	61917	16
61740	16	61801	16	61850	16	61919	16
61741	16	61802	16	61851	16	61920	16

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61924	16	62018	14	62061	15	62203	14
61925	16	62019	15	62062	14	62204	14
61928	16	62021	15	62063	16	62205	14
61929	16	62022	16	62065	16	62206	14
61930	15	62023	16	62067	15	62207	14
61931	16	62024	14	62069	16	62208	14
61932	16	62025	15	62070	16	62214	14
61933	16	62026	14	62071	14	62215	14
61936	16	62027	16	62074	15	62216	15
61937	16	62028	15	62075	16	62217	15
61938	16	62030	16	62076	16	62218	14
61940	16	62031	15	62077	15	62219	15
61941	16	62032	15	62078	16	62220	14
61942	16	62033	16	62079	16	62221	14
61943	16	62034	15	62080	15	62222	14
61944	16	62035	15	62081	16	62223	14
61949	16	62036	15	62082	16	62224	14
61951	16	62037	15	62083	16	62225	14
61953	16	62040	14	62084	15	62226	14
61955	16	62044	16	62085	16	62230	15
61956	16	62045	16	62086	15	62231	15
61957	16	62046	15	62087	15	62232	14
62001	15	62047	16	62088	16	62233	14
62002	15	62048	14	62089	15	62234	14
62006	16	62049	15	62090	14	62236	14
62009	16	62050	16	62091	16	62237	15
62010	15	62051	16	62092	16	62238	14
62011	15	62052	16	62093	16	62239	15
62012	16	62053	16	62094	16	62240	14
62013	15	62054	16	62095	15	62241	14
62014	16	62056	16	62097	15	62242	14
62015	16	62058	15	62098	16	62243	14
62016	16	62059	14	62201	14	62244	14
62017	15	62060	14	62202	14	62245	14

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
62246	15	62285	14	62344	16	62414	15
62247	15	62286	15	62345	16	62417	15
62248	15	62288	14	62346	16	62418	15
62249	15	62289	14	62347	16	62419	15
62250	15	62292	15	62348	16	62420	16
62252	15	62293	15	62349	16	62421	15
62253	15	62294	15	62351	16	62422	15
62254	14	62295	14	62352	16	62423	16
62255	14	62297	15	62353	16	62424	15
62256	14	62298	15	62354	16	62425	15
62257	14	62301	16	62355	16	62426	15
62258	14	62305	16	62356	16	62427	15
62259	14	62306	16	62357	16	62428	15
62260	14	62311	16	62358	16	62431	15
62261	14	62312	16	62359	16	62432	15
62262	15	62313	16	62360	16	62433	15
62263	15	62314	16	62361	16	62434	15
62264	14	62316	16	62362	16	62435	16
62265	14	62319	16	62363	16	62436	15
62266	14	62320	16	62365	16	62438	15
62268	15	62321	16	62366	16	62439	15
62269	14	62323	16	62367	16	62440	16
62271	15	62324	16	62370	16	62441	16
62272	14	62325	16	62373	16	62442	16
62273	15	62326	16	62374	16	62443	15
62274	14	62329	16	62375	16	62444	15
62275	15	62330	16	62376	16	62445	15
62277	14	62334	16	62378	16	62446	14
62278	15	62336	16	62379	16	62447	16
62279	14	62338	16	62380	16	62448	15
62280	14	62339	16	62401	15	62449	15
62281	15	62340	16	62410	14	62450	15
62282	14	62341	16	62411	15	62451	15
62284	15	62343	16	62413	15	62452	15

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
62454	15	62522	16	62563	16	62644	16
62458	15	62523	16	62565	16	62649	16
62459	15	62524	16	62567	16	62650	16
62460	15	62525	16	62568	16	62651	16
62461	16	62526	16	62570	16	62655	16
62462	15	62530	16	62571	16	62656	16
62463	16	62531	16	62572	16	62659	16
62464	15	62532	16	62573	16	62660	16
62465	16	62533	16	62601	16	62661	16
62466	15	62534	16	62610	16	62662	16
62467	15	62535	16	62611	16	62663	16
62468	16	62536	16	62612	16	62664	16
62469	16	62537	16	62613	16	62665	16
62471	15	62538	16	62615	16	62666	16
62473	15	62539	16	62617	16	62667	16
62474	16	62540	16	62618	16	62668	16
62475	15	62541	16	62621	16	62670	16
62476	15	62543	16	62622	16	62671	16
62477	15	62544	16	62624	16	62672	16
62478	15	62545	16	62625	16	62673	16
62479	15	62546	16	62626	16	62674	16
62480	15	62547	16	62627	16	62675	16
62481	15	62548	16	62628	16	62677	16
62501	16	62549	16	62629	16	62681	16
62510	16	62550	16	62630	16	62682	16
62512	16	62551	16	62631	16	62683	16
62513	16	62553	16	62633	16	62684	16
62514	16	62554	16	62634	16	62685	16
62515	16	62555	16	62635	16	62688	16
62517	16	62556	16	62638	16	62689	16
62518	16	62557	16	62639	16	62690	16
62519	16	62558	16	62640	16	62691	16
62520	16	62560	16	62642	16	62692	16
62521	16	62561	16	62643	16	62693	16

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
62694	16	62786	16	62835	14	62870	15
62695	16	62791	16	62836	14	62871	14
62701	16	62794	16	62837	14	62872	14
62702	16	62796	16	62838	15	62874	13
62703	16	62801	15	62839	15	62875	15
62704	16	62803	15	62840	13	62876	15
62705	16	62805	14	62841	13	62877	15
62706	16	62806	14	62842	15	62878	15
62707	16	62807	15	62843	14	62879	15
62708	16	62808	15	62844	14	62880	15
62713	16	62809	14	62845	14	62881	15
62715	16	62810	14	62846	14	62882	15
62716	16	62811	14	62848	15	62883	14
62719	16	62812	14	62849	15	62884	14
62721	16	62814	14	62850	15	62885	15
62722	16	62815	14	62851	14	62886	14
62723	16	62816	14	62852	14	62887	14
62726	16	62817	14	62853	15	62888	14
62736	16	62818	14	62854	15	62889	15
62739	16	62819	14	62855	14	62890	14
62746	16	62820	14	62856	14	62891	14
62756	16	62821	14	62857	15	62892	15
62757	16	62822	14	62858	15	62893	15
62761	16	62823	15	62859	14	62894	14
62762	16	62824	14	62860	14	62895	14
62763	16	62825	14	62861	14	62896	13
62764	16	62827	14	62862	14	62897	14
62765	16	62828	14	62863	14	62898	15
62766	16	62829	13	62864	14	62899	15
62767	16	62830	15	62865	14	62901	13
62769	16	62831	15	62866	14	62902	13
62776	16	62832	14	62867	13	62903	13
62777	16	62833	14	62868	15	62905	14
62781	16	62834	14	62869	14	62906	15

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DENTIST'S PACKAGE PROGRAM MANUAL

Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
62907	14	62935	14	62963	11	62994	14
62908	14	62938	14	62964	12	62995	14
62909	14	62939	14	62965	14	62996	12
62910	13	62940	13	62966	13	62997	14
62912	14	62941	14	62967	15	62998	13
62914	11	62942	12	62969	13	62999	14
62915	14	62943	14	62970	14	63673	13
62916	14	62946	14	62971	13		
62917	14	62947	15	62972	15		
62918	14	62948	13	62973	13		
62919	15	62949	14	62974	14		
62920	15	62950	12	62975	14		
62921	13	62951	14	62976	13		
62922	14	62952	13	62977	14		
62923	14	62953	14	62979	13		
62924	13	62954	14	62982	14		
62926	14	62955	15	62983	12		
62927	13	62956	13	62984	14		
62928	15	62957	12	62985	14		
62930	13	62958	14	62987	14		
62931	15	62959	14	62988	13		
62932	13	62960	14	62990	13		
62933	13	62961	13	62992	13		
62934	14	62962	11	62993	13		

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* **C. Rate Tables - Earthquake**

For Sublimts Form **FF 205**, apply a 1.25 factor to the following rates:

TERRITORY 11 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.276	5%
Joisted Masonry:		
Solid unreinforced brick	.389	10%
Hollow tile / block	.492	10%
Non-Combustible	.336	5%
Masonry Non-Combustible	.363	10%
Modified Fire Resistive or Fire Resistive	.363	10%

*Includes metal, non-combustible buildings.

TERRITORY 12 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.221	5%
Joisted Masonry:		
Solid unreinforced brick	.296	10%
Hollow tile / block	.456	10%
Non-Combustible	.281	5%
Masonry Non-Combustible	.306	10%
Modified Fire Resistive or Fire Resistive	.331	10%

*Includes metal, non-combustible buildings.

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TERRITORY 13 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.096	5%
Joisted Masonry:		
Solid unreinforced brick	.141	10%
Hollow tile / block	.211	10%
Non-Combustible	.128	5%
Masonry Non-Combustible	.132	10%
Modified Fire Resistive or Fire Resistive	.150	10%

*Includes metal, non-combustible buildings.

TERRITORY 14 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.037	5%
Joisted Masonry:		
Solid unreinforced brick	.093	10%
Hollow tile / block	.142	10%
Non-Combustible	.062	5%
Masonry Non-Combustible	.081	10%
Modified Fire Resistive or Fire Resistive	.086	10%

*Includes metal, non-combustible buildings.

TERRITORY 15 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.026	5%
Joisted Masonry:		
Solid unreinforced brick	.073	10%
Hollow tile / block	.112	10%
Non-Combustible	.046	5%
Masonry Non-Combustible	.062	10%
Modified Fire Resistive or Fire Resistive	.066	10%

*Includes metal, non-combustible buildings.

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TERRITORY 16 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.006	5%
Joisted Masonry:		
Solid unreinforced brick	.011	10%
Hollow tile / block	.020	10%
Non-Combustible	.007	5%
Masonry Non-Combustible	.009	10%
Modified Fire Resistive or Fire Resistive	.010	10%

*Includes metal, non-combustible buildings.

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Earthquake Deductible Table

Optional Earthquake Deductibles Table	
Increased Deductible Options (40% maximum deductible available)	
Frame and Non-Combustible Constructions	Reduce the 5% deductible EQ base rate by 2% for each percentage increase in deductible
All Other Constructions	Reduce the 10% deductible EQ base rate by 1% for each percentage increase in deductible

Examples of higher earthquake deductibles:

Example #1:

Building is joisted masonry with a 10% base deductible. EQ Rate = .278
A 20% deductible is determined as follows:

20(% ded) - 10(% ded) = 10 x 1% (reduction credit) = 10% (.90 factor)

0.278 (base rate) x .90 = .250 (New 20% deductible rate)

Example #2:

Building is Non-Combustible with a 5% base deductible. EQ Rate = .362
A 30% deductible is determined as follows:

30 (% ded) - 5 (% ded) = 25 x 2%(reduction credit) = 50%(.50 factor)

0.362 (base rate) x .50 = .181 (New 30% deductible rate)

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TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE

A. Description of Coverage

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

   a. Such loss:

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

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

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

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

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

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

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

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

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

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

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

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

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

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1. The Act requires that companies notify policyholders of the availability of coverage for certified terrorism losses and the premium charge applicable to such coverage.
2. Attach **Policyholder Notice Terrorism Insurance Coverage, Form IA 4236**. Also attach **Cap on Losses from Certified Acts of Terrorism, Form IA 4238** to the policy.
3. **Terrorism Coverage Rejection.** If terrorism coverage is NOT desired, we must receive and have on file a letter from the first named insured, on the insured's letterhead, and signed by the insured. In such cases, remove **Cap on Losses from Certified Acts of Terrorism, Form IA 4238** and attach **Exclusion of Certified Acts and Other Acts of Terrorism, Form IA 319** to the policy.

C. Premium Determination:

1. Certified Acts of Terrorism and Other Acts of Terrorism

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

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

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

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

(a) Division One - Auto

(b) Division Two - Machinery and Equipment

(c) Division Three - Crime

(d) Division Four - Farm

(e) Division Five - Fire and Allied Lines

(f) Division Six - General Liability

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

(h) Division Eight - Inland Marine

(i) Division Nine - Multiple Line

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

(k) Businessowners Package Program, excluding any Medical Professional

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

(m) Package for Artisan Contractors

(n) Religious Institutions Package Policy

(o) Garage Operators Policy

(p) Financial Institutions Package Program

(q) Printers Package Program

(r) Metalworkers Package Policy

(s) Commercial Output Policy

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

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(2) Geographic Tiers:

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

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

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

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

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

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(4) Rate Factors:

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

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

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

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

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

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

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TERRITORY: 01

Buildings - Excluding Earthquake

PC 1-4 Building Construction		
Class A, B	Class C	Class D
0.151	0.329	0.401

Business Personal Property - Including Earthquake

PC 1-4 Building Construction		
Class A, B	Class C	Class D
0.362	0.627	0.745

$2,000,000 Liability Limit Increment	
.031	Increment to be added to Business Personal Property rate.

TERRITORY: 04

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.131	0.266	0.318	0.140	0.287	0.346	0.157	0.326	0.397	0.211	0.442	0.539

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.283	0.476	0.564	0.303	0.511	0.608	0.330	0.568	0.676	0.427	0.753	0.895

$2,000,000 Liability Limit Increment	
.025	Increment to be added to Business Personal Property rate.

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TERRITORY: 06

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.138	0.278	0.332	0.149	0.301	0.363	0.165	0.342	0.411	0.224	0.464	0.561

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.331	0.543	0.640	0.353	0.581	0.686	0.381	0.641	0.756	0.491	0.841	0.999

$2,000,000 Liability Limit Increment	
.031	Increment to be added to Business Personal Property rate.

TERRITORY: 07

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.119	0.252	0.309	0.128	0.277	0.335	0.146	0.318	0.389	0.202	0.439	0.543

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.314	0.529	0.626	0.337	0.565	0.669	0.367	0.631	0.751	0.477	0.835	0.997

$2,000,000 Liability Limit Increment	
.029	Increment to be added to Business Personal Property rate.

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TERRITORY: 08

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.117	0.238	0.286	0.125	0.259	0.312	0.142	0.295	0.354	0.191	0.398	0.488

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.273	0.453	0.532	0.291	0.484	0.574	0.316	0.536	0.638	0.409	0.706	0.842

$2,000,000 Liability Limit Increment	
.023	Increment to be added to Business Personal Property rate.

TERRITORY: 09

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.102	0.212	0.255	0.110	0.229	0.279	0.124	0.260	0.320	0.168	0.364	0.441

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.277	0.452	0.535	0.224	0.484	0.571	0.320	0.535	0.633	0.412	0.703	0.832

$2,000,000 Liability Limit Increment	
.029	Increment to be added to Business Personal Property rate.

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TERRITORY: 15

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.119	0.243	0.293	0.129	0.263	0.316	0.146	0.298	0.363	0.193	0.409	0.495

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.281	0.463	0.549	0.297	0.497	0.586	0.324	0.550	0.653	0.420	0.726	0.863

$2,000,000 Liability Limit Increment	
.029	Increment to be added to Business Personal Property rate.

TERRITORY: 16

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.126	0.273	0.333	0.137	0.298	0.364	0.158	0.347	0.427	0.218	0.483	0.593

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.317	0.442	0.527	0.332	0.474	0.568	0.377	0.531	0.631	0.493	0.878	1.053

$2,000,000 Liability Limit Increment	
.040	Increment to be added to Business Personal Property rate.

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1. APPLICATION OF THIS PROGRAM

A. This manual contains the information governing the writing of the Dentist's Package Policy.

B. The rules, classifications and rates in this manual make up the entire Dentist's Package Program and may not be amended except as specifically permitted.

C. Unless specifically mentioned in this manual, refer to the forms filed by the Cincinnati Insurance Company under our Businessowners Package Program, Commercial Lines Division Seven - Professional Liability, Commercial Lines Division One - Automobile and the Commercial Umbrella Program. Forms unique to this program will be filed separately.

2. COVERAGES

Property and Liability coverage is provided as indicated below:

A. Section I - Property Coverage

The Dentist's Package Policy provides coverage with these features:

-- Building and Business Personal Property coverage is available for a specified Limit of Insurance on either an Actual Cash Value or Replacement Cost basis.
-- "Special" Causes of Loss Coverage.
-- Business Income coverage is included on a valued daily loss basis of $500 per day for 30 days and on an actual loss sustained basis in excess of the valued daily loss basis for a period up to 12 consecutive months.
-- Business Income From Dependent Properties coverage is included up to a limit of $5,000.
-- No coinsurance clause applies.
-- Glass Coverage is included within the building limit.
-- When our insured does not insure the building non-owned exterior glass for which the insured is legally responsible is covered within the BPP limit.
-- Earthquake and Flood coverage for Business Personal Property is automatically provided.
-- Water Backup of Sewers, Drains, Septic Systems or Sump Pumps is included up to a $25,000 limit per location.
-- Theft of gold, silver and other precious alloys or metals is included at a $3,000 limit.
-- Newly acquired property is covered for 90 days with Buildings at $1,000,000, Business Personal Property at $500,000, Business Income at the Valued Daily Loss Limit and then at actual loss sustained and Extra Expense at actual loss sustained.
-- Extra Expense is included for necessary expenses incurred for a period up to 12 consecutive months.
-- Building Laws Safeguard coverage is included up to a limit of $25,000 per location.
-- Electronic Data Processing Property coverage is included up to a $10,000 limit per location.
-- Money and Securities is included up to $15,000 per occurrence inside the premises and up to $5,000 per occurrence outside the premises.
-- Money Orders and Counterfeit Paper Currency is included up to a $10,000 limit per occurrence.
-- Employee Dishonesty coverage is included up to a $25,000 limit per occurrence.
-- Forgery or Alteration coverage is provided up to a $25,000 limit per occurrence.
-- Accounts Receivable coverage is included up to a $100,000 limit per location.

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-- Valuable Papers coverage is included up to a $100,000 limit per location.
-- Signs coverage is included up to a $10,000 limit per location.
-- A standard deductible of $250 applies per occurrence. Optional deductibles are available.

B. Section II - Business Liability Coverage

The Dentist's Package Policy provides the following Liability coverages with an "occurrence" format:

-- Liability coverage for Bodily Injury and Property Damage is provided for described premises and operations of business conducted at or from that premises. In conjunction, coverage is provided for independent contractors, contractual liability and products / completed operations.
-- Premises Medical Expenses.
-- Personal and Advertising Injury Liability for offenses defined in the policy.
-- Worldwide Products, Extended Bodily Injury, Incidental Medical Malpractice, Host Liquor Liability, Broad Form Property Damage and Nonowned Watercraft Coverage.
-- Liability coverage for Bodily Injury caused by fumes from equipment used to service or maintain a covered building.
-- Employees and volunteer workers are insureds.
-- Damage to Premises Rented to You is included up to the Each Occurrence Liability Limit.

C. Section VII - Business Auto Coverage

The Dentist's Package Policy provides the following auto coverages:

-- Hired Auto and Nonowned Auto Liability is automatically included for no additional premium charge. Use Dentist's Business Auto Coverage Declarations **IF 505 IL** and Dentist's Package Policy Auto Amendment **IF 436 IL.** For other applicable forms, refer to the forms filed in Division One, Automobile Manual, of the Cincinnati Insurance Companies Commercial Lines Manual.
-- Uninsured and Underinsured Motorist coverage applicable to Hired Auto and Nonowned Auto is automatically included for no additional premium charge.

3. BASIC COVERAGE AND LIMITS

A. The Dentist's Package Policy must be written to afford coverage on both Business Property and Business Liability exposures.

B. Business Liability Limits apply as follows:

1. Liability Coverages - Basic Limit

   $1,000,000 Each Occurrence Limit

   $2,000,000 General Aggregate Limit

   $2,000,000 Products-Completed Operations Aggregate Limit

   $1,000,000 Personal & Advertising Injury Limit

   $1,000,000 Damage to Premises Rented to You Limit

2. $5,000 Any One Person Medical Expenses - Optional Limits are available.

   Higher limits may be purchased.

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C. Professional Liability Coverage is available as an option, at the following limits, for an additional premium: (Separate Application **PA 007** is to be completed by each dentist.)

$100,000 Each Dental Incident $300,000 Aggregate Limit	$200,000 Each Dental Incident $600,000 Aggregate Limit
$300,000 Each Dental Incident $900,000 Aggregate Limit	$1,000,000 Each Dental Incident $1,000,000 Aggregate Limit
$1,000,000 Each Dental Incident $2,000,000 Aggregate Limit	$1,000,000 Each Dental Incident $3,000,000 Aggregate Limit
$2,000,000 Each Dental Incident $4,000,000 Aggregate Limit	

Other limits are available.

4. APPLICATION

Form **IF 003** shall be fully completed and signed by the insured or the agent for new business.

5. POLICY PROVISIONS

A. Policies may be written for a specific term of up to 3 years.

B. **Cancellation**

1. It is not permissible to cancel all business property or all liability coverage unless the entire policy is canceled.
2. If the policy is canceled, the earned premium shall be calculated on a pro rata basis.

C. Building and Business Personal Property may not be written on a blanket basis.

D. **Policy Amendments and Changes.** Only the following policy changes and endorsements are permitted:

1. Limits of Insurance on Buildings and Business Personal Property may be increased or decreased.
2. Locations may be added or deleted.
3. Optional coverages including Professional Liability may be added, deleted or amended.
4. General Change Endorsement **IB 447** or **IB 478 (e-CLAS™)** must be used for all changes after the inception date of the policy.

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E. **Protective Devices or Services.** Protective devices or services may be required. The policy must be endorsed to require that the company be notified if the devices or services are discontinued or out of service. Use Protective Safeguards Endorsement **IA 467.** This form contains the following clauses, of which one or more will apply to the risk being insured:

P-1 Automatic Sprinkler System Clause

P-2 Automatic Fire Alarm Clause

P-3 Security Service Clause

P-4 Security Contract Clause

P-9 Described Protective System.

6. MINIMUM PREMIUMS AND INSTALLMENTS

A. Minimum Premiums

1. The following policywriting minimum premiums applies:

   Dentist's Package Policy..... $ 300

2. Policywriting minimum premiums do not include premiums for Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability.

3. Policywriting minimum premiums are not subject to any modification.

4. Coverage Option minimum premiums may apply. Refer to Coverage Options Rule **12.**

B. Premium Payments

The total policy premium may be paid in annual, semi-annual or quarterly installments.

1. **Installments (Including Quarterly Installments Option)**

   a. For policies written on a semi-annual pay basis, divide the annual premium by two (2) and add $5.00 per installment.

   b. For policies written on a quarterly pay basis, divide the annual premium by four (4) and add $5.00 per installment.

   c. There is no interest charge associated with the installment plan.

   d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

   e. For policies written on a quarterly payment plan, an initial payment of 25% of the total annual premium plus $5 will be due at policy inception. Each of the subsequent installments will be 25% of the total annual premium plus $5 per installment and will be due 3, 6, and 9 months from policy inception, respectively.

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7. PREMIUM

A. Changes in Amounts or Coverages

1. Additional Premium

a. Prorate all changes requiring an additional premium.

b. In computing the additional premium for:

(1) Any changes made to a coverage or location included at policy inception, use the rates and rules in effect on the effective date of the policy.

(2) Coverages or locations which are added after the policy inception (including additions of coverages, options and causes of loss to existing locations) use the rates and rules in effect as of the date of the change.

(3) Any changes made to a location or coverage which was added after the policy inception, use the rates developed when the coverage was added.

c. Waive additional premium amounts of $15.00 or less. This waiver applies only to that portion of the premium due on the effective date of the policy change.

2. Return Premium

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

b. Compute return premium on a pro-rata basis and round to the nearest whole dollar when any coverage or exposure is deleted or a Limit of Insurance is reduced. Retain the policywriting minimum premium.

c. Waive return premium amounts of $15.00 or less, however, grant any return premium due if requested by the insured. This waiver applies only to that portion of the premium due on the effective date of the policy change.

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B. **Rounding of Premium**

1. All premium calculations shall be rounded to the nearest whole dollar. A premium of $.50 or more shall be rounded to the next higher whole dollar except as described in Rule **7.B.2.** below.

2. Installments. Add the installment charge per Rule **6.B.** to the semi-annual or quarterly premium and round each installment to the lowest whole dollar.

   Example:
   Quarterly Policy.
   Annual Policy Premium is $1,395.
   $1,395 ÷ 4 = 348.75 + $5 (Installment Charge) = $353.75.
   Round Quarterly Premium with Installment Charge to $353.

8. AGENT'S BINDING AUTHORITY

A. Agent's maximum binding authority is $1,000,000 on Buildings and Business Personal Property combined. All risks over $1,000,000 must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

B. Agent's maximum binding authority is $5,000,000 on the Umbrella Endorsement. All risks over $5,000,000 must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

C. Any risk previously declined, canceled or nonrenewed must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

D. Risks with two or more claims during the past three years should be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

E. All risks with buildings more than 25 years of age must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding. **Picture(s) are required. Submit a detailed written description explaining all structure updates.**

F. All risks should be inspected prior to binding.

G. All risks wanting coverage for Employment Practices Liability Insurance must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

H. Issue binders immediately on all bound risks. Binders must be mailed to the Field Marketing Representative or Headquarters Underwriter no more than three (3) working days after the effective date of the binder.

I. Dentist's Professional Liability must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

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9. ELIGIBILITY SECTION

A. General Rules

The following general eligibility rules apply:

1. A dental office operation is the only eligible class under this program. No other type of business may be insured.
2. The following dental office risks are eligible:
   a. Building Property: Office buildings which do not exceed 150,000 square feet in total floor area.
   b. Business Personal Property: Offices which do not occupy more than 25,000 square feet in any one building.
3. When owner occupied in whole or in part, Building and Personal property must be included in the same policy.
4. Incidental storage buildings used in the insured's business are eligible provided we insure the main location.
5. Buildings owned by the insured that include apartments, mercantile or service occupancies are ineligible.
6. Dental Office Buildings leased to others and Dental Offices under construction are ineligible.

10. CLASSIFICATIONS SECTION

A. Building Classification

Office Buildings (including Condominiums) - owner occupied in whole or in part.
The Business Personal Property of the owner must be included in the policy; rate separately 65121

B. Business Personal Property Classification

Dentist Office 65825

11. PREMIUM DEVELOPMENT

Basic rates shown in this manual are annual rates per $100 of property insurance and include all mandatory coverages in the policy.

A. Compute premium for coverages by using the Limit of Insurance separately applying to building and business personal property.

B. The Limit of Insurance must be an amount equal to 90% of the Actual Cash Value or the Replacement Cost Value, whichever applies, of the property to be insured.

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C. **Premium Determination**

1. **Rating Territory.** The state territory rate page applicable to the location of the property being insured shall be used to obtain the appropriate rate.

2. **Public Fire Protection.** All risks shall be classified according to the Public Protection Classification applicable to the location of the property insured.

3. **Building Construction.** All risks shall be classified by the construction of the building containing the Business Personal Property based on the following building construction types:

   Class A / Modified Fire Resistive or Fire Resistive - Buildings where the exterior walls, floors and roof are constructed of masonry or other fire-resistive materials.

   Class B / Noncombustible and Masonry Noncombustible - Buildings where the exterior walls, floors and roof are constructed of, and supported by metal, asbestos, gypsum or other non-combustible materials. Buildings where the exterior walls are constructed of masonry materials as described in Class C., with the floors and roof of metal or other non-combustible materials.

   Class C / Joisted Masonry - Buildings where exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible (disregarding floors resting directly on the ground).

   Class D / Frame - Buildings with exterior walls of wood or other combustible materials including construction where combustible materials are combined with other materials (such as brick veneer, stone veneer, wood ironclad, stucco on wood).

   Mixed Construction - If the area of inferior construction exceeds 33-1/3% of the total area, the entire structure shall be classified in accordance with the rule applicable to such inferior construction.

4. **Premium Computation**

   a. **Buildings**

      (1) For each building item, obtain the rate from the applicable state territory rate page, using the type of building construction and Public Protection Classification.

      (2) For each building item, multiply the rate by the amount of insurance per $100.

   b. **Business Personal Property**

      (1) For each Personal Property Item, obtain the rate from the applicable state territory rate page, using the type of building construction and Public Protection Classification.

      (2) For each Personal Property Item, multiply the rate by the amount of insurance per $100.

   c. The rates for Protection class 9 also apply to Protection Class 8B.

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5. **Sprinklered Property**

   a. **Eligibility and Application**

   Multiply the state Building and / or Business Personal Property rate by the sprinkler factor when at least 85% of the total floor area of:

   (1) The building; or

   (2) The building in which the business personal property is located;

   is protected by an approved automatic sprinkler system that is regularly tested and maintained. This includes cooking protection equipment.

   b. **Sprinkler Factor Tables**

   To develop the sprinklered rate, refer to the appropriate rate table. Multiply the non-sprinklered Building or Business Personal Property rate by the following factor:

   Sprinklered Factors - Business Personal Property = .85

   Sprinklered Factors - Building = .60

6. **Coverage Options**

   Refer to Rule **12.** Coverage Options to determine the premium for all Coverage Options.

7. **Rate Modifications**

   For rate modifications, refer to Rule **13.** Rate Plans.

8. **Factors or Multipliers**

   Factors or multipliers are to be applied consecutively and not added together unless otherwise specified.

9. **Policy Premium**

   a. Total the Building, Business Personal Property, and Coverage Options premiums (excluding Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability).

   b. If the total premium is less than the minimum premium in Rule **6.**, Minimum Premiums and Installments, the minimum premium applies.

   c. Add the premiums excluded in item **a.** above. This is the total premium for all coverages included in the policy.

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12. COVERAGE OPTIONS

A. Unless specifically mentioned in this manual, no other Coverage Options or limits are available for this program.

B. The following annual rates and premiums apply:

1. **Auto**

The following coverages may be added to the Dentist's Package Policy provided there is no owned auto exposure.

Hired Auto Physical Damage - (Class 6619)

Physical damage coverage may be provided on a primary basis for autos which are hired, leased, rented or borrowed while being operated by or in the custody of the insured. Attach Hired Auto Physical Damage Amendment **IF 437 IL.** The Limit of Insurance is $40,000 subject to a $250 deductible.

Hired Auto Physical Damage Premium	
$35.00	Per Policy

2. **Equipment Breakdown (Previously referred to as Boiler)**

a. The Limit of Insurance is determined by:

(1) Adding the Building and Business Personal Property Limits of Insurance for the applicable location; or

(2) If there is no Building coverage on the same policy for the applicable location, use the Business Personal Property Limit of Insurance for that location; or

(3) If there is no Business Personal Property coverage on the same policy for the applicable location, use the Building Limit of Insurance for that location.

Use the Limit of Insurance determined above times the appropriate rate from the Rate Table below for each location where coverage is desired.

b. The **DENTIST'S PACKAGE POLICY EQUIPMENT BREAKDOWN COVERAGE AMENDMENT** (Form **IF 205**) must be attached when Equipment Breakdown Coverage is provided.

c. This coverage is subject to a $1,000 deductible or the Deductible shown on the Declarations, whichever is higher.

d. The valuation (Replacement Cost or Actual Cash Value) for the Equipment Breakdown coverage will be the same as for the Section I. Property coverages.

e. Physical damage, business interruption and extra expense are included.

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

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g. Rates:

(1) **Comprehensive coverage without boiler (Coverage Code C):** To rate coverage for air conditioning, refrigeration, mechanical and electrical objects only, use the Comprehensive coverage without boiler rate below from the Equipment Breakdown Rate Table. Eligible risks may not have any boilers, hot water heaters, or fired or unfired pressure vessels.

(2) **Comprehensive coverage with boiler (Coverage Code D):** To rate coverage for air conditioning, refrigeration, mechanical and electrical objects, low pressure boilers, hot water heaters, and fired and unfired pressure vessels, use the Comprehensive coverage with boiler rate below from the Equipment Breakdown Rate Table.

Equipment Breakdown Rate Table per $100	
Comprehensive coverage without boiler	.04
Comprehensive coverage with boiler	.05

(3) **Minimum Premiums**

(a) Comprehensive coverage without boiler = $150

(b) Comprehensive coverage with boiler = $250

3. Crime

a. Employee Dishonesty (Coverage Code - 5)

(1) The Additional Coverages section provides up to $25,000 coverage for employee dishonesty. A completed Application (**CA 001**) must be submitted with requests for limits higher than $25,000. Increased limits are available up to $250,000. Use Form **IA 4014**. To determine the premium, multiply the rate(s) indicated below by the Limit of Insurance in excess of $25,000.

Employee Dishonesty Rate Table		
	Rates per $100 - Per Policy	
Increased Limit	First $75,000	Next $150,000
Rate	.380	.170

Example: $150,000 limit
25,000 = Included
.380 x 75,000 = $285
.170 x 50,000 = $ 85
$370

(2) **Welfare and Pension Plan Compliance - CA 204 (Coverage Code - G)**

This coverage is available for those insureds who need excess limits of Employee Dishonesty Coverage to comply with ERISA. Increased limits are available up to $250,000. To determine the premium, multiply the rate indicated

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below by the Limit of Insurance for ERISA that is in excess of the Employee Dishonesty Coverage limit.

ERISA Rate	
$.15	Rate per $100

Example: $250,000 ERISA Limit with $150,000 Employee Dishonesty Limit
$250,000
-150,000
$100,000 x .15 = $150

b. Employee Dishonesty, Money and Securities and/or Theft Exclusion - CB 301 (Coverage Code - H)

This endorsement is available to delete the Employee Dishonesty, Money and Securities and/or Theft coverage. To determine the premium, multiply the appropriate Business Personal Property rate by the applicable factor(s) indicated below:

Employee Dishonesty, M & S and / or Theft Exclusion Factor Table	
Exclusion	**Factor**
Employee Dishonesty	.96
Money and Securities	.96
Theft	.93

c. Forgery or Alteration - IA 4014 (Coverage Code - I)

The Additional Coverages section provides up to $25,000 coverage for forgery or alteration. A completed Application (**CA 001**) must be submitted with requests for limits higher than $25,000. Increased limits are available up to $100,000. To determine the premium, multiply the rate(s) indicated below by the Limit of Insurance in excess of $25,000.

Forgery or Alteration Rate Table	
Rates per $100 - Per Policy	
Rate	.10

d. Money and Securities - IA 4013 (Coverage Code - J)

The Additional Coverage section provides up to $15,000 Inside / $5,000 Outside coverage. A completed Application (**CA 001**) must be submitted with requests for limits higher than $15,000 Inside / $5,000 Outside. Increased limits are available up to $25,000. To determine the per location premium, multiply the rates indicated below by the Limit of Insurance in excess of the $15,000 Inside / $5,000 Outside limits.

Money and Securities Rate Table	
Rates per $100 - Per location	
Inside (07)	$3.20
Outside (08)	1.30

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4. **Commercial Property**

a. **Automatic Increase in Insurance (Coverage Code - R)**

Coverage is provided as an extension to the building coverage. The Limit of Insurance applicable to all buildings is automatically increased by 2% per year during the policy period. (There is no option to eliminate this coverage feature.) Increased percentages are available. The premium for this coverage is not subject to any further modification or rate plan. To determine the premium for percentages higher than 2% per year, multiply the final building premium for each building and structure by the appropriate factor indicated below:

Automatic Increase Factors Table	
Amount of Annual Increase	**Factor**
4.0%	.02
6.0%	.03
8.0%	.04
10.0%	.05
12.0%	.06

b. **Blanket Basket Endorsement - IF 206 (Coverage Code B)**

This endorsement provides a $150,000 Blanket Coverage Limit that is excess over the Limits of Insurance stated in the Businessowners Package Policy, and the Dentist's Package Policy Coverage Endorsement for the following coverages.

(1) Accounts Receivable

(2) Electronic Data Processing Property

(3) Debris Removal

(4) Valuable Papers and Records

(5) Water Back Up of Sewers, Drains, Septic Systems or Sump Pumps

The total payment for loss for all the above coverages combined shall not exceed the Blanket Coverage Limit for each occurrence.

Blanket Basket Endorsement Premium Table
$35 - Per Location

c. **Building Laws Safeguard Coverage (BLS) - IA 4013 (Class Code 4000)**

A limit of $25,000 is included for loss to the undamaged portion of a covered building, cost of demolition and increased cost of construction resulting from the enforcement of ordinances or laws regulating the restoration or demolition of a damaged building. Limits may be increased provided the building is insured at Replacement Cost. Select the desired Limit of Insurance and charge the premium shown in the BLS Premium Table below. The premium charge applies "per covered building". When earthquake coverage is provided as a Covered Cause of Loss on the covered building, use the "Including Earthquake" column of the BLS Premium Table to determine the premium.

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Building Laws Safeguard Premium Table			
	Premium Per Building / Structure		
Total BLS Limit of Insurance	No Earthquake on Covered Building / Structure	Including Earthquake on Covered Building / Structure Territories 4-7	Territories 1-3
$ 50,000	$ 35	$ 43	$ 47
75,000	50	65	75
100,000	65	88	103
125,000	80	110	130
150,000	95	133	158
200,000	125	178	212
250,000	155	223	266

d. Condominium Commercial Unit-Owners Optional Coverages - FA 420

Coverage is available for Loss Assessment and Miscellaneous Real Property.

(1) Loss Assessment (Class Code 4100)

Coverage is subject to a $250 deductible. The premium per unit is as follows:

Loss Assessment Premium Table	
Loss Assessment Limit	Premium
$ 1,000	$ 6
5,000	10
10,000	13
Each Add'l $5,000	2

(2) Miscellaneous Real Property (Class Code 4110)

Coverage is subject to the property deductible. Multiply the rate indicated below by the Limit of Insurance:

Miscellaneous Real Property Rate	
$.80	Per $100 - Per Unit

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e. **Earthquake Coverage (Building Only) - FF 204, Earthquake Sublimit - FF 205**

(1) Earthquake Classifications

Coverage for Building is available for one or more locations. Coverage applies to Buildings (including Business Income and Extra Expense) at the locations selected. The Building premiums are based on the building construction and location.

(2) Earthquake Full Limits Form and Rates (Subline 930)

(a) Use Earthquake Form **FF 204** to write full limits on building.

(b) To determine the premium for earthquake, multiply the rates in the Earth quake Rate Table (Rule **16.** - Rate Section) by the Limit of Insurance. Except for Expense Modification and the Large Premium Discount Plan, the premium for this coverage is not subject to any further modification or rate plan.

(c) Optional deductibles are available. Multiply the appropriate Earthquake Base Rate by the appropriate factor shown or determined in the Optional Earthquake Deductible Table (Rule **16.** - Rate Tables).

(3) Earthquake Sublimit Form and Rates (Subline 939)

(a) Earthquake Sublimit Form **FF 205** is available as an option to the full limit form.

(b) To determine the earthquake sublimit rate, multiply the earthquake rates in Rule **16.** - Rate Section by a 1.25 factor. To determine the premium for the earthquake sublimit coverage, multiply the earthquake sublimit rate by the earthquake sublimit of insurance. Except for Expense Modification and the Large Premium Discount Plan, the premium for this coverage is not subject to any further modification or rate plan.

f. **Fairs or Exhibitions - IA 4014 (Class Code 4120)**

The Fairs or Exhibitions Coverage Extension provides up to $25,000 per occurrence for covered property while it is located at fairs or exhibitions. Increased limits are available. The increased limit is the amount of covered property at all fairs or exhibitions in excess of $25,000. To determine the premium, multiply the rate indicated below by the Limit of Insurance in excess of $25,000.

Fairs or Exhibitions Rate	
$1.50	Rates per $100 - Per Policy

g. **Mine Subsidence**

Refer to the rules and rates filed in the Commercial Lines Manual Businessowners Package Program.

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h. Ordinance or Law Coverage - FA 228

This coverage responds to losses that result from the enforcement of ordinances or laws regulating the restoration or demolition of a damaged building. Losses can result from:

(1) Loss in value of the undamaged portion of the building;

(2) Costs of demolition and debris removal of the undamaged portion of the building; and

(3) Increased expenses to:

(a) Reconstruct the undamaged portion of the building so that it complies with current building, zoning or land use laws or ordinances.

(b) Repair the damaged building so that it complies with current building, zoning or land use laws or ordinances.

The following coverages are independent of each other and any or all of them may be purchased. Building coverage is required. If Earthquake Coverage is purchased for the building and Coverage 1, 2 or 3 is purchased, Earthquake premiums must also be charged for Coverage 1, 2, or 3.

(1) Coverage 1 - Coverage for Loss to the Undamaged Portion of the Building (Class Code 4210)

(a) This is not a separate Limit of Insurance. Building coverage is extended to include loss to the undamaged portion of the building.

(b) The premium for Coverage 1 shall be determined by multiplying the applicable location building premium (prior to using Experience Rating, Schedule Rating and Expense Modification Rate Plans.) by .15.

(c) The Earthquake premium for Coverage 1 shall be determined by multiplying the applicable location building Earthquake premium (prior to using Experience Rating, Schedule Rating, Large Premium Discount and Expense Modification Rate Plans.) by .85.

(2) Coverage 2 - Demolition Cost Coverage (Class Code 4211)

(a) A separate Limit of Insurance must be chosen for demolition and debris removal costs for the undamaged portion of the building.

(b) The premium for Coverage 2 shall be determined by multiplying the applicable location Building base rate by the Coverage 2 Limit of Insurance per $100.

(c) The Earthquake premium for Coverage 2 shall be determined by multiplying the applicable Building Earthquake base rate by the Coverage 2 Limit of Insurance per $100.

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(3) Coverage 3 - Increased Cost of Construction Coverage (Class Code 4212)

(a) A separate Limit of Insurance must be chosen for increased cost of construction. The underlying building coverage must be written for Replacement Cost when a Limit of Insurance is shown in the Coverage Schedule for Increased Cost of Construction.

(b) The premium for Coverage 3 shall be determined by multiplying the applicable location Building base rate by the Coverage 3 Limit of Insurance per $100.

(c) The Earthquake premium for Coverage 3 shall be determined by multiplying the applicable Building Earthquake base rate by the Coverage 3 Limit of Insurance per $100.

(4) Combined Limit for Coverages 2 and 3 (Class Code 4213)

(a) This option combines Coverages 2 and 3 above. A combined Limit of Insurance must be chosen for Demolition Cost Coverage and Increased Cost of Construction Coverage.

(b) The premium for Combined Coverage 2 and 3 shall be determined by multiplying the applicable location Building base rate by the combined Coverage 2 and 3 Limit of Insurance per $100.

(c) The Earthquake premium for Combined Coverage 2 and 3 shall be determined by multiplying the applicable Building Earthquake base rate by the Coverage 2 and 3 Limit of Insurance per $100.

i. **Outdoor Property - IA 4013 (Class Code 4150)**

The Coverage Extensions section provides up to $10,000 for awnings (**Note:** Awnings attached to buildings insured on this policy are included in the building coverage and should not be included in this coverage extension limit.), fences and antennas. Increased limits are available. To determine the per location premium, multiply the rate indicated below by the Limit of Insurance in excess of $10,000 for each location being increased.

Outdoor Property Rate	
$1.25	Per $100

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j. Property Deductibles

Apply the appropriate factor below to the $250 deductible Building and Business Personal Property rates. (The same Property Deductible amount is required at all locations on the policy.)

Property Deductible Factors Table	
Deductible	**Factor**
$ 100	1.25
500	.89
1,000	.81
2,500	.75
5,000	.70
10,000	.65

k. Property Off-Premises - IA 4014 (Class Code 4170)

The Property Off-Premises Coverage Extension provides up to $25,000 per occurrence for covered property while it is temporarily at a location not owned, leased or operated by the insured. Increased limits are available. The increased limit is the total amount of covered property at all temporary locations not owned, leased or operated by the insured in excess of $25,000. To determine the premium, multiply the rate indicated below by the Limit of Insurance in excess of $25,000.

Property Off-Premises Rate	
$1.00	Rates per $100 - Per Policy

l. Transportation - IA 4014 (Class Code 4190)

The Transportation Coverage Extension provides up to $25,000 per occurrence for covered property while it is in or on a vehicle, including loading and unloading of the property. Increased limits are available. The increased limit is the total amount of covered property on all vehicles at one time in excess of $25,000. To determine the premium, multiply the rate indicated below by the Limit of Insurance in excess of $25,000.

Transportation Rate	
$1.50	Rate per $100 - Per Policy

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m. Valued Daily Loss of Income

(1) The Additional Coverage section provides a limit of $500 per day for 30 days up to a maximum of $15,000 for loss of business income.

(2) The limit per day and the number of days may both be increased. The limit per day may be increased in increments of $50. The number of days may be increased in increments of 10 days up to a maximum of 90 days.

(3) To determine the per location premium, multiply the Business Personal Property rate times the limit of coverage in excess of $15,000 divided by 100.

Example: New Limit Desired: $600 per day for 30 days
$600 x 30 days = $18,000
($18,000 - $15,000) ÷ 100 = 30
30 x $.63 = $19.00 Charge

n. Reserved

o. Windstorm or Hail Percentage Deductibles - FA 494

(1) The Windstorm or Hail percentage deductibles apply whenever there is an occurrence of Windstorm or Hail.

(2) The Windstorm or Hail deductible is calculated separately for, and applies separately to:

(a) Each building, if two or more buildings sustain loss or damage;

(b) The Building and to Business Personal Property in that building, if both sustain loss or damage;

(c) Business Personal Property at each building, if Business Personal Property at two or more buildings sustains loss or damage;

(d) Business Personal Property in the open.

(3) Percentage deductibles may vary by location. At a location all covered property must be written using the same percentage deductible.

(4) Multiply the Building and Business Personal Property rates by the appropriate factor from the following table:

Windstorm or Hail Percentage Deductible Factor Table		
Code(s)	**Deductible**	**Factor**
19	1%	.99
29	2%	.98
39	5%	.96

This modification should be made in addition to fixed deductibles per Coverage Options Item **4.j.** of this Section for Property Deductibles.

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5. **Liability**

a. **Additional Insureds**

Liability coverage may be extended to certain designated additional insureds.

The premium for these endorsements will be as follows:

Additional Insured Premium Table		
Type of Additional Insured	**Form**	**Charge**
Co-Owner of Insured Premises	**IA 4167**	No Charge
Designated Person or Organization	**GA 429**	No Charge
Lessors of Leased Equipment	**GA 458**	No Charge
Lessor of Leased Equipment - Automatic Status When Required in Lease Agreement with You	**IA 4168**	No Charge
Managers or Lessors of Premises	**GA 457**	No Charge
Mortgagee, Assignee or Receiver	**IA 4169**	No Charge
Owners or Other Interests From Whom Land has Been Leased	**IA 4170**	No Charge
Pick Up or Delivery - Scheduled Person or Organization	**GA 4247**	No Charge

b. **Bodily Injury Exceptions to Pollutant Exclusion - IA 208 (Class Code 20410)**

Coverage is available to the named insured for bodily injury from sudden and accidental release of pollutants from the insured's premises or work site, and from bodily injury caused by gaseous or airborne pollutants from a work site. The injured person must be clinically diagnosed or treated by a physician within 1 year of first exposure to the pollutants.

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We shall have no duty to defend or pay damages for any person or organization that is not a named insured. The premium for this endorsement will be as follows:

(1) $10 per location, subject to a $25 minimum premium.

c. Business Liability - Optional Increased Limit

Optional $2,000,000 Liability Limit

(1) Description of Coverage

The basic limit of liability of $1,000,000 per occurrence for Business Liability may be increased to $2,000,000.

(2) Rate Modification

Add the rate increment to the applicable rate. Refer to the Rate Pages to determine this rate increment.

d. Business Liability Broadened Endorsement - IF 209 (Class Code 20289)

(1) Forms

(a) If the primary coverage form is **IF 102**, attach forms **IF 209** - Business Liability Broadened Endorsement - and **IF 431** - Bridge Endorsement, if applicable. Refer to Rule **12.B.5.c.(4)** for guidelines applicable to the Bridge Endorsement.

(b) If the primary coverage form is **IB 101**, 4/99 and subsequent, attach form **IB 207** - Business Liability Broadened Endorsement.

(2) Explanation: The Business Liability Broadened Endorsement adds the following broadened or additional coverages:

(a) Employee Benefit Liability at $1,000,000/$3,000,000 limits with a $1,000 deductible;

(b) Unintentional Failure to Disclose Hazards Condition;

(c) Damage to Premises Rented to You;

(d) Supplementary Payments of $1,000 for bail bonds and $500 per day loss of earnings;

(e) Medical Payments at $10,000 per person;

(f) Volunteer Workers included as insureds;

(g) 180 Day Coverage for Newly Formed or Acquired Organizations;

(h) Waiver of Subrogation;

(i) Automatic Additional Insured - Specified Relationships:

1) Managers or Lessors of Premises;

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2) Lessor of Leased Equipment;

3) Vendors; and

4) State or Political Subdivisions - Permits Relating to Premises.

(j) Property Damage to Borrowed Equipment at $10,000 per occurrence ($250 deductible);

(k) Employees as Insureds - Specified Health Care Services:

1) Nurses;

2) Emergency Medical Technicians; and

3) Paramedics.

(l) Broadened Notice of Occurrence Condition.

(3) **Rates** - Flat Charge $125.00 annually. Except for expense modification, the premium for this endorsement is not subject to further modification or rate plan. The premium is in addition to, not included within, the Minimum Premium in Rule **6.**

(4) **Bridge Endorsement**

IF 209 may be added to existing policies written with Form **IF 102.** When this is done, the rules and rates that are shown in this manual apply. In addition, Bridge Endorsement **IF 431** must be added if the policy is subject to the **IF 102** with an edition date prior to 4/99. The bridge endorsement will amend the underlying coverage to be in accordance with the coverage offered in the Business Liability Broadened Endorsement.

e. **Coverage for Injury to Leased Workers - IA 4098 (Class Code 22991)**

Coverage for bodily injury sustained by a leased worker while performing duties related to the conduct of the named insured's business may be provided, by mutual agreement between the insurer and the insured, by attaching Coverage for Injury to Leased Workers Endorsement **IA 4098.** To determine the premium, multiply the Workers Compensation rate for the Classification times a 1.25 surcharge. Multiply the result by the total estimated annual payroll for Workers Compensation (per $100). Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

Injury to Leased Workers Rate	
Workers Compensation Rate x 1.25	Per $100 of Annual Payroll

Leased worker means a person leased to the named insured by a labor leasing firm under an agreement between the named insured and the labor leasing firm, to perform duties related to the conduct of the insured's business. A leased worker does not include a temporary worker who is furnished to the named insured for a finite period to support or supplement the named insured's work force in special work situations such as employee absences, temporary skill shortages and seasonal workloads.

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f. **Reserved**

g. **Employee Benefit Liability - GA 208 (Class Code 20180)**

This endorsement provides coverage against claims for damages because of the insured's negligent acts, errors or omissions committed in the administration of an employee benefit program. The coverage is provided on an occurrence basis. Coverage is also extended to negligent act(s), errors or omissions committed prior to the effective date of the coverage provided the insured had no knowledge of a claim or suit as of that effective date. The Each Employee limit of insurance must be the same as the Business Liability Each Occurrence limit. A $1,000 deductible applies. A completed Application (**IB 005**) must be submitted. The premium for this coverage will be as follows:

Employee Benefit Premium Table		
	Limits and Premiums	
Number of Employees	**$1,000,000 / $3,000,000**	**$2,000,000 / $6,000,000**
1 - 50	$148	$178
51 - 100	199	239
Over 100	298	358

h. **Reserved**

i. **Employment Practices Liability Insurance - GA 520 / GA 116**

Application **GA 012 IL** is to be fully completed.

Employment Practices provides coverage on a claims-made basis to insureds for wrongful acts committed, attempted, or allegedly committed or attempted relating to employment practices of the named insured. Coverage is subject to a copayment and deductible. Defense is provided within the limits of insurance. Coverage is available as an option per the chart below:

Employment Practices provides coverage on a claims-made basis to insureds for wrongful acts committed, attempted, or allegedly committed or attempted relating to employment practices of the named insured. Coverage is subject to a copayment and deductible. Defense is provided within the limits of insurance. Coverage is available as an option per the chart below:

Limit	Deductible	Coinsurance	Premium	Minimum Premium
$500,000	$2,500	10%	$50 per employee	$200

Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan available under the Dentist's Package Policy. If different limits and / or retentions are desired, then Employment Practices Liability Insurance must be written on a separate policy, and you must refer to Division Six of the Independent Commercial Lines Manual for rules and rates.

j. **Freight or Passenger Elevators Inspection Fee (Class Code 65210)**

Insured may elect to have the Cincinnati Insurance Company order state inspections for freight and passenger elevators. Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

Elevator Inspection Fee	
Per Elevator	$204

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k. Medical Payments Coverage (Class Code 22223)

(1) The Dentist's Package Policy provides for Medical Payments with limits of $5,000 to or for any person injured as a result of a condition in the insured's premises or in connection with operations performed by the insured.

(2) Per person limits may be increased or decreased in increments of $1,000. Application **GA 014** is to be fully completed when limits are increased.

(a) The maximum increased may not exceed $5,000 ($10,000 total limit).

(b) To increase the limit, a 2% charge per $1,000 of increased limit will apply to the Business Personal Property base rate for all locations. The minimum premium per $1,000 of increased limit is $10 and is not subject to further modification.

(c) To reduce Medical Payments limits below $5,000, a 1% credit per $1,000 of decreased limit will apply to the Business Personal Property base rate for all locations.

(3) Coverage may be deleted by attaching Form **IA 310** - Exclusion - Medical Payments. A 5% credit will be applied to the Business Personal Property base rate for all locations.

(4) Excess Medical Payments Coverage is available to be excess over individual, blanket or group accident, disability or hospitalization insurance; medical or surgical reimbursement plan; or Workers' Compensation or disability benefits law or similar law. Use Form **IA 4166** - Medical Payments - Excess. A credit of 2% will apply to the Business Personal Property base rate for all locations.

Example:

Policy provides $5,000 med pay limit. Desire $10,000 limit.

B.P.P. Base Rate = $3.25

Med Pay Increase $5,000, so 5 x 2% = 10% increase

Thus: 1.10 x 3.25 = $3.58 new B.P.P. base rate

l. Personal and Advertising Injury Exclusion - IB 301

The Dentist's Package Policy provides coverage for Personal and Advertising Injury with a basic limit of $1,000,000. To exclude this coverage, a 2% credit will apply to the Business Personal Property base rate for all locations.

6. **Professional Liability** (Application **PA 007** - a separate application is to be completed by each dentist)

a. Coverage / Forms

(1) Dentist's Professional Liability Coverage Part Declarations (Occurrence) - PA 526 or PA 531 (e-CLAS™)

(2) Dentist's Professional Liability Occurrence Coverage Form - **PA 128**
Includes First Aid Payments subject to $5,000 any one person limit.

(3) Dentist's Package Policy Occurrence Professional Amendment - **PA 441**

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(4) Medical Waste Defense Expenses Reimbursement Coverage - **PA 206**
Form will be attached to the Policy at no additional premium charge when Dentist's Professional Liability is a part of the policy.

(5) Locum Tenens (Temporary Substitute) Coverage - **PA 204**
This form is used to extend Dentist's Professional Liability Coverage to a named individual who is temporarily substituting for an insured. No additional premium is charged. Limits of Insurance for the Locum Tenens is shared with the insured who is temporarily replaced. Application **PA 007** is required.

(6) Department of Professional Regulation (DPR) Supplementary Payments Coverage - **PA 205**
This form extends the Dentist's Professional Liability Supplementary Payments to pay for defense expenses if the insured becomes the subject of the DPR investigation. No premium is charged for this endorsement.

(7) Professional Liability premiums are subject to annual adjustment.

b. Classifications

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

Note: Class 3 Dentists are not eligible.

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

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c. Dentist's Professional Rate Modification Plan

All credits and debits apply to each dentist individually.

All credits and debits are to be taken separately and are not added together.

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

(1) Recent Graduate Rating Plan: **Credits**

First year dentist	60%
Second year dentist	40%
Third year dentist	20%

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

(2) Part-time Rating Plan:

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

(3) Leave of Absence Rating Plan:

Apply 75% credit to that portion of the premium that is charged for the period of the leave of absence. To qualify for this credit the dentist must be disabled or on a leave of absence for a period of not less than 45 days but not more than 180 days.

(4) Association Rating Plan:

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

b. Member of The Chicago Dental Society 5% **credit**

(5) Practice Rating Plan:

(a) Endodontic work by any classification other than Endodontist specialist:

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

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

(b) Extraction of:

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

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

These debits do not apply to Class 2B dentists.

(c) If not doing oral cancer examinations: 15% **debit**

(6) Experience Rating Plan:

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

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(a) Credit:

The dentist must be insured with CIC entirely during the experience period:

0 losses	25% **credit**

(b) Debits:

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

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

Any insured who qualifies for an Experience Debit may also be declined or non-renewed.

d. Occurrence Premiums

The occurrence premium is calculated by determining the proper class of the dentist and multiplying the base premium for the dentist by the appropriate increased limits factor and any applicable debits and credits.

(1) Base Premiums

Territory 01 - Cook County

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

Territory 02 - Remainder of State

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

(2) Medical Professional Territories

Dentists Professional Liability (Subline Code 230)

COOK COUNTY 001

REMAINDER OF STATE 002

Exposure = No. of dentists x No. of months (up to 12)

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(3) Increased Limits

(Limit Codes in Parentheses)
(Limits are in Thousands)

Aggregate	Per Dental Incident							
	100	150	200	250	300	500	1,000	2,000
300	1.00	1.06	1.08	1.10	1.12			
	(52)	(56)	(60)	(63)	(66)			
400	1.01	1.07	1.10	1.12	1.14			
	(55)	(56)	(60)	(63)	(66)			
500	1.03	1.08	1.12	1.14	1.16	1.21		
	(53)	(56)	(57)	(61)	(66)	(67)		
600	1.04	1.09	1.14	1.16	1.18	1.23		
	(55)	(56)	(58)	(63)	(66)	(70)		
750	1.05	1.10	1.15	1.18	1.20	1.25		
	(55)	(56)	(60)	(62)	(66)	(70)		
900	1.06	1.11	1.16	1.19	1.22	1.27		
	(55)	(56)	(60)	(63)	(65)	(70)		
1,000	1.07	1.11	1.16	1.19	1.23	1.28	1.34	
	(54)	(56)	(59)	(63)	(66)	(68)	(71)	
1,250	1.08	1.12	1.17	1.20	1.24	1.29	1.35	
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	
1,500	1.09	1.13	1.18	1.21	1.24	1.29	1.35	
	(55)	(56)	(60)	(63)	(66)	(69)	(73)	
2,000	1.10	1.14	1.20	1.23	1.26	1.30	1.36	
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	
2,500	1.12	1.15	1.22	1.24	1.28	1.32	1.37	
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	
3,000	1.14	1.16	1.24	1.26	1.30	1.34	1.38	
	(55)	(56)	(60)	(63)	(66)	(70)	(72)	
4,000	1.15	1.18	1.26	1.28	1.32	1.36	1.40	1.48
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	(75)

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

e. Prior Acts or Omissions Extension

(1) This optional endorsement to Dentist's Professional Liability Occurrence Coverage provides coverage for the reporting of claims arising out of the rendering or failure to render professional services on or after the retroactive date and prior to the effective date. This endorsement may be necessary when the insured was previously covered by a policy with a claims made trigger and an adequate Extended Report Period was not purchased.

(2) Dentist's Professional Prior Acts or Omissions Extension **PA 421** is used to provide this coverage.

(3) Premium Calculation

The following factors are applied to the gross CIC occurrence premium without the application of any credits or debits.

Number of Consecutive Years Insured has Purchased Claims-Made Coverage	Prior Acts Coverage Factors
1	.13
2	.24
3	.32
4	.35
5 or more	.37

This is a one time charge.

The premium is fully earned. No commission is paid on Prior Acts or Omissions.

(4) Code 26050

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7. **Inland Marine**

a. **Accounts Receivable**

(1) Coverage is provided up to $100,000 per location for Accounts Receivable with no deductible. Increased limits are available up to $250,000. Use form **IA 4013.** To determine the premium, multiply the applicable location Business Personal Property base rate by the appropriate factor from the table below for each location being increased. Multiply the result by the Limit of Insurance (per $100) in excess of $100,000.

Accounts Receivable Rate Table
All Territories
10% of B.P.P. rate

(2) **Accounts Receivable - Away from Your Premises - IA 4014 (Class Code 155)**

Coverage is provided up to $5,000 for Accounts Receivable - Away from Your Premises. Increased limits are available up to $25,000. To determine the premium, multiply the rate indicated below by the Limit of Insurance in excess of $5,000.

Accounts Receivable - Away from Your Premises Rate	
$.25	Per $100 - Per Policy

b. **Electronic Data Processing Property - IA 4013 (Class Code 225)**

Coverage is provided up to $10,000 per location for electronic data processing exposures. Increased limits for this coverage are available. (A $1,000 Mechanical Breakdown deductible applies per the form.) A completed Application **MA 004** must be submitted with requests for limits in excess of $50,000. The premium for increased Electronic Data Processing Property Coverage shall be calculated by multiplying the Business Personal Property base rate by the factor shown below for each location being increased:

Electronic Data Processing Property Increased Limit Factor	
.60	Per $100

Deletion of Power Surge Exclusion - FA 433 (Class Code 780)

Deletion of Power Surge Exclusion is available for a premium. The equipment must have a power surge protector if this exclusion is to be deleted.

Deletion of Power Surge Exclusion Premium	
$25	Per Location

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Worldwide Coverage for Computers Temporarily Off Premises - IA 212 (Class Code 227)

For Data Processing Equipment, Data and Media that is in transit or temporarily away from the insured's premises, the policy territory can be expanded to provide worldwide coverage. The premium for this coverage will be as follows:

Worldwide Coverage for Computers Temporarily Off Premises Premium	
$50	Per Policy

c. Signs - IA 4013 (Class Code 460)

Coverage is provided up to $10,000 per location for outdoor signs not included in the building coverage. (Attached signs must be included in the Building value.) A $250 deductible applies. Increased limits for this coverage are available. To determine the per location premium, multiply the rate indicated below by the Limit of Insurance in excess of $10,000 (per $100).

Signs Rate Table	
$2.20	Per $100 Per Location

d. Valuable Papers and Records (Class Code 530)

Coverage is provided up to $100,000 per location for valuable papers with no deductible. Increased limits are available up to $250,000. Use Form **IA 4013.** To determine the premium, multiply the Business Personal Property base rate by the appropriate Valuable Papers factor from the table below for each location being increased. Multiply the result by the Limit of Insurance in excess of $100,000 (per $100).

Valuable Papers and Records Rate Table
All Territories
25% of B.P.P. Rate

8. Umbrella Liability

Coverage is available as an option. Use Form UF 501 or **UF 502 (e-CLAS™)** - Dentist's Commercial Umbrella Liability Coverage Declarations and **IF 438** - Dentist's Package Policy Commercial Umbrella Amendment. For all other forms, refer to forms filed by The Cincinnati Companies under the Commercial Umbrella Program.

a. Eligibility:

Umbrella coverage is available as a coverage option. Eligible risks will meet the requirements specified in **(1)** through **(5)** below. **Note**: Risks that do not meet these requirements may be eligible for a monoline Umbrella Policy.

(1) Auto Liability - Eligible risks:

(a) Will have primary Hired & Nonowned Auto liability coverage insured by The Cincinnati Companies.

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(b) Will have no more than five owned, private passenger automobiles and light commercial trucks that are primarily operated within a local radius and insured by The Cincinnati Companies.

(2) Risks eligible for excess Employers Liability limits will have their primary Employers Liability coverage insured by an acceptable carrier.

(3) Risks desiring excess Professional Liability limits will have their primary Professional Liability coverage insured under the Dentist's Package Policy.

(4) Eligible risks will not have any of the following:

(a) Aircraft - owned or nonowned exposures

(b) Personal Umbrella(s)

(c) Watercraft - nonowned if craft exceeds 50 feet in length or owned exposure.

(5) Eligible risks will have at least the following primary limits:

Automobile Liability	$250/500 BI / $100,000 PD or $500,000 CSL. $300,000 CSL if primary is with Cincinnati.
Business Liability	$1,000,000
Employers Liability	$100,000
Professional Liability	$300,000
Coverage Option:	
Employee Benefit Liability	$1,000,000

b. Agents Binding Authority - refer to Rule 8.

c. Premium - Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

(1) Professional (Individual)

Premiums shown under this section are applicable to each individual partner, active corporate officer or any employee who is a Named Insured on the primary Professional Liability policy.

	Annual Premiums for 1st $1,000,000	
Primary Professional Liability Limits:	300 / 300	500 / 1,000 or higher
Dentist - Class 1	$100	$ 85
Dentist - Class 2	150	125
Dentist - Class 2B	200	170
Dentist - Class 2A	575	460

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(2) Auto

Primary Owned Auto Limits:	Annual Premiums for 1st $1,000,000	
	500 CSL or 250/500/100	Higher Limits
Private passenger and light GVW commercial - local radius	$50 each auto	$25 each auto
Hired and Nonowned Auto - included in Basic Premises Charge	N/C	N/C

(3) Minimum Premiums

Dentist - Individual	$325
Dentist - Corporation or Partnership	$400

(4) Increased Limits

For limits over $1,000,000 up to $5,000,000	With Professional and Owned Auto	With Professional and no Owned Auto	With Owned Auto and no Professional	With no Owned Auto and no Professional
Excluding UM/UIM (Charge for each additional $1,000,000)	$300	$275	$275	$250
For limits over $5,000,000	Submit to Home Office	Submit to Home Office	Submit to Home Office	Submit to Home Office

13. RATE PLANS

A. Building Age Credit

If the building is ten years or less in age, apply a .95 factor to the building base rate. Building Age Credit may not be applied to the Coverage Options provided in Rule **12.**

B. Building Code Effectiveness Grading Rule

The Building Code Effectiveness Grading Schedule is designed to grade the effectiveness of a community's building code enforcement program. The Building Code Effectiveness Grades for a community, and their effective date, are provided in the Public Protection Classification Manual published by ISO Commercial Risk Services, Inc. Below are the ISO statistical codes for the Building Code Effectiveness Grades:

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1. **Community Grading**

   Building, Business Personal Property and Earthquake

   Grade (Code)

1	(01)
2	(02)
3	(03)
4	(04)
5	(05)
6	(06)
7	(07)
8	(08)
9	(09)
10	(10)
Ungraded	(99)

2. **Individual Grading**

   Community Grade

   Grade (Code)

1	(11)
2	(12)
3	(13)
4	(14)
5	(15)
6	(16)
7	(17)
8	(18)
9	(19)
10	(20)
Ungraded	(99)

C. Experience Rating

Any risk may be eligible for the application of experience rating. The experience period is the three years immediately preceding the effective date of the current policy period and the insurance must have been with The Cincinnati Insurance Company entirely during the experience period.

Experience Rating Table	
0 Losses (Paid or reserved)	15% Credit
Two or More Losses and a loss ratio (Paid & Reserves) / Earned Premium) that exceeds 90%	25% Debit

This Experience Rating Plan may not be applied to Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Earthquake, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability.

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D. Schedule Rating Plan

1. General Rules

a. This plan may be applied to a Dentist's Package Policy which develops a total premium of $500 or more (excluding Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Earthquake, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability).

b. All rating plans apply for the term of the policy.

2. Rating Procedure

a. If applicable, the modifications shown in the Schedule Rating Plan Table may be applied. These modifications reflect the individual characteristics of the risk that are not fully reflected in the basic premium or rates.

b. When modifications from more than one Risk Characteristic apply, the modifications shall be added together, not multiplied.

c. The total modifications under the following table shall not:

(1) Exceed 40%;

(2) Apply to minimum premiums; or

(3) Apply to Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Earthquake, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability premiums.

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3. **Risk Characteristics**

Schedule Rating Plan Table			
Risk Characteristics	**Range of Modifications**		
	Credits		**Debits**
Management: Cooperation in matters of experience, qualification, stability	10%	to	10%
Location: Accessibility, congestion and exposures	10%	to	10%
Building Features: Age, condition and unusual structural features	10%	to	10%
Premises and Equipment Care, condition and type	10%	to	10%
Employees: Selection, training supervision and experience	10%	to	10%
Protection: Not otherwise recognized	10%	to	10%
Attitude: Complies with recommendations, controls exposure to loss	10%	to	10%

4. Total credits in excess of 10% should be discussed with your Field Marketing Representative or Headquarters Underwriter.

E. Large Premium Discount Plan (LPDP)

The LPDP may be used to modify premiums to reflect reduced costs realized by The Cincinnati Insurance Company through the combining of several coverages into a Dentist's Package Policy. The LPDP reflects the redundancies developed by large premiums.

1. Premium Development

a. Individually compute the annual premium for each eligible coverage, refer to **2.** below for ineligible coverages.

b. Apply the LPDP factor from the Large Premium Discount Factors Table to the premium for each eligible coverage.

Large Premium Discount Factors Table	
Annual Coverage Premium	**Factor**
0 to $ 1,000	None
1,001 to 2,000	.95
2,001 to 4,000	.90
4,001 to 8,000	.85
8,001 to 16,000	.80
16,001 and above	.75

c. The sum of the modified premiums for each coverage eligible for the LPDP shall be added to the premiums of the coverages not eligible for LPDP to determine the annual policy premium.

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2. Coverages not eligible for LPDP:

The Large Premium Discount Plan may not be applied to Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability premiums.

F. Expense Modification

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

14. ENDORSEMENTS

A. Mandatory Forms

1. Dentist's Package Policy Declarations - **IF 502** or **IF 504 (e-CLAS™)**
2. Businessowners Package Policy Coverage Form - **IB 101.**
3. Dentist's Package Policy Coverage Endorsement - **IF 207.**
4. Dentist's Business Auto Coverage Declarations - **IF 505 IL.**
5. Dentist's Package Policy Auto Amendment - **IF 436 IL.**

B. State Mandatory Forms

1. Illinois Changes - **IA 4041**
2. Illinois Changes - Cancellation and Nonrenewal - **IA 4042 IL**

C. Classification or Coverage Mandatory Forms

1. Claims-Made Employment Practices Liability Coverage Part Declarations - **GA 520.** This form must be attached when Employment Practices Liability Insurance Coverage is provided.
2. Condominium Commercial Unit-Owners Coverage - **FA 418.** This form must be attached when covered property is Business Personal Property located in a condominium.

D. Other Endorsements

The following endorsements may be added at no charge as warranted by circumstances or exposures.

1. Additional Insured - Designated Person or Organization (Professional) - **PA 447.** This form is used to add the person or organization designated as an insured with respect to liability arising out of the insured's acts or omissions in the furnishing of professional services.

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2. Material Coverage Change Notification - Additional Insured - **IA 4087.** This form provides for prior notification of material changes for a specified number of days before the effective date of the coverage change.
3. Earlier Notice of Cancellation Provided by Us - **IA 4086.** This form increases the number of days required for notice of cancellation for any statutorily permitted reason other than nonpayment of premium.
4. Exclusion - All Hazards in Connection with Designated Premises - **GA 314.** This form may be used to exclude the insured's operations at a location for which coverage is provided by another policy or by another carrier.
5. Exclusion - Designated Products - **GB 306.** This form is used to exclude the products / completed operations hazard arising out of any of the insured's products named in this form's Schedule.
6. Exclusion - Lead Liability - **IA 305.** This endorsement excludes all liability coverage arising out of the exposure to or presence of lead in any form. (Required for habitational property built prior to 1980 unless the property has been certified lead free by abatement and / or there is written proof that the property has been professionally encapsulated. In either case, written documentation is needed.)
7. Exclusion - Lead Liability Schedule - **IB 473.** Used to indicate designated premises to which the Lead Liability Exclusion **IA 305** does not apply.
8. Exclusion - Personal and Advertising Injury - **IB 301.** This form is used to exclude liability for personal and advertising injury.
9. General Change Endorsement - **IB 447**, or **IB 478 (e-CLAS ™)**. This form is used for making general changes to the policy.
10. Limitation of Coverage to Designated Premises - **GA 312.** This form may be used to limit liability coverage to a designated insured premises when the insured has other locations for which coverage is provided by another policy or by another carrier.
11. Loss Payable Provisions - **FA 435.** The following provisions are available:
    a. Loss Payable, when it is intended to make loss payable to the insured and a named loss payee as their interests may appear. Under this provision, the rights of the loss payee are subject to the company's defenses against the insured.
    b. Lender's Loss Payable, to protect the interest of a named lender. This provision is applicable when a mortgageholders clause is not applicable and where the interest has been established by warehouse receipts or other suitable documentary evidence. Under this provision, the rights of the lender are independent of any breach of condition by the insured.
    c. Contract of Sale, to be used when duplicate interests exist in property undergoing transfer by sale.
12. Named Insured Schedule - **IA 905.** This form is used to indicate the Named Insured when it won't fit on the Dentist's Package Policy Declarations Page.

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13. Policy Reinstatement - **IA 475.** This form can be used to reinstate a policy that has been canceled by Direct Notice of Cancellation.
14. Premium Payment Endorsement - **IB 451.** This endorsement is used to show short-term premiums and to break out premiums, such as to show applicable state taxes.
15. Prior Policy Replacement - **IA 489.** This form is used when the insured(s) and Company agree that another policy will take the place of and replaces a prior policy issued by the Company on a designated date.
16. Resident Agent Countersignature Endorsement - **MI 1090.** This form is used when the resident agent's countersignature is required by state law.
17. Schedule of Additional Locations - **IF 424.** This form is used to schedule additional locations when there is not sufficient room on the Dentist's Package Policy Declarations page.
18. Schedule of Additional Mortgageholder(s) - **FA 434.** This form is used to schedule additional mortgageholders.
19. Welfare and Pension Named Plan - **CA 414.** This form is used to name welfare and / or pension plan(s).
20. Primary / Noncontributory Amendment of Conditions for Designated Additional Insureds - **IB 458.** This form amends the Business Liability coverage to primary and noncontributory, where required in a written contract, over any other insurance policy issued to the designated additional insured. This form is not an additional insured endorsement, it must be used in conjunction with an applicable additional insured endorsement.

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15. TERRITORY DEFINITIONS

The following list contains all the more important cities, towns, boroughs and villages in this state together with their counties and territory code assignments. For any cities or towns not specifically named, the territory codes are shown by county at the end of this listing.

City and County	Territory Code
A	
Argo, Cook	006
B	
Bedford Park, Cook	006
Blue Island, Cook	006
Burnham, Cook	006
C	
Calumet Park, Cook	006
Canteen, St. Clair	004
Centreville, St. Clair	004
Chicago, Cook	001
Cicero, Cook	006
D	
Dalton, Cook	006
E	
East St. Louis, St. Clair	004
Elmwood Park, Cook	006
Evanston, Cook	006
Evergreen Park, Cook	006
G	
Granite City, Madison	004
H	
Harwood Heights, Cook	006
Hometown, Cook	006
L	
Lincolnwood, Cook	006
M	
Melrose Park, Cook	006
Merrionette Park, Cook	006
Moline, Rock Island	008
N	
Nameoki, Madison	004
Niles, Cook	006
Norridge, Cook	006
O	
Oak Park, Cook	006
P	
Park Ridge, Cook	006
Peoria, Peoria	008
R	
Riverdale, Cook	006
River Grove, Cook	006
Rock Island, Rock Island	008
Rockford, Winnebago	008
S	
Springfield, Sangamon	008
Stickney, Cook	006
Stites, St. Clair	004
Summit, Cook	006
V	
Venice, Madison	004

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County	Territory Code
A	
Alexander	016
C	
Cook	007
D	
Du Page	009
F	
Franklin	016
G	
Gallatin	016
H	
Hamilton	016
Hardin	016
J	
Jackson	016
Johnson	016
K	
Kane	009
L	
Lake	009
M	
Massac	016
P	
Perry	016
Pope	016
Pulaski	016
S	
Saline	016
U	
Union	016
W	
White	016
Will	009
Williamson	016
Remainder of state	015

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16. RATE SECTION

A. Earthquake Territories

Use the zip codes and territory corresponding to the location of the risk being rated.

B. Territory Assignment

A new zip code may be created by the United States Postal Service, which may not yet be listed in the territory pages. If this is the case, to determine the rating territory for a risk located in a new zip code, use the zip code that formerly applied to the risk before the zip code boundaries were changed.

Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
62913	1	62271	4	62067	5	62283	5
62914	1	62295	4	62080	5	62284	5
62962	1	62297	4	62086	5	62285	5
62963	1	62434	4	62091	5	62286	5
62964	1	62443	4	62097	5	62294	5
62996	1	62471	4	62208	5	62298	5
62918	2	62823	4	62220	5	62401	5
62924	2	62849	4	62221	5	62410	5
62932	2	62865	4	62223	5	62411	5
62941	2	62867	4	62225	5	62413	5
62942	2	62875	4	62231	5	62414	5
62948	2	62896	4	62232	5	62415	5
62957	2	62901	4	62233	5	62417	5
62983	2	62905	4	62234	5	62418	5
62990	2	62931	4	62236	5	62419	5
62998	2	62951	4	62237	5	62421	5
62241	3	62956	4	62238	5	62422	5
62242	3	62959	4	62239	5	62424	5
62261	3	62961	4	62243	5	62425	5
62277	3	62970	4	62244	5	62426	5
62887	3	62974	4	62246	5	62427	5
62897	3	62976	4	62248	5	62428	5
62940	3	62994	4	62253	5	62431	5
62952	3	62999	4	62256	5	62432	5
62988	3	62011	5	62260	5	62433	5
62997	3	62017	5	62262	5	62436	5
62040	4	62019	5	62263	5	62438	5
62090	4	62021	5	62268	5	62439	5
62201	4	62025	5	62269	5	62445	5
62203	4	62032	5	62272	5	62446	5
62204	4	62034	5	62274	5	62448	5
62205	4	62048	5	62275	5	62449	5
62206	4	62049	5	62278	5	62450	5
62207	4	62054	5	62279	5	62452	5
62240	4	62060	5	62280	5	62454	5

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
62458	5	62833	5	62885	5	62975	5
62460	5	62835	5	62886	5	62977	5
62461	5	62836	5	62888	5	62979	5
62466	5	62837	5	62889	5	62982	5
62467	5	62838	5	62890	5	62984	5
62473	5	62839	5	62892	5	62985	5
62475	5	62840	5	62893	5	62987	5
62476	5	62842	5	62894	5	62991	5
62477	5	62843	5	62895	5	62992	5
62478	5	62845	5	62898	5	62995	5
62479	5	62846	5	62899	5	61542	6
62480	5	62850	5	62906	5	61912	6
62553	5	62851	5	62907	5	61914	6
62571	5	62853	5	62908	5	61920	6
62801	5	62854	5	62910	5	61928	6
62803	5	62855	5	62912	5	61931	6
62806	5	62858	5	62916	5	61933	6
62807	5	62859	5	62917	5	61938	6
62808	5	62860	5	62920	5	61951	6
62809	5	62862	5	62922	5	61957	6
62810	5	62863	5	62923	5	62001	6
62812	5	62864	5	62926	5	62002	6
62814	5	62866	5	62930	5	62006	6
62816	5	62868	5	62935	5	62009	6
62817	5	62869	5	62938	5	62010	6
62819	5	62870	5	62939	5	62012	6
62820	5	62871	5	62943	5	62013	6
62821	5	62872	5	62950	5	62014	6
62822	5	62877	5	62953	5	62015	6
62824	5	62878	5	62955	5	62016	6
62828	5	62880	5	62958	5	62018	6
62829	5	62881	5	62960	5	62022	6
62830	5	62882	5	62966	5	62024	6
62831	5	62883	5	62967	5	62027	6
62832	5	62884	5	62972	5	62028	6

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
62030	6	62255	6	62555	6	62827	6
62031	6	62257	6	62556	6	62844	6
62033	6	62258	6	62557	6	62919	6
62035	6	62264	6	62558	6	62928	6
62036	6	62281	6	62560	6	62934	6
62037	6	62288	6	62565	6	62946	6
62044	6	62293	6	62567	6	62947	6
62045	6	62319	6	62568	6	62954	6
62046	6	62323	6	62611	6	60002	7
62047	6	62343	6	62615	6	60004	7
62051	6	62345	6	62621	6	60005	7
62052	6	62349	6	62626	6	60007	7
62056	6	62370	6	62627	6	60008	7
62061	6	62420	6	62628	6	60010	7
62063	6	62423	6	62630	6	60012	7
62065	6	62440	6	62631	6	60013	7
62069	6	62441	6	62638	6	60014	7
62070	6	62442	6	62640	6	60015	7
62074	6	62447	6	62649	6	60016	7
62075	6	62451	6	62650	6	60018	7
62079	6	62462	6	62655	6	60020	7
62081	6	62463	6	62665	6	60021	7
62083	6	62465	6	62667	6	60022	7
62084	6	62468	6	62668	6	60025	7
62088	6	62469	6	62672	6	60026	7
62094	6	62474	6	62673	6	60030	7
62095	6	62481	6	62674	6	60031	7
62214	6	62510	6	62676	6	60033	7
62215	6	62511	6	62683	6	60034	7
62217	6	62530	6	62685	6	60035	7
62218	6	62533	6	62690	6	60037	7
62230	6	62534	6	62691	6	60040	7
62245	6	62538	6	62694	6	60041	7
62249	6	62546	6	62815	6	60042	7
62254	6	62550	6	62818	6	60043	7

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
60044	7	60098	7	60153	7	60406	7
60045	7	60099	7	60154	7	60407	7
60046	7	60101	7	60157	7	60408	7
60047	7	60102	7	60160	7	60409	7
60048	7	60103	7	60162	7	60410	7
60050	7	60104	7	60163	7	60411	7
60053	7	60106	7	60164	7	60415	7
60056	7	60107	7	60165	7	60416	7
60060	7	60108	7	60171	7	60417	7
60061	7	60110	7	60172	7	60419	7
60062	7	60111	7	60173	7	60420	7
60064	7	60115	7	60174	7	60421	7
60067	7	60118	7	60175	7	60422	7
60068	7	60119	7	60176	7	60423	7
60069	7	60120	7	60177	7	60424	7
60070	7	60123	7	60178	7	60425	7
60071	7	60126	7	60180	7	60426	7
60072	7	60129	7	60181	7	60429	7
60073	7	60130	7	60185	7	60430	7
60074	7	60131	7	60187	7	60431	7
60076	7	60134	7	60188	7	60432	7
60077	7	60135	7	60190	7	60433	7
60081	7	60136	7	60191	7	60435	7
60082	7	60137	7	60193	7	60436	7
60083	7	60139	7	60194	7	60437	7
60084	7	60140	7	60195	7	60438	7
60085	7	60141	7	60201	7	60439	7
60087	7	60142	7	60202	7	60440	7
60088	7	60143	7	60203	7	60441	7
60089	7	60145	7	60301	7	60442	7
60090	7	60146	7	60302	7	60443	7
60091	7	60148	7	60304	7	60444	7
60093	7	60150	7	60305	7	60445	7
60096	7	60151	7	60401	7	60447	7
60097	7	60152	7	60402	7	60448	7

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60449	7	60510	7	60559	7	60630	7
60450	7	60511	7	60560	7	60631	7
60451	7	60512	7	60561	7	60632	7
60452	7	60513	7	60563	7	60633	7
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60455	7	60515	7	60565	7	60635	7
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60457	7	60517	7	60602	7	60637	7
60458	7	60518	7	60603	7	60638	7
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60464	7	60532	7	60609	7	60644	7
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60466	7	60538	7	60611	7	60646	7
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60469	7	60540	7	60613	7	60649	7
60470	7	60541	7	60614	7	60650	7
60471	7	60542	7	60615	7	60651	7
60472	7	60543	7	60616	7	60652	7
60473	7	60544	7	60617	7	60653	7
60475	7	60545	7	60618	7	60654	7
60476	7	60546	7	60619	7	60655	7
60477	7	60548	7	60620	7	60656	7
60478	7	60549	7	60621	7	60657	7
60479	7	60550	7	60622	7	60658	7
60480	7	60551	7	60623	7	60659	7
60481	7	60552	7	60624	7	60660	7
60482	7	60553	7	60625	7	60661	7
60501	7	60554	7	60626	7	60666	7
60504	7	60555	7	60627	7	60714	7
60505	7	60556	7	60628	7	60901	7
60506	7	60558	7	60629	7	60910	7

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
60911	7	60961	7	61047	7	61108	7
60912	7	60962	7	61048	7	61109	7
60913	7	60963	7	61049	7	61111	7
60914	7	60964	7	61050	7	61112	7
60915	7	60966	7	61051	7	61114	7
60917	7	60968	7	61052	7	61115	7
60918	7	60970	7	61053	7	61201	7
60919	7	60973	7	61054	7	61230	7
60921	7	61001	7	61060	7	61231	7
60922	7	61006	7	61061	7	61232	7
60924	7	61007	7	61062	7	61234	7
60927	7	61008	7	61063	7	61235	7
60928	7	61010	7	61064	7	61238	7
60929	7	61011	7	61065	7	61240	7
60930	7	61012	7	61067	7	61241	7
60931	7	61014	7	61068	7	61242	7
60934	7	61015	7	61070	7	61243	7
60935	7	61016	7	61071	7	61244	7
60936	7	61018	7	61072	7	61250	7
60938	7	61019	7	61073	7	61251	7
60940	7	61020	7	61074	7	61252	7
60941	7	61021	7	61075	7	61254	7
60942	7	61024	7	61078	7	61256	7
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60949	7	61030	7	61084	7	61260	7
60950	7	61031	7	61085	7	61261	7
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60957	7	61042	7	61103	7	61272	7
60959	7	61044	7	61104	7	61273	7
60960	7	61046	7	61107	7	61274	7

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
61275	7	61350	7	61428	7	61475	7
61277	7	61353	7	61431	7	61476	7
61279	7	61354	7	61432	7	61477	7
61281	7	61356	7	61433	7	61478	7
61282	7	61358	7	61434	7	61479	7
61283	7	61360	7	61435	7	61480	7
61284	7	61361	7	61436	7	61482	7
61285	7	61362	7	61437	7	61483	7
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61310	7	61367	7	61440	7	61485	7
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61334	7	61414	7	61460	7	61528	7
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61342	7	61420	7	61469	7	61533	7
61344	7	61421	7	61470	7	61534	7
61345	7	61422	7	61471	7	61535	7
61346	7	61423	7	61472	7	61536	7
61348	7	61425	7	61473	7	61537	7
61349	7	61427	7	61474	7	61539	7

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
61540	7	61722	7	61769	7	61849	7
61543	7	61723	7	61770	7	61850	7
61544	7	61724	7	61771	7	61851	7
61545	7	61725	7	61772	7	61852	7
61546	7	61726	7	61773	7	61853	7
61547	7	61727	7	61774	7	61854	7
61548	7	61728	7	61775	7	61855	7
61550	7	61729	7	61776	7	61856	7
61554	7	61730	7	61777	7	61858	7
61559	7	61731	7	61778	7	61859	7
61560	7	61732	7	61790	7	61862	7
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61563	7	61734	7	61810	7	61864	7
61565	7	61735	7	61811	7	61865	7
61567	7	61736	7	61812	7	61866	7
61568	7	61737	7	61813	7	61870	7
61569	7	61738	7	61814	7	61872	7
61570	7	61739	7	61816	7	61873	7
61571	7	61740	7	61817	7	61874	7
61572	7	61741	7	61818	7	61875	7
61602	7	61743	7	61820	7	61876	7
61603	7	61744	7	61821	7	61877	7
61604	7	61745	7	61830	7	61878	7
61605	7	61747	7	61831	7	61880	7
61606	7	61748	7	61832	7	61882	7
61607	7	61749	7	61833	7	61883	7
61611	7	61752	7	61839	7	61884	7
61614	7	61753	7	61840	7	61910	7
61615	7	61754	7	61841	7	61911	7
61625	7	61755	7	61842	7	61913	7
61635	7	61756	7	61843	7	61917	7
61701	7	61759	7	61844	7	61919	7
61704	7	61760	7	61845	7	61924	7
61720	7	61761	7	61846	7	61925	7
61721	7	61764	7	61847	7	61929	7

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
61930	7	62347	7	62526	7	62666	7
61932	7	62348	7	62531	7	62670	7
61937	7	62351	7	62536	7	62671	7
61940	7	62352	7	62539	7	62675	7
61942	7	62353	7	62543	7	62677	7
61943	7	62354	7	62544	7	62681	7
61944	7	62355	7	62545	7	62682	7
61953	7	62356	7	62547	7	62684	7
61956	7	62357	7	62548	7	62688	7
62050	7	62358	7	62549	7	62692	7
62053	7	62359	7	62551	7	62693	7
62082	7	62360	7	62552	7	62701	7
62092	7	62361	7	62554	7	62702	7
62265	7	62362	7	62561	7	62703	7
62301	7	62363	7	62563	7	62704	7
62311	7	62365	7	62572	7	62707	7
62312	7	62366	7	62573	7		
62313	7	62367	7	62601	7		
62314	7	62373	7	62612	7		
62316	7	62374	7	62613	7		
62318	7	62375	7	62617	7		
62320	7	62376	7	62618	7		
62321	7	62378	7	62624	7		
62324	7	62379	7	62625	7		
62325	7	62380	7	62629	7		
62326	7	62501	7	62633	7		
62330	7	62512	7	62634	7		
62332	7	62513	7	62635	7		
62334	7	62514	7	62639	7		
62338	7	62515	7	62642	7		
62339	7	62518	7	62643	7		
62340	7	62520	7	62644	7		
62341	7	62521	7	62656	7		
62344	7	62522	7	62661	7		
62346	7	62523	7	62664	7		

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C. Rate Tables - Earthquake

For Sublimts Form **FF 205**, apply a 1.25 factor to the following rates:

TERRITORY 1 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.466	5%
Joisted Masonry:		
Solid unreinforced brick	.755	10%
Hollow tile / block	.992	10%
Non-Combustible	.542	5%
Masonry Non-Combustible	.596	10%
Modified Fire Resistive or Fire Resistive	.497	10%

*Includes metal, non-combustible buildings.

TERRITORY 2 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.330	5%
Joisted Masonry:		
Solid unreinforced brick	.583	10%
Hollow tile / block	.842	10%
Non-Combustible	.369	5%
Masonry Non-Combustible	.428	10%
Modified Fire Resistive or Fire Resistive	.328	10%

*Includes metal, non-combustible buildings.

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TERRITORY 3 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.289	5%
Joisted Masonry:		
Solid unreinforced brick	.529	10%
Hollow tile / block	.785	10%
Non-Combustible	.324	5%
Masonry Non-Combustible	.377	10%
Modified Fire Resistive or Fire Resistive	.276	10%

*Includes metal, non-combustible buildings.

TERRITORY 4 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.178	5%
Joisted Masonry:		
Solid unreinforced brick	.342	10%
Hollow tile / block	.529	10%
Non-Combustible	.197	5%
Masonry Non-Combustible	.233	10%
Modified Fire Resistive or Fire Resistive	.156	10%

*Includes metal, non-combustible buildings.

TERRITORY 5 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.015	5%
Joisted Masonry:		
Solid unreinforced brick	.052	10%
Hollow tile / block	.084	10%
Non-Combustible	.022	5%
Masonry Non-Combustible	.026	10%
Modified Fire Resistive or Fire Resistive	.020	10%

*Includes metal, non-combustible buildings.

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TERRITORY 6 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.011	5%
Joisted Masonry:		
Solid unreinforced brick	.045	10%
Hollow tile / block	.074	10%
Non-Combustible	.018	5%
Masonry Non-Combustible	.021	10%
Modified Fire Resistive or Fire Resistive	.013	10%

*Includes metal, non-combustible buildings.

TERRITORY 7 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.009	5%
Joisted Masonry:		
Solid unreinforced brick	.027	10%
Hollow tile / block	.043	10%
Non-Combustible	.009	5%
Masonry Non-Combustible	.012	10%
Modified Fire Resistive or Fire Resistive	.012	10%

*Includes metal, non-combustible buildings.

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Earthquake Deductible Table

*

Optional Earthquake Deductibles Table	
Increased Deductible Options (40% maximum deductible available)	
Frame and Non-Combustible Constructions	Reduce the 5% deductible EQ base rate by 2% for each percentage increase in deductible
All Other Constructions	Reduce the 10% deductible EQ base rate by 1% for each percentage increase in deductible

Examples of higher earthquake deductibles:

Example #1:

Building is joisted masonry with a 10% base deductible. EQ Rate = .278
A 20% deductible is determined as follows:

20(% ded) - 10(% ded) = 10 x 1% (reduction credit) = 10% (.90 factor)

0.278 (base rate) x .90 = .250 (New 20% deductible rate)

Example #2:

Building is Non-Combustible with a 5% base deductible. EQ Rate = .362
A 30% deductible is determined as follows:

30 (% ded) - 5 (% ded) = 25 x 2%(reduction credit) = 50%(.50 factor)

0.362 (base rate) x .50 = .181 (New 30% deductible rate)

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TERRORISM COVERAGE RULES

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1. TERRORISM COVERAGE

A. Description of Coverage

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

   a. Such loss:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

C. Premium Determination:

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

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

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

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

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

         (a) Division One - Auto

         (b) Division Two - Machinery and Equipment

         (c) Division Three - Crime

         (d) Division Four - Farm

         (e) Division Five - Fire and Allied Lines

         (f) Division Six - General Liability

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

         (h) Division Eight - Inland Marine

         (i) Division Nine - Multiple Line

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

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(k) Businessowners Package Program, excluding any Medical Professional

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

(m) Package for Artisan Contractors

(n) Religious Institutions Package Policy

(o) Garage Operators Policy

(p) Financial Institutions Package Program

(q) Printers Package Program

(r) Metalworkers Package Policy

(s) Commercial Output Policy

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

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(2) Geographic Tiers:

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

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

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

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

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

(4) Rate Factors:

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

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

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

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

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

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

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TERRITORY: 01

Buildings - Excluding Earthquake

PC 1-4 Building Construction		
Class A, B	Class C	Class D
0.142	0.381	0.457

Business Personal Property - Including Earthquake

PC 1-4 Building Construction		
Class A, B	Class C	Class D
0.347	0.623	0.740

$2,000,000 Liability Limit Increment	
.042	Increment to be added to Business Personal Property rate.

TERRITORY: 04

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.144	0.347	0.416	0.158	0.366	0.438	0.171	0.404	0.481	0.230	0.553	0.684

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.268	0.502	0.600	0.290	0.541	0.644	0.316	0.605	0.724	0.521	1.014	1.216

$2,000,000 Liability Limit Increment	
.029	Increment to be added to Business Personal Property rate.

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TERRITORY: 06

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.105	0.327	0.372	0.117	0.327	0.394	0.117	0.347	0.416	0.213	0.481	0.602

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.320	0.547	0.644	0.342	0.586	0.687	0.369	0.644	0.753	0.592	1.046	1.234

$2,000,000 Liability Limit Increment	
.044	Increment to be added to Business Personal Property rate.

TERRITORY: 07

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.105	0.308	0.372	0.117	0.327	0.394	0.117	0.347	0.438	0.213	0.505	0.602

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.294	0.521	0.614	0.316	0.560	0.665	0.342	0.618	0.731	0.554	1.014	1.216

$2,000,000 Liability Limit Increment	
.038	Increment to be added to Business Personal Property rate.

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TERRITORY: 08

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.118	0.260	0.315	0.149	0.277	0.335	0.130	0.295	0.354	0.177	0.411	0.492

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.288	0.417	0.494	0.253	0.452	0.527	0.276	0.492	0.586	0.444	0.818	0.971

$2,000,000 Liability Limit Increment	
.033	Increment to be added to Business Personal Property rate.

TERRITORY: 09

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.114	0.251	0.305	0.149	0.251	0.305	0.149	0.268	0.324	0.171	0.377	0.452

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.288	0.431	0.503	0.302	0.459	0.541	0.302	0.504	0.598	0.463	0.826	0.986

$2,000,000 Liability Limit Increment	
.040	Increment to be added to Business Personal Property rate.

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TERRITORY: 15

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.117	0.265	0.319	0.149	0.265	0.319	0.149	0.296	0.354	0.186	0.409	0.509

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.288	0.453	0.527	0.302	0.485	0.569	0.302	0.532	0.628	0.484	0.867	1.022

$2,000,000 Liability Limit Increment	
.044	Increment to be added to Business Personal Property rate.

TERRITORY: 16

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.112	0.260	0.317	0.118	0.270	0.328	0.125	0.289	0.361	0.180	0.409	0.506

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.288	0.402	0.479	0.302	0.431	0.516	0.261	0.483	0.574	0.425	0.800	0.960

$2,000,000 Liability Limit Increment	
.054	Increment to be added to Business Personal Property rate.

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TERRITORY PAGE

Legal Professional (Subline Code 317)

ENTIRE STATE **999**

Medical Professional

COOK COUNTY **001**

REMAINDER OF STATE **002**

Veterinarians Professional Liability (Subline Code 317)

ENTIRE STATE **999**

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THE

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PROFESSIONAL LIABILITY MANUAL
GUIDE (a) RATES ¤

1. RULES FOR USE OF GUIDE (a) RATES ¤

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

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

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GUIDE (a) RATES ⌑

36. SOCIAL SERVICES PROFESSIONAL LIABILITY ⌑

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

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GUIDE (a) RATES ¤

52. INCREASED LIMITS TABLES ¤

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

1. Determine the table factor for the limit or combination of limits next lower than the limit or limits desired and the table factor for the next higher limit or combination of limits.

2. The factor for the limit or combination of limits desired shall be determined by interpolation, but all fractions in the third decimal place shall be considered as an additional unit in the second decimal place.

3. Where neither limit required appears in the table, submit for rating.

B. All limits are expressed in thousands of dollars.

C. Limit codes are shown in parentheses under factors.

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1. Convalescent or Nursing Homes

Aggregate	Per Medical Incident								
	100	200	250	500	1,000	1,500	2,000	2,500	3,000
4,000	**1.95**	**2.01**	**2.03**	**2.10**	**2.20**	**2.27**	**2.41**	**2.51**	**2.61**
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
4,500	**1.96**	**2.02**	**2.04**	**2.11**	**2.21**	**2.27**	**2.41**	**2.52**	**2.61**
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
5,000	**1.97**	**2.03**	**2.05**	**2.12**	**2.22**	**2.28**	**2.42**	**2.53**	**2.62**
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
6,000	**1.98**	**2.04**	**2.06**	**2.13**	**2.23**	**2.29**	**2.43**	**2.54**	**2.63**
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
7,500	**1.99**	**2.05**	**2.07**	**2.14**	**2.24**	**2.30**	**2.44**	**2.55**	**2.64**
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
9,000	**2.00**	**2.06**	**2.08**	**2.15**	**2.25**	**2.31**	**2.45**	**2.56**	**2.65**
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
10,000	**2.01**	**2.07**	**2.09**	**2.16**	**2.26**	**2.32**	**2.46**	**2.57**	**2.66**
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)

2. Dentists

Aggregate	Per Dental Incident Per Claim			
	1,500	2,000	2,500	3,000
1,500	**1.45**			
	(74)			
2,000	**1.46**	**1.49**		
	(74)	(75)		
2,500	**1.47**	**1.50**	**1.51**	
	(74)	(75)	(76)	
3,000	**1.48**	**1.51**	**1.52**	**1.53**
	(74)	(75)	(76)	(77)

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3. Hospitals

Aggregate	Per Medical Incident 1,500	2,000	3,000
1,500	**2.03** (74)		
2,000	**2.12** (74)	**2.18** (75)	
3,000	**2.17** (74)	**2.28** (75)	**2.41** (77)
4,000	**2.18** (74)	**2.31** (75)	**2.48** (77)
5,000	**2.19** (74)	**2.32** (75)	**2.50** (77)

4. Insurance Agents
Lawyers
Physicians
Social Services

Aggregate	Per Claim / Medical Incident 1,500	2,000	2,500	3,000
1,500	**2.48** (74)			
2,000	**2.56** (74)	**2.67** (75)		
2,500	**2.59** (74)	**2.73** (75)	**2.81** (76)	
3,000	**2.61** (74)	**2.75** (75)	**2.85** (76)	**2.92** (77)

5. Surgeons

Aggregate	Per Medical Incident 1,500	2,000	2,500	3,000
1,500	**2.60** (74)			
2,000	**2.70** (74)	**2.82** (75)		
2,500	**2.73** (74)	**2.89** (75)	**2.99** (76)	
3,000	**2.75** (74)	**2.92** (75)	**3.04** (76)	**3.12** (77)

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

Aggregate	Per Claim / Medical Incident / Occurrence / Professional Incident 1,500	2,000	2,500	3,000
1,500	**1.92** (74)			
2,000	**1.94** (74)	**2.02** (75)		
2,500	**1.95** (74)	**2.03** (75)	**2.09** (76)	
3,000	**1.96** (74)	**2.04** (75)	**2.10** (76)	**2.15** (77)

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7. Blood Banks
Medical or X-ray Laboratories

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

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52. INCREASED LIMITS TABLES (Cont'd) ⌑

7. Blood Banks
Medical or X-ray Laboratories

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

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COVERAGE RULES

52. INCREASED LIMITS TABLES (Cont'd) ⌑

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

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Aggregate	Per Claim / Medical Incident / Occurrence / Professional Incident 100	150	200	250	300	500	1,000
300	**1.00**	**1.12**	**1.20**	**1.26**	**1.30**		
	(52)	(56)	(60)	(63)	(66)		
400	**1.01**	**1.13**	**1.23**	**1.29**	**1.34**		
	(55)	(56)	(60)	(63)	(66)		
500		**1.14**	**1.24**	**1.31**	**1.37**	**1.50**	
		(56)	(57)	(61)	(66)	(67)	
600		**1.15**	**1.25**	**1.32**	**1.38**	**1.53**	
		(56)	(58)	(63)	(66)	(70)	
750		**1.16**	**1.26**	**1.33**	**1.39**	**1.56**	
		(56)	(60)	(62)	(66)	(70)	
900				**1.34**	**1.40**	**1.57**	
				(63)	(65)	(70)	
1,000					**1.41**	**1.58**	**1.77**
					(66)	(68)	(71)
1,500					**1.42**	**1.59**	**1.81**
					(66)	(69)	(73)
2,000						**1.60**	**1.82**
						(70)	(73)
2,500							**1.83**
							(73)
3,000							**1.84**
							(72)

52. INCREASED LIMITS TABLES (Cont'd) ⌑

5. Surgeons

Aggregate	Per Medical Incident						
	100	150	200	250	300	500	1,000
300	1.00	1.15	1.25	1.33	1.39		
	(52)	(56)	(60)	(63)	(66)		
400	1.01	1.18	1.30	1.39	1.47		
	(55)	(56)	(60)	(63)	(66)		
500		1.19	1.33	1.44	1.52	1.74	
		(56)	(57)	(61)	(66)	(67)	
600		1.20	1.34	1.46	1.56	1.80	
		(56)	(58)	(63)	(66)	(70)	
750		1.21	1.35	1.48	1.58	1.87	
		(56)	(60)	(62)	(66)	(70)	
900				1.49	1.60	1.91	
				(63)	(65)	(70)	
1,000					1.61	1.93	2.28
					(66)	(68)	(71)
1,500					1.62	1.97	2.41
					(66)	(69)	(73)
2,000						1.98	2.46
						(70)	(73)
2,500							2.47
							(73)
3,000							2.48
							(72)

52. INCREASED LIMITS TABLES (Cont'd) ⌑

4. Insurance Agents
Lawyers
Physicians
Social Services

Aggregate	Per Claim / Medical Incident 100	150	200	250	300	500	1,000
300	**1.00**	**1.14**	**1.23**	**1.31**	**1.37**		
	(52)	(56)	(60)	(63)	(66)		
400	**1.01**	**1.16**	**1.28**	**1.37**	**1.44**		
	(55)	(56)	(60)	(63)	(66)		
500		**1.18**	**1.31**	**1.41**	**1.49**	**1.70**	
		(56)	(57)	(61)	(66)	(67)	
600		**1.19**	**1.32**	**1.43**	**1.52**	**1.76**	
		(56)	(58)	(63)	(66)	(70)	
750		**1.20**	**1.33**	**1.45**	**1.54**	**1.82**	
		(56)	(60)	(62)	(66)	(70)	
900				**1.46**	**1.56**	**1.86**	
				(63)	(65)	(70)	
1,000					**1.57**	**1.88**	**2.19**
					(66)	(68)	(71)
1,500					**1.58**	**1.91**	**2.31**
					(66)	(69)	(73)
2,000						**1.92**	**2.36**
						(70)	(73)
2,500							**2.37**
							(73)
3,000							**2.38**
							(72)

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52. INCREASED LIMITS TABLES (Cont'd) ⌑

2. Dentists

Aggregate	Per Dental Incident 100	150	200	250	300	500	1,000
300	**1.00**	**1.08**	**1.13**	**1.17**	**1.19**		
	(52)	(56)	(60)	(63)	(66)		
400	**1.01**	**1.09**	**1.14**	**1.18**	**1.21**		
	(55)	(56)	(60)	(63)	(66)		
500	**1.03**	**1.10**	**1.15**	**1.19**	**1.22**	**1.29**	
	(53)	(56)	(57)	(61)	(66)	(67)	
600	**1.04**	**1.11**	**1.16**	**1.20**	**1.23**	**1.30**	
	(55)	(56)	(58)	(63)	(66)	(70)	
750	**1.05**	**1.12**	**1.17**	**1.21**	**1.24**	**1.31**	
	(55)	(56)	(60)	(62)	(66)	(70)	
900	**1.06**	**1.13**	**1.18**	**1.22**	**1.25**	**1.32**	
	(55)	(60)	(60)	(63)	(65)	(70)	
1,000	**1.06**	**1.13**	**1.18**	**1.22**	**1.25**	**1.32**	**1.40**
	(54)	(56)	(59)	(63)	(66)	(68)	(71)
1,250	**1.07**	**1.14**	**1.19**	**1.23**	**1.26**	**1.33**	**1.41**
	(55)	(56)	(60)	(63)	(66)	(70)	(73)
1,500	**1.08**	**1.15**	**1.20**	**1.24**	**1.27**	**1.34**	**1.41**
	(55)	(56)	(60)	(63)	(66)	(69)	(73)
2,000	**1.10**	**1.16**	**1.22**	**1.26**	**1.29**	**1.36**	**1.42**
	(55)	(56)	(60)	(63)	(66)	(70)	(73)
2,500	**1.12**	**1.17**	**1.24**	**1.27**	**1.31**	**1.38**	**1.43**
	(55)	(56)	(60)	(63)	(66)	(70)	(73)
3,000	**1.14**	**1.18**	**1.26**	**1.29**	**1.33**	**1.40**	**1.44**
	(55)	(56)	(60)	(63)	(66)	(70)	(72)

3. Hospitals

Aggregate	Per Medical Incident 100	150	200	250	300	500	1,000
300	**1.00**	**1.08**	**1.13**	**1.16**	**1.17**		
	(52)	(56)	(60)	(63)	(66)		
500	**1.04**	**1.15**	**1.23**	**1.29**	**1.33**	**1.42**	
	(53)	(56)	(57)	(61)	(66)	(67)	
600	**1.05**	**1.16**	**1.25**	**1.32**	**1.37**	**1.49**	
	(55)	(56)	(58)	(63)	(66)	(70)	
1,000		**1.18**	**1.28**	**1.37**	**1.44**	**1.62**	**1.80**
		(56)	(59)	(63)	(66)	(68)	(71)
1,500		**1.19**	**1.29**	**1.38**	**1.45**	**1.67**	**1.93**
		(56)	(60)	(63)	(66)	(69)	(73)
2,000					**1.46**	**1.68**	**1.98**
					(66)	(70)	(73)
3,000							**2.00**
							(72)

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52. INCREASED LIMITS TABLES ⌑

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

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

B. All limits are expressed in thousands of dollars.

C. Limit codes are shown in parentheses under factors.

1. Convalescent or Nursing Homes

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Aggregate	Per Medical Incident 100	200	250	500	1,000
300	**1.00**	**1.20**	**1.25**		
	(52)	(60)	(63)		
400	**1.01**	**1.24**	**1.30**		
	(55)	(60)	(63)		
500	**1.02**	**1.27**	**1.35**	**1.55**	
	(53)	(57)	(61)	(67)	
600	**1.03**	**1.29**	**1.37**	**1.61**	
	(55)	(58)	(63)	(70)	
750	**1.04**	**1.29**	**1.38**	**1.63**	
	(55)	(60)	(62)	(70)	
1,000	**1.05**	**1.30**	**1.39**	**1.69**	**1.94**
	(54)	(59)	(63)	(68)	(71)
1,250	**1.06**	**1.30**	**1.39**	**1.70**	**1.98**
	(55)	(60)	(63)	(70)	(73)
1,500	**1.07**	**1.31**	**1.40**	**1.71**	**2.02**
	(55)	(60)	(63)	(69)	(73)
2,000	**1.08**	**1.32**	**1.41**	**1.72**	**2.05**
	(55)	(60)	(63)	(70)	(73)
2,500	**1.09**	**1.33**	**1.42**	**1.73**	**2.05**
	(55)	(60)	(63)	(70)	(73)
3,000	**1.10**	**1.34**	**1.43**	**1.74**	**2.06**
	(55)	(60)	(63)	(70)	(72)

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51. EXPENSE, EXPERIENCE AND SCHEDULE RATING PLAN ⌑

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

A. General Rules

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

B. Experience Rating Plan

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

Experience Debit

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

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

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

C. Schedule Rating Plan

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

D. Expense Considerations

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

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

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

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

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

1. Description of Coverage

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

2. Forms

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

3. Application

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

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4. Rates / Premium Determination

a. Premium Basis

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

b. Rates

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

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

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

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

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

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

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

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

39. - 49. RESERVED FOR FUTURE USE

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

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

1. Description of Coverage

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

2. Forms

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

3. Application

PA-007 - Dentist's Professional Liability Application

4. Rates / Premium Determination

a. Premium Basis

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

b. Rates

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

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

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

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

B. Forms

PA 104 - Travel Agents Errors and Omissions Coverage Form

PA 504 - Travel Agents Errors and Omissions Coverage Part Declarations

C. Application

PA-009 - Travel Agents Errors and Omissions Application

D. Rates / Premium Determination

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

2. Rates - Class Code 25010

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

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

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

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Gross Receipts	Rate	
100,000 - 200,000	$194.00	
200,001 - 300,000	234.00	
300,001 - 400,000	274.00	
400,001 - 500,000	314.00	
500,001 - 600,000	353.00	
600,001 - 700,000	392.00	
700,001 - 800,000	431.00	
800,001 - 900,000	470.00	
900,001 - 1,000,000	509.00	
over 1,000,000	509.00	plus $39.00 per $100,000 of receipts in excess of $1,000,000.

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

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

E. Deductible

Minimum deductible is $250.

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

36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd) ⌑

G. The following operations are ineligible:

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

37. TEACHER'S PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a teacher.

B. Forms

PA 119 - Teacher's Professional Liability Coverage Form

PA 519 - Teacher's Professional Liability Coverage Part Declarations

C. Application

IA-005 - Teacher's Professional Liability Application

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each teacher.

2. Rates

   Rates for Basis Limits: $100,000 Each Claim Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

   All monoline Teacher's Professional Liability shall be written on a 3 year per-paid term.

Classification	Code	Annual	3 year Pre-paid
Each Teacher	72998	$15.00	$38.00

38. TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398) ⌑

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a travel agency. Coverage is extended to acts, errors or omissions committed prior to the effective date of coverage if claim or "suit" is brought during the policy period and the insured had no knowledge of the claim or "suit" as of the effective date of coverage.

36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd) ⌑

Classification	Subline / Code	Rate
Psychiatrist	Refer to Rule **2.** Physicians and Surgeons Professional Liability	
Psychologist	398/20011	$80.00
APA Psychologist (American Psychiatric Assoc. or Psychological Assoc.)	398/20012	$60.00
ACSW (Academy of Certified Social Workers)	398/20013	$35.00
MSW (Masters in Social Work)	398/20014	$40.00
Other Professional, defined as:	317/80110	$105.00

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a. BS in Social Work;

b. SW - Social Worker; or

c. Masters in Psychology;

d. Licensed marriage counselor or family counselor;

e. Masters or PHD (Doctoral Degree) in closely related mental health fields;

f. CW - Case Worker.

3. Additional Charge - Partnership, association or corporation - (Subline 398) (Class Code 20017)

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of 20% of the social service professional premium for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 20011/20012/20013/20014/80110.

Example: Named Insured of Joe Smith and Smith Professional, Inc.

Charge full rate in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

F. Refer the following (a) rated classes to the Home Office prior to binding:

1. Adoption or child placement (Subline 398) (Code 20015); and

2. Residential child care (Subline 398) (Code 20016).

35. RELIGIOUS INSTITUTIONS WRONGFUL ACTS (Subline Code 398) (Cont'd) ⌑

C. Application

PA-016 - Religious Institutions Wrongful Acts Questionnaire

D. Rates / Premium Determination

1. Premium Basis

Premium basis is each institution

2. Rates - Class Code 20090

Limits of Insurance Each Claim Limit / Aggregate Limit	Rate
$ 100,000/$100,000	$ 60.00
300,000/300,000	75.00
500,000/500,000	100.00
1,000,000/1,000,000	135.00
2,000,000/2,000,000	162.00
3,000,000/3,000,000	189.00
4,000,000/4,000,000	216.00
5,000,000/5,000,000	236.00

36. SOCIAL SERVICES PROFESSIONAL LIABILITY ⌑

A. Description of Coverage

This coverage provides protection against liability claims arising from the furnishing or failure to furnish professional services as a social service agency.

B. Forms

PA 123 - Miscellaneous Professional Liability Coverage Form

PA 523 - Miscellaneous Professional Liability Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each professional individual.

2. Rates

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

34. REAL ESTATE AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd) ⌑

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

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For increased limits, refer to Rule **52.**

$1.91 per $100 on first $25,000 of gross income

$ .96 per $100 on **next** $50,000 of gross income

$ .49 per $100 on **next** $75,000 of gross income

$ .24 per $100 on excess of $150,000 gross income

3. Additional charge of $65.00 at basic limits per sales person under named insured's real estate broker's license.

E. Deductible

Minimum deductible is $2,500.

For the following deductibles, multiply the basic rates shown in paragraph **D.** by the deductible rate factor:

Deductible Amount	Deductible Rate Factor
$ 5,000	.95
7,500	.90
10,000	.85
15,000	.80
20,000	.75
25,000	.70

F. Notary Public Errors and Omissions. Coverage may be extended to afford protection for loss arising out of errors and omissions of a duly licensed Notary Public. The premium charge is $50.00 per person for basic limits. (Class code 25075)

G. Lead Liability Exclusion. This endorsement excludes all liability coverage arising out of the exposure to or presence of lead in any form. Attach **PA 301** - Exclusion - Lead Liability.

35. RELIGIOUS INSTITUTIONS WRONGFUL ACTS (Subline Code 398) ⌑

A. Description of Coverage

This coverage form provides protection against claims arising out of wrongful acts committed by the directors and officers, as well as specified trustees and members, in the performance of their duties of the management responsibilities of a religious institution. Coverage is extended to wrongful act(s) committed prior to the effective date of coverage where the insured had no knowledge of a claim or suit as of the effective date of coverage and where no other applicable insurance exists.

B. Forms

PA 112 - Religious Institution Wrongful Acts Coverage Form

PA 527 - Religious Institution Wrongful Acts Coverage Part Declarations

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

6. Sublimit of Insurance

Correction of Work Coverage is available at limits of $100,000 per claim/$100,000 aggregate and $300,000 per claim/$300,000 aggregate. The $300,000/$300,000 limit is only available if the per claim limit for the Printers E&O is at least $300,000.

7. Premium Determination

a. Base rates (per $1,000 sales) for Correction of Work coverage:

	Correction of Work Rate	
Hazard	**100/100**	**300/300***
Low (Code 25047)	.22	.28
Average (Code 25048)	.30	.40
High (Code 25049)	.50	.65

* Only available if Printers E&O per claim limit is at least $300,000.

b. Multiply base rate by the deductible factors in paragraph **E.** of this rule.

c. Result of **a.** x **b.** is the Correction of Work rate.

d. Multiply **c.** by the amount of sales (per $1,000) that was used to determine the E&O premium. This is the Correction of Work premium.

e. The Correction of Work premium is in addition to the Printers E&O premium. Except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

34. REAL ESTATE AGENTS' ERRORS AND OMISSIONS (Subline Code 398) ¤

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish real estate professional services.

B. Forms

PA 118 - Real Estate Agents' Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

C. Application

MP-1007 - Real Estate Errors and Omissions Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based upon the **gross income** of the insured. Gross Income is the total amount of money charged by the insured for real estate agency services.

2. Rates - Class Code 25070

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

	E&O Hazard Class		
Deductible	**Low**	**Average**	**High**
$ 750	.97	.95	not available
1,000	.94	.90	1.00
2,500	.90	.85	.80
5,000	.85	.80	.75
10,000	.80	.75	.70

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F. Correction of Work Coverage - Code 25054

1. This endorsement extends the Printers Errors and Omissions Form **PA 117** to provide coverage for correction of the insured's work that has already been distributed. Coverage is still on a legally obligated to pay basis, and includes the insured's costs to:
   - **a.** Recover the incorrect material;
   - **b.** Print corrected material;
   - **c.** Package and re-mail the corrected material.
2. This coverage does not apply to correcting mistakes **before the work has been mailed.**
3. Use endorsement **PA 499.**
4. **Correction of Work Minimum Deductible**
   - **a.** $1,000 minimum deductible for Low or Average hazard classes.
   - **b.** $2,500 minimum deductible for High hazard class.
   - **c.** The Printers E&O deductible must be the same as the Correction of Work deductible.
5. **Correction of Work Minimum Premium**
   - **a.** For the Printers Package Program, minimum premiums for Correction of Work coverage are:
     - **(1)** $150 for Low or Average hazard classes
     - **(2)** $250 for High hazard class
   - **b.** For other printing risks, minimum premiums for Correction of Work coverage are:
     - **(1)** $225 for Low or Average hazard classes
     - **(2)** $350 for High hazard class
   - **c.** The Correction of Work minimum premium is in addition to the Printers E&O minimum premium.

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

c. High Hazard ($1,000 minimum deductible)

Advertising	Graphic Design
Annual reports	Labels - stickers, wrapping tags
Book Binding	Manuals
Catalogs	Mailings
Computer forms	Optical character recognition (OCR)
Coupons	Posters
Design / typography	Signs
Direct Mailing	Trade show material
Financial	Typesetting
Forms & documents	Universal products code (UPC)

Ineligible E & O classes:

Games of Chance
Magazine publishing
Newspaper (excluding weekly advertisers), book or magazine printing
Printing Brokers
Printing of stamps (postage or trading)
Printing of controversial material
Printing of currency, securities, travelers checks or money orders
Telephone directories
Ticket printing, such as but not limited to, raffle, lottery, sports or concert tickets
Web site design or development

3. Rates

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate per $1,000 of receipts
Low Hazard	25051	.07
Average Hazard	25052	.10
High Hazard	25053	.25

E. Deductible

1. The minimum deductible is $500 per claim for low and average hazard classes and $1,000 per claim for high hazard classes.

2. If Correction of Work Coverage applies, minimum deductibles are higher. See paragraph **F.** below. The E&O deductible must be written at the Correction of Work deductible.

3. For the following optional deductibles, multiply the rates shown in paragraph **D.** by the following factors:

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

C. Application

IW-001 - Printer's Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based upon the total annual gross receipts from printing operations.

2. Classifications

a. Low Hazard ($500 minimum deductible)

Bulletins / Newsletters
Bronzing
Color separation
Envelopes
Folding boxes (no mfg.)
Invitations
Matchbooks
Napkins
Photoengraving
Presentation folders
Non-promotional material
Stationery

b. Average Hazard ($500 minimum deductible)

Bank checks
Blueprints
Booklets
Book printing
Brochures
Business reply cards
Business forms
Data sheets
Die cutting
Embossing
Engraving
Equipment list
Film processing
Finishing Services (incl. binding)
Foil stamping
Greeting cards
Lighters - specialty items
Menus
Mugs - specialty items
Newspapers - Pennysave type only
Packaging (no mfg.)
Photo Duplicating
Platemaking
Press kits
Programs
Publication inserts
Reprographics
T-Shirts
Wallpaper

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31. MINISTER'S PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

2. Rates

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
Each ordained minister or certified counselor	20190	$36.00

Each new ordained minister or certified counselor shall be reported to the Company within 30 days after employment by the Named Insured.

32. PEDORTHISTS PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render professional services as a pedorthist (customized footwear).

B. Forms

PA 120 - Pedorthists Professional Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. Rates and premium are based on each store.

2. Rates

Rates for Basic Limits: $100,000 Each Occurrence Limit
$300,000 Professional Liability Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
Retail Shoe Store - no prescription work	80983	$41.00
Retail Shoe Store - with prescription work	81983	57.00

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish printing services.

B. Forms

PA 117 - Printers Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

3. Additional Charge - Partnership, association or corporation - (Subline 240) (Class Code 30017)

   If the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of 20% of the professional premium for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for above codes.

   For example: Named insured of Joe Smith and Smith Professional, Inc.

   Charge full rate for codes listed in **2.** above for individual entity, Joe Smith in addition to the charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

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F. The following classifications are ineligible:

1. Nurse Practitioners;
2. Nurse Anesthetists;
3. Nurse Midwives; and
4. Legal Nurse Consultants.

31. MINISTER'S PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an ordained minister or certified counselor.

B. Forms

PA 116 - Minister's Professional Liability Coverage Form

PA 516 - Minister's Professional Liability Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each ordained minister and / or certified counselor.

30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

D. Rates / Premium Determination

1. Premium Basis. Rate and premium are based on each individual professional.
2. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

The following professions, when written monoline, shall be on a 3 year prepaid term.

Classification	Subline / Code	Annual	3 year prepaid
Hygienist / Dental Assistant	240/81910	$ 64.00	$160.00
Nurse - LPN	240/80963	$ 56.00	$140.00
Nurse - RN	240/80964	$ 56.00	$140.00
Nurse - Obstetrics (labor & delivery)	240/30014	$299.00	$747.00
Nurse - Student	398/28000	$ 18.00	$ 45.00
Dietician	240/30015	$ 56.00	$140.00
Optician *	240/80937	$ 60.00	$150.00
Pharmacist *	240/59112	$ 65.00	$163.00
Hearing Aid Service Fitter *	220/59981	$ 24.00	$ 60.00
Medical Lab Technician (this classification is used when providing individual liability only)	240/80711	$ 22.00	$ 55.00
X-ray Technician (this classification is used when providing individual liability only)	240/80713	$ 44.00	$110.00
X-ray Technician with X-ray therapy	240/80714	$ 35.00	$ 88.00
Medical Technologist / Occupational Therapist / Respiratory Therapist	240/30016	$ 56.00	$140.00

* Professional coverage is provided through the Commercial General Liability Coverage Part when form **CG 2265** or **CG 2269** is used with the appropriate General Liability code (Optical Goods Stores 15839, Drugstores 12375 or Hearing Aid Stores 13759). If using the above General Liability codes, do not charge separately for professional liability coverage.

29. LAWYER'S PROFESSIONAL LIABILITY (Subline Code 317) (Cont'd) ⌑

Classification	Code	Rate
All Lawyers	81400	$2,448.00
Law Clerks, Abstracters, Investigators and Paralegals	81420	$ 979.00

3. Minimum annual premium is $250 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.

E. Deductible

Minimum deductible is $2,500

For the following optional deductibles, multiply the basic rate shown in **D.** by the deductible rate factor:

Deductible Amount	Deductible Rate Factor
$ 5,000	.95
10,000	.90
15,000	.85
20,000	.80
25,000	.75

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30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional health care services.

B. Forms

PA 101 - Nurse's Professional Liability Coverage Form (used to provide coverage on a monoline basis)

PA 102 - Nurse's Professional Liability Policy (Declarations Page)

PA 122 - Nurse's Professional Liability Coverage Form (used to provide coverage when attached to a policy with other property and casualty coverages)

PA 522 - Nurse's Professional Liability Coverage Part Declarations

PA 106 - Professional Liability Coverage Form (used to provide coverage for all professions other than nurses)

PA 506 - Professional Liability Coverage Declarations

C. Applications

PP-001 - Nurse's Professional Liability Application for nurses

CA-1038 - Professional Liability Application (Miscellaneous Professional) for all other professions

28. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd) ⌑

3. Schedule Rating Plan

The premium determined after applying the Experience Rating Plan may, if applicable, be modified to reflect individual characteristics of the risk. For factors peculiar to the risk under consideration, which shall include but not be limited to internal controls, management or degree of agency automation, schedule rating credits or debits may be applied up to 40%. If credits or debits from more than one risk characteristic apply, the credits and debits shall be added together, not multiplied.

4. Expense Considerations

The experience and schedule rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit shall be increased, or if a debit shall be decreased, by the amount of the reduction in expenses.

29. LAWYER'S PROFESSIONAL LIABILITY (Subline Code 317) ⌑

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional legal services.

B. Forms

PA 105 - Lawyer's Professional Liability Coverage Form

PA 505 - Lawyer's Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rate / Premium Determination

1. Premium Basis

Rates and premium are based on each lawyer, law clerk, investigator, abstracter and paralegal.

2. Rates

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

28. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd) ¤

E. Deductible

Minimum deductible is $5,000 per claim

For the following optional deductibles, multiply the basic rates shown in **D.** by the deductible rate factor:

Deductible Amount	Deductible Rate Factor
$ 7,500	.90
10,000	.85
15,000	.80
20,000	.75
25,000	.70

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F. Notary Public Errors and Omissions. Coverage may be extended to afford protection for loss arising out of errors and omissions of a duly licensed Notary Public. The premium charge is $30.00 per person at basic limits. (Class code 25065)

G. Coverage for Sale of Securities, Mutual Funds and Financial Planning Services. Coverage may be extended for loss arising out of errors and omissions for sale of Securities, Mutual Funds or Financial Planning Services. Attach form **PA 423.** The premium charge is $65.00 per licensed representative at basic limits. (Class code 23125)

H. Rate Modification Plan

1. General Rules

a. All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.

b. The credits or debits provided by these plans shall be taken one after the other and not added together.

2. Experience Rating Plan

The experience period is the three years immediately preceding the effective date of the current policy period.

a. Experience Credits:

No chargeable losses in the previous 3 years	5% credit
No chargeable losses in the previous 5 years	10% credit

b. Experience Debits:

One chargeable loss within the previous 3 years	20% debit
Two chargeable losses within the previous 3 years	25% debit

A chargeable loss is defined as a paid loss (expenses are not included as a paid loss) or a reserve for a claim which the underwriter deems there was probable negligence involved and a loss payment is likely.

Any insured who qualifies for an experience debit may also be declined or non-renewed.

28. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398) ♊

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an insurance agent.

B. Forms

PA 115 - Insurance Agents Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

C. Application

MP-1010 - Insurance Agents' and Brokers' Errors and Omissions Policy Application

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on the total annual premium volume for all lines of insurance, except Life, Accident and Health, which is based on Commission Income.

2. Rates - Class Code 25060

   Rates for Basis Limits: $100,000 Each Claim Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

Annual Premium Volume / Commission Income	**Rate Per $1.000**
$0 - $ 750,000	$2.200
751,000 - 1,500,000	2.000
1,501,000 - 2,500,000	1.875
Over 2,500,000	1.750

3. Adjustment Factors

   The following adjustment factors may be multiplied by the basic rates:

   a. Personal Lines premium volume represents 50% - 60% of the total premium volume: .95

   b. Personal Lines premium volume represents over 60% of the total premium volume: .90

4. Additional Charge of $50.00 at basic limits for each licensed CSR, solicitor or broker.

5. Minimum annual premium is $500 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.

26. EMERGENCY MEDICAL TECHNICIAN PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

Classification	Code	Rate
EMT	30010	$49.00
EMT-D	30011	49.00
EMT - Advanced	30012	57.00
EMT - Paramedic	30013	65.00

27. FUNERAL SERVICE PROVIDER PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render services as a mortician, funeral director or embalmer. The coverage provided is as follows:

1. Mental anguish as a result of a professional incident (limit provided is same as General Liability Each Occurrence Limit);
2. Property damage to deceased human bodies, personal effects thereof, or any casket while in the care, custody or control of the insured.

B. Forms

PA 121 - Funeral Service Provider Professional Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. Rates and premium are based on number of funerals handled annually.
2. Rates - Class Code 72610

Rates for Basic Limits: $100,000 Each Occurrence Limit
$300,000 Products-Completed Operations and Professional Liability Aggregate Limit

For increased limits, refer to Rule **52.**

Number of Funerals	Rate
1 - 50	$66.00
51 - 100	73.00
101 - 200	84.00
over 200	92.00

The rates above include coverage for General Liability. Do not make a separate premium charge for the General Liability Coverage Part.

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26. EMERGENCY MEDICAL TECHNICIAN PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render professional services as a certified or registered emergency medical technician.

B. Forms

PA 113 - Emergency Medical Technician Professional Liability Coverage Form

PA 513 - Emergency Medical Technician Professional Liability Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. The rates and premium are based on each EMT.
2. Classifications
   - **a.** EMT means any person who has successfully completed a basic Emergency Medical Technician course as approved by the United States Department of Transportation and / or the Interagency Committee on Emergency Services of the Federal Government.
   - **b.** EMT-D means any person who has successfully completed a basic Emergency Medical Technician course as described in **a.** above and has also obtained the additional certification for use of a defibrillator.
   - **c.** EMT - Advanced means any person who has successfully completed an Emergency Medical Technician course in addition to courses in advanced life support which are equivalent to the modules contained in the National EMT Paramedic Course as approved by the Interagency Committee on Emergency Medical Services.
   - **d.** EMT - Paramedic means any person who has successfully completed an Emergency Medical Technician course in addition to completing an advanced life support course equivalent to the 15 modules of the National EMT Paramedic Course.
3. Rates

   Rates for Basic Limits: $100,000 Each Claim Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

24. CEMETERY PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

2. Rates - Class Code 25080

Rates for Basic Limits: *$100,000 Each Occurrence Limit (Limit must be same as General Liability Each Occurrence)

*$300,000 Aggregate Limit (Limit must be same as General Liability Products / Completed Operations Aggregate)

$50,000 Each Occurrence Damage to Property of Others

$50,000 Each Occurrence Burial Lot Liability

*For increased limits, refer to Rule **52.**

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Classification	Rate
Already Buried	.005 per grave first 5,000 graves .002 per grave over 5,000 graves
To Be Buried	.499 per burial first 100 in current year .399 per burial over 100 in current year

25. COUNTY RECORDER AND / OR COUNTY CLERK'S ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a county recorder and / or county clerk.

B. Forms

PA 111 - County Recorder and / or County Clerk's Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. Rates and premium are based on each county recorder and / or county clerk.

2. Rates

Rates for Basis Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
County Recorder and / or County Clerk	25000	$147.00 plus $10.00 for each person on the staff

23. COSMETOLOGY OR BARBERING SCHOOL PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

2. Rates

Rates for Basic Limits: $100,000 Each Professional Incident Limit
$300,000 Professional Liability Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Instructor	Code	Student
Barber College (only)	29859	$20.00	29857	$10.00
Cosmetology School	29856	$20.00	29858	$10.00

E. Optional Coverage - Electrolysis Coverage

Electrolysis Coverage endorsement provides coverage for electrolysis at a basic limits rate of $20.00 for each instructor and student providing this service. Attach form **PA 207.** (Class code 22998)

24. CEMETERY PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide:

1. Mental anguish (limit provided is same as General Liability Each Occurrence Limit);

2. Property damage liability for property of others in the care, custody or control of the insured (limit provided is $50,000); and

3. Burial lot liability (limit provided is $50,000).

B. Forms

PA 109 - Cemetery Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.

C. Application

ACORD Commercial General Liability Section. Include number of graves (already buried and to be buried).

D. Rates / Premium Determination

1. Premium Basis. The basis used is per burial plot.

22. COSMETOLOGISTS AND BARBERS PROFESSIONAL LIABILITY (Subline Code 317) (Cont'd)

2. Rates

Rates for Basic Limits: $100,000 Each Professional Incident Limit
$300,000 Professional Liability Aggregate Limit

For increased limits, refer to Rule **52.**

	Code	Cosmetologist	Code	Barber
Each Full-Time Person	72310	$20.00	72410	$10.00
Each Part-Time Person	22310	$12.00	22410	$ 6.00

A full-time cosmetologist or barber is a person who regularly works more than 20 hours in any one week.

A part-time cosmetologist or barber is a person who regularly works 20 hours or less in any one week.

E. Optional Coverage

Electrolysis Coverage endorsement provides coverage for electrolysis at a basic limits rate of $20.00 for each cosmetologist (full or part-time) providing this service. Attach form **PA 207.** (Class code 22998)

23. COSMETOLOGY OR BARBERING SCHOOL PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services from the operation of a school of cosmetology and / or barbering.

B. Forms

PA 132 - Cosmetology or Barbering School Professional Liability Coverage Form

PA 529 - Cosmetology or Barbering School Professional Liability Coverage Form Declarations

C. Application

PA-010 - Cosmetology or Barbering School Professional Liability Supplemental Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each person actually engaged in instruction and the average daily attendance of students at all locations covered and shall include all individuals, officers, partners, directors, and other employees.

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21. CONDOMINIUM OR HOMEOWNERS ASSOCIATIONS WRONGFUL ACTS (Subline Code 398) (Cont'd) ⌑

2. Rates

Number of units	Limits of Insurance Each Claim Limit / Aggregate Limit 100/300	200/600	500/500	1M/1M
	Rate			
1 - 4	$ 115	$ 131	$ 148	$ 170
5 - 10	165	189	212	244
11 - 30	206	235	264	304
31 - 50	235	268	302	346
51 - 100	349	400	449	516
101 - 200	604	690	776	892
201 - 400	907	1,036	1,165	1,339
401 - 500	1,134	1,295	1,456	1,673
501 - 750+	1,245	2,303	2,590	2,975

For increased limits:

a. Determine appropriate 1M/1M premium;

b. Obtain the increased limits factor for the limit desired:

2M/2M	1.20
3M/3M	1.40
4M/4M	1.60
5M/5M	1.75

c. Multiply the 1M/1M premium by the increased limits factor and round to the nearest whole dollar to arrive at the premium for the higher limit.

22. COSMETOLOGISTS AND BARBERS PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form provided protection against liability claims arising from the furnishing or failure to furnish professional services as a licensed cosmetologist or barber.

B. Forms

PA 108 - Cosmetologists and Barbers Professional Liability Coverage Form

PA 508 - Cosmetologists and Barbers Professional Liability Coverage Form Declarations

C. Application

PA-003 - Cosmetologists and Barbers Professional Liability Supplemental Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each cosmetologist.

20. ANIMAL GROOMING PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

3. Additional charge - Partnership, association or corporation - Code 20041

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation, make an additional charge of 20% of the animal groomer professional premium for the exposure of the partnership, association or corporation entity. This charge is in addition to the charge made for codes 20040.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for code in **2.** above for individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Deductible

The rates contemplate no deductible. For the following optional deductible, multiply the basic rate shown in **D.** by deductible rate factor:

Deductible Amount	Deductible Rate Factor
$25	.95

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21. CONDOMINIUM OR HOMEOWNERS ASSOCIATIONS WRONGFUL ACTS (Subline Code 398) ¤

A. Description of Coverage

This coverage form provides protection against claims arising out of wrongful acts committed by the insured in the conduct of their management responsibilities for condominium or homeowners associations. Coverage is extended to wrongful act(s) committed prior to the effective date of coverage where the insured had no knowledge of a claim or suit as of the effective date of coverage and where no other applicable insurance exists.

B. Forms

PA 110 - Condominium or Homeowners Associations Wrongful Acts Coverage Form

PA 510 - Condominium or Homeowners Associations Wrongful Acts Coverage Part Declarations

C. Application

MP-1056 - Condominium or Homeowners Associations Wrongful Acts Coverage Questionnaire

D. Rate / Premium Determination

1. Premium Basis

Rates and premium are based on total number of units in each condominium association (class code 20150) or homeowner association (class code 20155).

11. VETERINARIAN PROFESSIONAL LIABILITY (Subline Code 317) (Cont'd)

b. Partnership, association or corporation - Code 07222

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation, make an additional charge of $46.00 for the exposure of the partnership, association or corporation entity. This charge is in addition to the charge made for codes 07225/07226/07221.

Example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in **2.** above for individual entity, Joe Smith in addition to the charge for exposure of corporate entity, Smith Professional, Inc.

E. Deductible

The rates contemplate no deductible. For the following optional deductible, multiply the basic rates shown in **D.** by deductible rate factor:

Deductible Amount	Deductible Rate Factor
$25	.95

12. - 19. RESERVED FOR FUTURE USE

20. ANIMAL GROOMING PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an animal groomer.

B. Forms

PA 107 - Animal Services Professional Liability Coverage Form

PA 507 - Animal Services Professional Liability Coverage Form Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each animal groomer.

2. Rates

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
Each Animal Groomer	20040	$45.00

10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd) ⌑

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

11. VETERINARIAN PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a veterinarian.

B. Forms

PA 107 - Animal Services Professional Liability Coverage Form

PA 507 - Animal Services Professional Liability Coverage Form Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

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1. Premium Basis

   Rates and premium are based on each veterinarian.

2. Rates

   Rates for Basic Limits: $100,000 Each Claim Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

Classification	Code	Rate
Veterinarian (household pets only)	07225	$229.00
Veterinarian (all other including household pets)	07226	$229.00

3. Additional Charges

   a. Vicarious Liability / Veterinarian — 07221 — $ 58.00

   This charge applies to those veterinarians not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 07225 or 07226 and obtain application **CA-1038** for that individual.

10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd) ⌑

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rate / Premium Determination

1. Premium Basis

Rates and premium are based on each physiotherapist

2. Rates

Rates for Basis Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
Each Physiotherapist NOC	80995	$380.00
Each Employed Physiotherapist (named) including those who perform pathological or X-ray duties	80945	$274.00
Each Physiotherapist in Active United States Military Service	80911	$ 57.00
Each Physiotherapist employed full time by the Federal Government	80912	$ 88.00

3. Additional Charges

a. Vicarious Liability / Physiotherapist — 80938 — $ 65.00

This charge applies to those physiotherapists not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80995, 80945, 80911 or 80912 and obtain application **CA-1038** for that individual.

b. Partnership, association or corporation - Code 80955

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of $218.00 for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 80995/80945/80911/80912/80938.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in **2.** above for individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

9. OPTOMETRIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

Classification	Code	Rate
Optometrist NOC	80994	$101.00
Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic)	80946	$123.00
Optometrist with Therapeutic Pharmaceutical Agents Certificate	80947	$246.00
Optician - Refer to Rule **30.**		

3. Additional Charges

a. Vicarious Liability / Optometrist — 80944 — $ 39.00

This charge applies to those optometrists not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80994, 80946 or 80947 and obtain application **CA-1038** for that individual.

b. Partnership, association or corporation charge - Code 80956

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge for the exposure of the partnership, association or corporate entity as follows:

Optometrist NOC	$10.00
Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic)	$12.00
Optometrist with Therapeutic Pharmaceutical Agents Certificate	$25.00

This charge is in addition to the charge made for codes 80994/80946/80947/80944.

For example: Named insured of Joe Smith and Smith Professional, Inc

Charge full rate for codes in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

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E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (Subline Code 240) ☐

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a physiotherapist (physical therapist).

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Form Declarations

8. MEDICAL OR X-RAY LABORATORY PROFESSIONAL LIABILITY (Subline Code 220) (Cont'd)

2. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
Medical or X-ray Laboratories	80715	$4.00 per $1,000 of receipts

E. This coverage is available to all medical or X-ray laboratories operated by:

1. Corporate interests; or

2. Persons who are not physicians.

This coverage is **not** available to the following types of laboratories:

1. Those operated at or away from hospitals by physician pathologists or physician radiologists;

2. Those operated by physicians or surgeons in connection with the treatment of their own patients; or

3. Those operated by osteopaths.

Classify and rate the above risks from Rule **2.** Physicians and Surgeons Professional Liability.

9. OPTOMETRIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an optometrist.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Form Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each optometrist.

2. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

7. CHIROPRACTOR PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd) ⌑

Classification	Code	Rate
Chiropractor	80410	$872.00

3. Additional Charges

a. Vicarious Liability / Chiropractor — 80411 — $218.00

This charge applies to those chiropractors not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80410 and obtain an application for that individual.

b. Partnership, association or corporation charge - Code 80412

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of $174.00 for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 80410/80411.

For example: Named Insured of Joe Smith and Smith Professional, Inc.

Charge full rate for code in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

8. MEDICAL OR X-RAY LABORATORY PROFESSIONAL LIABILITY (Subline Code 220)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional health care services as a medical or X-ray laboratory.

B. Forms

PA 114 - Hospital Professional Liability Coverage Form

PA 514 - Hospital Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis. The basis used is per $1,000 of receipts.

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6. CHIROPODIST / PODIATRIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd) ⌑

b. Partnership, association or corporation charge - Code 80950

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of $610.00 for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 80933/80935/80936/80943.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

F. Refer to Home Office:

D.P.M.'s that:

1. Perform surgery (removal of warts, corns, ingrown toenails and bunions are not considered surgery);

2. Use general anesthesia; or

3. Perform treatment for anything other than minor foot ailments.

7. CHIROPRACTOR PROFESSIONAL LIABILITY (Subline Code 240) ⌑

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a chiropractor.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each chiropractor.

2. Rates

Rates for Basis Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

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6. CHIROPODIST / PODIATRIST PROFESSIONAL LIABILITY (Subline Code 240) ¤

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a chiropodist or podiatrist.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

C. Application

LC-1070 - Professional Liability Application (Podiatrists)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each chiropodist and podiatrist.

2. Rates

Rates for Basis Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
Chiropodist / Podiatrist - NOC	80993	$3,052.00
Chiropodist / Podiatrist in Active United States Military Service	80935	$ 144.00
Chiropodist / Podiatrist employed full time by the Federal Government	80936	$ 217.00

3. Additional Charges

a. Vicarious Liability / Chiropodist / Podiatrist — 80943 — $ 763.00

This charge applies to those chiropodists / podiatrists not insured under the named insured's policy (that is, having their professional liability coverage with another carrier or under a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80993, 80935 or 80936 and obtain application **LC-1070** for that individual.

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

b. Experience Debits:

The dentist must be insured with The Cincinnati Insurance Companies at the time of the loss and the loss must be during the experience period:

1 chargeable loss	15% **debit**
2 chargeable losses	50% **debit**
3 chargeable losses	100% **debit**

A chargeable loss is defined as a paid loss (expenses are not included as a paid loss) or a reserve for a claim which the underwriter deems there was probable negligence involved and a loss payment is likely.

Any insured who qualifies for an experience debit may also be declined or non-renewed.

7. Expense Considerations

The experience and schedule rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit, shall be increased, or if a debit, shall be decreased by the amount of the reduction in expenses.

5. BLOOD BANK PROFESSIONAL LIABILITY (Subline Code 220) ⌑

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a blood bank.

B. Forms

PA 114 - Hospital Professional Liability Coverage Form

PA 514 - Hospital Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

Rated and premium are each donation.

2. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	**Code**	**Rate**
Blood Bank (Each Donation)	80992	$ .30

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Locum Tenens (Temporary Substitute) Coverage. Coverage is extended to a named individual who is temporarily substituting for an insured. The Limits of Insurance do not apply separately to the Locum Tenens, but are shared with the insured. Attach form **PA 204.** No premium charge. Application **PA-007** is required.

I. Rate Modification Plan

1. General Rules

a. The use of the following Recent Graduate Rating Plan, Experience Rating Plan, and Schedule Rating Plan are mandatory.

b. All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.

c. All credits and debits apply to each dentist individually.

d. The credits and debits provided by these plans shall be taken one after the other and not added together.

2 Recent Graduate Rating Plan:

	Credit
First year dentist	60% **credit**
Second year dentist	40% **credit**
Third year dentist	20% **credit**

The first year begins on the date the dentist receives the first state or regional board certification.

3. Part-time Rating Plan:

To qualify for a part-time credit of 50%, the dentist must work no more than 20 hours per week.

4. Leave of Absence Rating Plan:

Apply 75% credit to that portion of the premium that is charged for the period of the leave of absence. To qualify for this credit, the dentist must be disabled or on a leave of absence for a period of not less the 45 days but not more than 180 days.

5. Schedule Rating Plan:

a. Member of a local, state, or national dental association	5% **credit**
b. Member of the Chicago Dental Society	5% **credit**

6. Experience Rating Plan:

The experience period is the three years immediately preceding the effective date of the current policy period.

a. Experience Credit:

The dentist must be insured with The Cincinnati Insurance Companies entirely during the experience period:

0 chargeable losses	25% **credit**

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Rates

Rates for Basic Limits: $100,000 Each Dental Incident Limit - Coverage A.
$ 5,000 Any One Person - Coverage B. First Aid Payments
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate	
		Territory 001 Cook County	**Territory 002 Remainder of State**
Class 1	80226	$ 1,021	$ 729
Class 2	80227	1,208	862
Class 2A	80229	2,340	1,671
Class 3	80210	5,147	5,147

E. Dental Board Examination Coverage (Binder) (Class Code 80226)

Dentist Professional Liability Coverage may be issued for a dentist while taking their state dental board examination.

1. Binder can be issued for a maximum 5 day term;

2. Limits are $1,000,000 Each Dental Incident / $3,000,000 Aggregate;

3. Premium is $25 flat charge and except for expense modification, is not subject to any further modification or rate plan;

4. Dentist's Professional Liability Occurrence Coverage Form **PA 128** and Dentist's Professional Liability Coverage Part Declarations **PA 526** must be shown on the binder; and

5. Completed binder should be sent to Home Office Underwriter or Field Marketing Representative.

F. For Prior Acts Coverage, refer to Rule **50.**

G. Independent contractor hygienists and assistants are included as an insured. A separate charge is not necessary.

H. Optional Coverages

1. Medical Waste Defense Expenses Reimbursement Coverage. Coverage provides $50,000 of "defense expenses" for a "civil suit" alleging violation of a law or regulation governing the disposal of medical wastes. Attach form **PA 206.** No premium charge.

2. Department of Professional Regulation (DPR) Supplementary Payments Coverage. Coverage provides $25,000/$75,000 annual aggregate for an insured who becomes the subject of a Department of Professional Regulation (DPR), or a similar state regulatory board, investigation. Attach form **PA 205.** No premium charge.

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

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D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each dentist.

2. Classifications

Refer the following classification to the Home Office for approval:

Class 3 Dentist

Procedure and / or Specialty	Class	Anesthesia
General Dentistry Endodontics Pedodontics Prosthodontics Orthodontics Periodontics / Non-Osseous Surgery, Non-Advanced or Non-Refractory Progressive Periodontitis Implant Prostheses / Non-Surgical Removal of Impacted Wisdom Teeth, Soft Tissue Only	1	In the Office: Local N_2O Oral Conscious IV Administered by other than an insured or insured's employee: General Deep Intramuscular (IM)
Periodontics / Osseous Surgery, Advanced or Refractory Progressive Periodontitis Removal of Impacted Wisdom Teeth, other than Soft Tissue	2	Conscious IM in the office
Implants / Surgical	2A	
Oral Surgeon Maxillofacial Surgery	3	General anesthesia and / or deep sedation given in a dosage designed to render the patient unconscious and done in the office; or in a hospital if administered by an insured or insured's employee.
Any Procedure or Anesthesia in a higher class would make the higher class applicable.		

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

C. Definitions

1. D.O. means Doctor of Osteopathy.
2. For-Profit Hospital, Institution or Clinic means one which is neither a Governmental Hospital, Institution or Clinic, nor a Not-For-Profit Hospital, Institution or Clinic as defined in this rule.
3. Major Surgery means:
   a. Performing major surgery; or
   b. Assisting in major surgery on patients other than the insured's.

   Tonsillectomies, adenoidectomies and cesarean sections are major surgery.
4. M.D. means Medical Doctor.
5. Minor Surgery means:
   a. Performing minor surgery (including obstetrical procedures which are not major surgery); or
   b. Assisting in major surgery on the insured's patients.
6. No Surgery means neither performing surgery or obstetrical procedures not assisting in surgery. Incising of boils and superficial fascia, suturing of minor lacerations and removal of superficial skin lesions by other than surgical incision are not surgery.
7. Not-For-Profit Hospital, Institution or Clinic means one which is not operated by a governmental unit and the net earnings of which do not inure to the benefit of any private individual.
8. Teaching Physician or Surgeon means one who teaches on a full- time basis and has no private practice.

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional dental services.

B. Forms

PA 128 - Dentist's Professional Liability Occurrence Coverage Form

PA 526 - Dentist's Professional Liability Coverage Part Declarations (Occurrence)

C. Application

PA-007 - Dentist's Professional Liability Application for new business

PA-435 - Dentist's Professional Renewal Questionnaire for renewal business

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Lasers

An operating assembly used to emit a powerful, highly directional and coherent (nonspreading), monochromatic beam of light which has been used as a surgical tool and in research.

Lymphangiography

Radiological visualization of lymphatic vessels (absorbitant vessels which drain tissue fluid from various body tissues and return it to the blood) following injection of contrast medium.

Major Surgery

Includes operations in or upon any body cavity, including but not limited to the cranium, thorax, abdomen or pelvis; any other operation which, because of the condition of the patient or the length or circumstances of the operation presents a distinct hazard to life. It also includes: removal of tumors, bone fractures, amputations, the removal of any gland or organ and plastic surgery.

Minor Surgery

A surgical procedure of slight extent and not hazardous to life.

Myelography

Radiological visualization of the spinal cord after injection of a contrast medium.

Needle Biopsy

A biopsy in which the tissue or fluid gathering procedure is accomplished through the use of a syringe.

Phlebography

Radiological visualization of veins following injection of a contrast medium.

Pneumoencephalography

X-ray studies of the head following injection of air or gas into the spinal canal following removal of some spinal fluid.

Radiation Therapy

The treatment of disease with any type of radiation, most commonly with ionizing radiation, including the use of roentgen rays, radium or other radioactive substances.

Radiopaque

Not permitting the passage of radiant energy such as X-rays. Radiopaque substances, frequently called "contrast media" are introduced to parts of a patient's body to be studied by X-ray. X-rays will not penetrate the radiopaque substance which causes the part to be studied to show white on an exposed X-ray film.

Shock Therapy

The treatment of certain psychotic disorders by the injection of drugs, or by electrical shocks, both methods inducing coma, with or without convulsions.

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3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Surgery, Cardiovascular

Surgery pertaining to the heart and blood vessels.

Surgery, Neurological

Surgery pertaining to the nervous system.

Surgery, Orthopedic

The branch of surgery concerned with the preservation and restoration of the function of the skeletal system.

Surgery, Plastic

Surgery concerned with the restoration or reconstruction of body structures that are defective or damaged by injury or disease.

Surgery, Thoracic

Surgery pertaining to the chest.

Surgery, Traumatic

Surgery pertaining to trauma - a wound or injury.

Surgery, Urological

Surgery pertaining to the urinary tract of both male and female, and with the genital organs of the male.

Surgery, Vascular

Surgery of the blood vessels within the limbs of the body, or the trunk, neck, abdomen or head.

B. Medical and Surgical Procedures

Acupuncture

Puncture of the skin with long, fine needles for relief of pain.

Angiography

The injection of radiopaque dye into a blood vessel (artery or vein), with or without catheterization, for the purpose of radiologic study of the vessel or its branches.

Arteriography

X-ray studies or arterial circulation following injection of radiopaque material into the blood stream.

Catheterization, Cardiac

Passage of a small catheter (tubular instrument) into a vein in the arm and through the blood vessels into the heart, permitting the securing of blood samples, determination of intracardiac pressure, and detection of cardiac anomalies (irregularities).

Catheterization

The employment or passage of a catheter.

Cryosurgery

Surgery in which extreme cold chilling (as by use of liquid nitrogen or carbon dioxide) produces the desired dissection.

Discograms

A radiological film of an intervertebral disk.

Endoscopy

The inspection of cavities of the body by use of the endoscope.

Laparoscopy (Peritoneoscopy)

A method of examining the peritoneal cavity by means of a peritoneoscope.

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Otorhinolaryngology

The branch of medicine that treats the ear, nose and throat.

Pathology

The branch of medicine that deals with the origin, nature, causes and development of diseases.

Pediatrics

The branch of medicine that deals with the diseases and hygienic care of children.

Pharmacology, Clinical

The branch of medicine concerned with the nature, preparation, administration and effects of drugs.

Physiatry

The practice of Physical Medicine.

Physical Medicine

A consultative diagnostic, and therapeutic medical specialty coordinating and integrating the use of physical therapy (use of light, heat, cold, water, electricity, and exercises) occupational therapy and physical reconditioning in the Professional Management of the diseased and injured.

Psychiatry

The branch of medicine that deals with the diagnosis, treatment and prevention of mental disorders.

Psychoanalysis

A system used in the investigation of the human mind and the treatment of mental disorders.

Psychosomatic Medicine

The branch of medicine that investigates the reciprocal influences of body and mind in the cause, prevention, treatment and cure of disease.

Public Health

The branch of medicine that deals with the protection and improvement of community health by organized community effort and including Preventive Medicine and Sanitary and Social Science.

Pulmonary Diseases

Any diseases that are affecting the lungs.

Radiology

The branch of medicine that relates to radiant energy and its application especially in the diagnosis and treatment of disease.

Rheumatology

The branch of medicine that treats rheumatism, a disease marked by inflammation of the connective tissue structures of the body, especially the muscles and joints.

Rhinology

The branch of medicine that relates to the nose and its diseases.

Roentgenology

(See Radiology)

Sclerosant

A medicinal substance which induces inflammation in a tissue and subsequent hardening or shrinkage. It is often used, by injection, in the treatment of varicose veins.

Sclerotherapy

The use of a chemical irritant (a sclerosant) to produce a hardening of a structure, as by injecting it into a varicose vein. See under sclerosant.

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Geriatrics

The branch of medicine that deals with the structural changes, physiology, diseases and hygiene of old age.

Gynecology

The branch of medicine that deals with the functions and diseases peculiar to women.

Hematology

The branch of medicine that deals with the blood and its diseases.

Hypnosis

A trance-like condition that can be artificially induced, characterized by an altered consciousness, diminished will power, and an increased responsiveness to suggestion.

Infectious Diseases

Any diseases that are due to the growth and action of microorganisms or parasites in the body, and that may or may not be contagious.

Internal Medicine

The branch of medicine that is concerned with diseases of the internal organs.

Laryngology

The branch of medicine that deals with the larynx (throat part, vocal cords), its functions and its pathology.

Legal Medicine

The application of medical principals in law (also called Forensic Medicine).

Manipulation

Skillful handling in the adjustment of an abnormality or the bringing about of a desirable condition, as the changing of the position of the fetus, the alignment of the fragments of a broken bone, the replacement of a protruding organ (in hernia), etc.

Neoplastic Diseases

Any diseases that are concerned with any new and abnormal growth, such as a tumor.

Nephrology

The branch of medicine that deals with the kidney and its diseases.

Neurology

The branch of medicine that deals with the nervous system and its disorders.

Nuclear Medicine

The branch of medicine that deals with diagnostic, therapeutic and investigative use of radioactive materials.

Nutrition

The branch of medicine that deals with the act or process of nourishing or taking nourishment, especially the processes by which food is assimilated.

Obstetrics

The branch of medicine that deals with pregnancy and childbirth.

Occupational Medicine

The branch of medicine that deals with treatment of work related illnesses and injuries.

Ophthalmology

The branch of medicine that deals with the structure, functions and diseases of the eye.

Otology

The branch of medicine that deals with the ear.

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DEPARTMENT OF INSURANCE
STATE OF ILLINOIS
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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd) ¤

E. Resident - Intern - Fellow Coverage

This coverage is provided for physicians in training. Use endorsement **PA 404.** The rate is that available to a Physician / Surgeon.

F. Professional Associations or Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS ¤

A. Medical and Surgical Specialties

Aerospace Medicine

The branch of medicine which deals with physiological, medical, psychological and epidemiological (that is, disease-related) problems in present day air and space travel.

Allergy

A condition in which an individual is sensitive to a substance (or temperature) that does not affect most other people - such as pollen, dust or food.

Anesthesiology

The branch of medicine specializing in anesthesia - the abolition of sensation or the rendering unconscious by artificial means.

Broncho-Esphagology

The branch of medicine which deals with the bronchial tree (body tubes which carry air) and the esophagus (muscular tubular organ which carries food from mouth to stomach).

Cardiovascular Disease

Any diseases that are pertaining to the heart and blood vessels.

Dermatology

The branch of medicine that deals with diagnosis and treatment of diseases of the skin.

Diabetes

The branch of medicine that deals with a disease associated with deficient insulin secretion.

Endocrinology

The branch of medicine that deals with the endocrine (ductless) glands (for example, thyroid) and the various internal secretions.

Forensic Medicine

(See Legal Medicine.)

Gastroenterology

The branch of medicine that deal with the anatomy, physiology and pathology of the stomach and intestines.

General Preventive Medicine

The branch of medicine which aims at the prevention of disease.

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd) ¤

Classification		Rates	Classification		Rates
M.D.	D.O.		M.D.	D.O.	
80238	84238	$3,268.00	80280	84280	$ 6,538.00
80240	84240	3,268.00	80281	84281	6,538.00
80241	84241	3,268.00	80282	84282	6,538.00
80243	84243	3,268.00	80283	84283	6,538.00
80244	84244	3,268.00	80284	84284	7,410.00
80245	84245	3,268.00	80285	-	6,538.00
80246	-	3,268.00	80286	-	6,538.00
80247	-	3,268.00	80287	-	6,538.00
80248	-	3,268.00	80288	84288	6,538.00
80249	84249	3,268.00	80289	84289	4,358.00
80250	-	3,268.00	80290	-	6,538.00
80251	84251	3,268.00	80291	84291	6,538.00
80252	84252	3,268.00	80292	84292	4,358.00
80253	84253	3,268.00	80293	84293	6,538.00
80254	84254	3,268.00	80294	-	6,538.00
80255	84255	3,268.00	80321	-	2,451.00
80256	84256	3,268.00	80322	-	4,904.00
80257	84257	5,448.00	80323	-	8,172.00
80258	-	3,268.00	80324	-	8,172.00
80259	-	3,268.00	80325	-	13,075.00
80260	-	3,268.00	80326	-	14,710.00
80261	84261	6,538.00	80327	-	19,613.00
80262	84262	3,268.00	80420	84420	4,358.00
80263	84263	2,615.00	80421	84421	6,538.00
80264	-	3,268.00	80422	84422	10,896.00
80265	84265	3,268.00	80425	84425	10,896.00
80266	84266	3,052.00	80428	84228	10,896.00
80267	84267	5,448.00	80431	84431	10,896.00
80268	84268	3,268.00	80434	84434	10,896.00
80269	84269	3,268.00	80437	84437	10,896.00
80270	-	6,538.00	80440	84440	6,538.00
80271	-	6,538.00	80443	84443	6,538.00
80272	84272	6,538.00	80446	84446	6,538.00
80274	84274	6,538.00	80449	84449	6,538.00
80276	84276	6,538.00	80452	84452	1,308.00
80277	84277	6,538.00	-	84801	3,268.00
80278	84278	6,538.00	-	84802	6,538.00
80279	-	6,538.00			

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd) ¤

Classification		Rates	Classification		Rates
M.D.	D.O.		M.D.	D.O.	
80101	-	$10,896.00	80156	84156	$21,791.00
80102	84102	17,291.00	80157	84157	13,075.00
80103	-	10,896.00	80158	-	10,896.00
80104	-	10,896.00	80159	-	10,896.00
80105	-	10,896.00	80160	-	10,896.00
80106	-	10,896.00	80161	84161	817.00
80107	-	10,896.00	80162	84162	1,090.00
80108	-	10,896.00	80163	84163	817.00
80114	-	6,538.00	80165	84165	3,268.00
80115	-	10,896.00	80166	-	17,433.00
80116	84116	2,180.00	80167	84167	19,613.00
80117	-	10,896.00	80168	-	26,150.00
80129	84129	409.00	80169	-	19,613.00
80131	84131	60.00	80170	-	19,613.00
80132	84132	105.00	80171	-	26,150.00
80136	84136	60.00	80172	84172	241.00
80137	84137	60.00	80173	84173	322.00
80141	-	17,433.00	80174	84174	322.00
80143	84143	17,433.00	80175	84175	402.00
80144	84144	26,150.00	80176	84176	402.00
80145	84145	10,896.00	80177	84177	*
80146	-	26,150.00	80178	84178	**
80148	84148	164.00	80179	84179	(a)
80149	84149	327.00	80230	-	3,268.00
80150	84150	26,150.00	80231	-	3,268.00
80151	84151	13,075.00	80232	-	3,268.00
80152	84152	32,688.00	80233	84233	3,268.00
80153	84153	26,150.00	80234	-	3,268.00
80154	84154	23,971.00	80235	84235	4,732.00
80155	84155	17,433.00	80236	-	3,268.00
			80237	-	3,268.00

*25% of the rate applicable for the self-employed physician or surgeon.
**75% of the rate applicable if physicians or surgeons not employed by the Federal Government.

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd) ☒

+Employed Technicians-radium, including diagnostic X-ray laboratory or pathological	**80148**	**84148**
+Employed Technicians-radiation therapy	**80149**	**84149**
+Shock Therapy-by employed physicians or surgeons involved with major surgery	**80161**	**84161**
Shock Therapy-by insured physicians or surgeons involved with major surgery	**80162**	**84162**

This additional charge applies to each insured physician or surgeon doing shock therapy work.

+Radiation Therapy-by employed physicians or surgeons involved with major surgery	**80163**	**84163**
Radiation Therapy-by insured physicians or surgeons involved with major surgery	**80165**	**84165**

This additional charge applies to each insured physician or surgeon doing X- ray therapy work.

+The rate for this additional charge classification applies not only to employees of individual insured physicians or surgeons but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It also applies to such personnel in pathological or X-ray laboratories operated or supervised by the insured.

3. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

4. Additional Charge - Partnership, association or corporation - M.D. Code 80999/D.O. Code 84999

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (but not a professional corporation), make an additional charge of 20% of the per person rate for each individual comprising the partnership, association or corporation, for the exposure of the partnership, association or corporate entity. This charge is **in addition** to the charges below for full coverage.

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Physicians or Surgeons-major surgery	**80176**	**84176**

This classification applies to those specialists who would normally be assigned to one of the following codes:
80144, 80146, 80150,
80152, 80154, 80171.

Additional charges:

Radiation therapy	**80136**	**84136**
Shock therapy	**80137**	**84137**

f. Additional charges

These classifications are not designed to be used as governing classifications, except for partnership or corporate liability (codes 80999 and 84999).

The following additional charges apply for all classifications, except classifications in **e.** above.

Partnership or Corporate Liability	**80999**	**84999**

This classification is to be used as the governing classification when the individual insured physician or surgeon is also insured as either a corporation or partnership. This classification is subject to any applicable additional charge classifications for employed physicians, surgeons and technicians.

+ Employed Nurse Anesthetist	**80452**	**84452**

The manual rate for this classification will be .10 of the rate for Anesthesiology codes 80151 and 84151.

Employed Physicians or Surgeons Assistants	**80129**	**84129**

This additional charge classification applies not only to individual insured physicians or surgeons but also to physicians or surgeons who are employees of partnerships, limited liability companies, corporations or professional associations practicing medicine.

Employed Physicians or Surgeons	**80177**	**84177**

The rate shall be .25 of the rate applicable for the self-employed physician or surgeon.

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Plastic	**80156**	**84156**
This is an NOC classification.		
Plastic-otorhino-laryngology	**80155**	**84155**
Rhinology	**80160**	
Thoracic	**80144**	**84144**
Traumatic	**80171**	
Urological	**80145**	**84145**
Vascular	**80146**	

e. Physicians and Surgeons-In Active US Military Service Classifications

The following classifications and additional charges apply for physicians and surgeons in active United States Military Service:

Physicians-no surgery	**80131**	**84131**
Physicians-no major surgery	**80172**	**84172**
Physicians-minor surgery	**80132**	**84132**
Physicians or Surgeons-major surgery	**80172**	**84172**

This classification applies to those specialists who would normally be assigned to one of the following codes:
80101, 80102, 80103, 80104,
80105, 80107, 80108, 80114,
80115, 80117.

Physicians or Surgeons-major surgery	**80173**	**84173**

This classification applies to those specialists who would normally be assigned to the following codes: 80145, 84145.

Physicians or Surgeons-major surgery	**80174**	**84174**

This classification applies to those specialists who would normally be assigned to one of the following codes:
80106, 80141, 80143, 80151,
80155, 80157, 80158, 80159,
80160, 80166.

Physicians or Surgeons-major surgery	**80175**	**84175**

This classification applies to those specialists who would normally be assigned to one of the following codes:
80153, 80156, 80167,
80168, 80169, 80170.

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

d. Surgery Classifications	M.D. Code	D.O. Code
Abdominal	80166	
Cardiac	80141	
Cardiovascular disease	80150	84150
Colon and rectal	80115	
Endocrinology	80103	
Gastroenterology	80104	
General	80143	84143
This is an NOC classification. This classification does not apply to any family or general practitioner or to any specialist who occasionally performs major surgery.		
General practice or family practice	80117	
Geriatrics	80105	
Gynecology	80167	84167
Hand	80169	
Head and neck	80170	
Laryngology	80106	
Neoplastic	80107	
Nephrology	80108	
Neurology-including child	80152	84152
Obstetrics	80168	
Obstetrics-gynecology	80153	84153
Opthalmology	80114	
Orthopedic	80154	84154
Otology	80158	
This classification does not apply to general practitioners or specialists performing plastic surgery.		
Otorhinolaryngology	80159	
This classification does not apply to general practitioners or specialists performing plastic surgery.		

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd) ⌑

	M.D. Code	D.O. Code
Catheterization	80422	84422

Arterial, cardiac or diagnostic-other than (a) the occasional emergency insertion of pulmonary wedge pressure recording catheters or temporary pacemakers, (b) urethra catheterization or (c) umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen.

Discograms	80428	84428
Lasers-used in therapy	80425	84425
Lymphangiography	80434	84434
Myleography	80428	84428
Phlebography	80434	84434
Pneumoencephalography	80428	84428
Radiation Therapy	80425	84425

This classification includes X-ray laboratories operated by the insured. Use endorsement **PA 494.**

Shock Therapy	80431	84431

c. Physicians-No Major Surgery Classifications (For Classifications with a #)

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques:

	M.D. Code	D.O. Code
Colonoscopy	80443	84443
Endoscopic Retrograde Cholangiopancreatography	80443	84433
Laparoscopy (Peritonescopy)	80440	84440
Needle Biopsy	80446	84446

Including lung and prostate, but not including liver, kidney or bone marrow biopsy.

Pneumatic or mechanical esophageal dilatation (not bougie or olive)	80433	84443
Radiopaque Dye Injections	80449	84449

Injection into blood vessels, lymphatics, sinus tracts and fistulae (Not applicable to Radiologists codes 80280* and 84280*).

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd) ¤

Teaching Physicians-minor surgery 80322

This classification applies to those physicians who would normally be assigned to codes 80270-80294.

Teaching Physicians or Surgeons-major surgery 80323

This classification applies to those specialists who would normally be assigned to one of the following codes:
80101, 80102, 80103, 80104,
80105, 80107, 80108, 80114,
80115, 80117.

Teaching Physicians or Surgeons-major surgery 80324

This classification applies to those specialists who would normally be assigned to code 80145.

Teaching Physicians or Surgeons-major surgery 80325

This classification applies to those specialists who would normally be assigned to one of the following codes:
80106, 80141, 80143, 80151,
80155, 80157, 80158, 80159,
80160, 80166.

Teaching Physicians or Surgeons-major surgery 80326

This classification applies to those specialists who would normally be assigned to one of the following codes:
80153, 80156, 80167,
80168, 80169, 80170.

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Teaching Physicians or Surgeons-major surgery 80327

This classification applies to those specialists who would normally be assigned to one of the following codes:
80144, 80146, 80150,
80152, 80154, 80171.

b. Physicians-No Major Surgery Classifications (For Classifications with an *)

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques or procedures:

	M.D. Code	D.O. Code
Acupuncture-other than acupuncture anesthesia	**80437**	**84437**
Angiography	**80422**	**84422**
Arteriography	**80422**	**84422**

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd) ⌑

Pharmacology-clinical	**80234*#**	
Physiatry	**80235*#**	
Physical Medicine and Rehabilitation	**80235*#**	**84235*#**
Physicians-minor surgery	**80294***	

This is an NOC classification.

Physicians-no surgery	**80268*#**	**84268*#**

This is a NOC classification.

Physicians or Surgeons Assistants	**80116*#**	**84116*#**

This classification applies to physicians or surgeons assistants who have completed an approved course of study leading to university certification and who perform their duties under the direct supervision of a licensed physician or surgeon assisting in the clinical and / or research endeavors of the physician or surgeon.

Psychiatry-including child	**80249*#**	**84249*#**
Psychoanalysis	**80250*#**	
Psychosomatic Medicine	**80251*#**	**84251*#**
Public Health	**80236*#**	
Pulmonary Diseases-no surgery	**80269*#**	**84269*#**
Radiology-diagnostic-minor surgery	**80280***	**84280***

This classification includes X-ray laboratories operated by the insured. Use endorsement **PA 494.**

Radiology-diagnostic-no surgery	**80253*#**	**84253*#**

This classification includes X-ray laboratories operated by the insured. Use endorsement **PA 494.**

Rheumatology-no surgery	**80252*#**	**84252*#**
Rhinology-minor surgery	**80270***	
Rhinology-no surgery	**80247*#**	
Scierotherapy		**84802***
Teaching Physicians-no surgery	**80321**	

This classification applies to those physicians who would normally be assigned to codes 80230-80269 inclusive.

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd) ¤

Internal Medicine-minor surgery	**80284***	**84284***
Internal Medicine-no surgery	**80257*#**	**84257*#**
Laryngology-minor surgery	**80285***	
Laryngology-no surgery	**80258*#**	
Legal Medicine	**80240*#**	
Manipulator		**84801***
Neoplastic Diseases-minor surgery	**80286***	
Neoplastic Diseases-no surgery	**80259*#**	
Nephrology-minor surgery	**80287***	
Nephrology-no surgery	**80260*#**	
Nephrology-including child-minor surgery	**80288***	**84288***
Neurology-including child-no surgery	**80261*#**	**84261*#**
Nuclear Medicine	**80262*#**	**84262*#**
Nutrition	**80248*#**	
Occupational Medicine	**80233*#**	**84233*#**
Opthalmology-minor surgery	**80289***	**84289***
Opthalmology-no surgery	**80263*#**	**84263*#**
Otology-minor surgery	**80290***	
Otology-no surgery	**80264*#**	
Otorhinolaryngology-minor surgery	**80291*#**	**84291***
Otorhinolaryngology-no surgery	**80265*#**	**84265*#**
Pathology-minor surgery	**80292***	**84292***

This classification includes pathological laboratories operated by the insured. Use endorsement **PA 494.**

Pathology-no surgery	**80266*#**	**84266*#**

This classification includes pathological laboratories operated by the insured. Use endorsement **PA 494.**

Pediatrics-minor surgery	**80293***	**84293***
Pediatrics-no surgery	**80267*#**	**84267*#**

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Diabetes-no surgery	**80237*#**	
Emergency Medicine - including major surgery	**80157**	**84157**
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who performs major surgery.		
Emergency Medicine-no major surgery	**80102**	**84102**
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who does not perform major surgery.		
Endocrinology-minor surgery	**80272***	**84272***
Endocrinology-no surgery	**80238*#**	**84238*#**
Family Physicians or General Practitioners-no surgery	**80420**	**84420**
Family Physicians or General Practitioners-minor surgery	**80421**	**84421**
Forensic Medicine	**80240*#**	**84240*#**
Gastroenterology-minor surgery	**80274***	**84274***
Gastroenterology-no surgery	**80241*#**	**84241*#**
General Preventive Medicine-no surgery	**80231*#**	
Geriatrics-minor surgery	**80276***	**84276***
Geriatrics-no surgery	**80243*#**	**84243*#**
Gynecology-minor surgery	**80277***	**84277***
Gynecology-no surgery	**80244*#**	**84244*#**
Hematology-minor surgery	**80278***	**84278***
Hematology-no surgery	**80245*#**	**84245*#**
Hypnosis	**80232*#**	
Infectious Diseases-minor surgery	**80279*#**	
Infectious Diseases-no surgery	**80246*#**	
Intensive Care Medicine	**80283**	**84283**
This classification applies to any general practitioner or specialist employed in an intensive care hospital unit.		

THE

CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) ¤

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

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C. Application

PA-002 - Medical Professional Liability Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each physician or surgeon.

2. Classifications

When multiple physicians or surgeons are covered under the same policy, each insured physician or surgeon shall be assigned to one classification only, based on that person's medical specialty. If two or more classifications apply to the same individual, use the highest rated classification. An individual who would normally be assigned to a classification whose code number is followed by an asterisk* or cross-hatch # must be classified under **b.** or **c.** below if they perform any of the procedures listed in **b.** or **c.**

a. Physicians and Surgeons Classifications

	M.D. Code	D.O. Code
Aerospace Medicine	**80230*#**	
Allergy	**80254*#**	**84254*#**
Anesthesiology	**80151**	**84151**
This classification applies to all general practitioners or specialists who perform general anesthesia or acupuncture anesthesia.		
Broncho-Esophagology	**80101**	
Cardiovascular Disease-minor surgery	**80281***	**84281***
Cardiovascular Disease-no surgery	**80255*#**	**84255*#**
Dermatology-minor surgery	**80282***	**84282***
Dermatology-no surgery	**80256*#**	**84256*#**
Diabetes-minor surgery	**80271***	

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd) ⌑

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COVERAGE RULES

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd) ⌑

● **3. Rates**

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification Code	Rate	Minimum Premium Per Location
30018	351.00	3,510.00
30019	328.00	3,280.00
30020	292.00	2,920.00
30021	211.00	2,110.00
30022	175.00	1,750.00
30023	317.00	3,170.00
30024	296.00	2,960.00
30025	264.00	2,640.00
30026	190.00	1,900.00
30027	158.00	1,580.00
80453	(a)	(a)
80510	131.00	1,310.00
80512	97.00	970.00
80516	262.00	2,620.00
80517	8.00	included in 80516
80518	194.00	1,940.00
80519	8.00	included in 80518
80522	326.00	3,260.00
80523	8.00	included in 80522
80524	244.00	2,440.00
80525	11.00	included in 80524
80610	48.00	included in 80611
80611	2,021.00	20,210.00
80612	2,377.00	23,770.00
80613	(a)	(a)
80614	71.00	785.00
80617	71.00	included in 80612
80916	1,189.00	11,890.00
80917	36.00	included in 80916
80925	713.00	7,130.00
80926	713.00	7,130.00
80951	5.00	included in 80923
80952	7.00	included in 80924
80953	21.00	included in 80925
80954	21.00	included in 80926
80997	1,189.00	11,890.00
80999	36.00	included in 80997
84453	(a)	(a)
84803	(a)	(a)
84965	2,377.00	23,770.00
84966	71.00	included in 84965

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd)

g. **Rehabilitation Hospitals.** This classification applies to institutions providing restorative and support services for the disabled. If regular bed and board facilities are provided, classify and rate in accordance with the appropriate classification in this rule.

For-Profit	
Per bed	80516
Per 100 outpatient visits	80517
Not-for-Profit	
Per bed	80518
Per 100 outpatient visits	80519

h. **Sanitariums or Health Institutions - not hospitals or mental-psychopathic institutions.** This classification applies to risks with regular bed and board facilities, and with laboratory or medical departments. It does not apply to risks with surgical operating room facilities even though designated as sanitariums or health institutions.

For-Profit	
Per bed	80925
Per 100 outpatient visits	80953
Not-for-Profit	
Per bed	80926
Per 100 outpatient visits	80954

i. **Skilled Nursing Facilities - Short Term.** This classification applies to institutions primarily engaged in providing skilled nursing care and related services for inpatients requiring medical supervision of their care or rehabilitation services on a daily basis. It does not apply to risks with surgical operating room facilities, laboratory or medical departments or X-ray apparatus.

For-Profit	
Per bed	80522
Per 100 outpatient visits	80523
Not-for-Profit	
Per bed	80524
Per 100 outpatient visits	80525

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd) ¤

- **Independent Retirement Living:** Provides for residents who are of retirement age and in general good health. Residents do not receive any health care services, assistance with Activities of Daily Living (ADL) or medications. They occupy apartment / dwelling units that normally include cooking facilities and contain special features for senior citizens, such as panic or help buttons, wider doorways and halls. These facilities may offer voluntary social and spiritual programs, transportation and limited food service. Residents may be required to have a predetermined number of meals per day or per week in the facility's dining area. One or more LPNs may be on premises to answer call buttons.

c. Hospices. This classification applies to institutions specializing in the care and treatment of terminal illness. It does not apply to risks with surgical operating room facilities even though designated as hospices.

For-Profit-per bed	80510
Not-for-Profit-per bed	80512

d. Hospitals. This classification applies to hospitals treating all general or special medical and surgical cases including sanitariums with surgical operating room facilities. This is a NOC classification.

For-Profit	
Per bed	80611
Per 100 outpatient visits	80610
Not-for-Profit	
Per bed	80612
Per 100 outpatient visits	80617
Osteopathic	
Per bed	84965
Per 100 outpatient visits	84966

e. Mental-Psychopathic Institutions. This classification applies to institutions primarily for the restraint and treatment of mental, drug, narcotic or alcoholic cases.

For-Profit	
Per bed	80997
Per 100 outpatient visits	80999
Not-for-Profit	
Per bed	80916
Per 100 outpatient visits	80917

f. Outpatient Surgical Facilities

Osteopathic	84453
Not Osteopathic	80453

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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd) ⌑

● **b. Convalescent or Nursing Homes - not mental-psychopathic institutions.** This classification does not apply to risks with surgical operating room facilities, laboratory or medical departments or X-ray apparatus.

For-Profit	
Per bed	
Skilled Care	30018
Intermediate Care	30019
Assisted Living	30020
Group Homes	30021
Independent Retirement Living	30022
Per 100 outpatient visits	80951
Not-for-Profit	
Per bed	
Skilled Care	30023
Intermediate Care	30024
Assisted Living	30025
Group Homes	30026
Independent Retirement Living	30027
Per 100 outpatient visits	80952

Skilled Care: Provides nursing care 24 hours per day by licensed nursing professionals. Some specialized equipment used. Most patients are totally dependent on the staff for assistance with Activities of Daily Living (ADL) including feeding, bathing, dressing and mobility. Staff will also administer tube feedings, catheterizations and injections. These facilities are eligible to participate in Medicare and Medicaid programs as nursing facilities.

Intermediate Care: Provides health care services at a more than incidental basis, but at a level below a skilled care facility. Usually do not administer tube feedings, catheterizations or injections. Most patients need assistance with Activities of Daily Living (ADL): dressing, bathing, feeding and mobility, and some assistance with medications. These facilities do not qualify for Medicare or Medicaid Program.

Assisted Living: Provides residents with minimal care by professional staff. Residents are ambulatory with minor exceptions, and need some assistance with Activities of Daily Living (ADL): dressing, bathing and feeding. The facility provides a protective environment involving communal meals and planned programs for their social and spiritual needs. Residents also receive incidental health care services, including assistance with medications.

Group Homes: These facilities provide living accommodations for senior citizens who need some form of structured living. These facilities will be under the direction of a live-in supervisor and may include communal dining, social and spiritual needs. Residents will be ambulatory and not dependent on others for Activities of Daily Living (ADL). Buildings occupied by Senior Citizens without any form of organized group activities and / or without live-in supervisor are not eligible for this classification. This classification is reserved for facilities that provide 15 or fewer beds per group home.

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COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) ⌑

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services made against the insured hospital, institution or clinic.

B. Forms

PA 114 - Hospital Professional Liability Coverage Form

PA 514 - Hospital Professional Liability Coverage Part Declarations

PA 126 - Health Care Facility Professional Liability Coverage Form

PA 524 - Health Care Facility Professional Liability Coverage Part Declarations

C. Applications

MI-1313 - Hospital Questionnaire

IT-001 - Senior Citizens Long-Term Care Facility Supplemental Questionnaire

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are per bed or number of outpatient visits. Per bed is the daily average number of beds, cribs or bassinets occupied during the policy period. Per outpatient visit is the total number of visits made during the policy period by patients who do not receive bed and board service.

Hospitals are subject to additional premium charges for each of their employed staff physicians, surgeons or dentists, other than interns, who do not have their own private practices. Refer to Rule **2.** Physicians and Surgeons Professional to classify employed physicians and surgeons. Use .35 of the rate from the appropriate classifications for each employed physician or surgeon to calculate the additional charges.

2. Classifications

Based on the insured's business operation, choose the classification which best describes the operation. More than one classification may be necessary for risks with multiple business operations.

Hospitals, institutions and clinics operated by the federal government or a state, county, city or other governmental unit shall be rated as not-for-profit hospitals, institutions or clinics, as appropriate.

a. Clinics, Dispensaries or Infirmaries - treatment of outpatients only - no regular bed and board facilities. This classification does not apply to drugless healing institutions such as chiropractic, naturopathic, santipractic and Christian Science Institutions and not-for-profit dental clinics. Such risks should be submitted to the Home Office.

Clinics, dispensaries or infirmaries incidental to industrial or commercial risks should be classified and rated under the For-Profit classification. Clinics, dispensaries or infirmaries operated by physicians shall be classified and rated according to Rule **2.** Physicians and Surgeons Professional Liability.

Classification	Code
For-Profit-Per 100 outpatient visits	80613
Not-For-Profit-Per 100 outpatient visits	80614
Osteopathic-Per 100 outpatient visits	84803

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GENERAL RULES

17. - 18. RESERVED FOR FUTURE USE

19. INTERSTATE ACCOUNTS

A. Rules and Rates

The rules and rates for Commercial Professional Liability coverage(s) will use the filed rates for each medical or professional liability exposure(s) in the respective state where the operations are licensed.

B. Forms

1. Professional liability policies providing coverage on locations in more than one state may be written on one policy subject to the basic coverage form(s) filed in the state where the:

   a. Insured's largest medical or professional liability exposure or headquarters is located; or

   b. Insurance is negotiated.

2. When applicable, forms recognizing state amendatory changes will be included as required by the coverage(s) afforded for each respective state endorsed.

20. ACORD FORMS

Current supplies of ACORD applications, binders and / or certificates may be used for coverages relative to this line of business. Future state revisions will require use of the proper applications on the effective date mandated.

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13. INDIVIDUAL RISK SITUATIONS (Cont'd)

a. Manual rules and rates shall apply to the portion of the limits of insurance retained by the company.

b. For limits of insurance obtained by means of facultative reinsurance, the premium shall be the facultative cost for such insurance increased by a charge up to but not exceeding 50%.

4. If an aggregate limit of professional liability is adjusted at any time during the policy period.

14. - 15. RESERVED FOR FUTURE USE

16. ADDITIONAL RULES

A. When Professional Liability Coverage is added to a Homeowners Policy, attach Common Policy Conditions Form **PX 401** in conjunction with the Professional Liability Coverage Form.

B. Attach Illinois Changes - Cancellation and Nonrenewal Endorsement **GA 490 IL** and Policy Changes - Cancellation and Nonrenewal Endorsement **PA 406** to all professional liability coverage forms issued in Illinois.

C. Attach Lawyer's Professional Liability Amendatory Endorsement **PA 416 IL** to Lawyer's Professional Liability Coverage Form **PA 105.**

D. Attach Illinois Changes - Condominium or Homeowners Associations Wrongful Acts Endorsement **PA 465 IL** to Condominium or Homeowners Associations Wrongful Acts Coverage Form **PA 110.**

E. Attach Illinois Changes - Religious Institutions Wrongful Acts Endorsement **PA 472 IL** to Religious Institutions Wrongful Acts Coverage Form **PA 112.**

F. Attach Emergency Medical Technician Professional Liability Amendatory Endorsement **GA 424 IL** to Emergency Medical Technician Professional Liability Coverage Form **PA 113.**

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11. POLICY CANCELLATIONS

If the policy is canceled, the earned premium shall be calculated on a pro rata basis and rounded to the nearest whole dollar.

12. RATES AND PREMIUM DEVELOPMENT

A. Rates are shown on the rate pages opposite the identifying code numbers of the classifications. For classifications not subject to premium adjustment on audit, the rates apply per policy year unless otherwise specified in classification footnotes.

B. Use all bases of premium which are listed next to any particular classification in the Classification portion of this manual.

C. Every risk whose classifications show the symbol (a) instead of a specific rate or minimum premium and every risk having no specific classification must be referred to the company.

13. INDIVIDUAL RISK SITUATIONS

A. Refer to Company

1. For rating or classifying any risk or exposure for which:

a. The manual rate or applicable classification is clearly demonstrated to be inappropriate because of a unique or unusual feature of the risk; or

b. The coverage to be written is broader than that contained in the applicable standard coverage part; or

c. There is proof that, for a specified professional liability coverage, the named risk is qualified in this jurisdiction for placement of such insurance with an unauthorized insurer, and the insured agrees to the proposed rate or premium to be charged; or

d. Excess insurance is being provided. Excess insurance means liability insurance provided in an amount not less than $1,000,000 in excess of a specified retained limit provided that such retained limit is not less than;

(1) $350,000 per claim, as respects those exposures covered by underlying insurance; and

(2) $10,000 per claim, as respects those exposures not covered by underlying insurance; or

e. Increased limits are provided and the annual increased limits written premium determined by the customary rating procedures is $5,000 or more.

2. If a coverage part providing the insurance contemplated by an applicable classification and rate is endorsed to restrict coverage for hazards not common to all risks within the class.

3. Where liability increased limits are provided and the risk is reinsured on a facultative basis.

The following rating procedure is available for the determination of the applicable premium:

7. ROUNDING RULE (Cont'd)

C. Installments. Add the installment charge per Rule **5.C.** and round each installment to the lowest whole dollar.

Example:

Quarterly Policy.
Annual Policy Premium is $1,395.

$1,395 / 4 Installments = $348.75

$348.75 + $5 (Installment Charge) = $353.75

Round Quarterly Premium with Installment Charge to $353.

8. MINIMUM PREMIUM

Division Minimum Premium

The lowest amount for which the Professional Coverage Part may be written is $50. This amount is not subject to any adjustment, including increased limits, package modification, expense factor or rate plans. Specific coverage minimum premiums are included within the Division Minimum unless stated otherwise. Specific coverage minimums that exceed the Division Minimum override the Division Minimum.

9. ADDITIONAL PREMIUM CHANGES

A. Prorate all changes requiring additional premium.

B. Apply the rates and rules in effect on the effective date of the policy. In computing the additional premium, charge the amount applicable on the effective date of the change even if the policy inception premium was less than the Division Minimum Premium.

C. Waive additional premium of $15.00 or less. This waiver only applies to cash exchange due on an endorsement effective date.

10. RETURN PREMIUM CHANGES

A. Deletion of a mandatory coverage is not permitted unless the entire policy is cancelled. See Cancellation Rule.

B. Compute return premium at the rates used to calculate the policy premium.

C. Compute return premium pro rata and round to the nearest whole dollar when any change or exposure is deleted or an amount of insurance is reduced.

D. Waive return premium of $15.00 or less. Grant any return premium due if requested by the insured. This waiver only applies to cash exchange due on the endorsement effective date.

E. Retain the Division Minimum Premium.

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5. PREMIUM COMPUTATION (Cont'd)

B. Multi-year Policies

1. For each annual period, compute the premium at inception using the annual rates in effect at that time.
2. Multi-year policies that are to be adjusted at each anniversary should have the Calculation of Premium (Annual Rerating) Endorsement **IA 429** attached. At each anniversary, compute the premium using the rates in effect at each anniversary.
3. For policies issued for other than a whole number of years, prorate the annual premium to determine the premiums for the fractional part of a year.
4. Prepaid policies should not be written in excess of a one year term except as otherwise indicated.

C. Installment Payments

1. The premium for a policy issued for a period of one, three and five years may be payable on semi-annual or quarterly installment basis in the following manner:

   For policies issued on a semi-annual basis, divide the annual premium by two (2) and add $5.00 for each installment.

   For policies issued on a quarterly basis, divide the annual premium by four (4) and add $5.00 for each installment.

2. **Eligibility:**

   a. A policy must develop a $250 minimum premium per installment prior to the installment charge; or

   b. If a policy is one of several policies written by us for the same insured, all policies shall be eligible for installment payments provided at least one of the policies develops a $250 minimum payment per installment prior to the installment charge.

6. FACTORS OR MULTIPLIERS

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

7. ROUNDING RULE

A. Round rates, factors and multipliers after the final calculation to three decimal places. Five-tenths or more of a mill shall be considered one mill; for example, .1245 = .125.

B. Round the premium for each coverage and exposure for which a separate premium is calculated to the nearest whole dollar. Round a premium involving $.50 or over to the next higher whole dollar; for example, $100.50 = $101.00 but $100.49 = $100.00.

Note: Charge a premium of at least $1 for each instance where a separate premium is calculated.

1. APPLICATION OF THIS DIVISION (Cont'd)

21. Pedorthists Professional Liability

22. Physicians and Surgeons Professional Liability

23. Physiotherapist Professional Liability

24. Printers Errors and Omissions

25. Prior Acts or Omissions Extension of Coverage

26. Real Estate Agents' Errors and Omissions

27. Religious Institutions Wrongful Acts

28. Social Services Professional Liability

29. Teacher's Professional Liability

30. Travel Agents Errors and Omissions

31. Veterinarian Professional Liability

B. The coverages listed in Item **A.** above may be written as part of any policy containing property coverage.

2. REFERRALS TO COMPANY

Refer to the company for:

A. Rating or classifying any risk or exposure for which there is no manual rate or applicable classification.

B. Any applicable rating plan modification.

3. EFFECTIVE DATE

The date shown on the bottom of the page is a printing date and not necessarily the effective date. The effective date or distribution date will be announced on the Manual Revision Notice accompanying new or revised pages.

4. POLICY TERM

Policies may be written for a specific period up to five years.

5. PREMIUM COMPUTATION

A. One-year or Fractional Year Policies

1. For one-year policies, compute the premium using the rates in effect at policy inception.

2. For policies issued for other than a whole number of years, prorate the annual premium to determine the premiums for the fractional part of a year.

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THIS MANUAL CONTAINS THE RULES AND RATES FOR PROFESSIONAL LIABILITY USED BY THE FOLLOWING BY APPLYING THE FACTORS INDICATED

THE CINCINNATI INSURANCE COMPANY -- 1.00
THE CINCINNATI CASUALTY COMPANY -- .85
THE CINCINNATI INDEMNITY COMPANY -- 1.35

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1. APPLICATION OF THIS DIVISION

A. The rules contained in this subdivision apply to the following liability coverages:

1. Animal Grooming Professional Liability
2. Blood Bank Professional Liability
3. Cemetery Professional Liability
4. Chiropodist / Podiatrist Professional Liability
5. Chiropractor Professional Liability
6. Condominium or Homeowners Associations Wrongful Acts
7. Cosmetologists and Barbers Professional Liability
8. Cosmetology or Barbering School Professional Liability
9. County Recorder and / or County Clerk's Errors and Omissions
10. Dentist's Professional Liability
11. Emergency Medical Technician Professional Liability
12. Funeral Service Provider Professional Liability
13. Hospital Professional Liability
14. Insurance Agents Errors and Omissions
15. Lawyer's Professional Liability
16. Medical or X-Ray Laboratory Professional Liability
17. Miscellaneous Health Care Professional Liability
18. Minister's Professional Liability
19. Nurse's Professional Liability
20. Optometrist Professional Liability

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STATE OF ILLINOIS
FILED
JUL 1 - 2002
SPRINGFIELD, ILLINOIS

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAR 15 2006
SPRINGFIELD, ILLINOIS

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
DEC 01 2005
SPRINGFIELD, ILLINOIS

THE CINCINNATI INSURANCE COMPANY

ILLINOIS

DENTIST'S PACKAGE PROGRAM MANUAL

1. APPLICATION OF THIS PROGRAM

A. This manual contains the information governing the writing of the Dentist's Package Policy.

B. The rules, classifications and rates in this manual make up the entire Dentist's Package Program and may not be amended except as specifically permitted.

C. Unless specifically mentioned in this manual, refer to the forms filed by the Cincinnati Insurance Company under our Businessowners Package Program, Commercial Lines Division Seven - Professional Liability, Commercial Lines Division One - Automobile and the Commercial Umbrella Program. Forms unique to this program will be filed separately.

2. COVERAGES

Property and Liability coverage is provided as indicated below:

A. Section I - Property Coverage

The Dentist's Package Policy provides coverage with these features:

-- Building and Business Personal Property coverage is available for a specified Limit of Insurance on either an Actual Cash Value or Replacement Cost basis.
-- "Special" Causes of Loss Coverage.
-- Business Income coverage is included on a valued daily loss basis of $500 per day for 30 days and on an actual loss sustained basis in excess of the valued daily loss basis for a period up to 12 consecutive months.
* -- Business Income From Dependent Properties coverage is included up to a limit of $5,000.
-- No coinsurance clause applies.
-- Glass Coverage is included within the building limit.
-- When our insured does not insure the building non-owned exterior glass for which the insured is legally responsible is covered within the BPP limit.
-- Earthquake and Flood coverage for Business Personal Property is automatically provided.
* -- Water Backup of Sewers, Drains, Septic Systems or Sump Pumps is included up to a $25,000 limit per location.
-- Theft of gold, silver and other precious alloys or metals is included at a $3,000 limit.
-- Newly acquired property is covered for 90 days with Buildings at $1,000,000, Business Personal Property at $500,000, Business Income at the Valued Daily Loss Limit and then at actual loss sustained and Extra Expense at actual loss sustained.
-- Extra Expense is included for necessary expenses incurred for a period up to 12 consecutive months.
* -- Building Laws Safeguard coverage is included up to a limit of $25,000 per location.
-- Electronic Data Processing Property coverage is included up to a $10,000 limit per location.
-- Money and Securities is included up to $10,000 per occurrence inside the premises and up to $2,500 per occurrence outside the premises.
-- Money Orders and Counterfeit Paper Currency is included up to a $10,000 limit per occurrence.
-- Employee Dishonesty coverage is included up to a $10,000 limit per occurrence.
-- Forgery or Alteration coverage is provided up to a $2,500 limit per occurrence.
-- Accounts Receivable coverage is included up to a $100,000 limit per location.

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-- Valuable Papers coverage is included up to a $100,000 limit per location.
-- Signs coverage is included up to a $10,000 limit per location.
-- A standard deductible of $250 applies per occurrence. Optional deductibles are available.

B. Section II - Business Liability Coverage

The Dentist's Package Policy provides the following Liability coverages with an "occurrence" format:

-- Liability coverage for Bodily Injury and Property Damage is provided for described premises and operations of business conducted at or from that premises. In conjunction, coverage is provided for independent contractors, contractual liability and products / completed operations.
-- Premises Medical Expenses.
-- Personal and Advertising Injury Liability for offenses defined in the policy.
-- Worldwide Products, Extended Bodily Injury, Incidental Medical Malpractice, Host Liquor Liability, Broad Form Property Damage and Nonowned Watercraft Coverage.
-- Liability coverage for Bodily Injury caused by fumes from equipment used to service or maintain a covered building.
* -- Employees and volunteer workers are insureds.
* -- Damage to Premises Rented to You is included up to the Each Occurrence Liability Limit.

C. Section VII - Business Auto Coverage

The Dentist's Package Policy provides the following auto coverages:

-- Hired Auto and Nonowned Auto Liability is automatically included for no additional premium charge. Use Dentist's Business Auto Coverage Declarations **IF 505 IL** and Dentist's Package Policy Auto Amendment **IF 436 IL.** For other applicable forms, refer to the forms filed in Division One, Automobile Manual, of the Cincinnati Insurance Companies Commercial Lines Manual.
-- Uninsured and Underinsured Motorist coverage applicable to Hired Auto and Nonowned Auto is automatically included for no additional premium charge.

3. BASIC COVERAGE AND LIMITS

A. The Dentist's Package Policy must be written to afford coverage on both Business Property and Business Liability exposures.

B. Business Liability Limits apply as follows:

*

1. Liability Coverages - Basic Limit

$1,000,000 Each Occurrence Limit

$2,000,000 General Aggregate Limit

$2,000,000 Products-Completed Operations Aggregate Limit

$1,000,000 Personal & Advertising Injury Limit

$1,000,000 Damage to Premises Rented to You Limit

2. $5,000 Any One Person Medical Expenses - Optional Limits are available.

Higher limits may be purchased.

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DEC 01 2003
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* **C.** Professional Liability Coverage is available as an option, at the following limits, for an additional premium: (Separate application **PA 007** is to be completed by each dentist.)

$100,000 Each Dental Incident $300,000 Aggregate Limit	$200,000 Each Dental Incident $600,000 Aggregate Limit
$300,000 Each Dental Incident $900,000 Aggregate Limit	$1,000,000 Each Dental Incident $1,000,000 Aggregate Limit
$1,000,000 Each Dental Incident $2,000,000 Aggregate Limit	$1,000,000 Each Dental Incident $3,000,000 Aggregate Limit
$2,000,000 Each Dental Incident $4,000,000 Aggregate Limit	

Other limits are available.

4. APPLICATION

Form **IF 003** shall be fully completed and signed by the insured or the agent for new business.

5. POLICY PROVISIONS

* **A.** Policies may be written for a specific term of up to 3 years.

B. Cancellation

1. It is not permissible to cancel all business property or all liability coverage unless the entire policy is canceled.
2. If the policy is canceled, the earned premium shall be calculated on a pro rata basis.

C. Building and Business Personal Property may not be written on a blanket basis.

D. Policy Amendments and Changes. Only the following policy changes and endorsements are permitted:

1. Limits of Insurance on Buildings and Business Personal Property may be increased or decreased.
2. Locations may be added or deleted.
3. Optional coverages including Professional Liability may be added, deleted or amended.
4. General Change Endorsement **IB 447** must be used for all changes after the inception date of the policy.

E. Protective Devices or Services. Protective devices or services may be required. The policy must be endorsed to require that the company be notified if the devices or services are discontinued or out of service. Use Protective Safeguards Endorsement **IA 467.** This form contains the following clauses, of which one or more will apply to the risk being insured:

P-1 Automatic Sprinkler System Clause

P-2 Automatic Fire Alarm Clause

P-3 Security Service Clause

P-4 Security Contract Clause

P-9 Described Protective System.

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6. MINIMUM PREMIUMS AND INSTALLMENTS

A. Minimum Premiums

1. The following policywriting minimum premiums applies:

   Dentist's Package Policy..... $ 300

* 2. Policywriting minimum premiums do not include premiums for Coverage for Injury to Leased Workers, Equipment Breakdown, Employment Practices Liability, Freight or Passenger Elevator Inspections, Business Liability Broadened Endorsement, Mine Subsidence, Blanket Basket Endorsement, Professional Liability and Umbrella Liability.

* 3. Policywriting minimum premiums are not subject to any modification.

4. Coverage Option minimum premiums may apply. Refer to Coverage Options Rule **12.**

* **B. Premium Payments**

The total policy premium may be paid in annual, semi-annual or quarterly installments. Each semi-annual or quarterly installment premium must meet or exceed the Installment minimum premium described in Item **1.c.** below.

1. Installments

a. For policies written on a semi-annual pay basis, divide the annual premium by two (2) and add $5.00 per installment.

b. For policies written on a quarterly pay basis, divide the annual premium by four (4) and add $5.00 per installment.

c. Eligibility:

(1) A policy must develop at least a $250 payment per installment prior to the installment charge.

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FILED
MAR 15 2006
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FILED
DEC 01 2005
SPRINGFIELD, ILLINOIS

(2) If a policy is one of several policies written by us for the same insured, all policies shall be eligible for installment payments provided at least one of the policies develops a $250 minimum payment per installment prior to the installment charge.

(3) Applies to new and renewal policies with policy inception dates on or after the effective date of this change.

7. PREMIUM

A. Changes in Amounts or Coverages

1. Additional Premium

a. Prorate all changes requiring an additional premium.

b. In computing the additional premium for:

(1) Any changes made to a coverage or location included at policy inception, use the rates and rules in effect on the effective date of the policy.

(2) Coverages or locations which are added after the policy inception (including additions of coverages, options and causes of loss to existing locations) use the rates and rules in effect as of the date of the change.

(3) Any changes made to a location or coverage which was added after the policy inception, use the rates developed when the coverage was added.

* c. Waive additional premium amounts of $15.00 or less. This waiver applies only to that portion of the premium due on the effective date of the policy change.

2. Return Premium

a. Compute the return premium at the rates used to calculate the policy premium.

b. Compute return premium on a pro-rata basis and round to the nearest whole dollar when any coverage or exposure is deleted or a Limit of Insurance is reduced. Retain the policywriting minimum premium.

* c. Waive return premium amounts of $15.00 or less, however, grant any return premium due if requested by the insured. This waiver applies only to that portion of the premium due on the effective date of the policy change.

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B. Rounding of Premium

1. All premium calculations shall be rounded to the nearest whole dollar. A premium of $.50 or more shall be rounded to the next higher whole dollar except as described in Rule **7.B.2.** below.

* 2. Installments. Add the installment charge per Rule **6.B.** to the semi-annual or quarterly premium and round each installment to the lowest whole dollar.

Example:
Quarterly Policy.
Annual Policy Premium is $1,395.
$1,395 ÷ 4 = 348.75 + $5 (Installment Charge) = $353.75.
Round Quarterly Premium with Installment Charge to $353.

8. AGENT'S BINDING AUTHORITY

A. Agent's maximum binding authority is $1,000,000 on Buildings and Business Personal Property combined. All risks over $1,000,000 must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

B. Agent's maximum binding authority is $5,000,000 on the Umbrella Endorsement. All risks over $5,000,000 must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

C. Any risk previously declined, canceled or nonrenewed must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

D. Risks with two or more claims during the past three years should be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

E. All risks with buildings more than 25 years of age must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding. Picture(s) are required. Submit a detailed written description explaining all structure updates.

F. All risks should be inspected prior to binding.

G. All risks wanting coverage for Employment Practices Liability Insurance must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

H. Issue binders immediately on all bound risks. Binders must be mailed to the Field Marketing Representative or Headquarters Underwriter no more than three (3) working days after the effective date of the binder.

I. Dentist's Professional Liability must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

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9. ELIGIBILITY SECTION

A. General Rules

The following general eligibility rules apply:

1. A dental office operation is the only eligible class under this program. No other type of business may be insured.
2. The following dental office risks are eligible:
   a. Building Property: Office buildings which do not exceed 150,000 square feet in total floor area.
   b. Business Personal Property: Offices which do not occupy more than 25,000 square feet in any one building.
3. When owner occupied in whole or in part, Building and Personal property must be included in the same policy.
4. Incidental storage buildings used in the insured's business are eligible provided we insure the main location.
5. Buildings owned by the insured that include apartments, mercantile or service occupancies are ineligible.
6. Dental Office Buildings leased to others and Dental Offices under construction are ineligible.

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NOV 1 - 2001
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10. CLASSIFICATIONS SECTION

A. Building Classification

Office Buildings (including Condominiums) - owner occupied in whole or in part. The Business Personal Property of the owner must be included in the policy; rate separately.....65121

B. Business Personal Property Classification

Dentist Office.....65825

11. PREMIUM DEVELOPMENT

Basic rates shown in this manual are annual rates per $100 of property insurance and include all mandatory coverages in the policy.

A. Compute premium for coverages by using the Limit of Insurance separately applying to building and business personal property.

B. The Limit of Insurance must be an amount equal to 90% of the Actual Cash Value or the Replacement Cost Value, whichever applies, of the property to be insured.

C. Premium Determination

1. **Rating Territory.** The state territory rate page applicable to the location of the property being insured shall be used to obtain the appropriate rate.

2. **Public Fire Protection.** All risks shall be classified according to the Public Protection Classification applicable to the location of the property insured.

3. **Building Construction.** All risks shall be classified by the construction of the building containing the Business Personal Property based on the following building construction types:

   Class A / Modified Fire Resistive or Fire Resistive - Buildings where the exterior walls, floors and roof are constructed of masonry or other fire-resistive materials.

   Class B / Noncombustible and Masonry Noncombustible - Buildings where the exterior walls, floors and roof are constructed of, and supported by metal, asbestos, gypsum or other non-combustible materials. Buildings where the exterior walls are constructed of masonry materials as described in Class C., with the floors and roof of metal or other non-combustible materials.

   Class C / Joisted Masonry - Buildings where exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible (disregarding floors resting directly on the ground).

   Class D / Frame - Buildings with exterior walls of wood or other combustible materials including construction where combustible materials are combined with other materials (such as brick veneer, stone veneer, wood ironclad, stucco on wood).

   Mixed Construction - If the area of inferior construction exceeds 33-1/3% of the total area, the entire structure shall be classified in accordance with the rule applicable to such inferior construction.

4. **Premium Computation**

   a. **Buildings**

      (1) For each building item, obtain the rate from the applicable state territory rate page, using the type of building construction and Public Protection Classification.

      (2) For each building item, multiply the rate by the amount of insurance per $100.

   b. **Business Personal Property**

      (1) For each Personal Property Item, obtain the rate from the applicable state territory rate page, using the type of building construction and Public Protection Classification.

      (2) For each Personal Property Item, multiply the rate by the amount of insurance per $100.

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FILED
MAR 15 2006
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5. Sprinklered Property

a. Eligibility and Application

Multiply the state Building and / or Business Personal Property rate by the sprinkler factor when at least 85% of the total floor area of:

(1) The building; or

(2) The building in which the business personal property is located;

is protected by an approved automatic sprinkler system that is regularly tested and maintained. This includes cooking protection equipment.

b. Sprinkler Factor Tables

To develop the sprinklered rate, refer to the appropriate rate table. Multiply the non-sprinklered Building or Business Personal Property rate by the following factor:

Sprinklered Factors - Business Personal Property = .85

Sprinklered Factors - Building = .60

* **6. Coverage Options**

Refer to Rule **12.** Coverage Options to determine the premium for all Coverage Options.

* **7. Rate Modifications**

For rate modifications, refer to Rule **13.** Rate Plans.

8. Factors or Multipliers

Factors or multipliers are to be applied consecutively and not added together unless otherwise specified.

9. Policy Premium

a. Total the Building, Business Personal Property, and Coverage Options premiums (excluding Equipment Breakdown, Employment Practices Liability, Mine Subsidence, Business Liability Broadened Endorsement, Coverage for Injury for Leased Workers, Freight or Passenger Elevator Inspections, Professional Liability and Umbrella Liability).

b. If the total premium is less than the minimum premium in Rule **6.**, Minimum Premiums and Installments, the minimum premium applies.

c. Add the premiums excluded in item **a.** above. This is the total premium for all coverages included in the policy.

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12. COVERAGE OPTIONS

A. Unless specifically mentioned in this manual, no other Coverage Options or limits are available for this program.

B. The following annual rates and premiums apply:

* **1. Auto**

The following coverages may be added to the Dentist's Package Policy provided there is no owned auto exposure.

Hired Auto Physical Damage - (Class 6619)

Physical damage coverage may be provided on a primary basis for autos which are hired, leased, rented or borrowed while being operated by or in the custody of the insured. Attach Hired Auto Physical Damage Amendment **IF 437 IL.** The Limit of Insurance is $40,000 subject to a $250 deductible.

Hired Auto Physical Damage Premium	
$35.00	Per Policy

2. Equipment Breakdown (Previously referred to as Boiler)

a. The Limit of Insurance is determined by:

(1) Adding the Building and Business Personal Property Limits of Insurance for the applicable location; or

(2) If there is no Building coverage on the same policy for the applicable location, use the Business Personal Property Limit of Insurance for that location; or

(3) If there is no Business Personal Property coverage on the same policy for the applicable location, use the Building Limit of Insurance for that location.

Use the Limit of Insurance determined above times the appropriate rate from the Rate Table below for each location where coverage is desired.

b. The **DENTIST'S PACKAGE POLICY EQUIPMENT BREAKDOWN COVERAGE AMENDMENT** (Form **IF 205**) must be attached when Equipment Breakdown Coverage is provided.

c. This coverage is subject to a $1,000 deductible or the Deductible shown on the Declarations, whichever is higher.

d. The valuation (Replacement Cost or Actual Cash Value) for the Equipment Breakdown coverage will be the same as for the Section I. Property coverages.

e. Physical damage, business interruption and extra expense are included.

f. Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

g. Rates:

(1) Comprehensive coverage without boiler (Coverage Code C): To rate coverage for air conditioning, refrigeration, mechanical and electrical objects only, use the Comprehensive coverage without boiler rate below from the Equipment Breakdown Rate Table. Eligible risks may not have any boilers, hot water heaters, or fired or unfired pressure vessels.

(2) Comprehensive coverage with boiler (Coverage Code D): To rate coverage for air conditioning, refrigeration, mechanical and electrical objects, low pressure boilers, hot water heaters, and fired and unfired pressure vessels, use the Comprehensive coverage with boiler rate below from the Equipment Breakdown Rate Table.

Equipment Breakdown Rate Table per $100	
Comprehensive coverage without boiler	.08
Comprehensive coverage with boiler	.10

(3) Minimum Premiums

(a) Comprehensive coverage without boiler = $150

(b) Comprehensive coverage with boiler = $250

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3. Crime

a. Employee Dishonesty (Coverage Code - 5)

(1) The Additional Coverages section provides up to $10,000 coverage for employee dishonesty. A completed application (**CA 001**) must be submitted with requests for limits higher than $10,000. Increased limits are available up to $250,000. Use form **IA 4014.** To determine the premium, multiply the rate(s) indicated below by the Limit of Insurance in excess of $10,000.

Employee Dishonesty Rate Table		
	Rates per $100 - Per Policy	
Increased Limit	**First $90,000**	**Next $150,000**
Rate	.380	.170

Example: $150,000 limit
10,000 = Included
.380 x 90,000 = $342
.170 x 50,000 = $ 85
$427

(2) Welfare and Pension Plan Compliance - CA 204 (Coverage Code - G)

This coverage is available for those insureds who need excess limits of Employee Dishonesty Coverage to comply with ERISA. Increased limits are available up to $250,000. To determine the premium, multiply the rate indicated

below by the Limit of Insurance for ERISA that is in excess of the Employee Dishonesty Coverage limit.

ERISA Rate	
$.15	Rate per $100

Example: $250,000 ERISA Limit with $150,000 Employee Dishonesty Limit
$250,000
-150,000
$100,000 x .15 = $150

b. Employee Dishonesty, Money and Securities and/or Theft Exclusion - CB 301 (Coverage Code - H)

This endorsement is available to delete the Employee Dishonesty, Money and Securities and/or Theft coverage. To determine the premium, multiply the appropriate Business Personal Property rate by the applicable factor(s) indicated below:

Employee Dishonesty, M & S and/or Theft Exclusion Factor Table	
Exclusion	**Factor**
Employee Dishonesty	.96
Money and Securities	.96
Theft	.93

c. Forgery or Alteration - IA 4014 (Coverage Code - I)

The Additional Coverages section provides up to $2,500 coverage for forgery or alteration. A completed application (**CA 001**) must be submitted with requests for limits higher than $2,500. Increased limits are available up to $100,000. To determine the premium, multiply the rate(s) indicated below by the Limit of Insurance in excess of $2,500.

Forgery or Alteration Rate Table	
Rates per $100 - Per Policy	
Rate	.10

d. Money and Securities - IA 4013 (Coverage Code - J)

The Additional Coverage section provides up to $10,000 Inside/$2,500 Outside coverage. A completed application (**CA 001**) must be submitted with requests for limits higher than $10,000 Inside/$2,500 Outside. Increased limits are available up to $25,000. To determine the per location premium, multiply the rates indicated below by the Limit of Insurance in excess of the $10,000 Inside/$2,500 Outside limits.

Money and Securities Rate Table	
Rates per $100 - Per location	
Inside (07)	$3.20
Outside (08)	1.30

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4. Commercial Property

a. Automatic Increase in Insurance (Coverage Code - R)

Coverage is provided as an extension to the building coverage. The Limit of Insurance applicable to all buildings is automatically increased by 2% per year during the policy period. (There is no option to eliminate this coverage feature.) Increased percentages are available. The premium for this coverage is not subject to any further modification or rate plan. To determine the premium for percentages higher than 2% per year, multiply the final building premium for each building and structure by the appropriate factor indicated below:

Automatic Increase Factors Table	
Amount of Annual Increase	**Factor**
4.0%	.02
6.0%	.03
8.0%	.04
10.0%	.05
12.0%	.06

b. Blanket Basket Endorsement - IF 206 (Coverage Code B)

This endorsement provides a $150,000 Blanket Coverage Limit that is excess over the Limits of Insurance stated in the Businessowners Package Policy, and the Dentist's Package Policy Coverage Endorsement for the following coverages.

(1) Accounts Receivable

* **(2)** Electronic Data Processing Property

(3) Debris Removal

(4) Valuable Papers and Records

* **(5)** Water Back Up of Sewers, Drains, Septic Systems or Sump Pumps

The total payment for loss for all the above coverages combined shall not exceed the Blanket Coverage Limit for each occurrence.

Blanket Basket Endorsement Premium Table
$35 - Per Location

c. Building Laws Safeguard Coverage (BLS) - IA 4013 (Class Code 4000)

A limit of $25,000 is included for loss to the undamaged portion of a covered building, cost of demolition and increased cost of construction resulting from the enforcement of ordinances or laws regulating the restoration or demolition of a damaged building. Limits may be increased provided the building is insured at Replacement Cost. Select the desired Limit of Insurance and charge the premium shown in the BLS Premium Table below. The premium charge applies "per covered building". When earthquake coverage is provided as a Covered Cause of Loss on the covered building, use the "Including Earthquake" column of the BLS Premium Table to determine the premium.

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Building Laws Safeguard Premium Table			
	Premium Per Building / Structure		
Total BLS Limit of Insurance	No Earthquake on Covered Building / Structure	Including Earthquake on Covered Building / Structure Territories 4-7	Territories 1-3
$ 50,000	$ 35	$ 43	$ 47
75,000	50	65	75
100,000	65	88	103
125,000	80	110	130
150,000	95	133	158
200,000	125	178	212
250,000	155	223	266

d. Condominium Commercial Unit-Owners Optional Coverages - FA 420

Coverage is available for Loss Assessment and Miscellaneous Real Property.

(1) Loss Assessment (Class Code 4100)

Coverage is subject to a $250 deductible. The premium per unit is as follows:

Loss Assessment Premium Table	
Loss Assessment Limit	Premium
$ 1,000	$ 6
5,000	10
10,000	13
Each Add'l $5,000	2

(2) Miscellaneous Real Property (Class Code 4110)

Coverage is subject to the property deductible. Multiply the rate indicated below by the Limit of Insurance:

Miscellaneous Real Property Rate	
$.80	Per $100 - Per Unit

e. Earthquake Coverage (Building Only) - FF 204, Earthquake Sublimit - FF 205

(1) Earthquake Classifications

Coverage for Building is available for one or more locations. Coverage applies to Buildings (including Business Income and Extra Expense) at the locations selected. The Building premiums are based on the building construction and location.

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(2) Earthquake Full Limits Form and Rates (Subline 930)

(a) Use Earthquake Form **FF 204** to write full limits on building.

* **(b)** To determine the premium for earthquake, multiply the rates in the Earthquake Rate Table (Rule **16.** - Rate Section) by the Limit of Insurance. Except for Expense Modification and the Large Premium Discount Plan, the premium for this coverage is not subject to any further modification or rate plan.

(c) Optional deductibles are available. Multiply the appropriate Earthquake Base Rate by the appropriate factor shown or determined in the Optional Earthquake Deductible Table (Rule **16.** - Rate Tables).

(3) Earthquake Sublimit Form and Rates (Subline 939)

(a) Earthquake Sublimit Form **FF 205** is available as an option to the full limit form.

* **(b)** To determine the earthquake sublimit rate, multiply the earthquake rates in Rule **16.** - Rate Section by a 1.25 factor. To determine the premium for the earthquake sublimit coverage, multiply the earthquake sublimit rate by the earthquake sublimit of insurance. Except for Expense Modification and the Large Premium Discount Plan, the premium for this coverage is not subject to any further modification or rate plan.

f. Fairs or Exhibitions - IA 4014 (Class Code 4120)

The Fairs or Exhibitions Coverage Extension provides up to $25,000 per occurrence for covered property while it is located at fairs or exhibitions. Increased limits are available. The increased limit is the amount of covered property at all fairs or exhibitions in excess of $25,000. To determine the premium, multiply the rate indicated below by the Limit of Insurance in excess of $25,000.

Fairs or Exhibitions Rate	
$1.50	Rates per $100 - Per Policy

g. Mine Subsidence

Refer to the rules and rates filed in the Commercial Lines Manual Businessowners Package Program.

h. Ordinance or Law Coverage - FA 228

This coverage responds to losses that result from the enforcement of ordinances or laws regulating the restoration or demolition of a damaged building. Losses can result from:

(1) Loss in value of the undamaged portion of the building;

(2) Costs of demolition and debris removal of the undamaged portion of the building; and

(3) Increased expenses to:

(a) Reconstruct the undamaged portion of the building so that it complies with current building, zoning or land use laws or ordinances.

(b) Repair the damaged building so that it complies with current building, zoning or land use laws or ordinances.

The following coverages are independent of each other and any or all of them may be purchased. Building coverage is required. If Earthquake Coverage is purchased for the building and Coverage 1, 2 or 3 is purchased, Earthquake premiums must also be charged for Coverage 1, 2, or 3.

(1) Coverage 1 - Coverage for Loss to the Undamaged Portion of the Building (Class Code 4210)

(a) This is not a separate Limit of Insurance. Building coverage is extended to include loss to the undamaged portion of the building.

(b) The premium for Coverage 1 shall be determined by multiplying the applicable location building premium (prior to using Experience Rating, Schedule Rating and Expense Modification Rate Plans.) by .15.

(c) The Earthquake premium for Coverage 1 shall be determined by multiplying the applicable location building Earthquake premium (prior to using Experience Rating, Schedule Rating, Large Premium Discount and Expense Modification Rate Plans.) by .85.

(2) Coverage 2 - Demolition Cost Coverage (Class Code 4211)

(a) A separate Limit of Insurance must be chosen for demolition and debris removal costs for the undamaged portion of the building.

(b) The premium for Coverage 2 shall be determined by multiplying the applicable location Building base rate by the Coverage 2 Limit of Insurance per $100.

(c) The Earthquake premium for Coverage 2 shall be determined by multiplying the applicable Building Earthquake base rate by the Coverage 2 Limit of Insurance per $100.

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(3) Coverage 3 - Increased Cost of Construction Coverage (Class Code 4212)

(a) A separate Limit of Insurance must be chosen for increased cost of construction. The underlying building coverage must be written for Replacement Cost when a Limit of Insurance is shown in the Coverage Schedule for Increased Cost of Construction.

(b) The premium for Coverage 3 shall be determined by multiplying the applicable location Building base rate by the Coverage 3 Limit of Insurance per $100.

(c) The Earthquake premium for Coverage 3 shall be determined by multiplying the applicable Building Earthquake base rate by the Coverage 3 Limit of Insurance per $100.

(4) Combined Limit for Coverages 2 and 3 (Class Code 4213)

(a) This option combines Coverages 2 and 3 above. A combined Limit of Insurance must be chosen for Demolition Cost Coverage and Increased Cost of Construction Coverage.

(b) The premium for Combined Coverage 2 and 3 shall be determined by multiplying the applicable location Building base rate by the combined Coverage 2 and 3 Limit of Insurance per $100.

(c) The Earthquake premium for Combined Coverage 2 and 3 shall be determined by multiplying the applicable Building Earthquake base rate by the Coverage 2 and 3 Limit of Insurance per $100.

i. Outdoor Property - IA 4013 (Class Code 4150)

The Coverage Extensions section provides up to $5,000 for awnings (**Note:** Awnings attached to buildings insured on this policy are included in the building coverage and should not be included in this coverage extension limit.), fences and antennas. Increased limits are available. To determine the per location premium, multiply the rate indicated below by the Limit of Insurance in excess of $5,000 for each location being increased.

Outdoor Property Rate	
$1.25	Per $100

j. Property Deductibles

Apply the appropriate factor below to the $250 deductible Building and Business Personal Property rates. (The same Property Deductible amount is required at all locations on the policy.)

Property Deductible Factors Table	
Deductible	**Factor**
$ 100	1.25
500	.89
1,000	.81
2,500	.75
5,000	.70
10,000	.65

k. Property Off-Premises - IA 4014 (Class Code 4170)

The Property Off-Premises Coverage Extension provides up to $25,000 per occurrence for covered property while it is temporarily at a location not owned, leased or operated by the insured. Increased limits are available. The increased limit is the total amount of covered property at all temporary locations not owned, leased or operated by the insured in excess of $25,000. To determine the premium, multiply the rate indicated below by the Limit of Insurance in excess of $25,000.

Property Off-Premises Rate	
$1.00	Rates per $100 - Per Policy

l. Transportation - IA 4014 (Class Code 4190)

The Transportation Coverage Extension provides up to $25,000 per occurrence for covered property while it is in or on a vehicle, including loading and unloading of the property. Increased limits are available. The increased limit is the total amount of covered property on all vehicles at one time in excess of $25,000. To determine the premium, multiply the rate indicated below by the Limit of Insurance in excess of $25,000.

Transportation Rate	
$1.50	Rate per $100 - Per Policy

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m. Valued Daily Loss of Income

(1) The Additional Coverage section provides a limit of $500 per day for 30 days up to a maximum of $15,000 for loss of business income.

(2) The limit per day and the number of days may both be increased. The limit per day may be increased in increments of $50. The number of days may be increased in increments of 10 days up to a maximum of 90 days.

(3) To determine the per location premium, multiply the Business Personal Property rate times the limit of coverage in excess of $15,000 divided by 100.

Example: New Limit Desired: $600 per day for 30 days
$600 x 30 days = $18,000
($18,000 - $15,000) ÷ 100 = 30
30 x $.63 = $19.00 Charge

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* **o. Windstorm or Hail Percentage Deductibles - FA 494**

(1) The Windstorm or Hail percentage deductibles apply whenever there is an occurrence of Windstorm or Hail.

(2) The Windstorm or Hail deductible is calculated separately for, and applies separately to:

(a) Each building, if two or more buildings sustain loss or damage;

(b) The Building and to Business Personal Property in that building, if both sustain loss or damage;

(c) Business Personal Property at each building, if Business Personal Property at two or more buildings sustains loss or damage;

(d) Business Personal Property in the open.

(3) Percentage deductibles may vary by location. At a location all covered property must be written using the same percentage deductible.

(4) Multiply the Building and Business Personal Property rates by the appropriate factor from the following table:

Windstorm or Hail Percentage Deductible Factor Table		
Code(s)	**Deductible**	**Factor**
19	1%	.99
29	2%	.98
39	5%	.96

This modification should be made in addition to fixed deductibles per Coverage Options Item **4.j.** of this Section for Property Deductibles.

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5. Liability *

a. Additional Insureds

Liability coverage may be extended to certain designated additional insureds.

The premium for these endorsements will be as follows:

Additional Insured Premium Table		
Type of Additional Insured	**Form**	**Charge**
Co-Owner of Insured Premises	**IA 4167**	No Charge
Designated Person or Organization	**GA 429**	No Charge
Lessors of Leased Equipment	**GA 458**	No Charge
Lessor of Leased Equipment - Automatic Status When Required in Lease Agreement with You	**IA 4168**	No Charge
Managers or Lessors of Premises	**GA 457**	No Charge
Mortgagee, Assignee or Receiver	**IA 4169**	No Charge
Owners or Other Interests From Whom Land has Been Leased	**IA 4170**	No Charge
Pick Up or Delivery - Scheduled Person or Organization	**GA 4247**	No Charge

b. Bodily Injury Exceptions to Pollutant Exclusion - IA 208 (Class Code 20410)

Coverage is available to the named insured for bodily injury from sudden and accidental release of pollutants from the insured's premises or work site, and from bodily injury caused by gaseous or airborne pollutants from a work site. The injured person must be clinically diagnosed or treated by a physician within 1 year of first exposure to the pollutants.

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We shall have no duty to defend or pay damages for any person or organization that is not a named insured. The premium for this endorsement will be as follows:

(1) $10 per location, subject to a $25 minimum premium.

c. Business Liability - Optional Increased Limit

Optional $2,000,000 Liability Limit

(1) Description of Coverage

The basic limit of liability of $1,000,000 per occurrence for Business Liability may be increased to $2,000,000.

(2) Rate Modification

Add the rate increment to the applicable rate. Refer to the Rate Pages to determine this rate increment.

d. Business Liability Broadened Endorsement - IF 209 (Class Code 20289)

(1) Forms

(a) If the primary coverage form is **IF 102**, attach forms **IF 209** - Business Liability Broadened Endorsement - and **IF 431** - Bridge Endorsement, if applicable. Refer to Rule **12.B.5.c.(4)** for guidelines applicable to the Bridge Endorsement.

(b) If the primary coverage form is **IB 101**, 4/99 and subsequent, attach form **IB 207** - Business Liability Broadened Endorsement.

(2) Explanation: The Business Liability Broadened Endorsement adds the following broadened or additional coverages:

(a) Employee Benefit Liability at $1,000,000/$3,000,000 limits with a $1,000 deductible;

(b) Unintentional Failure to Disclose Hazards Condition;

* **(c)** Damage to Premises Rented to You;

(d) Supplementary Payments of $1,000 for bail bonds and $500 per day loss of earnings;

(e) Medical Payments at $10,000 per person;

(f) Volunteer Workers included as insureds;

(g) 180 Day Coverage for Newly Formed or Acquired Organizations;

(h) Waiver of Subrogation;

(i) Automatic Additional Insured - Specified Relationships:

1) Managers or Lessors of Premises;

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2) Lessor of Leased Equipment;

3) Vendors; and

4) State or Political Subdivisions - Permits Relating to Premises.

(j) Property Damage to Borrowed Equipment at $10,000 per occurrence ($250 deductible);

(k) Employees as Insureds - Specified Health Care Services:

1) Nurses;

2) Emergency Medical Technicians; and

3) Paramedics.

(l) Broadened Notice of Occurrence Condition.

(3) Rates - Flat Charge $125.00 annually. Except for expense modification, the premium for this endorsement is not subject to further modification or rate plan. The premium is in addition to, not included within, the Minimum Premium in Rule **6.**

* **(4) Bridge Endorsement**

IF 209 may be added to existing policies written with form **IF 102.** When this is done, the rules and rates that are shown in this manual apply. In addition, Bridge Endorsement **IF 431** must be added if the policy is subject to the **IF 102** with an edition date prior to 4/99. The bridge endorsement will amend the underlying coverage to be in accordance with the coverage offered in the Business Liability Broadened Endorsement.

e. Coverage for Injury to Leased Workers - IA 4098 (Class Code 22991)

Coverage for bodily injury sustained by a leased worker while performing duties related to the conduct of the named insured's business may be provided, by mutual agreement between the insurer and the insured, by attaching Coverage for Injury to Leased Workers Endorsement **IA 4098.** To determine the premium, multiply the Workers Compensation rate for the Classification times a 1.25 surcharge. Multiply the result by the total estimated annual payroll for Workers Compensation (per $100). Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

Injury to Leased Workers Rate	
Workers Compensation Rate x 1.25	Per $100 of Annual Payroll

Leased worker means a person leased to the named insured by a labor leasing firm under an agreement between the named insured and the labor leasing firm, to perform duties related to the conduct of the insured's business. A leased worker does not include a temporary worker who is furnished to the named insured for a finite period to support or supplement the named insured's work force in special work situations such as employee absences, temporary skill, shortages and seasonal workloads.

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* **g. Employee Benefit Liability - GA 208 (Class Code 20180)**

This endorsement provides coverage against claims for damages because of the insured's negligent acts, errors or omissions committed in the administration of an employee benefit program. The coverage is provided on an occurrence basis. Coverage is also extended to negligent act(s), errors or omissions committed prior to the effective date of the coverage provided the insured had no knowledge of a claim or suit as of that effective date. The Each Employee limit of insurance must be the same as the Business Liability Each Occurrence limit. A $1,000 deductible applies. A completed Application (**IB 005**) must be submitted. The premium for this coverage will be as follows:

Employee Benefit Premium Table		
	Limits and Premiums	
Number of Employees	**$1,000,000 / $3,000,000**	**$2,000,000 / $6,000,000**
1 - 50	$148	$178
51 - 100	199	239
Over 100	298	358

* **h. Reserved**

* **i. Employment Practices Liability Insurance - GA 520 / GA 116**

Application **GA 012 IL** is to be fully completed.

Employment Practices provides coverage on a claims-made basis to insureds for wrongful acts committed, attempted, or allegedly committed or attempted relating to employment practices of the named insured. Coverage is subject to a copayment and deductible. Defense is provided within the limits of insurance. Coverage is available as an option per the chart below:

Limit	Deductible	Coinsurance	Premium	Minimum Premium
$500,000	$2,500	10%	$50 per employee	$200

Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan available under the Dentist's Package Policy. If different limits and / or retentions are desired, then Employment Practices Liability Insurance must be written on a separate policy, and you must refer to Division Six of the Independent Commercial Lines Manual for rules and rates.

* **j. Freight or Passenger Elevators Inspection Fee (Class Code 65210)**

Insured may elect to have the Cincinnati Insurance Company order state inspections for freight and passenger elevators. Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

Elevator Inspection Fee	
Per Elevator	$204

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* **k. Medical Payments Coverage (Class Code 22223)**

(1) The Dentist's Package Policy provides for Medical Payments with limits of $5,000 to or for any person injured as a result of a condition in the insured's premises or in connection with operations performed by the insured.

(2) Per person limits may be increased or decreased in increments of $1,000. Application **GA 014** is to be fully completed when limits are increased.

(a) The maximum increased may not exceed $5,000 ($10,000 total limit).

(b) To increase the limit, a 2% charge per $1,000 of increased limit will apply to the Business Personal Property base rate for all locations. The minimum premium per $1,000 of increased limit is $10 and is not subject to further modification.

(c) To reduce Medical Payments limits below $5,000, a 1% credit per $1,000 of decreased limit will apply to the Business Personal Property base rate for all locations.

(3) Coverage may be deleted by attaching form **IA 310** - Exclusion - Medical Payments. A 5% credit will be applied to the Business Personal Property base rate for all locations.

(4) Excess Medical Payments Coverage is available to be excess over individual, blanket or group accident, disability or hospitalization insurance; medical or surgical reimbursement plan; or Workers' Compensation or disability benefits law or similar law. Use form **IA 4166** - Medical Payments - Excess. A credit of 2% will apply to the Business Personal Property base rate for all locations.

Example:

Policy provides $5,000 med pay limit. Desire $10,000 limit.

B.P.P. Base Rate = $3.25

Med Pay Increase $5,000, so 5 x 2% = 10% increase

Thus: 1.10 x 3.25 = $3.58 new B.P.P. base rate

* **l. Personal and Advertising Injury Exclusion - IB 301**

The Dentist's Package Policy provides coverage for Personal and Advertising Injury with a basic limit of $1,000,000. To exclude this coverage, a 2% credit will apply to the Business Personal Property base rate for all locations.

* **6. Professional Liability** (Application **PA 007** - a separate application is to be completed by each dentist)

a. Coverage / Forms

(1) Dentist's Professional Liability Coverage Part Declarations (Occurrence) - **PA 526**

(2) Dentist's Professional Liability Occurrence Coverage Form - **PA 128**
Includes First Aid Payments subject to $5,000 any one person limit.

(3) Dentist's Package Policy Occurrence Professional Amendment - **PA 441**

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(4) Medical Waste Defense Expenses Reimbursement coverage - **PA 206**
Form will be attached to the Policy at no additional premium charge when Dentist's Professional Liability is a part of the policy.

(5) Locum Tenens (Temporary Substitute) Coverage - **PA 204**
This form is used to extend Dentist's Professional Liability Coverage to a named individual who is temporarily substituting for an insured. No additional premium is charged. Limits of Insurance for the Locum Tenens is shared with the insured who is temporarily replaced. Application **PA 007** is required.

(6) Department of Professional Regulation (DPR) Supplementary Payments Coverage - **PA 205**
This form extends the Dentist's Professional Liability Supplementary Payments to pay for defense expenses if the insured becomes the subject of the DPR investigation. No premium is charged for this endorsement.

(7) Professional Liability premiums are subject to annual adjustment.

* **b. Classifications**

Coverage for Dentist's Professional Liability is offered for Dentist Class 1 (Professional Liability Class 80226); Class 2 (Professional Liability Class 80227); and Class 2A (Professional Liability Class 80229). Corporation or Partnership (Professional Liability Class 80239) is included if applicable.

Note: Class 3 Dentists are not eligible.

Procedure and / or Specialty	Class	Anesthesia
General Dentistry Endodontics Pedodontics Prosthodontics Orthodontics Periodontics / Non-Osseous Surgery, Non-Advanced or Non-Refractory Progressive Periodontitis Implant Prostheses / Non-Surgical Extraction of Erupted Third Molars	1	In the Office: Local N_2O Oral Administered by other than an insured or insured's employee: General Deep Intra Muscular (I.M.)
Periodontics / Osseous Surgery, Advanced or Refractory Progressive Periodontitis Extraction of Impacted Third Molars Soft Tissue or Partial Bony Only	2	Conscious IV
Implants / Surgical	2A	Conscious IM
Oral and Maxillofacial Surgeon Extraction of Impacted Third Molars Other Than Soft Tissue or other than Partial Bony	3	General anesthesia and / or Deep Sedation given in a patient unconscious and done in the office; or in a hospital if administered by an insured or insured's employee.
Any Procedure or Anesthesia in a higher class would make the higher class applicable.		

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c. Dentist's Professional Rate Modification Plan

All credits and debits apply to each dentist individually.

All credits and debits are to be taken separately and are not added together.

The total credits for all Rating Plans combined, not including the Leave of Absence Rating Plan, may not exceed 60%.

(1) Recent Graduate Rating Plan: **Credits**

First year dentist	60%
Second year dentist	40%
Third year dentist	20%

The first year begins on the date the dentist receives the first state or regional board certification.

(2) Part-time Rating Plan:

To qualify for part-time credit of 50% the dentist must work no more than 20 hours per week.

(3) Leave of Absence Rating Plan:

Apply 75% credit to that portion of the premium that is charged for the period of the leave of absence. To qualify for this credit the dentist must be disabled or on a leave of absence for a period of not less than 45 days but not more than 180 days.

(4) Association Rating Plan:

a. Member of a local, state, or national dental association. 5% **credit**

b. Member of The Chicago Dental Society 5% **credit**

* **(5) Practice Rating Plan:**

(a) Endodontic work by any classification other than Endodontist specialist:

- Treatment of single-rooted teeth 10% **debit**
- Treatment of multi-rooted teeth 25% **debit**

If both, only apply the debit associated with Treatment of multi-rooted teeth.

(b) Extraction of:

- Erupted third molars 15% **debit**
- Impacted third molars - soft tissue or partial bony only 25% **debit**

If both, only apply the debit associated with Impacted third molars - soft tissue or partial bony only.

(c) If not doing oral cancer examinations: 15% **debit**

(6) Experience Rating Plan:

The experience period is the three years immediately preceding the effective date of the current policy period, and three years since the insured has had an experience debit.

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(a) Credit:

The dentist must be insured with CIC entirely during the experience period:

0 losses	25% **credit**

(b) Debits:

1 loss	15% **debit**
2 losses	50% **debit**
3 losses	100% **debit**

A loss is a paid or reserved claim (expenses are not included as a paid loss).

Any insured who qualifies for an Experience Debit may also be declined or non-renewed.

d. Occurrence Premiums

The occurrence premium is calculated by determining the proper class of the dentist and multiplying the base premium for the dentist by the appropriate increased limits factor and any applicable debits and credits.

(1) Base Premiums

Territory 01 - Cook County

Limits	Class		
	1	2	2A
$100,000/300,000	1,056	1,279	2,540

Territory 02 - Remainder of State

Limits	Class		
	1	2	2A
$100,000/300,000	754	914	1,814

(2) Medical Professional Territories

Dentists Professional Liability (Subline Code 230)

COOK COUNTY 001

REMAINDER OF STATE 002

Exposure = No. of dentists x No. of months (up to 12)

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* **(3) Increased Limits**

(Limit Codes in Parentheses)
(Limits are in Thousands)

	Per Dental Incident							
Aggregate	**100**	**150**	**200**	**250**	**300**	**500**	**1,000**	**2,000**
300	**1.00**	**1.06**	**1.08**	**1.10**	**1.12**			
	(52)	(56)	(60)	(63)	(66)			
400	**1.01**	**1.07**	**1.10**	**1.12**	**1.14**			
	(55)	(56)	(60)	(63)	(66)			
500	**1.03**	**1.08**	**1.12**	**1.14**	**1.16**	**1.21**		
	(53)	(56)	(57)	(61)	(66)	(67)		
600	**1.04**	**1.09**	**1.14**	**1.16**	**1.18**	**1.23**		
	(55)	(56)	(58)	(63)	(66)	(70)		
750	**1.05**	**1.10**	**1.15**	**1.18**	**1.20**	**1.25**		
	(55)	(56)	(60)	(62)	(66)	(70)		
900	**1.06**	**1.11**	**1.16**	**1.19**	**1.22**	**1.27**		
	(55)	(56)	(60)	(63)	(65)	(70)		
1,000	**1.07**	**1.11**	**1.16**	**1.19**	**1.23**	**1.28**	**1.34**	
	(54)	(56)	(59)	(63)	(66)	(68)	(71)	
1,250	**1.08**	**1.12**	**1.17**	**1.20**	**1.24**	**1.29**	**1.35**	
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	
1,500	**1.09**	**1.13**	**1.18**	**1.21**	**1.24**	**1.29**	**1.35**	
	(55)	(56)	(60)	(63)	(66)	(69)	(73)	
2,000	**1.10**	**1.14**	**1.20**	**1.23**	**1.26**	**1.30**	**1.36**	
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	
2,500	**1.12**	**1.15**	**1.22**	**1.24**	**1.28**	**1.32**	**1.37**	
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	
3,000	**1.14**	**1.16**	**1.24**	**1.26**	**1.30**	**1.34**	**1.38**	
	(55)	(56)	(60)	(63)	(66)	(70)	(72)	
4,000	**1.15**	**1.18**	**1.26**	**1.28**	**1.32**	**1.36**	**1.40**	**1.48**
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	(75)

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Aggregate	Per Dental Incident								
	2,500	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000
2,500	**1.45** (76)								
3,000	**1.46** (76)	**1.47** (77)							
4,000	**1.48** (76)	**1.49** (77)	**1.50** (78)						
4,500	**1.49** (76)	**1.50** (77)	**1.51** (78)						
5,000	**1.50** (76)	**1.51** (77)	**1.52** (78)	**1.53** (79)					
6,000	**1.51** (76)	**1.52** (77)	**1.53** (78)	**1.54** (79)	**1.55** (80)				
7,500	**1.52** (76)	**1.53** (77)	**1.54** (78)	**1.55** (79)	**1.56** (80)	**1.57** (81)			
9,000	**1.53** (76)	**1.54** (77)	**1.55** (78)	**1.56** (79)	**1.57** (80)	**1.58** (81)	**1.59** (83)	**1.60** (84)	
10,000	**1.54** (76)	**1.55** (77)	**1.56** (78)	**1.57** (79)	**1.58** (80)	**1.59** (81)	**1.60** (83)	**1.61** (84)	**1.62** (85)

e. Prior Acts or Omissions Extension

(1) This optional endorsement to Dentist's Professional Liability Occurrence Coverage provides coverage for the reporting of claims arising out of the rendering or failure to render professional services on or after the retroactive date and prior to the effective date. This endorsement may be necessary when the insured was previously covered by a policy with a claims made trigger and an adequate Extended Report Period was not purchased.

(2) Dentist's Professional Prior Acts or Omissions Extension **PA 421** is used to provide this coverage.

(3) Premium Calculation

The following factors are applied to the gross CIC occurrence premium without the application of any credits or debits.

Number of Consecutive Years Insured has Purchased Claims-Made Coverage	Prior Acts Coverage Factors
1	.13
2	.24
3	.32
4	.35
5 or more	.37

This is a one time charge.

* The premium is fully earned. No commission is paid on Prior Acts or Omissions.

(4) Code 26050

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7. Inland Marine

a. Accounts Receivable

(1) Coverage is provided up to $100,000 per location for Accounts Receivable with no deductible. Increased limits are available up to $250,000. Use form **IA 4013.** To determine the premium, multiply the applicable location Business Personal Property base rate by the appropriate factor from the table below for each location being increased. Multiply the result by the Limit of Insurance (per $100) in excess of $100,000.

Accounts Receivable Rate Table
All Territories 10% of B.P.P. rate

(2) Accounts Receivable - Away from Your Premises - IA 4014 (Class Code 155)

Coverage is provided up to $5,000 for Accounts Receivable - Away from Your Premises. Increased limits are available up to $25,000. To determine the premium, multiply the rate indicated below by the Limit of Insurance in excess of $5,000.

Accounts Receivable - Away from Your Premises Rate	
$.25	Per $100 - Per Policy

* **b. Electronic Data Processing Property - IA 4013 (Class Code 225)**

Coverage is provided up to $10,000 per location for electronic data processing exposures. Increased limits for this coverage are available. (A $1,000 Mechanical Breakdown deductible applies per the form.) A completed Application **MA 004** must be submitted with requests for limits in excess of $50,000. The premium for increased Electronic Data Processing Property Coverage shall be calculated by multiplying the Business Personal Property base rate by the factor shown below for each location being increased:

Electronic Data Processing Property Increased Limit Factor	
.60	Per $100

Deletion of Power Surge Exclusion - FA 433 (Class Code 780)

Deletion of Power Surge Exclusion is available for a premium. The equipment must have a power surge protector if this exclusion is to be deleted.

Deletion of Power Surge Exclusion Premium	
$25	Per Location

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Worldwide Coverage for Computers Temporarily Off Premises - IA 212 (Class Code 227)

For Data Processing Equipment, Data and Media that is in transit or temporarily away from the insured's premises, the policy territory can be expanded to provide worldwide coverage. The premium for this coverage will be as follows:

Worldwide Coverage for Computers Temporarily Off Premises Premium	
$50	Per Policy

c. Signs - IA 4013 (Class Code 460)

Coverage is provided up to $10,000 per location for outdoor signs not included in the building coverage. (Attached signs must be included in the Building value.) A $250 deductible applies. Increased limits for this coverage are available. To determine the per location premium, multiply the rate indicated below by the Limit of Insurance in excess of $10,000 (per $100).

Signs Rate Table	
$2.20	Per $100 Per Location

d. Valuable Papers and Records (Class Code 530)

Coverage is provided up to $100,000 per location for valuable papers with no deductible. Increased limits are available up to $250,000. Use form **IA 4013.** To determine the premium, multiply the Business Personal Property base rate by the appropriate Valuable Papers factor from the table below for each location being increased. Multiply the result by the Limit of Insurance in excess of $100,000 (per $100).

Valuable Papers and Records Rate Table
All Territories
25% of B.P.P. Rate

* **8. Umbrella Liability**

Coverage is available as an option. Use Form **UF 501** - Dentist's Commercial Umbrella Liability Coverage Declarations and **IF 438** - Dentist's Package Policy Commercial Umbrella Amendment. For all other forms, refer to forms filed by The Cincinnati Companies under the Commercial Umbrella Program.

a. Eligibility:

Umbrella coverage is available as a coverage option. Eligible risks will meet the requirements specified in **(1)** through **(5)** below. **Note**: Risks that do not meet these requirements may be eligible for a monoline Umbrella Policy.

(1) Auto Liability - Eligible risks:

(a) Will have primary Hired & Nonowned Auto liability coverage insured by The Cincinnati Companies.

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(b) Will have no more than five owned, private passenger automobiles and light commercial trucks that are primarily operated within a local radius and insured by The Cincinnati Companies.

(2) Risks eligible for excess Employers Liability limits will have their primary Employers Liability coverage insured by an acceptable carrier.

(3) Risks desiring excess Professional Liability limits will have their primary Professional Liability coverage insured under the Dentist's Package Policy.

(4) Eligible risks will not have any of the following:

(a) Aircraft - owned or nonowned exposures

(b) Personal Umbrella(s)

(c) Watercraft - nonowned if craft exceeds 50 feet in length or owned exposure.

(5) Eligible risks will have at least the following primary limits:

Automobile Liability	$250/500 BI / $100,000 PD or $500,000 CSL. $300,000 CSL if primary is with Cincinnati.
Business Liability	$1,000,000
Employers Liability	$100,000
Professional Liability	$300,000
Coverage Option: Employee Benefit Liability	$1,000,000

b. Agents Binding Authority - refer to Rule 8.

c. Premium - Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

(1) Professional (Individual)

Premiums shown under this section are applicable to each individual partner, active corporate officer or any employee who is a Named Insured on the primary Professional Liability policy.

	Annual Premiums for 1st $1,000,000	
Primary Professional Liability Limits:	**300 / 300**	**500 / 1,000 or higher**
Dentist - Class 1	$100	$ 85
Dentist - Class 2	150	125
Dentist - Class 2A	575	460

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(2) Auto

	Annual Premiums for 1st $1,000,000	
Primary Owned Auto Limits:	**500 CSL or 250/500/100**	**Higher Limits**
Private passenger and light GVW commercial - local radius	$50 each auto	$25 each auto
Hired and Nonowned Auto - included in Basic Premises Charge	N/C	N/C

(3) Minimum Premiums

Dentist - Individual	$325
Dentist - Corporation or Partnership	$400

(4) Increased Limits

For limits over $1,000,000 up to $5,000,000	With Professional and Owned Auto	With Professional and no Owned Auto	With Owned Auto and no Professional	With no Owned Auto and no Professional
Excluding UM/UIM (Charge for each additional $1,000,000)	$300	$275	$275	$250
For limits over $5,000,000	Submit to Home Office	Submit to Home Office	Submit to Home Office	Submit to Home Office

13. RATE PLANS

A. Building Age Credit

If the building is ten years or less in age, apply a .95 factor to the building base rate. Building Age Credit may not be applied to the Coverage Options provided in Rule **12.**

B. Building Code Effectiveness Grading Rule

The Building Code Effectiveness Grading Schedule is designed to grade the effectiveness of a community's building code enforcement program. The Building Code Effectiveness Grades for a community, and their effective date, are provided in the Public Protection Classification Manual published by ISO Commercial Risk Services, Inc. Below are the ISO statistical codes for the Building Code Effectiveness Grades:

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1. Community Grading

Building, Business Personal Property and Earthquake

Grade (Code)

1	(01)
2	(02)
3	(03)
4	(04)
5	(05)
6	(06)
7	(07)
8	(08)
9	(09)
10	(10)
Ungraded	(99)

2. Individual Grading

Community Grade

Grade (Code)

1	(11)
2	(12)
3	(13)
4	(14)
5	(15)
6	(16)
7	(17)
8	(18)
9	(19)
10	(20)
Ungraded	(99)

C. Experience Rating

Any risk may be eligible for the application of experience rating. The experience period is the three years immediately preceding the effective date of the current policy period and the insurance must have been with The Cincinnati Insurance Company entirely during the experience period.

Experience Rating Table	
0 Losses (Paid or reserved)	15% Credit
Two or More Losses and a loss ratio (Paid & Reserves) / Earned Premium) that exceeds 90%	25% Debit

* This Experience Rating Plan may not be applied to Coverage for Injury to Leased Workers, Equipment Breakdown, Earthquake Coverage, Employment Practices Liability, Freight or

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Passenger Elevator Inspection, Mine Subsidence, Business Liability Broadened Endorsement, Blanket Basket Endorsement, Professional Liability and Umbrella Liability Premiums.

D. Schedule Rating Plan

1. General Rules

* **a.** This plan shall be applied to a Dentist's Package Policy which develops a total premium of $500 or more (excluding Coverage for Injury to Leased Workers, Equipment Breakdown, Blanket Basket Endorsement, Earthquake Coverage, Employment Practices Liability, Freight or Passenger Elevator Inspections, Mine Subsidence, Business Liability Broadened Endorsement, Professional Liability and Umbrella Liability premiums) before application of this plan.

b. All rating plans apply for the term of the policy.

2. Rating Procedure

a. If applicable, the modifications shown in the Schedule Rating Plan Table may be applied. These modifications reflect the individual characteristics of the risk that are not fully reflected in the basic premium or rates.

b. When modifications from more than one Risk Characteristic apply, the modifications shall be added together, not multiplied.

c. The total modifications under the following table shall not:

(1) Exceed 40%;

(2) Apply to minimum premiums; or

* **(3)** Apply to Coverage for Injury to Leased Workers, Equipment Breakdown, Earthquake Coverage, Blanket Basket Endorsement, Employment Practices Liability, Freight or Passenger Elevator Inspections, Mine Subsidence, Business Liability Broadened Endorsement, Professional Liability and Umbrella Liability premiums.

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3. Risk Characteristics

Schedule Rating Plan Table			
Risk Characteristics	**Range of Modifications**		
	Credits		**Debits**
Management: Cooperation in matters of experience, qualification, stability	10%	to	10%
Location: Accessibility, congestion and exposures	10%	to	10%
Building Features: Age, condition and unusual structural features	10%	to	10%
Premises and Equipment Care, condition and type	10%	to	10%
Employees: Selection, training supervision and experience	10%	to	10%
Protection: Not otherwise recognized	10%	to	10%
Attitude: Complies with recommendations, controls exposure to loss	10%	to	10%

4. Total credits in excess of 10% should be discussed with your Field Marketing Representative or Headquarters Underwriter.

E. Large Premium Discount Plan (LPDP)

The LPDP may be used to modify premiums to reflect reduced costs realized by The Cincinnati Insurance Company through the combining of several coverages into a Dentist's Package Policy. The LPDP reflects the redundancies developed by large premiums.

1. Premium Development

a. Individually compute the annual premium for each eligible coverage, refer to **2.** below for ineligible coverages.

b. Apply the LPDP factor from the Large Premium Discount Factors Table to the premium for each eligible coverage.

Large Premium Discount Factors Table	
Annual Coverage Premium	**Factor**
0 to $ 1,000	None
1,001 to 2,000	.95
2,001 to 4,000	.90
4,001 to 8,000	.85
8,001 to 16,000	.80
16,001 and above	.75

c. The sum of the modified premiums for each coverage eligible for the LPDP shall be added to the premiums of the coverages not eligible for LPDP to determine the annual policy premium.

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2. Material Coverage Change Notification - Additional Insured - **IA 4087.** This form provides for prior notification of material changes for a specified number of days before the effective date of the coverage change.

3. Earlier Notice of Cancellation Provided by Us - **IA 4086.** This form increases the number of days required for notice of cancellation for any statutorily permitted reason other than nonpayment of premium.

4. Exclusion - All Hazards in Connection with Designated Premises - **GA 314.** This form may be used to exclude the insured's operations at a location for which coverage is provided by another policy or by another carrier.

5. Exclusion - Designated Products - **GB 306.** This form is used to exclude the products / completed operations hazard arising out of any of the insured's products named in this form's Schedule.

6. Exclusion - Lead Liability - **IA 305.** This endorsement excludes all liability coverage arising out of the exposure to or presence of lead in any form. (Required for habitational property built prior to 1980 unless the property has been certified lead free by abatement and / or there is written proof that the property has been professionally encapsulated. In either case, written documentation is needed.)

* 7. Exclusion - Lead Liability Schedule - **IB 473.** Used to indicate designated premises to which the Lead Liability Exclusion **IA 305** does not apply.

8. Exclusion - Personal and Advertising Injury - **IB 301.** This form is used to exclude liability for personal and advertising injury.

9. General Change Endorsement - **IB 447.** This form is used for making general changes to the policy.

10. Limitation of Coverage to Designated Premises - **GA 312.** This form may be used to limit liability coverage to a designated insured premises when the insured has other locations for which coverage is provided by another policy or by another carrier.

11. Loss Payable Provisions - **FA 435.** The following provisions are available:

   a. Loss Payable, when it is intended to make loss payable to the insured and a named loss payee as their interests may appear. Under this provision, the rights of the loss payee are subject to the company's defenses against the insured.

   b. Lender's Loss Payable, to protect the interest of a named lender. This provision is applicable when a mortgageholders clause is not applicable and where the interest has been established by warehouse receipts or other suitable documentary evidence. Under this provision, the rights of the lender are independent of any breach of condition by the insured.

   c. Contract of Sale, to be used when duplicate interests exist in property undergoing transfer by sale.

12. Named Insured Schedule - **IA 905.** This form is used to indicate the Named Insured when it won't fit on the Dentist's Package Policy Declarations Page.

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2. Coverages not eligible for LPDP:

The Large Premium Discount Plan may not be applied to Coverage for Injury to Leased Workers, Equipment Breakdown, Blanket Basket Endorsement, Employment Practices Liability, Freight or Passenger Elevator Inspections, Mine Subsidence, Business Liability Broadened Endorsement, Professional Liability and Umbrella Liability premiums.

F. Expense Modification

The schedule rating modification contemplates the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit shall be increased, or if a debit shall be decreased, by the amount of the reduction in expenses.

14. ENDORSEMENTS

* **A. Mandatory Forms**

1. Dentist's Package Policy Declarations - **IF 502.**
2. Businessowners Package Policy Coverage Form - **IB 101.**
3. Dentist's Package Policy Coverage Endorsement - **IF 207.**
4. Dentist's Business Auto Coverage Declarations - **IF 505 IL.**
5. Dentist's Package Policy Auto Amendment - **IF 436 IL.**

B. State Mandatory Forms

1. Illinois Changes - **IA 4041**
2. Illinois Changes - Cancellation and Nonrenewal - **IA 4042 IL**

* **C. Classification or Coverage Mandatory Forms**

1. Claims-Made Employment Practices Liability Coverage Part Declarations - **GA 520.** This form must be attached when Employment Practices Liability Insurance Coverage is provided.
2. Condominium Commercial Unit-Owners Coverage - **FA 418.** This form must be attached when covered property is Business Personal Property located in a condominium.

D. Other Endorsements

The following endorsements may be added at no charge as warranted by circumstances or exposures.

1. Additional Insured - Designated Person or Organization (Professional) - **PA 447.** This form is used to add the person or organization designated as an insured with respect to liability arising out of the insured's acts or omissions in the furnishing of professional services.

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13. Policy Reinstatement - **IA 475.** This form can be used to reinstate a policy that has been canceled by Direct Notice of Cancellation.

14. Premium Payment Endorsement - **IB 451.** This endorsement is used to show short-term premiums and to break out premiums, such as to show applicable state taxes.

15. Prior Policy Replacement - **IA 489.** This form is used when the insured(s) and Company agree that another policy will take the place of and replaces a prior policy issued by the Company on a designated date.

16. Resident Agent Countersignature Endorsement - **MI 1090.** This form is used when the resident agent's countersignature is required by state law.

17. Schedule of Additional Locations - **IF 424.** This form is used to schedule additional locations when there is not sufficient room on the Dentist's Package Policy Declarations page.

18. Schedule of Additional Mortgageholder(s) - **FA 434.** This form is used to schedule additional mortgageholders.

19. Welfare and Pension Named Plan - **CA 414.** This form is used to name welfare and / or pension plan(s).

20. Primary / Noncontributory Amendment of Conditions for Designated Additional Insureds - **IB 458.** This form amends the Business Liability coverage to primary and noncontributory, where required in a written contract, over any other insurance policy issued to the designated additional insured. This form is not an additional insured endorsement, it must be used in conjunction with an applicable additional insured endorsement.

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15. TERRITORY DEFINITIONS

The following list contains all the more important cities, towns, boroughs and villages in this state together with their counties and territory code assignments. For any cities or towns not specifically named, the territory codes are shown by county at the end of this listing.

City and County	Territory Code
A	
Argo, Cook	006
B	
Bedford Park, Cook	006
Blue Island, Cook	006
Burnham, Cook	006
C	
Calumet Park, Cook	006
Canteen, St. Clair	004
Centreville, St. Clair	004
Chicago, Cook	001
Cicero, Cook	006
D	
Dalton, Cook	006
E	
East St. Louis, St. Clair	004
Elmwood Park, Cook	006
Evanston, Cook	006
Evergreen Park, Cook	006
G	
Granite City, Madison	004
H	
Harwood Heights, Cook	006
Hometown, Cook	006
L	
Lincolnwood, Cook	006
M	
Melrose Park, Cook	006
Merrionette Park, Cook	006
Moline, Rock Island	008
N	
Nameoki, Madison	004
Niles, Cook	006
Norridge, Cook	006
O	
Oak Park, Cook	006
P	
Park Ridge, Cook	006
Peoria, Peoria	008
R	
Riverdale, Cook	006
River Grove, Cook	006
Rock Island, Rock Island	008
Rockford, Winnebago	008
S	
Springfield, Sangamon	008
Stickney, Cook	006
Stites, St. Clair	004
Summit, Cook	006
V	
Venice, Madison	004

THE
CINCINNATI INSURANCE COMPANY

ILLINOIS

DENTIST'S PACKAGE PROGRAM MANUAL

County	Territory Code
A	
Alexander	016
C	
Cook	007
D	
Du Page	009
F	
Franklin	016
G	
Gallatin	016
H	
Hamilton	016
Hardin	016
J	
Jackson	016
Johnson	016
K	
Kane	009
L	
Lake	009
M	
Massac	016
P	
Perry	016
Pope	016
Pulaski	016
S	
Saline	016
U	
Union	016
W	
White	016
Will	009
Williamson	016
Remainder of state	015

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DIVISION SEVEN
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TERRITORY PAGE

●

Legal Professional (Subline Code 317)

ENTIRE STATE **999**

Medical Professional

COOK COUNTY **001**

REMAINDER OF STATE **002**

Veterinarians Professional Liability (Subline Code 317)

ENTIRE STATE **999**

Superseded 7-1-02

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GUIDE (a) RATES
INDEX

		Page
I.	Rules for Use of Guide (a) Rates	PL-G-2
II.	Increased Limits	PL-G-3
	Guide Increased Limits Basic Charges	
	Interpolation Procedure	
	Guide Factors for Hospital, Lawyers, Miscellaneous Professional, Physicians, Surgeons and Dentists Professional Liability	

superseded 7-1-02

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GUIDE (a) RATES
RULES FOR USE OF GUIDE (a) RATES ♊

I. Rates differing from the guide (a) rates in the schedule, or a rating basis differing from a rating basis in the schedule, provided none is specified in the Professional Liability Manual, may be established in individual cases by the company.

II. (a) Rates for exposures not assignable to any classification contained in the schedule of guide (a) rates or in the Professional Liability Manual may be established in individual cases by the company.

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GUIDE (a) RATES
INTERPOLATION
INCREASED LIMITS ¤

1. The following interpolation procedure shall be used in determining increased limit factors or combinations of limits not shown in the limits tables except for Druggists Liability.

(i) Determine the table factor for the limit or combination of limits next lower than the limit or limits desired and the table factor for the next higher limit or combination of limits.

(ii) The factor for the limit or combination of limits desired shall be determined by interpolation, but all fractions in the third decimal place shall be considered as an additional unit in the second decimal place.

(iii) Where neither limit required appears in the table, submit for rating.

2. All limits are expressed in thousands of dollars.

3. Limit codes are shown in parentheses under factors.

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GUIDE (a) RATES ¤

1. Convalescent or Nursing Homes

Aggregate	Per Medical Incident								
	100	200	250	500	1,000	1,500	2,000	2,500	3,000
4,000	**1.95**	**2.01**	**2.03**	**2.10**	**2.20**	**2.27**	**2.41**	**2.51**	**2.61**
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
4,500	**1.96**	**2.02**	**2.04**	**2.11**	**2.21**	**2.27**	**2.41**	**2.52**	**2.61**
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
5,000	**1.97**	**2.03**	**2.05**	**2.12**	**2.22**	**2.28**	**2.42**	**2.53**	**2.62**
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
6,000	**1.98**	**2.04**	**2.06**	**2.13**	**2.23**	**2.29**	**2.43**	**2.54**	**2.63**
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
7,500	**1.99**	**2.05**	**2.07**	**2.14**	**2.24**	**2.30**	**2.44**	**2.55**	**2.64**
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
9,000	**2.00**	**2.06**	**2.08**	**2.15**	**2.25**	**2.31**	**2.45**	**2.56**	**2.65**
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
10,000	**2.01**	**2.07**	**2.09**	**2.16**	**2.26**	**2.32**	**2.46**	**2.57**	**2.66**
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)

2. Hospitals

Aggregate	Per Medical Incident		
	1,500	2,000	3,000
1,500	**2.03**		
	(74)		
2,000	**2.12**	**2.18**	
	(74)	(75)	
3,000	**2.17**	**2.28**	**2.41**
	(74)	(75)	(77)
4,000	**2.18**	**2.31**	**2.48**
	(74)	(75)	(77)
5,000	**2.19**	**2.32**	**2.50**
	(74)	(75)	(77)

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GUIDE (a) RATES ¤

● **3. Social Services Professional Liability**
Physicians
Insurance Agents Errors and Omissions

Aggregate	Per Medical Incident 1,500	2,000	2,500	3,000
1,500	2.48 (74)			
2,000	2.56 (74)	2.67 (75)		
2,500	2.59 (74)	2.73 (75)	2.81 (76)	
3,000	2.61 (74)	2.75 (75)	2.85 (76)	2.92 (77)

● **4. Surgeons**

Aggregate	Per Medical Incident 1,500	2,000	2,500	3,000
1,500	2.60 (74)			
2,000	2.70 (74)	2.82 (75)		
2,500	2.73 (74)	2.89 (75)	2.99 (76)	
3,000	2.75 (74)	2.92 (75)	3.04 (76)	3.12 (77)

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● **5. Dentists**

Aggregate	Per Dental Incident / Per Claim 1,500	2,000	2,500	3,000
1,500	1.45 (74)			
2,000	1.46 (74)	1.49 (75)		
2,500	1.47 (74)	1.50 (75)	1.51 (76)	
3,000	1.48 (74)	1.51 (75)	1.52 (76)	1.53 (77)

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6. County Recorder and/or County Clerks Errors and Omissions Lawyers

Aggregate	Per Claim 1,500	2,000	2,500	3,000
2,000	3.22 (74)	3.26 (75)	3.31 (76)	3.33 (77)
3,000	3.24 (74)	3.29 (75)	3.33 (76)	3.35 (77)
4,000	3.26 (74)	3.31 (75)	3.35 (76)	3.37 (77)
5,000	3.28 (74)	3.33 (75)	3.38 (76)	3.40 (77)
7,500	3.31 (74)	3.36 (75)	3.41 (76)	3.43 (77)
10,000	3.34 (74)	3.39 (75)		

● 7. Blood Banks
Medical or X-Ray Laboratories

Aggregate	Per Medical Incident 1,500	2,000	3,000
1,500	2.81 (74)	3.25 (75)	4.08 (77)
2,000	2.88 (74)	3.34 (75)	4.14 (77)
3,000	2.91 (74)	3.35 (75)	4.15 (77)
4,000			
5,000			

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GUIDE (a) RATES ¤

● 8. **Animal Grooming**
Cemetery
Chiropractors
Chiropodists\Podiatrists
Cosmetologists and Barbers
Cosmetology or Barbering School
Employees
EMT
Funeral Service Providers
Hygienists
Ministers
Nurses
Optometrists
Pedorthist
Physiotherapists
Printers Errors & Omissions
Real Estate Errors & Omissions
Teachers
Veterinarians

(Limit Codes in Parentheses)
(Limits are in Thousands)

Aggregate	Per Claim/Medical Incident/Occurrence/Professional Incident 1,500	2,000	2,500	3,000
1,500	**1.92** (74)			
2,000	**1.94** (74)	**2.02** (75)		
2,500	**1.95** (74)	**2.03** (75)	**2.09** (76)	
3,000	**1.96** (74)	**2.04** (75)	**2.10** (76)	**2.15** (77)

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each dentist.

2. Classifications

   Refer the following classification to the Home Office for approval:

   Class 3 Dentist

Procedure and / or Specialty	Class	Anesthesia
General Dentistry Endodontics Pedodontics Prosthodontics Orthodontics Periodontics / Non-Osseous Surgery, Non-Advanced or Non-Refractory Progressive Periodontitis Implant Prostheses / Non-Surgical Removal of Impacted Wisdom Teeth, Soft Tissue Only	1	In the Office: Local N_2O Oral Conscious IV Administered by other than an insured or insured's employee: General Deep Intramuscular (IM)
Periodontics / Osseous Surgery, Advanced or Refractory Progressive Periodontitis Removal of Impacted Wisdom Teeth, other than Soft Tissue	2	Conscious IM in the office
Implants / Surgical	2A	
Oral Surgeon Maxillofacial Surgery	3	General anesthesia and / or deep sedation given in a dosage designed to render the patient unconscious and done in the office; or in a hospital if administered by an insured or insured's employee.
Any Procedure or Anesthesia in a higher class would make the higher class applicable.		

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Rates

Rates for Basic Limits: $100,000 Each Dental Incident Limit - Coverage A.
$ 5,000 Any One Person - Coverage B. First Aid Payments
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate	
		Territory 001 Cook County	**Territory 002 Remainder of State**
Class 1	80226	$ 928	$ 663
Class 2	80227	1,098	784
Class 2A	80229	2,127	1,519
Class 3	80210	4,679	4,679

E. Dental Board Examination Coverage (Binder) (Class Code 80226)

Dentist Professional Liability Coverage may be issued for a dentist while taking their state dental board examination.

1. Binder can be issued for a maximum 5 day term;

2. Limits are $1,000,000 Each Dental Incident / $3,000,000 Aggregate;

3. Premium is $25 flat charge and except for expense modification, is not subject to any further modification or rate plan;

4. Dentist's Professional Liability Occurrence Coverage Form **PA 128** and Dentist's Professional Liability Coverage Part Declarations **PA 526** must be shown on the binder; and

5. Completed binder should be sent to Home Office Underwriter or Field Marketing Representative.

F. For Prior Acts Coverage, refer to Rule **50.**

G. Independent contractor hygienists and assistants are included as an insured. A separate charge is not necessary.

H. Optional Coverages

1. Medical Waste Defense Expenses Reimbursement Coverage. Coverage provides $50,000 of "defense expenses" for a "civil suit" alleging violation of a law or regulation governing the disposal of medical wastes. Attach form **PA 206.** No premium charge.

2. Department of Professional Regulation (DPR) Supplementary Payments Coverage. Coverage provides $25,000/$75,000 annual aggregate for an insured who becomes the subject of a Department of Professional Regulation (DPR), or a similar state regulatory board, investigation. Attach form **PA 205.** No premium charge.

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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline code 210) ¤

A. This coverage affords protection against claims for injuries arising out of acts or omissions of a professional nature which are made against the insured hospital, institution or clinic.

B. Coverage Form **PA 114** - Professional Liability Coverage Form - is used to provide this coverage, except for Convalescent or Nursing Homes, use **PA 126** - Health Care Facility Professional Liability Coverage Form.

● **C.** Manual rates for Hospitals and Convalescent or Nursing Homes provide a basic limit of $100,000 for all damages on account of each medical incident, subject to a basic aggregate limit of $300,000 (policy limits code 52).

1. Hospital Professional
(Subline Code 210)

$100,000/$300,000 Rates Code No.		Rate	Minimum Premium Per Location
80453		(a)	(a)
80611 80610		$2,021.00 48.00	$20,210.00
80612 80617		2,377.00 71.00	23,770.00
80613		(a)	(a)
80614		71.00	785.00
80916 80917		1,189.00 36.00	11,890.00
80923 80951		191.00 5.00	1,910.00
80924 80952		214.00 7.00	2,140.00
80925 80953		713.00 21.00	7,130.00
80926 80954		713.00 21.00	7,130.00
80997 80999		1,189.00 36.00	11,890.00
84453		(a)	(a)
84803		(a)	(a)
84965 84966		2,377.00 71.00	23,770.00

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7-1-02
7-1-03

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline code 210) (Cont'd) ⌑

● Governmental Hospitals, Institutions or Clinics
(Federal Hospitals, Institutions or Clinics should be referred to company)

Code No.	Rate	Minimum Premium
91213	$926.00	$9,260.00
91217	28.00	
92212	130.00	1,300.00
92216	4.00	
93211	56.00	619.00
93214	555.00	5,550.00
93212	17.00	
93215	1,851.00	18,510.00
93216	56.00	

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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline code 210) (Cont'd) ⌑

D. Rates are based on 100/300 limits. Other limits are subject to the Increased Limits Factors per Rule **41.**

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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline code 210) (Cont'd) ⌑

E. The following additional interests may be added to the policy at no additional charge. Any other interests must be referred to the company.

1. Controlling interests

2. Executors, Administrators, Trustees or Beneficiaries on Policies Covering Estates of Deceased Persons or Living Trusts.

3. Husbands or Wives.

4. Mortgagees, Assignees or Receivers on Policies Covering Owners or General Lessees.

5. All Officers and Employees (including volunteer firefighters) of the State, State Commissions, Departments, Boards and Agencies and Commissions, Departments, Boards, Districts, Municipal Corporations and Agencies of all Political Subdivisions of the State - blanket coverage under policies issued to such bodies: Refer to the company.

This coverage excludes

a. bodily injury to any fellow employee, and

b. property damage to property owned by, rented to or in the care, custody or control of the employer.

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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline code 210) (Cont'd) ⌑

F. Classifications

The following classification does not apply to:

Drugless healing institutions such as chiropractic, naturopathic, santipractic and Christian Science institutions. Such risks shall be submitted for rating.

Clinics, Dispensaries or Infirmaries-treatment of outpatients only-no regular bed and board facilities	**Code No.**
For-Profit	
Per 100 outpatient visits	80613
Not-For Profit	
Per 100 outpatient visits	80614
Governmental	
Per 100 outpatient visits	93211
Osteopathic	
Per 100 outpatient visits	84803

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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline code 210) (Cont'd) ⌑

Code No.

Clinics, dispensaries or infirmaries incidental to industrial or commercial risks shall be classified and rated under the "For-Profit" classification.

This classification does not apply to not-for-profit dental clinics. Such risks shall be referred to company.

Clinics, dispensaries or infirmaries operated by physicians shall be classified and rated as Physicians and Surgeons Professional Liability insurance.

If regular bed and board facilities are provided, classify and rate in accordance with the appropriate classification in this manual.

Convalescent or Nursing Homes - not mental-psychopathic institutions

For-Profit
Per bed 80923
Per 100 outpatient visits 80951

Not-for-Profit
Per bed 80924
Per 100 outpatient visits 80952

Governmental
Per bed 92212
Per 100 outpatient visits 92216

This classification does not apply to risks with surgical operating room facilities, laboratory or medical departments or x-ray apparatus.

Homes for the Aged. Classify and rate homes for the aged operated for the purpose of providing care for the aged sick, infirm or injured as "Convalescent or Nursing Homes...". Other homes for the aged shall be submitted for rating.

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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline code 210) (Cont'd) ⌑

	Code No.
Hospitals	
For-Profit	
Per bed	80611
Per 100 outpatient visits	80610
Not-for-Profit	
Per bed	80612
Per 100 outpatient visits	80617
Governmental	
Per bed	93215
Per 100 outpatient visits	93216
Osteopathic	
Per bed	84965
Per 100 outpatient visits	84966

This is an N.O.C. classification.

This classification applies to hospital treating all general or special medical and surgical cases, including sanitariums with surgical operating room facilities.

Veterinary hospitals shall be classified and rated in accordance with the Miscellaneous Medical Professional Liability manual.

Mental-Psychopathic Institutions

For-Profit	
Per bed	80997
Per 100 outpatient visits	80999
Not-for-Profit	
Per bed	80916
Per 100 outpatient visits	80917
Governmental	
Per bed	91213
Per 100 outpatient visits	91217

This classification applies to institutions primarily for the restraint and treatment of mental, drug, narcotic or alcoholic cases.

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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline code 210) (Cont'd) ⌑

	Code No.
Outpatient Surgical Facilities	
Osteopathic	84453
Not Osteopathic	80453
Sanitariums or Health Institutions - not hospitals or mental-psychopathic institutions	
For-Profit	
Per bed	80925
Per 100 outpatient visits	80953
Not-for-Profit	
Per bed	80926
Per 100 outpatient visits	80954
Governmental	
Per bed	93214
Per 100 outpatient visits	93212

This classification applies to risks with regular bed and board facilities, and with laboratory or medical departments. It does not apply to risks with surgical operating room facilities even though designated as sanitariums or health institutions.

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) ⌑

● **A.** This coverage affords protection against claims for injuries arising out of the insured's acts or omissions of a professional nature. Form **PA 106** - Professional Liability Coverage Form is used to provide this coverage.

B. For details of coverage, refer to the appropriate Physicians and Surgeons Professional Liability Coverage Part.

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) Ø

C. Classifications

1. Physicians and Surgeons Classifications

Refer to separate classification section for physicians and surgeons in active United States Military Service or to those employed full time by the Federal government.

	M.D. Code No.	D.O. Code No.
Aerospace Medicine	**80230*#**	
Allergy	**80254*#**	**84254*#**
Anesthesiology	**80151**	**84151**
This classification applies to all general practitioners or specialists who perform general anesthesia or acupuncture anesthesia.		
Broncho-Esophagology	**80101**	
Cardiovascular Disease-minor surgery	**80281***	**84281***
Cardiovascular Disease-no surgery	**80255*#**	**84255*#**
Dermatology-minor surgery	**80282***	**84282***
Dermatology-no surgery	**80256*#**	**84256*#**
Diabetes-minor surgery	**80271***	
Diabetes-no surgery	**80237*#**	
Emergency Medicine-including major surgery	**80157**	**84157**
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who does not perform major surgery.		
Emergency Medicine-no major surgery	**80102**	**84102**
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who does not perform major surgery.		

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

	Endocrinology-minor surgery	80272*	84272*
	Endocrinology-no surgery	80238*#	84238*#
	Family Physicians or General Practitioners-no surgery	80420	84420
	Family Physicians or General Practitioners-minor surgery	80421	84421
	Forensic Medicine	80240*#	84240*#
	Gastroenterology-minor surgery	80274*	84274*
	Gastroenterology-no surgery	80241*#	84241*#
	General Preventive Medicine-no surgery	80231*#	
	Geriatrics-minor surgery	80276*	84276*
	Geriatrics-no surgery	80243*#	84243*#
	Gynecology-minor surgery	80277*	84277*
	Gynecology-no surgery	80244*#	84244*#
	Hematology-minor surgery	80278*	84278*
	Hematology-no surgery	80245*#	84245*#
	Hypnosis	80232*#	
●	+Infectious Diseases-minor surgery	80279*#	
	Infectious Diseases-no surgery	80246*#	
	Intensive Care Medicine	80283	84283
	This classification applies to any general practitioner or specialist employed in an intensive care hospital unit.		
	Internal Medicine-minor surgery	80284*	84284*
	Internal Medicine-no surgery	80257*#	84257*#
	Laryngology-minor surgery	80285*	
	Laryngology-no surgery	80258*#	
	Legal Medicine	80240*#	
	Manipulator		84801*

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

Neoplastic Diseases-minor surgery	**80286***	
Neoplastic Diseases-no surgery	**80259*#**	
Nephrology-minor surgery	**80287***	
Nephrology-no surgery	**80260*#**	
Neurology-including child-minor surgery	**80288***	**84288***
Neurology-including child-no surgery	**80261*#**	**84261*#**
Nuclear Medicine	**80262*#**	**84262*#**
Nutrition	**80248*#**	
Occupational Medicine	**80233*#**	**84233*#**
Ophthalmology-minor surgery	**80289***	**84289***
Ophthalmology-no surgery	**80263*#**	**84263*#**
Otology-minor surgery	**80290***	
Otology-no surgery	**80264*#**	
Otorhinolaryngolgy-minor surgery	**80291***	**84291***
Otorhinolaryngolgy-no surgery	**80265*#**	**84265*#**
Pathology-minor surgery	**80292***	**84292***

- Coverage is included for pathological laboratories. Use Endorsement **PA 494.**

- **Pathology-no surgery** — **80266*#** — **84266*#**

  Coverage is included for pathological laboratories. Use Endorsement **PA 494.**

Pediatrics-minor surgery	80293*	84293*
Pediatrics-no surgery	80267*#	84267*#
Pharmacology-clinical	80234*#	
Physiatry	80235*#	
Physical Medicine and Rehabilitation	80235*#	84235*#

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

Physicians-minor surgery **80294***

This is an N.O.C. classification.

Physicians-no major surgery

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques or procedures:

Acupuncture-other than acupuncture anesthesia	80437	84437
Angiography	80422	84422
Arteriography	80422	84422
Catheterization-arterial, cardiac or diagnostic-other than (1) the occasional emergency insertion of pulmonary wedge pressure recording catheters or temporary pacemakers, (2) urethral catheterization or (3) umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen	80422	84422
Discograms	80428	84428
Lasers-used in therapy	80425	84425
Lymphangiography	80434	84434
Myleography	80428	84428
Phlebography	80434	84434
Pneumoencephalography	80428	84428
Radiation Therapy	80425	84425
Shock Therapy	80431	84431

● As respects Radiation-therapeutic coverage is included for x-ray laboratories. Use Endorsement **PA 494.**

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

Physicians-no major surgery

These classifications apply to all general practitioners or specialists, except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques or procedures:

Colonscopy	80443	84443
Endoscopic Retrograde Cholangiopancreatography	80443	84433
Laparoscopy (Peritonescopy)	80440	84440
Needle Biopsy-including lung and prostate, but not including liver, kidney or bone marrow biopsy	80446	84446
Pneumatic or mechanical esophageal dilatation (not bougie or olive)	80443	84443
Radiopaque Dye Injections-into blood vessels, lymphatics, sinus tracts and fistulae (Not applicable to Radiologists codes 80280* and 84280*)	80449	84449

Physicians-no surgery ..... **80268*# 84268*#**

This is an N.O.C. classification.

Physicians or Surgeons Assistants ..... **80116*# 84116*#**

This classification applies to physicians or surgeons assistants who have completed an approved course of study leading to university certification and who perform their duties under the direct supervision of a licensed physician or surgeon assisting in the clinical and/or research endeavors of the physician or surgeon.

Psychiatry-including child ..... **80249*# 84249*#**

Psychoanalysis ..... **80250*#**

Psychosomatic Medicine ..... **80251*# 84251*#**

Public Health ..... **80236*#**

Pulmonary Diseases-no surgery ..... **80269*# 84269*#**

●

Radiology-diagnostic-minor surgery **80280* 84280***

Coverage is included for X-ray laboratories. Use Standard Endorsement **PA 494.**

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

●

Radiology-diagnostic-no surgery	**80253*#**	**84253*#**

Coverage is included for X-ray laboratories. Use Standard Endorsement **PA 494.**

Rheumatology-no surgery	**80252*#**	**84252*#**
Rhinology-minor surgery	**80270***	
Rhinology-no surgery	**80247*#**	
Sclerotherapy		**84802***
Surgery-abdominal	**80166**	
Surgery-cardiac	**80141**	
Surgery-cardiovascular disease	**80150**	**84150**
Surgery-colon and rectal	**80115**	
Surgery-endocrinology	**80103**	
Surgery-gastroenterology	**80104**	
Surgery-general	**80143**	**84143**

This is an N.O.C. classification.

This classification does not apply to any family or general practitioner or to any specialist who occasionally performs major surgery.

Surgery-general practice or family practice	**80117**	
Surgery-geriatrics	**80105**	
Surgery-gynecology	**80167**	**84167**
Surgery-hand	**80169**	
Surgery-head and neck	**80170**	
Surgery-laryngology	**80106**	

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Surgery-neoplastic	**80107**	
Surgery-nephrology	**80108**	
Surgery-neurology-including child	**80152**	**84152**
Surgery-obstetrics	**80158**	
Surgery-obstetrics-gynecology	**80153**	**84153**
Surgery-ophthalmology	**80114**	
Surgery-orthopedic	**80154**	**84154**
Surgery-otology	**80158**	

This classification does not apply to general practitioners or specialists performing plastic surgery.

Surgery-otorhinolaryngology	**80159**	

This classification does not apply to general practitioners or specialists performing plastic surgery.

Surgery-plastic	**80156**	**84156**

This is an N.O.C. classification.

Surgery-plastic-otorhinolaryngolgy	**80155**	**84155**
Surgery-rhinology	**80160**	
Surgery-thoracic	**80144**	**84144**
Surgery-traumatic	**80171**	
Surgery-urological	**80145**	**84145**
Surgery-vascular	**80146**	

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ¤

The following classifications and additional charges apply for physicians and surgeons in active United States Military Service:

Physicians-no surgery	**80131**	**84131**
Physicians-no major surgery	**80172**	**84172**

The additional charges for radiation or shock therapy do not apply to this classification.

Physicians-minor surgery	**80132**	**84132**
Physicians or Surgeons-major surgery	**80172**	**84172**

This classification applies to those specialists who would normally be assigned to one of the following M.D. codes or the corresponding D.O. codes, where applicable:
80101 80104 80108
80102 80105 80114 80117
80103 80107 80115

Physicians or Surgeons-major surgery	**80173**	**84173**

This classification applies to those specialist who would normally be assigned to the following codes:
80145 84145

Physicians or Surgeons-major surgery	**80174**	**84174**

This classification applies to those specialists who would normally be assigned to one of the following M.D. codes or the corresponding D.O. codes, where applicable:
80106 80151 80158
80141 80155 80159 80166
80143 80157 80160

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) Ħ

Physicians or Surgeons-major surgery	**80175**	**84175**

This classification applies to those specialists who would normally be assigned to one of the following M.D. codes or the corresponding D.O. codes, where applicable:
80153 80168
80156 80169
80167 80170

Physicians or Surgeons-major surgery	**80176**	**84176**

This classification applies to those specialists who would normally be assigned to one of the following M.D. codes or the corresponding D.O. codes, where applicable:
80144 80152
80146 80154
80150 80171

Additional Charges:

Radiation Therapy	**80136**	**84136**
Shock Therapy	**80137**	**84137**
Teaching Physicians-no surgery	**80321**	-

This classification applies to those physicians who would normally be assigned to codes **80230** through **80269** inclusive.

Teaching Physicians-minor surgery	**80322**	-

This classification applies to those physicians who would normally be assigned to codes **80270** through **80294.**

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) Ⅱ

Teaching Physicians or Surgeons-major surgery ..... 80323 -

This classification applies to those specialists who would normally be assigned to one of the following codes:
80101 80104 80108 80117
80102 80105 80114
80103 80107 80115

Teaching Physicians or Surgeons-major surgery 80324

This classification applies to those specialists who would normally be assigned to code **80145.**

Teaching Physicians or Surgeons-major surgery ..... 80325 -

This classification applies to those specialists who would normally be assigned to one of the following codes:
80106 80151 80158 80166
80141 80155 80159
80143 80157 80160

Teaching Physicians or Surgeons-major surgery ..... 80326 -

This classification applies to those specialists who would normally be assigned to one of the following codes:
80153 80167 80169
80156 80168 80170

Teaching Physicians or Surgeons-major surgery ..... 80327 -

This classification applies to those specialist who would normally be assigned to one of the following codes:
80144 80150 80154
80146 80152 80171

Additional Charges:

The following additional charges apply for all the foregoing classifications applicable to physicians and surgeons in active United States Military Service or to those employed full time by the Federal Government.

Corporate Liability 2.D.2. ..... 80999 84999

+Employed Nurse Anesthetists 80452 84452

The manual rate for this classification will be .10 of the rate for Anesthesiology codes **80151** and **84151.**

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

+Employed Physicians or Surgeons Assistants	**80129**	**84129**
+Employed Physicians or Surgeons	**80177**	**84177**

The rate shall be .25 of the rate applicable for the self-employed physician or surgeon.

+Employed Technicians-radium, including diagnostic X-ray laboratory or pathological	**80148**	**84148**
+Employed Technicians-radiation therapy	**80149**	**84149**
Partnership Liability (See Rule 2.D.1.)	**80999**	**84999**
+Shock Therapy-by employed physicians or surgeons involved with major surgery	**80161**	**84161**

This additional charge applies to each employed physician or surgeon doing shock therapy work.

Shock Therapy-by insured physicians or surgeons involved with major surgery	**80162**	**84162**

This additional charge applies to each insured physician or surgeon doing shock therapy work.

Radiation Therapy-by employed physicians or surgeons involved with major surgery	**80163**	**84163**

- This additional charge applies to each employed physician or surgeon doing X-ray therapy work.

+Radiation Therapy-by insured physicians or surgeons involved with major surgery	**80165**	**84165**

- This additional charge applies to each insured physician or surgeon doing X-ray therapy work.

+This rate applies not only to employees of individual insureds but also to employees of partnerships, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners. It applies also to such personnel in pathological or X-ray laboratories operated or supervised by the insured in hospitals, whether or not employees of the insured.

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

2. Classification Procedure

a. If two or more classifications apply to the same individual, use the highest rated classification.

● **b.** Any individual who would normally be assigned to a classification whose code number is followed by an asterisk must be classified under "Physicians-no major surgery" If he performs any of the following medical techniques or procedures:
Acupuncture other than acupuncture anesthesia
Angiography
Arteriography
Catheterization-arterial, cardiac or diagnostic other than (1) the occasional emergency insertion of pulmonary wedge pressure recording catheters or temporary pacemakers, (2) urethral catheterization, or (3) umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen
Cryosurgery-other than use on benign or premalignant dermatological lesions
Discograms
Lasers-used in therapy
Lymphangiography
Myleography
Phlebography
Pneumoencephalography
Radiation Therapy-including X-ray laboratories **(Endorsement PA 494)**
Shock Therapy

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

c. Any individual who would normally be assigned to a classification whose code number is followed by a cross-hatch must be classified under "Physicians - no major surgery" if he performs any of the following medical techniques or procedures:

Colonscopy
Endoscopic Retrograde Cholangiopancreatography Laparoscopy (Perionescopy)
Needle Biopsy-including lung and prostate but, not including liver, kidney or bone marrow biopsy
Pneumatic or mechanical esophageal dilatation (not with bougie or olive)
Radiopaque Dye Injections - into blood vessels, lymphatics, sinus tracts or fistulae (Not applicable to Radiologists)

d. The classifications for this coverage do not apply to:

(1) Physicians or Surgeons on Active Service in the United States Military - See exception to the classifications.

(2) Individuals Employed Full-Time by the Federal Government - use .75 of the rates which would otherwise apply. (80178 or 84178)

● **(3)** Retired Physicians or Surgeons who practice on a limited basis - If coverage is desired, refer to the company. For statistical purposes, use Code 80179 for medical doctors and Code 84179 for osteopathic doctors.

(4) The Operation of Regular Bed and Board Facilities - Refer to the rules for hospital Professional Liability Coverage.

e. For classification assignment purposes, physicians and surgeons that teach on a full-time basis are to be classified in accordance with the Teaching Physicians and Surgeons classifications.

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

3. Physicians and Surgeons Professional Rates (Subline Code 230)

a. Rates apply on an "each" basis and per annum as shown below:

● **4.** Rates are based on $100/300 limits. Other limits are subject to the Increased Limits Factors per Rule **41.**

Code Nos.		Rates	Code Nos.		Rates
M.D.	D.O.		M.D.	D.O.	
80101	-	$10,896	80156	84156	$21,791
80102	84102	17,291	80157	84157	13,075
80103	-	10,896	80158	-	10,896
80104	-	10,896	80159	-	10,896
80105	-	10,896	80160	-	10,896
80106	-	10,896	80161	84161	817
80107	-	10,896	80162	84162	1,090
80108	-	10,896	80163	84163	817
80114	-	6,538	80165	84165	3,268
80115	-	10,896	80166	-	17,433
80116	84116	2,180	80167	84167	19,613
80117	-	10,896	80168	-	26,150
80129	84129	409	80169	-	19,613
80131	84131	60	80170	-	19,613
80131	84132	105	80171	-	26,150
80136	84136	60	80472	84172	241
80137	84137	60	80173	84173	322
80141	-	17,433	80174	84174	322
80143	84143	17,433	80175	84175	402
80144	84144	26,150	80176	84176	402
80145	84145	10,896	80177	84177	*
80146	-	26,150	80178	84178	**
80148	84148	164	80179	84179	(a)
80149	84149	327	80230	-	3,268
80150	84150	26,150	80231	-	3,268
80151	84151	13,075	80232	-	3,268
80152	84152	32,688	80233	84233	3,268
80153	84153	26,150	80234	-	3,268
80154	84154	23,971	80235	84235	4,732
80155	84155	17,433	80236	-	3,268
			80237	-	3,268

*25% of the rate applicable for the self-employed physician or surgeon.
**75% of the rate applicable if physicians or surgeons not employed by the Federal Government.
***20% of the per person rate for each individual comprising the partnership.

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

●

Code No.		Rates	Code No.		Rates
M.D.	D.O.		M.D.	D.O.	
80238	84238	$3,268	80280	84280	6,538
80240	84240	3,268	80281	84281	6,538
80241	84241	3,268	80282	84282	6,538
80243	84243	3,268	80283	84283	6,538
80244	84244	3,268	80284	84284	7,410
80245	84245	3,268	80285	-	6,538
80246	-	3,268	80286	-	6,538
80247	-	3,268	80287	-	6,538
80248	-	3,268	80288	84288	6,538
80249	84249	3,268	80289	84289	4,358
80250	-	3,268	80290	-	6,538
80251	84251	3,268	80291	84291	6,538
80252	84252	3,268	80292	84292	4,358
80253	84253	3,268	80293	84293	6,538
80254	84254	3,268	80294	-	6,538
80255	84255	3,268	80321	-	2,451
80256	84256	3,268	80322	-	4,904
80257	84257	5,448	80323	-	8,172
80258	-	3,268	80324	-	8,172
80259	-	3,268	80325	-	13,075
80260	-	3,268	80326	-	14,710
80261	84261	6,538	80327	-	19,613
80262	84262	3,268	80420	84420	4,358
80263	84263	2,615	80421	84421	6,538
80264	-	3,268	80422	84422	10,896
80265	84265	3,268	80425	84425	10,896
80266	84266	3,052	80428	84228	10,896
80267	84267	5,448	80431	84431	10,896
80268	84268	3,268	80434	84434	10,896
80269	84269	3,268	80437	84437	10,896
80270	-	6,538	80440	84440	6,538
80271	-	6,538	80443	84443	6,538
80272	84272	6,538	80446	84446	6,538
80274	84274	6,538	80449	84449	6,538
80276	84276	6,538	80452	84452	1,308
80277	84277	6,538	-	84801	3,268
80278	84278	6,538	-	84802	6,538
80279	-	6,538	80999	84999	***

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

D. The following rules apply only to Physicians and Surgeons Professional Liability Coverage.

1. Partnership Liability

When both partnership and individual liability are covered, compute the premium by using:

a. the appropriate per person rate for each partner individually insured.

b. the partnership liability rate for each partner.

c. the appropriate rate for each employee of any partner individually insured, and

d. the appropriate rate for each employee of the partnership, if any.

● **2. Professional Associations or Corporations.**

Classify and rate such risks which practice medicine or dentistry the same as partnerships, i.e., classify the stockholders in the same manner as partners and the association or corporation in the same manner as partnerships. Use Endorsement **PA 495** for professional corporations consisting of a single individual.

Exception: Professional corporations consisting of a single individual must be treated as additional insureds.

● **3.** The following additional interest may be added at no charge. All others must be referred to the company.

a. Controlling interests.

4. Resident-Intern - Fellow Coverage

a. This coverage is provided for physicians in training.

b. The rates will be those available for Class 1 Physicians.

c. Use Endorsement **PA 404** for this coverage.

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3. DENTIST'S PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) ¤

● **A. Dentist's Professional Liability Insurance - PA 128 Occurrence / PA 127 Claims-Made / PA 526 Occurrence Declarations / PA 526E Occurrence Endorsement / PA 525 Claims-Made Declarations / PA 525E Claims-Made Endorsement**

Coverage for Dentist's Professional Liability is offered for Dentist Class 1 (Professional Liability Class 80226); Class 2 (Professional Liability Class 80227); and Class 2A (Professional Liability Class 80229).

Procedure	Class	Anesthesia
General Dentistry Endodontics Pedodontics Prosthodontics Orthodontics Periodontics/Non-Osseous Surgery, Non-Advanced or Non-Refractory Progressive Periodontitis Implant Prostheses/Non-Surgical Removal of Impacted Wisdom Teeth, Soft Tissue Only	1	In the Office: Local N_2O Oral Conscious IV Administered by other than an insured or insured's employee: General Deep Intramuscular (IM)
Periodontics/Osseous Surgery, Advanced or Refractory Progressive Periodontitis Removal of Impacted Wisdom Teeth, other than Soft Tissue	2	Conscious IM in the office
Implants/Surgical	2A	
Oral Surgeon Maxillofacial Surgery	3	General anesthesia and/or Deep Sedation given in a dosage designed to render the patient unconscious and done in the office; or in a hospital if administered by an insured or insured's employee.
Any Procedure or Anesthesia in a higher class would make the higher class applicable.		

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3. DENTIST'S PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd)

B. Dentist's Professional Liability Coverage (Subline Code 230) $100,000/300,000 Limits

Occurrence Premiums

- The occurrence premium is calculated by determining the proper class of the dentist and multiplying the base premium for the dentist by the appropriate increased limits factor (Rule **41.**) and any applicable debits and credits (Rule **40.B.**).

  Base Premiums for Class 1 (80226), Class 2 (80227), Class 2A (80229) and Class 3 (80210) shown below:

  Territory 01 - Cook County

Limits	Class			
	1	2	2A	3
$100,000/300,000	928	1,098	2,127	4,679

  Territory 02 - Remainder of State

Limits	Class			
	1	2	2A	3
$100,000/300,000	663	784	1,519	4,679

C. For increased limits see Rule **41.**

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4. CLAIMS-MADE COVERAGES (Subline Code 230) Ⓝ

A. Claims Made Coverage - DENTISTS

1. The claims-made premium is determined by establishing the proper occurrence premium including any applicable debits and credits (except for the Recent Graduate Credit) at the desired claims-made limit of insurance, establishing the number of consecutive years the dentist has been insured by a claims-made policy, and applying the following factors to that occurrence premium.

Claims-Made Factors

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	.375	.39	.40	.41	.42	.43	.44	.45	.46	.47	.48	.49
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	.87	.89	.91	.92	.93	.94	.95	.96	.97	.98	.99
5 or more	1.00											

4. CLAIMS-MADE COVERAGES (Subline Code 230) (Cont'd) ⌑

2. Special Endorsements for Dentists

a. If we are requested to reduce the limits of liability for a dentist, we will issue a Reduction of Limits of Insurance endorsement **PA 438.**

b. If a dentist is acceptable to us except for a particular claim(s) the claimant(s) may be excluded by form **PA 436.**

c. If the insured requests higher limits of insurance on our claims-made policy than was on the prior claims-made policy, and due to a change in the dental practice those higher limits should not apply to dental incidents which occurred prior to the inception of our policy, form **PA 439** may be used.

4. CLAIMS-MADE COVERAGES (Subline Code 230) (Cont'd) ⌑

B. Dentist's Professional

1. Extended Reporting Period

If the claims-made professional liability is terminated for any reason other than nonpayment of premium, the policy provides a 60-day extension of the period for reporting claims that occurred on or after the retroactive date and prior to the termination date. There is no additional premium charge for this.

a. The insured may purchase a longer Extended Reporting Period of 1, 2, 3 or 4 years or ad infinitum to replace the 60 days. We must be notified in writing within 60 days of the termination date of the policy. Use Extended Reporting Period Amendment **PA 434.**

b. We will waive any premium due and amend the Extended Reporting Period from 60 days to ad infinitum if during the policy period the insured:

(1) dies; or

(2) becomes continuously disabled for at least 6 months; or

(3) is at least 55 years of age, has been insured with us for the preceding three years, and retires from the active practice of dentistry.

In the event of (2) or (3), we must be notified in writing within 60 days of the termination date of the policy.

If after (2) or (3) the insured resumes active practice, the premium charge will be immediately due and computed pro-rata as if the insured had not become disabled or retired.

c. We will waive any premium due and amend the Extended Reporting Period from 60 days to ad infinitum if an insured:

(1) has been renewed on our occurrence professional form after having been continuously insured with us on our claims-made professional form for the prior three years; and

(2) qualifies for the Experience Credit described under Dentist's Professional Credits and Debits rule 40.B. at the time the insured is renewed on our occurrence professional form.

d. Once in effect, the Extended Reporting Period may not be cancelled, except by us for nonpayment of premium. The premium, if any, is fully earned at the commencement of the Extended Reporting Period.

e. The Extended Reporting Period does not apply to claims that are covered under any subsequent insurance the insured obtains or that would be covered but for exhaustion of the amount of insurance applicable to such claims.

f. Extended Reporting Period Amendment - Factors for the Length of the Extended Reporting Period

1 Year	2 Years	3 Years	4 Years	Ad infinitum
.84	1.15	1.25	1.35	1.45

The above factors are applied to the full annual CIC claims-made premium in effect at the termination of the policy.

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5. MEDICAL AND SURGICAL COVERAGE GLOSSARY

A. Medical and Surgical Specialities

Aerospace Medicine

The branch of medicine which deals with physiological, medical, psychological and epidemiological (i.e., disease-related) problems in present day air and space travel.

Allergy

A condition in which an individual is sensitive to a substance (or temperature) that does not affect most other people - such as pollen, dust or food.

Anesthesiology

The branch of medicine specializing in anesthesia - the abolition of sensation or the rendering unconscious by artificial means.

Broncho-Esphagology

The branch of medicine which deals with the bronchial tree (body tubes which carry air) and the esophagus (muscular tubular organ which carries food from mouth to stomach).

Cardiovascular Disease

Any diseases that are pertaining to the heart and blood vessels.

Dermatology

The branch of medicine that deals with diagnosis and treatment of diseases of the skin.

Diabetes

The branch of medicine that deals with a disease associated with deficient insulin secretion.

Endocrinology

The branch of medicine that deals with the endocrine (ductless) glands (e.g., thyroid) and the various internal secretions.

Forensic Medicine

(See Legal Medicine)

Gastroenterology

The branch of medicine that deal with the anatomy, physiology and pathology of the stomach and intestines.

General Preventive Medicine

The branch of medicine which aims at the prevention of disease.

Geriatrics

The branch of medicine that deals with the structural changes, physiology, diseases and hygiene of old age.

Gynecology

The branch of medicine that deals with the functions and diseases peculiar to women.

Hematology

The branch of medicine that deals with the blood and its diseases.

Hypnosis

A trance-like condition that can be artificially induced, characterized by an altered consciousness, diminished will power, and an increased responsiveness to suggestion.

5. MEDICAL AND SURGICAL COVERAGE GLOSSARY (Cont'd)

Infectious Diseases

Any diseases that are due to the growth and action of microorganisms or parasites in the body, and that may or may not be contagious.

Internal Medicine

The branch of medicine that is concerned with diseases of the internal organs.

Laryngology

The branch of medicine that deals with the larynx (throat part, vocal cords), its functions and its pathology.

Legal Medicine

The application of medical principals in law (also called Forensic Medicine).

Manipulation

Skillful handling in the adjustment of an abnormality or the bringing about of a desirable condition, as the changing of the position of the fetus, the alignment of the fragments of a broken bone, the replacement of a protruding organ (in hernia), etc.

Neoplastic Diseases

Any diseases that are concerned with any new and abnormal growth, such as a tumor.

Nephrology

The branch of medicine that deals with the kidney and its diseases.

Neurology

The branch of medicine that deals with the nervous system and its disorders.

Nuclear Medicine

The branch of medicine that deals with diagnostic, therapeutic and investigative use of radioactive materials.

Nutrition

The branch of medicine that deals with the act or process of nourishing or taking nourishment, especially the processes by which food is assimilated.

Obstetrics

The branch of medicine that deals with pregnancy and childbirth.

Occupational Medicine

The branch of medicine that deals with treatment of work related illnesses and injuries.

Ophthalmology

The branch of medicine that deals with the structure, functions and diseases of the eye.

Otology

The branch of medicine that deals with the ear, nose and throat.

Otorhinolaryngology

The branch of medicine that treats the ear, nose and throat.

Pathology

The branch of medicine that deals with the origin, nature, causes and development of diseases.

Pediatrics

The branch of medicine that deals with the diseases and hygienic care of children.

Pharmacology, Clinical

The branch of medicine concerned with the nature, preparation, administration and effects of drugs.

Physiatry

The practice of Physical Medicine.

5. MEDICAL AND SURGICAL COVERAGE GLOSSARY (Cont'd)

Physical Medicine

A consultative diagnostic, and therapeutic medical specialty coordinating and integrating the use of physical therapy (use of light, heat, cold, water, electricity, and exercises) occupational therapy and physical reconditioning in the Professional Management of the diseased and injured.

Psychiatry

The branch of medicine that deals with the diagnosis, treatment and prevention of mental disorders.

Psychoanalysis

A system used in the treatment of nervous and mental disorders.

Psychosomatic Medicine

The branch of medicine that investigates the reciprocal influences of body and mind in the cause, prevention, treatment and cure of disease.

Public Health

The branch of medicine that deals with the protection and improvement of community health by organized community effort and including Preventive Medicine and Sanitary and Social Science.

Pulmonary Diseases

Any diseases that are affecting the lungs.

Radiology

The branch of medicine that relates to radiant energy and its application especially in the diagnosis and treatment of disease.

Rheumatology

The branch of medicine that treats rheumatism, a disease marked by inflammation of the connective tissue structures of the body, especially the muscles and joints.

Rhinology

The branch of medicine that relates to the nose and its diseases.

Roentgenology

(See Radiology)

Sclerosant

A medicinal substance which induces inflammation in a tissue and subsequent hardening or shrinkage. It is often used, by injection, in the treatment of varicose veins.

Sclerotherapy

The use of a chemical irritant (a sclerosant) to produce a hardening of a structure, as by injecting it into a varicose vein. See under sclerosant.

Surgery, Cardiovascular

Surgery pertaining to the heart and blood vessels.

Surgery, Neurological

Surgery pertaining to the nervous system.

Surgery, Orthopedic

The branch of surgery concerned with the preservation and restoration of the function of the skeletal system.

Surgery, Plastic

Surgery concerned with the restoration or reconstruction of body structures that are defective or damaged by injury or disease.

5. MEDICAL AND SURGICAL COVERAGE GLOSSARY (Cont'd)

Surgery, Thoracic

Surgery pertaining to the chest.

Surgery, Traumatic

Surgery pertaining to trauma - a wound or injury.

Surgery, Urological

Surgery pertaining to the urinary tract of both male and female, and with the genital organs of the male.

Surgery, Vascular

Surgery of the blood vessels within the limbs of the body, or the trunk, neck, abdomen or head.

B. Medical and Surgical Procedures

Acupuncture

Puncture of an organ or tissue with multiple needle points for relief of pain.

Angiography

The injection of radiopaque dye into a blood vessel (artery or vein), with or without catheterization, for the purpose of radiologic study of the vessel or its branches.

Arteriography

X-ray studies or arterial circulation following injection of radiopaque material into the blood stream.

Catheterization, Cardiac

Passage of a small catheter (tubular instrument) into a vein in the arm and through the blood vessels into the heart, permitting the securing of blood samples, determination of intracardiac pressure, and detection of cardiac anomalies (irregularities).

Catheterization

The employment or passage of a catheter.

Cryosurgery

Surgery in which extreme cold chilling (as by use of liquid nitrogen) produces the desired dissection.

Discograms

A radiological film of an intervertebral disk.

Endoscopy

The inspection of cavities of the body by use of the endoscope.

Laparoscopy (Peritonescopy)

A method of examining the peritoneal cavity by means of a peritoneoscope.

Lasers

An operating assembly used to emit essentially monochromatic radiation which has been used as a surgical tool and in research. It is currently used for photo coagulation of the retina of the eye to treat retina detachment or tears and it has been used on certain tumors of the larynx and skin and has potential uses for controlling hemorrhages by sealing blood vessels.

Lymphangiography

Radiological visualization of lymphatic vessels (absorbitant vessels which drain tissue fluid from various body tissues and return it to the blood) following injection of contrast medium.

5. MEDICAL AND SURGICAL COVERAGE GLOSSARY (Cont'd) ¤

Major Surgery

Includes operations in or upon any body cavity, including but not limited to the cranium, thorax, abdomen or pelvis; any other operation which, because of the condition of the patient or the length or circumstances of the operation presents a distinct hazard to life. It also includes: removal of tumors, bone fractures, amputations, the removal of any gland or organ and plastic surgery.

Minor Surgery

Any operation not major surgery.

Myelography

Radiological visualization of the spinal cord after injection of a contrast medium.

Needle Biopsy

A biopsy in which the tissue or fluid gathering procedure is accomplished through the use of a syringe.

Phlebography

Radiological visualization of veins following injection of a contrast medium.

Pneumoencephalography

X-ray studies of the head following injection of air or gas into the spinal canal following removal of some spinal fluid.

Radiation Therapy

The treatment of disease with any type of radiation, most commonly with ionizing radiation, including the use of roentgen rays, radium or other radioactive substances.

Radiopaque

Not permitting the passage of radiant energy such as X-rays. Radiopaque substances, frequently called "contrast media" are introduced to parts of a patient's body to be studied by X-ray. X-rays will not penetrate the radiopaque substance which causes the part to be studied to show white on an exposed X-ray film.

Shock Therapy

The treatment of certain psychotic disorders by the injection of drugs, or by electrical shocks, both methods inducing coma, with or without convulsions.

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6. - 9. RESERVED FOR FUTURE USE

10. LAWYERS PROFESSIONAL LIABILITY COVERAGE (Subline Code 317) ⌑

A. This coverage affords protection against claims for injuries arising out of the insured's acts or omissions of a professional nature.

B. Form **PA 105** - Lawyers Professional Liability Coverage Form - is used to provide this coverage.

C. Limits of Liability

1. Manual rates and minimum premiums provide a basic limit of $25,000 for all damages arising out of all acts or omissions in connection with the same professional service regardless of the number of claims or claimants, subject to a basic aggregate limit of $75,000 (policy limits code 48) for all damages. The basic aggregate applies separately to each year of the policy.

2. The above limits apply separately to individual and partnership coverage. For individual liability, the limits also apply separately to each individual insured. For partnership liability, only one set of limits apply regardless of the number of insureds.

D. The minimum premium for this coverage is $250 per policy.

E. Additional interests cannot be added to the policy.

10. LAWYERS PROFESSIONAL LIABILITY COVERAGE (Subline Code 317) (Cont'd) ⌑

F. Classifications

Lawyers	each	81400
Employed Law Clerks, Investigators, Abstractors and Para Legals		81420

G. Rates

The rates for Lawyers Professional Liability are as follows:

1. All Lawyers 81400

Limits	Annual Premium
25/ 75	$1,200.00
100/300	2,448.00

2. Law Clerks, Abstracters, Investigators, and Para Legal 81420

Limits	Annual Premium
25/ 75	$480.00
100/300	979.00

3. All other employees - no charge.
4. Non-Practicing Lawyers - 80% of the rates for the first year, 60% for subsequent years.
5. For Increased Limits see Rule 41.

H. Deductibles

The manual rates contemplate a basic mandatory deductible of $2,500 per claim. Higher deductible amounts are available based on the following credits:

$ 5,000	.95
$10,000	.85

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13. BLOOD BANKS PROFESSIONAL LIABILITY COVERAGE (Subline Code 220) ⌑

A. Coverage Form **PA 114** - Hospital Professional Liability Coverage Form - is used to provide this coverage.

B. Follow the same rules which apply for Hospital Professional Liability Insurance.

All additional interests should be submitted to the company for rating.

Limits of Liability.

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

● **C.**

Classification		**Code No.**
Blood Banks	$.30 per donation	80992

D. For Increased Limits see Rule **41.**

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14. CHIROPODISTS/PODIATRISTS COVERAGE (Subline Code 398) ¤

A. Coverage Form **PA 106** - Professional Liability Coverage Form - is used to provide this coverage.

● **B.** Follow the same rules which apply to physicians and surgeons.

Limits of Liability.

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

Chiropodists/Podiatrists	Code	Rate (100/300 Limits)
	27000	$3,052.00

C. For increased limits see Rule **41.**

D. Classifications

		Code No.
Chiropodist\Podiatrist	per person	27000

Only D.P.M.'s that meet the following requirements are eligible:

1. Treat only minor foot ailments
2. Do not perform surgery (Removal of warts, corns, ingrown toenails, bunions, etc,. are not considered as surgery)
3. Do not use General Anesthesia in treatment

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14. CHIROPODISTS/PODIATRISTS COVERAGE (Subline Code 398) (Cont'd) ⌑

● **D. Classifications**

Additional Charges:

Employed Chiropodists\Podiatrists	$ 763.00 per person	27043
Partnership	$ 610.00 per chiropodist\podiatrists partner	27050

These classifications apply to each insured chiropodist\podiatrists.

Chiropodists\Podiatrists in Active United States Military Service	$ 144.00 per person	27035
Chiropodists\Podiatrists employed full time by the Federal Government	$ 217.00 per person	27036

This is a N.O.C. classification

15. CHIROPRACTORS PROFESSIONAL LIABILITY COVERAGE (Subline Code 240) ⌑

A. Coverage Form **PA 106** - Professional Liability Coverage Form - is used to provide this coverage.

B. Follow the same rules which apply to physicians and surgeons.

Exception:

Limits of Liability.

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

C. For increased limits see Rule **41.**

● **D. Classifications**

		Code No.
Chiropractors	$ 872.00 per person	80410
Additional Charges:		
Employed Chiropractors	$ 218.00 per person	80411
Partnership Liability	$ 174.00 per partner	80412

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16. EMPLOYEES PROFESSIONAL LIABILITY COVERAGE (Subline Code 240)

A. Coverage Form **PA 106** Professional Liability is used to provide this coverage.

B. The following rules apply to Professional Liability Coverages except Dentist's Professional Liability.

C. Follow the same rules which apply to physicians and surgeons.

Limits of Liability.

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

D. For increased limits see Rule **41.**

● **E. Classifications**

		Code No.
Medical Laboratory Technicians	$ 22.00 per person	80711
Opticians	$ 60.00 per person	59951
Pharmacists	$ 65.00 per person	59181
Physiotherapists	$ 65.00 per person	80938
X-Ray Technicians	$ 44.00 per person	80713
Additional Charge: X-Ray Therapy	$ 35.00 per person	80714
This additional charge applies to each x-ray technician doing x-ray therapy work.		
Employed Pharmacists	$ 65.00 per person	59112
Employed Hearing Aid Service Professional	$ 24.00 per person	59981
Employed Opticians	$ 60.00 per person	

The above rates are for 100/300 limits. Other limits are subject to the increased limits factors of Division Seven, refer to Rule **41.**

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17. MEDICAL OR X-RAY LABORATORIES PROFESSIONAL LIABILITY COVERAGE (Subline Code 220) ⌑

A. Form **PA 114** - Hospital Professional Liability Coverage Form - is used to provide similar coverage to medical or x-ray laboratories.

B. Follow the same rules that apply for Hospital Professional Liability Insurance.

All additional interest should be submitted to the company for rating.

Limits of Liability.

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

C. This coverage is available to all medical or x-ray laboratories operated by

1. corporate interests, or

2. persons who are not physicians.

D. 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;

3. those operated by osteopaths.

Classify and rate the above risks as physicians, surgeons or osteopaths.

● **E. Classifications**

		Code No.
Medical or X-Ray Laboratories	$4.00 per $1,000 of receipts	80715

The unit of exposure to which the rates are applied is each $1,000 of receipts.

F. Increased Limits - Refer to Rule **41.**

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18. NURSES AND HYGIENISTS PROFESSIONAL LIABILITY COVERAGE (Subline Code 240)

A. **1.** Form **PA 101** Nurses Professional Liability Coverage Form - is used to provide Nurses Professional Liability Coverage on a monoline basis. Form **PA 601** shall be used when renewing by renewal certificate.

2. Form **PA 122** Nurses Professional Liability Coverage Form - is used to provide Nurses Professional Liability Coverage when attached to a policy with other property and casualty coverages.

3. Form **PA 123** - Miscellaneous Professional Liability Coverage Form is used to Provide Professional Liability for a Hygienist who is not insured on a Dentist Professional Liability Policy.

● **B.** Follow the same rules which apply for physicians and surgeons.

Exception:

Partnership rule.

Limits of Liability.

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

Nurses Code	Limits	Annual Premium	Three-Year Premium
Nurses - LPNs - 80963 or Nurses - RNs - 80964	$100/300	$56.00	$140.00
Nurses - Student - 28000	$100/300	$18.00	$ 45.00
Hygienists - 81910	$100/300	$64.00	$160.00

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18. NURSES AND HYGIENISTS PROFESSIONAL LIABILITY COVERAGE (Subline Code 240) (Cont'd)

- Additional Charges:

Anesthetists	$1,090.00 per person	80960
X-Ray Therapy	$35.00 per person	80714

1. This coverage may be written:

a. As a separate policy or as an endorsement to any policy with property and casualty coverages.

b. On Registered Nurses (R.N.); Licensed Practical Nurses (L.P.N.); or Student Nurses.

c. As one year, three-year or five-year installment, or three-year prepaid policy. No discount given on three-year or five-year installment policies.

C. For increased limits see Rule **41.**

D. Classifications

		Code No.
Hygienists	per person	81910
Nurses - LPN's	per person	80963
Nurses - RN's	per person	80964
Nurses - Student	per person	28000

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19. OPTOMETRISTS PROFESSIONAL LIABILITY COVERAGE (Subline Code 240)

A. Form **PA 106** - Professional Liability Coverage Form - is used to provide this coverage.

B. For the purposes of this rule, optometry includes the production, reproduction, mounting and fitting of ophthalmic lenses and similar products.

● **C.** Follow the same rules which apply for Physicians and Surgeons Professional Liability.

Limits of Liability

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

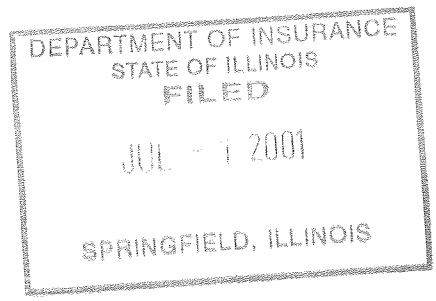
● **D. Classifications and Rates**

	Limit	Annual Premium (per optometrist)
Optometrist - 80994	$100/300	$ 101.00
Optometrist - 80946 With Topical Ocular Pharmaceutical Agents Certificate (Diagnostic)	$100/300	$ 123.00
Optometrist - 80947 With Therapeutic Pharmaceutical Agents Certificate	$100/300	$ 246.00
Employed Optometrist - 80944 (Vicarious Liability*)	$100/300	$ 39.00

E. For increased limits, see Rule **41.** Use the Optometrists Increased Limits Table for Optometrist - 80994 and Employed Optometrist - 80944. Use the Physicians Increased Limits Table for Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic) - 80946 and Optometrist with Therapeutic Pharmaceutical Agents Certificate - 80947.

F. Partnership, Association or Corporation Liability - 80956 - Charge 10% or the "per optometrist" rate for each individual comprising the partnership, association or corporation.

*The employed charge is made for the vicarious liability the insured has due to employees with primary coverage with another carrier or on a separate policy. If we are providing primary coverage for employee, use full primary charge.



20. PHYSIOTHERAPISTS PROFESSIONAL LIABILITY COVERAGE (Subline Code 240) ⌑

A. Form **PA 106** - Professional Liability Coverage Form - is used to provide this coverage.

B. Follow the same rules which apply for physicians and surgeons.

Limits of Liability.

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

C. For increased limits see Rule **41.**

● **D. Classifications**

		Code No.
Physiotherapists	$380.00 per person	80995
Additional Charges:		
Employed Physiotherapists	$274.00 per person	80945
Partnership Liability	$218.00 per physiotherapist partner	80955

This classification applies to each insured proprietor physiotherapist. It does not apply to physiotherapists who are employees. Such physiotherapists shall be classified and rated in accordance with the Employees section of this manual.

Physiotherapists in Active United States Military Service	$57.00 per person	80911
Physiotherapists employed full time by the Federal Government	$88.00 per person	80912

This is an N.O.C. Classification.

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21. VETERINARIANS PROFESSIONAL LIABILITY COVERAGE (Subline Code 317)

A. Form **PA 107** - Animal Services Professional Liability Coverage Form - is used to provide this coverage.

● **B.** Follow the same rules which apply for physicians and surgeons.

Limits of Liability.

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

Veterinarians - 07225
(Household Pets)

	Per Veterinarian
Limit	**Annual Premium**
$100/300	$229.00

Partnership Liability - Charge 20% of the "Veterinarian - Per Person" rate for each individual comprising the partnership.

C. For increased limits see Rule **41.**

D. Classifications

		Code No.
Veterinarians - household pets	per person	07225

This is an N.O.C. classification.

Additional Charges:

Employed Veterinarians	$ 58.00 per person	07221
Partnership Liability	per veterinarian partner	07222

● This classification applies to each insured veterinarian.

Veterinarians - other than household pets	$229.00 per person	07226

E. Deductible

The manual rates contemplate no deductible. A deductible amount of $25.00 for any one claim or suit is available based on the following credit:

Deductible Amount	Deductible Rate Factor
$25.00	.95

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23. ANIMAL GROOMING PROFESSIONAL LIABILITY (Subline Code 398) (Class Code 20040)

A. This coverage protects against claims resulting from professional or personal services in connection with Animal Grooming operations.

B. Coverage Form **PA 107** - Animal Services Professional Liability Coverage Form - is used to provide this coverage.

● **C. Rating Method:**

1. Basic limits - $100,000 each claim
$300,000 Aggregate

2. Professional Liability rates and premiums are based upon the total staff actually engaged in animal grooming operations at all locations covered, and shall include all individuals, officers, partners, directors, and other employees.

Staff	Annual Premium	Staff	Annual Premium
1	$ 55.00	6	$172.00
2	66.00	7	196.00
3	96.00	8	217.00
4	123.00	9	238.00
5	147.00	10	259.00

All Staff Over 10 - $15.00 each

● **D. Increased Limits Table**

Limits (in thousands)

Per Claim/Aggregate Limit	Factor
$100/300	1.00

For Limits higher than 100/300, refer to Rule **41.**

E. Deductible

The manual rates contemplate no deductible. A deductible amount of $25.00 for any one claim or suit is available based on the following credit:

Deductible Amount	Deductible Rate Factor
$25.00	.95

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24. COSMETOLOGISTS AND BARBERS (Subline Code 317)
Class Code - 72310 (Full-Time) - 22310 (Part-Time) - Beauty Shop (Cosmetologist)
- 72410 (Full-Time) - 22410 (Part-Time) - Barber Shop

●

A. This coverage form provides protection against liability claims arising from the rendering, or failure to render, professional services as a licensed Cosmetologist or Barber.

B. Coverage Form: **PA 108**

Application: **PA-003**

C. Professional Liability rates and premiums are based upon the total staff actually engaged in beauty or barber shop operations at all locations covered and shall include all individuals, officers, partners, directors, other employees and independent contractors.

Rates:

Basic Limits: $100,000 Each Professional Incident
$300,000 Professional Liability Aggregate

Limits*	**Each Full-Time: Cosmetologist**	**or Barber**
$100/300	$20.00	$10.00
	Each Part-Time: Cosmetologist	**or Barber**
	$12.00	$6.00

Full-Time Cosmetologist or Barber is a person who regularly works more than 20 hours in any one week.

Part-Time Cosmetologist or Barber is a person who regularly works 20 hours or less in any one week.

*For increased limits refer to Rule **41.**

Loading:

Coverage for electrolysis can be included at an additional basic limits rate of $20.00 for each cosmetologist, (full or part-time), providing this service. Add endorsement **PA 207. Class Code: 22998.**

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25. CEMETERY LIABILITY (Subline Code 398) (Class Code 25080)

A. This form extends the standard general liability coverage part to include:

1. Professional Liability;

2. Property Damage Liability on property of others in the care, custody and control of the insured; and

3. Burial Lot Liability.

B. Form **PA 109** - Cemetery Liability Endorsement - is used to provide this coverage.

C. Rates.

1. Premium Basis. The basis used in determining the premium charge is "per grave".

2. Rates.

a. Rates shown in the Rate Table are for the following limits of insurance:

Professional Liability	- $100,000 each occurrence 300,000 aggregate
Property Damage Liability	- 50,000 each occurrence
Burial Lot Liability	- 50,000 each occurrence

RATE TABLE

Already Buried:	.005 per grave first 5,000 graves .002 per grave over 5,000 graves
To Be Buried:	.499 per burial first 100 current year .399 per burial over 100 current year

● **b.** For Limits higher than 100/300, refer to Rule **41.** Cemetery Liability limits must be the same as the General Liability limits.

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26. CONDOMINIUM OR HOMEOWNERS ASSOCIATIONS WRONGFUL ACTS COVERAGE (Subline Code 398) ¤

A. This coverage affords Legal Liability protection for damage arising out of wrongful acts committed by the insured in the conduct of its management responsibilities for condominium or homeowners associations. The wrongful act(s) must have occurred while the coverage was in force. Coverage is also extended to wrongful act(s) committed prior to the effective date of the policy where the insured had no knowledge of a claim or suit as of the effective date of coverage.

B. Coverage Form **PA 110** - Condominium or Homeowners Associations Wrongful Acts Coverage Form - is used to provide this coverage. Applications for this coverage should be accompanied by a Condominium or Homeowners Associations Wrongful Acts Coverage Questionnaire form **MP-1056.**

C. **Premium Computation** for Condominium Associations (**Code 20150**) and Homeowner Associations (**Code 20155**).

Number of Units	Limits 100/300	200/600	500/500	1M/1M
	Annual Premium			
1 - 4	$ 115	$ 131	$ 148	$ 170
5 - 10	165	189	212	244
11 - 30	206	235	264	304
31 - 50	235	268	302	346
51 - 100	349	400	449	516
101 - 200	604	690	776	892
201 - 400	907	1,036	1,165	1,339
401 - 500	1,134	1,295	1,456	1,673
501 - 750 +	1,245	2,303	2,590	2,975

D. **Increased Limits**

1. Procedure for obtaining higher limits for this coverage.

a. Determine the appropriate 1M/1M premium.

b. Obtain the increased limit factor for the limit of liability desired:

2M/2M	1.20
3M/3M	1.40
4M/4M	1.60
5M/5M	1.75

c. Multiply the 1M/1M premium by the increased limit factor and round to the nearest whole dollar to arrive at the premium for the higher limit.

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27. COUNTY RECORDER AND/OR COUNTY CLERKS ERRORS AND OMISSIONS (Subline Code 398) (Class Code 25000) ⌑

A. This coverage affords legal liability protection for damage arising out of the negligent acts, errors, or omissions committed by the insured in the conduct of its duties as County Recorder and/or County Clerk.

B. Coverage Form **PA 111** - County Recorder and/or County Clerks Errors and Omissions Coverage Form - is used to provide this coverage.

● **C. Premium Computation.**

Limit	Annual Premium
$100/300	$ 72.00 plus $10.00 for each person on the staff

For Limits higher than 100/300, refer to Rule **41.**

28. EMERGENCY MEDICAL TECHNICIANS (Subline Code 230) (Class Code 80102) ⌑

A. This coverage defends and pays damages in the name and on behalf of the insured or his estate in any claim or suit for damages, at any time filed, based on professional services rendered, by the insured in the practice of the insured's profession.

Definitions:

1. Emergency Medical Technician means any person who has successfully completed a basic Emergency Medical Technician course as approved by the United States Department of Transportation and/or the Interagency Committee on Emergency Medical Services of the Federal Government.
2. Emergency Medical Technician - Advanced means any person who has completed an Emergency Medical Technician course in addition to courses in advanced life support which are equivalent to the modules contained in the National EMT Paramedic Course as approved by the Interagency Committee on Emergency Medical Services.
3. Emergency Medical Technician - Paramedic means any person who has completed an Emergency Medical Technician course in addition to completing an advanced life support course equivalent to the 15 modules of the National EMT Paramedic Course.

B. Coverage Form **PA 113** - Emergency Medical Technician Professional Liability Coverage Form - is used to provide this coverage.

C. Premium Computation.

● 1. The following rates apply:

Class	100/300 Limits
EMT	$49.00
EMT - Advanced	57.00
EMT- Paramedic	65.00

Rates are on a per person basis.

Term Discounts do not apply.

For Limits higher than 100/300, refer to Rule **41.**

29. FUNERAL SERVICE PROVIDER PROFESSIONAL LIABILITY (Subline Code 317) (Class Code 72610)

A. This endorsement affords the insured additional liability coverage not normally afforded under the Commercial General Liability Coverage Form for liability arising from the insured's business as a mortician, funeral director or embalmer. The coverage provided is as follows:

1. It is only available as an endorsement to a Commercial General Liability Coverage Part.

2. Additional Coverages (in addition to premises Bodily Injury or Property Damage) afforded are:

a. Any injury, not specifically excluded, which arises from professional liability.

b. Property Damage to certain items of others in the care and custody of the insured - including clothing and personal effects of a decedent, caskets, urns, vaults, etc.

B. Form **PA 121-FL** - Funeral Service Provider Professional Liability - is used to provide this coverage.

● **C.** The following rates apply:

Basis - Number of funerals handled by insured annually:

Number of Funerals	$100,000 Each Professional Incident/300,000 Aggregate Limit of Insurance
1 - 50	$66.00
51 - 100	73.00
101 - 200	84.00
Over 201	92.00

For Limits higher than 100/300, refer to Rule **41.**

These rates are not subject to further modifications.

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30. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Class Code 25060) ⌑

A. Explanation. This coverage affords protection against claims for damages caused by any negligent act, error or omission of the insured or any other person for whose acts the insured is legally liable in the conduct of the insureds business as an Insurance Agent.

B. Form **PA 115** - Insurance Agents Errors and Omissions Coverage Form - is used to provide this coverage.

C. Manual rates and minimum premiums provide a basic limit of $100,000 each claim subject to an aggregate limit of $300,000. For higher increase limits see Rule **41.**

D. Minimum premium is $500 per policy and, except for expense modification, is not subject to any further modification or rate plan.

E. Rates.

1. Premium Basis. The basis used for determining the premium charge is the total annual premium volume for all lines of insurance, except Life, Accident and Health which is based on Commission Income.

2. Rates. Apply the Annual Rate in the Rate Table to the Premium Basis per $1,000.

Rate Table

Annual Premium Volume/ Commission Income	Annual Rate Per $1,000
0 - $ 750,000	2.200
751,000 - 1,500,000	2.000
1,501,000 - 2,500,000	1.875
Over 2,500,000	1.750

F. Deductible Amount. The manual rates and minimum premium contemplates a basic deductible amount of $5,000 per claim. Higher deductible amounts are available based on the following credits:

Deductible	Credit Factor
$ 7,500	.90
10,000	.80
15,000	.72
20,000	.65

G. Additional Interests. All duly licensed solicitors may be added as additional insureds for liability arising out of operations performed for the named insured. The premium charge is $50.00 per solicitor.

● **H.** Notary Public Errors and Omissions (Class Code 25065). Coverage may be extended to afford protection for loss arising out of errors and omissions of a duly licensed Notary Public. The premium charge is $30.00 per person.

I. Coverage for Sale of "Securities, Mutual Funds and Financial Planning Services." Coverage may be extended to afford coverage for loss arising out of errors and omissions for sale of "Securities, Mutual Funds and Financial Planning Services. Attach form **PA 423.** The Premium Charge is $65.00 per licensed representative for 100/300 limit.

30. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Class Code 25060) (Cont'd) ¤

J. Rate Modification Plan

1. The basic premium for any risk may be subject to credit or debit in accordance with the Rate Modification Plan Table. The total credits or debits under the following table shall not exceed 25%.

2. **Rate Modification Table**

Credits

a.	No reported claims in the previous three years	5%
b.	No reported claims in the previous five years	10%
c.	Personal Lines premium volume represents 50-60% of the total premium volume	5%
d.	Personal Lines premium volume represents over 60% of the total premium volume	10%

● **Debits**

a.	One reported claim within the previous three years	20%
b.	Two reported claims within the previous three years	25%
c.	Inadequate internal procedures (i.e. lack of double check system, etc.)	20%

● 3. **Risk Characteristics**

a. For factors that are peculiar to the risk under consideration, which shall include but not be limited to physical conditions, operative management, or classification analysis, schedule rating credits or debits not exceeding 25% may be applied. In case credits or debits from more than one Risk Characteristic apply, the credits or debits shall be added together, not multiplied.

b. The experience and schedule rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit shall be increased, or if a debit shall be decreased, by the amount of the reduction in expenses.

The credits or debits provided herein shall be taken one after the other and not added together.

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31. MINISTERS PROFESSIONAL LIABILITY (Subline Code 398) (Class Code 20190)

A. This coverage provides legal liability coverage for damages because of injury arising out of malpractice, in rendering or failure to render professional services in the practice of the insured's profession as an ordained Minister or Pastorial Counselor.

B. Coverage Form **PA 116** - Ministers Professional Liability Coverage Form - is used to provide this coverage.

● **C.** Rate as follows:

Per "Ordained" Minister

Limit*	Annual Premium
100/300	$36.00

Each new minister who is to be an insured shall be reported to the Company within 30 days after employment by the Named Insured.

*For Limits higher than 100/300, refer to Rule **41.**

32. PEDORTHIST PROFESSIONAL LIABILITY (Subline Code 240)

A. This coverage provides legal liability coverage for Bodily Injury or Property Damage arising out of malpractice, in rendering or failure to render professional services in the practice of the insured's profession as a Pedorthist.

B. For the purpose of this rule, Pedorthist includes one who fits shoes, fills footwear prescriptions, including the prescribing, preparation, sale, or distribution of pedorthic footwear and kindred products and the fitting thereof or the taking or making of impressions therefor, and goods or products (including pedorthic products) or containers thereof prepared, sold, handled, or distributed by the insured at or from an insured pedorthic establishment.

C. Form **PA 120** - Pedorthist's Professional Liability - is used to provide this coverage.

D. For increased Limit of Insurance, refer to Rule **41.**

● **E.**

Classification	Code No.	Rate
Retail Shoe Store (No prescription work) (Per Store)	80983	$41.00
Retail Shoe Store (Prescription Work) (Per Store)	81983	$57.00

● *Limit of Insurance - 100/300. Except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

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33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398)

●

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish printing services.

B. Forms

PA 117 - Printers Errors and Omissions Insurance Coverage Form
PA 515 - Errors and Omissions Insurance Coverage Part Declarations

C. Application

IW-001

D. Rates/Premium Determination

1. Premium Basis

Rates and premium are based upon the total annual gross receipts from printing operations.

2. Classifications

a. Low Hazard ($500 minimum deductible)

Bulletins/Newsletters	Matchbooks
Bronzing	Napkins
Color separation	Photoengraving
Envelopes	Presentation folders
Folding boxes (no mfg.)	Non-promotional material
Invitations	Stationery

b. Average Hazard ($500 minimum deductible)

Bank checks	Engraving	Packaging (no mfg.)
Blueprints	Equipment list	Photo Duplicating
Booklets	Film processing	Platemaking
Book printing	Finishing Services (incl. binding)	Press kits
Brochures	Foil stamping	Programs
Business reply cards	Greeting cards	Publication inserts
Business forms	Lighters - specialty items	Reprographics
Data sheets	Menus	T-shirts
Die cutting	Mugs - specialty items	Wallpaper
Embossing	Newspapers - Pennysave type only	

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

c. High Hazard ($1,000 minimum deductible)

Advertising	Graphic Design
Annual reports	Labels - stickers, wrapping tags
Book Binding	Manuals
Catalogs	Mailings
Computer forms	Optical character recognition (OCR)
Coupons	Posters
Design/typography	Signs
Direct mailings	Trade show material
Financial	Typesetting
Forms & documents	Universal products code (UPC)

Ineligible E & O classes:

Newspaper (excluding weekly advertisers), book or magazine printing or publishing
Printing of stamps (postage or trading)
Ticket printing, such as but not limited to, raffle, lottery, sports or concert tickets
Printing of controversial material
Printing of currency, securities, travelers checks or money order
Games of Chance
Printing Brokers
Telephone directories
Website design or development

3. Rates

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For Increased Limits, refer to Rule **41.**

Classification	Code	Rate per $1,000 of receipts
Low Hazard	25051	.07
Average Hazard	25052	.10
High Hazard	25053	.25

E. Deductible

1. The minimum deductible is $500 per claim for low and average hazard classes and $1,000 per claim for high hazard classes.
2. If "Correction of Work" coverage applies, minimum deductibles are higher, - see paragraph **F.** below. The E&O deductible must be written at the Correction of Work deductible.
3. For the following optional deductibles, multiply the rates shown in **D.** by the following factors:

	E&O Hazard Class		
Deductible	Low	Avg.	High
$ 750	.97	.95	not available.
1,000	.94	.90	1.00
2,500	.90	.85	.80
5,000	.85	.80	.75
10,000	.80	.75	.70

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

F. Correction of Work Coverage

1. This endorsement extends the Printers Errors and Omissions Form (**PA 117**) to provide coverage for correction of the insured's work that has already been distributed. Coverage is still on a legally obligated to pay basis, and includes the insured's costs to:
   - **a.** Recover the incorrect material
   - **b.** Print corrected material
   - **c.** Package and re-mail the corrected material
2. This coverage does not apply to correcting mistakes **before the work has been mailed.**
3. Use endorsement **PA 499.**
4. **Minimum Correction of Work Deductible**
   - **a.** $1,000 minimum deductible for Low or Average hazard classes.
   - **b.** $2,500 minimum deductible for High hazard class
   - **c.** The Printers E&O deductible must be the same as the Correction of Work deductible.
5. **Correction of Work Minimum Premium**
   - **a.** For the Printers Package Program, minimum premiums for Correction of Work coverage are:
     - **(1)** $150 for Low or Average hazard classes
     - **(2)** $250 for High hazard class
   - **b.** For other printing risks, minimum premiums for Correction of Work coverage are:
     - **(1)** $225 for Low or Average hazard classes
     - **(2)** $350 for High hazard class
   - **c.** The Correction of Work minimum premium is in addition to the Printers E&O minimum premium. This is an exception to the Division minimum - Rule **8.A.**
6. **Sublimit of Insurance**

   Correction of Work Coverage is available at limits of $100,000 per claim/$100,000 aggregate and $300,000/$300,000. The $300,000/$300,000 limit is only available if the per claim limit for the Printers E&O is at least $300,000.

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

7. Premium Determination

a. Base rates (per $1,000 Sales) for Correction of Work coverage:

	Correction of Work Rate	
Hazard	**100/100**	**300/300***
Low (Code 25047)	.22	.28
Average (Code 25048)	.30	.40
High (Code 25049)	.50	.65

* Only available if Printers E&O per claim limit is at least $300,000

b. Multiply base rate by the deductible factors in Paragraph **E.** of this rule.

c. Result of **a.** x **b.** is the Correction of Work rate.

d. Multiply **c.** by the amount of Sales (per $1,000) that was used to determine the E&O premium. This is the Correction of Work premium.

e. The Correction of Work premium is in addition to the Printers E&O premium. Except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

34. REAL ESTATE AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Class Code 25070)

A. This coverage pays on behalf of the insured all sums which the insured shall become legally obligated to pay on account of any claim made against the insured and caused by any negligent act, error or omission of the insured or any other person for whose acts the insured is legally liable in the conduct of their business as real estate agents.

B. Form **PA 118** - Real Estate Agents Errors and Omissions Insurance Coverage Form - is used to provide this coverage.

C. The following rates and premiums provide for a $2,500 deductible with a basic limit of insurance of $100,000 each claim and a $300,000 aggregate. The premium for the policy is based upon the **gross income** of the insured and shall mean the gross amount of money charged by the insured for real estate agency services, and including taxes, other than taxes which the named insured collects as a separate item and remits to a governmental division.

Annual Charges - Limits $100,000 Each Claim/300,000 Aggregate

$1.91 per $100 on first $25,000 of gross income
$ .96 per $100 on next $50,000 of gross income
$ .49 per $100 on next $75,000 of gross income
$ .24 per $100 on excess of gross income

$65.00 per sales person under named insured's real estate broker's license.

D. Increased Limits

For Limits higher than 100/300, refer to Rule **41.**

E. Deductibles

Minimum deductible is $2,500.

For the following optional deductibles, decrease the basic rates shown in item C. as follows:

For Deductible:

$5,000 deduct 5%
$7,500 deduct 15%
$10,000 deduct 25%

F. Notary Public Errors and Omissions (Class Code 25075). Coverage may be extended to afford protection for loss arising out of errors and omissions of a duly licensed Notary Public. The premium charge is $50.00 per person for basic limits.

G. Lead Liability Exclusion

1. Explanation. This endorsement excludes all liability coverage arising out of the exposure to or presence of lead in any form.
2. Use Form **PA 301** - Exclusion - Lead Liability

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35. RELIGIOUS INSTITUTIONS WRONGFUL ACTS COVERAGE (Subline Code 398) (Class Code 20090) ¤

A. This coverage provides legal liability protection for wrongful acts committed by directors and officers, as well as specified trustees and members, in the performance of their duties in the management responsibilities of a religious institution. The wrongful act(s) must occur while the coverage is in force. Coverage is also extended to wrongful act(s) committed prior to the effective date of the policy where the insured had no knowledge of a claim or suit as of the effective date of coverage and where no other applicable insurance exists.

B. Form **PA 112** - Religious Institutions Wrongful Acts Coverage Form - is used to provide this coverage. Questionnaire **MP-1081** should accompany requests for this coverage.

C. Rates apply on an "each religious institution" basis, per annum.

Rate Table

Limits of Insurance	Annual Premium
$ 100,000/$ 100,000	$ 60.00
300,000/ 300,000	75.00
500,000/ 500,000	100.00
1,000,000/ 1,000,000	135.00
2,000,000/ 2,000,000	162.00
3,000,000/ 3,000,000	189.00
4,000,000/ 4,000,000	216.00
5,000,000/ 5,000,000	236.00

Except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

Premium payment plans, policy term, cancellation procedures, etc., follow plans under Commercial General Liability and/or Commercial Package Program.

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36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Subline Code 317) (Class Code 80110) ♊

A. This coverage protects against claims resulting from the professional services in connection with Social Service Agency operations.

B. Form **PA 123** - Miscellaneous Professional Liability Coverage form - is used to provide this coverage.

C. Premium Computation.

1. Rates.

Base limits of insurance are $100,000 each claim and $300,000 aggregate. Other limits are subject to factors contained in the Commercial Lines Manual, per Rule 41.

	Rates				
Psychiatrist	**Psch.**	**A.P.A. Psychologist**	**ASCW**	**MSW**	**Other Prof. (See Below)**
Refer to Medical Malpractice rates	$80.	$60.	$35.	$40.	$105.

Agency charge is 10% of the individual charges subject to a minimum charge of $50.00. When including an agency as Named Insured, all professionals must be named.

2. Additional charges for:

a. Volunteers - $1.00 each

b. If agency is an adoption or child placement - add $415.00

c. Residential child care or home - add $205.00

36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Subline Code 317) (Class Code 80110)

(Cont'd) Ⅱ

D. Definitions

ACSW - Academy of Certified Social Workers
APA - American Psychiatric Assoc. or Psychological Assoc.
MSW - Masters in Social Work
PHD - Doctors Degree in Social Work

Other Professional includes:

1. BS in Social Work
2. Masters in psychology
3. Licensed:
   a. marriage counselors
   b. family counselors
4. Masters or PHD in closely related mental health fields
5. SW - Social Worker
6. CW - Case Worker

37. TEACHERS PROFESSIONAL LIABILITY (Subline Code 317) (Class Code 72998)

A. This coverage provides legal liability coverage for injury or damages because of injury arising out of malpractice, error or mistakes, in rendering or failing to render professional services in the practice of the insured's profession of teaching.

B. Form **PA 119** - Teachers Professional Liability Coverage Form - is used to provide this coverage.

C. Rates:

Each Claim Limit - Aggregate	Three-Year Rates	Annual Rates
$ 100,000/300,000	$38.00	$15.00

For Limits other than shown above refer to Rule **41.**

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38. TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Class Code 25010) ⌑

A. Eligibility Requirements

1. Travel agencies that conduct or organize tours are ineligible for Travel Agents Errors and Omissions.
2. Travel Agents Errors and Omissions must be referred to your Regional Director, State Agent or Underwriter prior to binding.

B. Definitions

1. Travel Agents
   - **a.** A retail travel agent sells services, travel accommodations, arrangements, etc., directly to the public, and receipts derived therefrom by such travel agent are herein called "receipts from retail business".
   - **b.** A wholesale travel agent sells services, travel accommodations, arrangements, etc., directly to other travel agents, and receipts derived therefrom by such travel agent are herein called "receipts from wholesale business".
   - **c.** Travel agents may conduct both wholesale and retail business and the receipts shall be classified according to that type of business from which derived.
   - **d.** Travel agents must have been in business for at least three (3) years to be eligible for this program.

C. Policies are to be written for an annual term only.

D. Limits of Insurance available under this program are $100,000, $300,000, $500,000, or $1,000,000 per occurrence for each annual period.

E. Premium Basis is derived from using the total Gross Receipts from the Retail and Wholesale operations of the travel agency business, less 90% of the fares generated through the issuance of Standard Airline tickets.

F. The premiums listed below are the Basic annual premiums for $100,000 limit of insurance for Errors and Omissions coverage only. Premises/Operations is classified and rated in accordance with Division Six of the Commercial Lines Manual.

Gross Receipts - (Adjusted)	Premiums
$ 1 - $ 100,000	$154.00
100,001 - 200,000	194.00
200,001 - 300,000	234.00
300,001 - 400,000	274.00
400,001 - 500,000	314.00
500,001 - 600,000	353.00
600,001 - 700,000	392.00
700,001 - 800,000	431.00
800,001 - 900,000	470.00
900,001 - 1,000,000	509.00
Over 1,000,000	509.00 plus $39 per $100,000 of receipts in excess of $1,000,000

Note: The gross receipts shall be at least equal to $100,000 times the number of employees.

38. TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Class Code 25010) (Cont'd)

G. Increased Limits Factors:

$ 100,000	1.00
300,000	1.22
500,000	1.33
1,000,000	1.53

H. Deductible Credits:

$ 500	.10
1,000	.15
2,500	.20
5,000	.35
10,000	.50
25,000	.65

I. Premium Determination

1. Locate basic premium from schedule in paragraph **F.**
2. If the travel agent conducts any wholesale business add a surcharge derived by the following formula. If no wholesale business is conducted, proceed to step **3.**

$$\frac{0.15 \text{ X receipts from wholesale business X the basic premium}}{\text{Total Gross Receipts}}$$

*Subject to a minimum surcharge of $25.00.

3. Subtract factor in paragraph **H.**, if applicable, from factor in paragraph **G.**, if applicable, and apply to result **2.** above. This is the final premium.

J. The minimum premium is $300 and, except for expense modification, is not subject to any further modification or rate plan.

K. Coverage Form **PA 104** - Commercial General Liability and Travel Agents Errors and Omissions Coverage Form - is used to provide this coverage.

L. Application **PA-009** must be completed.

39. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398) ⌑

A. Dentist's (Class Code 26050)

1. Prior Acts or Omissions Extension

This optional endorsement to Dentist's Professional Liability Occurrence Coverage provides coverage for the reporting of claims arising out of the rendering or failure to render professional services on or after the retroactive date and prior to the effective date. This endorsement may be necessary when the insured was previously covered by a policy with a claims-made trigger and an adequate Extended Reporting Period was not purchased. If the previous claims-made insurer was us, then this endorsement is not available - refer to Extended Reporting Period - Dentist's Professional rule 4.D. for coverage.

2. Dentist's Professional Prior Acts or Omissions Extension **PA 421** is used to provide this coverage.

3. Premium Calculation

The following factors are applied to the gross CIC occurrence premium without the application of any credits and debits.

Number of Consecutive Years Insured has Purchased Claims-Made Coverage	Prior Acts Coverage Factors
1	.13
2	.24
3	.32
4	.35
5 or more	.37

This is a one time charge. The premium is fully earned.

39. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398) (Cont'd)

B. Other than Dentists (Class Code - See Below)

1. This optional endorsement provides coverage for the reporting of claims arising out of acts, errors or omissions which occurred on or after the retroactive date and prior to the effective date. This endorsement may be necessary when the insured was previously covered by a policy with a claims-made trigger and an adequate Extended Reporting Period was not purchased.

2. Prior Acts or Omissions - Errors & Omissions or Professional Form **PA 444** is used to provide this coverage.

3. **Premium Calculation**

   The following factors are applied to the gross CIC occurrence premium without the application of any credits and debits.

Number of Consecutive Years Insured Has Purchased Claims-Made Coverage	Prior Acts Coverage Factors
1	.26
2	.48
3	.63
4	.70
5 or more	.74

   This is a one-time charge. The premium is fully earned.

4. **Underwriting**

   All risks must be submitted to the Home Office for final approval. Application Form **PA-008** is required.

5. **Class Codes**

Animal Grooming Professional	26100
Beauty and Barber Shop Professional	26101
Dental Hygienists Professional	26102
Health Care (Nursing Home) Professional	26103
Ministers Professional	26104
Nurses Professional	26105
Optician	26106
Optometrist Professional	26114
Pedorthist Professional	26107
Printers E&O	26108
Social Services Professional	26109
Teachers Professional	26110
Veterinarians Professional	26111
Miscellaneous (NOC)	26112

40. EXPENSE, EXPERIENCE AND SCHEDULE RATING PLAN ⌑

A. Other Than Dentists/Insurance Agents Errors and Omissions

1. Eligibility

Any liability risk that develops an annual basic limits manual premium of **$100** or more for the exposures to be rated may be eligible for the application of experience rating and schedule rating. (For Dentist's Professional Credits and Debits, refer to B.)

2. Rating Procedure

a. The manual premium for any risk may be subject to credit or debit in accordance with the rules stated below. In determining the loss ratio, the experience will be based on the figures that are available for the experience incurred in this state, or all states, for the exposures to be rated. The maximum experience period shall not exceed three years and the minimum period shall be the first nine months of the expiring policy term or a complete previous policy year. If at any time during the experience period the risk has been self-insured or insured with a company from which the experience is not available, the experience is acceptable in the form of a statement signed by the applicant.

The experience in such form shall be given credence in accordance with the apparent credibility of the experience.

The premium used in obtaining the loss ratio shall be the current basic limits manual premium for the experience period.

b. Experience Surcharge

(1) One suit reported during experience period: Add 30% to manual premium. Two or more suits reported during experience period: Add 50% to manual premium.

(2) The experience period shall be a 36-month period ending prior to the effective date of coverage. Surcharges thus developed shall apply for 3 policy years.

c. For factors that are peculiar to the risk under consideration, which shall include but not be limited to physical conditions, operative management, or classification analysis, schedule rating credits or debits not exceeding 40% may be applied.

d. The experience and schedule rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit shall be increased, or if a debit shall be decreased, by the amount of the reduction in expenses. The credits or debits provided herein shall be taken one after the other and not added together.

40. EXPENSE, EXPERIENCE AND SCHEDULE RATING PLAN (Cont'd)

B. Dentist's Professional Credits and Debits

The use of the following Recent Graduate Credits, IRPM Credit and Debit, and Experience Credit and Debits, is mandatory and applies to both occurrence and claims-made premiums, except the Recent Graduate Credits may not be applied to claims-made premiums.

All credits and debits apply to each dentist individually.

All credits and debits are to be taken separately and are not added together.

1. Recent Graduate Credits:

	Credit
First year dentist	60%
Second year dentist	40%
Third year dentist	20%

The first year begins on the date the dentist receives the first state or regional board certification.

2. IRPM Credit and Debit:

a. Member of a local, state, or national dental association	5% **credit**
b. Member of the Chicago Dental Society	5% **credit**
c. Does not comply with OSHA or ADA guidelines for infection control	15% **debit**

3. Experience Credit and Debits:

The experience period is the three years immediately preceding the effective date of the current policy period.

a. Credit

The dentist must be insured with CIC entirely during the experience period:

0 chargeable losses	25% **credit**

b. Debits:

The dentist must be insured with CIC at the time of the loss and the loss must be during the experience period:

1 chargeable loss	15% **debit**
2 chargeable losses	50% **debit**
3 chargeable losses	100% **debit**

A chargeable loss is defined as a paid loss (expenses are not included as a paid loss) or a reserve for a claim which the underwriter deems there was probable negligence involved and a loss payment is likely.

Any insured who qualifies for an Experience Debit may also be declined or nonrenewed.

41. INCREASED LIMITS TABLES ⌑

A. The following interpolation procedure shall be used in determining increased limit factors or combinations of limits not shown in the limits tables:

1. Determine the table factor for the limit or combination of limits next lower than the limit or limits desired and the table factor for the next higher limit or combination of limits.
2. The factor for the limit or combination of limits desired shall be determined by interpolation, but all fractions in the third decimal place shall be considered as an additional unit in the second decimal place.
3. Where neither limit required appears in the table, refer to company.

B. All limits are expressed in thousands of dollars.

C. Limit codes are shown in parentheses under factors.

1. Convalescent or Nursing Homes

Aggregate	Per Medical Incident 100	200	250	500	1,000
300	**1.00**	**1.20**	**1.25**		
	(52)	(60)	(63)		
400	**1.01**	**1.24**	**1.30**		
	(55)	(60)	(63)		
500	**1.02**	**1.27**	**1.35**	**1.55**	
	(53)	(57)	(61)	(67)	
600	**1.03**	**1.29**	**1.37**	**1.61**	
	(55)	(58)	(63)	(70)	
750	**1.04**	**1.29**	**1.38**	**1.63**	
	(55)	(60)	(62)	(70)	
1,000	**1.05**	**1.30**	**1.39**	**1.69**	**1.94**
	(54)	(59)	(63)	(68)	(71)
1,250	**1.06**	**1.30**	**1.39**	**1.70**	**1.98**
	(55)	(60)	(63)	(70)	(73)
1,500	**1.07**	**1.31**	**1.40**	**1.71**	**2.02**
	(55)	(60)	(63)	(69)	(73)
2,000	**1.08**	**1.32**	**1.41**	**1.72**	**2.05**
	(55)	(60)	(63)	(70)	(73)
2,500	**1.09**	**1.33**	**1.42**	**1.73**	**2.05**
	(55)	(60)	(63)	(70)	(73)
3,000	**1.10**	**1.34**	**1.43**	**1.74**	**2.06**
	(55)	(60)	(63)	(70)	(72)

41. INCREASED LIMITS TABLES (Cont'd) ⌑

2. Hospitals

Aggregate	Per Medical Incident						
	100	150	200	250	300	500	1,000
300	1.00	1.08	1.13	1.16	1.17		
	(52)	(56)	(60)	(63)	(66)		
500	1.04	1.15	1.23	1.29	1.33	1.42	
	(53)	(56)	(57)	(61)	(66)	(67)	
600	1.05	1.16	1.25	1.32	1.37	1.49	
	(55)	(56)	(58)	(63)	(66)	(70)	
1,000		1.18	1.28	1.37	1.44	1.62	1.80
		(56)	(59)	(63)	(66)	(68)	(71)
1,500		1.19	1.29	1.38	1.45	1.67	1.93
		(56)	(60)	(63)	(66)	(69)	(73)
2,000					1.46	1.68	1.98
					(66)	(70)	(73)
3,000							2.00
							(72)

41. INCREASED LIMITS TABLES (Cont'd) ⌑

3. Social Services Professional Liability
Physicians
Insurance Agents Errors and Omissions

Aggregate	Per Medical Incident 100	150	200	250	300	500	1,000
300	1.00	1.14	1.23	1.31	1.37		
	(52)	(56)	(60)	(63)	(66)		
400	1.01	1.16	1.28	1.37	1.44		
	(55)	(56)	(60)	(63)	(66)		
500		1.18	1.31	1.41	1.49	1.70	
		(56)	(57)	(61)	(66)	(67)	
600		1.19	1.32	1.43	1.52	1.76	
		(56)	(58)	(63)	(66)	(70)	
750		1.20	1.33	1.45	1.54	1.82	
		(56)	(60)	(62)	(66)	(70)	
900				1.46	1.56	1.86	
				(63)	(65)	(70)	
1,000					1.57	1.88	2.19
					(66)	(68)	(71)
1,500					1.58	1.91	2.31
					(66)	(69)	(73)
2,000						1.92	2.36
						(70)	(73)
2,500							2.37
							(73)
3,000							2.38
							(72)

41. INCREASED LIMITS TABLES (Cont'd) ⌑

4. Surgeons

Aggregate	Per Medical Incident						
	100	150	200	250	300	500	1,000
300	**1.00** (52)	**1.15** (56)	**1.25** (60)	**1.33** (63)	**1.39** (66)		
400	**1.01** (55)	**1.18** (56)	**1.30** (60)	**1.39** (63)	**1.47** (66)		
500		**1.19** (56)	**1.33** (57)	**1.44** (61)	**1.52** (66)	**1.74** (67)	
600		**1.20** (56)	**1.34** (58)	**1.46** (63)	**1.56** (66)	**1.80** (70)	
750		**1.21** (56)	**1.35** (60)	**1.48** (62)	**1.58** (66)	**1.87** (70)	
900				**1.49** (63)	**1.60** (65)	**1.91** (70)	
1,000					**1.61** (66)	**1.93** (68)	**2.28** (71)
1,500					**1.62** (66)	**1.97** (69)	**2.41** (73)
2,000						**1.98** (70)	**2.46** (73)
2,500							**2.47** (73)
3,000							**2.48** (72)

41. INCREASED LIMITS TABLES (Cont'd) ⌑

5. Dentists

Aggregate	Per Dental Incident						
	100	150	200	250	300	500	1,000
300	1.00	1.08	1.13	1.17	1.19		
	(52)	(56)	(60)	(63)	(66)		
400	1.01	1.09	1.14	1.18	1.21		
	(55)	(56)	(60)	(63)	(66)		
500	1.03	1.10	1.15	1.19	1.22	1.29	
	(53)	(56)	(57)	(61)	(66)	(67)	
600	1.04	1.11	1.16	1.20	1.23	1.30	
	(55)	(56)	(58)	(63)	(66)	(70)	
750	1.05	1.12	1.17	1.21	1.24	1.31	
	(55)	(56)	(60)	(62)	(66)	(70)	
900	1.06	1.13	1.18	1.22	1.25	1.32	
	(55)	(60)	(60)	(63)	(65)	(70)	
1,000	1.06	1.13	1.18	1.22	1.25	1.32	1.40
	(54)	(56)	(59)	(63)	(66)	(68)	(71)
1,250	1.07	1.14	1.19	1.23	1.26	1.33	1.41
	(55)	(56)	(60)	(63)	(66)	(70)	(73)
1,500	1.08	1.15	1.20	1.24	1.27	1.34	1.41
	(55)	(56)	(60)	(63)	(66)	(69)	(73)
2,000	1.10	1.16	1.22	1.26	1.29	1.36	1.42
	(55)	(56)	(60)	(63)	(66)	(70)	(73)
2,500	1.12	1.17	1.24	1.27	1.31	1.38	1.43
	(55)	(56)	(60)	(63)	(66)	(70)	(73)
3,000	1.14	1.18	1.26	1.29	1.33	1.40	1.44
	(55)	(56)	(60)	(63)	(66)	(70)	(72)

41. INCREASED LIMITS TABLES (Cont'd)

6. County Recorder and/or County Clerks Errors and Omissions Lawyers

Aggregate	Per Claim 25	100	200	500	1,000
75	**1.00** (48)				
300		**2.04** (52)			
600			**2.52** (58)		
1,000				**2.90** (68)	
1,500				**2.93** (69)	
3,000					**3.18** (72)

41. INCREASED LIMITS TABLES (Cont'd)

7. Blood banks
Medical or X-ray Laboratories

Aggregate	Per Claim 100	150	200	250	300	500	1,000
300	1.00 (52)	1.15 (56)			1.38 (66)		
500	1.01 (53)	1.17 (56)	1.29 (57)	1.40 (61)	1.48 (66)	1.70 (67)	
600			1.30 (58)	1.40 (63)	1.49 (66)	1.75 (70)	
1,000						1.82 (68)	2.32 (71)
1,500						1.82 (69)	2.40 (73)
2,000							2.42 (73)
3,000							2.42 (72)

41. INCREASED LIMITS TABLES (Cont'd)

● **8.** **Animal Grooming**
Cemetery
Chiropractors
Chiropodists/Podiatrists
Cosmetologists and Barbers
Cosmetology or Barbering School
Employees
EMT
Funeral Service Providers
Hygienists
Ministers
Nurses
Optometrists
Pedorthist
Physiotherapists
Printers Errors & Omissions
Real Estate Errors & Omissions
Teachers
Veterinarians

Aggregate	Per Claim/Medical Incident/Occurrence/Professional Incident 100	150	200	250	300	500	1,000
300	**1.00** (52)	**1.12** (56)	**1.20** (60)	**1.26** (63)	**1.30** (66)		
400	**1.01** (55)	**1.13** (56)	**1.23** (60)	**1.29** (63)	**1.34** (66)		
500		**1.14** (56)	**1.24** (57)	**1.31** (61)	**1.37** (66)	**1.50** (67)	
600		**1.15** (56)	**1.25** (58)	**1.32** (63)	**1.38** (66)	**1.53** (70)	
750		**1.16** (56)	**1.26** (60)	**1.33** (62)	**1.39** (66)	**1.56** (70)	
900				**1.34** (63)	**1.40** (65)	**1.57** (70)	
1,000					**1.41** (66)	**1.58** (68)	**1.77** (71)
1,500					**1.42** (66)	**1.59** (69)	**1.81** (73)
2,000						**1.60** (70)	**1.82** (73)
2,500							**1.83** (73)
3,000							**1.84** (72)

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42. COSMETOLOGY OR BARBERING SCHOOL PROFESSIONAL LIABILITY (Subline Code 398)
Class Code - Barber College (only) - 29859 (Instructor) - 29857 (Student)
- Cosmetology School - 29856 (Instructor) - 29858 (Student)

A. This coverage form provides protection against liability claims arising from the rendering, or failure to render, professional services resulting from the operation of a school of cosmetology and/or barbering.

B. Coverage Form: **PA 132**

Application: **PA-010**

C. Professional Liability rates and premiums are based upon the total staff actually engaged in instruction and the average daily attendance of students at all locations covered and shall include all individuals, officers, partners, directors and other employees.

Rates:

Basic Limits: $100,000 Each Professional Incident
$300,000 Professional Liability Aggregate

Limits*	**Each: Instructor**	**and Student**
$100/300	$20.00	$10.00

*For increased limits refer to Rule **41.**

Loading:

Coverage for electrolysis can be included at an additional basic limits rate of $20.00 for each instructor and student providing this service. Add endorsement **PA 207.**

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GENERAL RULES

THIS MANUAL CONTAINS THE RULES AND RATES FOR PROFESSIONAL LIABILITY USED BY THE FOLLOWING BY APPLYING THE FACTORS INDICATED

THE CINCINNATI INSURANCE COMPANY -- 1.00
THE CINCINNATI CASUALTY COMPANY -- .85
THE CINCINNATI INDEMNITY COMPANY -- 1.35

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1. APPLICATION OF THIS DIVISION

A. The rules contained in this subdivision apply to the following liability coverages:

1. Animal Grooming Professional Liability Coverage
2. Beauty or Barber Shop Professional Liability Coverage
3. Blood Banks Professional Liability Coverage
4. Cemetery Liability Endorsement
● **5.** Chiropodists/Podiatrist Professional Liability Coverage
6. Chiropractors Professional Liability Coverage
7. Condominium Associations Directors and Officers Liability
8. County Recorder and/or County Clerks Errors and Omissions
9. Emergency Medical Technicians
10. Employees Professional Liability Coverage
11. Funeral Directors Liability
12. Hospital Professional Liability Coverage
13. Insurance Agents Errors and Omissions
14. Lawyers Professional Liability Coverage
15. Medical or X-Ray Laboratories Professional Liability Coverage
16. Ministers Professional Liability Coverage
17. Nurses Professional Liability Coverage
18. Optometrists Professional Liability Coverage
19. Pedorthist Professional Liability Coverage
20. Physicians, Surgeons and Dentists Professional Liability Coverage

1. APPLICATION OF THIS DIVISION (Cont'd)

21. Physiotherapists Professional Liability Coverage

22. Printers Errors and Omissions

23. Prior Acts or Omissions Extension of Coverage

24. Real Estate Agents Errors and Omissions

25. Religious Institutions Directors and Officers Liability

26. Social Services Professional Liability

27. Teachers Professional Liability

28. Travel Agents Errors and Omissions

29. Veterinarians Professional Liability Coverage

B. The coverages listed in Item A. above may be written as part of any policy containing property coverage.

2. REFERRALS TO COMPANY

Refer to the company for:

A. Rating or classifying any risk or exposure for which there is no manual rate or applicable classification.

B. Any applicable rating plan modification.

3. EFFECTIVE DATE

The date shown on the bottom of the page is a printing date and not necessarily the effective date. The effective date or distribution date will be announced on the Manual Revision Notice accompanying new or revised pages.

4. POLICY TERM

Policies may be written for a specific period up to five years.

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5. PREMIUM COMPUTATION

A. One-year or Fractional Year Policies

1. For one year policies, compute the premium using the rates in effect at policy inception.
2. For policies issued for other than a whole number of years, prorate the annual premium to determine the premiums for the fractional part of a year.

B. Multi-year Policies

1. For each annual period, compute the premium at inception using the annual rates in effect at that time.
2. Multi-year policies that are to be adjusted at each anniversary should have the Calculation of Premium (Annual Rerating) Endorsement **IA 429** attached. At each anniversary, compute the premium using the rates in effect at each anniversary.
3. For policies issued for other than a whole number of years, prorate the annual premium to determine the premiums for the fractional part of a year.
4. Prepaid policies should not be written in excess of a one year term except as otherwise indicated.

C. Installment Payments

1. The premium for a policy issued for a period of one, three and five years may be payable on semi-annual or quarterly installment basis in the following manner:

   For policies issued on a semi-annual basis, divide the annual premium by two (2) and add $5.00 for each installment.

   For policies issued on a quarterly basis, divide the annual premium by four (4) and add $5.00 for each installment.

2. **Eligibility:**
   a. A policy must develop a $250 minimum premium per installment prior to the installment charge.
   b. Applies to new and renewal policies with policy inception dates on or after the effective date of this change.

6. FACTORS OR MULTIPLIERS

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

7. ROUNDING RULE

A. Round rates, factors and multipliers after the final calculation to three decimal places. Five-tenths or more of a mill shall be considered one mill; e.g., .1245 = .125.

B. Round the premium for each peril, coverage and exposure for which a separate premium is calculated to the nearest whole dollar. Round a premium involving $.50 or over to the next higher while dollar; e.g., $100.50 = $101.00 but $100.49 - $100.00.

Note: Charge a premium of at least $1 for each instance where a separate premium is calculated.

APR

7. ROUNDING RULE (Cont'd)

C. Installments. Add the installment charge per Rule **5.D.** to the annual premium and round each installment to the lowest whole dollar.

Example:

Quarterly Policy.
Annual Policy Premium is $1,395.

$1,395 + $20 (Installment Charge) = $1,415 Annual with Installment Charge

$1,415 / 4 Installments = $353.75

Round Quarterly Premium with Installment Charge to $353.

8. MINIMUM PREMIUM

A. Division Minimum Premium

The lowest amount for which the Professional Coverage Part may be written is $50. This amount is not subject to any adjustment, including increased limits, package modification, expense factor or rate plans. Specific coverage minimum premiums are included within the Division Minimum unless stated otherwise. Specific coverage minimums that exceed the Division Minimum override the Division Minimum.

B. Exceptions

If each of the following is the only professional classification on the policy, then the Division Minimum Premium is as follows:

1.	Printers E & O	$35 mp
2.	Teachers	the developed premium is the minimum
3.	Student nurses	the developed premium is the minimum

9. ADDITIONAL PREMIUM CHANGES

A. Prorate all changes requiring additional premium

B. Apply the rates and rules in effect on the effective date of the policy. In computing the additional premium, charge the amount applicable on the effective date of the change even if the policy inception premium was less than the Policy Writing Minimum Premium.

C. Waive additional premium of $15.00 or less. This waiver only applies to cash exchange due on an endorsement effective date.

10. RETURN PREMIUM CHANGES

A. Deletion of a mandatory coverage is not permitted unless the entire policy is cancelled. See Cancellation Rule.

B. Compute return premium at the rates used to calculate the policy premium.

C. Compute return premium pro rata and round to the next higher whole dollar when any change or exposure is deleted or an amount of insurance is reduced.

D. Waive return premium of $15.00 or less. Grant any return premium due if requested by the insured. This waiver only applies to cash exchange due on the endorsement effective date.

E. Retain the policy writing minimum premium.

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11. POLICY CANCELLATIONS

● If the policy is canceled, the earned premium shall be calculated on a pro rata basis and rounded to the nearest whole dollar.

12. BASES OF PREMIUM

A. Beds - the daily average number of beds, cribs and bassinets occupied during the policy period. The rates apply per bed.

B. Donations - the total of all blood donations administered by the named insured during the policy period. The rates apply per donation.

C. Outpatient Visits - the total number of visits made during the policy period by patients who do not receive bed and board service. The rates apply per 100 outpatient visits.

13. RATES AND PREMIUM DEVELOPMENT

A. Rates are shown on the rate pages opposite the identifying code numbers of the classifications. For classifications not subject to premium adjustment on audit, the rates apply per policy year unless otherwise specified in classification footnotes.

B. Use all bases of premium which are listed next to any particular classification in the Classification portion of this manual.

C. Every risk whose classifications shown the symbol (a) instead of a specific rate or minimum premium and every risk having no specific classification must be referred to the company.

14. DEFINITIONS

The following are definitions of terms used in this subdivision:

A. D.O. - doctor of osteopathy.

B. For-Profit Hospital, Institution or Clinic - one which is neither a "Government Hospital, Institution or Clinic" nor a "Not-For-Profit Hospital, Institution or Clinic" as defined below.

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14. DEFINITIONS (Cont'd)

C. **Governmental Hospital, Institution or Clinic** - one operated by the Federal Government or a state, county, city or other governmental unit.

D. **Major Surgery-**

1. performing major surgery, or
2. assisting in major surgery on patients other than the insured's.
3. Tonsillectomies, adenoidectomies and caesarian sections are major surgery.

E. **M.D.** - medical doctor.

F. **Minor Surgery-**

1. performing minor surgery (including obstetrical procedures which are not major surgery), or
2. assisting in major surgery on the insured's patients.

G. **No Surgery** - neither performing surgery or obstetrical procedures nor assisting in surgery. Incising of boils and superficial fascia, suturing of minor lacerations and removal of superficial skin lesions by other than surgical excision are not surgery.

H. **Not-For-Profit Hospital, Institution or Clinic** - one which is not operated by a governmental unit and the net earnings of which do not inure to the benefits of any private individual.

I. **Teaching Physician or Surgeon** - one who teaches on a full-time basis and has no private practice.

15. RESERVED FOR FUTURE USE

16. ADDITIONAL RULES

A. Attach Illinois Changes - Cancellation and Nonrenewal Endorsement **GA 490 IL** and Policy Changes - Cancellation and Nonrenewal Endorsement **PA 406** to all professional liability coverage forms issued in Illinois.

B. When Professional Liability Coverage is added to a Homeowners Policy attach Common Policy Conditions Form **PX 401** in conjunction with the Professional Liability Coverage Form.

17. - 18. RESERVED FOR FUTURE USE

19. INTERSTATE ACCOUNTS

●

A. Rules and Rates

The rules and rates for Commercial Professional Liability coverage(s) will use the filed rates for each medical or professional liability exposure(s) in the respective state where the operations are licensed.

B. Forms

1. Professional liability policies providing coverage on locations in more than one state may be written on one policy subject to the basic coverage form(s) filed in the state where the:

   a. Insured's largest medical or professional liability exposure or headquarters is located; or

   b. Insurance is negotiated.

2. When applicable, forms recognizing state amendatory changes will be included as required by the coverage(s) afforded for each respective state endorsed.

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MEDICAL PROFESSIONAL

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline code 210) ⌑

A. This coverage affords protection against claims for injuries arising out of acts or omissions of a professional nature which are made against the insured hospital, institution or clinic.

B. Coverage Form **PA 114** - Professional Liability Coverage Form - is used to provide this coverage, except for Convalescent or Nursing Homes, use **PA 126** - Health Care Facility Professional Liability Coverage Form.

● **C.** Manual rates for Hospitals and Convalescent or Nursing Homes provide a basic limit of $100,000 for all damages on account of each medical incident, subject to a basic aggregate limit of $300,000 (policy limits code 52).

1. Hospital Professional
(Subline Code 210)

$100,000/$300,000 Rates **Code No.**		**Rate**	**Minimum Premium Per Location**
80453		(a)	(a)
80611 80610		$2,021.00 48.00	$20,210.00
80612 80617		2,377.00 71.00	23,770.00
80613		(a)	(a)
80614		71.00	785.00
80916 80917		1,189.00 36.00	11,890.00
80923 80951		191.00 5.00	1,910.00
80924 80952		214.00 7.00	2,140.00
80925 80953		713.00 21.00	7,130.00
80926 80954		713.00 21.00	7,130.00
80997 80999		1,189.00 36.00	11,890.00
84453		(a)	(a)
84803		(a)	(a)
84965 84966		2,377.00 71.00	23,770.00

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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline code 210) (Cont'd)

- Governmental Hospitals, Institutions or Clinics
(Federal Hospitals, Institutions or Clinics should be referred to company)

Code No.	Rate	Minimum Premium
91213	$926.00	$9,260.00
91217	28.00	
92212	130.00	1,300.00
92216	4.00	
93211	56.00	619.00
93214	555.00	5,550.00
93212	17.00	
93215	1,851.00	18,510.00
93216	56.00	

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline code 210) (Cont'd) ⌑

● **2.** Convalescent or Nursing Homes - **Not Mental or Psychopathic Institutions**

Class Codes: 80923 - For Profit 80924 - Not For Profit

CITY	Territory	Skilled	Intermediate	Residential	Min. Prem.
CHICAGO territory comprises all area within the limits of the city of Chicago	010	$105 per bed	$68 per bed	$36 per bed	$750
CHICAGO SUBURBAN territory comprises the entirety of any suburb any part of which is within any township bordering on the city of Chicago including, but not limited to, all of the following places	006	105 per bed	68 per bed	36 per bed	750
COOK COUNTY REMAINDER territory comprises the remainder of Cook County not included in Chicago or Chicago Suburban territories	001	105 per bed	68 per bed	36 per bed	750
DuPAGE, KANE, LAKE and WILL COUNTIES	009	78 per bed	50 per bed	27 per bed	750
EAST ST. LOUIS territory comprises all of: St. Clair and Madison Counties	003	105 per bed	68 per bed	36 per bed	750
PEORIA, ROCK ISLAND, TAZEWELL, WINNEBAGO, AND SANGAMON Counties	005	46 per bed	30 per bed	18 per bed	750
REMAINDER OF STATE	002	40 per bed	26 per bed	16 per bed	750

Argo	Evanston	Norridge
Bedford Park	Evergreen Park	Oak Park
Blue Island	Harwood Heights	Park Ridge
Burnham	Hometown	Riverdale
Calumet Park	Lincolnwood	River Grove
Cicero	Melrose Park	Stickney
Dolton	Merrionette Park	Summit
Elmwood Park	Niles	

SKILLED CARE SERVICES: 24 hour professional nursing care by licensed nurses. Skilled Care Services usually include medical administration, injections, tube feedings, catheterizations, and other procedures ordered by physicians.

INTERMEDIATE CARE SERVICES: Nursing care during the day shift. No complex nursing care. Assistance with activities of daily living (i.e. walking, bathing, dressing, eating). Some assistance with medical administration.

RESIDENTIAL CARE SERVICES: Residents are provided protection environments (meals, security and planned programs for social and/or spiritual needs). Residents receive limited medical care.

D. Rates are based on 100/300 limits. Other limits are subject to the Increased Limits Factors per rule 41.

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline code 210) (Cont'd) ⌑

E. The following additional interests may be added to the policy at no additional charge. Any other interests must be referred to the company.

1. Controlling interests
2. Executors, Administrators, Trustees or Beneficiaries on Policies Covering Estates of Deceased Persons or Living Trusts.
3. Husbands or Wives.
4. Mortgagees, Assignees or Receivers on Policies Covering Owners or General Lessees.
5. All Officers and Employees (including volunteer firefighters) of the State, State Commissions, Departments, Boards and Agencies and Commissions, Departments, Boards, Districts, Municipal Corporations and Agencies of all Political Subdivisions of the State - blanket coverage under policies issued to such bodies: Refer to the company.

   This coverage excludes

   a. bodily injury to any fellow employee, and

   b. property damage to property owned by, rented to or in the care, custody or control of the employer.

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline code 210) (Cont'd)

F. Classifications

The following classification does not apply to:

Drugless healing institutions such as chiropractic, naturopathic, santipractic and Christian Science institutions. Such risks shall be submitted for rating.

Clinics, Dispensaries or Infirmaries-treatment of outpatients only-no regular bed and board facilities	**Code No.**
For-Profit Per 100 outpatient visits	80613
Not-For Profit Per 100 outpatient visits	80614
Governmental Per 100 outpatient visits	93211
Osteopathic Per 100 outpatient visits	84803

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline code 210) (Cont'd) ⌑

Code No.

Clinics, dispensaries or infirmaries incidental to industrial or commercial risks shall be classified and rated under the "For-Profit" classification.

This classification does not apply to not-for-profit dental clinics. Such risks shall be referred to company.

Clinics, dispensaries or infirmaries operated by physicians shall be classified and rated as Physicians and Surgeons Professional Liability insurance.

If regular bed and board facilities are provided, classify and rate in accordance with the appropriate classification in this manual.

Convalescent or Nursing Homes - not mental-psychopathic institutions

For-Profit	
Per bed	80923
Per 100 outpatient visits	80951
Not-for-Profit	
Per bed	80924
Per 100 outpatient visits	80952
Governmental	
Per bed	92212
Per 100 outpatient visits	92216

This classification does not apply to risks with surgical operating room facilities, laboratory or medical departments or x-ray apparatus.

Homes for the Aged. Classify and rate homes for the aged operated for the purpose of providing care for the aged sick, infirm or injured as "Convalescent or Nursing Homes...". Other homes for the aged shall be submitted for rating.

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline code 210) (Cont'd)

Hospitals	Code No.
For-Profit	
Per bed	80611
Per 100 outpatient visits	80610
Not-for-Profit	
Per bed	80612
Per 100 outpatient visits	80617
Governmental	
Per bed	93215
Per 100 outpatient visits	93216
Osteopathic	
Per bed	84965
Per 100 outpatient visits	84966

This is an N.O.C. classification.

This classification applies to hospital treating all general or special medical and surgical cases, including sanitariums with surgical operating room facilities.

Veterinary hospitals shall be classified and rated in accordance with the Miscellaneous Medical Professional Liability manual.

Mental-Psychopathic Institutions

For-Profit	
Per bed	80997
Per 100 outpatient visits	80999
Not-for-Profit	
Per bed	80916
Per 100 outpatient visits	80917
Governmental	
Per bed	91213
Per 100 outpatient visits	91217

This classification applies to institutions primarily for the restraint and treatment of mental, drug, narcotic or alcoholic cases.

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline code 210) (Cont'd) ⌑

	Code No.
Outpatient Surgical Facilities	
Osteopathic	84453
Not Osteopathic	80453
Sanitariums or Health Institutions - not hospitals or mental-psychopathic institutions	
For-Profit	
Per bed	80925
Per 100 outpatient visits	80953
Not-for-Profit	
Per bed	80926
Per 100 outpatient visits	80954
Governmental	
Per bed	93214
Per 100 outpatient visits	93212

This classification applies to risks with regular bed and board facilities, and with laboratory or medical departments. It does not apply to risks with surgical operating room facilities even though designated as sanitariums or health institutions.

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) ⌑

● **A.** This coverage affords protection against claims for injuries arising out of the insured's acts or omissions of a professional nature. Form **PA 106** - Professional Liability Coverage Form is used to provide this coverage.

B. For details of coverage, refer to the appropriate Physicians and Surgeons Professional Liability Coverage Part.

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ¤

C. Classifications

1. Physicians and Surgeons Classifications

Refer to separate classification section for physicians and surgeons in active United States Military Service or to those employed full time by the Federal government.

	M.D. Code No.	D.O. Code No.
Aerospace Medicine	80230*#	
Allergy	80254*#	84254*#
Anesthesiology	80151	84151
This classification applies to all general practitioners or specialists who perform general anesthesia or acupuncture anesthesia.		
Broncho-Esophagology	80101	
Cardiovascular Disease-minor surgery	80281*	84281*
Cardiovascular Disease-no surgery	80255*#	84255*#
Dermatology-minor surgery	80282*	84282*
Dermatology-no surgery	80256*#	84256*#
Diabetes-minor surgery	80271*	
Diabetes-no surgery	80237*#	
Emergency Medicine-including major surgery	80157	84157
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who does not perform major surgery.		
Emergency Medicine-no major surgery	80102	84102
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who does not perform major surgery.		

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) Ⅱ

	Endocrinology-minor surgery	80272*	84272*
	Endocrinology-no surgery	80238*#	84238*#
	Family Physicians or General Practitioners-no surgery	80420	84420
	Family Physicians or General Practitioners-minor surgery	80421	84421
	Forensic Medicine	80240*#	84240*#
	Gastroenterology-minor surgery	80274*	84274*
	Gastroenterology-no surgery	80241*#	84241*#
	General Preventive Medicine-no surgery	80231*#	
	Geriatrics-minor surgery	80276*	84276*
	Geriatrics-no surgery	80243*#	84243*#
	Gynecology-minor surgery	80277*	84277*
	Gynecology-no surgery	80244*#	84244*#
	Hematology-minor surgery	80278*	84278*
	Hematology-no surgery	80245*#	84245*#
	Hypnosis	80232*#	
●	+Infectious Diseases-minor surgery	80279*#	
	Infectious Diseases-no surgery	80246*#	
	Intensive Care Medicine	80283	84283
	This classification applies to any general practitioner or specialist employed in an intensive care hospital unit.		
	Internal Medicine-minor surgery	80284*	84284*
	Internal Medicine-no surgery	80257*#	84257*#
	Laryngology-minor surgery	80285*	
	Laryngology-no surgery	80258*#	
	Legal Medicine	80240*#	
	Manipulator		84801*

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

Neoplastic Diseases-minor surgery	**80286***	
Neoplastic Diseases-no surgery	**80259*#**	
Nephrology-minor surgery	**80287***	
Nephrology-no surgery	**80260*#**	
Neurology-including child-minor surgery	**80288***	**84288***
Neurology-including child-no surgery	**80261*#**	**84261*#**
Nuclear Medicine	**80262*#**	**84262*#**
Nutrition	**80248*#**	
Occupational Medicine	**80233*#**	**84233*#**
Ophthalmology-minor surgery	**80289***	**84289***
Ophthalmology-no surgery	**80263*#**	**84263*#**
Otology-minor surgery	**80290***	
Otology-no surgery	**80264*#**	
Otorhinolaryngolgy-minor surgery	**80291***	**84291***
Otorhinolaryngolgy-no surgery	**80265*#**	**84265*#**
Pathology-minor surgery	**80292***	**84292***

- Coverage is included for pathological laboratories. Use Endorsement **PA 494.**

- **Pathology-no surgery** — **80266*#** — **84266*#**

  Coverage is included for pathological laboratories. Use Endorsement **PA 494.**

Pediatrics-minor surgery	80293*	84293*
Pediatrics-no surgery	80267*#	84267*#
Pharmacology-clinical	80234*#	
Physiatry	80235*#	
Physical Medicine and Rehabilitation	80235*#	84235*#

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ♊

Physicians-minor surgery **80294***

This is an N.O.C. classification.

Physicians-no major surgery

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques or procedures:

Acupuncture-other than acupuncture anesthesia	80437	84437
Angiography	80422	84422
Arteriography	80422	84422
Catheterization-arterial, cardiac or diagnostic-other than (1) the occasional emergency insertion of pulmonary wedge pressure recording catheters or temporary pacemakers, (2) urethral catheterization or (3) umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen	80422	84422
Discograms	80428	84428
Lasers-used in therapy	80425	84425
Lymphangiography	80434	84434
Myleography	80428	84428
Phlebography	80434	84434
Pneumoencephalography	80428	84428
Radiation Therapy	80425	84425
Shock Therapy	80431	84431

● As respects Radiation-therapeutic coverage is included for x-ray laboratories. Use Endorsement **PA 494.**

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

Physicians-no major surgery

These classifications apply to all general practitioners or specialists, except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques or procedures:

Colonscopy	80443	84443
Endoscopic Retrograde Cholangiopancreatography	80443	84433
Laparoscopy (Peritonescopy)	80440	84440
Needle Biopsy-including lung and prostate, but not including liver, kidney or bone marrow biopsy	80446	84446
Pneumatic or mechanical esophageal dilatation (not bougie or olive)	80443	84443
Radiopaque Dye Injections-into blood vessels, lymphatics, sinus tracts and fistulae (Not applicable to Radiologists codes 80280* and 84280*)	80449	84449

Physicians-no surgery ..... **80268*# 84268*#**

This is an N.O.C. classification.

Physicians or Surgeons Assistants ..... **80116*# 84116*#**

This classification applies to physicians or surgeons assistants who have completed an approved course of study leading to university certification and who perform their duties under the direct supervision of a licensed physician or surgeon assisting in the clinical and/or research endeavors of the physician or surgeon.

Psychiatry-including child ..... **80249*# 84249*#**

Psychoanalysis ..... **80250*#**

Psychosomatic Medicine ..... **80251*# 84251*#**

Public Health ..... **80236*#**

Pulmonary Diseases-no surgery ..... **80269*# 84269*#**

●

Radiology-diagnostic-minor surgery **80280* 84280***

Coverage is included for X-ray laboratories. Use Standard Endorsement **PA 494.**

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●

Radiology-diagnostic-no surgery	**80253*#**	**84253*#**
Coverage is included for X-ray laboratories. Use Standard Endorsement **PA 494.**		
Rheumatology-no surgery	**80252*#**	**84252*#**
Rhinology-minor surgery	**80270***	
Rhinology-no surgery	**80247*#**	
Sclerotherapy		**84802***
Surgery-abdominal	**80166**	
Surgery-cardiac	**80141**	
Surgery-cardiovascular disease	**80150**	**84150**
Surgery-colon and rectal	**80115**	
Surgery-endocrinology	**80103**	
Surgery-gastroenterology	**80104**	
Surgery-general	**80143**	**84143**
This is an N.O.C. classification.		
This classification does not apply to any family or general practitioner or to any specialist who occasionally performs major surgery.		
Surgery-general practice or family practice	**80117**	
Surgery-geriatrics	**80105**	
Surgery-gynecology	**80167**	**84167**
Surgery-hand	**80169**	
Surgery-head and neck	**80170**	
Surgery-laryngology	**80106**	

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

Surgery-neoplastic	**80107**	
Surgery-nephrology	**80108**	
Surgery-neurology-including child	**80152**	**84152**
Surgery-obstetrics	**80158**	
Surgery-obstetrics-gynecology	**80153**	**84153**
Surgery-ophthalmology	**80114**	
Surgery-orthopedic	**80154**	**84154**
Surgery-otology	**80158**	
This classification does not apply to general practitioners or specialists performing plastic surgery.		
Surgery-otorhinolaryngology	**80159**	
This classification does not apply to general practitioners or specialists performing plastic surgery.		
Surgery-plastic	**80156**	**84156**
This is an N.O.C. classification.		
Surgery-plastic-otorhinolaryngolgy	**80155**	**84155**
Surgery-rhinology	**80160**	
Surgery-thoracic	**80144**	**84144**
Surgery-traumatic	**80171**	
Surgery-urological	**80145**	**84145**
Surgery-vascular	**80146**	

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230)

(Cont'd) Ħ

The following classifications and additional charges apply for physicians and surgeons in active United States Military Service:

Physicians-no surgery	**80131**	**84131**
Physicians-no major surgery	**80172**	**84172**

The additional charges for radiation or shock therapy do not apply to this classification.

Physicians-minor surgery	**80132**	**84132**
Physicians or Surgeons-major surgery	**80172**	**84172**

This classification applies to those specialists who would normally be assigned to one of the following M.D. codes or the corresponding D.O. codes, where applicable:
80101 80104 80108
80102 80105 80114 80117
80103 80107 80115

Physicians or Surgeons-major surgery	**80173**	**84173**

This classification applies to those specialist who would normally be assigned to the following codes:
80145 84145

Physicians or Surgeons-major surgery	**80174**	**84174**

This classification applies to those specialists who would normally be assigned to one of the following M.D. codes or the corresponding D.O. codes, where applicable:
80106 80151 80158
80141 80155 80159 80166
80143 80157 80160

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ¤

Physicians or Surgeons-major surgery	**80175**	**84175**

This classification applies to those specialists who would normally be assigned to one of the following M.D. codes or the corresponding D.O. codes, where applicable:
80153 80168
80156 80169
80167 80170

Physicians or Surgeons-major surgery	**80176**	**84176**

This classification applies to those specialists who would normally be assigned to one of the following M.D. codes or the corresponding D.O. codes, where applicable:
80144 80152
80146 80154
80150 80171

Additional Charges:

Radiation Therapy	**80136**	**84136**
Shock Therapy	**80137**	**84137**
Teaching Physicians-no surgery	**80321**	-

This classification applies to those physicians who would normally be assigned to codes **80230** through **80269** inclusive.

Teaching Physicians-minor surgery	**80322**	-

This classification applies to those physicians who would normally be assigned to codes **80270** through **80294.**

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

Teaching Physicians or Surgeons-major surgery ..... **80323** -

This classification applies to those specialists who would normally be assigned to one of the following codes:
80101 80104 80108 80117
80102 80105 80114
80103 80107 80115

Teaching Physicians or Surgeons-major surgery **80324**

This classification applies to those specialists who would normally be assigned to code **80145.**

Teaching Physicians or Surgeons-major surgery ..... **80325** -

This classification applies to those specialists who would normally be assigned to one of the following codes:
80106 80151 80158 80166
80141 80155 80159
80143 80157 80160

Teaching Physicians or Surgeons-major surgery ..... **80326** -

This classification applies to those specialists who would normally be assigned to one of the following codes:
80153 80167 80169
80156 80168 80170

Teaching Physicians or Surgeons-major surgery ..... **80327** -

This classification applies to those specialist who would normally be assigned to one of the following codes:
80144 80150 80154
80146 80152 80171

Additional Charges:

The following additional charges apply for all the foregoing classifications applicable to physicians and surgeons in active United States Military Service or to those employed full time by the Federal Government.

Corporate Liability 2.D.2. ..... **80999** **84999**

+Employed Nurse Anesthetists **80452** **84452**

The manual rate for this classification will be .10 of the rate for Anesthesiology codes **80151** and **84151.**

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+Employed Physicians or Surgeons Assistants	**80129**	**84129**
+Employed Physicians or Surgeons	**80177**	**84177**

The rate shall be .25 of the rate applicable for the self-employed physician or surgeon.

+Employed Technicians-radium, including diagnostic X-ray laboratory or pathological	**80148**	**84148**
+Employed Technicians-radiation therapy	**80149**	**84149**
Partnership Liability (See Rule 2.D.1.)	**80999**	**84999**
+Shock Therapy-by employed physicians or surgeons involved with major surgery	**80161**	**84161**

This additional charge applies to each employed physician or surgeon doing shock therapy work.

Shock Therapy-by insured physicians or surgeons involved with major surgery	**80162**	**84162**

This additional charge applies to each insured physician or surgeon doing shock therapy work.

Radiation Therapy-by employed physicians or surgeons involved with major surgery	**80163**	**84163**

- This additional charge applies to each employed physician or surgeon doing X-ray therapy work.

+Radiation Therapy-by insured physicians or surgeons involved with major surgery	**80165**	**84165**

- This additional charge applies to each insured physician or surgeon doing X-ray therapy work.

+This rate applies not only to employees of individual insureds but also to employees of partnerships, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners. It applies also to such personnel in pathological or X-ray laboratories operated or supervised by the insured in hospitals, whether or not employees of the insured.

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

2. Classification Procedure

a. If two or more classifications apply to the same individual, use the highest rated classification.

b. Any individual who would normally be assigned to a classification whose code number is followed by an asterisk must be classified under "Physicians-no major surgery" If he performs any of the following medical techniques or procedures:
Acupuncture other than acupuncture anesthesia
Angiography
Arteriography
Catheterization-arterial, cardiac or diagnostic other than (1) the occasional emergency insertion of pulmonary wedge pressure recording catheters or temporary pacemakers, (2) urethral catheterization, or (3) umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen
Cryosurgery-other than use on benign or premalignant dermatological lesions
Discograms
Lasers-used in therapy
Lymphangiography
Myleography
Phlebography
Pneumoencephalography
Radiation Therapy-including X-ray laboratories **(End GL 23 11** and **GL 23 27)**
Shock Therapy

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ¤

c. Any individual who would normally be assigned to a classification whose code number is followed by a cross-hatch must be classified under "Physicians - no major surgery" if he performs any of the following medical techniques or procedures:

Colonscopy
Endoscopic Retrograde Cholangiopancreatography Laparoscopy (Perionescopy)
Needle Biopsy-including lung and prostate but, not including liver, kidney or bone marrow biopsy
Pneumatic or mechanical esophageal dilatation (not with bougie or olive)
Radiopaque Dye Injections - into blood vessels, lymphatics, sinus tracts or fistulae (Not applicable to Radiologists)

d. The classifications for this coverage do not apply to:

(1) Physicians or Surgeons on Active Service in the United States Military - See exception to the classifications.

(2) Individuals Employed Full-Time by the Federal Government - use .75 of the rates which would otherwise apply. (80178 or 84178)

● **(3)** Retired Physicians or Surgeons who practice on a limited basis - If coverage is desired, refer to the company. For statistical purposes, use Code 80179 for medical doctors and Code 84179 for osteopathic doctors.

(4) The Operation of Regular Bed and Board Facilities - Refer to the rules for hospital Professional Liability Coverage.

e. For classification assignment purposes, physicians and surgeons that teach on a full-time basis are to be classified in accordance with the Teaching Physicians and Surgeons classifications.

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

3. Physicians and Surgeons Professional Rates (Subline Code 230)

a. Rates apply on an "each" basis and per annum as shown below:

● **4.** Rates are based on $100/300 limits. Other limits are subject to the Increased Limits Factors per Rule **41.**

Code Nos.		Rates	Code Nos.		Rates
M.D.	D.O.		M.D.	D.O.	
80101	-	$10,896	80156	84156	$21,791
80102	84102	17,291	80157	84157	13,075
80103	-	10,896	80158	-	10,896
80104	-	10,896	80159	-	10,896
80105	-	10,896	80160	-	10,896
80106	-	10,896	80161	84161	817
80107	-	10,896	80162	84162	1,090
80108	-	10,896	80163	84163	817
80114	-	6,538	80165	84165	3,268
80115	-	10,896	80166	-	17,433
80116	84116	2,180	80167	84167	19,613
80117	-	10,896	80168	-	26,150
80129	84129	409	80169	-	19,613
80131	84131	60	80170	-	19,613
80131	84132	105	80171	-	26,150
80136	84136	60	80472	84172	241
80137	84137	60	80173	84173	322
80141	-	17,433	80174	84174	322
80143	84143	17,433	80175	84175	402
80144	84144	26,150	80176	84176	402
80145	84145	10,896	80177	84177	*
80146	-	26,150	80178	84178	**
80148	84148	164	80179	84179	(a)
80149	84149	327	80230	-	3,268
80150	84150	26,150	80231	-	3,268
80151	84151	13,075	80232	-	3,268
80152	84152	32,688	80233	84233	3,268
80153	84153	26,150	80234	-	3,268
80154	84154	23,971	80235	84235	4,732
80155	84155	17,433	80236	-	3,268
			80237	-	3,268

*25% of the rate applicable for the self-employed physician or surgeon.
**75% of the rate applicable if physicians or surgeons not employed by the Federal Government.
***20% of the per person rate for each individual comprising the partnership.

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●

Code No.		Rates	Code No.		Rates
M.D.	D.O.		M.D.	D.O.	
80238	84238	$3,268	80280	84280	6,538
80240	84240	3,268	80281	84281	6,538
80241	84241	3,268	80282	84282	6,538
80243	84243	3,268	80283	84283	6,538
80244	84244	3,268	80284	84284	7,410
80245	84245	3,268	80285	-	6,538
80246	-	3,268	80286	-	6,538
80247	-	3,268	80287	-	6,538
80248	-	3,268	80288	84288	6,538
80249	84249	3,268	80289	84289	4,358
80250	-	3,268	80290	-	6,538
80251	84251	3,268	80291	84291	6,538
80252	84252	3,268	80292	84292	4,358
80253	84253	3,268	80293	84293	6,538
80254	84254	3,268	80294	-	6,538
80255	84255	3,268	80321	-	2,451
80256	84256	3,268	80322	-	4,904
80257	84257	5,448	80323	-	8,172
80258	-	3,268	80324	-	8,172
80259	-	3,268	80325	-	13,075
80260	-	3,268	80326	-	14,710
80261	84261	6,538	80327	-	19,613
80262	84262	3,268	80420	84420	4,358
80263	84263	2,615	80421	84421	6,538
80264	-	3,268	80422	84422	10,896
80265	84265	3,268	80425	84425	10,896
80266	84266	3,052	80428	84228	10,896
80267	84267	5,448	80431	84431	10,896
80268	84268	3,268	80434	84434	10,896
80269	84269	3,268	80437	84437	10,896
80270	-	6,538	80440	84440	6,538
80271	-	6,538	80443	84443	6,538
80272	84272	6,538	80446	84446	6,538
80274	84274	6,538	80449	84449	6,538
80276	84276	6,538	80452	84452	1,308
80277	84277	6,538	-	84801	3,268
80278	84278	6,538	-	84802	6,538
80279	-	6,538	80999	84999	***

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ¤

D. The following rules apply only to Physicians and Surgeons Professional Liability Coverage.

1. Partnership Liability

When both partnership and individual liability are covered, compute the premium by using:

a. the appropriate per person rate for each partner individually insured.

b. the partnership liability rate for each partner.

c. the appropriate rate for each employee of any partner individually insured, and

d. the appropriate rate for each employee of the partnership, if any.

● **2. Professional Associations or Corporations.**

Classify and rate such risks which practice medicine or dentistry the same as partnerships, i.e., classify the stockholders in the same manner as partners and the association or corporation in the same manner as partnerships. Use Endorsement **PA 495** for professional corporations consisting of a single individual.

Exception: Professional corporations consisting of a single individual must be treated as additional insureds.

● **3.** The following additional interest may be added at no charge. All others must be referred to the company.

a. Controlling interests.

4. Resident-Intern - Fellow Coverage

a. This coverage is provided for physicians in training.

b. The rates will be those available for Class 1 Physicians.

c. Use Endorsement **PA 404** for this coverage.

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3. DENTIST'S PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) ⌑

● **A. Dentist's Professional Liability Insurance - PA 128 Occurrence / PA 127 Claims-Made / PA 526 Occurrence Declarations / PA 526E Occurrence Endorsement / PA 525 Claims-Made Declarations / PA 525E Claims-Made Endorsement**

Coverage for Dentist's Professional Liability is offered for Dentist Class 1 (Professional Liability Class 80226); Class 2 (Professional Liability Class 80227); and Class 2A (Professional Liability Class 80229).

Procedure	Class	Anesthesia
General Dentistry Endodontics Pedodontics Prosthodontics Orthodontics Periodontics/Non-Osseous Surgery, Non-Advanced or Non-Refractory Progressive Periodontitis Implant Prostheses/Non-Surgical Removal of Impacted Wisdom Teeth, Soft Tissue Only	1	In the Office: Local N_2O Oral Conscious IV Administered by other than an insured or insured's employee: General Deep Intramuscular (IM)
Periodontics/Osseous Surgery, Advanced or Refractory Progressive Periodontitis Removal of Impacted Wisdom Teeth, other than Soft Tissue	2	Conscious IM in the office
Implants/Surgical	2A	
Oral Surgeon Maxillofacial Surgery	3	General anesthesia and/or Deep Sedation given in a dosage designed to render the patient unconscious and done in the office; or in a hospital if administered by an insured or insured's employee.
Any Procedure or Anesthesia in a higher class would make the higher class applicable.		

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3. DENTIST'S PROFESSIONAL LIABILITY COVERAGE (Subline Code 230) (Cont'd) ⌑

B. Dentist's Professional Liability Coverage (Subline Code 230) $100,000/300,000 Limits

Occurrence Premiums

- The occurrence premium is calculated by determining the proper class of the dentist and multiplying the base premium for the dentist by the appropriate increased limits factor (Rule **41.**) and any applicable debits and credits (Rule **40.B.**).

  Base Premiums for Class 1 (80226), Class 2 (80227), Class 2A (80229) and Class 3 (80210) shown below:

  Territory 01 - Cook County

Limits	Class			
	1	2	2A	3
$100,000/300,000	928	1,098	2,127	4,679

  Territory 02 - Remainder of State

Limits	Class			
	1	2	2A	3
$100,000/300,000	663	784	1,519	4,679

C. For increased limits see Rule **41.**

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4. CLAIMS-MADE COVERAGES (Subline Code 230) ¤

A. Claims Made Coverage - DENTISTS

1. The claims-made premium is determined by establishing the proper occurrence premium including any applicable debits and credits (except for the Recent Graduate Credit) at the desired claims-made limit of insurance, establishing the number of consecutive years the dentist has been insured by a claims-made policy, and applying the following factors to that occurrence premium.

Claims-Made Factors

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	.375	.39	.40	.41	.42	.43	.44	.45	.46	.47	.48	.49
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	.87	.89	.91	.92	.93	.94	.95	.96	.97	.98	.99
5 or more	1.00											

4. CLAIMS-MADE COVERAGES (Subline Code 230) (Cont'd) ⌑

2. Special Endorsements for Dentists

a. If we are requested to reduce the limits of liability for a dentist, we will issue a Reduction of Limits of Insurance endorsement **PA 438.**

b. If a dentist is acceptable to us except for a particular claim(s) the claimant(s) may be excluded by form **PA 436.**

c. If the insured requests higher limits of insurance on our claims-made policy than was on the prior claims-made policy, and due to a change in the dental practice those higher limits should not apply to dental incidents which occurred prior to the inception of our policy, form **PA 439** may be used.

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4. CLAIMS-MADE COVERAGES (Subline Code 230) (Cont'd) ⌑

B. Dentist's Professional

1. Extended Reporting Period

If the claims-made professional liability is terminated for any reason other than nonpayment of premium, the policy provides a 60-day extension of the period for reporting claims that occurred on or after the retroactive date and prior to the termination date. There is no additional premium charge for this.

a. The insured may purchase a longer Extended Reporting Period of 1, 2, 3 or 4 years or ad infinitum to replace the 60 days. We must be notified in writing within 60 days of the termination date of the policy. Use Extended Reporting Period Amendment **PA 434.**

b. We will waive any premium due and amend the Extended Reporting Period from 60 days to ad infinitum if during the policy period the insured:

(1) dies; or

(2) becomes continuously disabled for at least 6 months; or

(3) is at least 55 years of age, has been insured with us for the preceding three years, and retires from the active practice of dentistry.

In the event of (2) or (3), we must be notified in writing within 60 days of the termination date of the policy.

If after (2) or (3) the insured resumes active practice, the premium charge will be immediately due and computed pro-rata as if the insured had not become disabled or retired.

c. We will waive any premium due and amend the Extended Reporting Period from 60 days to ad infinitum if an insured:

(1) has been renewed on our occurrence professional form after having been continuously insured with us on our claims-made professional form for the prior three years; and

(2) qualifies for the Experience Credit described under Dentist's Professional Credits and Debits rule 40.B. at the time the insured is renewed on our occurrence professional form.

d. Once in effect, the Extended Reporting Period may not be cancelled, except by us for nonpayment of premium. The premium, if any, is fully earned at the commencement of the Extended Reporting Period.

e. The Extended Reporting Period does not apply to claims that are covered under any subsequent insurance the insured obtains or that would be covered but for exhaustion of the amount of insurance applicable to such claims.

f. Extended Reporting Period Amendment - Factors for the Length of the Extended Reporting Period

1 Year	2 Years	3 Years	4 Years	Ad infinitum
.84	1.15	1.25	1.35	1.45

The above factors are applied to the full annual CIC claims-made premium in effect at the termination of the policy.

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5. MEDICAL AND SURGICAL COVERAGE GLOSSARY

A. Medical and Surgical Specialities

Aerospace Medicine

The branch of medicine which deals with physiological, medical, psychological and epidemiological (i.e., disease-related) problems in present day air and space travel.

Allergy

A condition in which an individual is sensitive to a substance (or temperature) that does not affect most other people - such as pollen, dust or food.

Anesthesiology

The branch of medicine specializing in anesthesia - the abolition of sensation or the rendering unconscious by artificial means.

Broncho-Esphagology

The branch of medicine which deals with the bronchial tree (body tubes which carry air) and the esophagus (muscular tubular organ which carries food from mouth to stomach).

Cardiovascular Disease

Any diseases that are pertaining to the heart and blood vessels.

Dermatology

The branch of medicine that deals with diagnosis and treatment of diseases of the skin.

Diabetes

The branch of medicine that deals with a disease associated with deficient insulin secretion.

Endocrinology

The branch of medicine that deals with the endocrine (ductless) glands (e.g., thyroid) and the various internal secretions.

Forensic Medicine

(See Legal Medicine)

Gastroenterology

The branch of medicine that deal with the anatomy, physiology and pathology of the stomach and intestines.

General Preventive Medicine

The branch of medicine which aims at the prevention of disease.

Geriatrics

The branch of medicine that deals with the structural changes, physiology, diseases and hygiene of old age.

Gynecology

The branch of medicine that deals with the functions and diseases peculiar to women.

Hematology

The branch of medicine that deals with the blood and its diseases.

Hypnosis

A trance-like condition that can be artificially induced, characterized by an altered consciousness, diminished will power, and an increased responsiveness to suggestion.

5. MEDICAL AND SURGICAL COVERAGE GLOSSARY (Cont'd)

Infectious Diseases

Any diseases that are due to the growth and action of microorganisms or parasites in the body, and that may or may not be contagious.

Internal Medicine

The branch of medicine that is concerned with diseases of the internal organs.

Laryngology

The branch of medicine that deals with the larynx (throat part, vocal cords), its functions and its pathology.

Legal Medicine

The application of medical principals in law (also called Forensic Medicine).

Manipulation

Skillful handling in the adjustment of an abnormality or the bringing about of a desirable condition, as the changing of the position of the fetus, the alignment of the fragments of a broken bone, the replacement of a protruding organ (in hernia), etc.

Neoplastic Diseases

Any diseases that are concerned with any new and abnormal growth, such as a tumor.

Nephrology

The branch of medicine that deals with the kidney and its diseases.

Neurology

The branch of medicine that deals with the nervous system and its disorders.

Nuclear Medicine

The branch of medicine that deals with diagnostic, therapeutic and investigative use of radioactive materials.

Nutrition

The branch of medicine that deals with the act or process of nourishing or taking nourishment, especially the processes by which food is assimilated.

Obstetrics

The branch of medicine that deals with pregnancy and childbirth.

Occupational Medicine

The branch of medicine that deals with treatment of work related illnesses and injuries.

Ophthalmology

The branch of medicine that deals with the structure, functions and diseases of the eye.

Otology

The branch of medicine that deals with the ear, nose and throat.

Otorhinolaryngology

The branch of medicine that treats the ear, nose and throat.

Pathology

The branch of medicine that deals with the origin, nature, causes and development of diseases.

Pediatrics

The branch of medicine that deals with the diseases and hygienic care of children.

Pharmacology, Clinical

The branch of medicine concerned with the nature, preparation, administration and effects of drugs.

Physiatry

The practice of Physical Medicine.

5. MEDICAL AND SURGICAL COVERAGE GLOSSARY (Cont'd)

Physical Medicine

A consultative diagnostic, and therapeutic medical specialty coordinating and integrating the use of physical therapy (use of light, heat, cold, water, electricity, and exercises) occupational therapy and physical reconditioning in the Professional Management of the diseased and injured.

Psychiatry

The branch of medicine that deals with the diagnosis, treatment and prevention of mental disorders.

Psychoanalysis

A system used in the treatment of nervous and mental disorders.

Psychosomatic Medicine

The branch of medicine that investigates the reciprocal influences of body and mind in the cause, prevention, treatment and cure of disease.

Public Health

The branch of medicine that deals with the protection and improvement of community health by organized community effort and including Preventive Medicine and Sanitary and Social Science.

Pulmonary Diseases

Any diseases that are affecting the lungs.

Radiology

The branch of medicine that relates to radiant energy and its application especially in the diagnosis and treatment of disease.

Rheumatology

The branch of medicine that treats rheumatism, a disease marked by inflammation of the connective tissue structures of the body, especially the muscles and joints.

Rhinology

The branch of medicine that relates to the nose and its diseases.

Roentgenology

(See Radiology)

Sclerosant

A medicinal substance which induces inflammation in a tissue and subsequent hardening or shrinkage. It is often used, by injection, in the treatment of varicose veins.

Sclerotherapy

The use of a chemical irritant (a sclerosant) to produce a hardening of a structure, as by injecting it into a varicose vein. See under sclerosant.

Surgery, Cardiovascular

Surgery pertaining to the heart and blood vessels.

Surgery, Neurological

Surgery pertaining to the nervous system.

Surgery, Orthopedic

The branch of surgery concerned with the preservation and restoration of the function of the skeletal system.

Surgery, Plastic

Surgery concerned with the restoration or reconstruction of body structures that are defective or damaged by injury or disease.

5. MEDICAL AND SURGICAL COVERAGE GLOSSARY (Cont'd) ¤

Surgery, Thoracic

Surgery pertaining to the chest.

Surgery, Traumatic

Surgery pertaining to trauma - a wound or injury.

Surgery, Urological

Surgery pertaining to the urinary tract of both male and female, and with the genital organs of the male.

Surgery, Vascular

Surgery of the blood vessels within the limbs of the body, or the trunk, neck, abdomen or head.

B. Medical and Surgical Procedures

Acupuncture

Puncture of an organ or tissue with multiple needle points for relief of pain.

Angiography

The injection of radiopaque dye into a blood vessel (artery or vein), with or without catheterization, for the purpose of radiologic study of the vessel or its branches.

Arteriography

X-ray studies or arterial circulation following injection of radiopaque material into the blood stream.

Catheterization, Cardiac

Passage of a small catheter (tubular instrument) into a vein in the arm and through the blood vessels into the heart, permitting the securing of blood samples, determination of intracardiac pressure, and detection of cardiac anomalies (irregularities).

Catheterization

The employment or passage of a catheter.

Cryosurgery

Surgery in which extreme cold chilling (as by use of liquid nitrogen) produces the desired dissection.

Discograms

A radiological film of an intervertebral disk.

Endoscopy

The inspection of cavities of the body by use of the endoscope.

Laparoscopy (Peritonescopy)

A method of examining the peritoneal cavity by means of a peritoneoscope.

Lasers

An operating assembly used to emit essentially monochromatic radiation which has been used as a surgical tool and in research. It is currently used for photo coagulation of the retina of the eye to treat retina detachment or tears and it has been used on certain tumors of the larynx and skin and has potential uses for controlling hemorrhages by sealing blood vessels.

Lymphangiography

Radiological visualization of lymphatic vessels (absorbitant vessels which drain tissue fluid from various body tissues and return it to the blood) following injection of contrast medium.

5. MEDICAL AND SURGICAL COVERAGE GLOSSARY (Cont'd)

Major Surgery

Includes operations in or upon any body cavity, including but not limited to the cranium, thorax, abdomen or pelvis; any other operation which, because of the condition of the patient or the length or circumstances of the operation presents a distinct hazard to life. It also includes: removal of tumors, bone fractures, amputations, the removal of any gland or organ and plastic surgery.

Minor Surgery

Any operation not major surgery.

Myelography

Radiological visualization of the spinal cord after injection of a contrast medium.

Needle Biopsy

A biopsy in which the tissue or fluid gathering procedure is accomplished through the use of a syringe.

Phlebography

Radiological visualization of veins following injection of a contrast medium.

Pneumoencephalography

X-ray studies of the head following injection of air or gas into the spinal canal following removal of some spinal fluid.

Radiation Therapy

The treatment of disease with any type of radiation, most commonly with ionizing radiation, including the use of roentgen rays, radium or other radioactive substances.

Radiopaque

Not permitting the passage of radiant energy such as X-rays. Radiopaque substances, frequently called "contrast media" are introduced to parts of a patient's body to be studied by X-ray. X-rays will not penetrate the radiopaque substance which causes the part to be studied to show white on an exposed X-ray film.

Shock Therapy

The treatment of certain psychotic disorders by the injection of drugs, or by electrical shocks, both methods inducing coma, with or without convulsions.

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6. - 9. RESERVED FOR FUTURE USE

10. LAWYERS PROFESSIONAL LIABILITY COVERAGE (Subline Code 317) ¤

A. This coverage affords protection against claims for injuries arising out of the insured's acts or omissions of a professional nature.

B. Form **PA 105** - Lawyers Professional Liability Coverage Form - is used to provide this coverage.

C. Limits of Liability

1. Manual rates and minimum premiums provide a basic limit of $25,000 for all damages arising out of all acts or omissions in connection with the same professional service regardless of the number of claims or claimants, subject to a basic aggregate limit of $75,000 (policy limits code 48) for all damages. The basic aggregate applies separately to each year of the policy.

2. The above limits apply separately to individual and partnership coverage. For individual liability, the limits also apply separately to each individual insured. For partnership liability, only one set of limits apply regardless of the number of insureds.

D. The minimum premium for this coverage is $250 per policy.

E. Additional interests cannot be added to the policy.

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10. LAWYERS PROFESSIONAL LIABILITY COVERAGE (Subline Code 317) (Cont'd) ⌑

F. Classifications

Lawyers	each	81400
Employed Law Clerks, Investigators, Abstractors and Para Legals		81420

G. Rates

The rates for Lawyers Professional Liability are as follows:

1. All Lawyers 81400

Limits	Annual Premium
25/ 75	$1,200.00
100/300	2,448.00

2. Law Clerks, Abstracters, Investigators, and Para Legal 81420

Limits	Annual Premium
25/ 75	$480.00
100/300	979.00

3. All other employees - no charge.

4. Non-Practicing Lawyers - 80% of the rates for the first year, 60% for subsequent years.

5. For Increased Limits see Rule 41.

● **H. Deductibles**

The manual rates contemplate a basic mandatory deductible of $2,500 per claim. Higher deductible amounts are available based on the following credits:

$ 5,000	.95
$10,000	.85

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13. BLOOD BANKS PROFESSIONAL LIABILITY COVERAGE (Subline Code 220) ⌑

A. Coverage Form **PA 114** - Hospital Professional Liability Coverage Form - is used to provide this coverage.

B. Follow the same rules which apply for Hospital Professional Liability Insurance.

All additional interests should be submitted to the company for rating.

Limits of Liability.

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

● **C.**

Classification		**Code No.**
Blood Banks	$.30 per donation	80992

D. For Increased Limits see Rule **41.**

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14. CHIROPODISTS/PODIATRISTS COVERAGE (Subline Code 398) ⌑

A. Coverage Form **PA 106** - Professional Liability Coverage Form - is used to provide this coverage.

● **B.** Follow the same rules which apply to physicians and surgeons.

Limits of Liability.

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

Chiropodists/Podiatrists	Code	Rate (100/300 Limits)
	27000	$3,052.00

C. For increased limits see Rule **41.**

D. Classifications

	Code No.
Chiropodist\Podiatrist ..... per person	27000

Only D.P.M.'s that meet the following requirements are eligible:

1. Treat only minor foot ailments
2. Do not perform surgery (Removal of warts, corns, ingrown toenails, bunions, etc,. are not considered as surgery)
3. Do not use General Anesthesia in treatment

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14. CHIROPODISTS/PODIATRISTS COVERAGE (Subline Code 398) (Cont'd) ⌑

● **D. Classifications**

Additional Charges:

Employed Chiropodists\Podiatrists	$ 763.00 per person	27043
Partnership	$ 610.00 per chiropodist\podiatrists partner	27050

These classifications apply to each insured chiropodist\podiatrists.

Chiropodists\Podiatrists in Active United States Military Service	$ 144.00 per person	27035
Chiropodists\Podiatrists employed full time by the Federal Government	$ 217.00 per person	27036

This is a N.O.C. classification

15. CHIROPRACTORS PROFESSIONAL LIABILITY COVERAGE (Subline Code 240) ⌑

A. Coverage Form **PA 106** - Professional Liability Coverage Form - is used to provide this coverage.

B. Follow the same rules which apply to physicians and surgeons.

Exception:

Limits of Liability.

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

C. For increased limits see Rule **41.**

● **D. Classifications**

		Code No.
Chiropractors	$ 872.00 per person	80410
Additional Charges:		
Employed Chiropractors	$ 218.00 per person	80411
Partnership Liability	$ 174.00 per partner	80412

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16. EMPLOYEES PROFESSIONAL LIABILITY COVERAGE (Subline Code 240)

A. Coverage Form **PA 106** Professional Liability is used to provide this coverage.

B. The following rules apply to Professional Liability Coverages except Dentist's Professional Liability.

C. Follow the same rules which apply to physicians and surgeons.

Limits of Liability.

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

D. For increased limits see Rule **41.**

● **E. Classifications**

		Code No.
Medical Laboratory Technicians	$ 22.00 per person	80711
Opticians	$ 60.00 per person	59951
Pharmacists	$ 65.00 per person	59181
Physiotherapists	$ 65.00 per person	80938
X-Ray Technicians	$ 44.00 per person	80713
Additional Charge: X-Ray Therapy	$ 35.00 per person	80714
This additional charge applies to each x-ray technician doing x-ray therapy work.		
Employed Pharmacists	$ 65.00 per person	59112
Employed Hearing Aid Service Professional	$ 24.00 per person	59981
Employed Opticians	$ 60.00 per person	

The above rates are for 100/300 limits. Other limits are subject to the increased limits factors of Division Seven, refer to Rule **41.**

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17. MEDICAL OR X-RAY LABORATORIES PROFESSIONAL LIABILITY COVERAGE (Subline Code 220) ⌑

A. Form **PA 114** - Hospital Professional Liability Coverage Form - is used to provide similar coverage to medical or x-ray laboratories.

B. Follow the same rules that apply for Hospital Professional Liability Insurance.

All additional interest should be submitted to the company for rating.

Limits of Liability.

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

C. This coverage is available to all medical or x-ray laboratories operated by

1. corporate interests, or

2. persons who are not physicians.

D. 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;

3. those operated by osteopaths.

Classify and rate the above risks as physicians, surgeons or osteopaths.

● **E. Classifications**

		Code No.
Medical or X-Ray Laboratories	$4.00 per $1,000 of receipts	80715

The unit of exposure to which the rates are applied is each $1,000 of receipts.

F. Increased Limits - Refer to Rule **41.**

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18. NURSES AND HYGIENISTS PROFESSIONAL LIABILITY COVERAGE (Subline Code 240)

A. **1.** Form **PA 101** Nurses Professional Liability Coverage Form - is used to provide Nurses Professional Liability Coverage on a monoline basis. Form **PA 601** shall be used when renewing by renewal certificate.

2. Form **PA 122** Nurses Professional Liability Coverage Form - is used to provide Nurses Professional Liability Coverage when attached to a policy with other property and casualty coverages.

3. Form **PA 123** - Miscellaneous Professional Liability Coverage Form is used to Provide Professional Liability for a Hygienist who is not insured on a Dentist Professional Liability Policy.

● **B.** Follow the same rules which apply for physicians and surgeons.

Exception:

Partnership rule.

Limits of Liability.

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

Nurses Code	Limits	Annual Premium	Three-Year Premium
Nurses - LPNs - 80963 or Nurses - RNs - 80964	$100/300	$56.00	$140.00
Nurses - Student - 28000	$100/300	$18.00	$ 45.00
Hygienists - 81910	$100/300	$64.00	$160.00

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18. NURSES AND HYGIENISTS PROFESSIONAL LIABILITY COVERAGE (Subline Code 240) (Cont'd)

- Additional Charges:

Anesthetists	$1,090.00 per person	80960
X-Ray Therapy	$35.00 per person	80714

1. This coverage may be written:

a. As a separate policy or as an endorsement to any policy with property and casualty coverages.

b. On Registered Nurses (R.N.); Licensed Practical Nurses (L.P.N.); or Student Nurses.

c. As one year, three-year or five-year installment, or three-year prepaid policy. No discount given on three-year or five-year installment policies.

C. For increased limits see Rule **41.**

D. Classifications

		Code No.
Hygienists	per person	81910
Nurses - LPN's	per person	80963
Nurses - RN's	per person	80964
Nurses - Student	per person	28000

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19. OPTOMETRISTS PROFESSIONAL LIABILITY COVERAGE (Subline Code 240)

A. Form **PA 106** - Professional Liability Coverage Form - is used to provide this coverage.

B. For the purposes of this rule, optometry includes the production, reproduction, mounting and fitting of ophthalmic lenses and similar products.

● **C.** Follow the same rules which apply for Physicians and Surgeons Professional Liability.

Limits of Liability

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

● **D. Classifications and Rates**

	Limit	Annual Premium (per optometrist)
Optometrist - 80994	$100/300	$ 101.00
Optometrist - 80946 With Topical Ocular Pharmaceutical Agents Certificate (Diagnostic)	$100/300	$ 123.00
Optometrist - 80947 With Therapeutic Pharmaceutical Agents Certificate	$100/300	$ 246.00
Employed Optometrist - 80944 (Vicarious Liability*)	$100/300	$ 39.00

E. For increased limits, see Rule **41.** Use the Optometrists Increased Limits Table for Optometrist - 80994 and Employed Optometrist - 80944. Use the Physicians Increased Limits Table for Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic) - 80946 and Optometrist with Therapeutic Pharmaceutical Agents Certificate - 80947.

F. Partnership, Association or Corporation Liability - 80956 - Charge 10% or the "per optometrist" rate for each individual comprising the partnership, association or corporation.

*The employed charge is made for the vicarious liability the insured has due to employees with primary coverage with another carrier or on a separate policy. If we are providing primary coverage for employee, use full primary charge.

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20. PHYSIOTHERAPISTS PROFESSIONAL LIABILITY COVERAGE (Subline Code 240) ⌑

A. Form **PA 106** - Professional Liability Coverage Form - is used to provide this coverage.

B. Follow the same rules which apply for physicians and surgeons.

Limits of Liability.

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

C. For increased limits see Rule **41.**

● **D. Classifications**

		Code No.
Physiotherapists	$380.00 per person	80995
Additional Charges:		
Employed Physiotherapists	$274.00 per person	80945
Partnership Liability	$218.00 per physiotherapist partner	80955

This classification applies to each insured proprietor physiotherapist. It does not apply to physiotherapists who are employees. Such physiotherapists shall be classified and rated in accordance with the Employees section of this manual.

Physiotherapists in Active United States Military Service	$57.00 per person	80911
Physiotherapists employed full time by the Federal Government	$88.00 per person	80912

This is an N.O.C. Classification.

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21. VETERINARIANS PROFESSIONAL LIABILITY COVERAGE (Subline Code 317)

A. Form **PA 107** - Animal Services Professional Liability Coverage Form - is used to provide this coverage.

● **B.** Follow the same rules which apply for physicians and surgeons.

Limits of Liability.

Manual rates provide a basic limit of $100,000 for all damages on account of each medical incident subject to a basic aggregate limit of $300,000 (policy limits code 52) for all damages.

Veterinarians - 07225
(Household Pets)

	Per Veterinarian
Limit	**Annual Premium**
$100/300	$229.00

Partnership Liability - Charge 20% of the "Veterinarian - Per Person" rate for each individual comprising the partnership.

C. For increased limits see Rule **41.**

D. Classifications

		Code No.
Veterinarians - household pets	per person	07225

This is an N.O.C. classification.

Additional Charges:

Employed Veterinarians	$ 58.00 per person	07221
Partnership Liability	per veterinarian partner	07222

● This classification applies to each insured veterinarian.

Veterinarians - other than household pets	$229.00 per person	07226

E. Deductible

The manual rates contemplate no deductible. A deductible amount of $25.00 for any one claim or suit is available based on the following credit:

Deductible Amount	Deductible Rate Factor
$25.00	.95

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23. ANIMAL GROOMING PROFESSIONAL LIABILITY (Subline Code 398) (Class Code 20040)

A. This coverage protects against claims resulting from professional or personal services in connection with Animal Grooming operations.

B. Coverage Form **PA 107** - Animal Services Professional Liability Coverage Form - is used to provide this coverage.

● **C. Rating Method:**

1. Basic limits - $100,000 each claim
$300,000 Aggregate

2. Professional Liability rates and premiums are based upon the total staff actually engaged in animal grooming operations at all locations covered, and shall include all individuals, officers, partners, directors, and other employees.

Staff	Annual Premium	Staff	Annual Premium
1	$ 55.00	6	$172.00
2	66.00	7	196.00
3	96.00	8	217.00
4	123.00	9	238.00
5	147.00	10	259.00

All Staff Over 10 - $15.00 each

● **D. Increased Limits Table**

Limits (in thousands)

Per Claim/Aggregate Limit	Factor
$100/300	1.00

For Limits higher than 100/300, refer to Rule **41.**

E. Deductible

The manual rates contemplate no deductible. A deductible amount of $25.00 for any one claim or suit is available based on the following credit:

Deductible Amount	Deductible Rate Factor
$25.00	.95

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24. COSMETOLOGISTS AND BARBERS (Subline Code 317)
Class Code - 72310 (Full-Time) - 22310 (Part-Time) - Beauty Shop (Cosmetologist)
- 72410 (Full-Time) - 22410 (Part-Time) - Barber Shop

●

A. This coverage form provides protection against liability claims arising from the rendering, or failure to render, professional services as a licensed Cosmetologist or Barber.

B. Coverage Form: **PA 108**

Application: **PA-003**

C. Professional Liability rates and premiums are based upon the total staff actually engaged in beauty or barber shop operations at all locations covered and shall include all individuals, officers, partners, directors, other employees and independent contractors.

Rates:

Basic Limits: $100,000 Each Professional Incident
$300,000 Professional Liability Aggregate

Limits*	**Each Full-Time: Cosmetologist or Barber**	
$100/300	$20.00	$10.00
	Each Part-Time: Cosmetologist or Barber	
	$12.00	$6.00

Full-Time Cosmetologist or Barber is a person who regularly works more than 20 hours in any one week.

Part-Time Cosmetologist or Barber is a person who regularly works 20 hours or less in any one week.

*For increased limits refer to Rule **41.**

Loading:

Coverage for electrolysis can be included at an additional basic limits rate of $20.00 for each cosmetologist, (full or part-time), providing this service. Add endorsement **PA 207. Class Code: 22998.**

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25. CEMETERY LIABILITY (Subline Code 398) (Class Code 25080)

A. This form extends the standard general liability coverage part to include:

1. Professional Liability;

2. Property Damage Liability on property of others in the care, custody and control of the insured; and

3. Burial Lot Liability.

B. Form **PA 109** - Cemetery Liability Endorsement - is used to provide this coverage.

C. Rates.

1. Premium Basis. The basis used in determining the premium charge is "per grave".

2. Rates.

a. Rates shown in the Rate Table are for the following limits of insurance:

Professional Liability	- $100,000	each occurrence
	300,000	aggregate
Property Damage Liability	- 50,000	each occurrence
Burial Lot Liability	- 50,000	each occurrence

RATE TABLE

Already Buried:	.005	per grave first 5,000 graves
	.002	per grave over 5,000 graves
To Be Buried:	.499	per burial first 100 current year
	.399	per burial over 100 current year

● **b.** For Limits higher than 100/300, refer to Rule **41.** Cemetery Liability limits must be the same as the General Liability limits.

26. CONDOMINIUM ASSOCIATIONS DIRECTORS AND OFFICERS LIABILITY (Subline Code 398) (Class Code 20150) ⌑

A. This coverage affords Legal Liability protection for damage arising out of wrongful acts committed by the insured in the conduct of its management responsibilities for the condominium association.

B. Coverage Form **PA 110** - Condominium Associations Directors and Officers Liability Coverage Form - is used to provide this coverage.

C. Premium Computation.

	Limits					
	50/150	**100/300**	**200/600**	**300/300**	**500/500**	**1M/1M**
Number of Units			**Annual Premiums**			
1 - 4	$ 68.	$ 73.	$ 80.	$ 114.	$ 128.	$ 148.
5 - 10	97.	103.	116.	164.	185.	212.
11 - 30	127.	135.	150.	214.	241.	264.
31 - 50	156.	166.	185.	262.	294.	301.
51 - 100	216.	230.	256.	364.	410.	449.
101 - 200	357.	380.	422.	600.	675.	776.
201 - 400	536.	569.	633.	902.	1,014.	1,164.
401 - 500	670.	712.	792.	1,127.	1,267.	1,455.
501 - 750	1,191.	1,267.	1,407.	2,002.	2,251.	2,587.

27. COUNTY RECORDER AND/OR COUNTY CLERKS ERRORS AND OMISSIONS (Subline Code 398) (Class Code 25000) ⌑

A. This coverage affords legal liability protection for damage arising out of the negligent acts, errors, or omissions committed by the insured in the conduct of its duties as County Recorder and/or County Clerk.

B. Coverage Form **PA 111** - County Recorder and/or County Clerks Errors and Omissions Coverage Form - is used to provide this coverage.

● **C. Premium Computation.**

Limit	**Annual Premium**
$25/75	$ 72.00 plus $10.00 for each person on the staff

For Limits higher than 25/75, refer to Rule 41.

28. EMERGENCY MEDICAL TECHNICIANS (Subline Code 230) (Class Code 80102) ⌑

A. This coverage defends and pays damages in the name and on behalf of the insured or his estate in any claim or suit for damages, at any time filed, based on professional services rendered, by the insured in the practice of the insured's profession.

Definitions:

1. Emergency Medical Technician means any person who has successfully completed a basic Emergency Medical Technician course as approved by the United States Department of Transportation and/or the Interagency Committee on Emergency Medical Services of the Federal Government.
2. Emergency Medical Technician - Advanced means any person who has completed an Emergency Medical Technician course in addition to courses in advanced life support which are equivalent to the modules contained in the National EMT Paramedic Course as approved by the Interagency Committee on Emergency Medical Services.
3. Emergency Medical Technician - Paramedic means any person who has completed an Emergency Medical Technician course in addition to completing an advanced life support course equivalent to the 15 modules of the National EMT Paramedic Course.

B. Coverage Form **PA 113** - Emergency Medical Technician Professional Liability Coverage Form - is used to provide this coverage.

C. Premium Computation.

1. The following rates apply:

Class	25/75 Limits
EMT	$30.00
EMT - Advanced	35.00
EMT- Paramedic	40.00

Rates are on a per person basis.

Term Discounts do not apply.

For Limits higher than 25/75, refer to Rule 41.

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29. FUNERAL SERVICE PROVIDER PROFESSIONAL LIABILITY (Subline Code 317) (Class Code 72610)

A. This endorsement affords the insured additional liability coverage not normally afforded under the Commercial General Liability Coverage Form for liability arising from the insured's business as a mortician, funeral director or embalmer. The coverage provided is as follows:

1. It is only available as an endorsement to a Commercial General Liability Coverage Part.

2. Additional Coverages (in addition to premises Bodily Injury or Property Damage) afforded are:

a. Any injury, not specifically excluded, which arises from professional liability.

b. Property Damage to certain items of others in the care and custody of the insured - including clothing and personal effects of a decedent, caskets, urns, vaults, etc.

B. Form **PA 121-FL** - Funeral Service Provider Professional Liability - is used to provide this coverage.

● **C.** The following rates apply:

Basis - Number of funerals handled by insured annually:

Number of Funerals	$100,000 Each Professional Incident/300,000 Aggregate Limit of Insurance
1 - 50	$66.00
51 - 100	73.00
101 - 200	84.00
Over 201	92.00

For Limits higher than 100/300, refer to Rule **41.**

These rates are not subject to further modifications.

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30. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Class Code 25060) ⌑

A. Explanation. This coverage affords protection against claims for damages caused by any negligent act, error or omission of the insured or any other person for whose acts the insured is legally liable in the conduct of the insureds business as an Insurance Agent.

B. Form **PA 115** - Insurance Agents Errors and Omissions Coverage Form - is used to provide this coverage.

C. Manual rates and minimum premiums provide a basic limit of $100,000 each claim subject to an aggregate limit of $300,000. For higher increase limits see Rule **41.**

D. Minimum premium is $500 per policy and, except for expense modification, is not subject to any further modification or rate plan.

E. Rates.

1. Premium Basis. The basis used for determining the premium charge is the total annual premium volume for all lines of insurance, except Life, Accident and Health which is based on Commission Income.

2. Rates. Apply the Annual Rate in the Rate Table to the Premium Basis per $1,000.

Rate Table

Annual Premium Volume/ Commission Income	Annual Rate Per $1,000
0 - $ 750,000	2.200
751,000 - 1,500,000	2.000
1,501,000 - 2,500,000	1.875
Over 2,500,000	1.750

F. Deductible Amount. The manual rates and minimum premium contemplates a basic deductible amount of $5,000 per claim. Higher deductible amounts are available based on the following credits:

Deductible	Credit Factor
$ 7,500	.90
10,000	.80
15,000	.72
20,000	.65

G. Additional Interests. All duly licensed solicitors may be added as additional insureds for liability arising out of operations performed for the named insured. The premium charge is $50.00 per solicitor.

H. Notary Public Errors and Omissions (Class Code 25065). Coverage may be extended to afford protection for loss arising out of errors and omissions of a duly licensed Notary Public. The premium charge is $30.00 per person.

I. Coverage for Sale of "Securities, Mutual Funds and Financial Planning Services." Coverage may be extended to afford coverage for loss arising out of errors and omissions for sale of "Securities, Mutual Funds and Financial Planning Services. Attach form **PA 423.** The Premium Charge is $65.00 per licensed representative for 100/300 limit.

30. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Class Code 25060) (Cont'd) ⌑

J. Rate Modification Plan

1. The basic premium for any risk may be subject to credit or debit in accordance with the Rate Modification Plan Table. The total credits or debits under the following table shall not exceed 25%.

2. **Rate Modification Table**

Credits

a.	No reported claims in the previous three years	5%
b.	No reported claims in the previous five years	10%
c.	Personal Lines premium volume represents 50-60% of the total premium volume	5%
d.	Personal Lines premium volume represents over 60% of the total premium volume	10%

● **Debits**

a.	One reported claim within the previous three years	20%
b.	Two reported claims within the previous three years	25%
c.	Inadequate internal procedures (i.e. lack of double check system, etc.)	20%

● 3. **Risk Characteristics**

a. For factors that are peculiar to the risk under consideration, which shall include but not be limited to physical conditions, operative management, or classification analysis, schedule rating credits or debits not exceeding 25% may be applied. In case credits or debits from more than one Risk Characteristic apply, the credits or debits shall be added together, not multiplied.

b. The experience and schedule rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit shall be increased, or if a debit shall be decreased, by the amount of the reduction in expenses.

The credits or debits provided herein shall be taken one after the other and not added together.

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31. MINISTERS PROFESSIONAL LIABILITY (Subline Code 398) (Class Code 20190)

A. This coverage provides legal liability coverage for damages because of injury arising out of malpractice, in rendering or failure to render professional services in the practice of the insured's profession as an ordained Minister or Pastorial Counselor.

B. Coverage Form **PA 116** - Ministers Professional Liability Coverage Form - is used to provide this coverage.

C. Rate as follows:

Per "Ordained" Minister

Limit*	Annual Premium
25/75	$22.00

Each new minister who is to be an insured shall be reported to the Company within 30 days after employment by the Named Insured.

*For Limits higher than 25/75, refer to Rule 41.

32. PEDORTHIST PROFESSIONAL LIABILITY (Subline Code 240)

A. This coverage provides legal liability coverage for Bodily Injury or Property Damage arising out of malpractice, in rendering or failure to render professional services in the practice of the insured's profession as a Pedorthist.

B. For the purpose of this rule, Pedorthist includes one who fits shoes, fills footwear prescriptions, including the prescribing, preparation, sale, or distribution of pedorthic footwear and kindred products and the fitting thereof or the taking or making of impressions therefor, and goods or products (including pedorthic products) or containers thereof prepared, sold, handled, or distributed by the insured at or from an insured pedorthic establishment.

C. Form **PA 120** - Pedorthist's Professional Liability - is used to provide this coverage.

D. For increased Limit of Insurance, refer to rule 41.

E.

Classification	Code No.	Rate
Retail Shoe Store (No prescription work) (Per Store)	80983	$25.00
Retail Shoe Store (Prescription Work) (Per Store)	81983	$35.00

*Limit of Insurance - 25/75. Rate not subject to any additional discounts.

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33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398)

●

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish printing services.

B. Forms

PA 117 - Printers Errors and Omissions Insurance Coverage Form
PA 515 - Errors and Omissions Insurance Coverage Part Declarations

C. Application

IW-001

D. Rates/Premium Determination

1. Premium Basis

Rates and premium are based upon the total annual gross receipts from printing operations.

2. Classifications

a. Low Hazard ($500 minimum deductible)

Bulletins/Newsletters	Matchbooks
Bronzing	Napkins
Color separation	Photoengraving
Envelopes	Presentation folders
Folding boxes (no mfg.)	Non-promotional material
Invitations	Stationery

b. Average Hazard ($500 minimum deductible)

Bank checks	Engraving	Packaging (no mfg.)
Blueprints	Equipment list	Photo Duplicating
Booklets	Film processing	Platemaking
Book printing	Finishing Services (incl. binding)	Press kits
Brochures	Foil stamping	Programs
Business reply cards	Greeting cards	Publication inserts
Business forms	Lighters - specialty items	Reprographics
Data sheets	Menus	T-shirts
Die cutting	Mugs - specialty items	Wallpaper
Embossing	Newspapers - Pennysave type only	

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

c. High Hazard ($1,000 minimum deductible)

Advertising	Graphic Design
Annual reports	Labels - stickers, wrapping tags
Book Binding	Manuals
Catalogs	Mailings
Computer forms	Optical character recognition (OCR)
Coupons	Posters
Design/typography	Signs
Direct mailings	Trade show material
Financial	Typesetting
Forms & documents	Universal products code (UPC)

Ineligible E & O classes:

Newspaper (excluding weekly advertisers), book or magazine printing or publishing
Printing of stamps (postage or trading)
Ticket printing, such as but not limited to, raffle, lottery, sports or concert tickets
Printing of controversial material
Printing of currency, securities, travelers checks or money order
Games of Chance
Printing Brokers
Telephone directories
Website design or development

3. Rates

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For Increased Limits, refer to Rule **41.**

Classification	Code	Rate per $1,000 of receipts
Low Hazard	25051	.07
Average Hazard	25052	.10
High Hazard	25053	.25

E. Deductible

1. The minimum deductible is $500 per claim for low and average hazard classes and $1,000 per claim for high hazard classes.
2. If "Correction of Work" coverage applies, minimum deductibles are higher, - see paragraph **F.** below. The E&O deductible must be written at the Correction of Work deductible.
3. For the following optional deductibles, multiply the rates shown in **D.** by the following factors:

	E&O Hazard Class		
Deductible	Low	Avg.	High
$ 750	.97	.95	not available.
1,000	.94	.90	1.00
2,500	.90	.85	.80
5,000	.85	.80	.75
10,000	.80	.75	.70

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

F. Correction of Work Coverage

1. This endorsement extends the Printers Errors and Omissions Form (**PA 117**) to provide coverage for correction of the insured's work that has already been distributed. Coverage is still on a legally obligated to pay basis, and includes the insured's costs to:
   - **a.** Recover the incorrect material
   - **b.** Print corrected material
   - **c.** Package and re-mail the corrected material
2. This coverage does not apply to correcting mistakes **before the work has been mailed.**
3. Use endorsement **PA 499.**
4. **Minimum Correction of Work Deductible**
   - **a.** $1,000 minimum deductible for Low or Average hazard classes.
   - **b.** $2,500 minimum deductible for High hazard class
   - **c.** The Printers E&O deductible must be the same as the Correction of Work deductible.
5. **Correction of Work Minimum Premium**
   - **a.** For the Printers Package Program, minimum premiums for Correction of Work coverage are:
     - **(1)** $150 for Low or Average hazard classes
     - **(2)** $250 for High hazard class
   - **b.** For other printing risks, minimum premiums for Correction of Work coverage are:
     - **(1)** $225 for Low or Average hazard classes
     - **(2)** $350 for High hazard class
   - **c.** The Correction of Work minimum premium is in addition to the Printers E&O minimum premium. This is an exception to the Division minimum - Rule **8.A.**
6. **Sublimit of Insurance**

   Correction of Work Coverage is available at limits of $100,000 per claim/$100,000 aggregate and $300,000/$300,000. The $300,000/$300,000 limit is only available if the per claim limit for the Printers E&O is at least $300,000.

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

7. Premium Determination

a. Base rates (per $1,000 Sales) for Correction of Work coverage:

	Correction of Work Rate	
Hazard	**100/100**	**300/300***
Low (Code 25047)	.22	.28
Average (Code 25048)	.30	.40
High (Code 25049)	.50	.65

* Only available if Printers E&O per claim limit is at least $300,000

b. Multiply base rate by the deductible factors in Paragraph **E.** of this rule.

c. Result of **a.** x **b.** is the Correction of Work rate.

d. Multiply **c.** by the amount of Sales (per $1,000) that was used to determine the E&O premium. This is the Correction of Work premium.

e. The Correction of Work premium is in addition to the Printers E&O premium. Except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

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34. REAL ESTATE AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Class Code 25070)

A. This coverage pays on behalf of the insured all sums which the insured shall become legally obligated to pay on account of any claim made against the insured and caused by any negligent act, error or omission of the insured or any other person for whose acts the insured is legally liable in the conduct of their business as real estate agents.

B. Form **PA 118** - Real Estate Agents Errors and Omissions Insurance Coverage Form - is used to provide this coverage.

C. The following rates and premiums provide for a $2,500 deductible with a basic limit of insurance of $100,000 each claim and a $300,000 aggregate. The premium for the policy is based upon the **gross income** of the insured and shall mean the gross amount of money charged by the insured for real estate agency services, and including taxes, other than taxes which the named insured collects as a separate item and remits to a governmental division.

Annual Charges - Limits $100,000 Each Claim/300,000 Aggregate

$1.91 per $100 on first $25,000 of gross income
$ .96 per $100 on next $50,000 of gross income
$ .49 per $100 on next $75,000 of gross income
$ .24 per $100 on excess of gross income

$65.00 per sales person under named insured's real estate broker's license.

D. Increased Limits

For Limits higher than 100/300, refer to Rule **41.**

E. Deductibles

Minimum deductible is $2,500.

For the following optional deductibles, decrease the basic rates shown in item C. as follows:

For Deductible:

$5,000 deduct 5%
$7,500 deduct 15%
$10,000 deduct 25%

F. Notary Public Errors and Omissions (Class Code 25075). Coverage may be extended to afford protection for loss arising out of errors and omissions of a duly licensed Notary Public. The premium charge is $50.00 per person for basic limits.

G. Lead Liability Exclusion

1. Explanation. This endorsement excludes all liability coverage arising out of the exposure to or presence of lead in any form.
2. Use Form **PA 301** - Exclusion - Lead Liability

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35. RELIGIOUS INSTITUTIONS WRONGFUL ACTS COVERAGE (Subline Code 398) (Class Code 20090) ⌑

A. This coverage provides legal liability protection for wrongful acts committed by directors and officers, as well as specified trustees and members, in the performance of their duties in the management responsibilities of a religious institution. The wrongful act(s) must occur while the coverage is in force. Coverage is also extended to wrongful act(s) committed prior to the effective date of the policy where the insured had no knowledge of a claim or suit as of the effective date of coverage and where no other applicable insurance exists.

B. Form **PA 112** - Religious Institutions Wrongful Acts Coverage Form - is used to provide this coverage. Questionnaire **MP-1081** should accompany requests for this coverage.

C. Rates apply on an "each religious institution" basis, per annum.

Rate Table

Limits of Insurance	Annual Premium
$ 100,000/$ 100,000	$ 60.00
300,000/ 300,000	75.00
500,000/ 500,000	100.00
1,000,000/ 1,000,000	135.00
2,000,000/ 2,000,000	162.00
3,000,000/ 3,000,000	189.00
4,000,000/ 4,000,000	216.00
5,000,000/ 5,000,000	236.00

Except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

Premium payment plans, policy term, cancellation procedures, etc., follow plans under Commercial General Liability and/or Commercial Package Program.

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36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Subline Code 317) (Class Code 80110) ⌑

A. This coverage protects against claims resulting from the professional services in connection with Social Service Agency operations.

B. Form **PA 123** - Miscellaneous Professional Liability Coverage form - is used to provide this coverage.

C. Premium Computation.

1. Rates.

Base limits of insurance are $100,000 each claim and $300,000 aggregate. Other limits are subject to factors contained in the Commercial Lines Manual, per Rule 41.

	Rates				
Psychiatrist	**Psch.**	**A.P.A. Psychologist**	**ASCW**	**MSW**	**Other Prof. (See Below)**
Refer to Medical Malpractice rates	$80.	$60.	$35.	$40.	$105.

Agency charge is 10% of the individual charges subject to a minimum charge of $50.00. When including an agency as Named Insured, all professionals must be named.

2. Additional charges for:

a. Volunteers - $1.00 each

b. If agency is an adoption or child placement - add $415.00

c. Residential child care or home - add $205.00

36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Subline Code 317) (Class Code 80110) (Cont'd) Ⅱ

D. Definitions

ACSW - Academy of Certified Social Workers
APA - American Psychiatric Assoc. or Psychological Assoc.
MSW - Masters in Social Work
PHD - Doctors Degree in Social Work

Other Professional includes:

1. BS in Social Work
2. Masters in psychology
3. Licensed:
   a. marriage counselors
   b. family counselors
4. Masters or PHD in closely related mental health fields
5. SW - Social Worker
6. CW - Case Worker

37. TEACHERS PROFESSIONAL LIABILITY (Subline Code 317) (Class Code 72998)

A. This coverage provides legal liability coverage for injury or damages because of injury arising out of malpractice, error or mistakes, in rendering or failing to render professional services in the practice of the insured's profession of teaching.

B. Form **PA 119** - Teachers Professional Liability Coverage Form - is used to provide this coverage.

C. Rates:

Each Claim Limit - Aggregate	Three-Year Rates	Annual Rates
$ 100,000/300,000	$38.00	$15.00

For Limits other than shown above refer to Rule **41.**

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38. TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Class Code 25010) ☒

A. Eligibility Requirements

1. Travel agencies that conduct or organize tours are ineligible for Travel Agents Errors and Omissions.
2. Travel Agents Errors and Omissions must be referred to your Regional Director, State Agent or Underwriter prior to binding.

B. Definitions

1. Travel Agents
   - **a.** A retail travel agent sells services, travel accommodations, arrangements, etc., directly to the public, and receipts derived therefrom by such travel agent are herein called "receipts from retail business".
   - **b.** A wholesale travel agent sells services, travel accommodations, arrangements, etc., directly to other travel agents, and receipts derived therefrom by such travel agent are herein called "receipts from wholesale business".
   - **c.** Travel agents may conduct both wholesale and retail business and the receipts shall be classified according to that type of business from which derived.
   - **d.** Travel agents must have been in business for at least three (3) years to be eligible for this program.

C. Policies are to be written for an annual term only.

D. Limits of Insurance available under this program are $100,000, $300,000, $500,000, or $1,000,000 per occurrence for each annual period.

E. Premium Basis is derived from using the total Gross Receipts from the Retail and Wholesale operations of the travel agency business, less 90% of the fares generated through the issuance of Standard Airline tickets.

F. The premiums listed below are the Basic annual premiums for $100,000 limit of insurance for Errors and Omissions coverage only. Premises/Operations is classified and rated in accordance with Division Six of the Commercial Lines Manual.

Gross Receipts - (Adjusted)	Premiums
$ 1 - $ 100,000	$154.00
100,001 - 200,000	194.00
200,001 - 300,000	234.00
300,001 - 400,000	274.00
400,001 - 500,000	314.00
500,001 - 600,000	353.00
600,001 - 700,000	392.00
700,001 - 800,000	431.00
800,001 - 900,000	470.00
900,001 - 1,000,000	509.00
Over 1,000,000	509.00 plus $39 per $100,000 of receipts in excess of $1,000,000

Note: The gross receipts shall be at least equal to $100,000 times the number of employees.

38. TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Class Code 25010) (Cont'd)

G. Increased Limits Factors:

$ 100,000	1.00
300,000	1.22
500,000	1.33
1,000,000	1.53

H. Deductible Credits:

$ 500	.10
1,000	.15
2,500	.20
5,000	.35
10,000	.50
25,000	.65

I. Premium Determination

1. Locate basic premium from schedule in paragraph **F.**
2. If the travel agent conducts any wholesale business add a surcharge derived by the following formula. If no wholesale business is conducted, proceed to step **3.**

$$\frac{0.15 \text{ X receipts from wholesale business X the basic premium}}{\text{Total Gross Receipts}}$$

*Subject to a minimum surcharge of $25.00.

3. Subtract factor in paragraph **H.**, if applicable, from factor in paragraph **G.**, if applicable, and apply to result **2.** above. This is the final premium.

J. The minimum premium is $300 and, except for expense modification, is not subject to any further modification or rate plan.

K. Coverage Form **PA 104** - Commercial General Liability and Travel Agents Errors and Omissions Coverage Form - is used to provide this coverage.

L. Application **PA-009** must be completed.

39. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398) ¤

A. Dentist's (Class Code 26050)

1. Prior Acts or Omissions Extension

   This optional endorsement to Dentist's Professional Liability Occurrence Coverage provides coverage for the reporting of claims arising out of the rendering or failure to render professional services on or after the retroactive date and prior to the effective date. This endorsement may be necessary when the insured was previously covered by a policy with a claims-made trigger and an adequate Extended Reporting Period was not purchased. If the previous claims-made insurer was us, then this endorsement is not available - refer to Extended Reporting Period - Dentist's Professional rule 4.D. for coverage.

2. Dentist's Professional Prior Acts or Omissions Extension **PA 421** is used to provide this coverage.

3. **Premium Calculation**

   The following factors are applied to the gross CIC occurrence premium without the application of any credits and debits.

Number of Consecutive Years Insured has Purchased Claims-Made Coverage	Prior Acts Coverage Factors
1	.13
2	.24
3	.32
4	.35
5 or more	.37

This is a one time charge. The premium is fully earned.

39. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398) (Cont'd)

B. Other than Dentists (Class Code - See Below)

1. This optional endorsement provides coverage for the reporting of claims arising out of acts, errors or omissions which occurred on or after the retroactive date and prior to the effective date. This endorsement may be necessary when the insured was previously covered by a policy with a claims-made trigger and an adequate Extended Reporting Period was not purchased.

2. Prior Acts or Omissions - Errors & Omissions or Professional Form **PA 444** is used to provide this coverage.

3. **Premium Calculation**

   The following factors are applied to the gross CIC occurrence premium without the application of any credits and debits.

Number of Consecutive Years Insured Has Purchased Claims-Made Coverage	Prior Acts Coverage Factors
1	.26
2	.48
3	.63
4	.70
5 or more	.74

   This is a one-time charge. The premium is fully earned.

4. **Underwriting**

   All risks must be submitted to the Home Office for final approval. Application Form **PA-008** is required.

5. **Class Codes**

Animal Grooming Professional	26100
Beauty and Barber Shop Professional	26101
Dental Hygienists Professional	26102
Health Care (Nursing Home) Professional	26103
Ministers Professional	26104
Nurses Professional	26105
Optician	26106
Optometrist Professional	26114
Pedorthist Professional	26107
Printers E&O	26108
Social Services Professional	26109
Teachers Professional	26110
Veterinarians Professional	26111
Miscellaneous (NOC)	26112

40. EXPENSE, EXPERIENCE AND SCHEDULE RATING PLAN ⌑

A. Other Than Dentists/Insurance Agents Errors and Omissions

1. Eligibility

Any liability risk that develops an annual basic limits manual premium of **$100** or more for the exposures to be rated may be eligible for the application of experience rating and schedule rating. (For Dentist's Professional Credits and Debits, refer to B.)

2. Rating Procedure

a. The manual premium for any risk may be subject to credit or debit in accordance with the rules stated below. In determining the loss ratio, the experience will be based on the figures that are available for the experience incurred in this state, or all states, for the exposures to be rated. The maximum experience period shall not exceed three years and the minimum period shall be the first nine months of the expiring policy term or a complete previous policy year. If at any time during the experience period the risk has been self-insured or insured with a company from which the experience is not available, the experience is acceptable in the form of a statement signed by the applicant.

The experience in such form shall be given credence in accordance with the apparent credibility of the experience.

The premium used in obtaining the loss ratio shall be the current basic limits manual premium for the experience period.

b. Experience Surcharge

(1) One suit reported during experience period: Add 30% to manual premium. Two or more suits reported during experience period: Add 50% to manual premium.

(2) The experience period shall be a 36-month period ending prior to the effective date of coverage. Surcharges thus developed shall apply for 3 policy years.

c. For factors that are peculiar to the risk under consideration, which shall include but not be limited to physical conditions, operative management, or classification analysis, schedule rating credits or debits not exceeding 40% may be applied.

d. The experience and schedule rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit shall be increased, or if a debit shall be decreased, by the amount of the reduction in expenses. The credits or debits provided herein shall be taken one after the other and not added together.

40. EXPENSE, EXPERIENCE AND SCHEDULE RATING PLAN (Cont'd)

B. Dentist's Professional Credits and Debits

The use of the following Recent Graduate Credits, IRPM Credit and Debit, and Experience Credit and Debits, is mandatory and applies to both occurrence and claims-made premiums, except the Recent Graduate Credits may not be applied to claims-made premiums.

All credits and debits apply to each dentist individually.

All credits and debits are to be taken separately and are not added together.

1. Recent Graduate Credits:

	Credit
First year dentist	60%
Second year dentist	40%
Third year dentist	20%

The first year begins on the date the dentist receives the first state or regional board certification.

2. IRPM Credit and Debit:

a. Member of a local, state, or national dental association	5% **credit**
b. Member of the Chicago Dental Society	5% **credit**
c. Does not comply with OSHA or ADA guidelines for infection control	15% **debit**

3. Experience Credit and Debits:

The experience period is the three years immediately preceding the effective date of the current policy period.

a. Credit

The dentist must be insured with CIC entirely during the experience period:

0 chargeable losses	25% **credit**

b. Debits:

The dentist must be insured with CIC at the time of the loss and the loss must be during the experience period:

1 chargeable loss	15% **debit**
2 chargeable losses	50% **debit**
3 chargeable losses	100% **debit**

A chargeable loss is defined as a paid loss (expenses are not included as a paid loss) or a reserve for a claim which the underwriter deems there was probable negligence involved and a loss payment is likely.

Any insured who qualifies for an Experience Debit may also be declined or nonrenewed.

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41. INCREASED LIMITS TABLES ⌑

A. The following interpolation procedure shall be used in determining increased limit factors or combinations of limits not shown in the limits tables:

1. Determine the table factor for the limit or combination of limits next lower than the limit or limits desired and the table factor for the next higher limit or combination of limits.
2. The factor for the limit or combination of limits desired shall be determined by interpolation, but all fractions in the third decimal place shall be considered as an additional unit in the second decimal place.
3. Where neither limit required appears in the table, refer to company.

B. All limits are expressed in thousands of dollars.

C. Limit codes are shown in parentheses under factors.

1. Convalescent or Nursing Homes

Aggregate	Per Medical Incident 100	200	250	500	1,000
300	**1.00**	**1.20**	**1.25**		
	(52)	(60)	(63)		
400	**1.01**	**1.24**	**1.30**		
	(55)	(60)	(63)		
500	**1.02**	**1.27**	**1.35**	**1.55**	
	(53)	(57)	(61)	(67)	
600	**1.03**	**1.29**	**1.37**	**1.61**	
	(55)	(58)	(63)	(70)	
750	**1.04**	**1.29**	**1.38**	**1.63**	
	(55)	(60)	(62)	(70)	
1,000	**1.05**	**1.30**	**1.39**	**1.69**	**1.94**
	(54)	(59)	(63)	(68)	(71)
1,250	**1.06**	**1.30**	**1.39**	**1.70**	**1.98**
	(55)	(60)	(63)	(70)	(73)
1,500	**1.07**	**1.31**	**1.40**	**1.71**	**2.02**
	(55)	(60)	(63)	(69)	(73)
2,000	**1.08**	**1.32**	**1.41**	**1.72**	**2.05**
	(55)	(60)	(63)	(70)	(73)
2,500	**1.09**	**1.33**	**1.42**	**1.73**	**2.05**
	(55)	(60)	(63)	(70)	(73)
3,000	**1.10**	**1.34**	**1.43**	**1.74**	**2.06**
	(55)	(60)	(63)	(70)	(72)

41. INCREASED LIMITS TABLES (Cont'd) ⌑

2. Hospitals

Aggregate	Per Medical Incident 100	150	200	250	300	500	1,000
300	**1.00** (52)	**1.08** (56)	**1.13** (60)	**1.16** (63)	**1.17** (66)		
500	**1.04** (53)	**1.15** (56)	**1.23** (57)	**1.29** (61)	**1.33** (66)	**1.42** (67)	
600	**1.05** (55)	**1.16** (56)	**1.25** (58)	**1.32** (63)	**1.37** (66)	**1.49** (70)	
1,000		**1.18** (56)	**1.28** (59)	**1.37** (63)	**1.44** (66)	**1.62** (68)	**1.80** (71)
1,500		**1.19** (56)	**1.29** (60)	**1.38** (63)	**1.45** (66)	**1.67** (69)	**1.93** (73)
2,000					**1.46** (66)	**1.68** (70)	**1.98** (73)
3,000							**2.00** (72)

41. INCREASED LIMITS TABLES (Cont'd) ⌑

3. Social Services Professional Liability
Physicians
Insurance Agents Errors and Omissions

Aggregate	Per Medical Incident 100	150	200	250	300	500	1,000
300	**1.00**	**1.14**	**1.23**	**1.31**	**1.37**		
	(52)	(56)	(60)	(63)	(66)		
400	**1.01**	**1.16**	**1.28**	**1.37**	**1.44**		
	(55)	(56)	(60)	(63)	(66)		
500		**1.18**	**1.31**	**1.41**	**1.49**	**1.70**	
		(56)	(57)	(61)	(66)	(67)	
600		**1.19**	**1.32**	**1.43**	**1.52**	**1.76**	
		(56)	(58)	(63)	(66)	(70)	
750		**1.20**	**1.33**	**1.45**	**1.54**	**1.82**	
		(56)	(60)	(62)	(66)	(70)	
900				**1.46**	**1.56**	**1.86**	
				(63)	(65)	(70)	
1,000					**1.57**	**1.88**	**2.19**
					(66)	(68)	(71)
1,500					**1.58**	**1.91**	**2.31**
					(66)	(69)	(73)
2,000						**1.92**	**2.36**
						(70)	(73)
2,500							**2.37**
							(73)
3,000							**2.38**
							(72)

41. INCREASED LIMITS TABLES (Cont'd) ⌑

4. Surgeons

Aggregate	Per Medical Incident						
	100	150	200	250	300	500	1,000
300	**1.00** (52)	**1.15** (56)	**1.25** (60)	**1.33** (63)	**1.39** (66)		
400	**1.01** (55)	**1.18** (56)	**1.30** (60)	**1.39** (63)	**1.47** (66)		
500		**1.19** (56)	**1.33** (57)	**1.44** (61)	**1.52** (66)	**1.74** (67)	
600		**1.20** (56)	**1.34** (58)	**1.46** (63)	**1.56** (66)	**1.80** (70)	
750		**1.21** (56)	**1.35** (60)	**1.48** (62)	**1.58** (66)	**1.87** (70)	
900				**1.49** (63)	**1.60** (65)	**1.91** (70)	
1,000					**1.61** (66)	**1.93** (68)	**2.28** (71)
1,500					**1.62** (66)	**1.97** (69)	**2.41** (73)
2,000						**1.98** (70)	**2.46** (73)
2,500							**2.47** (73)
3,000							**2.48** (72)

41. INCREASED LIMITS TABLES (Cont'd) ⌑

5. Dentists

Aggregate	Per Dental Incident 100	150	200	250	300	500	1,000
300	**1.00**	**1.08**	**1.13**	**1.17**	**1.19**		
	(52)	(56)	(60)	(63)	(66)		
400	**1.01**	**1.09**	**1.14**	**1.18**	**1.21**		
	(55)	(56)	(60)	(63)	(66)		
500	**1.03**	**1.10**	**1.15**	**1.19**	**1.22**	**1.29**	
	(53)	(56)	(57)	(61)	(66)	(67)	
600	**1.04**	**1.11**	**1.16**	**1.20**	**1.23**	**1.30**	
	(55)	(56)	(58)	(63)	(66)	(70)	
750	**1.05**	**1.12**	**1.17**	**1.21**	**1.24**	**1.31**	
	(55)	(56)	(60)	(62)	(66)	(70)	
900	**1.06**	**1.13**	**1.18**	**1.22**	**1.25**	**1.32**	
	(55)	(60)	(60)	(63)	(65)	(70)	
1,000	**1.06**	**1.13**	**1.18**	**1.22**	**1.25**	**1.32**	**1.40**
	(54)	(56)	(59)	(63)	(66)	(68)	(71)
1,250	**1.07**	**1.14**	**1.19**	**1.23**	**1.26**	**1.33**	**1.41**
	(55)	(56)	(60)	(63)	(66)	(70)	(73)
1,500	**1.08**	**1.15**	**1.20**	**1.24**	**1.27**	**1.34**	**1.41**
	(55)	(56)	(60)	(63)	(66)	(69)	(73)
2,000	**1.10**	**1.16**	**1.22**	**1.26**	**1.29**	**1.36**	**1.42**
	(55)	(56)	(60)	(63)	(66)	(70)	(73)
2,500	**1.12**	**1.17**	**1.24**	**1.27**	**1.31**	**1.38**	**1.43**
	(55)	(56)	(60)	(63)	(66)	(70)	(73)
3,000	**1.14**	**1.18**	**1.26**	**1.29**	**1.33**	**1.40**	**1.44**
	(55)	(56)	(60)	(63)	(66)	(70)	(72)

41. INCREASED LIMITS TABLES (Cont'd)

6. County Recorder and/or County Clerks Errors and Omissions Lawyers

Aggregate	Per Claim 25	100	200	500	1,000
75	1.00 (48)				
300		2.04 (52)			
600			2.52 (58)		
1,000				2.90 (68)	
1,500				2.93 (69)	
3,000					3.18 (72)

41. INCREASED LIMITS TABLES (Cont'd) ⌑

7. Blood banks
Medical or X-ray Laboratories

Aggregate	Per Claim 100	150	200	250	300	500	1,000
300	1.00 (52)	1.15 (56)			1.38 (66)		
500	1.01 (53)	1.17 (56)	1.29 (57)	1.40 (61)	1.48 (66)	1.70 (67)	
600			1.30 (58)	1.40 (63)	1.49 (66)	1.75 (70)	
1,000						1.82 (68)	2.32 (71)
1,500						1.82 (69)	2.40 (73)
2,000							2.42 (73)
3,000							2.42 (72)

41. INCREASED LIMITS TABLES (Cont'd) ⌑

● **8. Animal Grooming**
Cemetery
Chiropractors
Chiropodists/Podiatrists
Cosmetologists and Barbers
Cosmetology or Barbering School
Employees
EMT
Funeral Service Providers
Hygienists
Ministers
Nurses
Optometrists
Pedorthist
Physiotherapists
Printers Errors & Omissions
Real Estate Errors & Omissions
Teachers
Veterinarians

Aggregate	Per Claim/Medical Incident/Occurrence/Professional Incident 100	150	200	250	300	500	1,000
300	**1.00**	**1.12**	**1.20**	**1.26**	**1.30**		
	(52)	(56)	(60)	(63)	(66)		
400	**1.01**	**1.13**	**1.23**	**1.29**	**1.34**		
	(55)	(56)	(60)	(63)	(66)		
500		**1.14**	**1.24**	**1.31**	**1.37**	**1.50**	
		(56)	(57)	(61)	(66)	(67)	
600		**1.15**	**1.25**	**1.32**	**1.38**	**1.53**	
		(56)	(58)	(63)	(66)	(70)	
750		**1.16**	**1.26**	**1.33**	**1.39**	**1.56**	
		(56)	(60)	(62)	(66)	(70)	
900				**1.34**	**1.40**	**1.57**	
				(63)	(65)	(70)	
1,000					**1.41**	**1.58**	**1.77**
					(66)	(68)	(71)
1,500					**1.42**	**1.59**	**1.81**
					(66)	(69)	(73)
2,000						**1.60**	**1.82**
						(70)	(73)
2,500							**1.83**
							(73)
3,000							**1.84**
							(72)

THE

CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL

42. COSMETOLOGY OR BARBERING SCHOOL PROFESSIONAL LIABILITY (Subline Code 398)
Class Code - Barber College (only) - 29859 (Instructor) - 29857 (Student)
- Cosmetology School - 29856 (Instructor) - 29858 (Student)

A. This coverage form provides protection against liability claims arising from the rendering, or failure to render, professional services resulting from the operation of a school of cosmetology and/or barbering.

B. Coverage Form: **PA 132**

Application: **PA-010**

C. Professional Liability rates and premiums are based upon the total staff actually engaged in instruction and the average daily attendance of students at all locations covered and shall include all individuals, officers, partners, directors and other employees.

Rates:

Basic Limits: $100,000 Each Professional Incident
$300,000 Professional Liability Aggregate

Limits*	**Each: Instructor**	**and Student**
$100/300	$20.00	$10.00

*For increased limits refer to Rule **41.**

Loading:

Coverage for electrolysis can be included at an additional basic limits rate of $20.00 for each instructor and student providing this service. Add endorsement **PA 207.**

THE
CINCINNATI COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GUIDE (a) RATES
INDEX ⌑

		Page
I.	Rules for Use of Guide (a) Rates	PL-G-2
II.	Increased Limits Guide Increased Limits Basic Charges Interpolation Procedure Guide Factors for Hospital, Lawyers, Miscellaneous Professional, Physicians, Surgeons and Dentists Professional Liability	PL-G-3

THE

CINCINNATI COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GUIDE (a) RATES
RULES FOR USE OF GUIDE (a) RATES ¤

I. Rates differing from the guide (a) rates in the schedule, or a rating basis differing from a rating basis in the schedule, provided none is specified in the Professional Liability Manual, may be established in individual cases by the company.

II. (a) Rates for exposures not assignable to any classification contained in the schedule of guide (a) rates or in the Professional Liability Manual may be established in individual cases by the company.

THE

CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GUIDE (a) RATES
INTERPOLATION
INCREASED LIMITS ¤

1. The following interpolation procedure shall be used in determining increased limit factors or combinations of limits not shown in the limits tables except for Druggists Liability.

(i) Determine the table factor for the limit or combination of limits next lower than the limit or limits desired and the table factor for the next higher limit or combination of limits.

(ii) The factor for the limit or combination of limits desired shall be determined by interpolation, but all fractions in the third decimal place shall be considered as an additional unit in the second decimal place.

(iii) Where neither limit required appears in the table, submit for rating.

2. All limits are expressed in thousands of dollars.

3. Limit codes are shown in parentheses under factors.

DEPARTMENT OF INSURANCE
STATE OF ILLINOIS
FILED
JUL - 1 2001
SPRINGFIELD, ILLINOIS

THE

CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GUIDE (a) RATES ¤

1. Convalescent or Nursing Homes

Aggregate	Per Medical Incident								
	100	200	250	500	1,000	1,500	2,000	2,500	3,000
4,000	1.95	2.01	2.03	2.10	2.20	2.27	2.41	2.51	2.61
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
4,500	1.96	2.02	2.04	2.11	2.21	2.27	2.41	2.52	2.61
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
5,000	1.97	2.03	2.05	2.12	2.22	2.28	2.42	2.53	2.62
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
6,000	1.98	2.04	2.06	2.13	2.23	2.29	2.43	2.54	2.63
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
7,500	1.99	2.05	2.07	2.14	2.24	2.30	2.44	2.55	2.64
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
9,000	2.00	2.06	2.08	2.15	2.25	2.31	2.45	2.56	2.65
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
10,000	2.01	2.07	2.09	2.16	2.26	2.32	2.46	2.57	2.66
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)

2. Hospitals

Aggregate	Per Medical Incident		
	1,500	2,000	3,000
1,500	2.03		
	(74)		
2,000	2.12	2.18	
	(74)	(75)	
3,000	2.17	2.28	2.41
	(74)	(75)	(77)
4,000	2.18	2.31	2.48
	(74)	(75)	(77)
5,000	2.19	2.32	2.50
	(74)	(75)	(77)

THE

CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GUIDE (a) RATES ¤

- **3. Social Services Professional Liability**
  Physicians
  Insurance Agents Errors and Omissions

Aggregate	Per Medical Incident 1,500	2,000	2,500	3,000
1,500	2.48 (74)			
2,000	2.56 (74)	2.67 (75)		
2,500	2.59 (74)	2.73 (75)	2.81 (76)	
3,000	2.61 (74)	2.75 (75)	2.85 (76)	2.92 (77)

- **4. Surgeons**

Aggregate	Per Medical Incident 1,500	2,000	2,500	3,000
1,500	2.60 (74)			
2,000	2.70 (74)	2.82 (75)		
2,500	2.73 (74)	2.89 (75)	2.99 (76)	
3,000	2.75 (74)	2.92 (75)	3.04 (76)	3.12 (77)

DEPARTMENT OF INSURANCE
STATE OF ILLINOIS
FILED
JUL - 1 2001
SPRINGFIELD, ILLINOIS

THE

CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GUIDE (a) RATES ¤

● **5. Dentists**

Aggregate	Per Dental Incident Per Claim 1,500	2,000	2,500	3,000
1,500	**1.45** (74)			
2,000	**1.46** (74)	**1.49** (75)		
2,500	**1.47** (74)	**1.50** (75)	**1.51** (76)	
3,000	**1.48** (74)	**1.51** (75)	**1.52** (76)	**1.53** (77)

THE

CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GUIDE (a) RATES ¤

6. County Recorder and/or County Clerks Errors and Omissions
   Lawyers

Aggregate	Per Claim 1,500	2,000	2,500	3,000
2,000	3.22 (74)	3.26 (75)		
3,000	3.24 (74)	3.29 (75)	3.31 (76)	3.33 (77)
4,000	3.26 (74)	3.31 (75)	3.33 (76)	3.35 (77)
5,000	3.28 (74)	3.33 (75)	3.35 (76)	3.37 (77)
7,500	3.31 (74)	3.36 (75)	3.38 (76)	3.40 (77)
10,000	3.34 (74)	3.39 (75)	3.41 (76)	3.43 (77)

7. Blood Banks
   Medical or X-Ray Laboratories

Aggregate	Per Medical Incident 1,500	2,000	3,000
1,500	2.81 (74)		
2,000	2.88 (74)	3.25 (75)	
3,000	2.91 (74)	3.34 (75)	4.08 (77)
4,000		3.35 (75)	4.14 (77)
5,000			4.15 (77)

THE

CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GUIDE (a) RATES ¤

- 8. **Animal Grooming**
  Cemetery
  Chiropractors
  Chiropodists\Podiatrists
  Cosmetologists and Barbers
  Cosmetology or Barbering School
  Employees
  EMT
  Funeral Service Providers
  Hygienists
  Ministers
  Nurses
  Optometrists
  Pedorthist
  Physiotherapists
  Printers Errors & Omissions
  Real Estate Errors & Omissions
  Teachers
  Veterinarians

(Limit Codes in Parentheses)
(Limits are in Thousands)

Aggregate	Per Claim/Medical Incident/Occurrence/Professional Incident 1,500	2,000	2,500	3,000
1,500	1.92 (74)			
2,000	1.94 (74)	2.02 (75)		
2,500	1.95 (74)	2.03 (75)	2.09 (76)	
3,000	1.96 (74)	2.04 (75)	2.10 (76)	2.15 (77)

THE

CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
TERRITORY PAGE

●

Legal Professional (Subline Code 317)

ENTIRE STATE **999**

Medical Professional

COOK COUNTY **001**

REMAINDER OF STATE **002**

Veterinarians Professional Liability (Subline Code 317)

ENTIRE STATE **999**

APR 2

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each dentist.

2. Classifications

Refer the following classification to the Home Office for approval:

Class 3 Dentist

Procedure and / or Specialty	Class	Anesthesia
General Dentistry Endodontics Pedodontics Prosthodontics Orthodontics Periodontics / Non-Osseous Surgery, Non-Advanced or Non-Refractory Progressive Periodontitis Implant Prostheses / Non-Surgical Removal of Impacted Wisdom Teeth, Soft Tissue Only	1	In the Office: Local N_2O Oral Conscious IV Administered by other than an insured or insured's employee: General Deep Intramuscular (IM)
Periodontics / Osseous Surgery, Advanced or Refractory Progressive Periodontitis Removal of Impacted Wisdom Teeth, other than Soft Tissue	2	Conscious IM in the office
Implants / Surgical	2A	
Oral Surgeon Maxillofacial Surgery	3	General anesthesia and / or deep sedation given in a dosage designed to render the patient unconscious and done in the office; or in a hospital if administered by an insured or insured's employee.
Any Procedure or Anesthesia in a higher class would make the higher class applicable.		

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Rates

Rates for Basic Limits: $100,000 Each Dental Incident Limit - Coverage A.
$ 5,000 Any One Person - Coverage B. First Aid Payments
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate	
		Territory 001 Cook County	**Territory 002 Remainder of State**
Class 1	80226	$ 928	$ 663
Class 2	80227	1,098	784
Class 2A	80229	2,127	1,519
Class 3	80210	4,679	4,679

E. Dental Board Examination Coverage (Binder) (Class Code 80226)

Dentist Professional Liability Coverage may be issued for a dentist while taking their state dental board examination.

1. Binder can be issued for a maximum 5 day term;
2. Limits are $1,000,000 Each Dental Incident / $3,000,000 Aggregate;
3. Premium is $25 flat charge and except for expense modification, is not subject to any further modification or rate plan;
4. Dentist's Professional Liability Occurrence Coverage Form **PA 128** and Dentist's Professional Liability Coverage Part Declarations **PA 526** must be shown on the binder; and
5. Completed binder should be sent to Home Office Underwriter or Field Marketing Representative.

F. For Prior Acts Coverage, refer to Rule **50.**

G. Independent contractor hygienists and assistants are included as an insured. A separate charge is not necessary.

H. Optional Coverages

1. Medical Waste Defense Expenses Reimbursement Coverage. Coverage provides $50,000 of "defense expenses" for a "civil suit" alleging violation of a law or regulation governing the disposal of medical wastes. Attach form **PA 206.** No premium charge.
2. Department of Professional Regulation (DPR) Supplementary Payments Coverage. Coverage provides $25,000/$75,000 annual aggregate for an insured who becomes the subject of a Department of Professional Regulation (DPR), or a similar state regulatory board, investigation. Attach form **PA 205.** No premium charge.

THE
CINCINNATI
INSURANCE COMPANIES

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THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY
THE CINCINNATI INDEMNITY COMPANY
THE CINCINNATI LIFE INSURANCE COMPANY
Mailing Address: P.O. BOX 145496
CINCINNATI, OHIO 45250-5496
(513) 870-2000

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DIVISION OF INSURANCE
SPRINGFIELD

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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NOV 15 2008
SPRINGFIELD, ILLINOIS

October 29, 2007

Honorable Michael T. McRaith
Director of Insurance
Illinois Department of Insurance
Property and Casualty Evaluation
320 West Washington Street
Springfield, Illinois 62767-0001

Attention: Gayle Neuman

Reference: 1 **The Cincinnati Insurance Company - FEIN 31-0542366**
2 **The Cincinnati Casualty Company - FEIN 31-0826946**
3 **The Cincinnati Indemnity Company - FEIN 31-1241230**
Commercial Lines
Division Seven - Professional Liability
Dentist's 11.0030
Dentist's - General Practice 11.0006
Dentist's – Oral Surgeon 11.0007
Rate Filing
Filing #PRO-07-7505-IL

Dear Ms. Neuman:

At this time, we wish to file revised rates per the attached memorandum. The rules are applicable to all of the above companies. In addition to sending the revised rate pages along with an explanatory memorandum, I am including the completed Medical Malpractice Liability Checklist, the Certification for Medical Malpractice Rates, a complete copy of our Division Seven - Professional Liability Manual (including the changes being made with referenced changes highlighted), a Manual Certification Statement, the required Actuarial information, a Non-Discriminatory statement and the required RF-3 along with actuarial exhibits. Please note that our rates are used for all three of the above referenced companies. However, only The Cincinnati Insurance Company is listed on the RF-3. We only have a net effect for CIC, since we do not have any written premium in the other two companies for this line of insurance.

This filing corresponds to another rule/rate filing being submitted under a different filing #CDEN-07-7510-IL.

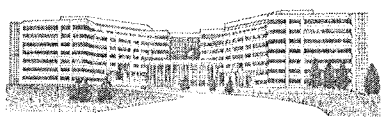
Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by December 1, 2007, for the software to be mailed to our agents on January 1, 2008, for the effective date of March 15, 2008. Your approval is respectfully requested for use on policies effective on or after March 15, 2008.

Sincerely,

Connie Petertonjes

Connie Petertonjes, RPLU, AFSB
Senior Filings Specialist
Staff Underwriting Department
(513) 603-5352
E-mail: connie_petertonjes@cinfin.com

+4.91%



6200 S. Gilmore Road, Fairfield, Ohio 45014-5141

Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]
Sent: Saturday, December 08, 2007 8:01 AM
To: Neuman, Gayle
Subject: DIV. SEVEN-PROFESSIONAL LIAB. RATE FILING PRO-07-7505-IL

Dear Ms. Neuman:

I sent the above referenced filing to your attention back in October. I would like to have you change the requested effective date from 3/15/08 to 7/15/08. We have passed our internal deadline for 3/15/08 effective dates, so I would like to move this one to our next round of filings.

Thanks for making this change for me.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW

Senior Filings Specialist

The Cincinnati Insurance Companies

Phone: (513) 603-5352

Fax: (513) 881-8884

E-mail: connie_petertonjes@cinfin.com

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Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

7/15/2008 (new)

Change in Company's premium or rate level produced by rate revision effective 03/15/2008 (old)

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Dentist's Professional Liability (Line of Insurance)	$588,752.	+4.91%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: We are amending our Increased Limits Factors and our Dentist's Professional Liability premiums. All territories are included and all classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): In this filing, we are amending our Dentists Professional Liability rates and increased limit factors. We are using ISO Loss Costs and applying our company multiplier and both company factors and territory factors to create new rates for our Dentist Professional Liability Coverage. In addition, we are proposing to use ISO's new increased limit factors. Our Division Seven - Dentist's Professional Liability base rates will be increasing by 5.04%, and, coupling this with an ILF change of -0.13%, our overall proposed change for our Division Seven - Dentist's Professional Liability coverage is 4.91%. This matches our indicated increase of 4.9%.

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

The Cincinnati Insurance Company - FEIN 31-0542366
Name of Company

Connie Petertonjes - Senior Filings Specialist
Official – Title

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

#1 PRO-07-7505-IL

ILLINOIS
DIVISION SEVEN - PROFESSIONAL LIABILITY
RULES AND RATES MEMORANDUM

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
PL-24 (3/08)	PL-24 (11/06)	**RULE 4. DENTIST'S PROFESSIONAL LIABILITY** Amending Dentist's base rates with a net effect of **5.04%**
PL-62 (3/08) and PL-G-4 (3/08)	PL-62 (3/04) and PL-G-4 (3/04)	**RULE 52. INCREASED LIMITS TABLES** Amending Dentist's Increased Limits factors with a net effect of **(-0.13%)** per ISO designation number PR-2006-IALL1. The overall net effect of the above revisions is **4.91%**

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Rates

Rates for Basic Limits: $100,000 Each Dental Incident Limit - Coverage A.
$ 5,000 Any One Person - Coverage B. First Aid Payments
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Territory (001) - Cook County

Limits	Class				
	1	2	2A	2B	3
$100,000/$300,000	$1,111	1,687	3,354	2,277	8,066

Territory (002) - Remainder of State

Limits	Class				
	1	2	2A	2B	3
$100,000/$300,000	$790	1,211	2,403	1,635	5,662

E. Dental Board Examination Coverage (Binder) (Class Code 80226)

Dentist Professional Liability Coverage may be issued for a dentist while taking their state dental board examination.

1. Binder can be issued for a maximum 5 day term;
2. Limits are $1,000,000 Each Dental Incident / $3,000,000 Aggregate;
3. Premium is $25 flat charge and except for expense modification, is not subject to any further modification or rate plan;
4. Dentist's Professional Liability Occurrence Coverage Form **PA 128** and Dentist's Professional Liability Coverage Part Declarations **PA 526** must be shown on the binder; and
5. Completed binder should be sent to Home Office Underwriter or Field Marketing Representative.

F. For Prior Acts Coverage, refer to Rule **50.**

G. Independent contractor hygienists and assistants are included as an insured. A separate charge is not necessary.

H. Optional Coverages

1. Medical Waste Defense Expenses Reimbursement Coverage. Coverage provides $50,000 of "defense expenses" for a "civil suit" alleging violation of a law or regulation governing the disposal of medical wastes. Attach Form **PA 206**. No premium charge.
2. Department of Professional Regulation (DPR) Supplementary Payments Coverage. Coverage provides $25,000/$75,000 annual aggregate for an insured who becomes the subject of a Department of Professional Regulation (DPR), or a similar state regulatory board, investigation. Attach Form **PA 205**. No premium charge.

52. INCREASED LIMITS TABLES (Cont'd)

2. Dentists

Aggregate	Per Dental Incident								
	100	150	200	250	300	500	1,000	1,500	2,000
300	1.00	1.07	1.09	1.11	1.12				
	(52)	(56)	(60)	(63)	(66)				
400	1.01	1.08	1.11	1.13	1.15				
	(55)	(56)	(60)	(63)	(66)				
500	1.02	1.09	1.13	1.15	1.17	1.20			
	(53)	(56)	(57)	(61)	(66)	(67)			
600	1.03	1.10	1.14	1.17	1.19	1.22			
	(55)	(56)	(58)	(63)	(66)	(70)			
750	1.04	1.11	1.15	1.18	1.21	1.24			
	(55)	(56)	(60)	(62)	(66)	(70)			
900	1.05	1.12	1.16	1.19	1.23	1.26			
	(55)	(56)	(60)	(63)	(65)	(70)			
1,000	1.06	1.13	1.17	1.20	1.24	1.27	1.33		
	(54)	(56)	(59)	(63)	(66)	(68)	(71)		
1,250	1.07	1.14	1.18	1.21	1.25	1.28	1.34		
	(55)	(56)	(60)	(63)	(66)	(70)	(73)		
1,500	1.08	1.15	1.19	1.22	1.25	1.29	1.35	1.39	
	(55)	(56)	(60)	(63)	(66)	(69)	(73)	(74)	
2,000	1.09	1.16	1.20	1.23	1.26	1.30	1.36	1.40	1.42
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	(74)	(75)
2,500	1.10	1.17	1.21	1.24	1.27	1.31	1.37	1.41	1.43
	(55)	(56)	(60)	(63)	(66)	(91)	(73)	(74)	(75)
3,000	1.11	1.18	1.22	1.25	1.28	1.32	1.38	1.42	1.44
	(55)	(56)	(60)	(63)	(66)	(70)	(72)	(74)	(75)
4,000	1.12	1.19	1.23	1.26	1.29	1.33	1.39	1.43	1.45
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	(74)	(75)

3. Hospitals

Aggregate	Per Medical Incident						
	100	150	200	250	300	500	1,000
300	1.00	1.08	1.12	1.14	1.16		
	(52)	(56)	(60)	(63)	(66)		
500	1.04	1.16	1.24	1.29	1.33	1.41	
	(53)	(56)	(57)	(61)	(66)	(67)	
600	1.05	1.18	1.27	1.33	1.38	1.49	
	(55)	(56)	(58)	(63)	(66)	(70)	
1,000		1.20	1.31	1.40	1.47	1.66	1.83
		(56)	(59)	(63)	(66)	(68)	(71)
1,500		1.21	1.32	1.42	1.50	1.73	2.01
		(56)	(60)	(63)	(66)	(69)	(73)
2,000					1.51	1.76	2.09
					(66)	(70)	(73)
3,000							2.14
							(72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GUIDE (a) RATES

1. Convalescent or Nursing Homes

Aggregate	Per Medical Incident								
	100	200	250	500	1,000	1,500	2,000	2,500	3,000
4,000	2.01	2.07	2.09	2.16	2.26	2.33	2.48	2.58	2.68
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
4,500	2.02	2.08	2.10	2.17	2.27	2.33	2.48	2.59	2.68
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
5,000	2.03	2.09	2.11	2.18	2.28	2.34	2.49	2.60	2.70
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
6,000	2.04	2.10	2.12	2.19	2.29	2.35	2.50	2.61	2.71
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
7,500	2.05	2.12	2.13	2.20	2.30	2.36	2.51	2.62	2.72
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
9,000	2.06	2.14	2.14	2.21	2.31	2.37	2.52	2.63	2.73
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
10,000	2.07	2.15	2.15	2.22	2.32	2.38	2.53	2.64	2.74
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)

2. Dentists

Aggregate	Per Dental Incident								
	2,500	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000
2,500	1.44								
	(76)								
3,000	1.45	1.46							
	(76)	(77)							
4,000	1.46	1.47	1.48						
	(76)	(77)	(78)						
4,500	1.47	1.48	1.49						
	(76)	(77)	(78)						
5,000	1.48	1.49	1.50	1.51					
	(76)	(77)	(78)	(79)					
6,000	1.49	1.50	1.51	1.52	1.53				
	(76)	(77)	(78)	(79)	(80)				
7,500	1.50	1.51	1.52	1.53	1.54	1.55			
	(76)	(77)	(78)	(79)	(80)	(81)			
9,000	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.58	
	(76)	(77)	(78)	(79)	(80)	(81)	(83)	(84)	
10,000	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.59	1.60
	(76)	(77)	(78)	(79)	(80)	(81)	(83)	(84)	(85)

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, Richard Taphorn, a duly authorized officer of The Cincinnati Insurance Company, 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, David Groff, a duly authorized actuary of The Cincinnati Insurance Company, am authorized to certify on behalf of The Cincinnati Insurance 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.

Richard Taphorn — 10/29/07

Signature and Title of Authorized Insurance Company Officer — Date

David Groff — 10/29/07

Signature, Title and Designation of Authorized Actuary — Date

Insurance Company FEIN 31 - 0542366 Filing Number PRO-07-7505-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

Manual Certification Statement

DATE: October 15, 2007
FILING NUMBER: PRO-07-7505-IL
DIVISION SEVEN - PROFESSIONAL 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,

Connie Petertonjes, CPCU, RPLU
Senior Filings Specialist
The Cincinnati Insurance Companies

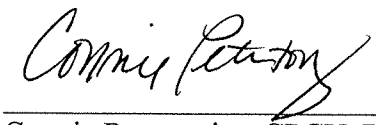
This is a complete copy of our manual including the proposed changes contained in this filing. The changes being made are highlighted orange.

Non-Discriminatory Statement

DATE: October 15, 2007
FILING NUMBER: PRO-07-7510-IL
DIVISION SEVEN - PROFESSIONAL LIABILITY
The Cincinnati Insurance Company - FEIN 31-0542366

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, RPLU
Senior Filings Specialist
The Cincinnati Insurance Companies

This is a complete copy of our manual including the proposed changes contained in this filing. The changes being made are highlighted orange.

	Base Rate Change	ILF Change	Combined % Change	Written Premium	Overall Net Effect
Dentist-Professional	5.04%	-0.13%	4.91%	588,752	617,648

Medical Malpractice
Cincinnati Insurance Group
Based on Year-End 2004-2006 Statistics

Illinois

A. Direct Earned Premium	17,092,526	(4)
B. Average Direct Unearned Premium Reserve	9,107,575	[(1)+(2)]/2
C. Commissions Expenses	18.73%	(5) / (3)
D. Taxes, Licenses, & Fees	1.51%	(6) / (3)
E. 50% of Other Acquisition Expenses	1.57%	[(0.5) X (7)] / (3)
F. 50% of General Expenses	1.75%	[(0.5) X (8)] / (4)
G. Total Expenses	23.55%	(C) + (D) + (E) + (F)
H. Total Prepaid Expenses	2,145,211	(B) X (G)
I. Subject to Investment	6,962,364	(B) - (H)
J. Delayed Remission of Premium	3,073,049	[(23) X (3)] / (29)
Expected Loss & LAE Ratio	73.34%	Permissible Loss Ratio
K. Direct Earned Premium	17,092,526	(A)
L. Expected Loss Ratio	73.34%	Permissible Loss Ratio
M. Expected Incurred Loss & LAE	12,535,514	(K) X (L)
N. Reserve to Incurred Ratio	3.1491	Σ(9 to 13)/Σ(14 to 21)
O. Estimated Loss & LAE Reserve	39,475,213	(M) X (N)
P. Net Subject to Investment	43,364,527	(I) - (J) + (O)
Q. Policy Surplus	N/A	
R. Total	43,364,527	(P) + (Q)
S. Average Rate of Return on Invested Assets	3.63%	(26) / (22)
T. Invested Earnings Subject to Investment	1,574,990	(R) X (S)
U. Ratio of Investment Earnings to Direct Earned Premiums	9.21%	(T) / (A)
V. Investment Income Factor	1.0921	1.000 + (U)
W. Return on Equity (with Policy Surplus & Realized Capital Gains	15.00%	(30)
X. Return on Policy Surplus	5.29%	[(24) X (S)] / (29)
Y. Return on Realized Capital Gains	3.06%	{[(27)+(28)]/2}/(29)
Z. Return on Equity	6.65%	(W) - (X) - (Y)
AA. Premium to Surplus	0.7379	(29)/{[(24)+(25)]/2}
BB. Return on Premium	0.0901	(Z) / (AA)
CC. Before Tax Return on Premium	0.0921	(U)
DD. Before Tax Return needed from Underwriting Profit	-0.0021	(BB) - (CC)
EE. Commissions Expenses	18.73%	
FF. Other Acquisition Expenses	3.13%	
GG. General Expenses	3.50%	
HH. Taxes, Licenses, & Fees	1.51%	
II. Profit & Contingencies	-0.21%	
JJ. Total Expenses	26.66%	
KK. Permissible Loss Ratio	73.34%	

Line: Medical Malpractice
Company: Cincinnati Insurance Group
Based on Year-End 2004-2006 Statistics

	CIC 2006 Countrywide	CCC 2006 Countrywide	CID 2006 Countrywide	CIC 2005 Countrywide	CCC 2005 Countrywide	CID 2005 Countrywide	CIC 2004 Countrywide	CCC 2004 Countrywide	CID 2004 Countrywide	Countrywide
1. Direct Unearned Premium Reserve (Page 14, Column 5, Current)	21,446,531	0	10,705	21,505,749	0	10,329	21,099,572	150	8,748	64,081,784
2. Direct Unearned Premium Reserve (Page 14, Column 5, Prior)	21,505,749	0	10,329	21,099,572	150	8,748	18,606,691	343	8,444	61,240,027
3. Direct Written Premium (IEE, Page 6, Column 1)	45,760,047	0	111,786	47,007,683	(11)	150,885	44,622,354	415	113,959	137,767,118
4. Direct Earned Premium (IEE, Page 6, Column 2)	45,817,454	0	111,409	46,601,506	139	149,305	42,129,473	608	113,655	134,923,549
5. Direct Commission (IEE, Page 7, Column 12)	5,255,638	0	4,611	7,386,348	(2)	7,260	9,551,758	199	17,150	22,222,961
6. Direct Taxes, License, & Fee (IEE, Page 7, Column 13)	942,531	0	215	768,827	(7)	(779)	672,567	(21)	2,040	2,385,373
7. Direct Other Acquisition (IEE, Page 7, Column 14)	1,752,588	0	7,197	1,461,598	0	6,394	1,412,365	8	1,442	4,641,593
8. Direct General (IEE, Page 7, Column 15)	2,193,986	0	7,735	1,724,887	0	7,187	1,426,336	(6)	(1,356)	5,358,770
9. Schedule P, Part 1, Total, Column 13	54,900	0	0	57,277	0	0	66,325	0	0	178,502
10. Schedule P, Part 1, Total, Column 15	25,177	0	0	24,862	0	0	29,772	0	0	79,811
11. Schedule P, Part 1, Total, Column 17	6	0	0	0	0	0	0	0	0	6
12. Schedule P, Part 1, Total, Column 19	32,786	0	0	39,789	0	0	46,000	0	0	118,575
13. Schedule P, Part 1, Total, Column 23	210	0	0	105	0	0	185	0	0	500
14. Schedule P, Part 1, Last Year, Column 4	240	0	0	314	0	0	177	0	0	731
15. Schedule P, Part 1, Last Year, Column 6	198	0	0	135	0	0	175	0	0	508
16. Schedule P, Part 1, Last Year, Column 10	0	0	0	0	0	0	0	0	0	0
17. Schedule P, Part 1, Last Year, Column 13	9,110	0	0	7,671	0	0	8,620	0	0	25,401
18. Schedule P, Part 1, Last Year, Column 15	15,829	0	0	14,858	0	0	20,945	0	0	51,632
19. Schedule P, Part 1, Last Year, Column 17	0	0	0	0	0	0	0	0	0	0
20. Schedule P, Part 1, Last Year, Column 19	12,294	0	0	14,521	0	0	14,453	0	0	41,268
21. Schedule P, Part 1, Last Year, Column 23	110	0	0	82	0	0	111	0	0	303
22. Cash & Invested Assets (AS, Page 2, Line 9)	9,671,983,332	329,622,861	67,067,619	8,701,469,796	304,341,650	70,647,185	8,570,053,803	302,155,709	64,019,956	28,081,361,911
23. Premium & Agents Balance (AS, Page 2, Line 10)	331,529,504	46,060	0	349,962,641	(44,911)	0	1,088,784,673	5,376,495	0	1,775,654,462
24. Surplus as Regards to Policyholders (Page 3, Line 25,Col. 1, Current)	4,723,368,807	281,463,027	61,925,302	4,219,838,692	262,897,192	62,721,754	4,191,158,948	259,323,276	60,170,312	14,122,867,310
25. Surplus as Regards to Policyholders (Page 3, Line 25,Col. 1, Prior)	4,219,838,692	262,897,192	62,721,754	4,191,158,948	259,323,276	60,170,312	2,779,815,671	252,518,201	56,734,431	12,145,178,477
26. Net Investment Income Earned (AS, Page 4, Line 8, Col. 1, Current)	377,786,144	12,898,633	2,619,977	323,078,153	11,900,904	2,924,656	274,142,700	11,591,746	2,965,787	1,019,908,700
27. Net Realized Capital Gain (AS, Page 4, Line 9, Column 1, Current)	142,669,695	3,831,770	24,678	35,196,362	2,226,615	(183,955)	195,081,967	(739,056)	(16,391)	378,091,685
28. Net Realized Capital Gain (AS, Page 4, Line 9, Column 1, Prior)	35,196,362	2,226,615	(183,955)	195,081,967	(739,056)	(16,391)	(15,126,001)	(255,593)	(678,697)	215,505,251
29. Total Premium Written (AS, Page 9, Part 2B, Line 32, Column 1)	3,034,850,569	189,403,017	90,132,986	2,970,441,955	177,721,011	85,472,299	2,872,854,049	187,317,469	83,516,021	9,691,709,376
30. Return on Equity (Surplus)										15.0%

Illinois	CIC 2006 State	CCC 2006 State	CID 2006 State	CIC 2005 State	CCC 2005 State	CID 2005 State	CIC 2004 State	CCC 2004 State	CID 2004 State	State
1. Direct Unearned Premium Reserve Current (Page 14, Column 5)	2,807,252	0	0	2,964,488	0	0	3,175,945	38	0	8,947,724
2. Direct Unearned Premium Reserve Prior (Page 14, Column 5)	2,964,488	0	0	3,175,945	38	0	3,126,848	108	0	9,267,427
3. Direct Written Premium (IEE, Page 6, Column 1)	5,413,396	0	0	5,414,610	0	0	5,944,883	139	0	16,773,028
4. Direct Earned Premium (IEE, Page 6, Column 2)	5,570,426	0	0	5,626,067	38	0	5,895,786	208	0	17,092,526
5. Direct Commission (IEE, Page 7, Column 12)	678,644	0	0	873,961	0	0	1,588,420	57	0	3,141,082
6. Direct Taxes, License, Fee (IEE, Page 7, Column 13)	67,480	0	0	115,923	(2)	0	70,074	1	0	253,476
7. Direct Other Acquisition (IEE, Page 7, Column 14)	176,976	0	0	146,280	0	0	202,347	2	0	525,605
8. Direct General (IEE, Page 7, Column 15)	215,926	0	0	169,741	0	0	212,280	(5)	0	597,943

LOSS COSTS MULTIPLIER

Medical Malpractice Cincinnati Insurance Group Based on Year-End 2004-2006 Statistics	Illinois
EE. Commissions Expenses	18.73%
FF. Other Acquisition Expenses	3.13%
GG. General Expenses	3.50%
HH. Taxes, Licenses, & Fees	1.51%
II. Profit & Contingencies	-0.21%
Total Expenses	26.66%
Base Factor	1.000
Times Loss Experience Component	1.000
Interim Component	1.000
Times Loss Adjustment Expense Factor	1.000
Interim Component	1.000
Divided by Expected Loss Ratio	0.733
Interim Component	1.364
Times Judgment Factor	1.000
Company Multiplier	1.364

RATE HISTORY DATA

Company:	ALL COMPANIES	Coverage:	DENTISTS
State:	ILLINOIS	Group1:	NONE
Line:	MEDICAL MALPRACTICE	Group2:	NONE
Start Year:	2002	End Year:	2008

DENTISTS

Year	Effective Date	Change	Factor	Comment
2002	07/01/2002	0.00	1.014	PRO-01-7501-IL
2003	11/01/2003	0.00	1.015	PRO-03-7504-IL TERRORISM
2004	03/01/2004	0.34	1.013	CDEN-03-7505-IL
2004	03/01/2004	1.13	1.013	PRO-03-7510-IL
2005		0.00	1.008	
2006		0.00	1.003	
2007		0.00	1.000	
2008		0.00	1.000	

EXHIBIT A - RATE LEVEL INDICATION

Company:	ALL COMPANIES	Coverage:	DENTISTS
State:	ILLINOIS	Group1:	NONE
Line:	MEDICAL MALPRACTICE	Group2:	NONE

Effective Date: 03/01/2008

		2002	2003	2004	2005	2006	TOTAL
1.	Earned Premium	278,727	357,763	438,712	494,625	538,497	
2.	Current Level Factors	1.0135	1.0147	1.0130	1.0081	1.0032	
3.	Earned Premium @ Current Level	282,500	363,036	444,411	498,636	540,227	2,128,810
4.	Ultimate Incurred Losses and ALAE	61,851	62,194	852,857	83,306	203,409	
5.	Unallocated Loss Adj Expense Factor	1.0750	1.0740	1.0790	1.0840	1.0240	
6.	Ultimate Incurred Losses and LAE	66,490	66,796	920,233	90,304	208,291	
7.	Loss Trend Factor	1.3844	1.3185	1.2557	1.1959	1.1390	
8.	Trended Incurred Losses and LAE	92,050	88,071	1,155,548	107,996	237,237	1,680,902
9.	Proj Loss and LAE Ratio	32.6 %	24.3 %	260.0 %	21.7 %	43.9 %	
10.	Proj Loss and LAE Ratio Weights	20.0 %	20.0 %	20.0 %	20.0 %	20.0 %	
11.	Weighted Projected Loss Ratio						76.5 %
12.	Permissible Loss Ratio						73.3 %
13.	Indicated Rate Level Change						4.3 %
14.	Number of Claims	2	6	8	8	24	48
15.	Credibility						21.0 %
16.	Annual Trend Factor				LI-PR-2006-065		1.0500
17.	Credibility-Weighted Indicated						4.9 %

Exhibit B - Incurred Losses

Company:	ALL COMPANIES	Coverage:	DENTISTS
State:	ILLINOIS	Group1:	NONE
Line:	MEDICAL MALPRACTICE	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1997	0	0	0	0	0	0	0	0	0	0
1998	0	10,000	0	0	0	0	0	0	0	
1999	50,000	55,095	95,095	105,095	94,223	105,095	125,095	87,595		
2000	100	70,100	45,100	3,350	3,350	3,350	3,350			
2001	25,000	25,000	90,001	143,829	92,500	85,000				
2002	101,500	219,500	41,500	41,500	41,500					
2003	40,754	55,000	61,381	55,299						
2004	10,000	16,750	497,689							
2005	0	69,359								
2006	88,532									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1997									
1998		0.0000							
1999	1.1019	1.7260	1.1052	0.8966	1.1154	1.1903	0.7002		
2000	701.0000	0.6434	0.0743	1.0000	1.0000	1.0000			
2001	1.0000	3.6000	1.5981	0.6431	0.9189				
2002	2.1626	0.1891	1.0000	1.0000					
2003	1.3496	1.1160	0.9009						
2004	1.6750	29.7128							
2005									

Exhibit B - Incurred Losses (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	118.0482	5.2839	0.9357	0.8849	1.0114	1.0952	0.7002	0.0000	0.0000
All Years straight average excluding high/low factors	1.5723	1.4549	1.0020	0.9483	1.0000	1.0952	0.7002	0.0000	0.0000
3 year volume-weighted average	2.7803	2.0620	1.2475	0.7280	1.0177	1.1844	0.7002		
5 year volume-weighted average	2.1755	1.9042	1.0480	0.7883	1.0177				
5 year volume-weighted average excluding high/low factors	1.9129	1.3090	1.0198	0.8997	1.0000				
9 year volume-weighted average excluding high/low factors	2.1074								
Selected user averages	1.9129	1.3090	1.0198	0.8997	1.0000	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2002	60-Ultimate	1.0000
2003	48-Ultimate	0.8997
2004	36-Ultimate	0.9176
2005	24-Ultimate	1.2011
2006	12-Ultimate	2.2976

Exhibit C - Paid Losses

Company:	ALL COMPANIES	Coverage:	DENTISTS
State:	ILLINOIS	Group1:	NONE
Line:	MEDICAL MALPRACTICE	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1997	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	
1999	0	25,095	30,095	30,095	75,095	75,095	125,095	87,595		
2000	100	100	100	3,350	3,350	3,350	3,350			
2001	0	15,000	20,000	20,000	92,500	85,000				
2002	41,500	41,500	41,500	41,500	41,500					
2003	753	0	9,500	9,500						
2004	0	0	75,000							
2005	0	0								
2006	0									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1997									
1998									
1999		1.1992	1.0000	2.4953	1.0000	1.6658	0.7002		
2000	1.0000	1.0000	33.5000	1.0000	1.0000	1.0000			
2001		1.3333	1.0000	4.6250	0.9189				
2002	1.0000	1.0000	1.0000	1.0000					
2003	0.0000		1.0000						
2004									
2005									

Exhibit C - Paid Losses (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	0.6667	1.1331	7.5000	2.2801	0.9730	1.3329	0.7002	0.0000	0.0000
All Years straight average excluding high/low factors	1.0000	1.0996	1.0000	1.7476	1.0000	1.3329	0.7002	0.0000	0.0000
3 year volume-weighted average	0.0000	3.0361	1.0000	2.1180	0.9561	1.6374	0.7002		
5 year volume-weighted average	1.3372	2.5813	1.0321	2.2376	0.9561				
5 year volume-weighted average excluding high/low factors	1.0000	1.9603	1.0000	2.3455	1.0000				
9 year volume-weighted average excluding high/low factors	1.6032								
Selected user averages	1.0000	1.9603	1.0000	2.3455	1.0000	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2002	60-Ultimate	1.0000
2003	48-Ultimate	2.3455
2004	36-Ultimate	2.3455
2005	24-Ultimate	4.5978
2006	12-Ultimate	4.5978

Exhibit D - Ratio of Paid ALAE to Paid Losses

Company:	ALL COMPANIES	Coverage:	DENTISTS
State:	ILLINOIS	Group1:	NONE
Line:	MEDICAL MALPRACTICE	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1997	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1998	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	
1999	0.0000	0.3447	0.7132	1.6788	0.9801	1.5398	1.2418	1.8152		
2000	0.0000	23.8000	40.8600	2.7490	2.7490	2.7490	2.7490			
2001	0.0000	0.3192	0.6012	2.0234	0.5002	0.5444				
2002	0.0000	0.3530	0.4481	0.4481	0.4582					
2003	4.1673	0.0000	2.3683	5.1087						
2004	0.0000	0.0000	0.4380							
2005	0.0000	0.0000								
2006	0.0000									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1997		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1998			1.0000	1.0000	1.1227	1.0000	1.0000	1.0000	
1999	32.0333	2.4816	2.3539	1.4568	1.5711	1.3434	1.0235		
2000		1.7168	0.0673	1.0000	1.0000	1.0000			
2001		1.8833	3.3658	0.2472	1.0882				
2002		1.2695	1.0000	1.0225					
2003	1,765.1587	3.0586	2.1571						
2004		6.2285							
2005	1.4792								

Exhibit D - Ratio of Paid ALAE to Paid Losses (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	599.5571	2.5198	1.5634	0.9544	1.1564	1.0859	1.0078	1.0000	1.0000
All Years straight average excluding high/low factors	32.0333	2.0820	1.5022	1.0056	1.0703	1.0000	1.0000	1.0000	1.0000
3 year straight average	883.3190	3.5189	2.1743	0.7566	1.2198	1.1145	1.0078		
5 year straight average	883.3190	2.8313	1.7888	0.9453	1.1564				
5 year straight average excluding high/low factors	883.3190	2.2196	1.8370	1.0075	1.0703				
Selected user averages	2.2000	2.2196	1.8370	1.0075	1.0703	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2002	60-Ultimate	1.0703
2003	48-Ultimate	1.0783
2004	36-Ultimate	1.9809
2005	24-Ultimate	4.3968
2006	12-Ultimate	9.6729

Exhibit E - Claim Count

Company:	ALL COMPANIES	Coverage:	DENTISTS
State:	ILLINOIS	Group1:	NONE
Line:	MEDICAL MALPRACTICE	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1997	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	
1999	2	4	6	6	6	6	6	6		
2000	1	2	2	2	2	2	2			
2001	0	1	2	3	3	3				
2002	1	1	2	2	2					
2003	0	2	4	6						
2004	2	4	7							
2005	1	4								
2006	4									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1997									
1998									
1999	2.0000	1.5000	1.0000	1.0000	1.0000	1.0000	1.0000		
2000	2.0000	1.0000	1.0000	1.0000	1.0000	1.0000			
2001		2.0000	1.5000	1.0000	1.0000				
2002	1.0000	2.0000	1.0000	1.0000					
2003		2.0000	1.5000						
2004	2.0000	1.7500							
2005	4.0000								

Exhibit E - Claim Count (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	2.2000	1.7083	1.2000	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000
All Years straight average excluding high/low factors	2.0000	1.8125	1.1667	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000
3 year volume-weighted average	3.3333	1.8571	1.3750	1.0000	1.0000	1.0000	1.0000		
5 year volume-weighted average	3.0000	1.7000	1.1875	1.0000	1.0000				
5 year volume-weighted average excluding high/low factors	3.0000	1.8333	1.1000	1.0000	1.0000				
9 year volume-weighted average excluding high/low factors	2.5000								
Selected user averages	3.0000	1.8333	1.1000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2002	60-Ultimate	1.0000
2003	48-Ultimate	1.0000
2004	36-Ultimate	1.1000
2005	24-Ultimate	2.0167
2006	12-Ultimate	6.0500

CALCULATION OF ULTIMATE INCURRED LOSSES AND ALAE

Company:	ALL COMPANIES	Coverage:	DENTISTS
State:	ILLINOIS	Group1:	NONE
Line:	MEDICAL MALPRACTICE	Group2:	NONE

Year	Paid Losses To Date	Cumulative LDF	Estimated Ultimate Losses	Incurred Losses To Date	Cumulative LDF	Estimated Ultimate Losses
2002	41,500	1.0000	41,500	41,500	1.0000	41,500
2003	9,500	2.3455	22,282	55,299	0.8997	49,755
2004	75,000	2.3455	175,912	497,689	0.9176	456,656
2005	0	4.5978	0	69,359	1.2011	83,306
2006	0	4.5978	0	88,532	2.2976	203,409

Year	Selected Ultimate Losses	Ratio of Paid ALAE to Paid Losses	Cumulative LDF	Estimated Ultimate Ratio of Paid to Paid	Selected Ultimate Ratio of Paid to Paid	Estimated Ultimate ALAE
2002	41,500	0.4582	1.0703	0.4904	0.4904	20,351
2003	49,755	5.1087	1.0783	5.5089	0.2500	12,439
2004	456,656	0.4380	1.9809	0.8676	0.8676	396,201
2005	83,306	0.0000	4.3968	0.0000	0.0000	0
2006	203,409	0.0000	9.6729	0.0000	0.0000	0

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Illinois Division of Insurance
Review Requirements Checklist

320 West Washington Street
Springfield, IL 62767-0001

Effective as of 8/25/06

Line(s) of Business	Code(s)	
___MEDICAL MALPRACTICE	**11.0000**	***This checklist is for rate/rule
___Claims Made	11.10000	**filings only.**
_X_Occurrence	11.2000	**See separate form checklist.**

Line(s) of Insurance	Code(s)	Line(s) of Insurance	Code(s)	Line(s) of Insurance	Code(s)
___Acupuncture	11.0001	___Hospitals	11.0009	___Optometry	11.0019
___Ambulance Services	11.0002	___Professional Nurses	11.0032	___Osteopathy	11.0020
___Anesthetist	11.0031	___Nurse – Anesthetists	11.0010	___Pharmacy	11.0021
___Assisted Living Facility	11.0033	___Nurse – Lic. Practical	11.0011	___Physical Therapy	11.0022
___Chiropractic	11.0003	___Nurse – Midwife	11.0012	___Physicians & Surgeons	11.0023
___Community Health Center	11.0004	___Nurse – Practitioners	11.0013	___Physicians Assistants	11.0024
___Dental Hygienists	11.0005	___Nurse – Private Duty	11.0014	___Podiatry	11.0025
_X_Dentists	11.0030	___Nurse – Registered	11.0015	___Psychiatry	11.0026
_X_Dentists – General Practice	11.0006	___Nursing Homes	11.0016	___Psychology	11.0027
_X_Dentists – Oral Surgeon	11.0007	___Occupational Therapy	11.0017	___Speech Pathology	11.0028
___Home Care Service Agencies	11.0008	___Ophthalmic Dispensing	11.0018	___Other	11.0029

Illinois Insurance Code Link	Illinois Compiled Statutes Online	
Illinois Administrative Code Link	Administrative Regulations Online	
Product Coding Matrix Link	Product Coding Matrix	
NAIC Uniform Transmittal Form	50 IL Adm. Code 929 NAIC Uniform Transmittal Form	If insurers wish to use the NAIC Uniform Transmittal form in lieu of a cover letter/explanatory memorandum, the Division will accept such form, as long as all information required in the "Cover Letter & Explanatory Memorandum" section below are properly included.
NAIC Self-Certification Pilot Program	Newsletter Article regarding Division's Participation Self-Certification form	If an authorized company officer completes the Self-Certification form, and submits such form as the 1st page of the filing, the Division will expedite review of the filing ahead of all other filings received to date. The Division will track company compliance with the laws, regulations, bulletins, and this checklist and report such information to the NAIC.
Location of Standard within Filing Column	See checklist format below.	To expedite review of your filing, use this column to indicate location of the standard within the filing (e.g. page #, section title, etc.)
Description of Review Standards Requirements Column	See checklist format below.	These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Division of Insurance.

FILING REQUIREMENTS FOR FORM FILINGS	REFERENCE	DESCRIPTION OF REVIEW STANDARD REQUIREMENT	LOCATION OF STANDARD WITHIN FILING
See separate form filing checklist.		To assist insurers in submitting compliant medical liability rate/rule filings as a result of newly-passed PA94-677 (SB475), the Division has created this separate, comprehensive rate/rule filing checklist for medical liability filings. Please see the separate form filing checklist for requirements related to medical liability forms.	Forms are not being submitted at this time.
GENERAL FILING REQUIREMENTS FOR ALL RATE/RULE FILINGS			
LINE OF AUTHORITY			
Must have proper Class and Clause authority to conduct this line of business in Illinois.	215 ILCS 5/4 List of Classes/Clauses	To write Medical Liability insurance in Illinois, companies must be licensed to write: 1. Class 2, Clause (c)	
RATES AND RULES REQUIRED TO BE FILED			
Rates/Rules Must be Filed Separately from Forms			
Insurers shall make separate filings for rate/rules and for forms/endorsements, etc.		The laws and regulations for medical liability forms/endorsements and the laws for medical liability rates/rules are different and each must be reviewed according to its own set of laws/regulations/procedures. Therefore, insurers are required to file forms and rates/rules separately. For requirements regarding form filings, see separate form filing checklist.	Forms are not being submitted at this time. Rules/Rates checklist have been reviewed, as required.
New Insurers			
New insurers must file their rates, rules, plans for gathering statistics, etc. upon commencement of business.	215 ILCS 5/155.18 50 IL Adm. Code 929	"New Insures" are insurers who are: • New to Illinois. • New writers of medical liability insurance in Illinois. • Writing a new Line of Insurance listed on Page 1 of this checklist, New insurers must file the following: a) Medical liability insurance rate manual, including all rates.	Not applicable.

		b) Rules, including underwriting rule manuals which contain rules for applying rates or rating plans, c) Classifications and other such schedules used in writing medical liability insurance. d) Statement regarding whether the insurer: • Has its own plan for the gathering of medical liability statistics; or • Reports its medical liability statistics to a statistical agent (and if so, which agent). The Director, at any time, may request a copy of the insurer's statistical plan or request the insurer to provide written verification of membership and reporting status from the insurer's reported statistical agency. Insurers are instructed to review all requirements in this checklist, including the requirements for applicable actuarial documentation, as well as all medical liability laws and regulations, to ensure that the filing contains all essential elements before submitting the filing to the Division.	
Amendments to Initial Rate/Rule Filings			
After a new insurer has filed the rates/rules/information described above, insurers must file rates/rules, or advise of changes to statistical plans, as often as they are amended.	215 ILCS 5/155.18 50 IL Adm. Code 929	After a new insurer has filed the rates/rules/information described above, insurers must file rates/rules/rating schedules (as described above for new business) as often as such filings are changed or amended, or when any new rates or rules are added. Any change in premium to the company's insureds as a result of a change in the company's base rates or a change in its increased limits factors shall constitute a change in rates and shall require a filing with the Director. Insurers shall also advise the Director if its plans for the gathering of statistics has changed, or if the insurer has changed statistical agents. The Director, at any time, may request a copy of the insurer's statistical plan or request the insurer to provide written verification of membership and reporting status from the insurer's reported statistical agency. Insurers are instructed to review all requirements in this checklist, including the requirements for applicable actuarial documentation, as well as all medical liability laws and regulations, to ensure that the filing contains all essential elements before submitting the filing to the Division.	Done. Understood. No plans have been made to change our methods. Understood. Done prior to filing.
EFFECTIVE DATES OF RATE/RULE FILINGS			
Illinois is "file and use" for medical liability rates and rules.	215 ILCS 5/155.18 50 IL Adm. Code 929	A rate/rating plan/rule filing shall go into effect no earlier than the date the filing is received by the Division of Insurance, Property & Casualty Compliance Section, except as otherwise provided	Understood.

		in Section 155.18.	
ADOPTIONS OF ADVISORY ORGANIZATION FILINGS			
Insurer must file all rates and rules on its own behalf.	50 IL Adm. Code 929	Although Rule 929 allows for insurers to adopt advisory organization rule filings, advisory organizations no longer file rules in Illinois.	Understood.
COPIES, RETURN ENVELOPES, ETC.			
Requirement for duplicate copies and return envelope with adequate postage.	50 IL Adm. Code 929	Insurers that desire a stamped returned copy of the filing or submission letter must submit a duplicate copy of the filing/letter, along with a return envelope large enough and containing enough postage to accommodate the return filing.	INCLUDED WITH FILING. We would appreciate a return copy for our records.
COVER LETTER & EXPLANATORY MEMORANDUM			
Two copies of a submission letter are required, and the submission letter must contain the information specified. "Me too" filings are not allowed. Use of NAIC Uniform Transmittal form is acceptable as long as all required information is included.	215 ILCS 5/155.18 50 IL Adm. Code 929 Company Bulletin 88-53 Actuarial Certification Form NAIC Uniform Transmittal Form	All filings must be accompanied by a submission letter which includes all of the following information: 1) Exact name of the company making the filing. 2) Federal Employer Identification Number (FEIN) of the company making the filing. 3) Unique filing identification number – may be alpha, numeric, or both. Each filing number must be unique within a company and may not be repeated on subsequent filings. If filing subsequent revisions to a pending filing, use the same filing number as the pending filing or the revision(s) will be considered a new filing. 4) Identification of the classes of medical liability insurance to which the filing applies (for identifying classes, refer to Lines of Insurance shown on Page 1 of this checklist, in compliance with the NAIC Product Coding Matrix). 5) Notification of whether the filing is new or supersedes a present filing. If filing supersedes a present filing, insurer must identify all changes in superseding filings, and all superseded filings, including the following information: • Copy of the complete rate/rule manual section(s) being changed by the filing with all changes clearly highlighted or otherwise identified. • Written statement that all changes made to the superseded filing have been disclosed. • List of all pages that are being completely superseded or replaced with new pages. • List of pages that are being withdrawn and not being replaced. • List of new pages that are being added to the superseded filing.	Included. See Cover Letter. See Cover Letter. See Cover Letter. See Cover Letter. See explanatory memorandum. Included. Included. See explanatory memorandum. Not applicable at this time. Not applicable at this time.

		• Copies of all manual pages that are affected by the new filing, including but not limited to subsequent pages that are amended solely by receiving new page numbers.	Included.
		6) Effective date of use.	See Cover Letter.
		7) Actuarial certification (see Actuarial Certification section below). Insurers may use their own form or may use the sample form developed by the Division.	Included.
		8) Statement that the insurer, in offering, administering, or applying the filed rate/rule manual and/or any amended provisions, does not unfairly discriminate.	See Non-discriminatory statement.
		Companies under the same ownership or general management are required to make separate, individual company filings. Company Group ("Me too") filings are unacceptable.	Not applicable to this line of insurance.
		If insurers wish to use the NAIC Uniform Transmittal form in lieu of a cover letter/explanatory memorandum, the Division will accept such form, as long as all information required in this section is properly included.	
FORM RF-3 Summary Sheet			
For any rate change, duplicate copies of Form RF-3 must be filed, no later than the effective date.	50 IL Adm. Code 929 Form RF-3 Summary Sheet	For any rate level change, insurers must file two copies of Form RF-3 (Summary Sheet) which provides information on changes in rate level based on the company's premium volume, rating system, and distribution of business with respect to the classes of medical liability insurance to which the rate revision applies. Such forms must be received by the Division's Property & Casualty Compliance Section no later than the stated effective date of use.	Included.
		Insurers must report the rate change level and premium volume amounts on the "Other" Line and insert the words "Medical Liability" on the "Other" descriptive line. Do not list the information on the "Other Liability" line.	Done.
		If the Medical Liability premium is combined with any other Lines of Business (e.g. CGL, commercial property, etc.), the insurer must report the effect of rate changes to each line separately on the RF-3, indicating the premium written and percent of rate change for each line of business.	Not applicable.
		The RF-3 form must indicate whether the information is "exact" or "estimated."	Our information is exact.
PAYMENT PLANS			
Quarterly premium payment installment plan required as	215 ILCS 5/155.18	A company writing medical liability insurance in Illinois shall offer to each of its medical liability insureds the option to make premium payments in	Current quarterly installment payment plan has been

prescribed by the Director.		quarterly installments as prescribed by and filed with the Director. Such option must be offered in the initial offer of the policy or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer need not offer the option, but if the insured requests it, must make it available. Such plans are subject to the following minimum requirements: • May not require more than 40% of the estimated total premium to be paid as the initial payment; • Must spread the remaining premium equally among the 2nd, 3rd, and 4th installments, with the maximum set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively; • May not apply interest charges; • May include an installment charge or fee of no more than the lesser of 1% of the total premium or $25; • Must spread any additional premium resulting from changes to the policy equally over the remaining installments, if any. If there are no remaining installments, the additional premium may be billed immediately as a separate transaction; and • May, but is not required to offer payment plan for extensions of a reporting period, or to insureds whose annual premiums are less than $500. However, if offered to either, the plan must be made available to all within that group.	approved for use.
DEDUCTIBLES			
Deductible plans should be filed if offered.	215 ILCS 5/155.18	A company writing medical liability insurance in Illinois is encouraged, but not required, to offer the opportunity for participation in a plan offering deductibles to its medical liability insureds. Any such plan shall be contained in a filed rate/rule manual section entitled "Deductibles Offered" or substantially similar title. If an insurer uses a substantially similar title, the Rate/Rule Submission Letter or NAIC Uniform Transmittal form must indicate the name of the section that applies.	We do not offer a deductible plan for our Dentist's Professional Liability.
DISCOUNTS			
Premium discount for risk management activities should be filed if offered.	215 ILCS 5/155.18	A company writing medical liability insurance in Illinois is encouraged, but not required, to offer their medical liability insureds a plan providing premium discounts for participation in risk management activities. Any such plan shall be contained in a filed rate/rule manual section entitled "Risk Management Activities Discounts" or substantially similar title. If an insurer uses a substantially similar title, the Rate/Rule Submission Letter or NAIC Uniform Transmittal form must indicate the name of the section that applies.	We do not offer any premium discounts for risk management activities for our Dentist's Professional Liability.

CLAIMS MADE REQUIREMENTS			
Extended reporting period (tail coverage) requirements.	215 ILCS 5/143(2) Company Bulletin 88-50	When issuing claims-made medical liability insurance policies, insurers must include the following specific information in their rate/rule manuals: • Offer of an extended reporting period (tail coverage) of at least 12 months. The rate/rule manual must specify whether the extended reporting period is unlimited or indicate its term (i.e. number of years).*** • Cost of the extended reporting period, which must be priced as a factor of one of the following:*** o the last 12 months' premium. o the premium in effect at policy issuance. o the expiring annual premium. • List of any credits, discounts, etc. that will be added or removed when determining the final extended reporting period premium. • Insurer will inform the insured of the extended reporting period premium at the time the last policy is purchased. The insurer may not wait until the insured requests to purchase the extended reporting period coverage to tell the insured what the premium will be or how the premium would be calculated. • Insurer will offer the extended reporting period when the policy is terminated for any reason, including non-payment of premium, and whether the policy is terminated at the company's or insured's request. • Insurer will allow the insured 30 days after the policy is terminated to purchase the extended reporting period coverage.*** • Insurer will trigger the claims made coverage when notice of claim is received and recorded by the insured or company, whichever comes first. ***If the medical liability coverage is combined with other professional or general liability coverages, the medical liability insurer must meet all of the above requirements, except those indicated with ***, in which case, the insurer must: • Offer free 5-year extended reporting period (tail coverage) or • Offer an unlimited extended reporting period with the limits reinstated (100% of aggregate expiring limits for the duration) • Cap the premium at 200% of the annual	We do not offer Claims-Made Dentist's Professional Liability under this line of insurance.

		premium of the expiring policy; and • Give the insured a free-60 day period after the end of the policy to request the coverage.	
GROUP MEDICAL LIABILITY			
Group medical liability insurance is not specifically allowed under the Illinois Insurance Code.	50 IL Adm. Code 906	Part 906 of the Illinois Administrative Code prohibits writing of group casualty (liability) insurance unless specifically authorized by statute. The Illinois Insurance Code does not specifically authorize the writing of group medical liability insurance.	Not applicable.
CANCELLATION & NONRENEWAL PROVISION REQUIREMENTS			
If rate/rule manuals contain language pertaining to cancellation or nonrenewal, must comply with all cancellation/nonrenewal laws.	See Medical Liability Forms Checklist for Specific Information about Illinois Cancellation & Nonrenewal Laws and Regulations,	If a rate or rule manual contains language pertaining to cancellation or nonrenewal of any medical liability insurance coverage, such provisions must comply with all cancellation and nonrenewal provisions of the Illinois Insurance Code, including but not limited to the following: 143.10, 143.16, 143.16a, 143.17a. See Medical Liability Forms Checklist for Specific Information about Illinois Cancellation & Nonrenewal Laws and Regulations,	Our manual does not contain any language which pertains to cancellation or nonrenewal except to refer to the mandatory form which must be used on all issued policies, which brings our countrywide forms into compliance with Illinois requirements regarding these items.
ACTUARIAL REVIEW REQUIREMENTS			
Rates shall not be excessive, inadequate, or unfairly discriminatory.	215 ILCS 5/155.18	In the making or use of rates pertaining to all classes of medical liability insurance, rates shall not be excessive, or inadequate, nor shall they be unfairly discriminatory. Rate and rule manual provisions should be defined and explained in a manner that allows the Division to ascertain whether the provision could be applied in an unfairly discriminatory manner. For example, if a rate/rule manual contains ranges of premiums or discounts, the provision must specify the criteria to determine the specific premium/discount an insured or applicant would receive. The Director may, by order, adjust a rate or take any other appropriate action at the conclusion of a public hearing.	We do not feel our rates are excessive, inadequate or unfairly discriminatory. Understood. Understood.
PRICING			

Insurers shall consider certain information when developing medical liability rates.	215 ILCS 5/155.18	Consideration shall be given, to the extent applicable, to past and prospective loss experience within and outside this State, to a reasonable margin for underwriting profit and contingencies, to past and prospective expenses both countrywide and those especially applicable to Illinois, and to all other factors, including judgment factors, deemed relevant within and outside Illinois. Consideration may also be given in the making and use of rates to dividends, savings or unabsorbed premium deposits allowed or returned by companies to their policyholders, members or subscribers. The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or group with respect to any kind of insurance, or with respect to any subdivision or combination thereof.	See actuarial exhibits. See actuarial exhibits. See actuarial exhibits.
Minimum Premium Rules			
Insurers may group or classify risks for establishing rates and minimum premiums.	215 ILCS 5/155.18	Risks may be grouped by classifications for the establishment of rates and minimum premiums.	Understood.
"A" RATED RISKS			
Individual Risk Rating			
Risks may be rated on an individual basis as long as all provisions required in Section 155.18 are met.	215 ILCS 5/155.18	Classification rates may be modified to produce rates for individual risks in accordance with rating plans which establish standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any difference among risks that have a probable effect upon losses or expenses. Such classifications or modifications of classifications of risks may be established based upon size, expense, management, individual experience, location or dispersion of hazard, or any other reasonable considerations, and shall apply to all risks under the same or substantially the same circumstances or conditions. The rate for an established classification should be related generally to the anticipated loss and expense factors or the class.	Understood.
RISK CLASSIFICATION			
Risks may be grouped by classifications.	215 ILCS 5/155.18	Risks may be grouped by classifications for the establishment of rates and minimum premiums.	Understood.
Rating decisions based solely on domestic violence.	215 ILCS 5/155.22b	No insurer may that issues a property and casualty policy may use the fact that an applicant or insured incurred bodily injury as a result of a battery committed against him/her by a spouse or person in the same household as a sole reason for a rating decision.	Rating decisions are not made based upon domestic violence.
Unfair methods of	215 ILCS 5/424(3)	It is an unfair method of competition or unfair and	We do not unfairly

competition or unfair or deceptive acts or practices defined.		deceptive act or practice if a company makes or permits any unfair discrimination between individuals or risks of the same class or of essentially the same hazard and expense element because of the race, color, religion, or national origin of such insurance risks or applicants.	discriminate. We do not consider race, color, religion or national origin of current risks or applicants.
Procedure as to unfair methods of competition or unfair or deceptive acts or practices not defined.	215 ILCS 5/429	Outlines the procedures the Director follows when he has reason to believe that a company is engaging in unfair methods of competition or unfair or deceptive acts or practices.	Understood.
Territorial Definitions			
Rate/rule manuals must contain correct and adequate definitions of Illinois territories.	215 ILCS 5/155.18	When an insurer's rate/rule program includes differing territories within the State of Illinois, rate/rule manuals must contain correct and adequate definitions of those territories, and that all references to the territories or definitions are accurate, so the Division does not need to request additional information.	Our Territories are defined on PL-T-1.
ACTUARIAL SUPPORT INFORMATION REQUIRED			
ACTUARIAL CERTIFICATION			
Actuarial certification must accompany all rate filings and all rule filings that affect rates.	215 ILCS 5/155.18 50 IL Adm. Code 929 Actuarial Certification Form	Every rate and/or rating rule filing must include a certification by an officer of the company and a qualified actuary that the company's rates and/or rules are based on sound actuarial principles and are not inconsistent with the company's experience. Insurers may use their own form or may use the sample form created by the Division.	See Actuarial Certification Form.
ACTUARIAL OR STATISTICAL INFORMATION			
Director may request actuarial and statistical information.	215 ILCS 5/155.18 50 IL Adm. Code 929	The Director may require the filing of statistical data and any other pertinent information necessary to determine the manner of promulgation and the acceptability or unacceptability of a filing for rules, minimum premiums, rates, forms or any combination thereof. If the Director requests information or statistical data to determine the manner the insurer used to set the filed rates and/or to determine the reasonableness of those rates, as well as the manner of promulgation and the acceptability or unacceptability of a filing for rules, minimum premiums, or any combination thereof, the insurer shall provide such data or information within 14 calendar days of the Director's request.	Understood. Understood.
Explanatory Memorandum			
Insurers shall include actuarial explanatory memorandum with any	215 ILCS 5/155.18 50 IL Adm. Code	Insurers shall include actuarial explanatory memorandum with any rate filing, as well as any rule filing that affects the ultimate premium. The	Understood.

rate filing, as well as any rule filing that affects the ultimate premium.	929	explanatory memorandum shall contain, at minimum, the following information: • Explanation of ratemaking methodologies. • Explanations of specific changes included in the filing. • Narrative that will assist in understanding the filing.	 Included. Included. Included.
Summary of Effects Exhibit			
Insurers shall include an exhibit illustrating the effect of each change and calculation indicating how the final effect was derived.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include an exhibit illustrating the effect of each individual change being made in the filing (e.g. territorial base rates, classification factor changes, number of exposures affected by each change being made, etc.), and include a supporting calculation indicating how the final effect was derived.	See actuarial exhibits.
Actuarial Indication			
Insurers shall include actuarial support justifying the overall changes being made.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include actuarial support justifying the overall changes being made, including but not limited to: • Pure premiums (if used). • Earned premiums. • Incurred losses. • Loss development factors. • Trend factors. • On-Level factors. • Permissible loss ratios, etc.	See actuarial exhibits.
Loss Development Factors and Analysis			
Insurers shall include support for loss development factors and analysis.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include actuarial support for loss development factors and analysis, including but not limited to loss triangles and selected factors, as well as support for the selected factors.	See actuarial exhibits.
Ultimate Loss Selections			
Insurers shall include support for ultimate loss selections.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include support for ultimate loss selections, including an explanation of selected losses if results from various methods differ significantly.	See actuarial exhibits.
Trend Factors and Analysis			
Insurers shall include support for trend factors and analysis.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include support for trend factors and analysis, including loss and premium trend exhibits demonstrating the basis for the selections used.	See actuarial exhibits.
On-Level Factors and Analysis			
Insurers shall include support for on-level factors and analysis.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include support for on-level factors and analysis, including exhibits providing on-level factors and past rate changes included in calculations.	See actuarial exhibits.
Loss Adjustment Expenses			

Insurers shall include support for loss adjustment expenses.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include support for loss adjustment expenses, including exhibits providing documentation to support factors used for ALAE and ULAE. If ALAE is included in loss development analysis, no additional ALAE exhibit is required.	See actuarial exhibits.
Expense Exhibit			
Insurers shall include an expense exhibit. Insurers may use expense provisions that differ from those of other companies or groups of companies.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include an exhibit indicating all expenses used in the calculation of the permissible loss ratio, including explanations and support for selections. The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or group with respect to any kind of insurance, or with respect to any subdivision or combination thereof.	See actuarial exhibits.
Investment Income Calculation			
Insurers shall include an exhibit for investment income calculation.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include an exhibit demonstrating the calculation for the investment income factor used in the indication.	See actuarial exhibits.
Profit and Contingencies Calculation			
Insurers shall include an exhibit for profit and contingencies load.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include an exhibit illustrating the derivation of any profit and contingencies load.	See actuarial exhibits.
Credibility Standard Used			
Insurers shall include the number of claims being used to calculate the credibility factor.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers should include the number of claims being used to calculate the credibility factor. If another method of calculating credibility is utilized, insurers should include a description of the method used.	See actuarial exhibits.
Other Actuarial Information Required			
Insurers must include the information described in this section.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall also include the following information: • All actuarial support/justification for all rates being changed, including but not limited to changes in: o Base rates; o Territory definitions; o Territory factor changes; o Classification factor changes; o Classification definition changes; o Changes to schedule credits/debits, etc. • Exhibits containing current and proposed rates/factors for all rates and classification factors, etc. being changed.	See actuarial exhibits.

		• Any exhibits necessary to support the filing that are not mentioned elsewhere in this checklist.	
Schedule Rating			
Insurers must include the described information described at right.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers should include appropriate actuarial justification when filing schedule rating plans and/or changes to schedule rating plans.	Schedule rating plan is not being changed at this time.

Neuman, Gayle

From: Neuman, Gayle
Sent: Wednesday, December 24, 2008 8:06 AM
To: 'Petertonjes, Connie'
Subject: RE: Filings #PRO-07-7505-IL and #CDEN-07-7510-IL

Connie,

Yes, I will send a stamped copy in the mail.

Thanks, and I hope you have a Merry Christmas too!

Gayle Neuman
Division of Insurance

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Wednesday, December 24, 2008 6:36 AM
To: Neuman, Gayle
Subject: RE: Filings #PRO-07-7505-IL and #CDEN-07-7510-IL

Ms. Neuman:

Thank you for your note! We would like to use 11/15/2008 for both filings. Will we be getting hard copies of the approvals or will this e-mail serve as our approval?

Hope you have a Merry Christmas!

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Tuesday, December 23, 2008 12:13 PM
To: Petertonjes, Connie
Subject: Filings #PRO-07-7505-IL and #CDEN-07-7510-IL

Ms. Petertonjes,

Both filings have been signed off by our Director on December 22, 2008. Please confirm if you wish that the filings be "filed" effective July 15, 2008 and November 15, 2008, or indicate a different date for either or both.

Thank you for your prompt attention.

Happy Holidays!

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (http://www.idfpr.com/) by clicking on: Insurance; Industry; Regulatory; IS3
Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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Neuman, Gayle

From: Neuman, Gayle
Sent: Wednesday, March 19, 2008 1:59 PM
To: 'Petertonjes, Connie'
Subject: RE: Status of Dentist Professional Rule/Rate Changes

Ms. Petertonjes,

I completed my review of this filing on January 4, 2008. Unfortunately, no medical malpractice rate/rule filii any insurer has been completed/filed since July, 2007 when our actuary resigned. The actuary has not be replaced to date so no filings have moved for approximately nine months. There is no way to give you app by April 1 or 5, 2008.

Gayle Neuman
Division of Insurance

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Wednesday, March 19, 2008 1:51 PM
To: Neuman, Gayle
Subject: Status of Dentist Professional Rule/Rate Changes

Our filing #PRO-07-7505-IL

Subject: Division Seven-Professional Liability Dentist's Professional Rule/Rate Changes

Dear Ms. Neuman:

I would like to check on the status of this filing. This one was sent to the state back on October 29, 2007. Having missed my first internal deadline of December 1, 2007, I asked you to change the requested effective date from 3/15/08 to 7/15/08. In order to use the 7/15/08 effective, I would need to have approval by April 1, 2008.

If you think you might be able to review this filing within the next week or so, let me know and I can request an internal deadline extension which would give me until April 5th. If you will not be able to review it soon, I would like to ask that you amend the requested effective date to 11/15/08.

Thanks for looking into this for me.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW

Senior Filings Specialist

The Cincinnati Insurance Companies

Phone: (513) 603-5352

Fax: (513) 881-8884

E-mail: connie_petertonjes@cinfin.com

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THE
CINCINNATI
INSURANCE COMPANIES

THE
CINCINNATI INSURANCE COMPANIES

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY
THE CINCINNATI INDEMNITY COMPANY
THE CINCINNATI LIFE INSURANCE COMPANY
Mailing Address: P.O. BOX 145496
CINCINNATI, OHIO 45250-5496
(513) 870-2000

RECEIVED
NOV - 1 2007
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
NOV 15 2008
SPRINGFIELD, ILLINOIS

October 29, 2007

Honorable Michael T. McRaith
Director of Insurance
Illinois Department of Insurance
Property and Casualty Evaluation
320 West Washington Street
Springfield, Illinois 62767-0001

Attention: Gayle Neuman

Reference: **The Cincinnati Insurance Company - FEIN 31-0542366**
Commercial Lines
Dentist's Professional Package Program
Dentist's 11.0030
Dentist's - General Practice 11.0006
Rule/Rate Filing
Filing #CDEN-07-7510-IL

Dear Ms. Neuman:

At this time, we wish to file revised rules and rates per the attached memorandum. In addition to sending the revised rule/rate pages along with an explanatory memorandum, I am including the completed Medical Malpractice Liability Checklist, the Certification for Medical Malpractice Rates, a complete copy of our Dentist's Package Program Manual (including the changes being made with referenced changes highlighted), a Manual Certification Statement and the required Actuarial information.

This filing corresponds to another rule/rate filing being submitted under a different filing #PRO-07-7505-IL.

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by December 1, 2007, for the software to be mailed to our agents on January 1, 2008, for the effective date of March 15, 2008.

Your approval is respectfully requested for use on policies effective on or after March 15, 2008.

Sincerely,

Connie Petertonjes, CPCU, RPLU, AFSB, CPIW
Senior Filings Specialist
Staff Underwriting Department
(513) 603-5352
E-mail: connie_petertonjes@cinfin.com

No Return envelope

+ 2.33%

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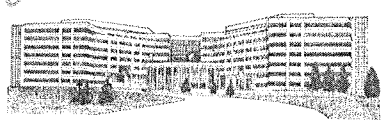

6200 S. Gilmore Road, Fairfield, Ohio 45014-5141

Neuman, Gayle

From: Neuman, Gayle
Sent: Wednesday, December 24, 2008 8:06 AM
To: 'Petertonjes, Connie'
Subject: RE: Filings #PRO-07-7505-IL and #CDEN-07-7510-IL

Connie,

Yes, I will send a stamped copy in the mail.

Thanks, and I hope you have a Merry Christmas too!

Gayle Neuman
Division of Insurance

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Wednesday, December 24, 2008 6:36 AM
To: Neuman, Gayle
Subject: RE: Filings #PRO-07-7505-IL and #CDEN-07-7510-IL

Ms. Neuman:

Thank you for your note! We would like to use 11/15/2008 for both filings. Will we be getting hard copies of the approvals or will this e-mail serve as our approval?

Hope you have a Merry Christmas!

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Tuesday, December 23, 2008 12:13 PM
To: Petertonjes, Connie
Subject: Filings #PRO-07-7505-IL and #CDEN-07-7510-IL

Ms. Petertonjes,

Both filings have been signed off by our Director on December 22, 2008. Please confirm if you wish that the filings be "filed" effective July 15, 2008 and November 15, 2008, or indicate a different date for either or both.

Thank you for your prompt attention.

Happy Holidays!

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (http://www.idfpr.com/) by clicking on: Insurance; Industry; Regulatory; IS3
Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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Neuman, Gayle

From: Neuman, Gayle
Sent: Wednesday, March 19, 2008 1:58 PM
To: 'Petertonjes, Connie'
Subject: RE: Status of Dentist Rule/Rate Filing

Ms. Petertonjes,

I completed my review of this filing on January 3, 2008. Unfortunately, no medical malpractice rate/rule filing any insurer has been completed/filed since July, 2007 when our actuary resigned. The actuary has not been replaced to date so no filings have moved for approximately nine months. There is no way to give you appr by April 1, 2008.

Gayle Neuman
Division of Insurance

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Wednesday, March 19, 2008 1:50 PM
To: Neuman, Gayle
Subject: Status of Dentist Rule/Rate Filing

Our filing #CDEN-07-7510-IL

Subject: Dentist's Package Program Rule Changes/Rate Increase

Dear Ms. Neuman:

I would like to check on the status of this filing. This one was sent to the state back on October 29, 2007. Having missed my first internal deadline of December 1, 2007, I asked you to change the requested effective date from 3/15/08 to 7/15/08. In order to use the 7/15/08 effective, I would need to have approval by April 1, 2008.

If you think you might be able to review this filing within the next week or so, let me know and I can request an internal deadline extension which would give me until April 5th. If you will not be able to review it soon, I would like to ask that you amend the requested effective date to 11/15/08.

Thanks for looking into this for me.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW

Senior Filings Specialist

The Cincinnati Insurance Companies

Phone: (513) 603-5352

Fax: (513) 881-8884

E-mail: connie_petertonjes@cinfin.com

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Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]
Sent: Saturday, December 08, 2007 8:01 AM
To: Neuman, Gayle
Subject: DENTIST'S PACKAGE RATE FILING CDEN-07-7510-IL

Dear Ms. Neuman:

I sent the above referenced filing to your attention back in October. I would like to have you change the requested effective date from 3/15/08 to 7/15/08. We have passed our internal deadline for 3/15/08 effective dates, so I would like to move this one to our next round of filings.

Thanks for making this change for me.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW

Senior Filings Specialist

The Cincinnati Insurance Companies

Phone: (513) 603-5352

Fax: (513) 881-8884

E-mail: connie_petertonjes@cinfin.com

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Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 03/15/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Dentist's Package Program (Line of Insurance)	$5,349,579.	+2.33%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: We are amending our Increased Limits Factors and our Dentist's Professional Liability premiums. All territories are included and all classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): In this filing, we are amending our Dentists Professional Liability rates and increased limit factors. We are using ISO Loss Costs and applying our company multiplier and both company factors and territory factors to create new rates for our Dentist Professional Liability Coverage. In addition, we are proposing to use ISO's new increased limit factors. Our Dentist Package Program's Professional Liability base rates will be increasing by 5.2%, and, coupling this with an ILF change of -0.2%, our overall proposed change for our Dentist's Package Program is 5.0%. This is well below our Dentist Package Program indicated increase of 68.4%. Neither our Dentist Package Property rates nor our Dentist Package General Liability rates are changing, and our combined Dentist BOP change is 2.33%.

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

The Cincinnati Insurance Company - FEIN 31-0542366
Name of Company

Connie Petertonjes - Senior Filings Specialist
Official – Title

RECEIVED
NOV - 1 2007
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

HCDEN-07-7510-IL

ILLINOIS
DENTIST'S PACKAGE PROGRAM
RULES AND RATES MEMORANDUM

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
DN-14 (3/08)	DN-14 (3/06)	Correcting the territory numbers in the Building Laws Safeguard Premium Table. The territories were changed in a previous filing, but this table was overlooked. There is no change in the rates, just the territory numbers.
DN-27 (3/08)	DN-27 (11/06)	**RULE 12.6.d.(1) Coverage Options** Amending Dentist's base rates with a net effect of **5.2%**
DN-28 and DN-29 (3/08)	DN-28 (11/07) and DN-29 (3/04)	**RULE 12.6.d.(3).INCREASED LIMITS TABLES** Amending Dentist's Increased Limits factor tables with a net effect of **(-0.2%)** per ISO designation number PR-2006-IALLI1. The overall net effect of the above revisions is **2.33%**

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, Richard Taphorn, a duly authorized officer of The Cincinnati Insurance Company, 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, David Groff, a duly authorized actuary of The Cincinnati Insurance Company, am authorized to certify on behalf of The Cincinnati Insurance 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.

Richard Taphorn — 10/29/07

Signature and Title of Authorized Insurance Company Officer — Date

David Groff — 10/29/07

Signature, Title and Designation of Authorized Actuary — Date

Insurance Company FEIN 31 - 0542366 Filing Number CDEN-07-7510-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

Building Laws Safeguard Premium Table			
	Premium Per Building / Structure		
Total BLS Limit of Insurance	No Earthquake on Covered Building / Structure	Including Earthquake on Covered Building / Structure Territories 14-16	Including Earthquake on Covered Building / Structure Territories 11-13
$ 50,000	$ 35	$ 43	$ 47
75,000	50	65	75
100,000	65	88	103
125,000	80	110	130
150,000	95	133	158
200,000	125	178	212
250,000	155	223	266

d. Condominium Commercial Unit-Owners Optional Coverages - FA 420

Coverage is available for Loss Assessment and Miscellaneous Real Property.

(1) Loss Assessment (Class Code 4100)

Coverage is subject to a $250 deductible. The premium per unit is as follows:

Loss Assessment Premium Table	
Loss Assessment Limit	Premium
$ 1,000	$ 6
5,000	10
10,000	13
Each Add'l $5,000	2

(2) Miscellaneous Real Property (Class Code 4110)

Coverage is subject to the property deductible. Multiply the rate indicated below by the Limit of Insurance:

Miscellaneous Real Property Rate	
$.80	Per $100 - Per Unit

(a) Credit:

The dentist must be insured with CIC entirely during the experience period:

0 losses	25% **credit**

(b) Debits:

1 loss	15% **debit**
2 losses	50% **debit**
3 losses	100% **debit**

A loss is a paid or reserved claim (expenses are not included as a paid loss).

Any insured who qualifies for an Experience Debit may also be declined or non-renewed.

d. Occurrence Premiums

The occurrence premium is calculated by determining the proper class of the dentist and multiplying the base premium for the dentist by the appropriate increased limits factor and any applicable debits and credits.

(1) Base Premiums

Territory 01 - Cook County

Limits	Class			
	1	2	2A	2B
$100,000 / 300,000	1,111	1,687	3,354	2,277

Territory 02 - Remainder of State

Limits	Class			
	1	2	2A	2B
$100,000 / 300,000	790	1,211	2,403	1,635

(2) Medical Professional Territories

Dentists Professional Liability (Subline Code 230)

COOK COUNTY 001

REMAINDER OF STATE 002

Exposure = No. of dentists x No. of months (up to 12)

(3) Increased Limits

(Limit Codes in Parentheses)
(Limits are in Thousands)

Aggregate	Per Dental Incident								
	100	150	200	250	300	500	1,000	1,500	2,000
300	1.00	1.07	1.09	1.11	1.12				
	(52)	(56)	(60)	(63)	(66)				
400	1.01	1.08	1.11	1.13	1.15				
	(55)	(56)	(60)	(63)	(66)				
500	1.02	1.09	1.13	1.15	1.17	1.20			
	(53)	(56)	(57)	(61)	(66)	(67)			
600	1.03	1.10	1.14	1.17	1.19	1.22			
	(55)	(56)	(58)	(63)	(66)	(70)			
750	1.04	1.11	1.15	1.18	1.21	1.24			
	(55)	(56)	(60)	(62)	(66)	(70)			
900	1.05	1.12	1.16	1.19	1.23	1.26			
	(55)	(56)	(60)	(63)	(65)	(70)			
1,000	1.06	1.13	1.17	1.20	1.24	1.27	1.33		
	(54)	(56)	(59)	(63)	(66)	(68)	(71)		
1,250	1.07	1.14	1.18	1.21	1.25	1.28	1.34		
	(55)	(56)	(60)	(63)	(66)	(70)	(73)		
1,500	1.08	1.15	1.19	1.22	1.25	1.29	1.35	1.39	
	(55)	(56)	(60)	(63)	(66)	(69)	(73)	(74)	
2,000	1.09	1.16	1.20	1.23	1.26	1.30	1.36	1.40	1.42
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	(74)	(75)
2,500	1.10	1.17	1.21	1.24	1.27	1.31	1.37	1.41	1.43
	(55)	(56)	(60)	(63)	(66)	(91)	(73)	(74)	(75)
3,000	1.11	1.18	1.22	1.25	1.28	1.32	1.38	1.42	1.44
	(55)	(56)	(60)	(63)	(66)	(70)	(72)	(74)	(75)
4,000	1.12	1.19	1.23	1.26	1.29	1.33	1.39	1.43	1.45
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	(74)	(75)

	Per Dental Incident								
Aggregate	2,500	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000
2,500	1.44 (76)								
3,000	1.45 (76)	1.46 (77)							
4,000	1.46 (76)	1.47 (77)	1.48 (78)						
4,500	1.47 (76)	1.48 (77)	1.49 (78)						
5,000	1.48 (76)	1.49 (77)	1.50 (78)	1.51 (79)					
6,000	1.49 (76)	1.50 (77)	1.51 (78)	1.52 (79)	1.53 (80)				
7,500	1.50 (76)	1.51 (77)	1.52 (78)	1.53 (79)	1.54 (80)	1.55 (81)			
9,000	1.51 (76)	1.52 (77)	1.53 (78)	1.54 (79)	1.55 (80)	1.56 (81)	1.57 (83)	1.58 (84)	
10,000	1.52 (76)	1.53 (77)	1.54 (78)	1.55 (79)	1.56 (80)	1.57 (81)	1.58 (83)	1.59 (84)	1.60 (85)

e. Prior Acts or Omissions Extension

(1) This optional endorsement to Dentist's Professional Liability Occurrence Coverage provides coverage for the reporting of claims arising out of the rendering or failure to render professional services on or after the retroactive date and prior to the effective date. This endorsement may be necessary when the insured was previously covered by a policy with a claims made trigger and an adequate Extended Report Period was not purchased.

(2) Dentist's Professional Prior Acts or Omissions Extension **PA 421** is used to provide this coverage.

(3) Premium Calculation

The following factors are applied to the gross CIC occurrence premium without the application of any credits or debits.

Number of Consecutive Years Insured has Purchased Claims-Made Coverage	Prior Acts Coverage Factors
1	.13
2	.24
3	.32
4	.35
5 or more	.37

This is a one time charge.

The premium is fully earned. No commission is paid on Prior Acts or Omissions.

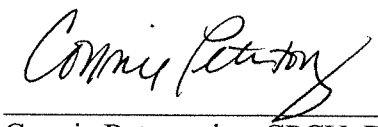
(4) Code 26050

Manual Certification Statement

DATE: October 15, 2007
FILING NUMBER: CDEN-07-7510-IL
DENTIST'S PACKAGE PROGRAM MANUAL
The Cincinnati Insurance Company - FEIN 31-0542366

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,



Connie Petertonjes, CPCU, RPLU
Senior Filings Specialist
The Cincinnati Insurance Companies

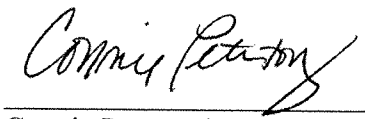
This is a complete copy of our manual including the proposed changes contained in this filing. The changes being made are highlighted orange.

Non-Discriminatory Statement

DATE: October 15, 2007
FILING NUMBER: CDEN-07-7510-IL
DENTIST'S PACKAGE PROGRAM MANUAL
The Cincinnati Insurance Company - FEIN 31-0542366

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, RPLU
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Dentists-BOP Net Effect
Illinois

Coverage	Base Rate Change	ILF Change	Combined % Change	Written Premium	Overall Net Effect
Dentist BOP- Property	0.0%	0.0%	0.0%	2,505,692	2,505,692
Dentist BOP-Other Liability	0.0%	0.0%	0.0%	355,368	355,368
Dentist BOP-Professional	5.2%	-0.2%	5.0%	2,488,519	2,613,181
Dentist-BOP Overall Net Effect:			**2.33%**	**5,349,579**	**5,474,241**

RATE HISTORY DATA

Company:	ALL COMPANIES	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROFESSIONAL
Line:	MULTI PERIL -BOP-COMBINEI	Group2:	NONE
Start Year:	2002	End Year:	2008

DENTIST BOP-PROFESSIONAL

Year	Effective Date	Change	Factor	Comment	
2002	03/01/2002	3.44	1.174	CDEN-01-2504-IL	
2002	07/01/2002	9.99	1.174	CDEN-02-7501-IL	
2003	03/01/2003	-0.02	1.129	CDEN-02-7503-IL	
2003	11/01/2003	0.00	1.129	CDEN-03-7504-IL	TERRORISM
2004	03/01/2004	4.18	1.076	CDEN-03-7505-IL	
2004	11/01/2004	0.00	1.076	CDEN-04-7504-IL	
2005		0.00	1.027		
2006		0.00	1.009		
2007		0.00	1.000		
2008		0.00	1.000		

Multiple Peril
Cincinnati Insurance Group
Based on Year-End 2004-2006 Statistics

Illinois

A. Direct Earned Premium	225,740,725	(4)
B. Average Direct Unearned Premium Reserve	103,092,416	[(1)+(2)]/2
C. Commissions Expenses	17.51%	(5) / (3)
D. Taxes, Licenses, & Fees	1.99%	(6) / (3)
E. 50% of Other Acquisition Expenses	1.78%	[(0.5) X (7)] / (3)
F. 50% of General Expenses	2.01%	[(0.5) X (8)] / (4)
G. Total Expenses	23.29%	(C) + (D) + (E) + (F)
H. Total Prepaid Expenses	24,008,677	(B) X (G)
I. Subject to Investment	79,083,739	(B) - (H)
J. Delayed Remission of Premium	42,001,908	[(23) X (3)] / (29)
Expected Loss & LAE Ratio	68.64%	Permissible Loss Ratio
K. Direct Earned Premium	225,740,725	(A)
L. Expected Loss Ratio	68.64%	Permissible Loss Ratio
M. Expected Incurred Loss & LAE	154,938,985	(K) X (L)
N. Reserve to Incurred Ratio	1.6529	Σ(9 to 13)/Σ(14 to 21)
O. Estimated Loss & LAE Reserve	256,095,678	(M) X (N)
P. Net Subject to Investment	293,177,509	(I) - (J) + (O)
Q. Policy Surplus	N/A	
R. Total	293,177,509	(P) + (Q)
S. Average Rate of Return on Invested Assets	3.63%	(26) / (22)
T. Invested Earnings Subject to Investment	10,648,141	(R) X (S)
U. Ratio of Investment Earnings to Direct Earned Premiums	4.72%	(T) / (A)
V. Investment Income Factor	1.0472	1.000 + (U)
W. Return on Equity (with Policy Surplus & Realized Capital Gains	15.00%	(30)
X. Return on Policy Surplus	5.29%	[(24) X (S)] / (29)
Y. Return on Realized Capital Gains	3.06%	{[(27)+(28)]/2}/(29)
Z. Return on Equity	6.65%	(W) - (X) - (Y)
AA. Premium to Surplus	0.7379	(29)/{[(24)+(25)]/2}
BB. Return on Premium	0.0901	(Z) / (AA)
CC. Before Tax Return on Premium	0.0472	(U)
DD. Before Tax Return needed from Underwriting Profit	0.0429	(BB) - (CC)
EE. Commissions Expenses	17.51%	
FF. Other Acquisition Expenses	3.56%	
GG. General Expenses	4.02%	
HH. Taxes, Licenses, & Fees	1.99%	
II. Profit & Contingencies	4.29%	
JJ. Total Expenses	31.36%	
KK. Permissible Loss Ratio	68.64%	

Line: Multiple Peril
Company: Cincinnati Insurance Group
Based on Year-End 2004-2006 Statistics

	CIC 2006 Countrywide	CCC 2006 Countrywide	CID 2006 Countrywide	CIC 2005 Countrywide	CCC 2005 Countrywide	CID 2005 Countrywide	CIC 2004 Countrywide	CCC 2004 Countrywide	CID 2004 Countrywide	Countrywide
1. Direct Unearned Premium Reserve (Page 14, Column 5, Current)	396,712,259	56,783	0	380,931,895	8,000	0	367,163,865	11,227	0	1,144,884,029
2. Direct Unearned Premium Reserve (Page 14, Column 5, Prior)	380,931,895	8,000	0	367,163,865	11,227	0	350,588,100	128,812	0	1,098,831,899
3. Direct Written Premium (IEE, Page 6, Column 1)	892,967,729	227,263	0	848,906,074	(1,000)	0	800,137,980	(79,873)	0	2,542,158,173
4. Direct Earned Premium (IEE, Page 6, Column 2)	876,737,612	992,990	0	835,138,044	2,228	0	783,562,215	37,712	0	2,496,470,801
5. Direct Commission (IEE, Page 7, Column 12)	141,840,085	413	0	153,508,619	605	0	155,269,078	111,541	0	450,730,341
6. Direct Taxes, License, & Fee (IEE, Page 7, Column 13)	20,812,730	151	0	17,560,022	160	0	17,698,729	(1,704)	0	56,070,088
7. Direct Other Acquisition (IEE, Page 7, Column 14)	32,397,867	170	0	28,702,126	70	0	29,479,881	(213)	0	90,579,900
8. Direct General (IEE, Page 7, Column 15)	40,697,533	187	0	33,716,460	79	0	28,231,501	(899)	0	102,644,861
9. Schedule P, Part 1, Total, Column 13	552,550	5	0	505,377	205	0	464,675	1,211	0	1,524,023
10. Schedule P, Part 1, Total, Column 15	94,735	0	0	101,441	0	0	123,384	51	0	319,611
11. Schedule P, Part 1, Total, Column 17	227	0	0	219	0	0	220	0	0	666
12. Schedule P, Part 1, Total, Column 19	217,674	0	0	187,747	68	0	188,356	102	0	593,947
13. Schedule P, Part 1, Total, Column 23	21,300	0	0	24,429	0	0	23,031	0	0	68,760
14. Schedule P, Part 1, Last Year, Column 4	183,334	0	0	193,953	0	0	201,254	3	0	578,544
15. Schedule P, Part 1, Last Year, Column 6	3,948	0	0	3,738	0	0	3,022	0	0	10,708
16. Schedule P, Part 1, Last Year, Column 10	1,504	0	0	1,324	0	0	1,352	0	0	4,180
17. Schedule P, Part 1, Last Year, Column 13	175,120	0	0	191,193	0	0	166,683	(64)	0	532,932
18. Schedule P, Part 1, Last Year, Column 15	46,080	0	0	69,322	0	0	70,807	0	0	186,209
19. Schedule P, Part 1, Last Year, Column 17	0	0	0	0	0	0	(15)	0	0	(15)
20. Schedule P, Part 1, Last Year, Column 19	65,134	0	0	60,556	0	0	54,028	1	0	179,719
21. Schedule P, Part 1, Last Year, Column 23	5,276	0	0	9,971	0	0	9,226	0	0	24,473
22. Cash & Invested Assets (AS, Page 2, Line 9)	9,671,983,332	329,622,861	67,067,619	8,701,469,796	304,341,650	70,647,185	8,570,053,803	302,155,709	64,019,956	28,081,361,911
23. Premium & Agents Balance (AS, Page 2, Line 10)	331,529,504	46,060	0	349,962,641	(44,911)	0	1,088,784,673	5,376,495	0	1,775,654,462
24. Surplus as Regards to Policyholders (Page 3, Line 25,Col. 1, Current)	4,723,368,807	281,463,027	61,925,302	4,219,838,692	262,897,192	62,721,754	4,191,158,948	259,323,276	60,170,312	14,122,867,310
25. Surplus as Regards to Policyholders (Page 3, Line 25,Col. 1, Prior)	4,219,838,692	262,897,192	62,721,754	4,191,158,948	259,323,276	60,170,312	2,779,815,671	252,518,201	56,734,431	12,145,178,477
26. Net Investment Income Earned (AS, Page 4, Line 8, Col. 1, Current)	377,786,144	12,898,633	2,619,977	323,078,153	11,900,904	2,924,656	274,142,700	11,591,746	2,965,787	1,019,908,700
27. Net Realized Capital Gain (AS, Page 4, Line 9, Column 1, Current)	142,669,695	3,831,770	24,678	35,196,362	2,226,615	(183,955)	195,081,967	(739,056)	(16,391)	378,091,685
28. Net Realized Capital Gain (AS, Page 4, Line 9, Column 1, Prior)	35,196,362	2,226,615	(183,955)	195,081,967	(739,056)	(16,391)	(15,126,001)	(255,593)	(678,697)	215,505,251
29. Total Premium Written (AS, Page 9, Part 2B, Line 32, Column 1)	3,034,850,569	189,403,017	90,132,986	2,970,441,955	177,721,011	85,472,299	2,872,854,049	187,317,469	83,516,021	9,691,709,376
30. Return on Equity (Surplus)										15.0%

Illinois	CIC 2006 State	CCC 2006 State	CID 2006 State	CIC 2005 State	CCC 2005 State	CID 2005 State	CIC 2004 State	CCC 2004 State	CID 2004 State	State
1. Direct Unearned Premium Reserve Current (Page 14, Column 5)	35,346,830	0	0	35,263,288	7,000	0	34,189,483	9,711	0	104,816,312
2. Direct Unearned Premium Reserve Prior (Page 14, Column 5)	35,263,288	0	0	34,189,483	9,711	0	31,810,038	96,000	0	101,368,520
3. Direct Written Premium (IEE, Page 6, Column 1)	78,696,196	0	0	77,079,679	(1,000)	0	73,523,220	(47,250)	0	229,250,845
4. Direct Earned Premium (IEE, Page 6, Column 2)	78,550,326	0	0	76,005,874	1,711	0	71,143,775	39,038	0	225,740,725
5. Direct Commission (IEE, Page 7, Column 12)	12,586,380	0	0	13,563,846	109	0	13,959,492	26,488	0	40,136,316
6. Direct Taxes, License, Fee (IEE, Page 7, Column 13)	1,091,142	0	0	2,187,388	69	0	1,293,149	(1,676)	0	4,570,072
7. Direct Other Acquisition (IEE, Page 7, Column 14)	2,878,636	0	0	2,553,313	(2)	0	2,729,321	(301)	0	8,160,967
8. Direct General (IEE, Page 7, Column 15)	3,506,494	0	0	2,946,916	(1)	0	2,611,305	(1,222)	0	9,063,492

LOSS COSTS MULTIPLIER

Multiple Peril Cincinnati Insurance Group Based on Year-End 2004-2006 Statistics	Illinois
EE. Commissions Expenses	17.51%
FF. Other Acquisition Expenses	3.56%
GG. General Expenses	4.02%
HH. Taxes, Licenses, & Fees	1.99%
II. Profit & Contingencies	4.29%
Total Expenses	31.36%
Base Factor	1.000
Times Loss Experience Component	1.000
Interim Component	1.000
Times Loss Adjustment Expense Factor	1.000
Interim Component	1.000
Divided by Expected Loss Ratio	0.686
Interim Component	1.457
Times Judgment Factor	1.000
Company Multiplier	1.457

EXHIBIT A - RATE LEVEL INDICATION

Company:	ALL COMPANIES	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROFESSIONAL
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

Effective Date: 03/01/2008

		2002	2003	2004	2005	2006	TOTAL
1.	Earned Premium	1,894,913	2,261,110	2,378,694	2,574,866	2,575,670	
2.	Current Level Factors	1.1738	1.1288	1.0758	1.0266	1.0089	
3.	Earned Premium @ Current Level	2,224,313	2,552,284	2,559,016	2,643,268	2,598,663	12,577,544
4.	Ultimate Incurred Losses and ALAE	4,875,366	3,152,188	2,226,856	1,383,359	1,188,657	
5.	Unallocated Loss Adj Expense Factor	1.0890	1.0940	1.0930	1.1010	1.1040	
6.	Ultimate Incurred Losses and LAE	5,309,273	3,448,494	2,433,954	1,523,079	1,312,278	
7.	Loss Trend Factor	1.3844	1.3185	1.2557	1.1959	1.1390	
8.	Trended Incurred Losses and LAE	7,350,284	4,546,835	3,056,348	1,821,476	1,494,644	18,269,587
9.	Proj Loss and LAE Ratio	330.5 %	178.1 %	119.4 %	68.9 %	57.5 %	
10.	Proj Loss and LAE Ratio Weights	20.0 %	20.0 %	20.0 %	20.0 %	20.0 %	
11.	Weighted Projected Loss Ratio						150.9 %
12.	Permissible Loss Ratio						68.6 %
13.	Indicated Rate Level Change						119.8 %
14.	Number of Claims	42	46	64	80	99	330
15.	Credibility						55.2 %
16.	Annual Trend Factor				LI-PR-2006-065		1.0500
17.	Credibility-Weighted Indicated						68.4 %

Exhibit B - Incurred Losses

Company:	ALL COMPANIES	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROFESSIONAL
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1997	182,000	672,954	819,154	784,765	804,404	826,186	751,186	654,404	654,404	654,404
1998	240,091	478,121	756,349	737,871	601,179	508,871	508,871	508,871	508,871	
1999	356,497	622,422	1,106,992	1,148,712	1,310,595	1,249,431	1,065,140	974,647		
2000	252,834	708,761	1,494,413	1,541,273	1,562,956	2,376,220	2,057,511			
2001	190,000	446,860	666,378	537,694	649,013	364,676				
2002	1,559,954	2,111,970	4,008,417	4,001,807	3,843,291					
2003	571,921	1,100,292	2,429,659	2,822,067						
2004	497,260	1,259,939	2,268,599							
2005	238,338	739,999								
2006	285,223									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1997	3.6975	1.2173	0.9580	1.0250	1.0271	0.9092	0.8712	1.0000	1.0000
1998	1.9914	1.5819	0.9756	0.8147	0.8465	1.0000	1.0000	1.0000	
1999	1.7459	1.7785	1.0377	1.1409	0.9533	0.8525	0.9150		
2000	2.8033	2.1085	1.0314	1.0141	1.5203	0.8659			
2001	2.3519	1.4912	0.8069	1.2070	0.5619				
2002	1.3539	1.8980	0.9984	0.9604					
2003	1.9239	2.2082	1.1615						
2004	2.5338	1.8006							
2005	3.1048								

Exhibit B - Incurred Losses (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	2.3896	1.7605	0.9956	1.0270	0.9818	0.9069	0.9287	1.0000	1.0000
All Years straight average excluding high/low factors	2.3507	1.7764	1.0002	1.0351	0.9423	0.8875	0.9150	1.0000	1.0000
3 year volume-weighted average	2.3711	1.9468	1.0362	0.9958	1.1328	0.8783	0.9195		
5 year volume-weighted average	1.8509	1.9310	1.0356	1.0000	1.0806				
5 year volume-weighted average excluding high/low factors	2.2293	1.9044	1.0124	1.0037	0.9515				
9 year volume-weighted average excluding high/low factors	2.2823								
Selected user averages	2.2293	1.9044	1.0124	1.0037	0.9515	0.8875	0.9150	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2002	60-Ultimate	0.7728
2003	48-Ultimate	0.7757
2004	36-Ultimate	0.7853
2005	24-Ultimate	1.4955
2006	12-Ultimate	3.3340

Exhibit C - Paid Losses

Company:	ALL COMPANIES	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROFESSIONAL
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1997	7,000	79,954	416,654	524,404	524,404	549,404	654,404	654,404	654,404	654,404
1998	91	233,121	276,349	353,871	465,371	508,871	508,871	508,871	508,871	
1999	77,997	127,922	396,918	504,418	636,918	736,918	768,918	768,918		
2000	13,484	56,261	163,511	788,511	1,135,511	1,257,511	2,057,511			
2001	1,250	14,360	16,360	124,610	242,851	292,932				
2002	67,954	83,454	328,954	3,028,454	3,170,954					
2003	2,588	75,248	755,248	1,540,248						
2004	4,500	143,171	168,348							
2005	2,686	34,655								
2006	18,663									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1997	11.4220	5.2112	1.2586	1.0000	1.0477	1.1911	1.0000	1.0000	1.0000
1998	2,561.7692	1.1854	1.2805	1.3151	1.0935	1.0000	1.0000	1.0000	
1999	1.6401	3.1028	1.2708	1.2627	1.1570	1.0434	1.0000		
2000	4.1724	2.9063	4.8224	1.4401	1.1074	1.6362			
2001	11.4880	1.1393	7.6167	1.9489	1.2062				
2002	1.2281	3.9417	9.2063	1.0471					
2003	29.0757	10.0368	2.0394						
2004	31.8158	1.1759							
2005	12.9021								

Exhibit C - Paid Losses (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	296.1682	3.5874	3.9278	1.3356	1.1224	1.2177	1.0000	1.0000	1.0000
All Years straight average excluding high/low factors	14.6452	2.9206	3.4060	1.2662	1.1193	1.1173	1.0000	1.0000	1.0000
3 year volume-weighted average	25.8926	4.1493	4.2645	1.1542	1.1350	1.3324	1.0000		
5 year volume-weighted average	4.4429	3.8455	3.6040	1.1775	1.1133				
5 year volume-weighted average excluding high/low factors	19.0471	2.3360	2.6236	1.3589	1.1186				
9 year volume-weighted average excluding high/low factors	4.8543								
Selected user averages	2.5000	2.3360	2.6236	1.3589	1.1186	1.1173	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2002	60-Ultimate	1.2498
2003	48-Ultimate	1.6984
2004	36-Ultimate	4.4558
2005	24-Ultimate	10.4086
2006	12-Ultimate	26.0216

Exhibit D - Ratio of Paid ALAE to Paid Losses

Company:	ALL COMPANIES	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROFESSIONAL
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1997	0.1176	0.2183	0.1621	0.2241	0.2824	0.3772	0.3756	0.3898	0.3898	0.3898
1998	35.7802	0.1531	0.4019	0.5332	0.5852	0.5952	0.5952	0.5952	0.5951	
1999	0.0437	0.2440	0.3509	0.4822	0.4936	0.5011	0.6134	0.6303		
2000	0.3622	0.7482	1.3572	0.7588	0.6453	0.6827	0.4393			
2001	5.4904	1.8401	6.8815	2.6270	1.6234	1.9063				
2002	0.0746	1.1375	0.8967	0.1558	0.2004					
2003	5.6264	1.4725	0.4193	0.3929						
2004	9.3378	1.0452	1.9145							
2005	2.8094	2.6268								
2006	1.1540									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1997	1.8569	0.7425	1.3825	1.2601	1.3359	0.9958	1.0377	1.0000	1.0000
1998	0.0043	2.6254	1.3265	1.0976	1.0170	1.0000	1.0000	0.9999	
1999	5.5856	1.4381	1.3743	1.0237	1.0152	1.2240	1.0276		
2000	2.0656	1.8140	0.5591	0.8505	1.0579	0.6434			
2001	0.3352	3.7397	0.3818	0.6180	1.1742				
2002	15.2551	0.7883	0.1738	1.2860					
2003	0.2617	0.2848	0.9370						
2004	0.1119	1.8318							
2005	0.9350								

Exhibit D - Ratio of Paid ALAE to Paid Losses (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	2.9346	1.6581	0.8764	1.0226	1.1201	0.9658	1.0218	0.9999	1.0000
All Years straight average excluding high/low factors	1.5931	1.5400	0.9157	1.0580	1.0831	0.9979	1.0276	0.9999	1.0000
3 year straight average	0.4362	0.9683	0.4975	0.9181	1.0825	0.9558	1.0218		
5 year straight average	3.3798	1.6917	0.6852	0.9751	1.1201				
5 year straight average excluding high/low factors	0.5106	1.4780	0.6259	0.9906	1.0831				
Selected user averages	3.3798	1.6917	0.6852	0.9751	1.1201	0.9979	1.0276	0.9999	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2002	60-Ultimate	1.1485
2003	48-Ultimate	1.1200
2004	36-Ultimate	0.7674
2005	24-Ultimate	1.2982
2006	12-Ultimate	4.3875

Exhibit E - Claim Count

Company:	ALL COMPANIES	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROFESSIONAL
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1997	6	16	22	23	23	25	25	25	25	25
1998	5	11	17	18	19	19	19	19	19	
1999	8	20	26	26	26	26	26	30		
2000	8	21	31	31	33	33	34			
2001	3	5	10	12	14	17				
2002	11	16	29	35	41					
2003	6	20	33	41						
2004	20	35	51							
2005	16	39								
2006	24									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1997	2.6667	1.3750	1.0455	1.0000	1.0870	1.0000	1.0000	1.0000	1.0000
1998	2.2000	1.5455	1.0588	1.0556	1.0000	1.0000	1.0000	1.0000	
1999	2.5000	1.3000	1.0000	1.0000	1.0000	1.0000	1.1538		
2000	2.6250	1.4762	1.0000	1.0645	1.0000	1.0303			
2001	1.6667	2.0000	1.2000	1.1667	1.2143				
2002	1.4545	1.8125	1.2069	1.1714					
2003	3.3333	1.6500	1.2424						
2004	1.7500	1.4571							
2005	2.4375								

Exhibit E - Claim Count (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	2.2926	1.5770	1.1077	1.0764	1.0602	1.0076	1.0513	1.0000	1.0000
All Years straight average excluding high/low factors	2.2637	1.5527	1.1022	1.0717	1.0290	1.0000	1.0000	1.0000	1.0000
3 year volume-weighted average	2.2381	1.5915	1.2222	1.1282	1.0411	1.0128	1.0571		
5 year volume-weighted average	2.0536	1.5876	1.1240	1.0902	1.0435				
5 year volume-weighted average excluding high/low factors	2.0256	1.6316	1.1231	1.0820	1.0294				
9 year volume-weighted average excluding high/low factors	2.2273								
Selected user averages	2.0256	1.6316	1.1231	1.0820	1.0294	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2002	60-Ultimate	1.0294
2003	48-Ultimate	1.1138
2004	36-Ultimate	1.2509
2005	24-Ultimate	2.0409
2006	12-Ultimate	4.1341

CALCULATION OF ULTIMATE INCURRED LOSSES AND ALAE

Company:	ALL COMPANIES	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROFESSIONAL
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

Year	Paid Losses To Date	Cumulative LDF	Estimated Ultimate Losses	Incurred Losses To Date	Cumulative LDF	Estimated Ultimate Losses
2002	3,170,954	1.2498	3,963,143	3,843,291	0.7728	2,969,972
2003	1,540,248	1.6984	2,615,898	2,822,067	0.7757	2,188,966
2004	168,348	4.4558	750,126	2,268,599	0.7853	1,781,485
2005	34,655	10.4086	360,711	739,999	1.4955	1,106,687
2006	18,663	26.0216	485,640	285,223	3.3340	950,926

Year	Selected Ultimate Losses	Ratio of Paid ALAE to Paid Losses	Cumulative LDF	Estimated Ultimate Ratio of Paid to Paid	Selected Ultimate Ratio of Paid to Paid	Estimated Ultimate ALAE
2002	3,963,143	0.2004	1.1485	0.2302	0.2302	912,223
2003	2,188,966	0.3929	1.1200	0.4400	0.4400	963,222
2004	1,781,485	1.9145	0.7674	1.4692	0.2500	445,371
2005	1,106,687	2.6268	1.2982	3.4101	0.2500	276,672
2006	950,926	1.1540	4.3875	5.0634	0.2500	237,731

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Illinois Division of Insurance
Review Requirements Checklist

320 West Washington Street
Springfield, IL 62767-0001

Effective as of 8/25/06

Line(s) of Business	Code(s)	
___**MEDICAL MALPRACTICE**	**11.0000**	***This checklist is for rate/rule
___Claims Made	11.10000	**filings only.**
_X_Occurrence	11.2000	**See separate form checklist.**

Line(s) of Insurance	Code(s)	Line(s) of Insurance	Code(s)	Line(s) of Insurance	Code(s)
___Acupuncture	11.0001	___Hospitals	11.0009	___Optometry	11.0019
___Ambulance Services	11.0002	___Professional Nurses	11.0032	___Osteopathy	11.0020
___Anesthetist	11.0031	___Nurse – Anesthetists	11.0010	___Pharmacy	11.0021
___Assisted Living Facility	11.0033	___Nurse – Lic. Practical	11.0011	___Physical Therapy	11.0022
___Chiropractic	11.0003	___Nurse – Midwife	11.0012	___Physicians & Surgeons	11.0023
___Community Health Center	11.0004	___Nurse – Practitioners	11.0013	___Physicians Assistants	11.0024
___Dental Hygienists	11.0005	___Nurse – Private Duty	11.0014	___Podiatry	11.0025
_X_Dentists	11.0030	___Nurse – Registered	11.0015	___Psychiatry	11.0026
_X_Dentists – General Practice	11.0006	___Nursing Homes	11.0016	___Psychology	11.0027
___Dentists – Oral Surgeon	11.0007	___Occupational Therapy	11.0017	___Speech Pathology	11.0028
___Home Care Service Agencies	11.0008	___Ophthalmic Dispensing	11.0018	___Other	11.0029

Illinois Insurance Code Link	Illinois Compiled Statutes Online	
Illinois Administrative Code Link	Administrative Regulations Online	
Product Coding Matrix Link	Product Coding Matrix	
NAIC Uniform Transmittal Form	50 IL Adm. Code 929 NAIC Uniform Transmittal Form	If insurers wish to use the NAIC Uniform Transmittal form in lieu of a cover letter/explanatory memorandum, the Division will accept such form, as long as all information required in the "Cover Letter & Explanatory Memorandum" section below are properly included.
NAIC Self-Certification Pilot Program	Newsletter Article regarding Division's Participation Self-Certification form	If an authorized company officer completes the Self-Certification form, and submits such form as the 1st page of the filing, the Division will expedite review of the filing ahead of all other filings received to date. The Division will track company compliance with the laws, regulations, bulletins, and this checklist and report such information to the NAIC.
Location of Standard within Filing Column	See checklist format below.	To expedite review of your filing, use this column to indicate location of the standard within the filing (e.g. page #, section title, etc.)
Description of Review Standards Requirements Column	See checklist format below.	These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Division of Insurance.

FILING REQUIREMENTS FOR FORM FILINGS	REFERENCE	DESCRIPTION OF REVIEW STANDARD REQUIREMENT	LOCATION OF STANDARD WITHIN FILING
See separate form filing checklist.		To assist insurers in submitting compliant medical liability rate/rule filings as a result of newly-passed PA94-677 (SB475), the Division has created this separate, comprehensive rate/rule filing checklist for medical liability filings. Please see the separate form filing checklist for requirements related to medical liability forms.	Forms are not being submitted at this time.
GENERAL FILING REQUIREMENTS FOR ALL RATE/RULE FILINGS			
LINE OF AUTHORITY			
Must have proper Class and Clause authority to conduct this line of business in Illinois.	215 ILCS 5/4 List of Classes/Clauses	To write Medical Liability insurance in Illinois, companies must be licensed to write: 1. Class 2, Clause (c)	
RATES AND RULES REQUIRED TO BE FILED			
Rates/Rules Must be Filed Separately from Forms			
Insurers shall make separate filings for rate/rules and for forms/endorsements, etc.		The laws and regulations for medical liability forms/endorsements and the laws for medical liability rates/rules are different and each must be reviewed according to its own set of laws/regulations/procedures. Therefore, insurers are required to file forms and rates/rules separately. For requirements regarding form filings, see separate form filing checklist.	Forms are not being submitted at this time. Rules/Rates checklist have been reviewed, as required.
New Insurers			
New insurers must file their rates, rules, plans for gathering statistics, etc. upon commencement of business.	215 ILCS 5/155.18 50 IL Adm. Code 929	"New Insures" are insurers who are: • New to Illinois. • New writers of medical liability insurance in Illinois. • Writing a new Line of Insurance listed on Page 1 of this checklist, New insurers must file the following: a) Medical liability insurance rate manual, including all rates.	Not applicable.

		b) Rules, including underwriting rule manuals which contain rules for applying rates or rating plans, c) Classifications and other such schedules used in writing medical liability insurance. d) Statement regarding whether the insurer: • Has its own plan for the gathering of medical liability statistics; or • Reports its medical liability statistics to a statistical agent (and if so, which agent). The Director, at any time, may request a copy of the insurer's statistical plan or request the insurer to provide written verification of membership and reporting status from the insurer's reported statistical agency. Insurers are instructed to review all requirements in this checklist, including the requirements for applicable actuarial documentation, as well as all medical liability laws and regulations, to ensure that the filing contains all essential elements before submitting the filing to the Division.	
Amendments to Initial Rate/Rule Filings			
After a new insurer has filed the rates/rules/information described above, insurers must file rates/rules, or advise of changes to statistical plans, as often as they are amended.	215 ILCS 5/155.18 50 IL Adm. Code 929	After a new insurer has filed the rates/rules/information described above, insurers must file rates/rules/rating schedules (as described above for new business) as often as such filings are changed or amended, or when any new rates or rules are added. Any change in premium to the company's insureds as a result of a change in the company's base rates or a change in its increased limits factors shall constitute a change in rates and shall require a filing with the Director. Insurers shall also advise the Director if its plans for the gathering of statistics has changed, or if the insurer has changed statistical agents. The Director, at any time, may request a copy of the insurer's statistical plan or request the insurer to provide written verification of membership and reporting status from the insurer's reported statistical agency. Insurers are instructed to review all requirements in this checklist, including the requirements for applicable actuarial documentation, as well as all medical liability laws and regulations, to ensure that the filing contains all essential elements before submitting the filing to the Division.	Done. Understood. No plans have been made to change our methods. Understood. Done prior to filing.
EFFECTIVE DATES OF RATE/RULE FILINGS			
Illinois is "file and use" for medical liability rates and rules.	215 ILCS 5/155.18 50 IL Adm. Code 929	A rate/rating plan/rule filing shall go into effect no earlier than the date the filing is received by the Division of Insurance, Property & Casualty Compliance Section, except as otherwise provided	Understood.

		in Section 155.18.	
ADOPTIONS OF ADVISORY ORGANIZATION FILINGS			
Insurer must file all rates and rules on its own behalf.	50 IL Adm. Code 929	Although Rule 929 allows for insurers to adopt advisory organization rule filings, advisory organizations no longer file rules in Illinois.	Understood.
COPIES, RETURN ENVELOPES, ETC.			
Requirement for duplicate copies and return envelope with adequate postage.	50 IL Adm. Code 929	Insurers that desire a stamped returned copy of the filing or submission letter must submit a duplicate copy of the filing/letter, along with a return envelope large enough and containing enough postage to accommodate the return filing.	INCLUDED WITH FILING. We would appreciate a return copy for our records.
COVER LETTER & EXPLANATORY MEMORANDUM			
Two copies of a submission letter are required, and the submission letter must contain the information specified. "Me too" filings are not allowed. Use of NAIC Uniform Transmittal form is acceptable as long as all required information is included.	215 ILCS 5/155.18 50 IL Adm. Code 929 Company Bulletin 88-53 Actuarial Certification Form NAIC Uniform Transmittal Form	All filings must be accompanied by a submission letter which includes all of the following information: 1) Exact name of the company making the filing. 2) Federal Employer Identification Number (FEIN) of the company making the filing. 3) Unique filing identification number – may be alpha, numeric, or both. Each filing number must be unique within a company and may not be repeated on subsequent filings. If filing subsequent revisions to a pending filing, use the same filing number as the pending filing or the revision(s) will be considered a new filing. 4) Identification of the classes of medical liability insurance to which the filing applies (for identifying classes, refer to Lines of Insurance shown on Page 1 of this checklist, in compliance with the NAIC Product Coding Matrix). 5) Notification of whether the filing is new or supersedes a present filing. If filing supersedes a present filing, insurer must identify all changes in superseding filings, and all superseded filings, including the following information: • Copy of the complete rate/rule manual section(s) being changed by the filing with all changes clearly highlighted or otherwise identified. • Written statement that all changes made to the superseded filing have been disclosed. • List of all pages that are being completely superseded or replaced with new pages. • List of pages that are being withdrawn and not being replaced. • List of new pages that are being added to the superseded filing.	Included. See Cover Letter. See Cover Letter. See Cover Letter. See Cover Letter. See explanatory memorandum. Included. Included. See explanatory memorandum. Not applicable at this time. Not applicable at this time.

		• Copies of all manual pages that are affected by the new filing, including but not limited to subsequent pages that are amended solely by receiving new page numbers.	Included.
		6) Effective date of use.	See Cover Letter.
		7) Actuarial certification (see Actuarial Certification section below). Insurers may use their own form or may use the sample form developed by the Division.	Included.
		8) Statement that the insurer, in offering, administering, or applying the filed rate/rule manual and/or any amended provisions, does not unfairly discriminate.	See Non-discriminatory statement.
		Companies under the same ownership or general management are required to make separate, individual company filings. Company Group ("Me too") filings are unacceptable.	Not applicable to this line of insurance.
		If insurers wish to use the NAIC Uniform Transmittal form in lieu of a cover letter/explanatory memorandum, the Division will accept such form, as long as all information required in this section is properly included.	
FORM RF-3 Summary Sheet			
For any rate change, duplicate copies of Form RF-3 must be filed, no later than the effective date.	50 IL Adm. Code 929 Form RF-3 Summary Sheet	For any rate level change, insurers must file two copies of Form RF-3 (Summary Sheet) which provides information on changes in rate level based on the company's premium volume, rating system, and distribution of business with respect to the classes of medical liability insurance to which the rate revision applies. Such forms must be received by the Division's Property & Casualty Compliance Section no later than the stated effective date of use.	Included.
		Insurers must report the rate change level and premium volume amounts on the "Other" Line and insert the words "Medical Liability" on the "Other" descriptive line. Do not list the information on the "Other Liability" line.	Done.
		If the Medical Liability premium is combined with any other Lines of Business (e.g. CGL, commercial property, etc.), the insurer must report the effect of rate changes to each line separately on the RF-3, indicating the premium written and percent of rate change for each line of business.	Not applicable.
		The RF-3 form must indicate whether the information is "exact" or "estimated."	Our information is exact.
PAYMENT PLANS			
Quarterly premium payment installment plan required as	215 ILCS 5/155.18	A company writing medical liability insurance in Illinois shall offer to each of its medical liability insureds the option to make premium payments in	Current quarterly installment payment plan has been

prescribed by the Director.		quarterly installments as prescribed by and filed with the Director. Such option must be offered in the initial offer of the policy or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer need not offer the option, but if the insured requests it, must make it available. Such plans are subject to the following minimum requirements: • May not require more than 40% of the estimated total premium to be paid as the initial payment; • Must spread the remaining premium equally among the 2nd, 3rd, and 4th installments, with the maximum set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively; • May not apply interest charges; • May include an installment charge or fee of no more than the lesser of 1% of the total premium or $25; • Must spread any additional premium resulting from changes to the policy equally over the remaining installments, if any. If there are no remaining installments, the additional premium may be billed immediately as a separate transaction; and • May, but is not required to offer payment plan for extensions of a reporting period, or to insureds whose annual premiums are less than $500. However, if offered to either, the plan must be made available to all within that group.	approved for use.
DEDUCTIBLES			
Deductible plans should be filed if offered.	215 ILCS 5/155.18	A company writing medical liability insurance in Illinois is encouraged, but not required, to offer the opportunity for participation in a plan offering deductibles to its medical liability insureds. Any such plan shall be contained in a filed rate/rule manual section entitled "Deductibles Offered" or substantially similar title. If an insurer uses a substantially similar title, the Rate/Rule Submission Letter or NAIC Uniform Transmittal form must indicate the name of the section that applies.	We do not offer a deductible plan for our Dentist's Professional Liability.
DISCOUNTS			
Premium discount for risk management activities should be filed if offered.	215 ILCS 5/155.18	A company writing medical liability insurance in Illinois is encouraged, but not required, to offer their medical liability insureds a plan providing premium discounts for participation in risk management activities. Any such plan shall be contained in a filed rate/rule manual section entitled "Risk Management Activities Discounts" or substantially similar title. If an insurer uses a substantially similar title, the Rate/Rule Submission Letter or NAIC Uniform Transmittal form must indicate the name of the section that applies.	We do not offer any premium discounts for risk management activities for our Dentist's Professional Liability.

CLAIMS MADE REQUIREMENTS			
Extended reporting period (tail coverage) requirements.	215 ILCS 5/143(2) Company Bulletin 88-50	When issuing claims-made medical liability insurance policies, insurers must include the following specific information in their rate/rule manuals: • Offer of an extended reporting period (tail coverage) of at least 12 months. The rate/rule manual must specify whether the extended reporting period is unlimited or indicate its term (i.e. number of years).*** • Cost of the extended reporting period, which must be priced as a factor of one of the following:*** o the last 12 months' premium. o the premium in effect at policy issuance. o the expiring annual premium. • List of any credits, discounts, etc. that will be added or removed when determining the final extended reporting period premium. • Insurer will inform the insured of the extended reporting period premium at the time the last policy is purchased. The insurer may not wait until the insured requests to purchase the extended reporting period coverage to tell the insured what the premium will be or how the premium would be calculated. • Insurer will offer the extended reporting period when the policy is terminated for any reason, including non-payment of premium, and whether the policy is terminated at the company's or insured's request. • Insurer will allow the insured 30 days after the policy is terminated to purchase the extended reporting period coverage.*** • Insurer will trigger the claims made coverage when notice of claim is received and recorded by the insured or company, whichever comes first. ***If the medical liability coverage is combined with other professional or general liability coverages, the medical liability insurer must meet all of the above requirements, except those indicated with ***, in which case, the insurer must: • Offer free 5-year extended reporting period (tail coverage) or • Offer an unlimited extended reporting period with the limits reinstated (100% of aggregate expiring limits for the duration) • Cap the premium at 200% of the annual	We do not offer Claims-Made Dentist's Professional Liability under this specialty package program.

		premium of the expiring policy; and • Give the insured a free-60 day period after the end of the policy to request the coverage.	
GROUP MEDICAL LIABILITY			
Group medical liability insurance is not specifically allowed under the Illinois Insurance Code.	50 IL Adm. Code 906	Part 906 of the Illinois Administrative Code prohibits writing of group casualty (liability) insurance unless specifically authorized by statute. The Illinois Insurance Code does not specifically authorize the writing of group medical liability insurance.	Not applicable.
CANCELLATION & NONRENEWAL PROVISION REQUIREMENTS			
If rate/rule manuals contain language pertaining to cancellation or nonrenewal, must comply with all cancellation/nonrenewal laws.	See Medical Liability Forms Checklist for Specific Information about Illinois Cancellation & Nonrenewal Laws and Regulations,	If a rate or rule manual contains language pertaining to cancellation or nonrenewal of any medical liability insurance coverage, such provisions must comply with all cancellation and nonrenewal provisions of the Illinois Insurance Code, including but not limited to the following: 143.10, 143.16, 143.16a, 143.17a. See Medical Liability Forms Checklist for Specific Information about Illinois Cancellation & Nonrenewal Laws and Regulations,	Our manual does not contain any language which pertains to cancellation or nonrenewal except to refer to the mandatory form which must be used on all issued policies, which brings our countrywide forms into compliance with Illinois requirements regarding these items.
ACTUARIAL REVIEW REQUIREMENTS			
Rates shall not be excessive, inadequate, or unfairly discriminatory.	215 ILCS 5/155.18	In the making or use of rates pertaining to all classes of medical liability insurance, rates shall not be excessive, or inadequate, nor shall they be unfairly discriminatory. Rate and rule manual provisions should be defined and explained in a manner that allows the Division to ascertain whether the provision could be applied in an unfairly discriminatory manner. For example, if a rate/rule manual contains ranges of premiums or discounts, the provision must specify the criteria to determine the specific premium/discount an insured or applicant would receive. The Director may, by order, adjust a rate or take any other appropriate action at the conclusion of a public hearing.	We do not feel our rates are excessive, inadequate or unfairly discriminatory. Understood. Understood.
PRICING			

Insurers shall consider certain information when developing medical liability rates.	215 ILCS 5/155.18	Consideration shall be given, to the extent applicable, to past and prospective loss experience within and outside this State, to a reasonable margin for underwriting profit and contingencies, to past and prospective expenses both countrywide and those especially applicable to Illinois, and to all other factors, including judgment factors, deemed relevant within and outside Illinois. Consideration may also be given in the making and use of rates to dividends, savings or unabsorbed premium deposits allowed or returned by companies to their policyholders, members or subscribers. The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or group with respect to any kind of insurance, or with respect to any subdivision or combination thereof.	See actuarial exhibits. See actuarial exhibits. See actuarial exhibits.
Minimum Premium Rules			
Insurers may group or classify risks for establishing rates and minimum premiums.	215 ILCS 5/155.18	Risks may be grouped by classifications for the establishment of rates and minimum premiums.	Understood.
"A" RATED RISKS			
Individual Risk Rating			
Risks may be rated on an individual basis as long as all provisions required in Section 155.18 are met.	215 ILCS 5/155.18	Classification rates may be modified to produce rates for individual risks in accordance with rating plans which establish standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any difference among risks that have a probable effect upon losses or expenses. Such classifications or modifications of classifications of risks may be established based upon size, expense, management, individual experience, location or dispersion of hazard, or any other reasonable considerations, and shall apply to all risks under the same or substantially the same circumstances or conditions. The rate for an established classification should be related generally to the anticipated loss and expense factors or the class.	Understood.
RISK CLASSIFICATION			
Risks may be grouped by classifications.	215 ILCS 5/155.18	Risks may be grouped by classifications for the establishment of rates and minimum premiums.	Understood.
Rating decisions based solely on domestic violence.	215 ILCS 5/155.22b	No insurer may that issues a property and casualty policy may use the fact that an applicant or insured incurred bodily injury as a result of a battery committed against him/her by a spouse or person in the same household as a sole reason for a rating decision.	Rating decisions are not made based upon domestic violence.
Unfair methods of	215 ILCS 5/424(3)	It is an unfair method of competition or unfair and	We do not unfairly

competition or unfair or deceptive acts or practices defined.		deceptive act or practice if a company makes or permits any unfair discrimination between individuals or risks of the same class or of essentially the same hazard and expense element because of the race, color, religion, or national origin of such insurance risks or applicants.	discriminate. We do not consider race, color, religion or national origin of current risks or applicants.
Procedure as to unfair methods of competition or unfair or deceptive acts or practices not defined.	215 ILCS 5/429	Outlines the procedures the Director follows when he has reason to believe that a company is engaging in unfair methods of competition or unfair or deceptive acts or practices.	Understood.
Territorial Definitions			
Rate/rule manuals must contain correct and adequate definitions of Illinois territories.	215 ILCS 5/155.18	When an insurer's rate/rule program includes differing territories within the State of Illinois, rate/rule manuals must contain correct and adequate definitions of those territories, and that all references to the territories or definitions are accurate, so the Division does not need to request additional information.	Our Territories are defined on DN-40 and DN-41.
ACTUARIAL SUPPORT INFORMATION REQUIRED			
ACTUARIAL CERTIFICATION			
Actuarial certification must accompany all rate filings and all rule filings that affect rates.	215 ILCS 5/155.18 50 IL Adm. Code 929 Actuarial Certification Form	Every rate and/or rating rule filing must include a certification by an officer of the company and a qualified actuary that the company's rates and/or rules are based on sound actuarial principles and are not inconsistent with the company's experience. Insurers may use their own form or may use the sample form created by the Division.	See Actuarial Certification Form.
ACTUARIAL OR STATISTICAL INFORMATION			
Director may request actuarial and statistical information.	215 ILCS 5/155.18 50 IL Adm. Code 929	The Director may require the filing of statistical data and any other pertinent information necessary to determine the manner of promulgation and the acceptability or unacceptability of a filing for rules, minimum premiums, rates, forms or any combination thereof. If the Director requests information or statistical data to determine the manner the insurer used to set the filed rates and/or to determine the reasonableness of those rates, as well as the manner of promulgation and the acceptability or unacceptability of a filing for rules, minimum premiums, or any combination thereof, the insurer shall provide such data or information within 14 calendar days of the Director's request.	Understood. Understood.
Explanatory Memorandum			
Insurers shall include actuarial explanatory memorandum with any	215 ILCS 5/155.18 50 IL Adm. Code	Insurers shall include actuarial explanatory memorandum with any rate filing, as well as any rule filing that affects the ultimate premium. The	Understood.

rate filing, as well as any rule filing that affects the ultimate premium.	929	explanatory memorandum shall contain, at minimum, the following information: • Explanation of ratemaking methodologies. • Explanations of specific changes included in the filing. • Narrative that will assist in understanding the filing.	 Included. Included. Included.
Summary of Effects Exhibit			
Insurers shall include an exhibit illustrating the effect of each change and calculation indicating how the final effect was derived.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include an exhibit illustrating the effect of each individual change being made in the filing (e.g. territorial base rates, classification factor changes, number of exposures affected by each change being made, etc.), and include a supporting calculation indicating how the final effect was derived.	See actuarial exhibits.
Actuarial Indication			
Insurers shall include actuarial support justifying the overall changes being made.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include actuarial support justifying the overall changes being made, including but not limited to: • Pure premiums (if used). • Earned premiums. • Incurred losses. • Loss development factors. • Trend factors. • On-Level factors. • Permissible loss ratios, etc.	See actuarial exhibits.
Loss Development Factors and Analysis			
Insurers shall include support for loss development factors and analysis.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include actuarial support for loss development factors and analysis, including but not limited to loss triangles and selected factors, as well as support for the selected factors.	See actuarial exhibits.
Ultimate Loss Selections			
Insurers shall include support for ultimate loss selections.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include support for ultimate loss selections, including an explanation of selected losses if results from various methods differ significantly.	See actuarial exhibits.
Trend Factors and Analysis			
Insurers shall include support for trend factors and analysis.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include support for trend factors and analysis, including loss and premium trend exhibits demonstrating the basis for the selections used.	See actuarial exhibits.
On-Level Factors and Analysis			
Insurers shall include support for on-level factors and analysis.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include support for on-level factors and analysis, including exhibits providing on-level factors and past rate changes included in calculations.	See actuarial exhibits.
Loss Adjustment Expenses			

Insurers shall include support for loss adjustment expenses.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include support for loss adjustment expenses, including exhibits providing documentation to support factors used for ALAE and ULAE. If ALAE is included in loss development analysis, no additional ALAE exhibit is required.	See actuarial exhibits.
Expense Exhibit			
Insurers shall include an expense exhibit. Insurers may use expense provisions that differ from those of other companies or groups of companies.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include an exhibit indicating all expenses used in the calculation of the permissible loss ratio, including explanations and support for selections. The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or group with respect to any kind of insurance, or with respect to any subdivision or combination thereof.	See actuarial exhibits.
Investment Income Calculation			
Insurers shall include an exhibit for investment income calculation.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include an exhibit demonstrating the calculation for the investment income factor used in the indication.	See actuarial exhibits.
Profit and Contingencies Calculation			
Insurers shall include an exhibit for profit and contingencies load.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include an exhibit illustrating the derivation of any profit and contingencies load.	See actuarial exhibits.
Credibility Standard Used			
Insurers shall include the number of claims being used to calculate the credibility factor.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers should include the number of claims being used to calculate the credibility factor. If another method of calculating credibility is utilized, insurers should include a description of the method used.	See actuarial exhibits.
Other Actuarial Information Required			
Insurers must include the information described in this section.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall also include the following information: • All actuarial support/justification for all rates being changed, including but not limited to changes in: o Base rates; o Territory definitions; o Territory factor changes; o Classification factor changes; o Classification definition changes; o Changes to schedule credits/debits, etc. • Exhibits containing current and proposed rates/factors for all rates and classification factors, etc. being changed.	See actuarial exhibits.

		• Any exhibits necessary to support the filing that are not mentioned elsewhere in this checklist.	
Schedule Rating			
Insurers must include the described information described at right.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers should include appropriate actuarial justification when filing schedule rating plans and/or changes to schedule rating plans.	Schedule rating plan is not being changed at this time.

THE
CINCINNATI
INSURANCE COMPANIES

THE
CINCINNATI INSURANCE COMPANIES

THE CINCINNATI INSURANCE COMPANY THE CINCINNATI INDEMNITY COMPANY
THE CINCINNATI CASUALTY COMPANY THE CINCINNATI LIFE INSURANCE COMPANY
Mailing Address: P.O. BOX 145496
CINCINNATI, OHIO 45250-5496
(513) 870-2000

August 22, 2007

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
DEC 01 2007
SPRINGFIELD, ILLINOIS

RECEIVED
AUG 27 2007
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Honorable Michael T. McRaith
Director of Insurance
Illinois Department of Insurance
Property and Casualty Evaluation
320 West Washington Street
Springfield, Illinois 62767-0001

Attention: Gayle Neuman

Reference: **The Cincinnati Insurance Company - FEIN 31-0542366**
Commercial Lines
Dentist's Professional Package Program
Dentist's 11.0030
Dentist's - General Practice 11.0006
Rule Filing
Filing #CDEN-07-7509-IL

Dear Ms. Neuman:

At this time, we wish to file revised rules per the attached memorandum. In addition to sending the revised rule pages along with an explanatory memorandum, I am including the completed Medical Malpractice Liability Checklist, a complete copy of our Dentist's Package Program Manual (including the changes being made with referenced changes highlighted) and a Manual Certification Statement. No actuarial information is being sent at this time, since this filing is solely a rule change and rate data is not applicable.

Your approval is respectfully requested for use on policies effective on or after December 1, 2007.

Sincerely,

Connie Petertonjes

Connie Petertonjes, CPCU, RPLU, AFSB, CPIW
Senior Filings Specialist
Staff Underwriting Department
(513) 603-5352
E-mail: connie_petertonjes@cinfin.com

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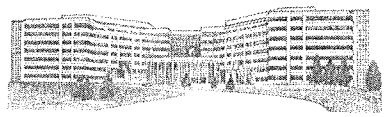


6200 S. Gilmore Road, Fairfield, Ohio 45014-5141

THE
CINCINNATI INSURANCE COMPANIES

THE
CINCINNATI INSURANCE COMPANIES
THE CINCINNATI INSURANCE COMPANY THE CINCINNATI INDEMNITY COMPANY
THE CINCINNATI CASUALTY COMPANY THE CINCINNATI LIFE INSURANCE COMPANY
Mailing Address: P.O. BOX 145496
CINCINNATI, OHIO 45250-5496
(513) 870-2000

September 5, 2007

RECEIVED
SEP 10 2007
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Honorable Michael T. McRaith
Director of Insurance
Illinois Department of Insurance
Property and Casualty Evaluation
320 West Washington Street
Springfield, Illinois 62767-0001

Attention: Gayle Neuman

Reference: **The Cincinnati Insurance Company - FEIN 31-0542366**
Commercial Lines
Dentist's Professional Package Program
Dentist's 11.0030
Dentist's - General Practice 11.0006
Rule Filing
Filing #CDEN-07-7509-IL

Dear Ms. Neuman:

I am attaching the signed and dated Illinois Certification for Medical Malpractice Rates as discussed last week. This was faxed to your attention on August 30, 2007, but I wanted to send the original for your records.

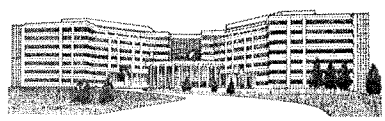
Please let me know if you need any additional information for this filing. Again, I apologize for not sending this with the initial filing.

Your approval is respectfully requested for use on policies effective on or after December 1, 2007.

Sincerely,

Connie Petertonjes

Connie Petertonjes, CPCU, RPLU, AFSB, CPIW
Senior Filings Specialist
Staff Underwriting Department
(513) 603-5352
E-mail: connie_petertonjes@cinfin.com



CINCINNATI FINANCIAL CORPORATION

THE CINCINNATI INSURANCE COMPANIES

- [x] THE CINCINNATI INSURANCE COMPANY
- [ ] THE CINCINNATI INDEMNITY COMPANY
- [ ] THE CINCINNATI CASUALTY COMPANY
- [ ] THE CINCINNATI LIFE INSURANCE COMPANY

HOME OFFICE
6200 SOUTH GILMORE ROAD
FAIRFIELD, OH 45014-5141

MAILING ADDRESS--
POST OFFICE BOX 145496
CINCINNATI, OH 45250-5496

STAFF UNDERWRITING DEPARTMENT

TELEPHONE NO. (513) 870-2000, EXT. 5352

TELEFAX NO. (513) 870-2097

TO: Illinois Department of Financial & Professional Regulation
Property & Casualty Compliance, Division of Insurance

ATTENTION: Gayle Neuman

TELEFAX: (217) 524-2122

FILING NUMBER: CDEN-07-7509-IL

DESCRIPTION: Dentist's Package Program -- new direct bill installment plan options -- Rule Filing.

REMARKS: Attached is the signed Actuarial Certification as required by (215 ILCS 5/155.8)(3). I apologize for not including this with my initial filing. I will mail original, signed copy for your records.

FROM: Connie Petertonjes

DATE: 8/30/07

TOTAL NUMBER OF PAGES (INCLUDING THIS PAGE): 2

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, Richard Taphorn, a duly authorized officer of The Cincinnati Insurance Company, 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, David Groff, a duly authorized actuary of The Cincinnati Insurance Company, am authorized to certify on behalf of The Cincinnati Insurance 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.

Richard Taphorn — 8/30/07
Signature and Title of Authorized Insurance Company Officer — Date

David Groff — 8/30/07
Signature, Title and Designation of Authorized Actuary — Date

Insurance Company FEIN 31 - 0542366 Filing Number CDEN-07-7509-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

Manual Certification Statement

DATE: August 22, 2007
FILING NUMBER: CDEN-07-7509-IL
DENTIST'S PACKAGE PROGRAM MANUAL
The Cincinnati Insurance Company - FEIN 31-0542366

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,

Connie Petertonjes, CPCU, RPLU
Senior Filings Specialist
The Cincinnati Insurance Companies

This is a complete copy of our manual including the proposed changes contained in this filing. The changes being made are highlighted orange.

Neuman, Gayle

From: Neuman, Gayle
Sent: Wednesday, August 29, 2007 7:32 AM
To: 'Petertonjes, Connie'
Subject: RE: Dentist's Package - Filing #CDEN-07-7509-IL

Yes, that will be fine.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Wednesday, August 29, 2007 6:31 AM
To: Neuman, Gayle
Subject: RE: Dentist's Package - Filing #CDEN-07-7509-IL

I apologize for not sending the certification. I assumed it was not needed since this is just a rule change. I can have one completed today.

Will you accept either a faxed or scanned copy with the original copy to follow via mail?

Again, sorry for the oversight!

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

CONFIDENTIALITY NOTICE: The information included in this e-mail, *including any attachments,* is for the sole use of the intended recipient and may contain confidential and privileged information. Any unauthorized review, use, disclosure, distribution or similar action is prohibited. If you are not the intended recipient, please contact the sender and delete all copies of the original message immediately.

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Tuesday, August 28, 2007 9:27 AM
To: Petertonjes, Connie
Subject: Dentist's Package - Filing #CDEN-07-7509-IL

Ms. Petertonjes,

We are in receipt of the filing submitted via your letter dated August 22, 2007.

215 ILCS 5/155.18 states it shall be certified in this 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. Although this filing does not include a rate change, we require the certification.

Thank you for your prompt attention.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (http://www.idfpr.com/) by clicking on: Insurance; Industry; Regulatory; IS3
Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: Gayle.Neuman@illinois.gov

ILLINOIS
DENTIST'S PACKAGE PROGRAM
RULES AND RATES MEMORANDUM

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
DN-3 (12/07)	DN-3 (11/07)	**RULE 4. APPLICATION** Added reference to application **IF-004 (e-CLAS ®)**. This application has been developed for a new policy issuance system.
DN-4 (12/07)	DN-4 (11/06)	**RULE 6. MINIMUM PREMIUM AND INSTALLMENTS,** **A. Minimum Premiums – 1.** revised the word *premiums* to read as *premium;* **B. Premium Payments** – added new premium payment options under **1.** and **2.** for **Direct Bill** and **Agency Bill**; revised **Installments** dollar amounts to read as $5 in lieu of $5.00.
DN-5 and DN-6 (12/07)	DN-5 and DN-6 (11/06)	**RULE 7. PREMIUM,** **A. Changes in Amounts or Coverages, 1. Additional Premium, c.** – added new premium payment options for **Direct Bill** and **Agency Bill;** and **2. Return Premium, c**. - added new premium payment options for **Direct Bill** and **Agency Bill**; revised reference for dollar amounts under **7.A.1.c.** and **7.A.2.c.** to read as $15 in lieu of $15.00. **B. Rounding of Premium, 2.** – added reference to **Agency Bill** and revised reference to the installment charge to read as *per Rule **6.B.2.***

C. Professional Liability Coverage is available as an option, at the following limits, for an additional premium: (Separate Application **PA 007** is to be completed by each dentist.)

$100,000 Each Dental Incident $300,000 Aggregate Limit	$200,000 Each Dental Incident $600,000 Aggregate Limit
$300,000 Each Dental Incident $900,000 Aggregate Limit	$1,000,000 Each Dental Incident $1,000,000 Aggregate Limit
$1,000,000 Each Dental Incident $2,000,000 Aggregate Limit	$1,000,000 Each Dental Incident $3,000,000 Aggregate Limit
$2,000,000 Each Dental Incident $4,000,000 Aggregate Limit	

Other limits are available.

4. APPLICATION

Form **IF 003**, or **IF-004 (e-CLAS®)**, shall be fully completed and signed by the insured or the agent for new business.

5. POLICY PROVISIONS

A. Policies may be written for a specific term of up to 5 years.

B. Cancellation

1. It is not permissible to cancel all business property or all liability coverage unless the entire policy is canceled.
2. If the policy is canceled, the earned premium shall be calculated on a pro rata basis.

C. Building and Business Personal Property may not be written on a blanket basis.

D. Policy Amendments and Changes. Only the following policy changes and endorsements are permitted:

1. Limits of Insurance on Buildings and Business Personal Property may be increased or decreased.
2. Locations may be added or deleted.
3. Optional coverages including Professional Liability may be added, deleted or amended.
4. General Change Endorsement **IB 447** or **IB 478 (e-CLAS®)** must be used for all changes after the inception date of the policy.

E. **Protective Devices or Services.** Protective devices or services may be required. The policy must be endorsed to require that the company be notified if the devices or services are discontinued or out of service. Use Protective Safeguards Endorsement **IA 467.** This form contains the following clauses, of which one or more will apply to the risk being insured:

P-1 Automatic Sprinkler System Clause

P-2 Automatic Fire Alarm Clause

P-3 Security Service Clause

P-4 Security Contract Clause

P-9 Described Protective System.

6. MINIMUM PREMIUMS AND INSTALLMENTS

A. Minimum Premiums

1. The following policywriting minimum premium applies:

   Dentist's Package Policy..... $ 300

2. Policywriting minimum premiums do not include premiums for Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability.

3. Policywriting minimum premiums are not subject to any modification.

4. Coverage Option minimum premiums may apply. Refer to Coverage Options Rule **12.**

B. Premium Payments

1. **Direct Bill:** The total policy premium may be paid in annual, semi-annual, quarterly or monthly installments. The monthly installment option requires payment by Electronic Fund Transfer (EFT).

2. **Agency Bill:** The total policy premium may be paid in annual, semi-annual or quarterly installments.

   Installments (Including Quarterly Installments Option)

   a. For policies written on a semi-annual pay basis, divide the annual premium by two (2) and add $5 per installment.

   b. For policies written on a quarterly pay basis, divide the annual premium by four (4) and add $5 per installment.

   c. There is no interest charge associated with the installment plan.

   d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

   e. For policies written on a quarterly payment plan, an initial payment of 25% of the total annual premium plus $5 will be due at policy inception. Each of the subsequent installments will be 25% of the total annual premium plus $5 per installment and will be due 3, 6, and 9 months from policy inception, respectively.

7. PREMIUM

A. Changes in Amounts or Coverages

1. Additional Premium

a. Prorate all changes requiring an additional premium.

b. In computing the additional premium for:

(1) Any changes made to a coverage or location included at policy inception, use the rates and rules in effect on the effective date of the policy.

(2) Coverages or locations which are added after the policy inception (including additions of coverages, options and causes of loss to existing locations) use the rates and rules in effect as of the date of the change.

(3) Any changes made to a location or coverage which was added after the policy inception, use the rates developed when the coverage was added.

c. **Agency Bill:** Waive additional premium amounts of $15 or less. This waiver applies only to that portion of the premium due on the effective date of the policy change.

Direct Bill: Any change resulting in an additional premium of $15 or less will be deferred to the next bill. This deferral applies only to that portion of the premium due on the effective date of the policy change.

2. Return Premium

a. Compute the return premium at the rates used to calculate the policy premium.

b. Compute return premium on a pro-rata basis and round to the nearest whole dollar when any coverage or exposure is deleted or a Limit of Insurance is reduced. Retain the policywriting minimum premium.

c. **Agency Bill:** Waive additional premium amounts of $15 or less. This waiver applies only to that portion of the premium due on the effective date of the policy change.

Direct Bill: Any change resulting in an additional premium of $15 or less will be deferred to the next bill. This deferral applies only to that portion of the premium due on the effective date of the policy change.

B. Rounding of Premium

1. All premium calculations shall be rounded to the nearest whole dollar. A premium of $.50 or more shall be rounded to the next higher whole dollar except as described in Rule **7.B.2.** below.
2. **Installments (Agency Bill).** Add the installment charge per Rule **6.B.2.** to the semi-annual or quarterly premium and round each installment to the lowest whole dollar.

   Example:
   Quarterly Policy.
   Annual Policy Premium is $1,395.
   $1,395 ÷ 4 = 348.75 + $5 (Installment Charge) = $353.75.
   Round Quarterly Premium with Installment Charge to $353.

8. AGENT'S BINDING AUTHORITY

A. Agent's maximum binding authority is $1,000,000 on Buildings and Business Personal Property combined. All risks over $1,000,000 must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

B. Agent's maximum binding authority is $5,000,000 on the Umbrella Endorsement. All risks over $5,000,000 must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

C. Any risk previously declined, canceled or nonrenewed must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

D. Risks with two or more claims during the past three years should be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

E. All risks with buildings more than 25 years of age must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding. **Picture(s) are required. Submit a detailed written description explaining all structure updates.**

F. All risks should be inspected prior to binding.

G. All risks wanting coverage for Employment Practices Liability Insurance must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

H. Issue binders immediately on all bound risks. Binders must be mailed to the Field Marketing Representative or Headquarters Underwriter no more than three (3) working days after the effective date of the binder.

I. Dentist's Professional Liability must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

Contact Person:
Gayle Neuman
217-524-6497
Gayle.Neuman@illinois.gov

Illinois Division of Insurance
Review Requirements Checklist

320 West Washington Street
Springfield, IL 62767-0001

Effective as of 8/25/06

Line(s) of Business	Code(s)	
___MEDICAL MALPRACTICE	**11.0000**	***This checklist is for rate/rule
___Claims Made	11.10000	**filings only.**
_X_Occurrence	11.2000	**See separate form checklist.**

Line(s) of Insurance	Code(s)	Line(s) of Insurance	Code(s)	Line(s) of Insurance	Code(s)
___Acupuncture	11.0001	___Hospitals	11.0009	___Optometry	11.0019
___Ambulance Services	11.0002	___Professional Nurses	11.0032	___Osteopathy	11.0020
___Anesthetist	11.0031	___Nurse – Anesthetists	11.0010	___Pharmacy	11.0021
___Assisted Living Facility	11.0033	___Nurse – Lic. Practical	11.0011	___Physical Therapy	11.0022
___Chiropractic	11.0003	___Nurse – Midwife	11.0012	___Physicians & Surgeons	11.0023
___Community Health Center	11.0004	___Nurse – Practitioners	11.0013	___Physicians Assistants	11.0024
___Dental Hygienists	11.0005	___Nurse – Private Duty	11.0014	___Podiatry	11.0025
_X_Dentists	11.0030	___Nurse – Registered	11.0015	___Psychiatry	11.0026
_X_Dentists – General Practice	11.0006	___Nursing Homes	11.0016	___Psychology	11.0027
___Dentists – Oral Surgeon	11.0007	___Occupational Therapy	11.0017	___Speech Pathology	11.0028
___Home Care Service Agencies	11.0008	___Ophthalmic Dispensing	11.0018	___Other	11.0029

Illinois Insurance Code Link	Illinois Compiled Statutes Online	
Illinois Administrative Code Link	Administrative Regulations Online	
Product Coding Matrix Link	Product Coding Matrix	
NAIC Uniform Transmittal Form	50 IL Adm. Code 929 NAIC Uniform Transmittal Form	If insurers wish to use the NAIC Uniform Transmittal form in lieu of a cover letter/explanatory memorandum, the Division will accept such form, as long as all information required in the "Cover Letter & Explanatory Memorandum" section below are properly included.
NAIC Self-Certification Pilot Program	Newsletter Article regarding Division's Participation Self-Certification form	If an authorized company officer completes the Self-Certification form, and submits such form as the 1st page of the filing, the Division will expedite review of the filing ahead of all other filings received to date. The Division will track company compliance with the laws, regulations, bulletins, and this checklist and report such information to the NAIC.
Location of Standard within Filing Column	See checklist format below.	To expedite review of your filing, use this column to indicate location of the standard within the filing (e.g. page #, section title, etc.)
Description of Review Standards Requirements Column	See checklist format below.	These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Division of Insurance.

FILING REQUIREMENTS FOR FORM FILINGS	REFERENCE	DESCRIPTION OF REVIEW STANDARD REQUIREMENT	LOCATION OF STANDARD WITHIN FILING
See separate form filing checklist.		To assist insurers in submitting compliant medical liability rate/rule filings as a result of newly-passed PA94-677 (SB475), the Division has created this separate, comprehensive rate/rule filing checklist for medical liability filings. Please see the separate form filing checklist for requirements related to medical liability forms.	Forms are not being submitted at this time.
GENERAL FILING REQUIREMENTS FOR ALL RATE/RULE FILINGS			
LINE OF AUTHORITY			
Must have proper Class and Clause authority to conduct this line of business in Illinois.	215 ILCS 5/4 List of Classes/Clauses	To write Medical Liability insurance in Illinois, companies must be licensed to write: 1. Class 2, Clause (c)	
RATES AND RULES REQUIRED TO BE FILED			
Rates/Rules Must be Filed Separately from Forms			
Insurers shall make separate filings for rate/rules and for forms/endorsements, etc.		The laws and regulations for medical liability forms/endorsements and the laws for medical liability rates/rules are different and each must be reviewed according to its own set of laws/regulations/procedures. Therefore, insurers are required to file forms and rates/rules separately. For requirements regarding form filings, see separate form filing checklist.	Forms are not being submitted at this time. Rules/Rates checklist have been reviewed, as required.
New Insurers			
New insurers must file their rates, rules, plans for gathering statistics, etc. upon commencement of business.	215 ILCS 5/155.18 50 IL Adm. Code 929	"New Insures" are insurers who are: • New to Illinois. • New writers of medical liability insurance in Illinois. • Writing a new Line of Insurance listed on Page 1 of this checklist, New insurers must file the following: a) Medical liability insurance rate manual, including all rates.	Not applicable.

		b) Rules, including underwriting rule manuals which contain rules for applying rates or rating plans, c) Classifications and other such schedules used in writing medical liability insurance. d) Statement regarding whether the insurer: • Has its own plan for the gathering of medical liability statistics; or • Reports its medical liability statistics to a statistical agent (and if so, which agent). The Director, at any time, may request a copy of the insurer's statistical plan or request the insurer to provide written verification of membership and reporting status from the insurer's reported statistical agency. Insurers are instructed to review all requirements in this checklist, including the requirements for applicable actuarial documentation, as well as all medical liability laws and regulations, to ensure that the filing contains all essential elements before submitting the filing to the Division.	
Amendments to Initial Rate/Rule Filings			
After a new insurer has filed the rates/rules/information described above, insurers must file rates/rules, or advise of changes to statistical plans, as often as they are amended.	215 ILCS 5/155.18 50 IL Adm. Code 929	After a new insurer has filed the rates/rules/information described above, insurers must file rates/rules/rating schedules (as described above for new business) as often as such filings are changed or amended, or when any new rates or rules are added. Any change in premium to the company's insureds as a result of a change in the company's base rates or a change in its increased limits factors shall constitute a change in rates and shall require a filing with the Director. Insurers shall also advise the Director if its plans for the gathering of statistics has changed, or if the insurer has changed statistical agents. The Director, at any time, may request a copy of the insurer's statistical plan or request the insurer to provide written verification of membership and reporting status from the insurer's reported statistical agency. Insurers are instructed to review all requirements in this checklist, including the requirements for applicable actuarial documentation, as well as all medical liability laws and regulations, to ensure that the filing contains all essential elements before submitting the filing to the Division.	Done. No changes to the rates are being made at this time. No plans have been made to change our methods. Understood. Done prior to filing.
EFFECTIVE DATES OF RATE/RULE FILINGS			
Illinois is "file and use" for medical liability rates and rules.	215 ILCS 5/155.18 50 IL Adm. Code 929	A rate/rating plan/rule filing shall go into effect no earlier than the date the filing is received by the Division of Insurance, Property & Casualty Compliance Section, except as otherwise provided	Understood.

		in Section 155.18.	
ADOPTIONS OF ADVISORY ORGANIZATION FILINGS			
Insurer must file all rates and rules on its own behalf.	50 IL Adm. Code 929	Although Rule 929 allows for insurers to adopt advisory organization rule filings, advisory organizations no longer file rules in Illinois.	Understood.
COPIES, RETURN ENVELOPES, ETC.			
Requirement for duplicate copies and return envelope with adequate postage.	50 IL Adm. Code 929	Insurers that desire a stamped returned copy of the filing or submission letter must submit a duplicate copy of the filing/letter, along with a return envelope large enough and containing enough postage to accommodate the return filing.	INCLUDED WITH FILING. We would appreciate a return copy for our records.
COVER LETTER & EXPLANATORY MEMORANDUM			
Two copies of a submission letter are required, and the submission letter must contain the information specified. "Me too" filings are not allowed. Use of NAIC Uniform Transmittal form is acceptable as long as all required information is included.	215 ILCS 5/155.18 50 IL Adm. Code 929 Company Bulletin 88-53 Actuarial Certification Form NAIC Uniform Transmittal Form	All filings must be accompanied by a submission letter which includes all of the following information: 1) Exact name of the company making the filing. 2) Federal Employer Identification Number (FEIN) of the company making the filing. 3) Unique filing identification number – may be alpha, numeric, or both. Each filing number must be unique within a company and may not be repeated on subsequent filings. If filing subsequent revisions to a pending filing, use the same filing number as the pending filing or the revision(s) will be considered a new filing. 4) Identification of the classes of medical liability insurance to which the filing applies (for identifying classes, refer to Lines of Insurance shown on Page 1 of this checklist, in compliance with the NAIC Product Coding Matrix). 5) Notification of whether the filing is new or supersedes a present filing. If filing supersedes a present filing, insurer must identify all changes in superseding filings, and all superseded filings, including the following information: • Copy of the complete rate/rule manual section(s) being changed by the filing with all changes clearly highlighted or otherwise identified. • Written statement that all changes made to the superseded filing have been disclosed. • List of all pages that are being completely superseded or replaced with new pages. • List of pages that are being withdrawn and not being replaced. • List of new pages that are being added to the superseded filing.	Included. See Cover Letter. See Cover Letter. See Cover Letter. See Cover Letter. See explanatory memorandum. Included. Included. See explanatory memorandum. Not applicable at this time. Not applicable at this time.

		• Copies of all manual pages that are affected by the new filing, including but not limited to subsequent pages that are amended solely by receiving new page numbers. 6) Effective date of use. 7) Actuarial certification (see Actuarial Certification section below). Insurers may use their own form or may use the sample form developed by the Division. 8) Statement that the insurer, in offering, administering, or applying the filed rate/rule manual and/or any amended provisions, does not unfairly discriminate. Companies under the same ownership or general management are required to make separate, individual company filings. Company Group ("Me too") filings are unacceptable. If insurers wish to use the NAIC Uniform Transmittal form in lieu of a cover letter/explanatory memorandum, the Division will accept such form, as long as all information required in this section is properly included.	Included. See Cover Letter. No rate changes are being made at this time. No rate changes are being made at this time. Not applicable to this line of insurance.
FORM RF-3 Summary Sheet			
For any rate change, duplicate copies of Form RF-3 must be filed, no later than the effective date.	50 IL Adm. Code 929 Form RF-3 Summary Sheet	For any rate level change, insurers must file two copies of Form RF-3 (Summary Sheet) which provides information on changes in rate level based on the company's premium volume, rating system, and distribution of business with respect to the classes of medical liability insurance to which the rate revision applies. Such forms must be received by the Division's Property & Casualty Compliance Section no later than the stated effective date of use. Insurers must report the rate change level and premium volume amounts on the "Other" Line and insert the words "Medical Liability" on the "Other" descriptive line. Do not list the information on the "Other Liability" line. If the Medical Liability premium is combined with any other Lines of Business (e.g. CGL, commercial property, etc.), the insurer must report the effect of rate changes to each line separately on the RF-3, indicating the premium written and percent of rate change for each line of business. The RF-3 form must indicate whether the information is "exact" or "estimated."	Rate change is not applicable to this filing; therefore, RF-3 is not being sent.
PAYMENT PLANS			
Quarterly premium payment installment plan required as	215 ILCS 5/155.18	A company writing medical liability insurance in Illinois shall offer to each of its medical liability insureds the option to make premium payments in	Previous quarterly installment payment plan was approved

prescribed by the Director.		quarterly installments as prescribed by and filed with the Director. Such option must be offered in the initial offer of the policy or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer need not offer the option, but if the insured requests it, must make it available. Such plans are subject to the following minimum requirements: • May not require more than 40% of the estimated total premium to be paid as the initial payment; • Must spread the remaining premium equally among the 2nd, 3rd, and 4th installments, with the maximum set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively; • May not apply interest charges; • May include an installment charge or fee of no more than the lesser of 1% of the total premium or $25; • Must spread any additional premium resulting from changes to the policy equally over the remaining installments, if any. If there are no remaining installments, the additional premium may be billed immediately as a separate transaction; and • May, but is not required to offer payment plan for extensions of a reporting period, or to insureds whose annual premiums are less than $500. However, if offered to either, the plan must be made available to all within that group.	for use earlier this year. We are making changes to the rule as described in the Explanatory Memorandum; however, the changes are NOT being made to the quarterly option. We are adding a Direct Bill and Agency Bill option along with monthly installment options, as discussed with Gayle Neuman via e-mail correspondence.
DEDUCTIBLES			
Deductible plans should be filed if offered.	215 ILCS 5/155.18	A company writing medical liability insurance in Illinois is encouraged, but not required, to offer the opportunity for participation in a plan offering deductibles to its medical liability insureds. Any such plan shall be contained in a filed rate/rule manual section entitled "Deductibles Offered" or substantially similar title. If an insurer uses a substantially similar title, the Rate/Rule Submission Letter or NAIC Uniform Transmittal form must indicate the name of the section that applies.	We do not offer a deductible plan for our Dentist's Professional Liability.
DISCOUNTS			
Premium discount for risk management activities should be filed if offered.	215 ILCS 5/155.18	A company writing medical liability insurance in Illinois is encouraged, but not required, to offer their medical liability insureds a plan providing premium discounts for participation in risk management activities. Any such plan shall be contained in a filed rate/rule manual section entitled "Risk Management Activities Discounts" or substantially similar title. If an insurer uses a substantially similar title, the Rate/Rule Submission Letter or NAIC Uniform Transmittal form must indicate the name of the section that applies.	We do not offer any premium discounts for risk management activities for our Dentist's Professional Liability.

CLAIMS MADE REQUIREMENTS			
Extended reporting period (tail coverage) requirements.	215 ILCS 5/143(2) Company Bulletin 88-50	When issuing claims-made medical liability insurance policies, insurers must include the following specific information in their rate/rule manuals: • Offer of an extended reporting period (tail coverage) of at least 12 months. The rate/rule manual must specify whether the extended reporting period is unlimited or indicate its term (i.e. number of years).*** • Cost of the extended reporting period, which must be priced as a factor of one of the following:*** o the last 12 months' premium. o the premium in effect at policy issuance. o the expiring annual premium. • List of any credits, discounts, etc. that will be added or removed when determining the final extended reporting period premium. • Insurer will inform the insured of the extended reporting period premium at the time the last policy is purchased. The insurer may not wait until the insured requests to purchase the extended reporting period coverage to tell the insured what the premium will be or how the premium would be calculated. • Insurer will offer the extended reporting period when the policy is terminated for any reason, including non-payment of premium, and whether the policy is terminated at the company's or insured's request. • Insurer will allow the insured 30 days after the policy is terminated to purchase the extended reporting period coverage.*** • Insurer will trigger the claims made coverage when notice of claim is received and recorded by the insured or company, whichever comes first. ***If the medical liability coverage is combined with other professional or general liability coverages, the medical liability insurer must meet all of the above requirements, except those indicated with ***, in which case, the insurer must: • Offer free 5-year extended reporting period (tail coverage) or • Offer an unlimited extended reporting period with the limits reinstated (100% of aggregate expiring limits for the duration) • Cap the premium at 200% of the annual	We do not offer Claims-Made Dentist's Professional Liability under this specialty package program.

		premium of the expiring policy; and • Give the insured a free-60 day period after the end of the policy to request the coverage.	
GROUP MEDICAL LIABILITY			
Group medical liability insurance is not specifically allowed under the Illinois Insurance Code.	50 IL Adm. Code 906	Part 906 of the Illinois Administrative Code prohibits writing of group casualty (liability) insurance unless specifically authorized by statute. The Illinois Insurance Code does not specifically authorize the writing of group medical liability insurance.	Not applicable.
CANCELLATION & NONRENEWAL PROVISION REQUIREMENTS			
If rate/rule manuals contain language pertaining to cancellation or nonrenewal, must comply with all cancellation/nonrenewal laws.	See Medical Liability Forms Checklist for Specific Information about Illinois Cancellation & Nonrenewal Laws and Regulations,	If a rate or rule manual contains language pertaining to cancellation or nonrenewal of any medical liability insurance coverage, such provisions must comply with all cancellation and nonrenewal provisions of the Illinois Insurance Code, including but not limited to the following: 143.10, 143.16, 143.16a, 143.17a. See Medical Liability Forms Checklist for Specific Information about Illinois Cancellation & Nonrenewal Laws and Regulations,	Our manual does not contain any language which pertains to cancellation or nonrenewal except to refer the mandatory form which must be used on all issued policies, which brings our countrywide forms into compliance with Illinois requirements regarding these items.
ACTUARIAL REVIEW REQUIREMENTS			
Rates shall not be excessive, inadequate, or unfairly discriminatory.	215 ILCS 5/155.18	In the making or use of rates pertaining to all classes of medical liability insurance, rates shall not be excessive, or inadequate, nor shall they be unfairly discriminatory. Rate and rule manual provisions should be defined and explained in a manner that allows the Division to ascertain whether the provision could be applied in an unfairly discriminatory manner. For example, if a rate/rule manual contains ranges of premiums or discounts, the provision must specify the criteria to determine the specific premium/discount an insured or applicant would receive. The Director may, by order, adjust a rate or take any other appropriate action at the conclusion of a public hearing.	Rate changes are not being made at this time. However, we feel our rates are not excessive, inadequate or unfairly discriminatory.
PRICING			

Insurers shall consider certain information when developing medical liability rates.	215 ILCS 5/155.18	Consideration shall be given, to the extent applicable, to past and prospective loss experience within and outside this State, to a reasonable margin for underwriting profit and contingencies, to past and prospective expenses both countrywide and those especially applicable to Illinois, and to all other factors, including judgment factors, deemed relevant within and outside Illinois. Consideration may also be given in the making and use of rates to dividends, savings or unabsorbed premium deposits allowed or returned by companies to their policyholders, members or subscribers. The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or group with respect to any kind of insurance, or with respect to any subdivision or combination thereof.	Rate changes are not being made at this time.
Minimum Premium Rules			
Insurers may group or classify risks for establishing rates and ims.	215 ILCS 5/155.18	Risks may be grouped by classifications for the establishment of rates and minimum premiums.	Understood.
isk Rating			
Risks may be rated on an individual basis as long as all provisions required in Section 155.18 are met.	215 ILCS 5/155.18	Classification rates may be modified to produce rates for individual risks in accordance with rating plans which establish standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any difference among risks that have a probable effect upon losses or expenses. Such classifications or modifications of classifications of risks may be established based upon size, expense, management, individual experience, location or dispersion of hazard, or any other reasonable considerations, and shall apply to all risks under the same or substantially the same circumstances or conditions. The rate for an established classification should be related generally to the anticipated loss and expense factors or the class.	Understood.
RISK CLASSIFICATION			
Risks may be grouped by classifications.	215 ILCS 5/155.18	Risks may be grouped by classifications for the establishment of rates and minimum premiums.	Understood.
Rating decisions based solely on domestic violence.	215 ILCS 5/155.22b	No insurer may that issues a property and casualty policy may use the fact that an applicant or insured incurred bodily injury as a result of a battery committed against him/her by a spouse or person in the same household as a sole reason for a rating decision.	Rating decisions are not made based upon domestic violence.
Unfair methods of	215 ILCS 5/424(3)	It is an unfair method of competition or unfair and	We do not unfairly

competition or unfair or deceptive acts or practices defined.		deceptive act or practice if a company makes or permits any unfair discrimination between individuals or risks of the same class or of essentially the same hazard and expense element because of the race, color, religion, or national origin of such insurance risks or applicants.	discriminate. We do not consider race, color, religion or national origin of current risks or applicants.
Procedure as to unfair methods of competition or unfair or deceptive acts or practices not defined.	215 ILCS 5/429	Outlines the procedures the Director follows when he has reason to believe that a company is engaging in unfair methods of competition or unfair or deceptive acts or practices.	Understood.
Territorial Definitions			
Rate/rule manuals must contain correct and adequate definitions of Illinois territories.	215 ILCS 5/155.18	When an insurer's rate/rule program includes differing territories within the State of Illinois, rate/rule manuals must contain correct and adequate definitions of those territories, and that all references to the territories or definitions are accurate, so the Division does not need to request additional information.	Our Territories are defined on DN-40 and DN-41.
ACTUARIAL SUPPORT INFORMATION REQUIRED			
ACTUARIAL CERTIFICATION			
Actuarial certification must accompany all rate filings and all rule filings that affect rates.	215 ILCS 5/155.18 50 IL Adm. Code 929 Actuarial Certification Form	Every rate and/or rating rule filing must include a certification by an officer of the company and a qualified actuary that the company's rates and/or rules are based on sound actuarial principles and are not inconsistent with the company's experience. Insurers may use their own form or may use the sample form created by the Division.	Rate changes are not being made at this time.
ACTUARIAL OR STATISTICAL INFORMATION			
Director may request actuarial and statistical information.	215 ILCS 5/155.18 50 IL Adm. Code 929	The Director may require the filing of statistical data and any other pertinent information necessary to determine the manner of promulgation and the acceptability or unacceptability of a filing for rules, minimum premiums, rates, forms or any combination thereof. If the Director requests information or statistical data to determine the manner the insurer used to set the filed rates and/or to determine the reasonableness of those rates, as well as the manner of promulgation and the acceptability or unacceptability of a filing for rules, minimum premiums, or any combination thereof, the insurer shall provide such data or information within 14 calendar days of the Director's request.	Rate changes are not being made at this time.
Explanatory Memorandum			
Insurers shall include actuarial explanatory memorandum with any	215 ILCS 5/155.18 50 IL Adm. Code	Insurers shall include actuarial explanatory memorandum with any rate filing, as well as any rule filing that affects the ultimate premium. The	Rate changes are not being made at this time.

rate filing, as well as any rule filing that affects the ultimate premium.	929	explanatory memorandum shall contain, at minimum, the following information: • Explanation of ratemaking methodologies. • Explanations of specific changes included in the filing. • Narrative that will assist in understanding the filing.	
Summary of Effects Exhibit			
Insurers shall include an exhibit illustrating the effect of each change and calculation indicating how the final effect was derived.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include an exhibit illustrating the effect of each individual change being made in the filing (e.g. territorial base rates, classification factor changes, number of exposures affected by each change being made, etc.), and include a supporting calculation indicating how the final effect was derived.	Rate changes are not being made at this time.
Actuarial Indication			
Insurers shall include actuarial support justifying the overall changes being made.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include actuarial support justifying the overall changes being made, including but not limited to: • Pure premiums (if used). • Earned premiums. • Incurred losses. • Loss development factors. • Trend factors. • On-Level factors. • Permissible loss ratios, etc.	Rate changes are not being made at this time.
Loss Development Factors and Analysis			
Insurers shall include support for loss development factors and analysis.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include actuarial support for loss development factors and analysis, including but not limited to loss triangles and selected factors, as well as support for the selected factors.	Rate changes are not being made at this time.
Ultimate Loss Selections			
Insurers shall include support for ultimate loss selections.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include support for ultimate loss selections, including an explanation of selected losses if results from various methods differ significantly.	Rate changes are not being made at this time.
Trend Factors and Analysis			
Insurers shall include support for trend factors and analysis.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include support for trend factors and analysis, including loss and premium trend exhibits demonstrating the basis for the selections used.	Rate changes are not being made at this time.
On-Level Factors and Analysis			
Insurers shall include support for on-level factors and analysis.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include support for on-level factors and analysis, including exhibits providing on-level factors and past rate changes included in calculations.	Rate changes are not being made at this time.
Loss Adjustment Expenses			

Insurers shall include support for loss adjustment expenses.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include support for loss adjustment expenses, including exhibits providing documentation to support factors used for ALAE and ULAE. If ALAE is included in loss development analysis, no additional ALAE exhibit is required.	Rate changes are not being made at this time.
Expense Exhibit			
Insurers shall include an expense exhibit. Insurers may use expense provisions that differ from those of other companies or groups of companies.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include an exhibit indicating all expenses used in the calculation of the permissible loss ratio, including explanations and support for selections. The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or group with respect to any kind of insurance, or with respect to any subdivision or combination thereof.	Rate changes are not being made at this time.
Investment Income Calculation			
Insurers shall include an exhibit for investment income calculation.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include an exhibit demonstrating the calculation for the investment income factor used in the indication.	Rate changes are not being made at this time.
Profit and Contingencies Calculation			
Insurers shall include an exhibit for profit and contingencies load.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall include an exhibit illustrating the derivation of any profit and contingencies load.	Rate changes are not being made at this time.
Credibility Standard Used			
Insurers shall include the number of claims being used to calculate the credibility factor.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers should include the number of claims being used to calculate the credibility factor. If another method of calculating credibility is utilized, insurers should include a description of the method used.	Rate changes are not being made at this time.
Other Actuarial Information Required			
Insurers must include the information described in this section.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers shall also include the following information: • All actuarial support/justification for all rates being changed, including but not limited to changes in: o Base rates; o Territory definitions; o Territory factor changes; o Classification factor changes; o Classification definition changes; o Changes to schedule credits/debits, etc. • Exhibits containing current and proposed rates/factors for all rates and classification factors, etc. being changed.	Rate changes are not being made at this time.

		• Any exhibits necessary to support the filing that are not mentioned elsewhere in this checklist.	
Schedule Rating			
Insurers must include the described information described at right.	215 ILCS 5/155.18 50 IL Adm. Code 929	Insurers should include appropriate actuarial justification when filing schedule rating plans and/or changes to schedule rating plans.	Rate changes are not being made at this time.

THE
CINCINNATI
INSURANCE COMPANIES

THE
CINCINNATI INSURANCE COMPANIES
THE CINCINNATI INSURANCE COMPANY THE CINCINNATI INDEMNITY COMPANY
THE CINCINNATI CASUALTY COMPANY THE CINCINNATI LIFE INSURANCE COMPANY
Mailing Address: P.O. BOX 145496
CINCINNATI, OHIO 45250-5496
(513) 870-2000

May 11, 2006

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED
MAY 17 2006
SPRINGFIELD, ILLINOIS

Honorable Michael T. McRaith
Director of Insurance
Illinois Department of Insurance
Property and Casualty Evaluation
320 West Washington Street
Springfield, Illinois 62767-0001

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAR 15 2007
SPRINGFIELD. ILLINOIS

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
Division Seven - Professional Liability
Rule/Rate Filing
Filing #PRO-06-7504-IL

Dear Ms Neuman:

At this time, we wish to file revised rules and rates per the attached memorandum. The rules are applicable to all of the above companies.

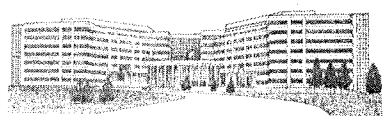
We are adding a new class code for Dentist's Professional Liability in order to better track our loss experience for dentist's who perform the extraction of impacted third molars other than soft tissue. Since this is a new class, we are unable to determine a net effect for this rate. The attached memorandum gives a better explanation as to how the rate was developed and our justification behind it.

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by August 1, 2006, for the software to be mailed to our agents on September 1, 2006, for the effective date of November 15, 2006.

Your approval is respectfully requested for use on policies effective on or after November 15, 2006.

Sincerely,

Connie Petertonjes, CPCU, RPLU, AFSB, CPIW
Senior Filings Specialist
Staff Underwriting Department
(513) 603-5352
E-mail: connie_petertonjes@cinfin.com



6200 S. Gilmore Road, Fairfield, Ohio 45014-5141

Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]
Sent: Monday, December 18, 2006 12:41 PM
To: Neuman, Gayle
Subject: Professional Liability Rate Change--NEW EFFECTIVE DATE REQUEST--PRO-06-7504-IL

Dear Ms. Neuman:

As mentioned in an earlier e-mail, I need to have you amend the requested effective date for my approved Division Seven-Professional Liability Rate Filing, PRO-06-754-IL. This filing was approved back in September; however, it corresponds to the pending Dentist Package Program filing, CDEN-06-7503-IL. I need for you to change the effective date for this filing to 7/15/07. (The original date requested was 11/15/06 and I had already asked you to change it to 3/15/07 when we missed deadline for the original effective date.)

Thank you for your help!

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW

Senior Filings Specialist

The Cincinnati Insurance Companies

Phone: (513) 603-5352

Fax: (513) 881-8884

E-mail: connie_petertonjes@cinfin.com

Cincinnati Ins. Co.
Cincinnati Casualty
Cincinnati Indemnity

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ILLINOIS
DIVISION SEVEN - PROFESSIONAL LIABILITY
RULES AND RATES MEMORANDUM

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
-----	PL-TC-1 (7/02) and PL-TC-2 (11/03)	TABLE OF CONTENTS Deleting Table of Contents pages due to manual reformatting and online availability.
-----	PL-INDEX-1 and PL-INDEX-2 (11/03)	INDEX Deleting Index pages due to manual reformatting and online availability.

Dentist's Professional Liability

In order to track our loss experience for dentists that perform "Extraction of Impacted Third Molars Other Than Soft Tissue or Other Than Partial Bony ", we have removed this procedure from Class 3 (Oral and Maxillofacial Surgeon) and have created new class 2B. (We have created class 2B for those dentists who are not oral surgeons yet on occasion may perform extraction of impacted third molars other than soft tissue or other than partial bony.)

The rate for new class 2B is 35% higher than the rate for class 2. Currently a class 2 dentist that performs extractions of impacted third molars (soft tissue or partial bony) receives a debit of 25%. For extractions of bony impacted third molars, an additional 10% increase is applied.

PL-23 (11/06)	PL-23 (7/05)	Rule 4.D.2. Added mention of new Class 2B (30028) and mention of Corporate, Limited Liability Company, and Partnership Liability Class 80239 to the paragraph immediately preceding the table. In the table, the "Extraction of Impacted Third Molars Other Than Soft Tissue or Other Than Partial Bony" procedure was removed from Class 3 and added as a procedure for new class 2B.
PL-24 (11/06)	PL-24 (3/04)	Rule 4.D.3. Added rates for new class 2B to the rate tables.
PL-25 (11/06)	PL-25 (7/05)	Rule 4.I.6.b. Added a sentence to clarify that extraction debits do not apply to Class 2B dentists.
PL-26 (11/06)	PL-26 (3/04)	Rule 4.I.7.b. Deleted the requirement that, in order to apply an experience debit, the dentist must be insured with the Cincinnati Insurance Companies at the time of the loss and the loss must be during the experience period.
PL-33 (11/06)	PL-33 (3/04)	Rule 11. Veterinarian Professional Liability Added mention of form PA 208 - State Board of Veterinary Medical Examiners (SBVME) Supplementary Payments Coverage under Rule 11.B.

Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]
Sent: Thursday, August 31, 2006 10:06 AM
To: Neuman, Gayle
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL
Attachments: Pages from IL PRO 11-06 D REVISED.pdf

Dear Ms. Neuman,

Kindergarten was fine for my daughter, not so easy for me! But, I am doing much better now, thanks!

I really hope this can be our final version. I am sure you are getting sick of me by now!

Please let me know if you have any questions.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Monday, August 28, 2006 12:10 PM
To: Petertonjes, Connie
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Petertonjes,

I hope the first day of kindergarten went well – it can be a heartbreaker!

In regard to the title of the section, the "Installments (including Quarterly Installment Options)" is fine and there is no need to separate this section from the annual and semi-annual information.

You can disregard the second issue.

In regard to your "payment due" paragraph, it reads fine – although you could delete the second sentence as the first and third sentence cover it all.

Thank you for your assistance.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Saturday, August 26, 2006 12:24 PM
To: Neuman, Gayle

Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Neuman:

I am sorry this has not been going smoothly. I was not expecting the state to be so particular in how this rule is being worded. Plus, the state's new guidelines are pretty much exactly how our company does quarterly payment plans. I am surprised to learn that other companies do not handle things in a similar fashion. I just assumed that a quarterly installment plan was meant to be due every quarter of the year. Before I have the final rule revised again, I would like to make sure I have finally understood the changes you require.

First, I need to revise the section title. I am a bit confused as to how you would like for me to do this. Should I just completely separate out the quarterly information from the annual and semi-annual information and title that information separately as "Quarterly Installment Option". Or, can I just revise our current title of "Installments" to read something like "Installments (including Quarterly Installments Option)". I want to make sure I am in compliance, but I also don't want to make the rule so confusing for the reader.

Second, you need me to change the phrase "For policies written on a quarterly pay basis" to read "For policies written on a quarterly payment plan", is this correct?

Finally, I need to add clarification as to when the actual payments are due. Will this wording satisfy the state's concerns? (I basically just used the wording spelled out in your initial e-mail.)

> *For policies written on a quarterly payment plan, an initial payment of 25% of the total annual premium plus $5 will be due at policy inception. The remaining premium will be spread equally among the second, third, and fourth installments. Each of these subsequent installments will be 25% of the total annual premium plus $5 per installment and will be due 3, 6, and 9 months from policy inception, respectively.*

Again, thank you for being so patient and working with me to get this corrected.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, August 24, 2006 12:25 PM
To: Petertonjes, Connie
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Petertonjes,

The section is not labeled as requested. We just require your statement indicating the title you will use.
The section says the premium will be divided into quarters, but does not mention when the subsequent payments will be due. Additionally, the language "for policies issued on a quarterly basis" should read "for policies with a quarterly payment plan".

Thank you for your prompt attention.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Thursday, August 24, 2006 9:38 AM
To: Neuman, Gayle
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Neuman:

I have amended our Installment plan according to your guidelines listed below. Please let me know if this is acceptable. I will not be in the office tomorrow and will only be in for the morning on Monday (my daughter is starting kindergarten Monday), so I wanted to get this to you as soon as possible.

Thank you, again, for clarifying what needed to be done.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]
Sent: Saturday, August 26, 2006 12:24 PM
To: Neuman, Gayle
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Neuman:

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First, I need to revise the section title. I am a bit confused as to how you would like for me to do this. Should I just completely separate out the quarterly information from the annual and semi-annual information and title that information separately as "Quarterly Installment Option". Or, can I just revise our current title of "Installments" to read something like "Installments (including Quarterly Installments Option)". I want to make sure I am in compliance, but I also don't want to make the rule so confusing for the reader.

Second, you need me to change the phrase "For policies written on a quarterly pay basis" to read "For policies written on a quarterly payment plan", is this correct?

Finally, I need to add clarification as to when the actual payments are due. Will this wording satisfy the state's concerns? (I basically just used the wording spelled out in your initial e-mail.)

> *For policies written on a quarterly payment plan, an initial payment of 25% of the total annual premium plus $5 will be due at policy inception. The remaining premium will be spread equally among the second, third, and fourth installments. Each of these subsequent installments will be 25% of the total annual premium plus $5 per installment and will be due 3, 6, and 9 months from policy inception, respectively.*

Again, thank you for being so patient and working with me to get this corrected.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, August 24, 2006 12:25 PM
To: Petertonjes, Connie
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Petertonjes,

The section is not labeled as requested. We just require your statement indicating the title you will use.
The section says the premium will be divided into quarters, but does not mention when the subsequent payments will be due. Additionally, the language "for policies issued on a quarterly basis" should read "for policies with a quarterly payment plan".

Thank you for your prompt attention.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Thursday, August 24, 2006 9:38 AM
To: Neuman, Gayle
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Neuman:

I have amended our Installment plan according to your guidelines listed below. Please let me know if this is acceptable. I will not be in the office tomorrow and will only be in for the morning on Monday (my daughter is starting kindergarten Monday), so I wanted to get this to you as soon as possible.

Thank you, again, for clarifying what needed to be done.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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Neuman, Gayle

From: Neuman, Gayle
Sent: Thursday, August 24, 2006 11:25 AM
To: 'Petertonjes, Connie'
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Petertonjes,

The section is not labeled as requested. We just require your statement indicating the title you will use.
The section says the premium will be divided into quarters, but does not mention when the subsequent payments will be due. Additionally, the language "for policies issued on a quarterly basis" should read "for policies with a quarterly payment plan".

Thank you for your prompt attention.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Thursday, August 24, 2006 9:38 AM
To: Neuman, Gayle
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Neuman:

I have amended our Installment plan according to your guidelines listed below. Please let me know if this is acceptable. I will not be in the office tomorrow and will only be in for the morning on Monday (my daughter is starting kindergarten Monday), so I wanted to get this to you as soon as possible.

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Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
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Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]
Sent: Thursday, August 24, 2006 9:38 AM
To: Neuman, Gayle
Subject: RE: Dentist - Rate/Rule Filing #PRO-06-7504-IL
Attachments: Pages from M PRO 01-06 F.pdf

Ms. Neuman:

I have amended our Installment plan according to your guidelines listed below. Please let me know if this is acceptable. I will not be in the office tomorrow and will only be in for the morning on Monday (my daughter is starting kindergarten Monday), so I wanted to get this to you as soon as possible.

Thank you, again, for clarifying what needed to be done.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, August 17, 2006 9:03 AM
To: Petertonjes, Connie
Subject: Dentist - Rate/Rule Filing #PRO-06-7504-IL

Ms. Petertonjes,

As you know, the new Medical Professional Liability law in Illinois, PA94-677 (Senate Bill 475), requires insurers to implement a quarterly premium payment installment plan as prescribed by the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR).

This email is to advise you of the requirements being prescribed by the Secretary and by the Director of the Division of Insurance regarding the quarterly premium payment installment plan you are required to offer to your insureds. In reviewing the filing referenced above, we note that your quarterly installment plan does not meet and/or address some or all of the following prescribed requirements.

Please amend your rate/rule manual's quarterly installment plan provisions to comply with all of the following prescribed requirements and send me your updated manual pages no later than August 23, 2006.

Quarterly Premium Payment Installment Plan Prescribed Requirements

All companies writing medical liability insurance shall file with the Secretary or Director a plan to offer each medical liability insured the option to make premium payments, in at least quarterly installments. For purposes of

this requirement, insurers may, but are not required to, offer such premium installment plans to insureds whose annual premiums are less than $500, or for premium for any extension of a reporting period. Quarterly installment premium payment plans subject to this Section shall be included in the initial offer of the policy, or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer may, but need not re-offer such payment plan, but if an insured requests such payment plan at a later date, the insurer must make it available. All quarterly installment premium payment plan provisions shall be contained in the filed rate and/or rule manual in a section entitled, "Quarterly Installment Option" or a substantially similar title. If the company uses a substantially similar title, the Rule Submission Letter must indicate the name of the section that complies with this requirement. All quarterly installment premium payment plans shall include the minimum standards listed below. Insurers may provide for quarterly installment premium payment plans that differ from these minimum standards, as long as such plans have terms that are at least as or more favorable than those listed below.

i) An initial payment of no more than 40% of the estimated total premium due at policy inception;

ii) The remaining premium spread equally among the second, third, and fourth installments, with the maximum for such installments set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;

iii) No interest charges;

iv) Installment charges or fees of no more than 1% of the total premium or $25.00, whichever is less;

v) A provision stating that additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

Your immediate attention is requested.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Neuman, Gayle

From: Neuman, Gayle
Sent: Wednesday, August 16, 2006 2:35 PM
To: 'Petertonjes, Connie'
Subject: RE: Dentist's Professional Liability Rate/Rule Filing #PRO-06-7504-IL

Connie,

We will amend the effective date as requested.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Wednesday, August 16, 2006 2:15 PM
To: Neuman, Gayle
Subject: RE: Dentist's Professional Liability Rate/Rule Filing #PRO-06-7504-IL

Gayle:

I know that this one is still waiting to be reviewed by your actuarial staff, and that isn't a problem, but I was wondering if you would mind amending my proposed effective date on this filing from 11/15/06 to 3/15/07. This is another one of the filings that I have which missed our internal deadline of 8/1/06 for approval and I need to move these to our next scheduled trimester for Illinois which is 3/15/07.

Thank you so much! Please let me know if you have any questions.

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Wednesday, July 12, 2006 10:55 AM
To: Petertonjes, Connie
Subject: RE: Dentist's Professional Liability Rate/Rule Filing #PRO-06-7504-IL

Connie,

No additional information is needed at this time. I have completed my review of the filing, however our actuarial staff has yet to review it - and it could be months from now before it is done.

Glad you are back - and a late congratulations!

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]

Sent: Wednesday, July 12, 2006 9:19 AM
To: Gayle_Neuman@ins.state.il.us
Subject: Dentist's Professional Liability Rate/Rule Filing #PRO-06-7504-IL

Dear Ms. Neuman:

I am trying to get back into the swing of things after returning from maternity leave and I noticed that you and Allison Timmers were corresponding on the above referenced filing. (I apologize for not giving you everything you needed before I left.) Anyway, I want to check to see if you now have everything you need to review this filing? I have an internal deadline of 8/1/06 on this one, so I thought I better follow up and see if you need any additional information or if you have any more questions.

Thanks so much and I appreciate your willingness to work with Allison on this one in my absence.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW

Senior Filings Specialist

The Cincinnati Insurance Companies

Phone: (513) 603-5352

Fax: (513) 881-8884

E-mail: connie_petertonjes@cinfin.com

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Neuman, Gayle

From: Timmers, Allison [Allison_Timmers@cinfin.com]
Sent: Friday, June 02, 2006 12:49 PM
To: Neuman, Gayle
Subject: RE: Dentists Professional Liability - Rate/Rule Filing #PRO-06-7504-IL

Dear Ms. Neuman:

We have removed the annual premium limitation from our installment payment plan for medical professional on page PL-GR-3 . Please see attached revisions made to Rule # 5.C.2.

Sincerely,

Allison Timmers

From: Neuman, Gayle [mailto:GNeuman@idfpr.com]
Sent: Wednesday, May 31, 2006 11:36 AM
To: Timmers, Allison
Subject: RE: Dentists Professional Liability - Rate/Rule Filing #PRO-06-7504-IL

Ms. Timmers,

In regard to the installment payments, we require the manual state that the company will offer to every medical liability insured a premium installment payment plan as the language in the law states. There should not be any reference to a minimum annual premium. There was no premium threshold included in the law to allow a minimum premium limitation. Therefore, please submit an updated manual page with such change.

Additionally, there is current legislation pending in regard to the installment payment plan. Upon such legislation being finalized, we will advise you if the manual would require additional information or changes.

Your prompt attention is appreciated.

From: Timmers, Allison [mailto:Allison_Timmers@cinfin.com]
Sent: Friday, May 26, 2006 7:53 AM
To: Neuman, Gayle
Subject: RE: Dentists Professional Liability - Rate/Rule Filing #PRO-06-7504-IL

Dear Ms. Neuman:

Please accept my apologies. I am attaching the complete Professional Liability manual. The pages are the same for all 3 companies.

You will find the Installment Payment Plan on PL-GR-3.

Sincerely,

Allison Timmers

From: Neuman, Gayle [mailto:GNeuman@idfpr.com]
Sent: Thursday, May 25, 2006 11:18 AM
To: Timmers, Allison
Subject: Dentists Professional Liability - Rate/Rule Filing #PRO-06-7504-IL

Ms. Timmers,

We are in receipt of your May 19, 2005 e-mail providing a copy of the manual. Thank you for your prompt attention.

In the pages referenced as "PL", we see no mention of a premium installment payment plan. SB475 requires as of January 1, 2006 that insurers have on file and offer a quarterly premium installment payment plan.

Gayle Neuman
Property & Casualty Compliance Unit, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through our website at http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm.

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Neuman, Gayle

From: Timmers, Allison [Allison_Timmers@CINFIN.com]
Sent: Thursday, May 18, 2006 1:10 PM
To: Neuman, Gayle
Subject: RE: Dentists Professional Liability - Rate/Rule Filing #PRO-06-7504-IL

Dear Ms. Neuman:

Thank you for forwarding this e-mail to me.

I have attached the complete rule/rate manual pages for Rule #4 Dentist's Professional Liability and Rule #11 Veterinarian Professional Liability. The pages are the same for all 3 companies.

Yes, we report our statistics to ISO, but ISO does not file on our behalf.

This is for occurrence only.

Please let me know if you need any further assistance.

Thank You,

Allison Timmers, Senior Commercial Filings Analyst

From: Neuman, Gayle [mailto:GNeuman@idfpr.com]
Sent: Thursday, May 18, 2006 10:28 AM
To: Timmers, Allison
Subject: FW: Dentists Professional Liability - Rate/Rule Filing #PRO-06-7504-IL

Ms. Timmers,

I am forwarding this e-mail to you as Connie has indicated she is out of the office until early July. Thank you for your assistance.

From: Neuman, Gayle
Sent: Thursday, May 18, 2006 9:23 AM
To: 'connie_petertonjes@cinfin.com'
Subject: Dentists Professional Liability - Rate/Rule Filing #PRO-06-7504-IL

Ms. Petertonjes,

We are in receipt of the above referenced filing.

We request you provide a copy of the complete rate/rule manual for the applicable section for each of the three companies.

Also, does your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

Is this for claims-made, occurrence, or both?

Your prompt attention is appreciated.

Gayle Neuman
Property & Casualty Compliance Unit, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

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THE
CINCINNATI
INSURANCE COMPANIES

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CINCINNATI INSURANCE COMPANIES

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY
THE CINCINNATI INDEMNITY COMPANY
THE CINCINNATI LIFE INSURANCE COMPANY
Mailing Address: P.O. BOX 145496
CINCINNATI, OHIO 45250-5496
(513) 870-2000

May 11, 2006

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 15 2007
SPRINGFIELD, ILLINOIS

RECEIVED
MAY 15 2006
IDFPR (MPO)
DIVISION OF INSURANCE
SPRINGFIELD

Honorable Michael T. McRaith
Director of Insurance
Illinois Department of Insurance
Property and Casualty Evaluation
320 West Washington Street
Springfield, Illinois 62767-0001

Attention: Gayle Neuman

Reference: **The Cincinnati Insurance Company - FEIN 31-0542366**
Commercial Lines
Dentist's Package Policy
Rule/Rate Filing
Filing #CDEN-06-7503-IL

Dear Ms. Neuman:

At this time, we wish to file revised rules and rates per the attached memorandum.

I am attaching the require RF-3 explaining what the net effect of these changes is on our Illinois insureds. Final copies of our proposed rule and rate changes are attached.

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by August 1, 2006, for the software to be mailed to our agents on September 1, 2006, for the effective date of November 15, 2006.

Your approval is respectfully requested for use on policies effective on or after November 15, 2006.

Sincerely,

Connie Petertonjes, CPCU, RPLU, AFSB, CPIW
Senior Filings Specialist
Staff Underwriting Department
(513) 603-5352
E-mail: connie_petertonjes@cinfin.com

6200 S. Gilmore Road, Fairfield, Ohio 45014-5141

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, Richard Taphorn, a duly authorized officer of The Cincinnati Insurance Company, 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, David Groff, a duly authorized actuary of The Cincinnati Insurance Company am authorized to certify on behalf of The Cincinnati Insurance 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.

Richard Taphorn Secretary — 5/30/06

Signature and Title of Authorized Insurance Company Officer — Date

David T Groff AVP FCAS, MAAA, CPCU — 5/30/06

Signature, Title and Designation of Authorized Actuary — Date

Insurance Company FEIN 31 - 0542366 Filing Number CDEN-06-7503-IL

Insurer's Address P.O. Box 145496

City Cincinnati State OH Zip Code 45250-5496

Contact Person's:
-Name and E-mail Allison Timmers allison_timmers@cinfin.com

-Direct Telephone and Fax Number (513)870-2592 (513)870-2097

STATE OF ILLINOIS

Department of Financial and Professional Regulation
Division of Insurance

IN THE MATTER OF
THE MEDICAL MALPRACTICE
RATE INCREASE OF:

HEARING NO. 06-HR-0734

CINCINNATI INSURANCE COMPANY
RATE FILING # CDEN-06-7503-IL

ORDER

I, Michael T. McRaith, Director of the Illinois Department of Financial and Professional Regulation, Division of Insurance hereby certify that I have read the entire Record in this matter and the hereto attached Findings of Fact, Conclusions of Law and Recommendations of the Hearing Officer, Timothy M. Cena, appointed and designated pursuant to Section 402 of the Illinois Insurance Code (215 ILCS 5/402) to conduct a Hearing in the above-captioned matter. I have carefully considered and reviewed the entire Record of the Hearing and the Findings of Fact, Conclusions of Law and Recommendations of the Hearing Officer, attached hereto and made a part hereof.

I, Michael T. McRaith, being duly advised in the premises, do hereby adopt the Findings of Fact, Conclusions of Law and Recommendations of the Hearing Officer as my own, and based upon said Findings, Conclusions and Recommendations enter the following Order under the authority granted to me by Sections 155.18, 401, 402 and 403 of the Illinois Insurance Code (215 ILCS 5/155.18, 5/401, 5/402 and 5/403) and Article X of the Illinois Administrative Procedure Act (5 ILCS 100/10-5 et. seq.).

This Order is a Final Administrative Decision pursuant to the Illinois Administrative Procedure Act (5 ILCS 100/1 et. seq.). This Order is appealable pursuant to the Illinois Administrative Review Law (735 ILCS 3/101- et. seq.).

NOW IT IS THEREFORE ORDERED THAT:

1) Cincinnati Insurance Company's Filing #CDEN-06-7503-IL is approved;

2) All future filings in Illinois made by Cincinnati Insurance Company shall be filed as recommended by the Hearing Officer as regards to the profit and contingency factor data listed in the actuarial information included in the filing;

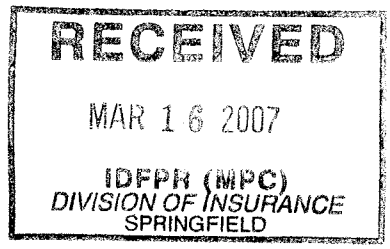
3) Cincinnati Insurance Company shall pay as costs of this proceeding, within 35 days of the date of this Order, the sum of $125.00, directly to the Illinois Division of Insurance, Tax and Fiscal Service Unit, 320 W. Washington, 4th Floor, Springfield, Illinois 62767.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois;

DIVISION OF INSURANCE

Date: March 13, 2007

Michael T. McRaith
Director



STATE OF ILLINOIS

Department of Financial and Professional Regulation
Division of Insurance

IN THE MATTER OF
THE MEDICAL MALPRACTICE
RATE INCREASE OF:

HEARING NO. 06-HR-0734

CINCINNATI INSURANCE COMPANY
RATE FILING # CDEN-06-7503-IL

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATIONS OF THE HEARING OFFICER

Now comes Timothy M. Cena, Hearing Officer in the above-captioned matter and hereby offers his Findings of Fact, Conclusions of Law and Recommendations to the Director of Insurance.

FINDINGS OF FACT

1) On or about May 15, 2006, the Cincinnati Insurance Company (the Company) filed with the Illinois Division of Insurance (Division) revised Rules and Rates regarding its Commercial Lines Dentist's Package Policy, Filing # CDEN-06-7503-IL (the Filing) (see Division Exhibit # 1).

2) On September 15, 2006, the Illinois Director of Insurance, Michael T. McRaith (Director) issued a Notice of Hearing in this matter pursuant to Section 155.18 of the Illinois Insurance Code (215 ILCS 5/155.18). The Notice required the Company to appear at a Hearing at the Division's Offices in Springfield, Illinois in order to determine if the Filing was in compliance with Section 155.18 (Hearing Officer Exhibit # 2).

3) On September 15, 2006, Joseph Clennon filed a Notice of Appearance as Counsel for the Division (see Hearing Officer Exhibit # 2).

4) The Notice of Hearing was received by the Company on September 18, 2006 at the Company's address of record with the Division (see the U.S. Postal Service, Domestic Return Receipt Card attached to Hearing Officer Exhibit # 2).

5) On September 15, 2006, the Director appointed Timothy M. Cena as Hearing Officer in this matter (see Hearing Officer Exhibit # 1).

6) The Hearing in this matter was convened on November 14, 2006 at 10:00 AM, at the Division's Offices in Springfield, Illinois at which time were present Timothy M. Cena, Hearing Officer; Joseph Clennon, on behalf of the Division; Gregory D. Schmidt and Richard J. Taphorn, on behalf of the Company; Judy Poole Boutchee, Julie Anderson, Pam Donnewald, John Gatlin, and Gayle Neuman, all with the Division; Rob Kane, with ISMIE Mutual Insurance Company; and Craig Lounsberry, with the Illinois Trial Lawyers Association.

7) After the completion of Opening Statements by the Parties, the Hearing Officer received into the Record in this matter the Company's complete Filing # CDEN-06-7503-IL (see Division Exhibit # 1). Upon receipt of the initial Filing in May of 2006 the Division began its review. During the Division's review process the Division requested that the Company make modifications in its statutorily required Quarterly Premium Plan. The Division also requested that additional actuarial information be provided by the Company. The requested changes were made by the Company and the actuarial information provided to the Division. The Division's actuarial review of the Filing encompassed but was not limited to, an analysis of the Company's rate making methodology, losses, ALAE selection, loss development triangles, profit load and permissible loss ratios. As a result of this review the Division staff responsible for the review of the Filing offered at the Hearing their conclusion, pending the Company's responses to questioning at the Hearing, that the premium rates contained in the Filing were not inadequate, excessive, or unfairly discriminatory and were otherwise in compliance with Section 155.18 of the Code.

8) The Company's Filing involves their dentist's professional liability program offered in the State of Illinois. This Filing adds a new class of dentists to the program (Class 2B) who perform removals of impacted third molars other than soft tissue and other than partial bony. Prior to this Filing the Company did not offer coverage for this type of removal. The Filing also increases premium rates for Classes 2 and 2a under the program due to poor loss experience. The Company found that there were many Class 2 and 2a dentists who were doing removal, other than soft tissue or partial bony, especially in

rural areas of Illinois. The Company wants an opportunity to write insurance policies for those dentists. The Company views the change in the Plan as a response to specific marketplace conditions. The Company has limited experience writing policies for these types of removals, but does offer this coverage to oral and maxillofacial surgeons outside of this special preferred program for dentists.

9) Actuarial information submitted by the Company for the combined experience for the dentists in this program indicates that a 95.8% rate increase is appropriate. The Company has proposed a 7.18% rate increase. The Company does not consider the rate increase to be inadequate to meet their financial responsibilities under the policy for several reasons. Company officials in charge of the program, in consultation with the Company agent force, believed that the 7.18% increase would be adequate to meet the company's needs without raising premiums to such an extent that the company would become uncompetitive in the Illinois marketplace. The Company is also of the opinion that the recent tort reform legislation enacted in Illinois will continue the downward trend in claims experience by the Company in 2005. Further, the Company writes other insurance coverage in addition to this dentist program. Profitability in those coverages will offset problems with this program should the 7.18% increase not be sufficient. The Company will be monitoring the situation and if future losses require, the Company will adjust the rate upward as appropriate.

10) At the Division's request the Record in this matter was left open in order that the Company be able to provide additional answers to questions presented to the Company but which Company representatives attending the Hearing were unable to answer. On November 16, 2006, the Division, through its Counsel, sent a letter to the Company requesting information regarding the development of Class 2B, contingency factors, frequency and severity factors, and ULAE factors (Hearing Officer Exhibit # 3). On November 22, 2006, Connie Petertonjes, Senior Filings Specialist for the Company submitted a letter to the Hearing Officer containing responses to the Division's unanswered questions. The November 21, 2006 letter is entered into the Record in this matter as Hearing Officer Exhibit # 4.

11) On November 29, 2006, the Division indicated that it had reviewed the responses contained in Hearing Officer Exhibit # 4 and had no issue with the Company's response that would cause an objection to the filing (see Hearing Officer Exhibit # 5).

12) The Division asked why a contingency factor of zero was listed by the Company in its actuarial information packet under Multiple Peril, Cincinnati Insurance Group, Based on Year-End 2003-2005 Statistics for Illinois (see second to last page of Division Exhibit # 1, Packet # 2). The Company responded, in Hearing Officer Exhibit #4, that it calculates the profit and

contingency factor based on a return on equity calculation. The factor varies by State and line of business due to factors like payment patterns, expenses and investment income potential. The contingency row in the company's actuarial exhibit is always zero because the company calculates the profit and contingency factors as a single factor and includes it in the profit row.

13) The Division asked the Company if it could describe the assumptions used in determining the Unallocated Loss Adjustment Expenses (ULAE). In Division Exhibit # 3 the Company opined that it develops its ULAE factors based upon county-wide information which it believes is more credible than state by state information. The company compared its ULAE to the paid loss and allocated Loss Adjustment Expense (ALAE) for their multiple peril line of business. The ratios were then used to adjust the Company's ultimate loss and ALAE amount. The Company used ISO Circular AS-PR-2005-142 to calculate dentist professional loss trends in the State of Illinois.

14) Capitol Reporting Service Inc. transcribed the testimony taken in this matter and charged the Division $125.00 for a transcript of the proceeding and the court reporter's attendance (Hearing Officer Exhibit # 6).

CONCLUSIONS OF LAW

Based upon the above stated Findings of Fact and the entire Record in this matter the Hearing Officer offers the following Conclusions of Law to the Director of Insurance.

1) Timothy M. Cena was duly appointed as Hearing Officer in this matter by Order of the Director pursuant to Section 403 of the Illinois Insurance Code (215 ILCS 5/403).

2) The Director of Insurance has jurisdiction over the parties and the subject matter of this proceeding pursuant to Sections 155.18, 155.19, 401, 402 and 403 of the Illinois Insurance Code (215 ILCS 5/155.18, 5/155.19, 5/401, 5/402 and 5/403).

3) The purpose of this proceeding is to determine if the Cincinnati Insurance Company's Medical Malpractice Rule/Rate Filing # CDEN-06-7503-IL is in compliance with Section 155.18 of the Illinois Insurance Code.

Section 155.18 of the Insurance Code provides, in part, as follows:

> "(a) This Section shall apply to insurance on risks based upon negligence by a physician, hospital or other health care provider, referred to herein as medical liability insurance.

(b) The following standards shall apply to the making and use of rates pertaining to all classes of medical liability insurance:

(1) Rates shall not be excessive or inadequate nor shall they be unfairly discriminatory. . .

(2) Consideration shall be given, to the extent applicable, to past and prospective loss experience within and outside this State, to a reasonable margin for underwriting profit and contingencies, to past and prospective expenses both countrywide and those especially applicable to this State, and to all other factors, including judgment factors, deemed relevant within and outside this State.

Consideration may also be given in the making and use of rates to dividends, savings or unabsorbed premium deposits allowed or returned by companies to their policyholders, members or subscribers.

(3) The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or groups with respect to any kind of insurance, or with respect to any subdivision or combination thereof.

(4) Risks may be grouped by classifications for the establishment of rates and minimum premiums. Classification rates may be modified to produce rates for individual risks in accordance with rating plans which established standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any difference among risks that have a probable effect upon losses or expenses. Such classifications or modifications of classifications of risks may be established based upon size, expense, management, individual experience, location or dispersion of hazard, or any other reasonable considerations and shall apply to all risks under the same or substantially the same circumstances or conditions. The rate for an established classification should be related generally to the anticipated loss and expense factors or the class.

Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]
Sent: Thursday, December 07, 2006 9:40 AM
To: Neuman, Gayle
Subject: RE: CDEN-06-7503-IL

Okay, I will let you know. I am actually working with our programmers to try and get an extension and they should have a decision by Monday as to whether or not they will make an exception and let me hold this until the state makes a decision. Illinois is our largest state for Dentists and since we are losing so much money, our managers really would like to get this rate increase in place as soon as possible. So, I will let you know next week for sure what effective date I'd like to request for this one and also the corresponding Division Seven-Professional Liability change, which has the same rate changes, but was approved a few months ago.

Thanks for all your help!

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, December 07, 2006 10:35 AM
To: Petertonjes, Connie
Subject: RE: CDEN-06-7503-IL

I only need to know changes in effective dates for rate/rule filings - as Rob pointed out, it really doesn't matter for just form filings.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Wednesday, December 06, 2006 6:08 AM
To: Neuman, Gayle
Subject: RE: CDEN-06-7503-IL

Thanks for getting back to me. Yes, we will be changing the requested effective date to 7/15/07. Our programmers have to get all the programming done before 1/1/07 in order to get our software updated in time for our agents and field reps. So, waiting another 10 days, unfortunately, won't give them enough time.

Thanks for your help! I really do appreciate you getting back to me on this one.

Do you need to know the other filings which I will be changing to the 7/15/07 date? I seem to recall Robert Rapp telling me that as long as the effective date is past the approved date, you all did not need to be notified, however, I have always requested the date changes in the past from the state analysts.

Hope you are enjoying the holiday season!

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Tuesday, December 05, 2006 10:52 AM
To: Petertonjes, Connie
Subject: RE: CDEN-06-7503-IL

Ms. Petertonjes,

I can tell you that it won't be done in the next 10 days, and therefore I am assuming that you will be changing the effective date to July 15, 2007. We held three medical malpractice hearings since Cincinnati's – and along with the holiday time off – it just couldn't be completed.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Thursday, November 30, 2006 7:33 AM
To: Gayle_Neuman@ins.state.il.us
Subject: CDEN-06-7503-IL

Dear Ms. Neuman:

I know you haven't really been involved with this Dentist Rule and Rate filing since it was called for a public hearing, but I was wondering if I could ask you a quick question. Do you have any idea when a decision will be made on this? We had our public hearing on the 14th and responded to the hearing officer's questions on the 22nd. The reason I ask is that we have an internal deadline of 12/1/06 in order to get everything programmed and processed using our proposed effective date of 3/15/07. While I realize that this isn't your problem, I have already had to move this filing and the corresponding filings once and was really hoping to not have to do it again. I really don't want to be a pest to the hearing officer, so I was wondering if you could at least give me your opinion on whether we can expect an answer anytime soon. I can probably convince our programmers to give me a few extra days, but if you think it will still be several weeks before a decision is made, then I will go ahead and move everything to our next effective date of 7/15/07.

Thanks for you help. And, I totally understand if you cannot give me any info. I was just hoping that if I had something from you saying that there is a possibility that a decision could be made soon, that I'd have more leverage with our programmers! (It is really a pain to have to move things from our internal standpoint, so I was really hoping I didn't have to do it again!)

Thanks again and I hope you had a great Thanksgiving!

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW

Senior Filings Specialist

ILLINOIS
DENTIST'S PACKAGE POLICY
RULES AND RATES MEMORANDUM

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
-----	DN-TC-1 (7/05), DN-TC-2 (3/04) and DN-TC-3 (11/03)	**TABLE OF CONTENTS** Deleting Table of Contents due to manual reformatting and online availability.
DN-1 (11/06)	DN-1 (3/06)	In section **2. COVERAGES, A. Section I - Property Coverage** the descriptions of coverage are updated to reflect the changes made by a new mandatory form **IF 207.** The changes made by **IF 207** are increases in the coverage sublimits provided by various extensions of coverage contained in the BOP coverage part, **IB 101.** This new form is free of charge.
DN-3 (11/06)	DN-3 (3/04)	**RULE 5. POLICY PROVISIONS, D.4.** Added reference to form IB 478 in preparation of a new policy issuance system.
DN-4 (11/06)	DN-4 (3/04)	**RULE 6. MINIMUM PREMIUMS AND INSTALLMENTS, A.2.** Coverages listed are re-arranged in alphabetical order for clarification and consistency purposes.
DN-6 (11/06)	DN-6 (3/06)	**RULE 8. AGENT'S BINDING AUTHORITY, E.** Last sentence regarding pictures required for buildings over 25 years old is **bolded**.
DN-9 (11/06)	DN-9 (3/06)	**RULE 11. PREMIUM DEVELOPMENT, C.9.a.** Coverages listed are re-arranged in alphabetical order for clarification and consistency purposes.
DN-11 (11/06)	DN-11 (11/01)	**RULE 12. COVERAGE OPTIONS, .B .2.g. Equipment Breakdown** Revised rates to be more in line with our competitors. In section **12. COVERAGE OPTIONS, 3. Crime, a. Employee Dishonesty** the description of coverage is updated to reflect the changes made by a new mandatory form **IF 207.** The changes made by **IF 207** are increases in the coverage sublimits provided by various extensions of coverage contained in the BOP coverage part, **IB 101.** This new form is free of charge.

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
DN-12 (11/06)	DN-12 (11/01)	In sections **12. COVERAGE OPTIONS, 3. Crime, c. Forgery or Alteration** and **d. Money and Securities**, the descriptions of coverage are updated to reflect the changes made by a new mandatory form **IF 207.** The changes made by **IF 207** are increases in the coverage sublimits provided by various extensions of coverage contained in the BOP coverage part, **IB 101.** This new form is free of charge.
DN-17 (11/06)	DN-17 (11/01)	In section **12. COVERAGE OPTIONS, j. Outdoor Property** the description of coverage is updated to reflect the changes made by a new mandatory form **IF 207.** The changes made by **IF 207** are increases in the coverage sublimits provided by various extensions of coverage contained in the BOP coverage part, **IB 101.** This new form is free of charge.
DN-22 (11/06)	DN-22 (3/03)	**RULE 12. COVERAGE OPTIONS, B.5.e. Coverage for Injury to Leased Workers** Deleted comma (in the last sentence of the rule) from *temporary skill shortages*.
DN-24 (11/06)	DN-24 (3/06)	**RULE 12.B.6.a.(1) COVERAGE OPTIONS** Added reference to form PA 531 in preparation of a new policy issuance system.

Dentist's Professional Liability

In order to track our loss experience for dentists that perform "Extraction of Impacted Third Molars Other Than Soft Tissue or Other Than Partial Bony" and to make them eligible for the Dentist Package Program, we have removed this procedure from Class 3 (Oral and Maxillofacial Surgeon) and have created new class 2B. (We have created class 2B for those dentists who are not oral surgeons yet on occasion may perform extraction of impacted third molars other than soft tissue or other than partial bony.)

The rate for new class 2B is 35% higher than the rate for class 2. Currently a class 2 dentist that performs extractions of impacted third molars (soft tissue or partial bony) receives a debit of 25%. For extractions of bony impacted third molars, an additional 10% increase is applied.

DN-25 (11/06)	DN-25 (3/06)	**RULE 12. COVERAGE OPTIONS, B.6.b. Classifications** Added mention of new Class 2B (30028) and mention of "Limited Liability Company" to the paragraph immediately preceding the table. In the table, the "Extraction of Impacted Third Molars Other Than Soft Tissue or Other Than Partial Bony" procedure was removed from Class 3 and added as a procedure for new class 2B. Corrected chart applicable to Anesthesia, Class 3 dentist's, to add wording which was inadvertently taken out at the time of the last change. Wording added back into the chart is "*dosage designed to render the*"

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
DN-26 (11/06)	DN-26 (7/05)	**Rule 12.B.6.c.(5)(b)** Added a sentence to clarify that extraction debits do not apply to Class 2B dentists.
DN-27 (11/06)	DN-27 (3/04)	**Rule 12.B.6.d.(1)** Added rate for new class 2B to the rate table. Also, increasing rates for classes 2 and 2A.
DN-31 (11/06)	DN-31 (3/06)	**RULE 12.B.8. COVERAGE OPTIONS** Added reference to form UF 502 in preparation of a new policy issuance system.
DN-32 (11/06)	DN-32 (7/02)	**Rule 12.B.8.c.(1)** Added rate for new class 2B to the rate table.
DN-34 (11/06)	DN-34 (7/02)	**RULE 13. RATE PLANS, C.** Coverages listed are re-arranged in alphabetical order for clarification and consistency purposes.
DN-35 (11/06)	DN-35 (3/04)	**RULE 13. RATE PLANS, D.1.a. & D.2.c.(3)** Coverages listed are re-arranged in alphabetical order for clarification and consistency purposes.
DN-37 (11/06)	DN-37 (3/06)	**RULE 13. RATE PLANS, E.2.** Coverages listed are re-arranged in alphabetical order for clarification and consistency purposes. **RULE 14.A.1. ENDORSEMENTS** Added reference to form IF 504 in preparation of a new policy issuance system.
DN-38 (11/06)	DN-38 (11/03)	**RULE 14.D.9. ENDORSEMENTS** Added reference to form IB 478 in preparation of a new policy issuance system.
GUIDE-1 (11/06)	GUIDE-1 (3/04)	**Rule 1.B.** Added mention of new Class 2B (30028) and mention of "Limited Liability Company" to the paragraph immediately preceding the table. In the table, the "Extraction of Impacted Third Molars Other Than Soft Tissue or Other Than Partial Bony" procedure was removed from Class 3 and added as a procedure for new class 2B.
GUIDE-4 (11/06)	GUIDE-4 (3/04)	**Rule 2.E.4.b.1.** Amended descriptions of Class 2 and Class 2B.

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/15/2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Dentist's Professional (Line of Insurance)	$917,487.	+6.96%

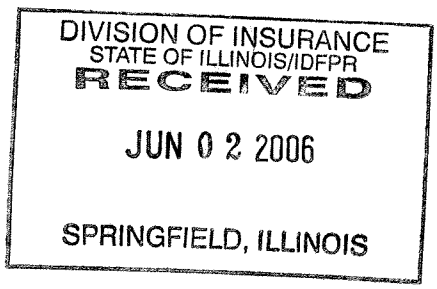
Does filing only apply to certain territory (territories) or certain classes? If so, specify: Filing applies to all territories and all Classes 2, 2a and 2b of Dentist's Professional Liability coverage. Classes 1 and 3 are not being changed.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adding a new class for Dentist's Professional Liability. In order to track our loss experience for dentist's that perform "Extraction of Impacted Third Molars Other Than Soft Tissue", we have removed these dentist's from Class 3 and have created a new class 2b. At the same time, we are increasing our rates for classes 2 and 2a due to poor loss experience in those particular classes. Also, rates have never been filed for Class 3. Under Rule 12. Coverage Options, B.6.b. Classifications, it states that Class 3 Dentists are not eligible for coverage.

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

The Cincinnati Insurance Company
Name of Company

Senior Filings Specialist
Official – Title



Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/15/2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Dentist's Professional (Line of Insurance)	$917,487.	+6.96%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Filing applies to all territories and all Classes 1, 2, 2a and 2b of Dentist's Professional Liability coverage. Class 3 is not being changed.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adding a new class for Dentist's Professional Liability. In order to track out loss experience for dentist's that perform "Extraction of Impacted Third Molars Other Than Soft Tissue", we have removed these dentist's from Class 3 and have created a new class 2b. At the same time, we are increasing our rates for classes 1, 2 and 2a due to poor loss experience in those particular classes.

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

The Cincinnati Insurance Company
Name of Company

Senior Filings Specialist
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED
MAY 15 2006
SPRINGFIELD, ILLINOIS

Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]

Sent: Monday, December 18, 2006 12:38 PM

To: Neuman, Gayle

Subject: Dentist Rate Increase--NEW EFFECTIVE DATE REQUEST--CDEN-06-7503-IL

Dear Ms. Neuman:

As mentioned in an earlier e-mail, I need to have you amend the requested effective date for our pending Dentist Rate Filing, CDEN-06-7503-IL. I was able to talk our programmers into granting me an extension, but unfortunately, that extension was 12/16. So, I now do need to officially change the requested effective date for this filing to 7/15/07. (The original date requested was 11/15/06 and I had already asked you to change it to 3/15/07 when we missed deadline for the original effective date.)

Thank you for your help!

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW

Senior Filings Specialist

The Cincinnati Insurance Companies

Phone: (513) 603-5352

Fax: (513) 881-8884

E-mail: connie_petertonjes@cinfin.com

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Neuman, Gayle

From: Neuman, Gayle
Sent: Wednesday, September 20, 2006 2:10 PM
To: 'Petertonjes, Connie'
Cc: Donnewald, Pam; Clennon, Joe
Subject: RE: CDEN-06-7503-IL - Notice of Public Hearing

Ms. Petertonjes,

The reason that Cincinnati Insurance Company received the notice of hearing is because the rate increase exceeded 6%, although by statute the Director, at his discretion, has the authority to hold a public hearing.

At this point, Cincinnati should contact Joe Clennon of our Legal Department to address any additional questions they may have. He may be reached at (217) 557-1396 or at Joe.Clennon@illinois.gov.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Wednesday, September 20, 2006 1:01 PM
To: Neuman, Gayle
Subject: CDEN-06-7503-IL - Notice of Public Hearing

Dear Ms. Neuman:

We received notice from Director McRaith of a public hearing for our Dentist Professional Liability rate increase, our filing number CDEN-06-7503-IL. I was wondering if you can tell me what the outstanding issues are with this filing. I guess I was falsely under the assumption that you since you had recently approved the similar filing under our Division Seven line of insurance, that this filing was also on its way to being approved.

In reviewing PA 094-0677, I do see that the director or secretary of state has the authority to call a public hearing for this rate increase, but I was wondering if you can tell me what the main issues of concern are. Is it because our requested increase is more than a 6%, as stipulated in PA 094-0677? Are there other reasons for Director McRaith's concern? Is there any way to resolve this without the public hearing, or is it pretty much inevitable at this point? Would reducing our proposed rates or providing the director with some additional information prevent us from needing to attend the hearing?

I would appreciate any insight you can give me regarding this notice.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW

Senior Filings Specialist

The Cincinnati Insurance Companies

Phone: (513) 603-5352

Fax: (513) 881-8884

E-mail: connie_petertonjes@cinfin.com

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Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]
Sent: Thursday, August 31, 2006 10:02 AM
To: Neuman, Gayle
Subject: RE: Dentists - Rate/Rule Filing #CDEN-06-7503-IL
Attachments: Pages from IL DEN 11-06 DD.pdf

Ms. Neuman:

Hopefully, this one will finally work for the state. (I am about to run my typist ragged!) Thanks again for all your help and please let me know if you have any questions.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Monday, August 28, 2006 12:12 PM
To: Petertonjes, Connie
Subject: RE: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Petertonjes,

In regard to the title of the section, the "Installments (including Quarterly Installment Options)" is fine and there is no need to separate this section from the annual and semi-annual information.

You can disregard the second issue.

In regard to your "payment due" paragraph, it reads fine – although you could delete the second sentence as the first and third sentence cover it all.

Thank you for your assistance.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Saturday, August 26, 2006 12:25 PM
To: Neuman, Gayle
Subject: RE: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Neuman:

I am sorry this has not been going smoothly. I was not expecting the state to be so particular in how this rule is

being worded. Plus, the state's new guidelines are pretty much exactly how our company does quarterly payment plans. I am surprised to learn that other companies do not handle things in a similar fashion. I just assumed that a quarterly installment plan was meant to be due every quarter of the year. Before I have the final rule revised again, I would like to make sure I have finally understood the changes you require.

First, I need to revise the section title. I am a bit confused as to how you would like for me to do this. Should I just completely separate out the quarterly information from the annual and semi-annual information and title that information separately as "Quarterly Installment Option". Or, can I just revise our current title of "Installments" to read something like "Installments (including Quarterly Installments Option)". I want to make sure I am in compliance, but I also don't want to make the rule so confusing for the reader.

Second, you need me to change the phrase "For policies written on a quarterly pay basis" to read "For policies written on a quarterly payment plan", is this correct?

Finally, I need to add clarification as to when the actual payments are due. Will this wording satisfy the state's concerns? (I basically just used the wording spelled out in your initial e-mail.)

> *For policies written on a quarterly payment plan, an initial payment of 25% of the total annual premium plus $5 will be due at policy inception. The remaining premium will be spread equally among the second, third, and fourth installments. Each of these subsequent installments will be 25% of the total annual premium plus $5 per installment and will be due 3, 6, and 9 months from policy inception, respectively.*

Again, thank you for being so patient and working with me to get this corrected.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, August 24, 2006 12:27 PM
To: Petertonjes, Connie
Subject: RE: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Petertonjes,

The section is not labeled as requested. We just require your statement indicating the title you will use.
The section says the premium will be divided into quarters, but does not mention when the subsequent payments will be due. Additionally, the language "for policies issued on a quarterly basis" should read "for policies with a quarterly payment plan".

Thank you for your prompt attention.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Thursday, August 24, 2006 9:39 AM
To: Neuman, Gayle
Subject: RE: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Neuman:

I have amended our Installment plan according to your guidelines listed below. Please let me know if this is acceptable. I will not be in the office tomorrow and will only be in for the morning on Monday (my daughter is starting kindergarten Monday), so I wanted to get this to you as soon as possible.

Thank you, again, for clarifying what needed to be done.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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E. Protective Devices or Services. Protective devices or services may be required. The policy must be endorsed to require that the company be notified if the devices or services are discontinued or out of service. Use Protective Safeguards Endorsement **IA 467.** This form contains the following clauses, of which one or more will apply to the risk being insured:

P-1 Automatic Sprinkler System Clause

P-2 Automatic Fire Alarm Clause

P-3 Security Service Clause

P-4 Security Contract Clause

P-9 Described Protective System.

6. MINIMUM PREMIUMS AND INSTALLMENTS

A. Minimum Premiums

1. The following policywriting minimum premiums applies:

   Dentist's Package Policy..... $ 300

2. Policywriting minimum premiums do not include premiums for Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability.

3. Policywriting minimum premiums are not subject to any modification.

4. Coverage Option minimum premiums may apply. Refer to Coverage Options Rule **12.**

B. Premium Payments

The total policy premium may be paid in annual, semi-annual or quarterly installments.

1. **Installments**

   a. For policies written on a semi-annual pay basis, divide the annual premium by two (2) and add $5.00 per installment.

   b. For policies written on a quarterly pay basis, divide the annual premium by four (4) and add $5.00 per installment.

Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]
Sent: Saturday, August 26, 2006 12:25 PM
To: Neuman, Gayle
Subject: RE: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Neuman:

I am sorry this has not been going smoothly. I was not expecting the state to be so particular in how this rule is being worded. Plus, the state's new guidelines are pretty much exactly how our company does quarterly payment plans. I am surprised to learn that other companies do not handle things in a similar fashion. I just assumed that a quarterly installment plan was meant to be due every quarter of the year. Before I have the final rule revised again, I would like to make sure I have finally understood the changes you require.

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Second, you need me to change the phrase "For policies written on a quarterly pay basis" to read "For policies written on a quarterly payment plan", is this correct?

Finally, I need to add clarification as to when the actual payments are due. Will this wording satisfy the state's concerns? (I basically just used the wording spelled out in your initial e-mail.)

> *For policies written on a quarterly payment plan, an initial payment of 25% of the total annual premium plus $5 will be due at policy inception. The remaining premium will be spread equally among the second, third, and fourth installments. Each of these subsequent installments will be 25% of the total annual premium plus $5 per installment and will be due 3, 6, and 9 months from policy inception, respectively.*

Again, thank you for being so patient and working with me to get this corrected.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, August 24, 2006 12:27 PM
To: Petertonjes, Connie
Subject: RE: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Petertonjes,

The section is not labeled as requested. We just require your statement indicating the title you will use. The section says the premium will be divided into quarters, but does not mention when the subsequent payments will be due. Additionally, the language "for policies issued on a quarterly basis" should read "for policies with a quarterly payment plan".

Thank you for your prompt attention.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Thursday, August 24, 2006 9:39 AM
To: Neuman, Gayle
Subject: RE: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Neuman:

I have amended our Installment plan according to your guidelines listed below. Please let me know if this is acceptable. I will not be in the office tomorrow and will only be in for the morning on Monday (my daughter is starting kindergarten Monday), so I wanted to get this to you as soon as possible.

Thank you, again, for clarifying what needed to be done.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, August 17, 2006 9:06 AM
To: Petertonjes, Connie
Subject: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Petertonjes,

As you know, the new Medical Professional Liability law in Illinois, PA94-677 (Senate Bill 475), requires insurers to implement a quarterly premium payment installment plan as prescribed by the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR).

This email is to advise you of the requirements being prescribed by the Secretary and by the Director of the Division of Insurance regarding the quarterly premium payment installment plan you are required to offer to your insureds. In reviewing the filing referenced above, we note that your quarterly installment plan does not meet and/or address some or all of the following prescribed requirements.

Please amend your rate/rule manual's quarterly installment plan provisions to comply with all of the following prescribed requirements and send me your updated manual pages no later than August 23, 2006.

Quarterly Premium Payment Installment Plan Prescribed Requirements

All companies writing medical liability insurance shall file with the Secretary or Director a plan to offer each

medical liability insured the option to make premium payments, in at least quarterly installments. For purposes of this requirement, insurers may, but are not required to, offer such premium installment plans to insureds whose annual premiums are less than $500, or for premium for any extension of a reporting period. Quarterly installment premium payment plans subject to this Section shall be included in the initial offer of the policy, or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer may, but need not re-offer such payment plan, but if an insured requests such payment plan at a later date, the insurer must make it available. All quarterly installment premium payment plan provisions shall be contained in the filed rate and/or rule manual in a section entitled, "Quarterly Installment Option" or a substantially similar title. If the company uses a substantially similar title, the Rule Submission Letter must indicate the name of the section that complies with this requirement. All quarterly installment premium payment plans shall include the minimum standards listed below. Insurers may provide for quarterly installment premium payment plans that differ from these minimum standards, as long as such plans have terms that are at least as or more favorable than those listed below.

i) An initial payment of no more than 40% of the estimated total premium due at policy inception;

ii) The remaining premium spread equally among the second, third, and fourth installments, with the maximum for such installments set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;

iii) No interest charges;

iv) Installment charges or fees of no more than 1% of the total premium or $25.00, whichever is less;

v) A provision stating that additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

Your immediate attention is requested.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Neuman, Gayle

From: Neuman, Gayle
Sent: Thursday, August 24, 2006 11:27 AM
To: 'Petertonjes, Connie'
Subject: RE: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Petertonjes,

The section is not labeled as requested. We just require your statement indicating the title you will use.
The section says the premium will be divided into quarters, but does not mention when the subsequent payments will be due. Additionally, the language "for policies issued on a quarterly basis" should read "for policies with a quarterly payment plan".

Thank you for your prompt attention.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Thursday, August 24, 2006 9:39 AM
To: Neuman, Gayle
Subject: RE: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Neuman:

I have amended our Installment plan according to your guidelines listed below. Please let me know if this is acceptable. I will not be in the office tomorrow and will only be in for the morning on Monday (my daughter is starting kindergarten Monday), so I wanted to get this to you as soon as possible.

Thank you, again, for clarifying what needed to be done.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, August 17, 2006 9:06 AM
To: Petertonjes, Connie
Subject: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Petertonjes,

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Please amend your rate/rule manual's quarterly installment plan provisions to comply with all of the following prescribed requirements and send me your updated manual pages no later than August 23, 2006.

Quarterly Premium Payment Installment Plan Prescribed Requirements

All companies writing medical liability insurance shall file with the Secretary or Director a plan to offer each medical liability insured the option to make premium payments, in at least quarterly installments. For purposes of this requirement, insurers may, but are not required to, offer such premium installment plans to insureds whose annual premiums are less than $500, or for premium for any extension of a reporting period. Quarterly installment premium payment plans subject to this Section shall be included in the initial offer of the policy, or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer may, but need not re-offer such payment plan, but if an insured requests such payment plan at a later date, the insurer must make it available. All quarterly installment premium payment plan provisions shall be contained in the filed rate and/or rule manual in a section entitled, "Quarterly Installment Option" or a substantially similar title. If the company uses a substantially similar title, the Rule Submission Letter must indicate the name of the section that complies with this requirement. All quarterly installment premium payment plans shall include the minimum standards listed below. Insurers may provide for quarterly installment premium payment plans that differ from these minimum standards, as long as such plans have terms that are at least as or more favorable than those listed below.

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iii) No interest charges;

iv) Installment charges or fees of no more than 1% of the total premium or $25.00, whichever is less;

v) A provision stating that additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

Your immediate attention is requested.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

E. **Protective Devices or Services.** Protective devices or services may be required. The policy must be endorsed to require that the company be notified if the devices or services are discontinued or out of service. Use Protective Safeguards Endorsement **IA 467.** This form contains the following clauses, of which one or more will apply to the risk being insured:

P-1 Automatic Sprinkler System Clause

P-2 Automatic Fire Alarm Clause

P-3 Security Service Clause

P-4 Security Contract Clause

P-9 Described Protective System.

6. MINIMUM PREMIUMS AND INSTALLMENTS

A. Minimum Premiums

1. The following policywriting minimum premiums applies:

   Dentist's Package Policy..... $ 300

2. Policywriting minimum premiums do not include premiums for Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Employers Liability, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability.

3. Policywriting minimum premiums are not subject to any modification.

4. Coverage Option minimum premiums may apply. Refer to Coverage Options Rule **12.**

B. Premium Payments

The total policy premium may be paid in annual, semi-annual or quarterly installments.

Installments

a. For policies written on a semi-annual pay basis, divide the annual premium by two (2) and add $5.00 per installment.

b. For policies written on a quarterly pay basis, divide the annual premium by four (4) and add $5.00 per installment.

c. There is no interest charge associated with the installment plan.

d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

7. PREMIUM

A. Changes in Amounts or Coverages

1. Additional Premium

a. Prorate all changes requiring an additional premium.

b. In computing the additional premium for:

(1) Any changes made to a coverage or location included at policy inception, use the rates and rules in effect on the effective date of the policy.

(2) Coverages or locations which are added after the policy inception (including additions of coverages, options and causes of loss to existing locations) use the rates and rules in effect as of the date of the change.

(3) Any changes made to a location or coverage which was added after the policy inception, use the rates developed when the coverage was added.

c. Waive additional premium amounts of $15.00 or less. This waiver applies only to that portion of the premium due on the effective date of the policy change.

2. Return Premium

a. Compute the return premium at the rates used to calculate the policy premium.

b. Compute return premium on a pro-rata basis and round to the nearest whole dollar when any coverage or exposure is deleted or a Limit of Insurance is reduced. Retain the policywriting minimum premium.

c. Waive return premium amounts of $15.00 or less, however, grant any return premium due if requested by the insured. This waiver applies only to that portion of the premium due on the effective date of the policy change.

Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]
Sent: Thursday, August 24, 2006 8:25 AM
To: Neuman, Gayle
Subject: FW: Dentists - Rate/Rule Filing #CDEN-06-7503-IL
Attachments: Pages from IL DEN 11-06 D.pdf

Ms. Neuman:

I was wondering if you have had a chance to review my response to your request regarding out installment plan. You had wanted a revised copy of that plan by August 23rd and I was waiting to hear back from you prior to revising the plan yet again. I also was waiting to revise the plan for PRO-06-7504-IL.

Am I able to get an extension on this filing as well as the professional liability filing, since we are still trying to work out the details? As soon as I hear back from you regarding the plans, it should only take 2 days for me to get the plan revised and sent to you for your review.

Thanks again for all your help. I am sure you are swamped with requests and I truly do appreciate your time.

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Petertonjes, Connie
Sent: Thursday, August 17, 2006 10:02 AM
To: 'Neuman, Gayle'
Subject: RE: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Neuman:

One of the items Allison Timmers handled in my absence for this Dentist's Professional filing was revising our Installment plan. She revised it and sent a copy to you in her response to your inquiries on June 1, 2006. I am attaching a copy of that page to this e-mail.

Am I correct in assuming that her revisions are not acceptable? She removed reference to the minimum premium required for an installment plan. (I do see that you indicated at the time that legislation was pending and that you might require additional changes, so I just need a little help determining what else I need to change about our plan.) I suppose there is something I am overlooking. Are you able to give me any guidance regarding what about the revised plan does not meet Illinois requirements?

Thank you for your assistance. I will wait to revise the Professional Liability version of our installment plan until after I hear back from you. I'd like for both of our programs to have the same wording.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, August 17, 2006 9:06 AM
To: Petertonjes, Connie
Subject: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Petertonjes,

As you know, the new Medical Professional Liability law in Illinois, PA94-677 (Senate Bill 475), requires insurers to implement a quarterly premium payment installment plan as prescribed by the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR).

This email is to advise you of the requirements being prescribed by the Secretary and by the Director of the Division of Insurance regarding the quarterly premium payment installment plan you are required to offer to your insureds. In reviewing the filing referenced above, we note that your quarterly installment plan does not meet and/or address some or all of the following prescribed requirements.

Please amend your rate/rule manual's quarterly installment plan provisions to comply with all of the following prescribed requirements and send me your updated manual pages no later than August 23, 2006.

Quarterly Premium Payment Installment Plan Prescribed Requirements

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`rest charges;

harges or fees of no more than 1% of the total premium or $25.00, whichever is less;

v) A provision stating that additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

Your immediate attention is requested.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

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P-1 Automatic Sprinkler System Clause

P-2 Automatic Fire Alarm Clause

P-3 Security Service Clause

P-4 Security Contract Clause

P-9 Described Protective System.

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3. Policywriting minimum premiums are not subject to any modification.

4. Coverage Option minimum premiums may apply. Refer to Coverage Options Rule **12.**

B. Premium Payments

The total policy premium may be paid in annual, semi-annual or quarterly installments.

1. **Installments**

   a. For policies written on a semi-annual pay basis, divide the annual premium by two (2) and add $5.00 per installment.

   b. For policies written on a quarterly pay basis, divide the annual premium by four (4) and add $5.00 per installment.

Neuman, Gayle

From: Neuman, Gayle
Sent: Thursday, August 24, 2006 8:37 AM
To: 'Petertonjes, Connie'
Subject: RE: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

I am sorry for taking so long to respond. I sent the same e-mail out to numerous companies.

Your filing does not contradict our requirements. But, we want your filing to specifically state the Quarterly Installment Option meets each requirement by stating, i.e. there are no interest charges; we do not charge an installment fee; how additional premium added midterm will be handled.

Thank you for your prompt attention. If possible, we would like to have your revised manual pages by Monday, August 28, 2006.

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Thursday, August 24, 2006 8:25 AM
To: Neuman, Gayle
Subject: FW: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Neuman:

I was wondering if you have had a chance to review my response to your request regarding out installment plan. You had wanted a revised copy of that plan by August 23rd and I was waiting to hear back from you prior to revising the plan yet again. I also was waiting to revise the plan for PRO-06-7504-IL.

Am I able to get an extension on this filing as well as the professional liability filing, since we are still trying to work out the details? As soon as I hear back from you regarding the plans, it should only take 2 days for me to get the plan revised and sent to you for your review.

Thanks again for all your help. I am sure you are swamped with requests and I truly do appreciate your time.

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Petertonjes, Connie
Sent: Thursday, August 17, 2006 10:02 AM
To: 'Neuman, Gayle'
Subject: RE: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Neuman:

One of the items Allison Timmers handled in my absence for this Dentist's Professional filing was revising our Installment plan. She revised it and sent a copy to you in her response to your inquiries on June 1, 2006. I am attaching a copy of that page to this e-mail.

Am I correct in assuming that her revisions are not acceptable? She removed reference to the minimum premium required for an installment plan. (I do see that you indicated at the time that legislation was pending and that you might require additional changes, so I just need a little help determining what else I need to change about our plan.) I suppose there is something I am overlooking. Are you able to give me any guidance regarding what about the revised plan does not meet Illinois requirements?

Thank you for your assistance. I will wait to revise the Professional Liability version of our installment plan until after I hear back from you. I'd like for both of our programs to have the same wording.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, August 17, 2006 9:06 AM
To: Petertonjes, Connie
Subject: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Petertonjes,

As you know, the new Medical Professional Liability law in Illinois, PA94-677 (Senate Bill 475), requires insurers to implement a quarterly premium payment installment plan as prescribed by the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR).

This email is to advise you of the requirements being prescribed by the Secretary and by the Director of the Division of Insurance regarding the quarterly premium payment installment plan you are required to offer to your insureds. In reviewing the filing referenced above, we note that your quarterly installment plan does not meet and/or address some or all of the following prescribed requirements.

Please amend your rate/rule manual's quarterly installment plan provisions to comply with all of the following prescribed requirements and send me your updated manual pages no later than August 23, 2006.

Quarterly Premium Payment Installment Plan Prescribed Requirements

All companies writing medical liability insurance shall file with the Secretary or Director a plan to offer each medical liability insured the option to make premium payments, in at least quarterly installments. For purposes of this requirement, insurers may, but are not required to, offer such premium installment plans to insureds whose annual premiums are less than $500, or for premium for any extension of a reporting period. Quarterly installment premium payment plans subject to this Section shall be included in the initial offer of the policy, or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer may, but need not re-offer such payment plan, but if an insured requests such payment plan at a later date, the insurer must make it available. All quarterly installment premium payment plan provisions shall be contained in the filed rate and/or rule manual in a section entitled, "Quarterly Installment Option" or a substantially similar title. If the company uses a substantially similar

title, the Rule Submission Letter must indicate the name of the section that complies with this requirement. All quarterly installment premium payment plans shall include the minimum standards listed below. Insurers may provide for quarterly installment premium payment plans that differ from these minimum standards, as long as such plans have terms that are at least as or more favorable than those listed below.

i) An initial payment of no more than 40% of the estimated total premium due at policy inception;

ii) The remaining premium spread equally among the second, third, and fourth installments, with the maximum for such installments set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;

iii) No interest charges;

iv) Installment charges or fees of no more than 1% of the total premium or $25.00, whichever is less;

v) A provision stating that additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

Your immediate attention is requested.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Neuman, Gayle

From: Neuman, Gayle
Sent: Thursday, August 17, 2006 8:06 AM
To: 'Petertonjes, Connie'
Subject: Dentists - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Petertonjes,

As you know, the new Medical Professional Liability law in Illinois, PA94-677 (Senate Bill 475), requires insurers to implement a quarterly premium payment installment plan as prescribed by the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR).

This email is to advise you of the requirements being prescribed by the Secretary and by the Director of the Division of Insurance regarding the quarterly premium payment installment plan you are required to offer to your insureds. In reviewing the filing referenced above, we note that your quarterly installment plan does not meet and/or address some or all of the following prescribed requirements.

Please amend your rate/rule manual's quarterly installment plan provisions to comply with all of the following prescribed requirements and send me your updated manual pages no later than August 23, 2006.

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i) An initial payment of no more than 40% of the estimated total premium due at policy inception;

ii) The remaining premium spread equally among the second, third, and fourth installments, with the maximum for such installments set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;

iii) No interest charges;

iv) Installment charges or fees of no more than 1% of the total premium or $25.00, whichever is less;

v) A provision stating that additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

Your immediate attention is requested.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]
Sent: Thursday, August 10, 2006 8:19 AM
To: Neuman, Gayle
Cc: Anderson, Julie
Subject: Dentist's Package Policy - Rate/Rule Filing #CDEN-06-7503-IL
Attachments: 2005 Calendar Year Information.pdf; RF-3 - CDEN-06-7503-IL.pdf

Dear Ms. Neuman:

I am attaching a revised RF-3. I had our actuary give me a break-out for 2005 for this Dentist Package Program. I am also attaching an exhibit titled "2005 Calendar Year Information" showing our Written and Earned Premium for the different coverages.

Please let me know if you have any questions.

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Timmers, Allison
Sent: Friday, July 28, 2006 7:37 AM
To: Petertonjes, Connie
Subject: FW: Dentist's Package Policy - Rate/Rule Filing #CDEN-06-7503-IL

Connie:

I received this e-mail from IL DOI. Do you care handle this?

Thanks,
Allison

From: Anderson, Julie [mailto:Julie.A.Anderson2@illinois.gov]
Sent: Thursday, July 27, 2006 4:56 PM
To: Timmers, Allison
Cc: Neuman, Gayle
Subject: Dentist's Package Policy - Rate/Rule Filing #CDEN-06-7503-IL

Hello, Ms. Timmers,

My name is Julie Anderson and I am the actuary with the IL Division of Insurance responsible for reviewing medical malpractice rate filings. I have done an initial review of your company's Dentist's Package Policy and

have a few questions regarding the actuarial exhibits provided. Would you please provide me with the contact information for your company's actuary so that I may correspond with him or her? In the meantime, my questions are as follows:

1) For your changes by territory, please provide actuarial justification for these changes.

2) Your Exhibit labeled Professional Liability Comparison that contains a summary of the changes by class and territory shows that the total latest year written premium for Dentists' Professional. This amount ($917,487) looks low in comparison to the latest year earned premium for Dentists' Professional shown in the Rate Level Indication ($2,574,866). Please explain why the earned premium is nearly three times the written premium.

3) Please provide actuarial support for your selected factors for Unallocated Loss Adjustment Expenses.

4) In your 6/1/06 answers to questions from Gayle Neumann, it states that you haven't filed a rate for Class 3 since this class is not eligible for coverage, but you have also mentioned that you have moved some dentists from class 3 to a newly created class 2b. The rate effect for class 2b is shown as -15% with the current rate being $2,540. Please clarify how class 3 can have a current rate shown of $2,540 if there is no rate currently filed and how you will track loss experience for dentists not eligible for coverage. Do you intend to begin writing this type of dentist?

Thank you. I look forward to working with you. Please provide your response by August 10, 2006.

Julie Anderson
Assistant Casualty Actuary
IL Dept of Financial and Professional Regulation
Division of Insurance
Phone: 217-524-5421
Fax: 217-524-2271

Please note that my e-mail address has changed to: Julie.A.Anderson2@illinois.gov

This email message, including any attachments, is intended for the sole use of the addressee and it contains information that may be confidential, privileged and/or exempt from disclosure under applicable laws. Additionally, this email may contain information that is prohibited from disclosure by the Illinois Insurance Code 215 ILCS 5/101 et seq and any unauthorized disclosure may result in civil forfeitures or criminal penalties. This email is intended to be conveyed only to the designated recipient(s). If you are not an intended recipient of this message, please notify the sender by replying to this message, Julie.A.Anderson2@illinois.gov, and then delete it from your system. Use, dissemination, distribution, or reproduction of this message by unintended recipients is not authorized and may be unlawful.

Illinois
Dentist BOP
2005 Calendar Year Information

Coverage	Written Premium	Earned Premium
Property	2,449,498	2,381,771
Professional	2,595,181	2,574,866
Other Liability	322,842	286,515
Total	5,367,521	5,243,152

Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]
Sent: Wednesday, August 09, 2006 2:26 PM
To: Neuman, Gayle
Subject: FW: Dentist's Package Policy - Rate/Rule Filing #CDEN-06-7503-IL

Dear Ms. Neuman:

Allison Timmers forwarded your e-mail to me, since I am the analyst that actually handles Illinois. (She worked on this one for my while I was on maternity leave.) I wanted to let you know that I have given your request to actuarial team and they are figuring out the break out of premium by coverage as requested. I should have a revised RF-3 to you by next week. If you do have any other questions regarding this filing, feel free to contact me directly.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Timmers, Allison
Sent: Monday, July 31, 2006 9:49 AM
To: Petertonjes, Connie
Subject: FW: Dentist's Package Policy - Rate/Rule Filing #CDEN-06-7503-IL

Connie:

Another e-mail from Gayle.

Thanks,
Allison

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Monday, July 31, 2006 9:42 AM
To: Timmers, Allison
Cc: Anderson, Julie
Subject: Dentist's Package Policy - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Timmers,

The RF-3 form submitted on June 2, 2006 requires additional changes. As the filing indicates this is a "package" coverage, you will need to separate, by line of coverage (i.e. professional liability, commercial property,

commercial liability, commercial multi-peril), each coverage on the RF-3 form and indicate the premium written and percent of rate change per line of coverage. Your prompt attention is appreciated.

Gayle Neuman
Property & Casualty Compliance Unit, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through our website at http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm.

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Neuman, Gayle

From: Timmers, Allison [Allison_Timmers@CINFIN.com]
Sent: Friday, June 02, 2006 3:08 PM
To: Neuman, Gayle
Subject: RE: Dentist's Package Policy - Rate/Rule Filing #CDEN-06-7503-IL

Dear Ms. Neuman:

We have attached a corrected RF-3, which include the changes mentioned in #4 listed below.

The Guide pages are an internal guide for definitions and applications, which are not required to be filed. Please accept my apologies for these pages were sent in error.

If you need any additional information, please let me know.

Sincerely,

Allison Timmers

From: Neuman, Gayle [mailto:GNeuman@idfpr.com]
Sent: Friday, June 02, 2006 9:11 AM
To: Timmers, Allison
Subject: RE: Dentist's Package Policy - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Timmers,

Please provide a copy of a corrected RF-3 form indicating the information listed in #4 of your attached e-mail.

Additionally, we have received pages DN-1 through DN-41 plus pages marked GUIDE-1 and GUIDE-4. It would seem there are other pages marked GUIDE that have not been provided.

Your prompt attention is appreciated.

From: Timmers, Allison [mailto:Allison_Timmers@cinfin.com]
Sent: Thursday, June 01, 2006 8:11 AM
To: Neuman, Gayle
Subject: RE: Dentist's Package Policy - Rate/Rule Filing #CDEN-06-7503-IL

Dear Ms. Neuman:

In response to questions/issues for CDEN-06-7503-IL:

1) Please see sign and attached certification form.

2) We report our statistics to ISO, but ISO does not file on our behalf.

3) Actuarial exhibits are attached.

4) A rate was never filed for Class 3. In **Rule 12. Coverage Options, B.6.b. Classifications** on page DN-25 it states that Class 3 Dentists are not eligible for coverage. Also, Class 1 rates are not changing. We have mistakenly listed

THE CINCINNATI INSURANCE COMPANY
ILLINOIS
DENTIST'S PACKAGE PROGRAM MANUAL
UNDERWRITING GUIDELINES

1. PROFESSIONAL LIABILITY

A. Coverage / Forms

Occurrence **(PA 128)**

1. Features:

   a. Coverage (with separate Limits of Liability) for independent contractor hygienists and assistants, and employees, other than employed physicians, nurse anesthetists or dentists, is included at no charge.

   b. Pure consent: No professional claim will be settled without the insured's written consent.

   c. Coverage for the corporation or partnership is included at no charge (code 80239).

B. Classifications

Coverage for Dentist's Professional Liability is offered for Dentist Class 1 (Professional Liability Class 80226); Class 2 (Professional Liability Class 80227); Class 2A (Professional Liability Class 80229); and Class 2B (Professional Liability Class 30028). Corporation, Limited Liability Company or Partnership (Professional Liability Class 80239) is included if applicable.

Note: Class 3 Dentists are not eligible.

Procedure and / or Specialty	Class	Anesthesia
General Dentistry Endodontics Pedodontics Prosthodontics Orthodontics Periodontics / Non-Osseous Surgery, Non-Advanced or Non-Refractory Progressive Periodontitis Implant Prostheses / Non-Surgical Extraction of Erupted Third Molars	1	In the Office: Local N_2O Oral Administered by other than an insured or insured's employee: General Deep Intra Muscular (I.M.)
Periodontics / Osseous Surgery, Advanced or Refractory Progressive Periodontitis Extraction of Impacted Third Molars Soft Tissue or Partial Bony Only	2	Conscious IV
Implants / Surgical	2A	Conscious IM
Extraction of Impacted Third Molars Other Than Soft Tissue or Other Than Partial Bony	2B	Conscious IM
Oral or Maxillofacial Surgeon	3	General anesthesia and / or Deep Sedation given in a dosage designed to render the patient unconscious and done in the office; or in a hospital if administered by an insured or insured's employee.
Any Procedure or Anesthesia in a higher class would make the higher class applicable.		

Under Oral Surgery, if Orthognathic Surgery, Reducing Fractures or Traumatic Surgery are checked, the dentist is a class 3 Oral Surgeon and should be declined.

Under Prosthodontics, if "fixed" is checked, refer to question **5.b.** Section **V** on implants.

Under Endodontics, if "yes" to use of Sargenti paste / cement, then decline.

If doing any percentage of endodontic work and not an Endodontist specialist, see manual for debit.

4. b. 1. If dentist extracts third molars:

Erupted = Class 1

Impacted Soft Tissue or Partial Bony Only = Class 2

Impacted Other Than Soft Tissue or Other Than Partial Bony = Class 2B

2. If "no" to oral cancer examinations, 15% debit.

5. c. If "yes" and the dentist uses splints and guards and does no TMJ surgery - class 1. If doing TMJ surgery, decline.

5. d. & e. If "yes", look for the types of procedures the dentist is performing with the laser. Do the procedures coincide with the procedures indicated under **#4**, Section **V.**

6. A certificate of insurance with a minimum limit of $1,000,000 is required from subcontractors.

7. Hygienist - included.
Dental Assistant - included.
E.F.D.A. (Expanded Functional Dental Assistant) and A.Q.P. (Advanced Qualified Personnel) - included.
Anesthesiologist / Anesthetist - We will not provide coverage.
Others - Understand their job duties.

F. Section VI - Anesthetic and Other Information

Question #:

1. To determine the appropriate classification of a dentist you will need to first determine the procedures performed and secondly, the type of anesthesia administered and where it is administered.

e. If general anesthesia is administered by the dentist or employee of the dentist, decline.

2. A permit of authorization must be issued by the appropriate state dental board in order to administer conscious IV sedation.

3. If applicant is a general dentist and does not refer any of his / her patients, this should be a "red flag". Applicant could be performing procedures that only a trained specialist should be doing.

4. If "no", decline or applicant must verify in writing that he / she will start getting complete medical history.

7. If dentist performs extraction of third molar or Class 2 periodontal work, then dentist should be using an informed consent form. If "no", and doing above, decline.

G. Section VII - Prior Acts Coverage

Question #:

Neuman, Gayle

From: Timmers, Allison [Allison_Timmers@cinfin.com]
Sent: Thursday, June 01, 2006 8:11 AM
To: Neuman, Gayle
Subject: RE: Dentist's Package Policy - Rate/Rule Filing #CDEN-06-7503-IL

Dear Ms. Neuman:

In response to questions/issues for CDEN-06-7503-IL:

1) Please see sign and attached certification form.

2) We report our statistics to ISO, but ISO does not file on our behalf.

3) Actuarial exhibits are attached.

4) A rate was never filed for Class 3. In **Rule 12. Coverage Options, B.6.b. Classifications** on page DN-25 it states that Class 3 Dentists are not eligible for coverage. Also, Class 1 rates are not changing. We have mistakenly listed this change in the RF-3.

5) We have removed the annual premium limitation from our installment payment plan on pages DN-4 and DN-5. Please see attached revisions made to **Rule # 6**.

Thanks for your patience in waiting for my reply. If you need anything further, please let me know.

Sincerely,

Allison Timmers

From: Neuman, Gayle [mailto:GNeuman@idfpr.com]
Sent: Friday, May 26, 2006 10:32 AM
To: Timmers, Allison
Subject: RE: Dentist's Package Policy - Rate/Rule Filing #CDEN-06-7503-IL

It is Senate Bill 475. We also have pending legislation in regard to the installment premium payment plan.

From: Timmers, Allison [mailto:Allison_Timmers@CINFIN.com]
Sent: Friday, May 26, 2006 9:25 AM
To: Neuman, Gayle
Subject: RE: Dentist's Package Policy - Rate/Rule Filing #CDEN-06-7503-IL

Dear Ms. Neuman:

In regards to the installment payment plan, could you please provide me with the statute number of the law cited?

Thank you for your assistance,

Allison Timmers

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, _____(Name of officer typed or printed)_____, a duly authorized officer of _____(Name of Insurer typed or printed)_____, 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, _____(Name of actuary typed or printed)_____, a duly authorized actuary of _____(Name of actuary firm typed or printed)_____ am authorized to certify on behalf of (Name of Insurance 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.

_____ _____
Signature and Title of Authorized Insurance Company Officer Date

_____ _____
Signature, Title and Designation of Authorized Actuary Date

Insurance Company FEIN __ - _ _ _ _ _ _ Filing Number _____

Insurer's Address _____

City _____State_____ Zip Code_____

Contact Person's:
-Name and E-mail _____

-Direct Telephone and Fax Number_____

Neuman, Gayle

From: Neuman, Gayle
Sent: Wednesday, May 24, 2006 11:02 AM
To: 'Timmers, Allison'
Subject: Dentist's Package Policy - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Timmers,

Please address the following questions/issues for the above referenced filing:

1. 215 ILCS 5/155.18 states it shall be certified in this 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. Please complete the attached certification form or one with similar information.

2. 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?

3. Please provide the actuarial documentation needed to determine the manner used to set the filed rates and reasonableness of those rates.

4. The description of the filing on the RF-3 Summary Sheet indicates dentists were moved from Class 3 to 2b - however the rate manual previously filed does not list a Class 3. Additionally, the RF-3 states the rates for class 1 are increasing, however the numbers show they have stayed the same. Please explain these issues.

5. In regard to the installment payment plan, we require the minimum annual premium limitation for such be removed. The language in the law states the installment payment plan shall be offered to every medical liability insured. There was no premium threshold included in the law to allow a minimum premium limitation. Therefore, please submit an updated manual page with such change. Additionally, there is current legislation pending in regard to the installment payment plan. Upon such legislation being finalized, we will advise you if the manual would require additional information or changes.

Your prompt attention is appreciated.

Gayle Neuman
Property & Casualty Compliance Unit, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through our website at http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm.

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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.

Neuman, Gayle

From: Timmers, Allison [Allison_Timmers@CINFIN.com]
Sent: Friday, May 19, 2006 10:52 AM
To: Neuman, Gayle
Subject: RE: Dentist's Package Policy - Rate/Rule Filing #CDEN-06-7503-IL

Dear Ms. Neuman:

I have attached the DN pages you have requested.

If you need anything further, please let me know.

Thank You,
Allison Timmers

From: Neuman, Gayle [mailto:GNeuman@idfpr.com]
Sent: Friday, May 19, 2006 10:20 AM
To: Timmers, Allison
Subject: Dentist's Package Policy - Rate/Rule Filing #CDEN-06-7503-IL

Ms. Timmers,

We request you provide a complete copy of the manual pages (pages labeled "DN"- currently 41) with the changes proposed. Your prompt attention is appreciated.

Gayle Neuman
Property & Casualty Compliance Unit, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through our website at http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm.

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PROFESSIONAL LIABILITY COMPARISON

STATE: ILLINOIS
LINE: DENTIST BOP

Dentists
(100/300 LIMITS)

TERRITORY 01 CLASS CODE M.D.	Class	OLD TERR ALL	NEW TERR ALL	% CHANGE TERR ALL	WRITTEN PREMIUM: TERR ALL	NET EFFECT: TERR ALL
80226	1	1,056	1,056	0.00%	16,341	16,341
80227	2	1,279	1,599	25.02%	4,809	6,012
80229	2a	2,540	3,175	25.00%	0	0
80230	2b	2,540	2,159	-15.00%	0	0
			Territory 1	5.69%	21,150	22,353

TERRITORY 02 CLASS CODE M.D.	Class	OLD TERR ALL	NEW TERR ALL	% CHANGE TERR ALL	WRITTEN PREMIUM: TERR ALL	NET EFFECT: TERR ALL
80226	1	754	754	0.00%	646,214	646,214
80227	2	914	1,143	25.05%	173,147	216,528
80229	2a	1,814	2,268	25.03%	76,976	96,241
80230	2b	1,814	1,543	-14.94%	0	0
			Territory 2	6.99%	896,337	958,984
			Total	**6.96%**	917,487	981,337

THE CINCINNATI INSURANCE COMPANIES

EXHIBIT A - RATE LEVEL INDICATION

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROFESSIONAL
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

Effective Date: 11/15/2006

		2001	2002	2003	2004	2005	TOTAL
1.	Earned Premium	1,768,983	1,894,913	2,261,110	2,378,694	2,574,866	
2.	Current Level Factors	1.1145	1.1154	1.1041	1.0916	1.0671	
3.	Earned Premium @ Current Level	1,971,588	2,113,550	2,496,584	2,596,473	2,747,566	11,925,762
4.	Ultimate Incurred Losses and ALAE	1,955,504	5,205,865	3,610,663	3,112,466	1,078,629	
5.	Unallocated Loss Adj Expense Factor	1.0760	1.0890	1.0940	1.0930	1.1010	
6.	Ultimate Incurred Losses and LAE	2,104,122	5,669,187	3,950,065	3,401,926	1,187,570	
7.	Loss Trend Factor	1.5658	1.4842	1.4068	1.3335	1.2639	
8.	Trended Incurred Losses and LAE	3,294,657	8,414,100	5,556,978	4,536,353	1,501,028	23,303,116
9.	Proj Loss and LAE Ratio	167.1 %	398.1 %	222.6 %	174.7 %	54.6 %	
10.	Proj Loss and LAE Ratio Weights	20.0 %	20.0 %	20.0 %	20.0 %	20.0 %	
11.	Weighted Projected Loss Ratio						203.4 %
12.	Permissible Loss Ratio						67.0 %
13.	Indicated Rate Level Change						203.5 %
14.	Number of Claims	17	41	42	63	61	225
15.	Credibility						45.6 %
16.	Annual Trend Factor				AS-PR-2005-142		1.0550
17.	Credibility-Weighted Indicated						95.8 %

THE CINCINNATI INSURANCE COMPANIES

Exhibit B - Incurred Losses

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROFESSIONAL
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1996	437,777	554,343	1,371,353	1,449,353	1,337,752	1,067,995	1,138,995	1,138,995	1,138,995	1,138,995
1997	182,000	672,954	819,154	784,765	804,404	826,186	751,186	654,404	654,404	
1998	240,091	478,121	756,349	737,871	601,179	508,871	508,871	508,871		
1999	356,497	622,422	1,106,992	1,148,712	1,310,595	1,249,431	1,065,140			
2000	252,834	708,761	1,494,413	1,541,273	1,562,956	2,376,220				
2001	190,000	446,860	666,378	537,694	649,013					
2002	1,559,954	2,111,970	4,008,417	4,001,807						
2003	571,921	1,100,292	2,429,659							
2004	497,260	1,259,939								
2005	238,338									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1996	1.2663	2.4738	1.0569	0.9230	0.7984	1.0665	1.0000	1.0000	1.0000
1997	3.6975	1.2173	0.9580	1.0250	1.0271	0.9092	0.8712	1.0000	
1998	1.9914	1.5819	0.9756	0.8147	0.8465	1.0000	1.0000		
1999	1.7459	1.7785	1.0377	1.1409	0.9533	0.8525			
2000	2.8033	2.1085	1.0314	1.0141	1.5203				
2001	2.3519	1.4912	0.8069	1.2070					
2002	1.3539	1.8980	0.9984						
2003	1.9239	2.2082							
2004	2.5338								

Exhibit B - Incurred Losses (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	2.1853	1.8447	0.9807	1.0208	1.0291	0.9571	0.9571	1.0000	1.0000
All Years straight average excluding high/low factors	2.1006	1.8444	1.0002	1.0258	0.9423	0.9546	1.0000	1.0000	1.0000
3 year volume-weighted average	1.7010	1.9416	0.9857	1.0914	1.1899	0.8997	0.9597		
5 year volume-weighted average	1.8320	1.9449	0.9919	1.0374	1.0733				
5 year volume-weighted average excluding high/low factors	2.2293	1.9197	1.0035	1.0585	0.9515				
9 year volume-weighted average excluding high/low factors	1.8341								
Selected user averages	1.8320	1.9449	0.9919	1.0374	1.0733	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2001	60-Ultimate	1.0733
2002	48-Ultimate	1.1135
2003	36-Ultimate	1.1045
2004	24-Ultimate	2.1481
2005	12-Ultimate	3.9353

THE CINCINNATI INSURANCE COMPANIES

Exhibit C - Paid Losses

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROFESSIONAL
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1996	12,777	119,343	541,353	780,853	867,495	893,995	1,138,995	1,138,995	1,138,995	1,138,995
1997	7,000	79,954	416,654	524,404	524,404	549,404	654,404	654,404	654,404	
1998	91	233,121	276,349	353,871	465,371	508,871	508,871	508,871		
1999	77,997	127,922	396,918	504,418	636,918	736,918	768,918			
2000	13,484	56,261	163,511	788,511	1,135,511	1,257,511				
2001	1,250	14,360	16,360	124,610	242,851					
2002	67,954	83,454	328,954	3,028,454						
2003	2,588	75,248	755,248							
2004	4,500	143,171								
2005	2,686									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1996	9.3405	4.5361	1.4424	1.1110	1.0305	1.2741	1.0000	1.0000	1.0000
1997	11.4220	5.2112	1.2586	1.0000	1.0477	1.1911	1.0000	1.0000	
1998	2,561.7692	1.1854	1.2805	1.3151	1.0935	1.0000	1.0000		
1999	1.6401	3.1028	1.2708	1.2627	1.1570	1.0434			
2000	4.1724	2.9063	4.8224	1.4401	1.1074				
2001	11.4880	1.1393	7.6167	1.9489					
2002	1.2281	3.9417	9.2063						
2003	29.0757	10.0368							
2004	31.8158								

Exhibit C - Paid Losses (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	295.7724	4.0075	3.8425	1.3463	1.0872	1.1271	1.0000	1.0000	1.0000
All Years straight average excluding high/low factors	14.1364	3.4806	3.2866	1.2822	1.0829	1.1173	1.0000	1.0000	1.0000
3 year volume-weighted average	4.0227	6.3594	7.7464	1.4217	1.1186	1.0763	1.0000		
5 year volume-weighted average	4.1491	4.6494	4.0605	1.3089	1.0873				
5 year volume-weighted average excluding high/low factors	8.4210	3.3231	2.7772	1.3589	1.0896				
9 year volume-weighted average excluding high/low factors	5.1528								
Selected user averages	4.1491	4.6494	4.0605	1.3089	1.0873	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2001	60-Ultimate	1.0873
2002	48-Ultimate	1.4232
2003	36-Ultimate	5.7791
2004	24-Ultimate	26.8694
2005	12-Ultimate	111.4851

THE CINCINNATI INSURANCE COMPANIES

Exhibit D - Ratio of Paid ALAE to Paid Losses

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROFESSIONAL
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1996	0.1897	0.3089	0.2446	0.3632	0.4599	0.5242	0.4885	0.4885	0.4885	0.4890
1997	0.1176	0.2183	0.1621	0.2241	0.2824	0.3772	0.3756	0.3898	0.3898	
1998	35.7802	0.1531	0.4019	0.5332	0.5852	0.5952	0.5952	0.5952		
1999	0.0437	0.2440	0.3509	0.4822	0.4936	0.5011	0.6134			
2000	0.3622	0.7482	1.3572	0.7588	0.6453	0.6827				
2001	5.4904	1.8401	6.8815	2.6270	1.6234					
2002	0.0746	1.1375	0.8967	0.1558						
2003	5.6264	1.4725	0.4193							
2004	9.3378	1.0452								
2005	2.8094									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1996	1.6283	0.7920	1.4847	1.2661	1.1400	0.9318	1.0000	1.0000	1.0012
1997	1.8569	0.7425	1.3825	1.2601	1.3359	0.9958	1.0377	1.0000	
1998	0.0043	2.6254	1.3265	1.0976	1.0170	1.0000	1.0000		
1999	5.5856	1.4381	1.3743	1.0237	1.0152	1.2240			
2000	2.0656	1.8140	0.5591	0.8505	1.0579				
2001	0.3352	3.7397	0.3818	0.6180					
2002	15.2551	0.7883	0.1738						
2003	0.2617	0.2848							
2004	0.1119								

Exhibit D - Ratio of Paid ALAE to Paid Losses (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	3.0116	1.5281	0.9547	1.0193	1.1132	1.0379	1.0126	1.0000	1.0012
All Years straight average excluding high/low factors	1.6922	1.3667	1.0048	1.0580	1.0716	0.9979	1.0000	1.0000	1.0012
3 year straight average	5.2096	1.6043	0.3715	0.8307	1.0300	1.0733	1.0126		
5 year straight average	3.6059	1.6130	0.7631	0.9700	1.1132				
5 year straight average excluding high/low factors	0.8875	1.3468	0.7558	0.9906	1.0716				
Selected user averages	3.6059	1.6130	0.7631	0.9700	1.1132	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2001	60-Ultimate	1.1132
2002	48-Ultimate	1.0798
2003	36-Ultimate	0.8240
2004	24-Ultimate	1.3290
2005	12-Ultimate	4.7924

THE CINCINNATI INSURANCE COMPANIES

Exhibit E - Claim Count

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROFESSIONAL
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1996	7	16	28	30	31	31	31	31	31	32
1997	6	16	22	23	23	25	25	25	25	
1998	5	11	17	18	19	19	19	19		
1999	8	20	28	28	28	28	28			
2000	8	22	33	33	35	35				
2001	4	7	13	15	17					
2002	11	20	33	39						
2003	10	24	37							
2004	20	36								
2005	17									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1996	2.2857	1.7500	1.0714	1.0333	1.0000	1.0000	1.0000	1.0000	1.0323
1997	2.6667	1.3750	1.0455	1.0000	1.0870	1.0000	1.0000	1.0000	
1998	2.2000	1.5455	1.0588	1.0556	1.0000	1.0000	1.0000		
1999	2.5000	1.4000	1.0000	1.0000	1.0000	1.0000			
2000	2.7500	1.5000	1.0000	1.0606	1.0000				
2001	1.7500	1.8571	1.1538	1.1333					
2002	1.8182	1.6500	1.1818						
2003	2.4000	1.5417							
2004	1.8000								

Exhibit E - Claim Count (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	2.2412	1.5774	1.0731	1.0471	1.0174	1.0000	1.0000	1.0000	1.0323
All Years straight average excluding high/low factors	2.2387	1.5645	1.0659	1.0374	1.0000	1.0000	1.0000	1.0000	1.0323
3 year volume-weighted average	1.9512	1.6275	1.1013	1.0526	1.0000	1.0000	1.0000		
5 year volume-weighted average	2.0566	1.5484	1.0726	1.0427	1.0147				
5 year volume-weighted average excluding high/low factors	1.9512	1.5606	1.0517	1.0405	1.0000				
9 year volume-weighted average excluding high/low factors	2.1343								
Selected user averages	2.0566	1.5484	1.0726	1.0427	1.0147	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2001	60-Ultimate	1.0147
2002	48-Ultimate	1.0581
2003	36-Ultimate	1.1349
2004	24-Ultimate	1.7572
2005	12-Ultimate	3.6139

THE CINCINNATI INSURANCE COMPANIES

CALCULATION OF ULTIMATE INCURRED LOSSES AND ALAE

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROFESSIONAL
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

Year	Paid Losses To Date	Cumulative LDF	Estimated Ultimate Losses	Incurred Losses To Date	Cumulative LDF	Estimated Ultimate Losses
2001	242,851	1.0873	264,060	649,013	1.0733	696,597
2002	3,028,454	1.4232	4,310,227	4,001,807	1.1135	4,456,005
2003	755,248	5.7791	4,364,619	2,429,659	1.1045	2,683,464
2004	143,171	26.8694	3,846,918	1,259,939	2.1481	2,706,492
2005	2,686	111.4851	299,449	238,338	3.9353	937,938

Year	Selected Ultimate Losses	Ratio of Paid ALAE to Paid Losses	Cumulative LDF	Estimated Ultimate Ratio of Paid to Paid	Selected Ultimate Ratio of Paid to Paid	Estimated Ultimate ALAE
2001	696,597	1.6234	1.1132	1.8072	1.8072	1,258,907
2002	4,456,005	0.1558	1.0798	0.1683	0.1683	749,860
2003	2,683,464	0.4193	0.8240	0.3455	0.3455	927,199
2004	2,706,492	1.0452	1.3290	1.3891	0.1500	405,974
2005	937,938	2.8094	4.7924	13.4636	0.1500	140,691

EXHIBIT A - RATE LEVEL INDICATION

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-OTHER LIABILITY
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

Effective Date: 11/15/2006

		2001	2002	2003	2004	2005	TOTAL
1.	Earned Premium	59,271	69,318	127,627	206,578	286,515	
2.	Current Level Factors	1.0935	1.0908	1.0885	1.0877	1.0672	
3.	Earned Premium @ Current Level	64,812	75,615	138,924	224,690	305,758	809,799
4.	Ultimate Incurred Losses and ALAE	0	0	0	0	10,000	
5.	Unallocated Loss Adj Expense Factor	1.0760	1.0890	1.0940	1.0930	1.1010	
6.	Ultimate Incurred Losses and LAE	0	0	0	0	11,010	
7.	Loss Trend Factor	1.3447	1.2980	1.2529	1.2094	1.1673	
8.	Trended Incurred Losses and LAE	0	0	0	0	12,852	12,852
9.	Proj Loss and LAE Ratio	0.0 %	0.0 %	0.0 %	0.0 %	4.2 %	
10.	Proj Loss and LAE Ratio Weights	20.0 %	20.0 %	20.0 %	20.0 %	20.0 %	
11.	Weighted Projected Loss Ratio						0.8 %
12.	Permissible Loss Ratio						67.0 %
13.	Indicated Rate Level Change						-98.7 %
14.	Number of Claims	0	0	0	0	1	1
15.	Credibility						3.0 %
16.	Annual Trend Factor				LI-BP-05-425		1.0360
17.	Credibility-Weighted Indicated						0.5 %

THE CINCINNATI INSURANCE COMPANIES

Exhibit B - Incurred Losses

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-OTHER LIABILITY
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1996	0	0	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	0	0	0	
1998	0	0	0	0	0	0	0	0		
1999	0	0	0	0	0	0	0			
2000	0	0	0	0	0	0				
2001	0	0	0	0	0					
2002	0	0	0	0						
2003	100,000	100,000	0							
2004	0	0								
2005	10,000									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1996									
1997									
1998									
1999									
2000									
2001									
2002									
2003	1.0000	0.0000							
2004									

Exhibit B - Incurred Losses (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	1.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
All Years straight average excluding high/low factors	1.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
3 year volume-weighted average	1.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000		
5 year volume-weighted average	1.0000	0.0000	0.0000	0.0000	0.0000				
5 year volume-weighted average excluding high/low factors	1.0000	0.0000	0.0000	0.0000	0.0000				
9 year volume-weighted average excluding high/low factors	1.0000								
Selected user averages	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2001	60-Ultimate	1.0000
2002	48-Ultimate	1.0000
2003	36-Ultimate	1.0000
2004	24-Ultimate	1.0000
2005	12-Ultimate	1.0000

THE CINCINNATI INSURANCE COMPANIES

Exhibit C - Paid Losses

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-OTHER LIABILITY
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1996	0	0	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	0	0	0	
1998	0	0	0	0	0	0	0	0		
1999	0	0	0	0	0	0	0			
2000	0	0	0	0	0	0				
2001	0	0	0	0	0					
2002	0	0	0	0						
2003	0	0	0							
2004	0	0								
2005	0									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1996									
1997									
1998									
1999									
2000									
2001									
2002									
2003									
2004									

Exhibit C - Paid Losses (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
All Years straight average excluding high/low factors	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
3 year volume-weighted average	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000		
5 year volume-weighted average	0.0000	0.0000	0.0000	0.0000	0.0000				
5 year volume-weighted average excluding high/low factors	0.0000	0.0000	0.0000	0.0000	0.0000				
9 year volume-weighted average excluding high/low factors	0.0000								
Selected user averages	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2001	60-Ultimate	1.0000
2002	48-Ultimate	1.0000
2003	36-Ultimate	1.0000
2004	24-Ultimate	1.0000
2005	12-Ultimate	1.0000

THE CINCINNATI INSURANCE COMPANIES

Exhibit D - Ratio of Paid ALAE to Paid Losses

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-OTHER LIABILITY
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1996	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1997	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	
1998	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000		
1999	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000			
2000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000				
2001	0.0000	0.0000	0.0000	0.0000	0.0000					
2002	0.0000	0.0000	0.0000	0.0000						
2003	0.0000	0.0000	0.0000							
2004	0.0000	0.0000								
2005	0.0000									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1996									
1997									
1998									
1999									
2000									
2001									
2002									
2003									
2004									

Exhibit D - Ratio of Paid ALAE to Paid Losses (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
All Years straight average excluding high/low factors	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
3 year straight average	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000		
5 year straight average	0.0000	0.0000	0.0000	0.0000	0.0000				
5 year straight average excluding high/low factors	0.0000	0.0000	0.0000	0.0000	0.0000				
Selected user averages	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2001	60-Ultimate	1.0000
2002	48-Ultimate	1.0000
2003	36-Ultimate	1.0000
2004	24-Ultimate	1.0000
2005	12-Ultimate	1.0000

THE CINCINNATI INSURANCE COMPANIES

Exhibit E - Claim Count

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-OTHER LIABILITY
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1996	0	0	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	0	0	0	
1998	0	0	0	0	0	0	0	0		
1999	0	0	0	0	0	0	0			
2000	0	0	0	0	0	0				
2001	0	0	0	0	0					
2002	0	0	0	0						
2003	0	0	0							
2004	0	0								
2005	1									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1996									
1997									
1998									
1999									
2000									
2001									
2002									
2003									
2004									

Exhibit E - Claim Count (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
All Years straight average excluding high/low factors	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
3 year volume-weighted average	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000		
5 year volume-weighted average	0.0000	0.0000	0.0000	0.0000	0.0000				
5 year volume-weighted average excluding high/low factors	0.0000	0.0000	0.0000	0.0000	0.0000				
9 year volume-weighted average excluding high/low factors	0.0000								
Selected user averages	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2001	60-Ultimate	1.0000
2002	48-Ultimate	1.0000
2003	36-Ultimate	1.0000
2004	24-Ultimate	1.0000
2005	12-Ultimate	1.0000

CALCULATION OF ULTIMATE INCURRED LOSSES AND ALAE

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-OTHER LIABILITY
Linc:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

Year	Paid Losses To Date	Cumulative LDF	Estimated Ultimate Losses	Incurred Losses To Date	Cumulative LDF	Estimated Ultimate Losses
2001	0	1.0000	0	0	1.0000	0
2002	0	1.0000	0	0	1.0000	0
2003	0	1.0000	0	0	1.0000	0
2004	0	1.0000	0	0	1.0000	0
2005	0	1.0000	0	10,000	1.0000	10,000

Year	Selected Ultimate Losses	Ratio of Paid ALAE to Paid Losses	Cumulative LDF	Estimated Ultimate Ratio of Paid to Paid	Selected Ultimate Ratio of Paid to Paid	Estimated Ultimate ALAE
2001	0	0.0000	1.0000	0.0000	0.0000	0
2002	0	0.0000	1.0000	0.0000	0.0000	0
2003	0	0.0000	1.0000	0.0000	0.0000	0
2004	0	0.0000	1.0000	0.0000	0.0000	0
2005	10,000	0.0000	1.0000	0.0000	0.0000	0

THE CINCINNATI INSURANCE COMPANIES

EXHIBIT A - RATE LEVEL INDICATION

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROPERTY
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

Effective Date: 11/15/2006

		2001	2002	2003	2004	2005	TOTAL
1.	Earned Premium	1,534,542	1,737,874	2,028,863	2,220,103	2,381,771	
2.	Current Level Factors	1.1304	1.1281	1.1124	1.0986	1.0736	
3.	Earned Premium @ Current Level	1,734,589	1,960,500	2,256,849	2,438,932	2,556,990	10,947,860
4.	Ultimate Incurred Losses and ALAE	296,608	3,644,427	1,281,178	631,650	1,337,162	
5.	Unallocated Loss Adj Expense Factor	1.0760	1.0890	1.0940	1.0930	1.1010	
6.	Ultimate Incurred Losses and LAE	319,150	3,968,781	1,401,608	690,394	1,472,215	
7.	Loss Trend Factor	1.1051	1.0920	1.0790	1.0662	1.0536	
8.	Trended Incurred Losses and LAE	352,680	4,333,746	1,512,351	736,109	1,551,086	8,485,972
9.	Proj Loss and LAE Ratio	20.3 %	221.1 %	67.0 %	30.2 %	60.7 %	
10.	Proj Loss and LAE Ratio Weights	20.0 %	20.0 %	20.0 %	20.0 %	20.0 %	
11.	Weighted Projected Loss Ratio						79.8 %
12.	Permissible Loss Ratio						67.0 %
13.	Indicated Rate Level Change						19.1 %
14.	Number of Claims	109	91	103	82	81	465
15.	Credibility						65.5 %
16.	Annual Trend Factor				LI-BP-05-425		1.0120
17.	Credibility-Weighted Indicated						13.0 %

THE CINCINNATI INSURANCE COMPANIES

Exhibit B - Incurred Losses

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROPERTY
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1996	614,817	490,088	504,667	527,167	521,167	461,435	461,435	459,272	459,272	459,272
1997	576,184	546,395	548,165	497,965	497,965	497,965	497,965	497,965	497,965	
1998	373,788	337,556	318,714	318,714	312,323	312,323	312,323	312,323		
1999	524,432	437,573	437,241	440,384	440,342	419,419	419,419			
2000	670,341	660,411	523,654	468,470	392,064	382,031				
2001	343,227	311,864	306,568	306,569	296,569					
2002	2,059,533	2,574,634	3,552,985	3,418,958						
2003	1,515,824	1,212,214	1,334,134							
2004	513,203	478,041								
2005	780,407									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1996	0.7971	1.0297	1.0446	0.9886	0.8854	1.0000	0.9953	1.0000	1.0000
1997	0.9483	1.0032	0.9084	1.0000	1.0000	1.0000	1.0000	1.0000	
1998	0.9031	0.9442	1.0000	0.9799	1.0000	1.0000	1.0000		
1999	0.8344	0.9992	1.0072	0.9999	0.9525	1.0000			
2000	0.9852	0.7929	0.8946	0.8369	0.9744				
2001	0.9086	0.9830	1.0000	0.9674					
2002	1.2501	1.3800	0.9623						
2003	0.7997	1.1006							
2004	0.9315								

Exhibit B - Incurred Losses (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	0.9287	1.0291	0.9739	0.9621	0.9625	1.0000	0.9984	1.0000	1.0000
All Years straight average excluding high/low factors	0.9015	1.0100	0.9756	0.9840	0.9756	1.0000	1.0000	1.0000	1.0000
3 year volume-weighted average	1.0431	1.2672	0.9568	0.9289	0.9730	1.0000	0.9983		
5 year volume-weighted average	1.0265	1.1843	0.9638	0.9543	0.9581				
5 year volume-weighted average excluding high/low factors	0.9499	1.0593	0.9679	0.9846	0.9767				
9 year volume-weighted average excluding high/low factors	0.8820								
Selected user averages	1.0265	1.1843	0.9638	0.9543	0.9581	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2001	60-Ultimate	0.9581
2002	48-Ultimate	0.9143
2003	36-Ultimate	0.8812
2004	24-Ultimate	1.0436
2005	12-Ultimate	1.0713

THE CINCINNATI INSURANCE COMPANIES

Exhibit C - Paid Losses

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROPERTY
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1996	327,060	453,277	462,167	462,167	462,167	461,435	461,435	459,272	459,272	459,272
1997	448,860	496,195	497,965	497,965	497,965	497,965	497,965	497,965	497,965	
1998	238,748	310,194	312,323	312,323	312,323	312,323	312,323	312,323		
1999	323,356	437,573	437,241	440,384	440,342	419,419	419,419			
2000	291,650	351,334	397,274	382,090	382,064	382,031				
2001	217,585	255,892	266,568	266,568	266,568					
2002	972,174	1,663,190	3,393,678	3,395,506						
2003	711,371	1,205,296	1,284,134							
2004	388,277	447,669								
2005	607,110									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1996	1.3859	1.0196	1.0000	1.0000	0.9984	1.0000	0.9953	1.0000	1.0000
1997	1.1055	1.0036	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
1998	1.2993	1.0069	1.0000	1.0000	1.0000	1.0000	1.0000		
1999	1.3532	0.9992	1.0072	0.9999	0.9525	1.0000			
2000	1.2046	1.1308	0.9618	0.9999	0.9999				
2001	1.1761	1.0417	1.0000	1.0000					
2002	1.7108	2.0405	1.0005						
2003	1.6943	1.0654							
2004	1.1530								

Exhibit C - Paid Losses (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average									
	1.3425	1.1635	0.9956	1.0000	0.9902	1.0000	0.9984	1.0000	1.0000
All Years straight average excluding high/low factors									
	1.3238	1.0447	1.0001	1.0000	0.9994	1.0000	1.0000	1.0000	1.0000
3 year volume-weighted average									
	1.6006	1.5825	0.9967	0.9999	0.9815	1.0000	0.9983		
5 year volume-weighted average									
	1.5201	1.4767	0.9979	1.0000	0.9896				
5 year volume-weighted average excluding high/low factors									
	1.4849	1.0747	1.0005	1.0000	0.9994				
9 year volume-weighted average excluding high/low factors									
	1.3856								
Selected user averages									
	1.5201	1.4767	0.9979	1.0000	0.9896	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2001	60-Ultimate	0.9896
2002	48-Ultimate	0.9896
2003	36-Ultimate	0.9875
2004	24-Ultimate	1.4583
2005	12-Ultimate	2.2167

THE CINCINNATI INSURANCE COMPANIES

Exhibit D - Ratio of Paid ALAE to Paid Losses

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROPERTY
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1996	0.0134	0.0255	0.0266	0.0576	0.0879	0.0979	0.0979	0.0983	0.0983	0.0983
1997	0.0126	0.0137	0.0137	0.0137	0.0137	0.0137	0.0137	0.0137	0.0137	
1998	0.0160	0.0158	0.0157	0.0157	0.0157	0.0157	0.0157	0.0157		
1999	0.0225	0.0255	0.0312	0.0323	0.0325	0.0401	0.0401			
2000	0.0224	0.0721	0.0700	0.0782	0.0796	0.0796				
2001	0.0146	0.0364	0.0558	0.0629	0.0772					
2002	0.0759	0.1018	0.0831	0.1102						
2003	0.0315	0.0398	0.0385							
2004	0.0459	0.0698								
2005	0.0826									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1996	1.9008	1.0459	2.1635	1.5262	1.1132	1.0000	1.0047	1.0000	1.0000
1997	1.0920	0.9964	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
1998	0.9887	0.9932	1.0000	1.0000	1.0000	1.0000	1.0000		
1999	1.1332	1.2239	1.0374	1.0037	1.2352	1.0000			
2000	3.2209	0.9713	1.1169	1.0173	1.0001				
2001	2.4976	1.5303	1.1276	1.2284					
2002	1.3414	0.8160	1.3266						
2003	1.2659	0.9669							
2004	1.5191								

Exhibit D - Ratio of Paid ALAE to Paid Losses (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	1.6622	1.0680	1.2532	1.1293	1.0697	1.0000	1.0016	1.0000	1.0000
All Years straight average excluding high/low factors	1.5357	1.0329	1.1217	1.0623	1.0378	1.0000	1.0000	1.0000	1.0000
3 year straight average	1.3755	1.1044	1.1904	1.0831	1.0784	1.0000	1.0016		
5 year straight average	1.9690	1.1017	1.1217	1.0499	1.0697				
5 year straight average excluding high/low factors	1.7860	1.0540	1.0940	1.0070	1.0378				
Selected user averages	1.9690	1.1017	1.1217	1.0499	1.0697	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2001	60-Ultimate	1.0697
2002	48-Ultimate	1.1230
2003	36-Ultimate	1.2597
2004	24-Ultimate	1.3878
2005	12-Ultimate	2.7326

Exhibit E - Claim Count

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROPERTY
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1996	73	85	85	85	85	85	85	85	85	85
1997	59	68	69	69	69	69	69	69	69	
1998	84	96	96	96	96	96	96	96		
1999	66	79	79	79	79	79	79			
2000	71	83	83	83	83	83				
2001	97	107	108	109	109					
2002	76	87	89	91						
2003	94	101	102							
2004	73	81								
2005	71									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1996	1.1644	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1997	1.1525	1.0147	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
1998	1.1429	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		
1999	1.1970	1.0000	1.0000	1.0000	1.0000	1.0000			
2000	1.1690	1.0000	1.0000	1.0000	1.0000				
2001	1.1031	1.0093	1.0093	1.0000					
2002	1.1447	1.0230	1.0225						
2003	1.0745	1.0099							
2004	1.1096								

Exhibit E - Claim Count (continued)

AVERAGES

Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	1.1397	1.0071	1.0045	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
All Years straight average excluding high/low factors	1.1409	1.0057	1.0019	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3 year volume-weighted average	1.1070	1.0136	1.0107	1.0000	1.0000	1.0000	1.0000		
5 year volume-weighted average	1.1168	1.0088	1.0066	1.0000	1.0000				
5 year volume-weighted average excluding high/low factors	1.1179	1.0070	1.0035	1.0000	1.0000				
9 year volume-weighted average excluding high/low factors	1.1388								
Selected user averages	1.1168	1.0088	1.0066	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS

Year	Range	Loss Factor
2001	60-Ultimate	1.0000
2002	48-Ultimate	1.0000
2003	36-Ultimate	1.0066
2004	24-Ultimate	1.0154
2005	12-Ultimate	1.1340

CALCULATION OF ULTIMATE INCURRED LOSSES AND ALAE

Company:	CINCINNATI INSURANCE COMPANY	Coverage:	BOP-COMBINED
State:	ILLINOIS	Group1:	DENTIST BOP-PROPERTY
Line:	MULTI PERIL -BOP-COMBINED	Group2:	NONE

Year	Paid Losses To Date	Cumulative LDF	Estimated Ultimate Losses	Incurred Losses To Date	Cumulative LDF	Estimated Ultimate Losses
2001	266,568	0.9896	263,808	296,569	0.9581	284,140
2002	3,395,506	0.9896	3,360,232	3,418,958	0.9143	3,126,016
2003	1,284,134	0.9875	1,268,094	1,334,134	0.8812	1,175,659
2004	447,669	1.4583	652,832	478,041	1.0436	498,905
2005	607,110	2.2167	1,345,782	780,407	1.0713	836,024

Year	Selected Ultimate Losses	Ratio of Paid ALAE to Paid Losses	Cumulative LDF	Estimated Ultimate Ratio of Paid to Paid	Selected Ultimate Ratio of Paid to Paid	Estimated Ultimate ALAE
2001	273,974	0.0772	1.0697	0.0826	0.0826	22,634
2002	3,243,124	0.1102	1.1230	0.1237	0.1237	401,303
2003	1,221,876	0.0385	1.2597	0.0485	0.0485	59,302
2004	575,869	0.0698	1.3878	0.0969	0.0969	55,782
2005	1,090,903	0.0826	2.7326	0.2257	0.2257	246,258

Multiple Peril
Cincinnati Insurance Group
Based on Year-End 2003-2005 Statistics

Illinois

A. Direct Earned Premium	210,937,895	(4)
B. Average Direct Unearned Premium Reserve	97,982,336	[(1)+(2)]/2
C. Commissions Expenses	18.12%	(5) / (3)
D. Taxes, Licenses, & Fees	2.08%	(6) / (3)
E. 50% of Other Acquisition Expenses	1.68%	[(0.5) X (7)] / (3)
F. 50% of General Expenses	1.76%	[(0.5) X (8)] / (4)
G. Total Expenses	23.63%	(C) + (D) + (E) + (F)
H. Total Prepaid Expenses	23,156,827	(B) X (G)
I. Subject to Investment	74,825,508	(B) - (H)
J. Delayed Remission of Premium	57,465,866	[(23) X (3)] / (29)
Expected Loss & LAE Ratio	67.02%	Permissible Loss Ratio
K. Direct Earned Premium	210,937,895	(A)
L. Expected Loss Ratio	67.02%	Permissible Loss Ratio
M. Expected Incurred Loss & LAE	141,378,023	(K) X (L)
N. Reserve to Incurred Ratio	1.6036	Σ(9 to 13)/Σ(14 to 21)
O. Estimated Loss & LAE Reserve	226,707,315	(M) X (N)
P. Net Subject to Investment	244,066,957	(I) - (J) + (O)
Q. Policy Surplus	N/A	
R. Total	244,066,957	(P) + (Q)
S. Average Rate of Return on Invested Assets	3.65%	(26) / (22)
T. Invested Earnings Subject to Investment	8,912,229	(R) X (S)
U. Ratio of Investment Earnings to Direct Earned Premiums	4.23%	(T) / (A)
V. Investment Income Factor	1.0423	1.000 + (U)
W. Return on Equity (with Policy Surplus & Realized Capital Gains	15.00%	(30)
X. Return on Policy Surplus	4.68%	[(24) X (S)] / (29)
Y. Return on Realized Capital Gains	1.74%	{[(27)+(28)]/2}/(29)
Z. Return on Equity	8.58%	(W) - (X) - (Y)
AA. Premium to Surplus	0.8469	(29)/{[(24)+(25)]/2}
BB. Return on Premium	0.1013	(Z) / (AA)
CC. Before Tax Return on Premium	0.0423	(U)
DD. Before Tax Return needed from Underwriting Profit	0.0591	(BB) - (CC)
EE. Commissions Expenses	18.12%	
FF. Other Acquisition Expenses	3.36%	
GG. General Expenses	3.51%	
HH. Taxes, Licenses, & Fees	2.08%	
II. Profit	5.91%	
JJ. Contingencies	0.00%	
KK. Total Expenses	32.98%	
LL. Permissible Loss Ratio	67.02%	

Line: Multiple Peril
Company: Cincinnati Insurance Group
Based on Year-End 2003-2005 Statistics

	CIC 2005 Countrywide	CCC 2005 Countrywide	CID 2005 Countrywide	CIC 2004 Countrywide	CCC 2004 Countrywide	CID 2004 Countrywide	CIC 2003 Countrywide	CCC 2003 Countrywide	CID 2003 Countrywide	Countrywide
1. Direct Unearned Premium Reserve (Page 14, Column 5, Current)	380,931,895	8,000	0	367,163,865	11,227	0	350,588,100	128,812	0	1,098,831,899
2. Direct Unearned Premium Reserve (Page 14, Column 5, Prior)	367,163,865	11,227	0	350,588,100	128,812	0	309,542,362	509,802	0	1,027,944,168
3. Direct Written Premium (IEE, Page 6, Column 1)	848,906,073	(1,000)	0	800,137,980	(79,873)	0	690,842,525	1,293,986	0	2,341,099,692
4. Direct Earned Premium (IEE, Page 6, Column 2)	835,138,654	2,228	0	783,562,215	37,712	0	626,815,562	2,227,474	0	2,247,783,235
5. Direct Commission (IEE, Page 7, Column 12)	153,508,619	605	0	155,269,078	111,541	0	111,546,539	112,963	0	420,549,346
6. Direct Taxes, License, & Fee (IEE, Page 7, Column 13)	17,560,022	160	0	17,698,729	(1,704)	0	17,909,205	19,839	0	53,186,251
7. Direct Other Acquisition (IEE, Page 7, Column 14)	28,702,126	70	0	29,479,881	(213)	0	18,576,418	42,658	0	76,800,939
8. Direct General (IEE, Page 7, Column 15)	33,716,460	79	0	28,231,501	(899)	0	20,606,797	56,594	0	82,610,532
9. Schedule P, Part 1, Total, Column 13	505,377	205	0	464,675	1,211	0	418,833	1,878	0	1,392,179
10. Schedule P, Part 1, Total, Column 15	101,441	0	0	123,384	51	0	81,986	50	0	306,912
11. Schedule P, Part 1, Total, Column 17	219	0	0	220	0	0	410	0	0	849
12. Schedule P, Part 1, Total, Column 19	187,747	68	0	188,356	102	0	170,428	334	0	547,035
13. Schedule P, Part 1, Total, Column 23	24,429	0	0	23,031	0	0	22,279	0	0	69,739
14. Schedule P, Part 1, Last Year, Column 4	193,953	0	0	201,254	3	0	151,786	183	0	547,179
15. Schedule P, Part 1, Last Year, Column 6	3,738	0	0	3,022	0	0	3,122	4	0	9,886
16. Schedule P, Part 1, Last Year, Column 10	1,324	0	0	1,352	0	0	1,504	0	0	4,180
17. Schedule P, Part 1, Last Year, Column 13	191,193	0	0	166,683	(64)	0	142,655	161	0	500,628
18. Schedule P, Part 1, Last Year, Column 15	69,322	0	0	70,807	0	0	47,284	6	0	187,419
19. Schedule P, Part 1, Last Year, Column 17	0	0	0	(15)	0	0	4	0	0	(11)
20. Schedule P, Part 1, Last Year, Column 19	60,556	0	0	54,028	1	0	52,861	20	0	167,466
21. Schedule P, Part 1, Last Year, Column 23	9,971	0	0	9,226	0	0	8,793	0	0	27,990
22. Cash & Invested Assets (AS, Page 2, Line 9)	8,701,569,796	304,341,650	70,647,185	8,570,053,803	302,155,709	61,019,956	6,335,097,407	292,030,204	60,434,310	24,700,250,020
23. Premium & Agents Balance (AS, Page 2, Line 10)	349,962,641	(44,911)	0	1,088,784,673	5,376,495	0	1,043,823,782	9,258,626	0	2,497,141,306
24. Surplus as Regards to Policyholders (Page 3, Line 25,Col. 1, Current)	4,193,807,693	262,897,192	62,721,754	4,191,158,948	259,323,276	60,170,312	2,779,815,671	252,518,201	56,734,431	12,119,147,476
25. Surplus as Regards to Policyholders (Page 3, Line 25,Col. 1, Prior)	4,191,158,948	259,323,276	60,170,312	2,779,815,671	252,518,201	56,734,431	2,237,104,571	234,148,092	52,720,310	10,223,693,812
26. Net Investment Income Earned (AS, Page 4, Line 8, Col. 1, Current)	323,078,153	11,900,904	2,924,636	274,142,709	11,591,746	2,965,787	260,364,864	11,669,464	3,303,894	901,942,168
27. Net Realized Capital Gain (AS, Page 4, Line 9, Column 1, Current)	35,196,362	2,226,615	(183,955)	195,081,967	(739,056)	(16,391)	(15,126,001)	(255,593)	(678,697)	215,505,251
28. Net Realized Capital Gain (AS, Page 4, Line 9, Column 1, Prior)	195,081,967	(739,056)	(16,391)	(15,126,001)	(255,593)	(678,697)	(60,365,3321	(1,746,419)	(2,040,123)	114,114,355
29. Total Premium Written (AS, Page 9, Part 2B, Line 32, Column 1)	2,970,441,955	177,721,011	$5,472,299	2,872,854,049	187,317,469	83,516,021	2,817,384,536	191,526,727	74,830,641	9,461,064,708
30. Return on Equity (Surplus)										15.0%

Illinois	CIC 2005 State	CCC 2005 State	CID 2005 State	CIC 2004 State	CCC 2004 State	CID 2004 State	CIC 2003 State	CCC 2003 State	CID 2003 State	State
1. Direct Unearned Premium Reserve Current (Page 14, Column 5)	35,263,288	7,000	0	34,189,483	9,711	0	31,810,038	96,000	0	101,375,520
2. Direct Unearned Premium Reserve Prior (Page 14, Column 5)	34,189,483	9,711	0	31,810,038	96,000	0	28,130,406	353,513	0	94,589,151
3. Direct Written Premium (IEE, Page 6, Column 1)	77,079,679	(1,000)	0	73,523,220	(47,250)	0	66,960,381	209,242	0	217,724,272
4. Direct Earned Premium (IEE, Page 6, Column 2)	76,005,874	1,711	0	71,143,775	39,038	0	63,280,740	466,756	0	210,937,895
5. Direct Commission (IEE, Page 7, Column 12)	13,563,846	109	0	13,959,492	26,488	0	11,869,590	31,377	0	39,450,903
6. Direct Taxes, License, Fee (IEE, Page 7, Column 13)	2,187,388	69	0	1,293,149	(1,676)	0	1,043,082	2,122	0	4,524,134
7. Direct Other Acquisition (IEE, Page 7, Column 14)	2,553,313	(2)	0	2,729,321	(301)	0	2,030,639	6,193	0	7,319,163
8. Direct General (IEE, Page 7, Column 15)	2,946,916	(1)	0	2,611,305	(1,222)	0	1,842,517	5,507	0	7,405,022

Illinois
Dentist BOP
Professional Experience
By Territory
Year 2001-2005

			Year					
Terr	Class	Data	2001	2002	2003	2004	2005	Grand Total
1	80226	Premium	566,782	785,562	970,869	1,060,271	1,003,313	4,386,797
		Loss	160,706	564,763	537,901	564,433	487,304	2,315,106
		Loss Ratio	28.4%	71.9%	55.4%	53.2%	48.6%	52.8%
	80227	Premium	100,823	125,663	142,816	193,286	255,064	817,652
		Loss	102,719	218,218	278,247	196,885	952,853	1,748,922
		Loss Ratio	101.9%	173.7%	194.8%	101.9%	373.6%	213.9%
	80229	Premium	81,055	86,183	118,810	102,866	108,679	497,593
		Loss	159,195	1,588,641	232,058	1,501,276	432,740	3,913,909
		Loss Ratio	196.4%	1843.3%	195.3%	1459.4%	398.2%	786.6%
1 Premium			748,660	997,408	1,232,495	1,356,423	1,367,056	5,702,042
1 Loss			422,619	2,371,622	1,048,206	2,262,595	1,872,897	7,977,938
1 Loss Ratio			56.5%	237.8%	85.0%	166.8%	137.0%	139.9%
2	80226	Premium	672,428	668,009	725,031	775,080	791,480	3,632,028
		Loss	724,293	424,841	446,405	395,502	613,079	2,604,119
		Loss Ratio	107.7%	63.6%	61.6%	51.0%	77.5%	71.7%
	80227	Premium	170,845	170,161	183,422	213,805	254,179	992,412
		Loss	94,312	218,109	434,062	172,115	190,796	1,109,394
		Loss Ratio	55.2%	128.2%	236.6%	80.5%	75.1%	111.8%
	80229	Premium	55,126	54,538	49,864	72,773	104,584	336,885
		Loss	43,834	42,416	190,371	254,444	874,651	1,405,716
		Loss Ratio	79.5%	77.8%	381.8%	349.6%	836.3%	417.3%
2 Premium			898,399	892,708	958,317	1,061,658	1,150,243	4,961,325
2 Loss			862,438	685,366	1,070,838	822,061	1,678,526	5,119,229
2 Loss Ratio			96.0%	76.8%	111.7%	77.4%	145.9%	103.2%
Total Premium			1,647,059	1,890,116	2,190,812	2,418,081	2,517,299	10,663,367
Total Loss			1,285,058	3,056,988	2,119,044	3,084,655	3,551,422	13,097,167
Total Loss Ratio			78.0%	161.7%	96.7%	127.6%	141.1%	122.8%

Illinois
Dentist BOP
2005 Calendar Year Information

Coverage	Written Premium	Earned Premium
Property	2,449,498	2,381,771
Professional	2,595,181	2,574,866
Other Liability	322,842	286,515
Total	5,367,521	5,243,152

"Petertonjes, Connie"
<Connie_Petertonjes@CINFIN.com>
12/05/2005 08:17 AM

To gayle_neuman@ins.state.il.us
cc
bcc
Subject Request to amend effective date - CDEN-05-7508-IL

RE: CDEN-05-7508-IL

Dentist's Package Policy Rule Filing

Dear Ms. Neuman:

I would like to ask you to amend the effective date for the attached Dentist's Package Rule filing. (The attached are imaged copies of what was sent to you as a hard copy, including my original letter.)

You received this filing on 10/11/05 and stamped it as FILED on 12/1/05. I had requested an effective date of 3/15/06. However, I have 2 form filings still pending that correspond to this Dentist's Package Rule Change. Our internal deadline for approval on all these filings was 12/1/05. We must have time to notify our agents, program our software, etc. with these changes. So, since the corresponding filings are not yet approved, I need to amend the effective dates for any filings that were already filed or approved using the 3/15/06 date.

Thank you for your assistance. Please let me know if you have any questions.

Sincerely,

Connie Petertonjes, AFSB, RPLU, CPIW

Senior Filings Specialist

The Cincinnati Insurance Companies

Phone: (513) 603-5352

Fax: (513) 881-8884

E-mail: connie_petertonjes@cinfin.com

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAR 15 2006
SPRINGFIELD, ILLINOIS

CONFIDENTIALITY NOTICE: The information included in this e-mail, *including any attachments,* is for the sole use of the intended recipient and may contain confidential and privileged information. Any unauthorized review, use, disclosure, distribution or similar action is prohibited. If you are not the intended recipient, please contact the sender and delete all copies of the original message immediately.

<<ORIGINAL LETTER.pdf>> <<MEMO.pdf>> <<RULES.pdf>> ORIGINAL LETTER.pdf MEMO.pdf RULES.pdf

THE CINCINNATI INSURANCE COMPANIES

THE CINCINNATI INSURANCE COMPANI

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY
THE CINCINNATI INDEMNITY COM
THE CINCINNATI LIFE INSURANCE COM
Mailing Address:
P.O. BOX 145496
CINCINNATI, OHIO 45250-5496
(513) 870-2000

RECEIVED
OCT 11 2005
IDFPR Insurance
DIVISION OF INSURANCE
SPRINGFIELD

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAR 15 2006
SPRINGFIELD, ILLINOIS

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
DEC 01 2005
SPRINGFIELD, ILLINOIS

October 7, 2005

Honorable Michael T. McRaith
Director of Insurance
Illinois Department of Insurance
Property and Casualty Evaluation
320 West Washington Street
Springfield, Illinois 62767-0001

Attention: Gayle Neuman

Reference: **The Cincinnati Insurance Company - FEIN 31-0542366**
Commercial Lines
Dentist's Package Policy
Rule Filing
Filing #CDEN-05-7508-IL

Dear Ms. Neuman:

At this time, we wish to file revised rules per the attached memorandum.

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your appr
December 1, 2005, for the software to be mailed to our agents on January 1, 2006, for the effective date of Ma
2006.

Your approval is respectfully requested for use on policies effective on or after March 15, 2006.

Sincerely,

Connie Petertonjes

Connie Petertonjes, RPLU, AFSB
Senior Filings Specialist
Staff Underwriting Department
(513) 603-5352
E-mail: connie_petertonjes@cinfin.com

ILLINOIS
DENTIST'S PACKAGE PROGRAM
RULES AND RATES MEMORANDUM

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
DN-TC-2 and DN-TC-3 (3/06)	DN-TC-2 (3/04) and DN-TC-3 (11/03)	**TABLE OF CONTENTS** Revisions made to coincide with the changes in this filing.
DN-1 (3/06)	DN-1 (7/05)	**RULE 2. COVERAGES, A. Section I - Property Coverage** Added new coverage for Business Income From Dependent Properties, which is built into the Coverage Form; Reworded Water Backup to read as *Water Backup of Sewers,, Drains, Septic Systems or Sump Pumps* to go with the title change of form FB 209; Reworded Data Processing Equipment, Data and Media to read as *Electronic Data Processing Property* to go with the change in the coverage title.
DN-2 (3/06)	DN-2 (7/05)	**RULE 2. COVERAGES,B. Section II – Business Liability** Added volunteer workers as insureds; Re-worded Fire, Explosion and Water Damage, etc. to read as *Damage to Premises Rented To You.*
DN-5 (3/06)	DN-5 (3/04)	**RULE 3. BASIC COVERAGE AND LIMITS** Added $2,000,000 General Aggregate Limit, and deleted $2,000,000 Personal and Advertising Injury Aggregate; Re-worded Fire, Explosion and Water Damage, etc. to read as *Damage to Premises Rented To You*
DN-6 (3/06)	DN-6 (11/01)	**RULE 7. PREMIUM** Editorial change – added premium amounts to A.1.c. (Additional Premium) and A.2.c. (Return Premium).
DN-9 (3/06)	DN-9 (7/02)	**RULE 7. PREMIUM, B. Rounding of Premium,** 2. Installments Reworded installment instructions to indicate the installment charge is to be added to the semi-annual or quarterly premium in lieu of the annual premium.
		RULE 11. PREMIUM DEVELOPMENT, C.6. Coverage Options & 7. Rate Modifications Editorial change deleting the comma previously shown after Rule 12. and Rule 13.

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
DN-13 and DN-14 (3/06)	DN-13 (11/01) and DN-14 (3/03)	**RULE 12. Coverage Options, B.,4.**Commercial Property, **b.** Blanket Basket Endorsement Reworded Data Processing Equipment, Data and Medial to read as *Electronic Data Processing Property* and Water Backup of Sewers, Drains or Sumps is changed to Water Backup of Sewers, Drains, Septic Systems or Sump Pumps. c. Building Laws Safeguard Coverage Rule's first paragraph is consolidated onto DN-13 from DN-14.
DN-19 (3/06)	DN-19 (11/01)	Inserting Item **n.** This rule is being shown as **Reserved**. The remaining item is being re-lettered.
DN-20 (3/06)	DN-20 (11/01)	**RULE 12. Coverage Options, B. 5.** Liability, **a**. Additional Insureds-Form numbers have been incorporated into the Additional Insured Premium Table; The list of available additional insured forms is amended to add GA 4247, a new form to add additional insured status for parties allowing an insured to enter a premises or work site to pick up or deliver material. **c.** Business Liability Broadened Endorsement-Added reference to form IB 207.
DN-21 (3/06)	DN-21 (3/03)	**RULE 12. Coverage Options, B. 5. Liability d.** Business Liability Broadened Endorsement, **(2) (c)** Re-worded Fire, Explosion and Water Damage, etc. to read as *Damage to Premises Rented To You.*
DN-23 (3/06)	DN-23 (3/04)	Inserted new items **f.** and **h.** Both are being shown as **Reserved**. Remaining items are being re-lettered.
		RULE 12. Coverage Options, B.5. Liability, g. Employee Benefit Liability Reworded for clarification purpose; showing aggregate limits in the Employee Benefit Premium Table.
DN-24 and DN-25 (3/06)	DN-24 (3/04) and DN-25 (7/05)	**RULE 12. Coverage Options, B.5. Liability, i. Employment Practices Liability Insurance** Added reference to declarations page GA 520.
		RULE 12. Coverage Options, B.5. Liability, l. Personal and Advertising Injury Exclusion Deleted reference to the aggregate limit.
		RULE 12. Coverage Options, B.,6. Professional Liability, a. Coverage / Forms **(1)** through **(7)** Format change only – created headings to show the title & form number. **b**. Classifications - amended to explicitly refer to *Other Than Partial Bony* under Extraction of Impacted Third Molars applicable to Class 3 Dentist's.

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
DN-30 (3/06)	DN-30 (7/02)	**RULE 12 Coverage Options**, **B.,7**.Inland Marine, **b**. Data Processing Equipment, Data and Media is reworded to read as Electronic Data Processing Property.
DN-31 (3/06)	DN-31 (7/02)	**RULE 12 Coverage Options**, **B.,8**.Umbrella Liability Amended lead in paragraph referencing the Umbrella Declarations and Umbrella Amendment form.
DN-37 (3/06)	DN-37 (7/05)	**RULE 14. ENDORSEMENTS**, **A.** Mandatory Forms, deleted reference to form IB 313 (War Liability Exclusion) as the exclusion is now built into the coverage form **C**. Clarification or Coverage Mandatory Forms, deleted reference to GB 306. This form is currently referenced in **D.** Other Endorsements, **#5.**

THE
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CINCINNATI INSURANCE COMPANIES
THE CINCINNATI INSURANCE COMPANY THE CINCINNATI INDEMNITY COMPANY
THE CINCINNATI CASUALTY COMPANY THE CINCINNATI LIFE INSURANCE COMPANY

Mailing Address: P.O. BOX 145496
CINCINNATI, OHIO 45250-5496
(513) 870-2000

September 17, 2003

DEPARTMENT OF INSURANCE
STATE OF ILLINOIS
FILED
DEC 01 2003
SPRINGFIELD, ILLINOIS

RECEIVED
SEP 22 2003
M P C
Department of Insurance
SPRINGFIELD

Honorable Arnold Dutcher
Director of Insurance
Illinois Department of Insurance
Property and Casualty Evaluation
320 West Washington Street
Springfield, Illinois 62767-0001

Attention: John Gatlin

Reference: The Cincinnati Insurance Company-FEIN 31-0542366
Commercial Lines
Dentist Package Program
Rule/Rate Filing
Filing #CDEN-03-7505-IL

Dear Mr. Gatlin:

At this time, we wish to make a rate change for the above line of business. Attached is the required RF-3 to indicate the net effect. Also enclosed are copies of the manual pages being changed. These are being sent since this is a medical professional (dentist) program.

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by December 1, 2003, for the software to be mailed to our agents on January 1, 2004, for the effective date of March 1, 2004.

Your approval is respectfully requested for use on policies effective on or after March 1, 2004.

Sincerely,

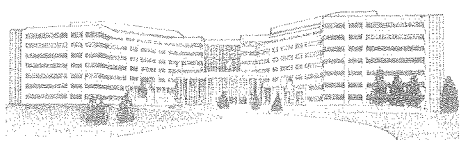
Connie Petertonjes (jo)

+0.34%
(less than 1%)

Connie Petertonjes, RPLU, AFSB
Analyst
Staff Underwriting Department
(513) 603-5352
connie_petertonjes@cinfin.com

Judy Pool Boutchee
CASUALTY ACTUARY
ILLINOIS DEPT. OF INSURANCE
RECEIVED/APPROVED
9/24/2003

CP/bs



6200 S. Gilmore Road, Fairfield, Ohio 45014-5141

ILLINOIS
DENTIST'S PACKAGE PROGRAM
RULES AND RATES MEMORANDUM

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
DN-TC-1 and DN-TC-2 (3/04)	DN-TC-1 and DN-TC-2 (various)	**TABLE OF CONTENTS** Pages are amended to correspond with the changes in this filing.
DN-3 (3/04)	DN-3 (11/01)	**RULE 3. BASIC COVERAGE AND LIMITS, C.** Added statement that a separate application (PA 007) is to be completed by each dentist. **RULE 5. POLICY PROVISIONS, A.** The sentence is amended to state a policy can be written for up to 3 years in lieu of 5 years.
DN-4 (3/04)	DN-4 (7/02)	**RULE 6. MINIMUM PREMIUMS AND INSTALLMENTS** **Item A.2.** - Item is amended to add reference to the Blanket Basket Endorsement. **Item A.3.** - Item is amended to delete reference to premium modification by "prepaid factors" **Item B.** - Reference to prepaid policies is deleted. **Item B.1.c.(2)** - Item is moved to the next page.
DN-5 (3/04)	DN-5 (11/01)	**RULE 6. MINIMUM PREMIUMS AND INSTALLMENTS, B.2.** Item is deleted in its entirety. We will no longer offer prepaid policies.
DN-23 (3/04)	DN-23 (3/03)	**RULE 12. COVERAGE OPTIONS, B.5.** **Item g.**- The rule is reworded. Reference to the application is now located right below the rule title. Reference to the expense modification factor is moved to the beginning of the paragraph located under the limits/deductible/premium. **Item i.** - This rule is moved to the next page.
DN-24 (3/04)	DN-24 (3/03)	**RULE 12. COVERAGE OPTIONS, B.6. Professional Liability** Added statement that a separate application (PA 007) is to be completed by each dentist. Also, Item 6.a.(4) is moved to the next page.
DN-25 (3/04)	DN-25 (3/03)	**RULE 12. COVERAGE OPTIONS, B. 6. Professional Liability, b.** Added description and class code for Corporation or Partnership - class 80239; updated the chart regarding Procedure and/or Specialty, Class and Anesthesia.

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
DN-26 and DN-27 (3/04)	DN-26 and DN-27 (various)	**RULE 12. COVERAGE OPTIONS, B.6. Professional Liability** **Item c.** - Deleting first sentence regarding Recent Graduate, Experience and Schedule Rating Plans; adding new fourth sentence stating the maximum credits combined are not to exceed 60% **Item 4.** - Title description has been reworded to "Association Rating Plan" **Item 5.** - "Practice Rating Plan" is newly added, and Experience Rating Plan has been renumbered as item 6. **Item 6.** - A statement has been added to Experience Rating which says it must be three years since the insured has had an experience debit to qualify for an experience credit, the wording "chargeable losses" has been changed to "losses; and the explanation of a loss has been revised. **Item d.(1)** - Revised Dentists Professional rates for classes 1, 2, and 2A for Territory 01 and Territory 02 with a net effect of 4.18%.
DN-28 and DN-29 (3/04)	DN-28 and DN-29 (7/02)	**Rule 12. COVERAGE OPTIONS, B.6. Professional Liability** **Item d.(3)** - Revised Increased Limits Factors per ISO filing designation # PR-2001-IPROF with a net effect of -3.34%. The Increased Limits charts are amended to add limits up to 10,000/10,000. **Item e.(3)** - A statement has been added indicating that no commissions are paid on Prior Acts coverage.
DN-35 (3/04)	DN-35 (7/02)	**RULE 13. RATE PLANS** **Item C.** - Added Blanket Basket Endorsement to the list of coverages where the experience credit/debit is not applicable. This was inadvertently left off when the coverage was added. **Item D.** - Added Blanket Basket Endorsement to the list of coverages where the schedule credit/debit is not applicable. This was inadvertently left off when the coverage was added.
DN-37 (3/04)	DN-37 (7/02)	**RULE 13. RATE PLANS, E.2.** In Coverages not Eligible for LPDP the new Blanket Basket Endorsement is listed as ineligible. **RULE 14. ENDORSEMENTS, A.5.** The new mandatory War Liability Exclusion, IB 313 is added. **The overall net effect of the above revisions is 0.34%.**

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THE CINCINNATI CASUALTY COMPANY THE CINCINNATI LIFE INSURANCE COMPANY

Mailing Address: P.O. BOX 145496
CINCINNATI, OHIO 45250-5496
(513) 870-2000

May 16, 2003

RECEIVED
MAY 22 2003
Director of Insurance
SPRINGFIELD

Honorable Arnold Dutcher
Director of Insurance
Illinois Department of Insurance
Property and Casualty Evaluation
320 West Washington Street
Springfield, Illinois 62767-0001

Attention: John Gatlin

Reference: **The Cincinnati Insurance Company-FEIN 31-0542366** 30.87%
The Cincinnati Casualty Company- FEIN 31-0826946 0%
The Cincinnati Indemnity Company-FEIN 31-1241230 0%
Commercial Lines
Division Seven – Professional Liability
Rule/Rate Filing
Filing #PRO-03-7507-IL

DEPARTMENT OF INSURANCE
STATE OF ILLINOIS
FILED
JUL 01 2003
SPRINGFIELD, ILLINOIS

Dear Mr. Gatlin:

At this time, we wish to make a rate change for the above line of business. Attached is the required RF-3 to indicate the net effect per company. The rates/rules apply to all three of the above companies.

Final printed copies are enclosed for your review.

Your approval is respectfully requested for use on policies effective on or after July 1, 2003.

Sincerely,

Connie Petertonjes

Connie Petertonjes, RPLU, AFSB
Analyst
Staff Underwriting Department
(513) 603-5352
connie_petertonjes@cinfin.com

Judy Pool

CASUALTY ACTUARY
ILLINOIS DEPT. OF INSURANCE
RECEIVED/APPROVED
6/3/2003

CP/bs

ILLINOIS
DIVISION SEVEN - PROFESSIONAL LIABILITY
RULES AND RATES MEMORANDUM

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
PL-1 thru 4 (7/03)	PL-1 thru 3 (7/02)	Rule 1. Hospital Professional Liability Text has been relocated to allow for the revisions under rule 1.D.2.b. described below. Under Rule 1.D.2.b. (Convalescent or Nursing Homes), created five distinct classifications based on the degree of care provided: Skilled Care, Intermediate Care, Assisted Living, Group Homes, and Independent Retirement Living. Separate class codes have been assigned under the For-Profit and Not-for-Profit classifications. The proposed rates are based on ISO loss costs. A rate deviation based on the degree of care provided has been applied: Skilled Care (1.50), Intermediate Care (1.40), Assisted Living (1.25), Group Homes (.90), and Independent Retirement Living (.75). The rates decrease as the degree of care is reduced.
PL-4.1 and PL-4.2 (7/03)	PL-4 (7/02)	Rule 1. Hospital Professional Liability Added rates for new codes 30018 - 30027 for Convalescent and Nursing Homes. Deleted rates for old codes 80923 and 80924 for Convalescent and Nursing Homes.

THE
CINCINNATI
INSURANCE COMPANIES

THE
CINCINNATI INSURANCE COMPANIES
THE CINCINNATI INSURANCE COMPANY THE CINCINNATI INDEMNITY COMPANY
THE CINCINNATI CASUALTY COMPANY THE CINCINNATI LIFE INSURANCE COMPANY

Mailing Address: P.O. BOX 145496
CINCINNATI, OHIO 45250-5496
(513) 870-2000

RECEIVED
APR 29 2003
MPC
Department of Insurance
Springfield

April 24, 2003

Honorable Arnold Dutcher
Director of Insurance
Illinois Department of Insurance
Property and Casualty Evaluation
320 West Washington Street
Springfield, Illinois 62767-0001

DEPARTMENT OF INSURANCE
STATE OF ILLINOIS
FILED
AUG 01 2003
SPRINGFIELD, ILLINOIS

Attention: John Gatlin

Reference: The Cincinnati Insurance Company-FEIN 31-0542366
Commercial Lines
Dentist Package Program
Rule/Rate Filing
Filing #CDEN-03-7504-IL

Dear Mr. Gatlin:

At this time, we wish to make a rate change for the above line of business. Attached is the required RF-3 to indicate the net effect.

The corresponding form filing is being submitted under separate transmittal #CBOP-03-7507-IL.

Final printed copies are enclosed for your review.

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by August 1, 2003, for the software to be mailed to our agents on September 1, 2003, for the effective date of November 1, 2003.

Your approval is respectfully requested for use on policies effective on or after November 1, 2003.

Sincerely,

Connie Petertonjes, RPLU, AFSB
Analyst
Staff Underwriting Department
(513) 603-5352
connie_petertonjes@cinfin.com

CP/bs

CASUALTY ACTUARY
ILLINOIS DEPT. OF INSURANCE
RECEIVED/APPROVED
5/1/2003

6200 S. Gilmore Road, Fairfield, Ohio 45014-5141

"Petertonjes, Connie"
<Connie_Petertonjes@CINFIN.com>
05/30/2003 10:12 AM

To: "'Gayle_Neuman@ins.state.il.us'" <Gayle_Neuman@ins.state.il.us>
cc:
Subject: RE: Filing #CDEN-03-7504-IL

Dear Ms. Neuman:

Thank you for your note. I apologize for any confusion my filing may have caused.

The terrorism rules and rates do not apply to the medical malpractice portion of our Dentist Package Program. Please note that this is is indicated on page CN-TRIA-3 of this Dentist Rate filing. The wording of Rule **C. Premium Determination, 1.c.(1)(I)** reads:

> **(1) Eligible Policy Premium** - Includes all premium for all coverages and policies rated from any of the following except as noted:
>
> > **(I)** Dentist's Package Program, excluding any Medical Professional

I hope this explanation is acceptable. Please let me know if you have any other questions or concerns.

I would appreciate your acknowledgement of this explanation if it is acceptable, so I may have a record of your review.

Sincerely,

Connie Petertonjes, RPLU, AFSB
Commercial Analyst
Cincinnati Insurance Company

PHONE: (513) 603-5352 FAX: (513) 870-2097
E-MAIL: connie_petertonjes@cinfin.com

-----Original Message-----
From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]
Sent: Thursday, May 29, 2003 3:58 PM
To: connie_petertonjes@cinfin.com
Subject: Filing #CDEN-03-7504-IL

Ms. Petertonjes:

The Department is in receipt of the rule/rate filing referenced above submitted by letter dated April 24, 2003. The Department issued Company Bulletin #2003-02 in regard to the Federal Terrorism Risk on March 14, 2003. Pursuant to the definition section, medical malpractice policies do not need to file terrorism exclusions. This was also noted in the rule submitted. Is the filing to apply, for instance, to the general liability portion of the policy instead of the medical professional liability portion? Unfortunately, this was stamped as filed and returned to you because terrorism was not

mentioned on the cover page of the filing.

Therefore, we request you submit a written response withdrawing this filing, or a written response indicating that the terrorism exclusion applies to a different line of coverage.

Thank you for your prompt attention.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Insurance
(217) 524-6497
fax (217) 524-2122
gayle_neuman@ins.state.il.us

The Compliance Requirement Checklists for the submission of form filings can be accessed through the Department's WEB site by clicking on "Regulatory" under Industry at www.ins.state.il.us.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us

ILLINOIS
DENTIST'S PACKAGE PROGRAM
RULES AND RATES MEMORANDUM

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
DN-TC-3 (11/03)	DN-TC-3 (7/02)	TABLE OF CONTENTS Amending the Table of Contents to add reference to the Terrorism Coverage Rule.
DN-38 (11/03)	DN-38 (7/02)	RULE 14. ENDORSEMENTS, D. Other Endorsements, 7. Correcting form number for Exclusion - Lead Liability to read as IB 473 in lieu of IA 4103.
DN-TRIA-1 through DN-TRIA-5 (11/03)	-----	Introducing the Terrorism Coverage Rule. This new rule explains the forms, rules and rates for providing or excluding terrorism coverage. The rule contains elements of the rules proposed by ISO and AAIS amended to work with our procedure and forms.

1. APPLICATION OF THIS DIVISION (Cont'd)

21. Pedorthists Professional Liability

22. Physicians and Surgeons Professional Liability

23. Physiotherapist Professional Liability

24. Printers Errors and Omissions

25. Prior Acts or Omissions Extension of Coverage

26. Real Estate Agents' Errors and Omissions

27. Religious Institutions Wrongful Acts

28. Social Services Professional Liability

29. Teacher's Professional Liability

30. Travel Agents Errors and Omissions

31. Veterinarian Professional Liability

B. The coverages listed in Item **A.** above may be written as part of any policy containing property coverage.

2. REFERRALS TO COMPANY

Refer to the company for:

A. Rating or classifying any risk or exposure for which there is no manual rate or applicable classification.

B. Any applicable rating plan modification.

3. EFFECTIVE DATE

The date shown on the bottom of the page is a printing date and not necessarily the effective date. The effective date or distribution date will be announced on the Manual Revision Notice accompanying new or revised pages.

4. POLICY TERM

Policies may be written for a specific period up to five years.

5. PREMIUM COMPUTATION

A. One-year or Fractional Year Policies

1. For one-year policies, compute the premium using the rates in effect at policy inception.

2. For policies issued for other than a whole number of years, prorate the annual premium to determine the premiums for the fractional part of a year.

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STATE OF ILLINOIS/IDFPR
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5. PREMIUM COMPUTATION (Cont'd)

B. Multi-year Policies

1. For each annual period, compute the premium at inception using the annual rates in effect at that time.
2. Multi-year policies that are to be adjusted at each anniversary should have the Calculation of Premium (Annual Rerating) Endorsement **IA 429** attached. At each anniversary, compute the premium using the rates in effect at each anniversary.
3. For policies issued for other than a whole number of years, prorate the annual premium to determine the premiums for the fractional part of a year.
4. Prepaid policies should not be written in excess of a one year term except as otherwise indicated.

C. Installment Payments (including Quarterly Installments Option)

1. The premium for a policy may be payable on semi-annual or quarterly installment basis in the following manner:

   For policies issued on a semi-annual basis, divide the annual premium by two (2) and add $5.00 for each installment.

   For policies issued on a quarterly basis, divide the annual premium by four (4) and add $5.00 for each installment.

2. **Eligibility: (Minimum premium does not apply to Medical Professional)**
   - **a.** A policy must develop a $250 minimum premium per installment prior to the installment charge; or
   - **b.** If a policy is one of several policies written by us for the same insured, all policies shall be eligible for installment payments provided at least one of the policies develops a $250 minimum payment per installment prior to the installment charge.
3. The following items apply to policies with Medical Professional Liability:
   - **a.** There is no interest charge associated with the installment plan.
   - **b.** Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.
   - **c.** For policies written on a quarterly payment plan, an initial payment of 25% of the total annual premium plus $5 will be due at policy inception. Each of the subsequent installments will be 25% of the total annual premium plus $5 per installment and will be due 3, 6, and 9 months from policy inception, respectively.

6. FACTORS OR MULTIPLIERS

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

7. ROUNDING RULE

A. Round rates, factors and multipliers after the final calculation to three decimal places. Five-tenths or more of a mill shall be considered one mill; for example, .1245 = .125.

B. Round the premium for each coverage and exposure for which a separate premium is calculated to the nearest whole dollar. Round a premium involving $.50 or over to the next higher whole dollar; for example, $100.50 = $101.00 but $100.49 = $100.00.

Note: Charge a premium of at least $1 for each instance where a separate premium is calculated.

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7. ROUNDING RULE (Cont'd)

C. Installments. Add the installment charge per Rule **5.C.** and round each installment to the lowest whole dollar.

Example:

Quarterly Policy.
Annual Policy Premium is $1,395.

$1,395 / 4 Installments = $348.75

$348.75 + $5 (Installment Charge) = $353.75

Round Quarterly Premium with Installment Charge to $353.

8. MINIMUM PREMIUM

Division Minimum Premium

The lowest amount for which the Professional Coverage Part may be written is $100. This amount is not subject to any adjustment, including increased limits, package modification, expense factor or rate plans. Specific coverage minimum premiums are included within the Division Minimum unless stated otherwise. Specific coverage minimums that exceed the Division Minimum override the Division Minimum.

If Animal Grooming Professional Liability, Cosmetologists and Barbers Professional Liability, Cosmetology or Barbering School Professional Liability, Clergy / Counselors Professional Liability or Teachers' Professional Liability is the only Division Seven coverage being written, the Division Minimum Premium is $50.

9. ADDITIONAL PREMIUM CHANGES

A. Prorate all changes requiring additional premium.

B. Apply the rates and rules in effect on the effective date of the policy. In computing the additional premium, charge the amount applicable on the effective date of the change even if the policy inception premium was less than the Division Minimum Premium.

C. Waive additional premium of $15.00 or less. This waiver only applies to cash exchange due on an endorsement effective date.

10. RETURN PREMIUM CHANGES

A. Deletion of a mandatory coverage is not permitted unless the entire policy is cancelled. See Cancellation Rule.

B. Compute return premium at the rates used to calculate the policy premium.

C. Compute return premium pro rata and round to the nearest whole dollar when any change or exposure is deleted or an amount of insurance is reduced.

D. Waive return premium of $15.00 or less. Grant any return premium due if requested by the insured. This waiver only applies to cash exchange due on the endorsement effective date.

E. Retain the Division Minimum Premium.

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11. POLICY CANCELLATIONS

If the policy is canceled, the earned premium shall be calculated on a pro rata basis and rounded to the nearest whole dollar.

12. RATES AND PREMIUM DEVELOPMENT

A. Rates are shown on the rate pages opposite the identifying code numbers of the classifications. For classifications not subject to premium adjustment on audit, the rates apply per policy year unless otherwise specified in classification footnotes.

B. Use all bases of premium which are listed next to any particular classification in the Classification portion of this manual.

C. Every risk whose classifications show the symbol (a) instead of a specific rate or minimum premium and every risk having no specific classification must be referred to the company.

13. INDIVIDUAL RISK SITUATIONS

A. Refer to Company

1. For rating or classifying any risk or exposure for which:

a. The manual rate or applicable classification is clearly demonstrated to be inappropriate because of a unique or unusual feature of the risk; or

b. The coverage to be written is broader than that contained in the applicable standard coverage part; or

c. There is proof that, for a specified professional liability coverage, the named risk is qualified in this jurisdiction for placement of such insurance with an unauthorized insurer, and the insured agrees to the proposed rate or premium to be charged; or

d. Excess insurance is being provided. Excess insurance means liability insurance provided in an amount not less than $1,000,000 in excess of a specified retained limit provided that such retained limit is not less than;

(1) $350,000 per claim, as respects those exposures covered by underlying insurance; and

(2) $10,000 per claim, as respects those exposures not covered by underlying insurance; or

e. Increased limits are provided and the annual increased limits written premium determined by the customary rating procedures is $5,000 or more.

2. If a coverage part providing the insurance contemplated by an applicable classification and rate is endorsed to restrict coverage for hazards not common to all risks within the class.

3. Where liability increased limits are provided and the risk is reinsured on a facultative basis.

The following rating procedure is available for the determination of the applicable premium:

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13. INDIVIDUAL RISK SITUATIONS (Cont'd)

a. Manual rules and rates shall apply to the portion of the limits of insurance retained by the company.

b. For limits of insurance obtained by means of facultative reinsurance, the premium shall be the facultative cost for such insurance increased by a charge up to but not exceeding 50%.

4. If an aggregate limit of professional liability is adjusted at any time during the policy period.

14. - 15. RESERVED FOR FUTURE USE

16. ADDITIONAL RULES

A. When Professional Liability Coverage is added to a Homeowners Policy, attach Common Policy Conditions Form **PX 401** in conjunction with the Professional Liability Coverage Form.

B. Attach Illinois Changes - Cancellation and Nonrenewal **IA 4210 IL** to all professional liability coverage forms issued in Illinois.

C. Attach Lawyer's Professional Liability Amendatory Endorsement **PA 416 IL** to Lawyer's Professional Liability Coverage Form **PA 105.**

D. Attach Illinois Changes - Condominium or Homeowners Associations Wrongful Acts Endorsement **PA 465 IL** to Condominium or Homeowners Associations Wrongful Acts Coverage Form **PA 110.**

E. Attach Illinois Changes - Religious Institutions Wrongful Acts Endorsement **PA 472 IL** to Religious Institutions Wrongful Acts Coverage Form **PA 112.**

F. Attach Emergency Medical Technician Professional Liability Amendatory Endorsement **GA 424 IL** to Emergency Medical Technician Professional Liability Coverage Form **PA 113.**

G. Attach Illinois Changes - Health Care Facility Professional Liability Coverage Form **PA 4040 IL** to Health Care Facility Professional Liability Coverage Form **PA 126.**

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17. - 18. RESERVED FOR FUTURE USE

19. INTERSTATE ACCOUNTS

A. Rules and Rates

The rules and rates for Commercial Professional Liability coverage(s) will use the filed rates for each medical or professional liability exposure(s) in the respective state where the operations are licensed.

B. Forms

1. Professional liability policies providing coverage on locations in more than one state may be written on one policy subject to the basic coverage form(s) filed in the state where the:
   - **a.** Insured's largest medical or professional liability exposure or headquarters is located; or
   - **b.** Insurance is negotiated.
2. When applicable, forms recognizing state amendatory changes will be included as required by the coverage(s) afforded for each respective state endorsed.

20. ACORD FORMS

Current supplies of ACORD applications, binders and / or certificates may be used for coverages relative to this line of business. Future state revisions will require use of the proper applications on the effective date mandated.

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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
COVERAGE RULES

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services made against the insured hospital, institution or clinic.

B. Forms

PA 114 - Hospital Professional Liability Coverage Form

PA 514 - Hospital Professional Liability Coverage Part Declarations

PA 126 - Health Care Facility Professional Liability Coverage Form

PA 524 - Health Care Facility Professional Liability Coverage Part Declarations

C. Applications

MI-1313 - Hospital Questionnaire

IT-001 - Senior Citizens Long-Term Care Facility Supplemental Questionnaire

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are per bed or number of outpatient visits. Per bed is the daily average number of beds, cribs or bassinets occupied during the policy period. Per outpatient visit is the total number of visits made during the policy period by patients who do not receive bed and board service.

Hospitals are subject to additional premium charges for each of their employed staff physicians, surgeons or dentists, other than interns, who do not have their own private practices. Refer to Rule **2.** Physicians and Surgeons Professional to classify employed physicians and surgeons. Use .35 of the rate from the appropriate classifications for each employed physician or surgeon to calculate the additional charges.

2. Classifications

Based on the insured's business operation, choose the classification which best describes the operation. More than one classification may be necessary for risks with multiple business operations.

Hospitals, institutions and clinics operated by the federal government or a state, county, city or other governmental unit shall be rated as not-for-profit hospitals, institutions or clinics, as appropriate.

a. Clinics, Dispensaries or Infirmaries - treatment of outpatients only - no regular bed and board facilities. This classification does not apply to drugless healing institutions such as chiropractic, naturopathic, santipractic and Christian Science Institutions and not-for-profit dental clinics. Such risks should be submitted to the Home Office.

Clinics, dispensaries or infirmaries incidental to industrial or commercial risks should be classified and rated under the For-Profit classification. Clinics, dispensaries or infirmaries operated by physicians shall be classified and rated according to Rule **2.** Physicians and Surgeons Professional Liability.

Classification	Code
For-Profit-Per 100 outpatient visits	80613
Not-For-Profit-Per 100 outpatient visits	80614
Osteopathic-Per 100 outpatient visits	84803

DIVISION OF INSURANCE
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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd)

b. **Convalescent or Nursing Homes - not mental-psychopathic institutions.** This classification does not apply to risks with surgical operating room facilities, laboratory or medical departments or X-ray apparatus.

For-Profit	
Per bed	
Skilled Care	30018
Intermediate Care	30019
Assisted Living	30020
Group Homes	30021
Independent Retirement Living	30022
Per 100 outpatient visits	80951
Not-for-Profit	
Per bed	
Skilled Care	30023
Intermediate Care	30024
Assisted Living	30025
Group Homes	30026
Independent Retirement Living	30027
Per 100 outpatient visits	80952

Skilled Care: Provides nursing care 24 hours per day by licensed nursing professionals. Some specialized equipment used. Most patients are totally dependent on the staff for assistance with Activities of Daily Living (ADL) including feeding, bathing, dressing and mobility. Staff will also administer tube feedings, catheterizations and injections. These facilities are eligible to participate in Medicare and Medicaid programs as nursing facilities.

Intermediate Care: Provides health care services at a more than incidental basis, but at a level below a skilled care facility. Usually do not administer tube feedings, catheterizations or injections. Most patients need assistance with Activities of Daily Living (ADL): dressing, bathing, feeding and mobility, and some assistance with medications. These facilities do not qualify for Medicare or Medicaid Program.

Assisted Living: Provides residents with minimal care by professional staff. Residents are ambulatory with minor exceptions, and need some assistance with Activities of Daily Living (ADL): dressing, bathing and feeding. The facility provides a protective environment involving communal meals and planned programs for their social and spiritual needs. Residents also receive incidental health care services, including assistance with medications.

Group Homes: These facilities provide living accommodations for senior citizens who need some form of structured living. These facilities will be under the direction of a live-in supervisor and may include communal dining, social and spiritual needs. Residents will be ambulatory and not dependent on others for Activities of Daily Living (ADL). Buildings occupied by Senior Citizens without any form of organized group activities and / or without live-in supervisor are not eligible for this classification. This classification is reserved for facilities that provide 15 or fewer beds per group home.

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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd)

Independent Retirement Living: Provides for residents who are of retirement age and in general good health. Residents do not receive any health care services, assistance with Activities of Daily Living (ADL) or medications. They occupy apartment / dwelling units that normally include cooking facilities and contain special features for senior citizens, such as panic or help buttons, wider doorways and halls. These facilities may offer voluntary social and spiritual programs, transportation and limited food service. Residents may be required to have a predetermined number of meals per day or per week in the facility's dining area. One or more LPNs may be on premises to answer call buttons.

c. **Hospices.** This classification applies to institutions specializing in the care and treatment of terminal illness. It does not apply to risks with surgical operating room facilities even though designated as hospices.

For-Profit-per bed	80510
Not-for-Profit-per bed	80512

d. **Hospitals.** This classification applies to hospitals treating all general or special medical and surgical cases including sanitariums with surgical operating room facilities. This is a NOC classification.

For-Profit	
Per bed	80611
Per 100 outpatient visits	80610
Not-for-Profit	
Per bed	80612
Per 100 outpatient visits	80617
Osteopathic	
Per bed	84965
Per 100 outpatient visits	84966

e. **Mental-Psychopathic Institutions.** This classification applies to institutions primarily for the restraint and treatment of mental, drug, narcotic or alcoholic cases.

For-Profit	
Per bed	80997
Per 100 outpatient visits	80999
Not-for-Profit	
Per bed	80916
Per 100 outpatient visits	80917

f. **Outpatient Surgical Facilities**

Osteopathic	84453
Not Osteopathic	80453

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1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd)

g. Rehabilitation Hospitals. This classification applies to institutions providing restorative and support services for the disabled. If regular bed and board facilities are provided, classify and rate in accordance with the appropriate classification in this rule.

For-Profit	
Per bed	80516
Per 100 outpatient visits	80517
Not-for-Profit	
Per bed	80518
Per 100 outpatient visits	80519

h. Sanitariums or Health Institutions - not hospitals or mental-psychopathic institutions. This classification applies to risks with regular bed and board facilities, and with laboratory or medical departments. It does not apply to risks with surgical operating room facilities even though designated as sanitariums or health institutions.

For-Profit	
Per bed	80925
Per 100 outpatient visits	80953
Not-for-Profit	
Per bed	80926
Per 100 outpatient visits	80954

i. Skilled Nursing Facilities - Short Term. This classification applies to institutions primarily engaged in providing skilled nursing care and related services for inpatients requiring medical supervision of their care or rehabilitation services on a daily basis. It does not apply to risks with surgical operating room facilities, laboratory or medical departments or X-ray apparatus.

For-Profit	
Per bed	80522
Per 100 outpatient visits	80523
Not-for-Profit	
Per bed	80524
Per 100 outpatient visits	80525

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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
COVERAGE RULES

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd)

3. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification Code	Rate	Minimum Premium Per Location
30018	351.00	3,510.00
30019	328.00	3,280.00
30020	292.00	2,920.00
30021	211.00	2,110.00
30022	18.00	180.00
30023	317.00	3,170.00
30024	296.00	2,960.00
30025	264.00	2,640.00
30026	190.00	1,900.00
30027	16.00	160.00
80453	(a)	(a)
80510	95.00	950.00
80512	69.00	690.00
80516	190.00	1,900.00
80517	8.00	included in 80516
80518	138.00	1,380.00
80519	8.00	included in 80518
80522	238.00	2,380.00
80523	8.00	included in 80522
80524	172.00	1,720.00
80525	8.00	included in 80524
80610	79.00	included in 80611
80611	1,618.00	16,180.00
80612	2,666.00	26,660.00
80613	(a)	(a)
80614	95.00	1,050.00
80617	114.00	included in 80612
80916	761.00	7,610.00
80917	38.00	included in 80916
80925	799.00	7,990.00
80926	381.00	3,810.00
80951	8.00	included in 30018 - 30022
80952	8.00	included in 30023 - 30027
80953	19.00	included in 80925
80954	19.00	included in 80926
80997	1,143.00	11,430.00
80999	40.00	included in 80997
84453	(a)	(a)
84803	(a)	(a)
84965	2,380.00	23,800.00
84966	95.00	included in 84965

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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
COVERAGE RULES

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd)

RESERVED

FOR

FUTURE

USE

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

C. Application

PA-002 - Medical Professional Liability Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each physician or surgeon.

2. Classifications

When multiple physicians or surgeons are covered under the same policy, each insured physician or surgeon shall be assigned to one classification only, based on that person's medical specialty. If two or more classifications apply to the same individual, use the highest rated classification. An individual who would normally be assigned to a classification whose code number is followed by an asterisk* or cross-hatch # must be classified under **b.** or **c.** below if they perform any of the procedures listed in **b.** or **c.**

a. Physicians and Surgeons Classifications

	M.D. Code	D.O. Code
Aerospace Medicine	**80230*#**	
Allergy	**80254*#**	**84254*#**
Anesthesiology	**80151**	**84151**
This classification applies to all general practitioners or specialists who perform general anesthesia or acupuncture anesthesia.		
Broncho-Esophagology	**80101**	
Cardiovascular Disease-minor surgery	**80281***	**84281***
Cardiovascular Disease-no surgery	**80255*#**	**84255*#**
Dermatology-minor surgery	**80282***	**84282***
Dermatology-no surgery	**80256*#**	**84256*#**
Diabetes-minor surgery	**80271***	

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Diabetes-no surgery	**80237*#**	
Emergency Medicine - including major surgery	**80157**	**84157**
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who performs major surgery.		
Emergency Medicine-no major surgery	**80102**	**84102**
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who does not perform major surgery.		
Endocrinology-minor surgery	**80272***	**84272***
Endocrinology-no surgery	**80238*#**	**84238*#**
Family Physicians or General Practitioners-no surgery	**80420**	**84420**
Family Physicians or General Practitioners-minor surgery	**80421**	**84421**
Forensic Medicine	**80240*#**	**84240*#**
Gastroenterology-minor surgery	**80274***	**84274***
Gastroenterology-no surgery	**80241*#**	**84241*#**
General Preventive Medicine-no surgery	**80231*#**	
Geriatrics-minor surgery	**80276***	**84276***
Geriatrics-no surgery	**80243*#**	**84243*#**
Gynecology-minor surgery	**80277***	**84277***
Gynecology-no surgery	**80244*#**	**84244*#**
Hematology-minor surgery	**80278***	**84278***
Hematology-no surgery	**80245*#**	**84245*#**
Hypnosis	**80232*#**	
Infectious Diseases-minor surgery	**80279*#**	
Infectious Diseases-no surgery	**80246*#**	
Intensive Care Medicine	**80283**	**84283**
This classification applies to any general practitioner or specialist employed in an intensive care hospital unit.		

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Internal Medicine-minor surgery	**80284***	**84284***
Internal Medicine-no surgery	**80257*#**	**84257*#**
Laryngology-minor surgery	**80285***	
Laryngology-no surgery	**80258*#**	
Legal Medicine	**80240*#**	
Manipulator		**84801***
Neoplastic Diseases-minor surgery	**80286***	
Neoplastic Diseases-no surgery	**80259*#**	
Nephrology-minor surgery	**80287***	
Nephrology-no surgery	**80260*#**	
Nephrology-including child-minor surgery	**80288***	**84288***
Neurology-including child-no surgery	**80261*#**	**84261*#**
Nuclear Medicine	**80262*#**	**84262*#**
Nutrition	**80248*#**	
Occupational Medicine	**80233*#**	**84233*#**
Opthalmology-minor surgery	**80289***	**84289***
Opthalmology-no surgery	**80263*#**	**84263*#**
Otology-minor surgery	**80290***	
Otology-no surgery	**80264*#**	
Otorhinolaryngology-minor surgery	**80291*#**	**84291***
Otorhinolaryngology-no surgery	**80265*#**	**84265*#**
Pathology-minor surgery	**80292***	**84292***
This classification includes pathological laboratories operated by the insured. Use endorsement **PA 494**.		
Pathology-no surgery	**80266*#**	**84266*#**
This classification includes pathological laboratories operated by the insured. Use endorsement **PA 494**.		
Pediatrics-minor surgery	**80293***	**84293***
Pediatrics-no surgery	**80267*#**	**84267*#**

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Pharmacology-clinical	**80234*#**	
Physiatry	**80235*#**	
Physical Medicine and Rehabilitation	**80235*#**	**84235*#**
Physicians-minor surgery	**80294***	

This is an NOC classification.

Physicians-no surgery	**80268*#**	**84268*#**

This is a NOC classification.

Physicians or Surgeons Assistants	**80116*#**	**84116*#**

This classification applies to physicians or surgeons assistants who have completed an approved course of study leading to university certification and who perform their duties under the direct supervision of a licensed physician or surgeon assisting in the clinical and / or research endeavors of the physician or surgeon.

Psychiatry-including child	**80249*#**	**84249*#**
Psychoanalysis	**80250*#**	
Psychosomatic Medicine	**80251*#**	**84251*#**
Public Health	**80236*#**	
Pulmonary Diseases-no surgery	**80269*#**	**84269*#**
Radiology-diagnostic-minor surgery	**80280***	**84280***

This classification includes X-ray laboratories operated by the insured. Use endorsement **PA 494**.

Radiology-diagnostic-no surgery	**80253*#**	**84253*#**

This classification includes X-ray laboratories operated by the insured. Use endorsement **PA 494**.

Rheumatology-no surgery	**80252*#**	**84252*#**
Rhinology-minor surgery	**80270***	
Rhinology-no surgery	**80247*#**	
Scierotherapy		**84802***
Teaching Physicians-no surgery	**80321**	

This classification applies to those physicians who would normally be assigned to codes 80230-80269 inclusive.

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Teaching Physicians-minor surgery 80322

This classification applies to those physicians who would normally be assigned to codes 80270-80294.

Teaching Physicians or Surgeons-major surgery 80323

This classification applies to those specialists who would normally be assigned to one of the following codes:
80101, 80102, 80103, 80104,
80105, 80107, 80108, 80114,
80115, 80117.

Teaching Physicians or Surgeons-major surgery 80324

This classification applies to those specialists who would normally be assigned to code 80145.

Teaching Physicians or Surgeons-major surgery 80325

This classification applies to those specialists who would normally be assigned to one of the following codes:
80106, 80141, 80143, 80151,
80155, 80157, 80158, 80159,
80160, 80166.

Teaching Physicians or Surgeons-major surgery 80326

This classification applies to those specialists who would normally be assigned to one of the following codes:
80153, 80156, 80167,
80168, 80169, 80170.

Teaching Physicians or Surgeons-major surgery 80327

This classification applies to those specialists who would normally be assigned to one of the following codes:
80144, 80146, 80150,
80152, 80154, 80171.

b. Physicians-No Major Surgery Classifications (For Classifications with an *)

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques or procedures:

	M.D. Code	D.O. Code
Acupuncture-other than acupuncture anesthesia	**80437**	**84437**
Angiography	**80422**	**84422**
Arteriography	**80422**	**84422**

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Catheterization	**80422**	**84422**
Arterial, cardiac or diagnostic-other than (a) the occasional emergency insertion of pulmonary wedge pressure recording catheters or temporary pacemakers, (b) urethra catheterization or (c) umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen.		
Discograms	**80428**	**84428**
Lasers-used in therapy	**80425**	**84425**
Lymphangiography	**80434**	**84434**
Myleography	**80428**	**84428**
Phlebography	**80434**	**84434**
Pneumoencephalography	**80428**	**84428**
Radiation Therapy	**80425**	**84425**
This classification includes X-ray laboratories operated by the insured. Use endorsement **PA 494**.		
Shock Therapy	**80431**	**84431**

c. Physicians-No Major Surgery Classifications (For Classifications with a #)

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques:

	M.D. Code	D.O. Code
Colonoscopy	**80443**	**84443**
Endoscopic Retrograde Cholangiopancreatography	**80443**	**84433**
Laparoscopy (Peritonescopy)	**80440**	**84440**
Needle Biopsy	**80446**	**84446**
Including lung and prostate, but not including liver, kidney or bone marrow biopsy.		
Pneumatic or mechanical esophageal dilatation (not bougie or olive)	**80433**	**84443**
Radiopaque Dye Injections	**80449**	**84449**
Injection into blood vessels, lymphatics, sinus tracts and fistulae (Not applicable to Radiologists codes 80280* and 84280*).		

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d. Surgery Classifications	M.D. Code	D.O. Code
Abdominal	80166	
Cardiac	80141	
Cardiovascular disease	80150	84150
Colon and rectal	80115	
Endocrinology	80103	
Gastroenterology	80104	
General	80143	84143
This is an NOC classification. This classification does not apply to any family or general practitioner or to any specialist who occasionally performs major surgery.		
General practice or family practice	80117	
Geriatrics	80105	
Gynecology	80167	84167
Hand	80169	
Head and neck	80170	
Laryngology	80106	
Neoplastic	80107	
Nephrology	80108	
Neurology-including child	80152	84152
Obstetrics	80168	
Obstetrics-gynecology	80153	84153
Opthalmology	80114	
Orthopedic	80154	84154
Otology	80158	
This classification does not apply to general practitioners or specialists performing plastic surgery.		
Otorhinolaryngology	80159	
This classification does not apply to general practitioners or specialists performing plastic surgery.		

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Plastic	**80156**	**84156**
This is an NOC classification.		
Plastic-otorhino-laryngology	**80155**	**84155**
Rhinology	**80160**	
Thoracic	**80144**	**84144**
Traumatic	**80171**	
Urological	**80145**	**84145**
Vascular	**80146**	

e. Physicians and Surgeons-In Active US Military Service Classifications

The following classifications and additional charges apply for physicians and surgeons in active United States Military Service:

Physicians-no surgery	**80131**	**84131**
Physicians-no major surgery	**80172**	**84172**
Physicians-minor surgery	**80132**	**84132**
Physicians or Surgeons-major surgery	**80172**	**84172**

This classification applies to those specialists who would normally be assigned to one of the following codes:
80101, 80102, 80103, 80104,
80105, 80107, 80108, 80114,
80115, 80117.

Physicians or Surgeons-major surgery	**80173**	**84173**

This classification applies to those specialists who would normally be assigned to the following codes: 80145, 84145.

Physicians or Surgeons-major surgery	**80174**	**84174**

This classification applies to those specialists who would normally be assigned to one of the following codes:
80106, 80141, 80143, 80151,
80155, 80157, 80158, 80159,
80160, 80166.

Physicians or Surgeons-major surgery	**80175**	**84175**

This classification applies to those specialists who would normally be assigned to one of the following codes:
80153, 80156, 80167,
80168, 80169, 80170.

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Physicians or Surgeons-major surgery 80176 **84176**

This classification applies to those specialists who would normally be assigned to one of the following codes:
80144, 80146, 80150,
80152, 80154, 80171.

Additional charges:

Radiation therapy 80136 **84136**

Shock therapy 80137 **84137**

f. Additional charges

These classifications are not designed to be used as governing classifications, except for partnership or corporate liability (codes 80999 and 84999).

The following additional charges apply for all classifications, except classifications in **e.** above.

Partnership or Corporate Liability 80999 **84999**

This classification is to be used as the governing classification when the individual insured physician or surgeon is also insured as either a corporation or partnership. This classification is subject to any applicable additional charge classifications for employed physicians, surgeons and technicians.

+Employed Nurse Anesthetist 80452 **84452**

The manual rate for this classification will be .10 of the rate for Anesthesiology codes 80151 and 84151.

Employed Physicians or Surgeons Assistants 80129 **84129**

This additional charge classification applies not only to individual insured physicians or surgeons but also to physicians or surgeons who are employees of partnerships, limited liability companies, corporations or professional associations practicing medicine.

Employed Physicians or Surgeons 80177 **84177**

The rate shall be .25 of the rate applicable for the self-employed physician or surgeon.

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

+Employed Technicians-radium, including diagnostic X-ray laboratory or pathological	**80148**	**84148**
+Employed Technicians-radiation therapy	**80149**	**84149**
+Shock Therapy-by employed physicians or surgeons involved with major surgery	**80161**	**84161**
Shock Therapy-by insured physicians or surgeons involved with major surgery	**80162**	**84162**

This additional charge applies to each insured physician or surgeon doing shock therapy work.

+Radiation Therapy-by employed physicians or surgeons involved with major surgery	**80163**	**84163**
Radiation Therapy-by insured physicians or surgeons involved with major surgery	**80165**	**84165**

This additional charge applies to each insured physician or surgeon doing X-ray therapy work.

+The rate for this additional charge classification applies not only to employees of individual insured physicians or surgeons but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It also applies to such personnel in pathological or X-ray laboratories operated or supervised by the insured.

3. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

4. Additional Charge - Partnership, association or corporation - M.D. Code 80999/ D.O. Code 84999

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (but not a professional corporation), make an additional charge of 20% of the per person rate for each individual comprising the partnership, association or corporation, for the exposure of the partnership, association or corporate entity. This charge is **in addition** to the charges below for full coverage.

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Classification M.D.	Classification D.O.	Rates	Classification M.D.	Classification D.O.	Rates
80101	-	$12,093.00	80156	84156	$19,349.00
80102	84102	18,140.00	80157	84157	14,512.00
80103	-	12,093.00	80158	-	12,093.00
80104	-	14,512.00	80159	-	12,093.00
80105	-	12,093.00	80160	-	12,093.00
80106	-	12,093.00	80161	84161	726.00
80107	-	12,093.00	80162	84162	1,210.00
80108	-	12,093.00	80163	84163	908.00
80114	-	7,256.00	80165	84165	3,629.00
80115	-	12,093.00	80166	-	21,768.00
80116	84116	2,419.00	80167	84167	16,930.00
80117	-	14,512.00	80168	-	24,186.00
80129	84129	454.00	80169	-	19,349.00
80131	84131	58.00	80170	-	19,349.00
80132	84132	100.00	80171	-	19,349.00
80136	84136	58.00	80172	84172	231.00
80137	84137	58.00	80173	84173	308.00
80141	-	21,768.00	80174	84174	308.00
80143	84143	19,349.00	80175	84175	385.00
80144	84144	21,768.00	80176	84176	385.00
80145	84145	12,093.00	80177	84177	*
80146	-	21,768.00	80178	84178	**
80148	84148	182.00	80179	84179	(a)
80149	84149	363.00	80230	-	2,903.00
80150	84150	21,768.00	80231	-	3,629.00
80151	84151	12,093.00	80232	-	3,629.00
80152	84152	31,442.00	80233	84233	3,629.00
80153	84153	24,186.00	80234	-	3,629.00
80154	84154	21,768.00	80235	84235	3,629.00
80155	84155	16,930.00	80236	-	3,629.00
			80237	-	3,629.00

*25% of the rate applicable for the self-employed physician or surgeon.
**75% of the rate applicable if physicians or surgeons not employed by the Federal Government.

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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Classification		Rates	Classification		Rates
M.D.	D.O.		M.D.	D.O.	
80238	84238	$3,629.00	80280	84280	$7,256.00
80240	84240	2,903.00	80281	84281	8,466.00
80241	84241	4,837.00	80282	84282	4,837.00
80243	84243	3,629.00	80283	84283	8,466.00
80244	84244	3,629.00	80284	84284	7,256.00
80245	84245	3,629.00	80285	-	4,837.00
80246	-	4,837.00	80286	-	6,047.00
80247	-	3,629.00	80287	-	6,047.00
80248	-	3,629.00	80288	84288	11,052.00
80249	84249	3,629.00	80289	84289	4,837.00
80250	-	2,903.00	80290	-	4,837.00
80251	84251	2,903.00	80291	84291	4,837.00
80252	84252	3,629.00	80292	84292	4,837.00
80253	84253	4,837.00	80293	84293	7,256.00
80254	84254	2,903.00	80294	-	4,837.00
80255	84255	4,837.00	80321	-	2,721.00
80256	84256	3,629.00	80322	-	4,535.00
80257	84257	4,837.00	80323	-	9,070.00
80258	-	3,629.00	80324	-	9,070.00
80259	-	3,629.00	80325	-	12,698.00
80260	-	3,629.00	80326	-	14,512.00
80261	84261	7,256.00	80327	-	16,325.00
80262	84262	3,629.00	80420	84420	4,837.00
80263	84263	2,903.00	80421	84421	7,256.00
80264	-	3,629.00	80422	84422	7,256.00
80265	84265	3,629.00	80425	84425	7,256.00
80266	84266	3,629.00	80428	84228	7,256.00
80267	84267	4,837.00	80431	84431	7,256.00
80268	84268	3,629.00	80434	84434	7,256.00
80269	84269	4,837.00	80437	84437	7,256.00
80270	-	4,837.00	80440	84440	7,256.00
80271	-	6,047.00	80443	84443	7,256.00
80272	84272	6,047.00	80446	84446	7,256.00
80274	84274	7,256.00	80449	84449	7,256.00
80276	84276	7,256.00	80452	84452	1,210.00
80277	84277	6,047.00	-	84801	2,903.00
80278	84278	6,047.00	-	84802	4,837.00
80279	-	8,466.00			

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2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

E. Resident - Intern - Fellow Coverage

This coverage is provided for physicians in training. Use endorsement **PA 404**. The rate is that available to a Physician / Surgeon.

F. Professional Associations or Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS

A. Medical and Surgical Specialties

Aerospace Medicine

The branch of medicine which deals with physiological, medical, psychological and epidemiological (that is, disease-related) problems in present day air and space travel.

Allergy

A condition in which an individual is sensitive to a substance (or temperature) that does not affect most other people - such as pollen, dust or food.

Anesthesiology

The branch of medicine specializing in anesthesia - the abolition of sensation or the rendering unconscious by artificial means.

Broncho-Esphagology

The branch of medicine which deals with the bronchial tree (body tubes which carry air) and the esophagus (muscular tubular organ which carries food from mouth to stomach).

Cardiovascular Disease

Any diseases that are pertaining to the heart and blood vessels.

Dermatology

The branch of medicine that deals with diagnosis and treatment of diseases of the skin.

Diabetes

The branch of medicine that deals with a disease associated with deficient insulin secretion.

Endocrinology

The branch of medicine that deals with the endocrine (ductless) glands (for example, thyroid) and the various internal secretions.

Forensic Medicine

(See Legal Medicine.)

Gastroenterology

The branch of medicine that deal with the anatomy, physiology and pathology of the stomach and intestines.

General Preventive Medicine

The branch of medicine which aims at the prevention of disease.

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3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Geriatrics

The branch of medicine that deals with the structural changes, physiology, diseases and hygiene of old age.

Gynecology

The branch of medicine that deals with the functions and diseases peculiar to women.

Hematology

The branch of medicine that deals with the blood and its diseases.

Hypnosis

A trance-like condition that can be artificially induced, characterized by an altered consciousness, diminished will power, and an increased responsiveness to suggestion.

Infectious Diseases

Any diseases that are due to the growth and action of microorganisms or parasites in the body, and that may or may not be contagious.

Internal Medicine

The branch of medicine that is concerned with diseases of the internal organs.

Laryngology

The branch of medicine that deals with the larynx (throat part, vocal cords), its functions and its pathology.

Legal Medicine

The application of medical principals in law (also called Forensic Medicine).

Manipulation

Skillful handling in the adjustment of an abnormality or the bringing about of a desirable condition, as the changing of the position of the fetus, the alignment of the fragments of a broken bone, the replacement of a protruding organ (in hernia), etc.

Neoplastic Diseases

Any diseases that are concerned with any new and abnormal growth, such as a tumor.

Nephrology

The branch of medicine that deals with the kidney and its diseases.

Neurology

The branch of medicine that deals with the nervous system and its disorders.

Nuclear Medicine

The branch of medicine that deals with diagnostic, therapeutic and investigative use of radioactive materials.

Nutrition

The branch of medicine that deals with the act or process of nourishing or taking nourishment, especially the processes by which food is assimilated.

Obstetrics

The branch of medicine that deals with pregnancy and childbirth.

Occupational Medicine

The branch of medicine that deals with treatment of work related illnesses and injuries.

Ophthalmology

The branch of medicine that deals with the structure, functions and diseases of the eye.

Otology

The branch of medicine that deals with the ear

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3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Otorhinolaryngology

The branch of medicine that treats the ear, nose and throat.

Pathology

The branch of medicine that deals with the origin, nature, causes and development of diseases.

Pediatrics

The branch of medicine that deals with the diseases and hygienic care of children.

Pharmacology, Clinical

The branch of medicine concerned with the nature, preparation, administration and effects of drugs.

Physiatry

The practice of Physical Medicine.

Physical Medicine

A consultative diagnostic, and therapeutic medical specialty coordinating and integrating the use of physical therapy (use of light, heat, cold, water, electricity, and exercises) occupational therapy and physical reconditioning in the Professional Management of the diseased and injured.

Psychiatry

The branch of medicine that deals with the diagnosis, treatment and prevention of mental disorders.

Psychoanalysis

A system used in the investigation of the human mind and the treatment of mental disorders.

Psychosomatic Medicine

The branch of medicine that investigates the reciprocal influences of body and mind in the cause, prevention, treatment and cure of disease.

Public Health

The branch of medicine that deals with the protection and improvement of community health by organized community effort and including Preventive Medicine and Sanitary and Social Science.

Pulmonary Diseases

Any diseases that are affecting the lungs.

Radiology

The branch of medicine that relates to radiant energy and its application especially in the diagnosis and treatment of disease.

Rheumatology

The branch of medicine that treats rheumatism, a disease marked by inflammation of the connective tissue structures of the body, especially the muscles and joints.

Rhinology

The branch of medicine that relates to the nose and its diseases.

Roentgenology

(See Radiology)

Sclerosant

A medicinal substance which induces inflammation in a tissue and subsequent hardening or shrinkage. It is often used, by injection, in the treatment of varicose veins.

Sclerotherapy

The use of a chemical irritant (a sclerosant) to produce a hardening of a structure, as by injecting it into a varicose vein. See under sclerosant.

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3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Surgery, Cardiovascular

Surgery pertaining to the heart and blood vessels.

Surgery, Neurological

Surgery pertaining to the nervous system.

Surgery, Orthopedic

The branch of surgery concerned with the preservation and restoration of the function of the skeletal system.

Surgery, Plastic

Surgery concerned with the restoration or reconstruction of body structures that are defective or damaged by injury or disease.

Surgery, Thoracic

Surgery pertaining to the chest.

Surgery, Traumatic

Surgery pertaining to trauma - a wound or injury.

Surgery, Urological

Surgery pertaining to the urinary tract of both male and female, and with the genital organs of the male.

Surgery, Vascular

Surgery of the blood vessels within the limbs of the body, or the trunk, neck, abdomen or head.

B. Medical and Surgical Procedures

Acupuncture

Puncture of the skin with long, fine needles for relief of pain.

Angiography

The injection of radiopaque dye into a blood vessel (artery or vein), with or without catheterization, for the purpose of radiologic study of the vessel or its branches.

Arteriography

X-ray studies or arterial circulation following injection of radiopaque material into the blood stream.

Catheterization, Cardiac

Passage of a small catheter (tubular instrument) into a vein in the arm and through the blood vessels into the heart, permitting the securing of blood samples, determination of intracardiac pressure, and detection of cardiac anomalies (irregularities).

Catheterization

The employment or passage of a catheter.

Cryosurgery

Surgery in which extreme cold chilling (as by use of liquid nitrogen or carbon dioxide) produces the desired dissection.

Discograms

A radiological film of an intervertebral disk.

Endoscopy

The inspection of cavities of the body by use of the endoscope.

Laparoscopy (Peritoneoscopy)

A method of examining the peritoneal cavity by means of a peritoneoscope.

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3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Lasers

An operating assembly used to emit a powerful, highly directional and coherent (nonspreading), monochromatic beam of light which has been used as a surgical tool and in research.

Lymphangiography

Radiological visualization of lymphatic vessels (absorbitant vessels which drain tissue fluid from various body tissues and return it to the blood) following injection of a contrast medium.

Major Surgery

Includes operations in or upon any body cavity, including but not limited to the cranium, thorax, abdomen or pelvis; any other operation which, because of the condition of the patient or the length or circumstances of the operation presents a distinct hazard to life. It also includes: removal of tumors, bone fractures, amputations, the removal of any gland or organ and plastic surgery.

Minor Surgery

A surgical procedure of slight extent and not hazardous to life.

Myelography

Radiological visualization of the spinal cord after injection of a contrast medium.

Needle Biopsy

A biopsy in which the tissue or fluid gathering procedure is accomplished through the use of a syringe.

Phlebography

Radiological visualization of veins following injection of a contrast medium.

Pneumoencephalography

X-ray studies of the head following injection of air or gas into the spinal canal following removal of some spinal fluid.

Radiation Therapy

The treatment of disease with any type of radiation, most commonly with ionizing radiation, including the use of roentgen rays, radium or other radioactive substances.

Radiopaque

Not permitting the passage of radiant energy such as X-rays. Radiopaque substances, frequently called "contrast media" are introduced to parts of a patient's body to be studied by X-ray. X-rays will not penetrate the radiopaque substance which causes the part to be studied to show white on an exposed X-ray film.

Shock Therapy

The treatment of certain psychotic disorders by the injection of drugs, or by electrical shocks, both methods inducing coma, with or without convulsions.

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3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

C. Definitions

1. D.O. means Doctor of Osteopathy.
2. For-Profit Hospital, Institution or Clinic means one which is neither a Governmental Hospital, Institution or Clinic, nor a Not-For-Profit Hospital, Institution or Clinic as defined in this rule.
3. Major Surgery means:
   a. Performing major surgery; or
   b. Assisting in major surgery on patients other than the insured's.

   Tonsillectomies, adenoidectomies and cesarean sections are major surgery.
4. M.D. means Medical Doctor.
5. Minor Surgery means:
   a. Performing minor surgery (including obstetrical procedures which are not major surgery); or
   b. Assisting in major surgery on the insured's patients.
6. No Surgery means neither performing surgery or obstetrical procedures nor assisting in surgery. Incising of boils and superficial fascia, suturing of minor lacerations and removal of superficial skin lesions by other than surgical incision are not surgery.
7. Not-For-Profit Hospital, Institution or Clinic means one which is not operated by a governmental unit and the net earnings of which do not inure to the benefit of any private individual.
8. Teaching Physician or Surgeon means one who teaches on a full-time basis and has no private practice.

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional dental services.

B. Forms

PA 128 - Dentist's Professional Liability Occurrence Coverage Form

PA 526 - Dentist's Professional Liability Coverage Part Declarations (Occurrence)

C. Application (A separate application is to be completed by each dentist)

PA-007 - Dentist's Professional Liability Application for new business

PA-435 - Dentist's Professional Renewal Questionnaire for renewal business

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4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each dentist.

2. Classifications

Refer the following classification to the Home Office for approval:

Class 3 Dentist

Coverage for Dentist's Professional Liability is offered for Dentist Class 1 (Professional Liability Class 80226); Class 2 (Professional Liability Class 80227); Class 2A (Professional Liability Class 80229); Class 2B (Professional Liability Class 30028); and Class 3 (Professional Liability Class 80210). Corporation, Limited Liability Company or Partnership (Professional Liability Class 80239) is included if applicable.

Procedure and / or Specialty	Class	Anesthesia
General Dentistry Endodontics Pedodontics Prosthodontics Orthodontics Periodontics / Non-Osseous Surgery, Non-Advanced or Non-Refractory Progressive Periodontitis Implant Prostheses / Non-Surgical Extraction of Erupted Third Molars	1	In the Office: Local N_2O Oral Administered by other than an insured or insured's employee: General Deep Intramuscular (IM)
Periodontics / Osseous Surgery, Advanced or Refractory Progressive Periodontitis Extraction of Impacted Third Molars Soft Tissue or Partial Bony Only	2	Conscious IV
Implants / Surgical	2A	Conscious IM
Extraction of Impacted Third Molars Other Than Soft Tissue or Other Than Partial Bony	2B	Conscious IM
Oral and Maxillofacial Surgeon	3	General anesthesia and / or deep sedation given in a dosage designed to render the patient unconscious and done in the office; or in a hospital if administered by an insured or insured's employee.
Any Procedure or Anesthesia in a higher class would make the higher class applicable.		

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4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Rates

Rates for Basic Limits: $100,000 Each Dental Incident Limit - Coverage A.
$ 5,000 Any One Person - Coverage B. First Aid Payments
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Territory (001) - Cook County

Limits	Class				
	1	2	2A	2B	3
$100,000/$300,000	$1,111	1,687	3,354	2,277	8,066

Territory (002) - Remainder of State

Limits	Class				
	1	2	2A	2B	3
$100,000/$300,000	$790	1,211	2,403	1,635	5,662

E. Dental Board Examination Coverage (Binder) (Class Code 80226)

Dentist Professional Liability Coverage may be issued for a dentist while taking their state dental board examination.

1. Binder can be issued for a maximum 5 day term;
2. Limits are $1,000,000 Each Dental Incident / $3,000,000 Aggregate;
3. Premium is $25 flat charge and except for expense modification, is not subject to any further modification or rate plan;
4. Dentist's Professional Liability Occurrence Coverage Form **PA 128** and Dentist's Professional Liability Coverage Part Declarations **PA 526** must be shown on the binder; and
5. Completed binder should be sent to Home Office Underwriter or Field Marketing Representative.

F. For Prior Acts Coverage, refer to Rule **50.**

G. Independent contractor hygienists and assistants are included as an insured. A separate charge is not necessary.

H. Optional Coverages

1. Medical Waste Defense Expenses Reimbursement Coverage. Coverage provides $50,000 of "defense expenses" for a "civil suit" alleging violation of a law or regulation governing the disposal of medical wastes. Attach Form **PA 206**. No premium charge.
2. Department of Professional Regulation (DPR) Supplementary Payments Coverage. Coverage provides $25,000/$75,000 annual aggregate for an insured who becomes the subject of a Department of Professional Regulation (DPR), or a similar state regulatory board, investigation. Attach Form **PA 205**. No premium charge.

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4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Locum Tenens (Temporary Substitute) Coverage. Coverage is extended to a named individual who is temporarily substituting for an insured. The Limits of Insurance do not apply separately to the Locum Tenens, but are shared with the insured. Attach Form **PA 204.** No premium charge. Application **PA-007** is required.

I. Rate Modification Plan

1. General Rules

a. All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.

b. All credits and debits apply to each dentist individually.

c. The credits and debits provided by these plans shall be taken one after the other and not added together.

d. The total credits for all Rating Plans combined, not including the Leave of Absence Rating Plan, may not exceed 60%.

2. Recent Graduate Rating Plan:

	Credit
First year dentist	60% **credit**
Second year dentist	40% **credit**
Third year dentist	20% **credit**

The first year begins on the date the dentist receives the first state or regional board certification.

3. Part-time Rating Plan:

To qualify for a part-time credit of 50%, the dentist must work no more than 20 hours per week.

4. Leave of Absence Rating Plan:

Apply 75% credit to that portion of the premium that is charged for the period of the leave of absence. To qualify for this credit, the dentist must be disabled or on a leave of absence for a period of not less than 45 days but no more than 180 days.

5. Association Rating Plan:

a. Member of a local, state, or national dental association — 5% **credit**

b. Member of the Chicago Dental Society — 5% **credit**

6. Practice Rating Plan:

a. Endodontic work by any classification other than Endodontic specialist:

- Treatment of single-rooted teeth — 10% **debit**
- Treatment of multi-rooted teeth — 25% **debit**

If both, only apply the debit associated with Treatment of multi-rooted teeth.

b. Extraction of:

- Erupted third molars — 15% **debit**
- Impacted third molars - soft tissue or partial bony only — 25% **debit**

If both, only apply the debit associated with Impacted third molars - soft tissue or partial bony only.

These debits do not apply to Class 2B dentists.

c. If not doing oral cancer examinations: — 15% **debit**

7. Experience Rating Plan:

The experience period is the three years immediately preceding the effective date of the current policy period, and three years since the insured has had an experience debit.

a. Experience Credit:

The dentist must be insured with The Cincinnati Insurance Companies entirely during the experience period:

0 losses — 25% **credit**

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4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

b. Experience Debits:

1 loss	15% **debit**
2 losses	50% **debit**
3 losses	100% **debit**

A loss is a paid or reserved claim (expenses are not included as a paid loss).

Any insured who qualifies for an experience debit may also be declined or non-renewed.

8. Expense Considerations

The experience and practice rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit, shall be increased, or if a debit, shall be decreased by the amount of the reduction in expenses.

5. BLOOD BANK PROFESSIONAL LIABILITY (Subline Code 220)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a blood bank.

B. Forms

PA 114 - Hospital Professional Liability Coverage Form

PA 514 - Hospital Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each donation.

2. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
Blood Bank (Each Donation)	80992	$.29

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6. CHIROPODIST / PODIATRIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a chiropodist or podiatrist.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

C. Application

LC-1070 - Professional Liability Application (Podiatrists)

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are each chiropodist and podiatrist.

2. Rates

   Rates for Basic Limits: $100,000 Each Medical Incident Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

Classification	Code	Rate
Chiropodist / Podiatrist - NOC	80993	$3,093.00
Chiropodist / Podiatrist in Active United States Military Service	80935	$ 138.00
Chiropodist / Podiatrist employed full time by the Federal Government	80936	$ 208.00

3. Additional Charges

a.	Vicarious Liability / Chiropodist / Podiatrist	80943	$1,288.00

   This charge applies to those chiropodists / podiatrists not insured under the named insured's policy (that is, having their professional liability coverage with another carrier or under a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80993, 80935 or 80936 and obtain application **LC-1070** for that individual.

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6. CHIROPODIST / PODIATRIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

b. Partnership, association or corporation charge - Code 80950

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of $1,029.00 for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 80993/80935/80936/80943.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

F. Refer to Home Office:

D.P.M.'s that:

1. Perform surgery (removal of warts, corns, ingrown toenails and bunions are not considered surgery);
2. Use general anesthesia; or
3. Perform treatment for anything other than minor foot ailments.

7. CHIROPRACTOR PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a chiropractor.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each chiropractor.

2. Rates

   Rates for Basic Limits: $100,000 Each Medical Incident Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

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7. CHIROPRACTOR PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

Classification	Code	Rate
Chiropractor	80410	$1,451.00

3. Additional Charges

a. Vicarious Liability / Chiropractor	80411	$363.00

This charge applies to those chiropractors not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80410 and obtain an application for that individual.

b. Partnership, association or corporation charge - Code 80412

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of $290.00 for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 80410/80411.

For example: Named Insured of Joe Smith and Smith Professional, Inc.

Charge full rate for code in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

8. MEDICAL OR X-RAY LABORATORY PROFESSIONAL LIABILITY (Subline Code 220)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional health care services as a medical or X-ray laboratory.

B. Forms

PA 114 - Hospital Professional Liability Coverage Form

PA 514 - Hospital Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis. The basis used is per $1,000 of receipts.

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8. MEDICAL OR X-RAY LABORATORY PROFESSIONAL LIABILITY (Subline Code 220) (Cont'd)

2. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
Medical or X-ray Laboratories	80715	$4.65 per $1,000 of receipts

E. This coverage is available to all medical or X-ray laboratories operated by:

1. Corporate interests; or

2. Persons who are not physicians.

This coverage is **not** available to the following types of laboratories:

1. Those operated at or away from hospitals by physician pathologists or physician radiologists;

2. Those operated by physicians or surgeons in connection with the treatment of their own patients; or

3. Those operated by osteopaths.

Classify and rate the above risks from Rule **2.** Physicians and Surgeons Professional Liability.

9. OPTOMETRIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an optometrist.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Form Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each optometrist.

2. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

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9. OPTOMETRIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

Classification	Code	Rate
Optometrist NOC	80994	$145.00
Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic)	80946	$169.00
Optometrist with Therapeutic Pharmaceutical Agents Certificate	80947	$315.00

Optician - Refer to Rule **30.**

3. Additional Charges

a. Vicarious Liability / Optometrist 80944 $ 48.00

This charge applies to those optometrists not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80994, 80946 or 80947 and obtain application **CA-1038** for that individual.

b. Partnership, association or corporation charge - Code 80956

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge for the exposure of the partnership, association or corporate entity as follows:

Optometrist NOC	$19.00
Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic)	$19.00
Optometrist with Therapeutic Pharmaceutical Agents Certificate	$39.00

This charge is in addition to the charge made for codes 80994/80946/80947/80944.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a physiotherapist (physical therapist).

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Form Declarations

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10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each physiotherapist

2. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
Each Physiotherapist NOC	80995	$380.00
Each Employed Physiotherapist (named) including those who perform pathological or X-ray duties	80945	$303.00
Each Physiotherapist in Active United States Military Service	80911	$ 54.00
Each Physiotherapist employed full time by the Federal Government	80912	$ 84.00

3. Additional Charges

a. Vicarious Liability / Physiotherapist — 80938 — $ 73.00

This charge applies to those physiotherapists not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80995, 80945, 80911 or 80912 and obtain application **CA-1038** for that individual.

b. Partnership, association or corporation - Code 80955

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of $242.00 for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 80995/80945/80911/80912/80938.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in **2.** above for individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

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10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

E. Professional Corporations

Use Endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

11. VETERINARIAN PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a veterinarian.

B. Forms

PA 107 - Animal Services Professional Liability Coverage Form

PA 507 - Animal Services Professional Liability Coverage Form Declarations

PA 208 - State Board of Veterinary Medical Examiners (SBVME) Supplementary Payments Coverage. Coverage provides up to $10,000 for each annual period for an insured who becomes the subject of a State Board of Veterinary Medical Examiners, or a similar state regulatory board, investigation. No premium charge.

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each veterinarian.

2. Rates

   Rates for Basic Limits: $100,000 Each Claim Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

Classification	Code	Rate
Veterinarian (household pets only)	07225	$170.00
Veterinarian (all other including household pets)	07226	$195.00

3. Additional Charges

   a. Vicarious Liability / Veterinarian 07221 $ 55.00

   This charge applies to those veterinarians not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 07225 or 07226 and obtain Application **CA-1038** for that individual.

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11. VETERINARIAN PROFESSIONAL LIABILITY (Subline Code 317) (Cont'd)

b. Partnership, association or corporation - Code 07222

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation, make an additional charge of $49.00 for the exposure of the partnership, association or corporation entity. This charge is in addition to the charge made for codes 07225/07226/07221.

Example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in **2.** above for individual entity, Joe Smith in addition to the charge for exposure of corporate entity, Smith Professional, Inc.

E. Deductible

The rates contemplate no deductible. For the following optional deductible, multiply the basic rates shown in **D.** by deductible rate factor:

Deductible Amount	Deductible Rate Factor
$25	.95

12. - 19. RESERVED FOR FUTURE USE

20. ANIMAL GROOMING PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an animal groomer.

B. Forms

PA 107 - Animal Services Professional Liability Coverage Form

PA 507 - Animal Services Professional Liability Coverage Form Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each animal groomer.

2. Rates

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
Each Animal Groomer	20040	$61.00

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20. ANIMAL GROOMING PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

3. Minimum annual premium is $50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.

4. Additional charge - Partnership, association or corporation - Code 20041

   When the named insured consists of an individual(s) entity **and** a partnership, association or corporation, make an additional charge of 20% of the animal groomer professional premium for the exposure of the partnership, association or corporation entity. This charge is in addition to the charge made for code 20040.

   For example: Named insured of Joe Smith and Smith Professional, Inc.

   Charge full rate for code in **2.** above for individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Deductible

The rates contemplate no deductible. For the following optional deductible, multiply the basic rate shown in **D.** by deductible rate factor:

Deductible Amount	Deductible Rate Factor
$25	.95

21. CONDOMINIUM OR HOMEOWNERS ASSOCIATIONS WRONGFUL ACTS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against claims arising out of wrongful acts committed by the insured in the conduct of their management responsibilities for condominium or homeowners associations. Coverage is extended to wrongful act(s) committed prior to the effective date of coverage where the insured had no knowledge of a claim or suit as of the effective date of coverage and where no other applicable insurance exists.

B. Forms

PA 110 - Condominium or Homeowners Associations Wrongful Acts Coverage Form

PA 510 - Condominium or Homeowners Associations Wrongful Acts Coverage Part Declarations

C. Application

MP-1056 - Condominium or Homeowners Associations Wrongful Acts Coverage Questionnaire

D. Rate / Premium Determination

1. Premium Basis

   Rates and premium are based on total number of units in each condominium association (class code 20150) or homeowner association (class code 20155).

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21. CONDOMINIUM OR HOMEOWNERS ASSOCIATIONS WRONGFUL ACTS (Subline Code 398) (Cont'd)

2. Rates

	Limits of Insurance Each Claim Limit / Aggregate Limit			
	100/300	200/600	500/500	1M/1M
Number of units		Rate		
1 - 4	$ 115	$ 131	$ 139	$ 154
5 - 10	165	188	199	221
11 - 30	206	235	249	276
31 - 50	235	268	284	315
51 - 100	349	398	422	467
101 - 200	604	688	730	809
201 - 400	907	1,033	1,096	1,215
401 - 500	1,134	1,292	1,371	1,519
501 - 750+	2,013	2,293	2,433	2,695

For increased limits:

a. Determine appropriate 1M/1M premium;

b. Obtain the increased limits factor for the limit desired:

2M/2M	1.20
3M/3M	1.40
4M/4M	1.60
5M/5M	1.75

c. Multiply the 1M/1M premium by the increased limits factor and round to the nearest whole dollar to arrive at the premium for the higher limit.

22. COSMETOLOGISTS AND BARBERS PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a licensed cosmetologist or barber.

B. Forms

PA 108 - Cosmetologists and Barbers Professional Liability Coverage Form

PA 508 - Cosmetologists and Barbers Professional Liability Coverage Form Declarations

C. Application

PA-003 - Cosmetologists and Barbers Professional Liability Supplemental Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each cosmetologist.

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22. COSMETOLOGISTS AND BARBERS PROFESSIONAL LIABILITY (Subline Code 317) (Cont'd)

2. Rates

Rates for Basic Limits: $100,000 Each Professional Incident Limit
$300,000 Professional Liability Aggregate Limit

For increased limits, refer to Rule **52.**

	Code	Cosmetologist	Code	Barber
Each Full-Time Person	72310	$25.00	72410	$12.50
Each Part-Time Person	22310	$15.00	22410	$ 7.50

A full-time cosmetologist or barber is a person who regularly works more than 20 hours in any one week.

A part-time cosmetologist or barber is a person who regularly works 20 hours or less in any one week.

3. Minimum annual premium is $50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.

E. Optional Coverage

Electrolysis Coverage endorsement provides coverage for electrolysis at a basic limits rate of $25.00 for each cosmetologist (full or part-time) providing this service. Attach form **PA 207.** (Class code 22998)

23. COSMETOLOGY OR BARBERING SCHOOL PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services from the operation of a school of cosmetology and / or barbering.

B. Forms

PA 132 - Cosmetology or Barbering School Professional Liability Coverage Form

PA 529 - Cosmetology or Barbering School Professional Liability Coverage Form Declarations

C. Application

PA-010 - Cosmetology or Barbering School Professional Liability Supplemental Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each person actually engaged in instruction and the average daily attendance of students at all locations covered and shall include all individuals, officers, partners, directors, and other employees.

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23. COSMETOLOGY OR BARBERING SCHOOL PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

2. Rates

Rates for Basic Limits: $100,000 Each Professional Incident Limit
$300,000 Professional Liability Aggregate Limit

For increased limits, refer to Rule **52**.

Classification	Code	Instructor	Code	Student
Barber College (only)	29859	$25.00	29857	$13.00
Cosmetology School	29856	$25.00	29858	$12.50

3. Minimum annual premium is $50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.

E. Optional Coverage - Electrolysis Coverage

Electrolysis Coverage endorsement provides coverage for electrolysis at a basic limits rate of $25.00 for each instructor and student providing this service. Attach form **PA 207.** (Class code 22998)

24. CEMETERY PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide:

1. Mental anguish (limit provided is same as General Liability Each Occurrence Limit);
2. Property damage liability for property of others in the care, custody or control of the insured (limit provided is $50,000); and
3. Burial lot liability (limit provided is $50,000).

B. Forms

PA 109 - Cemetery Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.

C. Application

ACORD Commercial General Liability Section. Include number of graves (already buried and to be buried).

D. Rates / Premium Determination

1. Premium Basis. The basis used is per burial plot.

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24. CEMETERY PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

2. Rates - Class Code 25080

Rates for Basic Limits: *$100,000 Each Occurrence Limit (Limit must be same as General Liability Each Occurrence)

*$300,000 Aggregate Limit (Limit must be same as General Liability Products / Completed Operations Aggregate)

$50,000 Each Occurrence Damage to Property of Others

$50,000 Each Occurrence Burial Lot Liability

*For increased limits, refer to Rule **52.**

Classification	Rate
Already Buried	.006 per grave first 5,000 graves .002 per grave over 5,000 graves
To Be Buried	.006 per burial first 100 in current year .480 per burial over 100 in current year

25. COUNTY RECORDER AND / OR COUNTY CLERK'S ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a county recorder and / or county clerk.

B. Forms

PA 111 - County Recorder and / or County Clerk's Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. Rates and premium are based on each county recorder and / or county clerk.
2. Rates

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
County Recorder and / or County Clerk	25000	$147.00 plus $21.00 for each person on the staff

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26. EMERGENCY MEDICAL TECHNICIAN PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render professional services as a certified or registered emergency medical technician.

B. Forms

PA 113 - Emergency Medical Technician Professional Liability Coverage Form

PA 513 - Emergency Medical Technician Professional Liability Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. The rates and premium are based on each EMT.
2. Classifications
   - **a.** EMT means any person who has successfully completed a basic Emergency Medical Technician course as approved by the United States Department of Transportation and / or the Interagency Committee on Emergency Services of the Federal Government.
   - **b.** EMT-D means any person who has successfully completed a basic Emergency Medical Technician course as described in **a.** above and has also obtained the additional certification for use of a defibrillator.
   - **c.** EMT - Advanced means any person who has successfully completed an Emergency Medical Technician course in addition to courses in advanced life support which are equivalent to the modules contained in the National EMT Paramedic Course as approved by the Interagency Committee on Emergency Medical Services.
   - **d.** EMT - Paramedic means any person who has successfully completed an Emergency Medical Technician course in addition to completing an advanced life support course equivalent to the 15 modules of the National EMT Paramedic Course.
3. Rates

   Rates for Basic Limits: $100,000 Each Claim Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

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26. EMERGENCY MEDICAL TECHNICIAN PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

Classification	Code	Rate
EMT	30010	$56.00
EMT-D	30011	56.00
EMT - Advanced	30012	66.00
EMT - Paramedic	30013	75.00

27. FUNERAL SERVICE PROVIDER PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render services as a mortician, funeral director or embalmer. The coverage provided is as follows:

1. Mental anguish as a result of a professional incident (limit provided is same as General Liability Each Occurrence Limit);
2. Property damage to deceased human bodies, personal effects thereof, or any casket while in the care, custody or control of the insured.

B. Forms

PA 121 - Funeral Service Provider Professional Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. Rates and premium are based on number of funerals handled annually.
2. Rates - Class Code 72610

Rates for Basic Limits: $100,000 Each Occurrence Limit
$300,000 Products-Completed Operations and Professional Liability Aggregate Limit

For increased limits, refer to Rule **52.**

Number of Funerals	Rate
1 - 50	$70.00
51 - 100	78.00
101 - 200	89.00
over 200	97.00

The rates above include coverage for General Liability. Do not make a separate premium charge for the General Liability Coverage Part.

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28. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an insurance agent.

B. Forms

PA 115 - Insurance Agents Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

C. Application

MP-1010 - Insurance Agents' and Brokers' Errors and Omissions Policy Application

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on the total annual premium volume for all lines of insurance, except Life, Accident and Health, which is based on Commission Income.

2. Rates - Class Code 25060

   Rates for Basic Limits: $100,000 Each Claim Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

   $2.30 per $1,000 on first $750,000 of annual premium volume / commission income
   $2.10 per $1,000 on next $750,000
   $1.97 per $1,000 on next $1,000,000
   $1.84 per $1,000 on excess of $2,500,000

3. Adjustment Factors

   The following adjustment factors may be multiplied by the basic rates:

   a. Personal Lines premium volume represents 50% - 60% of the total premium volume: .95

   b. Personal Lines premium volume represents over 60% of the total premium volume: .90

4. Additional Charge of $55.00 at basic limits for each licensed CSR, solicitor or broker.

5. Minimum annual premium is $500 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.

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28. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

E. Deductible

Minimum deductible is $5,000 per claim

For the following optional deductibles, multiply the basic rates shown in **D.** by the deductible rate factor:

Deductible Amount	Deductible Rate Factor
$ 7,500	.90
10,000	.85
15,000	.80
20,000	.75
25,000	.70

F. Notary Public Errors and Omissions. Coverage may be extended to afford protection for loss arising out of errors and omissions of a duly licensed Notary Public. The premium charge is $30.00 per person at basic limits. (Class code 25065)

G. Coverage for Sale of Securities, Mutual Funds and Financial Planning Services. Coverage may be extended for loss arising out of errors and omissions for sale of Securities, Mutual Funds or Financial Planning Services. Attach form **PA 423**. The premium charge is $83.00 per licensed representative at basic limits. (Class code 23125)

H. Rate Modification Plan

1. General Rules

a. All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.

b. The credits or debits provided by these plans shall be taken one after the other and not added together.

2. Experience Rating Plan

The experience period is the three years immediately preceding the effective date of the current policy period.

a. Experience Credits:

No chargeable losses in the previous 3 years	5% credit
No chargeable losses in the previous 5 years	10% credit

b. Experience Debits:

One chargeable loss within the previous 3 years	20% debit
Two chargeable losses within the previous 3 years	25% debit

A chargeable loss is defined as a paid loss (expenses are not included as a paid loss) or a reserve for a claim which the underwriter deems there was probable negligence involved and a loss payment is likely.

Any insured who qualifies for an experience debit may also be declined or non-renewed.

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28. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

3. Schedule Rating Plan

The premium determined after applying the Experience Rating Plan may, if applicable, be modified to reflect individual characteristics of the risk. For factors peculiar to the risk under consideration, which shall include but not be limited to internal controls, management or degree of agency automation, schedule rating credits or debits may be applied up to 40%. If credits or debits from more than one risk characteristic apply, the credits or debits shall be added together, not multiplied.

4. Expense Considerations

The experience and schedule rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit shall be increased, or if a debit shall be decreased, by the amount of the reduction in expenses.

29. LAWYER'S PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional legal services.

B. Forms

PA 105 - Lawyer's Professional Liability Coverage Form

PA 505 - Lawyer's Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each lawyer, law clerk, investigator, abstracter and paralegal.

2. Rates

Rates for Basic Limits:	$100,000 Each Claim Limit $300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

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29. LAWYER'S PROFESSIONAL LIABILITY (Subline Code 317) (Cont'd)

Classification	Code	Rate
All Lawyers	81400	$2,700.00
Law Clerks, Abstracters, Investigators and Paralegals	81420	$ 1,080.00

3. Minimum annual premium is $250 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.

E. Deductible

Minimum deductible is $2,500

For the following optional deductibles, multiply the basic rate shown in **D.** by the deductible rate factor:

Deductible Amount	Deductible Rate Factor
$ 5,000	.95
10,000	.90
15,000	.85
20,000	.80
25,000	.75

30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional health care services.

B. Forms

PA 101 - Nurse's Professional Liability Coverage Form (used to provide coverage on a monoline basis)

PA 102 - Nurse's Professional Liability Policy (Declarations Page)

PA 122 - Nurse's Professional Liability Coverage Form (used to provide coverage when attached to a policy with other property and casualty coverages)

PA 522 - Nurse's Professional Liability Coverage Part Declarations

PA 106 - Professional Liability Coverage Form (used to provide coverage for all professions other than nurses)

PA 506 - Professional Liability Coverage Declarations

C. Applications

PP-001 - Nurse's Professional Liability Application for nurses

CA-1038 - Professional Liability Application (Miscellaneous Professional) for all other professions

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30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

D. Rates / Premium Determination

1. Premium Basis. Rate and premium are based on each individual professional.
2. Rates

Rates for Basic Limits: $100,000 Each Medical Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

The following professions, when written monoline, shall be on a 3 year prepaid term.

Classification	Subline / Code	Annual	3 year prepaid
Hygienist / Dental Assistant	240/81910	$ 71.00	$ 178.00
Nurse - LPN	240/80963	$ 66.00	$ 165.00
Nurse - RN	240/80964	$ 66.00	$ 165.00
Nurse - Obstetrics (labor & delivery)	240/30014	$ 299.00	$748.00
Nurse - Student	398/28000	$ 25.00	$ 63.00
Dietician	240/30015	$ 66.00	$ 165.00
Optician *	240/80937	$ 101.00	$ 253.00
Pharmacist *	240/59112	$ 75.00	$ 188.00
Hearing Aid Service Fitter *	220/59981	$ 37.00	$ 93.00
Medical Lab Technician (this classification is used when providing individual liability only)	240/80711	$ 24.00	$ 60.00
X-ray Technician (this classification is used when providing individual liability only)	240/80713	$ 50.00	$ 125.00
X-ray Technician with X-ray therapy	240/80714	$ 39.00	$ 98.00
Medical Technologist / Occupational Therapist / Respiratory Therapist	240/30016	$ 66.00	$ 165.00

* Professional coverage is provided through the Commercial General Liability Coverage Part when form **CG 2265** or **CG 2269** is used with the appropriate General Liability code (Optical Goods Stores 15839, Drugstores 12375 or Hearing Aid Stores 13759). If using the above General Liability codes, do not charge separately for professional liability coverage.

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30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

3. Additional Charge - Partnership, association or corporation - (Subline 240) (Class Code 30017)

   If the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of 20% of the professional premium for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for above codes.

   For example: Named insured of Joe Smith and Smith Professional, Inc.

   Charge full rate for codes listed in **2.** above for individual entity, Joe Smith in addition to the charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

F. The following classifications are ineligible:

1. Nurse Practitioners;
2. Nurse Anesthetists;
3. Nurse Midwives; and
4. Legal Nurse Consultants.

31. CLERGY / COUNSELORS PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish counseling services as an ordained minister, certified counselor, or trained lay advisor. Injury arising out of furnishing or failing to furnish advice to another person in exchange for the payment of a counseling fee is excluded.

B. Forms

PA 116 - Clergy / Counseling Professional Liability Coverage Form

PA 516 - Clergy / Counseling Professional Liability Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

   Rates are based on each clergy member, certified counselor, or trained lay advisor.

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31. CLERGY / COUNSELORS PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

2. Rates

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
Each clergy member, certified counselor, or trained lay advisor	20190	$40.00

3. Minimum annual premium is $50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.

32. PEDORTHISTS PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render professional services as a pedorthist (customized footwear).

B. Forms

PA 120 - Pedorthists Professional Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. Rates and premium are based on each store.

2. Rates

Rates for Basic Limits: $100,000 Each Occurrence Limit
$300,000 Professional Liability Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate
Retail Shoe Store - no prescription work	80983	$62.00
Retail Shoe Store - with prescription work	81983	93.00

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish printing services.

B. Forms

PA 117 - Printers Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

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33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

C. Application

IW-001 - Printer's Application

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based upon the total annual gross receipts from printing operations.

2. Classifications

   a. Low Hazard ($500 minimum deductible)

Bulletins / Newsletters	Matchbooks
Bronzing	Napkins
Color separation	Photoengraving
Envelopes	Presentation folders
Folding boxes (no mfg.)	Non-promotional material
Invitations	Stationery

   b. Average Hazard ($500 minimum deductible)

Bank checks	Foil stamping
Blueprints	Greeting cards
Booklets	Lighters - specialty items
Book printing	Menus
Brochures	Mugs - specialty items
Business reply cards	Newspapers - Pennysave type only
Business forms	Packaging (no mfg.)
Data sheets	Photo Duplicating
Die cutting	Platemaking
Embossing	Press kits
Engraving	Programs
Equipment list	Publication inserts
Film processing	Reprographics
Finishing Services (incl. binding)	T-Shirts
	Wallpaper

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33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

c. High Hazard ($1,000 minimum deductible)

Advertising	Graphic Design
Annual reports	Labels - stickers, wrapping tags
Book Binding	Manuals
Catalogs	Mailings
Computer forms	Optical character recognition (OCR)
Coupons	Posters
Design / typography	Signs
Direct Mailings	Trade show material
Financial	Typesetting
Forms & documents	Universal products code (UPC)

Ineligible E & O classes:

Games of Chance
Magazine publishing
Newspaper (excluding weekly advertisers), book or magazine printing
Printing Brokers
Printing of stamps (postage or trading)
Printing of controversial material
Printing of currency, securities, travelers checks or money orders
Telephone directories
Ticket printing, such as but not limited to, raffle, lottery, sports or concert tickets
Web site design or development

3. Rates

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

Classification	Code	Rate per $1,000 of receipts
Low Hazard	25051	.07
Average Hazard	25052	.10
High Hazard	25053	.25

E. Deductible

1. The minimum deductible is $500 per claim for low and average hazard classes and $1,000 per claim for high hazard classes.

2. If Correction of Work Coverage applies, minimum deductibles are higher. See paragraph **F.** below. The E&O deductible must be written at the Correction of Work deductible.

3. For the following optional deductibles, multiply the rates shown in paragraph **D.** by the following factors:

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33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

	E&O Hazard Class		
Deductible	**Low**	**Average**	**High**
$ 750	.97	.95	not available
1,000	.94	.90	1.00
2,500	.90	.85	.80
5,000	.85	.80	.75
10,000	.80	.75	.70

F. Correction of Work Coverage - Code 25054

1. This endorsement extends the Printers Errors and Omissions Form **PA 117** to provide coverage for correction of the insured's work that has already been distributed. Coverage is still on a legally obligated to pay basis, and includes the insured's costs to:
   - **a.** Recover the incorrect material;
   - **b.** Print corrected material;
   - **c.** Package and re-mail the corrected material.
2. This coverage does not apply to correcting mistakes **before the work has been mailed.**
3. Use endorsement **PA 499.**
4. **Correction of Work Minimum Deductible**
   - **a.** $1,000 minimum deductible for Low or Average hazard classes.
   - **b.** $2,500 minimum deductible for High hazard class.
   - **c.** The Printers E&O deductible must be the same as the Correction of Work deductible.
5. **Correction of Work Minimum Premium**
   - **a.** For the Printers Package Program, minimum premiums for Correction of Work coverage are:
     - **(1)** $150 for Low or Average hazard classes
     - **(2)** $250 for High hazard class
   - **b.** For other printing risks, minimum premiums for Correction of Work coverage are:
     - **(1)** $225 for Low or Average hazard classes
     - **(2)** $350 for High hazard class
   - **c.** The Correction of Work minimum premium is in addition to the Division Minimum Premium.

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33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

6. Sublimit of Insurance

Correction of Work Coverage is available at limits of $100,000 per claim/$100,000 aggregate and $300,000 per claim/$300,000 aggregate. The $300,000/$300,000 limit is only available if the per claim limit for the Printers E&O is at least $300,000.

7. Premium Determination

a. Base rates (per $1,000 sales) for Correction of Work coverage:

	Correction of Work Rate	
Hazard	**100/100**	**300/300***
Low (Code 25047)	.08	.28
Average (Code 25048)	.11	.40
High (Code 25049)	.28	.65

* Only available if Printers E&O per claim limit is at least $300,000.

b. Multiply base rate by the deductible factors in paragraph **E.** of this rule.

c. Result of **a.** x **b.** is the Correction of Work rate.

d. Multiply **c.** by the amount of sales (per $1,000) that was used to determine the E&O premium. This is the Correction of Work premium.

e. The Correction of Work premium is in addition to the Printers E&O premium. Except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

34. REAL ESTATE AGENTS' ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish real estate professional services.

B. Forms

PA 118 - Real Estate Agents' Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

C. Application

MP-1007 - Real Estate Errors and Omissions Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based upon the **gross income** of the insured. Gross Income is the total amount of money charged by the insured for real estate agency services.

2. Rates - Class Code 25070

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34. REAL ESTATE AGENTS' ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

Rates for Basic Limits: $100,000 Each Claim Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

$2.10 per $100 on first $25,000 of gross income

$1.05 per $100 on **next** $50,000 of gross income

$ .53 per $100 on **next** $75,000 of gross income

$ .26 per $100 on excess of $150,000 gross income

3. Additional charge of $66.00 at basic limits per sales person under named insured's real estate broker's license.

E. Deductible

Minimum deductible is $2,500.

For the following optional deductibles, multiply the basic rates shown in paragraph **D.** by the deductible rate factor:

Deductible Amount	Deductible Rate Factor
$ 5,000	.95
7,500	.90
10,000	.85
15,000	.80
20,000	.75
25,000	.70

F. Notary Public Errors and Omissions. Coverage may be extended to afford protection for loss arising out of errors and omissions of a duly licensed Notary Public. The premium charge is $45.00 per person for basic limits. (Class code 25075)

G. Lead Liability Exclusion. This endorsement excludes all liability coverage arising out of the exposure to or presence of lead in any form. Attach **PA 301** - Exclusion - Lead Liability.

H. Fungi or Bacteria Exclusion. This endorsement excludes all liability arising out of fungi or bacteria. You may attach **PA 310**, Fungi or Bacteria Exclusion.

35. RELIGIOUS INSTITUTIONS WRONGFUL ACTS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against claims arising out of wrongful acts committed by the directors and officers, as well as specified trustees and members, in the performance of their duties of the management responsibilities of a religious institution. Coverage is extended to wrongful act(s) committed prior to the effective date of coverage where the insured had no knowledge of a claim or suit as of the effective date of coverage and where no other applicable insurance exists.

B. Forms

PA 112 - Religious Institution Wrongful Acts Coverage Form

PA 527 - Religious Institution Wrongful Acts Coverage Part Declarations

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35. RELIGIOUS INSTITUTIONS WRONGFUL ACTS (Subline Code 398) (Cont'd)

C. Application

PA-016 - Religious Institutions Wrongful Acts Questionnaire

D. Rates / Premium Determination

1. Premium Basis

   Premium basis is each institution

2. Rates - Class Code 20090

Limits of Insurance Each Claim Limit / Aggregate Limit	Rate
$ 100,000/$100,000	$ 60.00
100,000/300,000	75.00
300,000/300,000	89.00
500,000/500,000	107.00
1,000,000/1,000,000	139.00
2,000,000/2,000,000	179.00
3,000,000/3,000,000	209.00
4,000,000/4,000,000	234.00
5,000,000/5,000,000	254.00

36. SOCIAL SERVICES PROFESSIONAL LIABILITY

A. Description of Coverage

This coverage provides protection against liability claims arising from the furnishing or failure to furnish professional services as a social service agency.

B. Forms

PA 123 - Miscellaneous Professional Liability Coverage Form

PA 523 - Miscellaneous Professional Liability Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each professional individual.

2. Rates

   Rates for Basic Limits: $100,000 Each Claim Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

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36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

Classification	Subline / Code	Rate
Psychiatrist	Refer to Rule **2.** Physicians and Surgeons Professional Liability	
Psychologist	398/20011	$ 127.00
APA Psychologist (American Psychiatric Assoc. or Psychological Assoc.)	398/20012	$ 94.00
ACSW (Academy of Certified Social Workers)	398/20013	$ 54.00
MSW (Masters in Social Work)	398/20014	$ 62.00
Other Professional, defined as:	317/80110	$ 109.00

a. BS in Social Work;

b. SW - Social Worker; or

c. Masters in Psychology;

d. Licensed marriage counselor or family counselor;

e. Masters or PHD (Doctoral Degree) in closely related mental health fields;

f. CW - Case Worker.

3. Additional Charge - Partnership, association or corporation - (Subline 398) (Class Code 20017)

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of 20% of the social service professional premium for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 20011/20012/20013/20014/80110.

Example: Named Insured of Joe Smith and Smith Professional, Inc.

Charge full rate in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

F. Refer the following (a) rated classes to the Home Office prior to binding:

1. Adoption or child placement (Subline 398) (Code 20015); and

2. Residential child care (Subline 398) (Code 20016).

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36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

G. The following operations are ineligible:

1. Alcohol or drug rehabilitation;
2. Sex counseling;
3. Abortion or birth counseling; and
4. Criminal rehabilitation or probation activities.

37. TEACHER'S PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a teacher.

B. Forms

PA 119 - Teacher's Professional Liability Coverage Form

PA 519 - Teacher's Professional Liability Coverage Part Declarations

C. Application

IA-005 - Teacher's Professional Liability Application

D. Rates / Premium Determination

1. Premium Basis

   Rates and premium are based on each teacher.

2. Rates

   Rates for Basic Limits: $100,000 Each Claim Limit
   $300,000 Aggregate Limit

   For increased limits, refer to Rule **52.**

   All monoline Teacher's Professional Liability shall be written on a 3 year pre-paid term.

Classification	Code	Annual	3 year Pre-paid
Each Teacher	72998	$20.00	$50.00

3. Minimum annual premium (and minimum 3 year pre-paid premium) is $50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.

38. TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a travel agency. Coverage is extended to acts, errors or omissions committed prior to the effective date of coverage if claim or "suit" is brought during the policy period and the insured had no knowledge of the claim or "suit" as of the effective date of coverage.

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38. TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

B. Forms

PA 104 - Travel Agents Errors and Omissions Coverage Form

PA 504 - Travel Agents Errors and Omissions Coverage Part Declarations

C. Application

PA-009 - Travel Agents Errors and Omissions Application

D. Rates / Premium Determination

1. Premium Basis. The basis used is per $100 of total gross receipts.
2. Rates - Class Code 25010

Rates for Basic Limits: $100,000 Each Occurrence Limit for Errors and Omissions
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

The rates below are the basic annual rates for Errors and Omissions coverage only. The General Liability portion is rated in accordance with Division Six - General Liability.

Gross Receipts	Rate	
100,000 - 200,000	$208.00	
200,001 - 300,000	251.00	
300,001 - 400,000	294.00	
400,001 - 500,000	336.00	
500,001 - 600,000	378.00	
600,001 - 700,000	420.00	
700,001 - 800,000	462.00	
800,001 - 900,000	504.00	
900,001 -1,000,000	545.00	
over 1,000,000	545.00	plus $42.00 per $100,000 of receipts in excess of $1,000,000.

Note: The gross receipts shall be at least equal to $100,000 times the number of employees.

3. Minimum premium is $300 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.

E. Deductible

Minimum deductible is $250.

For the following optional deductibles, multiply the basic rates shown in **D.** by deductible rate factor:

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38. TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

Deductible Amount	Deductible Rate Factor
$ 500	.90
1,000	.85
2,500	.80
5,000	.65
10,000	.50
25,000	.35

F. Refer to the Home Office any travel agencies that conduct or organize tours.

39. - 49. RESERVED FOR FUTURE USE

50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398)

A. Dentist's Professional Liability (Class Code 26050)

1. Description of Coverage

This endorsement to the Dentist's Professional Liability Occurrence Form provides protection against liability claims arising from the furnishing or failure to furnish professional services on or after the retroactive date and prior to the effective date. This form may be necessary when the insured was previously covered by a claims-made professional form and an adequate Extended Reporting Period was not secured.

2. Forms

PA 421 - Dentist's Professional Prior Acts or Omissions Extension

3. Application

PA-007 - Dentist's Professional Liability Application

4. Rates / Premium Determination

a. Premium Basis

Rates and premium are based on the number of consecutive years in a claims-made professional form.

b. Rates

Rates for Basic Limits: $100,000 Each Dental Incident Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

The following factors are applied to the gross CIC occurrence premium, and except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

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50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398) (Cont'd)

Number of Consecutive Years under Claims-Made Coverage	Prior Acts Coverage Factor
1	.13
2	.24
3	.32
4	.35
5 or more	.37

This is a one time charge and premium is fully earned.

B. Other than Dentist's Professional Liability (Class Code 26112)

1. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services on or after the retroactive date and prior to the effective date. This form may be necessary when the insured was previously covered by a claims-made professional form and an adequate Extended Reporting Period was not secured.

2. Forms

PA 444 - Prior Acts or Omissions - Errors & Omissions or Professional

3. Application

PA-008 - Prior Acts or Omissions Application - Directors & Officers, Errors & Omissions or Professional

4. Rates / Premium Determination

a. Premium Basis

Rates and premium are based on the number of consecutive years in a claims-made professional form.

b. Rates

Rates for Basic Limits: $100,000 Limit
$300,000 Aggregate Limit

For increased limits, refer to Rule **52.** Use increased limits chart according to insured's profession.

The following factors are applied to the gross CIC occurrence premium, and except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

Number of Consecutive Years under Claims-Made Coverage	Prior Acts Coverage Factor
1	.26
2	.48
3	.63
4	.70
5 or more	.74

This is a one time charge and premium is fully earned.

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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
COVERAGE RULES

51. EXPENSE, EXPERIENCE AND SCHEDULE RATING PLAN

Other than Dentist's Professional Liability / Insurance Agents Errors and Omissions

A. General Rules

1. Any risk that develops an annual basic limits premium of $100 or more for the rated exposures may be eligible for the application of experience or schedule rating.
2. All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.
3. The credits or debits provided by these plans shall be taken one after the other and not added together.
4. This rating plan applies to all classes in Division Seven - Professional Liability, other than Dentist's Professional Liability and Insurance Agents Errors and Omissions. (Refer to their individual rules for rating plans.)

B. Experience Rating Plan

The experience period is the three years immediately preceding the effective date of the current policy period.

Experience Debit

One chargeable loss within the previous 3 years	30% debit
Two chargeable losses within the previous 3 years	50% debit

A chargeable loss is defined as a paid loss (expenses are not included as a paid loss) or a reserve for a claim which the underwriter deems there was probable negligence involved and a loss payment is likely.

Any insured who qualifies for an experience debit may also be declined or non-renewed.

C. Schedule Rating Plan

The premium determined after applying the Experience Rating Plan may, if applicable, be modified to reflect individual characteristics of the risk. For factors peculiar to the risk under consideration, which shall include but not be limited to internal controls, management or classification analysis, schedule rating credits or debits may be applied up to 40%. If credits or debits from more than one risk characteristic apply, the credits or debits shall be added together, not multiplied.

D. Expense Considerations

The experience and schedule rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit shall be increased, or if a debit shall be decreased, by the amount of the reduction in expenses.

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52. INCREASED LIMITS TABLES

A. The following interpolation procedure shall be used in determining increased limits factors or combinations of limits not shown in the limits tables:

1. Determine the table factor for the limit or combination of limits next lower than the limit or limits desired and the table factor for the next higher limit or combination of limits.
2. The factor for the limit or combination of limits desired shall be determined by interpolation, but all fractions in the third decimal place shall be considered as an additional unit in the second decimal place.
3. Where neither limit required appears in the table, refer to company.

B. All limits are expressed in thousands of dollars.

C. Limit codes are shown in parentheses under factors.

1. Convalescent or Nursing Homes

Aggregate	Per Medical Incident 100	150	200	250	300	500	1,000
300	**1.00**	**1.12**	**1.19**	**1.24**	**1.27**		
	(52)	(56)	(60)	(63)	(66)		
400	**1.01**	**1.13**	**1.24**	**1.29**	**1.32**		
	(55)	(56)	(60)	(63)	(66)		
500	**1.03**	**1.18**	**1.28**	**1.36**	**1.41**	**1.54**	
	(53)	(56)	(57)	(61)	(66)	(67)	
600	**1.04**	**1.19**	**1.30**	**1.38**	**1.45**	**1.60**	
	(55)	(56)	(58)	(63)	(66)	(70)	
750	**1.05**	**1.19**	**1.30**	**1.39**	**1.46**	**1.62**	
	(55)	(56)	(60)	(62)	(66)	(70)	
1,000	**1.06**	**1.20**	**1.32**	**1.42**	**1.50**	**1.72**	**1.94**
	(54)	(56)	(59)	(63)	(66)	(68)	(71)
1,250	**1.07**	**1.20**	**1.32**	**1.42**	**1.50**	**1.73**	**1.98**
	(55)	(56)	(60)	(63)	(66)	(70)	(73)
1,500	**1.08**	**1.21**	**1.33**	**1.43**	**1.51**	**1.75**	**2.06**
	(55)	(56)	(60)	(63)	(66)	(69)	(73)
2,000	**1.09**	**1.22**	**1.34**	**1.44**	**1.52**	**1.76**	**2.10**
	(55)	(56)	(60)	(63)	(66)	(70)	(73)
2,500	**1.10**	**1.23**	**1.35**	**1.45**	**1.53**	**1.77**	**2.10**
	(55)	(56)	(60)	(63)	(66)	(70)	(73)
3,000	**1.11**	**1.24**	**1.36**	**1.46**	**1.54**	**1.78**	**2.12**
	(55)	(56)	(60)	(63)	(66)	(70)	(72)

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52. INCREASED LIMITS TABLES (Cont'd)

2. Dentists

Aggregate	Per Dental Incident								
	100	150	200	250	300	500	1,000	1,500	2,000
300	1.00	1.07	1.09	1.11	1.12				
	(52)	(56)	(60)	(63)	(66)				
400	1.01	1.08	1.11	1.13	1.15				
	(55)	(56)	(60)	(63)	(66)				
500	1.02	1.09	1.13	1.15	1.17	1.20			
	(53)	(56)	(57)	(61)	(66)	(67)			
600	1.03	1.10	1.14	1.17	1.19	1.22			
	(55)	(56)	(58)	(63)	(66)	(70)			
750	1.04	1.11	1.15	1.18	1.21	1.24			
	(55)	(56)	(60)	(62)	(66)	(70)			
900	1.05	1.12	1.16	1.19	1.23	1.26			
	(55)	(56)	(60)	(63)	(65)	(70)			
1,000	1.06	1.13	1.17	1.20	1.24	1.27	1.33		
	(54)	(56)	(59)	(63)	(66)	(68)	(71)		
1,250	1.07	1.14	1.18	1.21	1.25	1.28	1.34		
	(55)	(56)	(60)	(63)	(66)	(70)	(73)		
1,500	1.08	1.15	1.19	1.22	1.25	1.29	1.35	1.39	
	(55)	(56)	(60)	(63)	(66)	(69)	(73)	(74)	
2,000	1.09	1.16	1.20	1.23	1.26	1.30	1.36	1.40	1.42
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	(74)	(75)
2,500	1.10	1.17	1.21	1.24	1.27	1.31	1.37	1.41	1.43
	(55)	(56)	(60)	(63)	(66)	(91)	(73)	(74)	(75)
3,000	1.11	1.18	1.22	1.25	1.28	1.32	1.38	1.42	1.44
	(55)	(56)	(60)	(63)	(66)	(70)	(72)	(74)	(75)
4,000	1.12	1.19	1.23	1.26	1.29	1.33	1.39	1.43	1.45
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	(74)	(75)

3. Hospitals

Aggregate	Per Medical Incident						
	100	150	200	250	300	500	1,000
300	1.00	1.08	1.12	1.14	1.16		
	(52)	(56)	(60)	(63)	(66)		
500	1.04	1.16	1.24	1.29	1.33	1.41	
	(53)	(56)	(57)	(61)	(66)	(67)	
600	1.05	1.18	1.27	1.33	1.38	1.49	
	(55)	(56)	(58)	(63)	(66)	(70)	
1,000		1.20	1.31	1.40	1.47	1.66	1.83
		(56)	(59)	(63)	(66)	(68)	(71)
1,500		1.21	1.32	1.42	1.50	1.73	2.01
		(56)	(60)	(63)	(66)	(69)	(73)
2,000					1.51	1.76	2.09
					(66)	(70)	(73)
3,000							2.14
							(72)

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52. INCREASED LIMITS TABLES (Cont'd)

4. Insurance Agents
Lawyers
Physicians
Social Services

Aggregate	Per Claim / Medical Incident 100	150	200	250	300	500	1,000
300	1.00	1.15	1.24	1.32	1.38		
	(52)	(56)	(60)	(63)	(66)		
400	1.01	1.17	1.30	1.39	1.46		
	(55)	(56)	(60)	(63)	(66)		
500		1.19	1.32	1.44	1.52	1.74	
		(56)	(57)	(61)	(66)	(67)	
600		1.20	1.34	1.46	1.56	1.80	
		(56)	(58)	(63)	(66)	(70)	
750		1.21	1.35	1.48	1.58	1.87	
		(56)	(60)	(62)	(66)	(70)	
900				1.49	1.60	1.92	
				(63)	(65)	(70)	
1,000					1.61	1.94	2.30
					(66)	(68)	(71)
1,500					1.62	1.99	2.44
					(66)	(69)	(73)
2,000						2.00	2.50
						(70)	(73)
2,500							2.52
							(73)
3,000							2.53
							(72)

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52. INCREASED LIMITS TABLES (Cont'd)

5. Surgeons

Aggregate	Per Medical Incident 100	150	200	250	300	500	1,000
300	1.00	1.15	1.25	1.33	1.40		
	(52)	(56)	(60)	(63)	(66)		
400	1.01	1.18	1.31	1.41	1.48		
	(55)	(56)	(60)	(63)	(66)		
500		1.19	1.34	1.46	1.54	1.78	
		(56)	(57)	(61)	(66)	(67)	
600		1.20	1.36	1.48	1.59	1.85	
		(56)	(58)	(63)	(66)	(70)	
750		1.21	1.37	1.50	1.61	1.92	
		(56)	(60)	(62)	(66)	(70)	
900				1.51	1.63	1.97	
				(63)	(65)	(70)	
1,000					1.64	2.00	2.40
					(66)	(68)	(71)
1,500					1.65	2.05	2.56
					(66)	(69)	(73)
2,000						2.06	2.63
						(70)	(73)
2,500							2.65
							(73)
3,000							2.66
							(72)

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52. INCREASED LIMITS TABLES (Cont'd)

6. **Animal Grooming**
Cemetery
Chiropractors
Chiropodists / Podiatrists
Clergy / Counselors
Cosmetologists and Barbers
Cosmetology or Barbering School
County Recorders and / or County Clerks
EMTs
Funeral Service Providers
Miscellaneous Health Care
Optometrists
Pedorthists
Physiotherapists
Printers
Real Estate Agents
Teachers
Travel Agents
Veterinarians

Aggregate	Per Claim / Medical Incident / Occurrence / Professional Incident 100	150	200	250	300	500	1,000
300	1.00	1.14	1.22	1.29	1.33		
	(52)	(56)	(60)	(63)	(66)		
400	1.01	1.15	1.26	1.34	1.38		
	(55)	(56)	(60)	(63)	(66)		
500		1.16	1.27	1.36	1.40	1.56	
		(56)	(57)	(61)	(66)	(67)	
600		1.17	1.28	1.37	1.42	1.62	
		(56)	(58)	(63)	(66)	(70)	
750		1.18	1.29	1.38	1.44	1.65	
		(56)	(60)	(62)	(66)	(70)	
900				1.39	1.46	1.67	
				(63)	(65)	(70)	
1,000					1.47	1.68	1.92
					(66)	(68)	(71)
1,500					1.48	1.69	1.97
					(66)	(69)	(73)
2,000						1.70	1.98
						(70)	(73)
2,500							1.99
							(73)
3,000							2.00
							(72)

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52. INCREASED LIMITS TABLES (Cont'd)

7. Blood Banks
Medical or X-ray Laboratories

Aggregate	Per Medical Incident 100	150	200	250	300	500	1,000
300	**1.00**	**1.15**			**1.38**		
	(52)	(56)			(66)		
500	**1.01**	**1.17**	**1.29**	**1.40**	**1.48**	**1.70**	
	(53)	(56)	(57)	(61)	(66)	(67)	
600			**1.30**	**1.40**	**1.49**	**1.75**	
			(58)	(63)	(66)	(70)	
1,000						**1.82**	**2.32**
						(68)	(71)
1,500						**1.82**	**2.40**
						(69)	(73)
2,000							**2.42**
							(73)
3,000							**2.42**
							(72)

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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE

The Terrorism Risk Insurance Extension Act of 2005 has amended the Terrorism Risk Insurance Act of 2002 to state that the Department of the Treasury may not certify an act of terrorism for this line of insurance, thus acts that are determined to be terrorism may be considered other acts of terrorism.

A. Description of Coverage

1. **Certified Terrorism Losses -** In accordance with the Terrorism Risk Insurance Act of 2002 (the Act), all companies writing commercial property and casualty insurance must make available to policyholders coverage for certified terrorism losses. A certified terrorism loss is any loss that is covered by an applicable coverage part and that results from an act of terrorism if:

   a. Such loss:

      (1) Occurs and results in damage within the United States; or

      (2) To an air carrier (as defined in Section 40102 of title 49, United States Code); to a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), regardless of where the loss occurs; or at the premises of any United States mission; and

      (3) Results from a violent act or an act that is dangerous to human life, property, or infrastructure;

      (4) Has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as a part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

   b. The act of terrorism is certified by the Secretary of the Treasury as such, in concurrence with the Secretary of State and the Attorney General of the United States.

   c. The act of terrorism results in losses greater than $5,000,000 in the aggregate.

   d. When the Secretary of the Treasury determines that certified terrorism losses have exceeded the maximum annual liability as set forth in the Act, (or any amendments thereto) and a company has met its deductible and co-payment as required by the Act, the company is not liable for the payment of any portion of certified terrorism losses that exceed the maximum annual liability.

2. **Other Acts of Terrorism Losses -** An Other Act of Terrorism loss is any loss defined as such covered by an applicable coverage part that results from a violent act or an act that is dangerous to human life, property, or infrastructure that:

   a. Is committed by an individual or individuals, not acting on behalf of any foreign person or foreign interest (domestic terrorism); and

   b. Appears to be part of an effort to coerce a civilian population or to influence the policy or affect the conduct of any government by coercion; and

   c. Is not certified as a terrorist act pursuant to the Federal Terrorism Risk Insurance Act of 2002.

3. For insureds of The Cincinnati Insurance Companies, Certified Acts of Terrorism Coverage and Other Acts of Terrorism Coverage are linked together, either provided or excluded together, barring unusual exposures or circumstances, and subject to the forms, limitations, exclusions and rates in the rules below.

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1. TERRORISM COVERAGE (Cont'd)

B. Offer, Disclosure and Forms - Disclosures / Limitations / Exclusions:

1. The Act requires that companies notify policyholders of the availability of coverage for certified terrorism losses and the premium charge applicable to such coverage.

2. Attach **Policyholder Notice Terrorism Insurance Coverage, Form IA 4236**, if applicable. Also attach **Cap on Losses from Certified Acts of Terrorism, Form IA 4238** to the policy, if **Form IA 4236** is attached.

3. **Terrorism Coverage Rejection.** If terrorism coverage is NOT desired, we must receive and have on file a letter from the first named insured, on the insured's letterhead, and signed by the insured. In such cases, remove **Cap on Losses from Certified Acts of Terrorism, Form IA 4238,** if it has been attached, and attach **Exclusion of Certified Acts and Other Acts of Terrorism, Form IA 319** to the policy.

C. Premium Determination:

1. **Certified Acts of Terrorism and Other Acts of Terrorism**

   a. Apply the factor / rate shown below in accordance with the geographic tier and hazard class of the policy to all eligible policy premium to determine the additional premium for acts of terrorism.

   b. Factors / Rates apply per policy to all eligible coverage premiums and cannot be divided.

   c. Factors / Rates for Certified Losses. Other Acts of Terrorism Losses are included.

      (1) **Eligible Policy Premium -** Includes all premium for all coverages and policies rated from any of the following except as noted:

         (a) Division One - Auto

         (b) Division Two - Machinery and Equipment

         (c) Division Three - Crime

         (d) Division Four - Farm

         (e) Division Five - Fire and Allied Lines

         (f) Division Six - General Liability

         (g) Division Seven - Professional Liability, excluding any Medical Professional

         (h) Division Eight - Inland Marine

         (i) Division Nine - Multiple Line

         (j) Commercial Umbrella Program, excluding any Medical Professional and any attached Personal Umbrella

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1. TERRORISM COVERAGE (Cont'd)

(k) Businessowners Package Program, excluding any Medical Professional

(l) Dentist's Package Program, excluding any Medical Professional

(m) Package for Artisan Contractors

(n) Religious Institutions Package Policy

(o) Garage Operators Policy

(p) Financial Institutions Package Program

(q) Printers Package Program

(r) Metalworkers Package Policy

(s) Commercial Output Policy

(t) Non-Profit Organization Package Program (Iowa)

(2) Geographic Tiers:

TIER	TERRITORY DEFINITION	TERRITORY CODES (Fire)*	TERRITORY CODES (GL)*
1	San Francisco, CA	**CA** - 380, 410	**CA** - 001
	Washington, D.C.	**DC** - All Codes	**DC** - 001
	Chicago, IL	**IL** - 082	**IL** - 001
	New York City, NY (Manhattan only)	**NY** - 310	**NY** - 001
2	Los Angeles County, CA	**CA** - 600-630	**CA** - 003
	Cook County, IL (Outside Tier 1)	**IL** - 080-089, excl - 082	**IL** - 007
	Suffolk County, MA (Boston Area)	**MA** - 130, 131	**MA** - 014
	Montgomery & Prince George's Counties, MD (DC Area)	**MD** - 160-179	**MD** - 002
	New York City, NY except Manhattan	**NY** - 030, 240, 300-309, 410, 430, 520	**NY** - 010
	Philadelphia, PA	**PA** - 510	**PA** - 001
	Harris County, TX (Houston Area)	**TX** - 718	**TX** - 004
	Arlington, Alexandria, VA (DC Area)	**VA** - 040, 150, 495, 545, 565	**VA** - 001
	King County, WA (Seattle Area)	**WA** - 170, 171	**WA** - 001
3	Remainder of Country	All Other per State	All Other

*Territory codes are those in effect as of February 2003. If territory revisions are made by ISO, the original territory assignments will apply until the company submits the required filings.

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1. TERRORISM COVERAGE (Cont'd)

(3) Hazard Classes - These are subject to change in accordance with evolving knowledge of terrorist means, targeting and reinsurance limitations. Refer to the Terrorism Hazard Underwriting Guideline for current specific class and risk definitions:

(a) High Hazard - Subject to underwriting judgement, but primarily terrorism target properties as determined by ISO and / or associated with reinsurance limitations. Refer to company for classification and rating.

(b) Low Hazard - Subject to underwriting judgement, but generally all other classes and risks not considered a high hazard terrorism target but still potentially subject to loss, even if just collateral damage or incidental liability.

(4) Rate Factors:

(a) Auto and Other Than Auto (OTA):

HAZARD CLASS:	LINE:	GEOGRAPHIC TIERS: 1	2	3	MIN. PREM.:
LOW HAZARD	Auto	0.2% (0.002)	0.2% (0.002)	0.2% (0.002)	
	OTA	5.0% (0.050)	4.0% (0.040)	0.75% (0.0075)	$ 25.00
HIGH HAZARD	Auto	0.2% (0.002)	0.2% (0.002)	0.2% (0.002)	
	OTA	8.0% (0.080)	7.0% (0.070)	1.50% (0.0150)	$125.00

(b) Factors apply to final eligible premiums, after the application of all other rating factors including IRPM or Schedule credits or debits.

(c) Factors do not apply to state specified surcharges, fees or taxes.

(d) Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

(e) This premium is subject to anniversary adjustment but not midterm adjustment.

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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GUIDE (a) RATES

1. RULES FOR USE OF GUIDE (a) RATES

I. Rates differing from the guide (a) rates in the schedule, or a rating basis differing from a rating basis in the schedule, provided none is specified in the Professional Liability Manual, may be established in individual cases by the company.

II. (a) rates for exposures not assignable to any classification contained in the schedule of guide (a) rates or in the Professional Liability Manual may be established in individual cases by the company.

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PROFESSIONAL LIABILITY MANUAL
GUIDE (a) RATES

36. SOCIAL SERVICES PROFESSIONAL LIABILITY

Adoption or Child Placement	Code 20015	$415.00	each professional individual
Residential Childcare	Code 20016	$205.00	each professional individual

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PROFESSIONAL LIABILITY MANUAL
GUIDE (a) RATES

52. INCREASED LIMITS TABLES

A. The following interpolation procedure shall be used in determining increased limits factors or combinations of limits not shown in the limits tables:

1. Determine the table factor for the limit or combination of limits next lower than the limit or limits desired and the table factor for the next higher limit or combination of limits.
2. The factor for the limit or combination of limits desired shall be determined by interpolation, but all fractions in the third decimal place shall be considered as an additional unit in the second decimal place.
3. Where neither limit required appears in the table, submit for rating.

B. All limits are expressed in thousands of dollars.

C. Limit codes are shown in parentheses under factors.

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GUIDE (a) RATES

1. Convalescent or Nursing Homes

Aggregate	Per Medical Incident								
	100	200	250	500	1,000	1,500	2,000	2,500	3,000
4,000	2.01	2.07	2.09	2.16	2.26	2.33	2.48	2.58	2.68
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
4,500	2.02	2.08	2.10	2.17	2.27	2.33	2.48	2.59	2.68
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
5,000	2.03	2.09	2.11	2.18	2.28	2.34	2.49	2.60	2.70
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
6,000	2.04	2.10	2.12	2.19	2.29	2.35	2.50	2.61	2.71
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
7,500	2.05	2.12	2.13	2.20	2.30	2.36	2.51	2.62	2.72
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
9,000	2.06	2.14	2.14	2.21	2.31	2.37	2.52	2.63	2.73
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)
10,000	2.07	2.15	2.15	2.22	2.32	2.38	2.53	2.64	2.74
	(55)	(60)	(63)	(70)	(73)	(74)	(75)	(76)	(77)

2. Dentists

Aggregate	Per Dental Incident								
	2,500	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000
2,500	1.44								
	(76)								
3,000	1.45	1.46							
	(76)	(77)							
4,000	1.46	1.47	1.48						
	(76)	(77)	(78)						
4,500	1.47	1.48	1.49						
	(76)	(77)	(78)						
5,000	1.48	1.49	1.50	1.51					
	(76)	(77)	(78)	(79)					
6,000	1.49	1.50	1.51	1.52	1.53				
	(76)	(77)	(78)	(79)	(80)				
7,500	1.50	1.51	1.52	1.53	1.54	1.55			
	(76)	(77)	(78)	(79)	(80)	(81)			
9,000	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.58	
	(76)	(77)	(78)	(79)	(80)	(81)	(83)	(84)	
10,000	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.59	1.60
	(76)	(77)	(78)	(79)	(80)	(81)	(83)	(84)	(85)

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GUIDE (a) RATES

3. Hospitals

Aggregate	Per Medical Incident 1,500	2,000	3,000
1,500	2.10		
	(74)		
2,000	2.24	2.30	
	(74)	(75)	
3,000	2.34	2.46	2.58
	(74)	(75)	(77)
4,000	2.37	2.51	2.69
	(74)	(75)	(77)
5,000	2.38	2.53	2.73
	(74)	(75)	(77)

4. Insurance Agents
Lawyers
Physicians
Social Services

Aggregate	Per Claim / Medical Incident 1,500	2,000	2,500	3,000
1,500	2.63			
	(74)			
2,000	2.73	2.85		
	(74)	(75)		
2,500	2.78	2.92	3.00	
	(74)	(75)	(76)	
3,000	2.80	2.96	3.06	3.12
	(74)	(75)	(76)	(77)

5. Surgeons

Aggregate	Per Medical Incident 1,500	2,000	2,500	3,000
1,500	2.78			
	(74)			
2,000	2.89	3.04		
	(74)	(75)		
2,500	2.95	3.13	3.24	
	(74)	(75)	(76)	
3,000	2.98	3.17	3.31	3.39
	(74)	(75)	(76)	(77)

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6. **Animal Grooming**
Cemetery
Chiropractors
Chiropodists / Podiatrists
Clergy / Counselors
Cosmetologists and Barbers
Cosmetology or Barbering School
County Recorders and / or County Clerks
EMTs
Funeral Service Providers
Miscellaneous Health Care
Optometrists
Pedorthists
Physiotherapists
Printers
Real Estate Agents
Teachers
Travel Agents
Veterinarians

Aggregate	Per Claim / Medical Incident / Occurrence / Professional Incident 1,500	2,000	2,500	3,000
1,500	2.10 (74)			
2,000	2.13 (74)	2.21 (75)		
2,500	2.14 (74)	2.23 (75)	2.28 (76)	
3,000	2.15 (74)	2.24 (75)	2.30 (76)	2.33 (77)

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GUIDE (a) RATES

7. Blood Banks
Medical or X-ray Laboratories

Aggregate	Per Medical Incident 1,500	2,000	3,000
1,500	2.81		
	(74)		
2,000	2.88	3.25	
	(74)	(75)	
3,000	2.91	3.34	4.08
	(74)	(75)	(77)
4,000		3.35	4.14
		(75)	(77)
5,000			4.15
			(77)

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Legal Professional (Subline Code 317)

ENTIRE STATE 999

Medical Professional

Hospital Professional Liability (Subline Code 210)

Miscellaneous Liability - Professional - Excluding Veterinarians Professional Liability (Subline Codes 220 or 240)

Physicians, Surgeons and Dentists Professional Liability (Subline Code 230)

COOK COUNTY.....001
REMAINDER OF STATE.....002

Veterinarians Professional Liability (Subline Code 317)

ENTIRE STATE.....999

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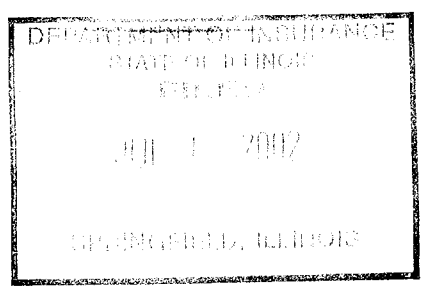

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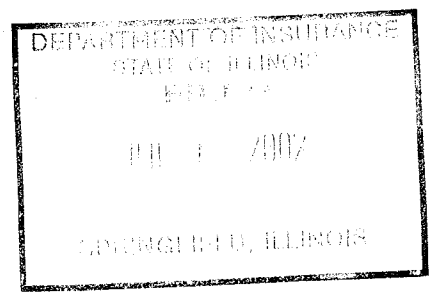

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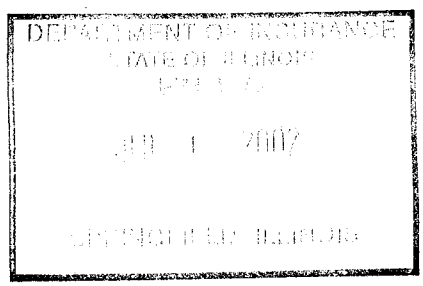

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DENTIST'S PACKAGE PROGRAM MANUAL

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SPRINGFIELD, ILLINOIS

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1. APPLICATION OF THIS PROGRAM

A. This manual contains the information governing the writing of the Dentist's Package Policy.

B. The rules, classifications and rates in this manual make up the entire Dentist's Package Program and may not be amended except as specifically permitted.

C. Unless specifically mentioned in this manual, refer to the forms filed by the Cincinnati Insurance Company under our Businessowners Package Program, Commercial Lines Division Seven - Professional Liability, Commercial Lines Division One - Automobile and the Commercial Umbrella Program. Forms unique to this program will be filed separately.

2. COVERAGES

Property and Liability coverage is provided as indicated below:

A. Section I - Property Coverage

The Dentist's Package Policy provides coverage with these features:

-- Building and Business Personal Property coverage is available for a specified Limit of Insurance on either an Actual Cash Value or Replacement Cost basis.
-- "Special" Causes of Loss Coverage.
-- Business Income coverage is included on a valued daily loss basis of $500 per day for 30 days and on an actual loss sustained basis in excess of the valued daily loss basis for a period up to 12 consecutive months.
-- Business Income From Dependent Properties coverage is included up to a limit of $5,000.
-- No coinsurance clause applies.
-- Glass Coverage is included within the building limit.
-- When our insured does not insure the building non-owned exterior glass for which the insured is legally responsible is covered within the BPP limit.
-- Earthquake and Flood coverage for Business Personal Property is automatically provided.
-- Water Backup of Sewers, Drains, Septic Systems or Sump Pumps is included up to a $25,000 limit per location.
-- Theft of gold, silver and other precious alloys or metals is included at a $3,000 limit.
-- Newly acquired property is covered for 90 days with Buildings at $1,000,000, Business Personal Property at $500,000, Business Income at the Valued Daily Loss Limit and then at actual loss sustained and Extra Expense at actual loss sustained.
-- Extra Expense is included for necessary expenses incurred for a period up to 12 consecutive months.
-- Building Laws Safeguard coverage is included up to a limit of $25,000 per location.
-- Electronic Data Processing Property coverage is included up to a $25,000 limit per location.
-- Money and Securities is included up to $15,000 per occurrence inside the premises and up to $5,000 per occurrence outside the premises.
-- Money Orders and Counterfeit Paper Currency is included up to a $10,000 limit per occurrence.
-- Employee Dishonesty coverage is included up to a $25,000 limit per occurrence.
-- Forgery or Alteration coverage is provided up to a $25,000 limit per occurrence.
-- Accounts Receivable coverage is included up to a $100,000 limit per location.

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-- Valuable Papers coverage is included up to a $100,000 limit per location.
-- Signs coverage is included up to a $10,000 limit per location.
-- A standard deductible of $250 applies per occurrence. Optional deductibles are available.

B. Section II - Business Liability Coverage

The Dentist's Package Policy provides the following Liability coverages with an "occurrence" format:

-- Liability coverage for Bodily Injury and Property Damage is provided for described premises and operations of business conducted at or from that premises. In conjunction, coverage is provided for independent contractors, contractual liability and products / completed operations.
-- Premises Medical Expenses.
-- Personal and Advertising Injury Liability for offenses defined in the policy.
-- Worldwide Products, Extended Bodily Injury, Incidental Medical Malpractice, Host Liquor Liability, Broad Form Property Damage and Nonowned Watercraft Coverage.
-- Liability coverage for Bodily Injury caused by fumes from equipment used to service or maintain a covered building.
-- Employees and volunteer workers are insureds.
-- Damage to Premises Rented to You is included up to the Each Occurrence Liability Limit.

C. Section VII - Business Auto Coverage

The Dentist's Package Policy provides the following auto coverages:

-- Hired Auto and Nonowned Auto Liability is automatically included for no additional premium charge. Use Dentist's Business Auto Coverage Declarations **IF 505 IL** and Dentist's Package Policy Auto Amendment **IF 436 IL.** For other applicable forms, refer to the forms filed in Division One, Automobile Manual, of the Cincinnati Insurance Companies Commercial Lines Manual.
-- Uninsured and Underinsured Motorist coverage applicable to Hired Auto and Nonowned Auto is automatically included for no additional premium charge.

3. BASIC COVERAGE AND LIMITS

A. The Dentist's Package Policy must be written to afford coverage on both Business Property and Business Liability exposures.

B. Business Liability Limits apply as follows:

1. Liability Coverages - Basic Limit

$1,000,000 Each Occurrence Limit

$2,000,000 General Aggregate Limit

$2,000,000 Products-Completed Operations Aggregate Limit

$1,000,000 Personal & Advertising Injury Limit

$1,000,000 Damage to Premises Rented to You Limit

2. $5,000 Any One Person Medical Expenses - Optional Limits are available.

Higher limits may be purchased.

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C. Professional Liability Coverage is available as an option, at the following limits, for an additional premium: (Separate Application **PA 007** is to be completed by each dentist.)

$100,000 Each Dental Incident
$300,000 Aggregate Limit

$200,000 Each Dental Incident
$600,000 Aggregate Limit

$300,000 Each Dental Incident
$900,000 Aggregate Limit

$1,000,000 Each Dental Incident
$1,000,000 Aggregate Limit

$1,000,000 Each Dental Incident
$2,000,000 Aggregate Limit

$1,000,000 Each Dental Incident
$3,000,000 Aggregate Limit

$2,000,000 Each Dental Incident
$4,000,000 Aggregate Limit

Other limits are available.

4. APPLICATION

Form **IF 003**, or **IF-004 (e-CLAS®)**, shall be fully completed and signed by the insured or the agent for new business.

5. POLICY PROVISIONS

A. Policies may be written for a specific term of up to 5 years.

B. Cancellation

1. It is not permissible to cancel all business property or all liability coverage unless the entire policy is canceled.
2. If the policy is canceled, the earned premium shall be calculated on a pro rata basis.

C. Building and Business Personal Property may not be written on a blanket basis.

D. Policy Amendments and Changes. Only the following policy changes and endorsements are permitted:

1. Limits of Insurance on Buildings and Business Personal Property may be increased or decreased.
2. Locations may be added or deleted.
3. Optional coverages including Professional Liability may be added, deleted or amended.
4. General Change Endorsement **IB 447** or **IB 478 (e-CLAS®)** must be used for all changes after the inception date of the policy.

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E. **Protective Devices or Services.** Protective devices or services may be required. The policy must be endorsed to require that the company be notified if the devices or services are discontinued or out of service. Use Protective Safeguards Endorsement **IA 467.** This form contains the following clauses, of which one or more will apply to the risk being insured:

P-1 Automatic Sprinkler System Clause

P-2 Automatic Fire Alarm Clause

P-3 Security Service Clause

P-4 Security Contract Clause

P-9 Described Protective System.

6. MINIMUM PREMIUMS AND INSTALLMENTS

A. Minimum Premiums

1. The following policywriting minimum premium applies:

   Dentist's Package Policy..... $ 300

2. Policywriting minimum premiums do not include premiums for Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability.

3. Policywriting minimum premiums are not subject to any modification.

4. Coverage Option minimum premiums may apply. Refer to Coverage Options Rule **12.**

B. Premium Payments

1. **Direct Bill:** The total policy premium may be paid in annual, semi-annual, quarterly or monthly installments. The monthly installment option requires payment by Electronic Fund Transfer (EFT).

2. **Agency Bill:** The total policy premium may be paid in annual, semi-annual or quarterly installments.

   Installments (Including Quarterly Installments Option)

   a. For policies written on a semi-annual pay basis, divide the annual premium by two (2) and add $5 per installment.

   b. For policies written on a quarterly pay basis, divide the annual premium by four (4) and add $5 per installment.

   c. There is no interest charge associated with the installment plan.

   d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

   e. For policies written on a quarterly payment plan, an initial payment of 25% of the total annual premium plus $5 will be due at policy inception. Each of the subsequent installments will be 25% of the total annual premium plus $5 per installment and will be due 3, 6, and 9 months from policy inception, respectively.

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7. PREMIUM

A. Changes in Amounts or Coverages

1. Additional Premium

a. Prorate all changes requiring an additional premium.

b. In computing the additional premium for:

(1) Any changes made to a coverage or location included at policy inception, use the rates and rules in effect on the effective date of the policy.

(2) Coverages or locations which are added after the policy inception (including additions of coverages, options and causes of loss to existing locations) use the rates and rules in effect as of the date of the change.

(3) Any changes made to a location or coverage which was added after the policy inception, use the rates developed when the coverage was added.

c. **Agency Bill:** Waive additional premium amounts of $15 or less. This waiver applies only to that portion of the premium due on the effective date of the policy change.

Direct Bill: Any change resulting in an additional premium of $15 or less will be deferred to the next bill. This deferral applies only to that portion of the premium due on the effective date of the policy change.

2. Return Premium

a. Compute the return premium at the rates used to calculate the policy premium.

b. Compute return premium on a pro-rata basis and round to the nearest whole dollar when any coverage or exposure is deleted or a Limit of Insurance is reduced. Retain the policywriting minimum premium.

c. **Agency Bill:** Waive additional premium amounts of $15 or less. This waiver applies only to that portion of the premium due on the effective date of the policy change.

Direct Bill: Any change resulting in an additional premium of $15 or less will be deferred to the next bill. This deferral applies only to that portion of the premium due on the effective date of the policy change.

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B. Rounding of Premium

1. All premium calculations shall be rounded to the nearest whole dollar. A premium of $.50 or more shall be rounded to the next higher whole dollar except as described in Rule **7.B.2.** below.

2. **Installments (Agency Bill).** Add the installment charge per Rule **6.B.2.** to the semi-annual or quarterly premium and round each installment to the lowest whole dollar.

   Example:
   Quarterly Policy.
   Annual Policy Premium is $1,395.
   $1,395 ÷ 4 = 348.75 + $5 (Installment Charge) = $353.75.
   Round Quarterly Premium with Installment Charge to $353.

8. AGENT'S BINDING AUTHORITY

A. Agent's maximum binding authority is $1,000,000 on Buildings and Business Personal Property combined. All risks over $1,000,000 must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

B. Agent's maximum binding authority is $5,000,000 on the Umbrella Endorsement. All risks over $5,000,000 must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

C. Any risk previously declined, canceled or nonrenewed must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

D. Risks with two or more claims during the past three years should be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

E. All risks with buildings more than 25 years of age must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding. **Picture(s) are required. Submit a detailed written description explaining all structure updates.**

F. All risks should be inspected prior to binding.

G. All risks wanting coverage for Employment Practices Liability Insurance must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

H. Issue binders immediately on all bound risks. Binders must be mailed to the Field Marketing Representative or Headquarters Underwriter no more than three (3) working days after the effective date of the binder.

I. Dentist's Professional Liability must be referred to your Field Marketing Representative or Headquarters Underwriter prior to binding.

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9. ELIGIBILITY SECTION

A. General Rules

The following general eligibility rules apply:

1. A dental office operation is the only eligible class under this program. No other type of business may be insured.
2. The following dental office risks are eligible:
   a. Building Property: Office buildings which do not exceed 150,000 square feet in total floor area.
   b. Business Personal Property: Offices which do not occupy more than 25,000 square feet in any one building.
3. When owner occupied in whole or in part, Building and Personal property must be included in the same policy.
4. Incidental storage buildings used in the insured's business are eligible provided we insure the main location.
5. Buildings owned by the insured that include apartments, mercantile or service occupancies are ineligible.
6. Dental Office Buildings leased to others and Dental Offices under construction are ineligible.

10. CLASSIFICATIONS SECTION

A. Building Classification

Office Buildings (including Condominiums) - owner occupied in whole or in part.
The Business Personal Property of the owner must be included in the policy; rate separately 65121

B. Business Personal Property Classification

Dentist Office 65825

11. PREMIUM DEVELOPMENT

Basic rates shown in this manual are annual rates per $100 of property insurance and include all mandatory coverages in the policy.

A. Compute premium for coverages by using the Limit of Insurance separately applying to building and business personal property.

B. The Limit of Insurance must be an amount equal to 90% of the Actual Cash Value or the Replacement Cost Value, whichever applies, of the property to be insured.

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C. Premium Determination

1. **Rating Territory.** The state territory rate page applicable to the location of the property being insured shall be used to obtain the appropriate rate.

2. **Public Fire Protection.** All risks shall be classified according to the Public Protection Classification applicable to the location of the property insured.

3. **Building Construction.** All risks shall be classified by the construction of the building containing the Business Personal Property based on the following building construction types:

   Class A / Modified Fire Resistive or Fire Resistive - Buildings where the exterior walls, floors and roof are constructed of masonry or other fire-resistive materials.

   Class B / Noncombustible and Masonry Noncombustible - Buildings where the exterior walls, floors and roof are constructed of, and supported by metal, asbestos, gypsum or other non-combustible materials. Buildings where the exterior walls are constructed of masonry materials as described in Class C., with the floors and roof of metal or other non-combustible materials.

   Class C / Joisted Masonry - Buildings where exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible (disregarding floors resting directly on the ground).

   Class D / Frame - Buildings with exterior walls of wood or other combustible materials including construction where combustible materials are combined with other materials (such as brick veneer, stone veneer, wood ironclad, stucco on wood).

   Mixed Construction - If the area of inferior construction exceeds 33-1/3% of the total area, the entire structure shall be classified in accordance with the rule applicable to such inferior construction.

4. **Premium Computation**

   a. Buildings

   (1) For each building item, obtain the rate from the applicable state territory rate page, using the type of building construction and Public Protection Classification.

   (2) For each building item, multiply the rate by the amount of insurance per $100.

   b. Business Personal Property

   (1) For each Personal Property Item, obtain the rate from the applicable state territory rate page, using the type of building construction and Public Protection Classification.

   (2) For each Personal Property Item, multiply the rate by the amount of insurance per $100.

   c. The rates for Protection class 9 also apply to Protection Class 8B.

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5. Sprinklered Property

a. Eligibility and Application

Multiply the state Building and / or Business Personal Property rate by the sprinkler factor when at least 85% of the total floor area of:

(1) The building; or

(2) The building in which the business personal property is located;

is protected by an approved automatic sprinkler system that is regularly tested and maintained. This includes cooking protection equipment.

b. Sprinkler Factor Tables

To develop the sprinklered rate, refer to the appropriate rate table. Multiply the non-sprinklered Building or Business Personal Property rate by the following factor:

Sprinklered Factors - Business Personal Property = .85

Sprinklered Factors - Building = .60

6. Coverage Options

Refer to Rule **12.** Coverage Options to determine the premium for all Coverage Options.

7. Rate Modifications

For rate modifications, refer to Rule **13.** Rate Plans.

8. Factors or Multipliers

Factors or multipliers are to be applied consecutively and not added together unless otherwise specified.

9. Policy Premium

a. Total the Building, Business Personal Property, and Coverage Options premiums (excluding Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability).

b. If the total premium is less than the minimum premium in Rule **6.**, Minimum Premiums and Installments, the minimum premium applies.

c. Add the premiums excluded in item **a.** above. This is the total premium for all coverages included in the policy.

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12. COVERAGE OPTIONS

A. Unless specifically mentioned in this manual, no other Coverage Options or limits are available for this program.

B. The following annual rates and premiums apply:

1. Auto

The following coverages may be added to the Dentist's Package Policy provided there is no owned auto exposure.

Hired Auto Physical Damage - (Class 6619)

Physical damage coverage may be provided on a primary basis for autos which are hired, leased, rented or borrowed while being operated by or in the custody of the insured. Attach Hired Auto Physical Damage Amendment **IF 437 IL.** The Limit of Insurance is $40,000 subject to a $250 deductible.

Hired Auto Physical Damage Premium	
$35.00	Per Policy

2. Equipment Breakdown (Previously referred to as Boiler)

a. The Limit of Insurance is determined by:

(1) Adding the Building and Business Personal Property Limits of Insurance for the applicable location; or

(2) If there is no Building coverage on the same policy for the applicable location, use the Business Personal Property Limit of Insurance for that location; or

(3) If there is no Business Personal Property coverage on the same policy for the applicable location, use the Building Limit of Insurance for that location.

Use the Limit of Insurance determined above times the appropriate rate from the Rate Table below for each location where coverage is desired.

b. The **DENTIST'S PACKAGE POLICY EQUIPMENT BREAKDOWN COVERAGE AMENDMENT** (Form **IF 205**) must be attached when Equipment Breakdown Coverage is provided.

c. The deductible amount and valuation (Replacement Cost or Actual Cash Value) for the Equipment Breakdown coverage will be the same as for the SECTION **I** - PROPERTY coverages. See Deductible Factors applicable to Equipment Breakdown in **g.** below.

d. Physical damage, business interruption and extra expense are included.

e. Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

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f. Rates:

(1) **Comprehensive coverage (including dental related medical equipment) (Coverage Code U):** To rate coverage for boilers, fired and unfired pressure vessels, air conditioning, refrigeration, mechanical and electrical equipment, and equipment used for research, medical, diagnostic, surgical, dental or pathological purposes, use the rate from the table below.

Equipment Breakdown Rate Table per $100	
Comprehensive coverage (including dental related medical equipment)	.04

(2) **Minimum Premiums**

Comprehensive coverage (including dental related medical equipment) = $150

g. Deductible Factors:

Equipment Breakdown Deductible Factors Table	
Deductible	**Factor**
$ 100	1.25
500	.96
1,000	.91
2,500	.82
5,000	.73
10,000	.59

3. **Crime**

a. **Employee Dishonesty (Coverage Code - 5)**

(1) The Additional Coverages section provides up to $25,000 coverage for employee dishonesty. A completed Application **(CA 001)** must be submitted with requests for limits higher than $25,000. Increased limits are available up to $250,000. Use Form **IA 4014**. To determine the premium, multiply the rate(s) indicated below by the Limit of Insurance in excess of $25,000.

Employee Dishonesty Rate Table		
	Rates per $100 - Per Policy	
Increased Limit	**First $75,000**	**Next $150,000**
Rate	.380	.170

Example: $150,000 limit
25,000 = Included
.380 x 75,000 = $285
.170 x 50,000 = $ 85
$370

(2) Welfare and Pension Plan Compliance - CA 204 (Coverage Code - G)

This coverage is available for those insureds who need excess limits of Employee Dishonesty Coverage to comply with ERISA. Increased limits are available up to $250,000. To determine the premium, multiply the rate indicated

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below by the Limit of Insurance for ERISA that is in excess of the Employee Dishonesty Coverage limit.

ERISA Rate	
$.15	Rate per $100

Example: $250,000 ERISA Limit with $150,000 Employee Dishonesty Limit
$250,000
-150,000
$100,000 x .15 = $150

b. Employee Dishonesty, Money and Securities and/or Theft Exclusion - CB 301 (Coverage Code - H)

This endorsement is available to delete the Employee Dishonesty, Money and Securities and/or Theft coverage. To determine the premium, multiply the appropriate Business Personal Property rate by the applicable factor(s) indicated below:

Employee Dishonesty, M & S and / or Theft Exclusion Factor Table	
Exclusion	**Factor**
Employee Dishonesty	.96
Money and Securities	.96
Theft	.93

c. Forgery or Alteration - IA 4014 (Coverage Code - I)

The Additional Coverages section provides up to $25,000 coverage for forgery or alteration. A completed Application (**CA 001**) must be submitted with requests for limits higher than $25,000. Increased limits are available up to $100,000. To determine the premium, multiply the rate(s) indicated below by the Limit of Insurance in excess of $25,000.

Forgery or Alteration Rate Table	
Rates per $100 - Per Policy	
Rate	.10

d. Money and Securities - IA 4013 (Coverage Code - J)

The Additional Coverage section provides up to $15,000 Inside / $5,000 Outside coverage. A completed Application (**CA 001**) must be submitted with requests for limits higher than $15,000 Inside / $5,000 Outside. Increased limits are available up to $25,000. To determine the per location premium, multiply the rates indicated below by the Limit of Insurance in excess of the $15,000 Inside / $5,000 Outside limits.

Money and Securities Rate Table	
Rates per $100 - Per location	
Inside (07)	$3.20
Outside (08)	1.30

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4. Commercial Property

a. Automatic Increase in Insurance (Coverage Code - R)

Coverage is provided as an extension to the building coverage. The Limit of Insurance applicable to all buildings is automatically increased by 2% per year during the policy period. (There is no option to eliminate this coverage feature.) Increased percentages are available. The premium for this coverage is not subject to any further modification or rate plan. To determine the premium for percentages higher than 2% per year, multiply the final building premium for each building and structure by the appropriate factor indicated below:

Automatic Increase Factors Table	
Amount of Annual Increase	**Factor**
4.0%	.02
6.0%	.03
8.0%	.04
10.0%	.05
12.0%	.06

b. Blanket Basket Endorsement - IF 206 (Coverage Code B)

This endorsement provides a $150,000 Blanket Coverage Limit that is excess over the Limits of Insurance stated in the Businessowners Package Policy, and the Dentist's Package Policy Coverage Endorsement for the following coverages.

(1) Accounts Receivable

(2) Electronic Data Processing Property

(3) Debris Removal

(4) Valuable Papers and Records

(5) Water Back Up of Sewers, Drains, Septic Systems or Sump Pumps

The total payment for loss for all the above coverages combined shall not exceed the Blanket Coverage Limit for each occurrence.

Blanket Basket Endorsement Premium Table
$35 - Per Location

c. Building Laws Safeguard Coverage (BLS) - IA 4013 (Class Code 4000)

A limit of $25,000 is included for loss to the undamaged portion of a covered building, cost of demolition and increased cost of construction resulting from the enforcement of ordinances or laws regulating the restoration or demolition of a damaged building. Limits may be increased provided the building is insured at Replacement Cost. Select the desired Limit of Insurance and charge the premium shown in the BLS Premium Table below. The premium charge applies "per covered building". When earthquake coverage is provided as a Covered Cause of Loss on the covered building, use the "Including Earthquake" column of the BLS Premium Table to determine the premium.

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Building Laws Safeguard Premium Table			
	Premium Per Building / Structure		
Total BLS Limit of Insurance	No Earthquake on Covered Building / Structure	Including Earthquake on Covered Building / Structure Territories 14-16	Territories 11-13
$ 50,000	$ 35	$ 43	$ 47
75,000	50	65	75
100,000	65	88	103
125,000	80	110	130
150,000	95	133	158
200,000	125	178	212
250,000	155	223	266

d. Condominium Commercial Unit-Owners Optional Coverages - FA 420

Coverage is available for Loss Assessment and Miscellaneous Real Property.

(1) Loss Assessment (Class Code 4100)

Coverage is subject to a $250 deductible. The premium per unit is as follows:

Loss Assessment Premium Table	
Loss Assessment Limit	Premium
$ 1,000	$ 6
5,000	10
10,000	13
Each Add'l $5,000	2

(2) Miscellaneous Real Property (Class Code 4110)

Coverage is subject to the property deductible. Multiply the rate indicated below by the Limit of Insurance:

Miscellaneous Real Property Rate	
$.80	Per $100 - Per Unit

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e. Earthquake Coverage (Building Only) - FF 204, Earthquake Sublimit - FF 205

(1) Earthquake Classifications

Coverage for Building is available for one or more locations. Coverage applies to Buildings (including Business Income and Extra Expense) at the locations selected. The Building premiums are based on the building construction and location.

(2) Earthquake Full Limits Form and Rates (Subline 930)

(a) Use Earthquake Form **FF 204** to write full limits on building.

(b) To determine the premium for earthquake, multiply the rates in the Earth quake Rate Table (Rule **16.** - Rate Section) by the Limit of Insurance. Except for Expense Modification and the Large Premium Discount Plan, the premium for this coverage is not subject to any further modification or rate plan.

(c) Optional deductibles are available. Multiply the appropriate Earthquake Base Rate by the appropriate factor shown or determined in the Optional Earthquake Deductible Table (Rule **16.** - Rate Tables).

(3) Earthquake Sublimit Form and Rates (Subline 939)

(a) Earthquake Sublimit Form **FF 205** is available as an option to the full limit form.

(b) To determine the earthquake sublimit rate, multiply the earthquake rates in Rule **16.** - Rate Section by a 1.25 factor. To determine the premium for the earthquake sublimit coverage, multiply the earthquake sublimit rate by the earthquake sublimit of insurance. Except for Expense Modification and the Large Premium Discount Plan, the premium for this coverage is not subject to any further modification or rate plan.

f. Fairs or Exhibitions - IA 4014 (Class Code 4120)

The Fairs or Exhibitions Coverage Extension provides up to $25,000 per occurrence for covered property while it is located at fairs or exhibitions. Increased limits are available. The increased limit is the amount of covered property at all fairs or exhibitions in excess of $25,000. To determine the premium, multiply the rate indicated below by the Limit of Insurance in excess of $25,000.

Fairs or Exhibitions Rate	
$1.50	Rates per $100 - Per Policy

g. Mine Subsidence

Refer to the rules and rates filed in the Commercial Lines Manual Businessowners Package Program.

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h. Ordinance or Law Coverage - FA 228

This coverage responds to losses that result from the enforcement of ordinances or laws regulating the restoration or demolition of a damaged building. Losses can result from:

(1) Loss in value of the undamaged portion of the building;

(2) Costs of demolition and debris removal of the undamaged portion of the building; and

(3) Increased expenses to:

(a) Reconstruct the undamaged portion of the building so that it complies with current building, zoning or land use laws or ordinances.

(b) Repair the damaged building so that it complies with current building, zoning or land use laws or ordinances.

The following coverages are independent of each other and any or all of them may be purchased. Building coverage is required. If Earthquake Coverage is purchased for the building and Coverage 1, 2 or 3 is purchased, Earthquake premiums must also be charged for Coverage 1, 2, or 3.

(1) Coverage 1 - Coverage for Loss to the Undamaged Portion of the Building (Class Code 4210)

(a) This is not a separate Limit of Insurance. Building coverage is extended to include loss to the undamaged portion of the building.

(b) The premium for Coverage 1 shall be determined by multiplying the applicable location building premium (prior to using Experience Rating, Schedule Rating and Expense Modification Rate Plans.) by .15.

(c) The Earthquake premium for Coverage 1 shall be determined by multiplying the applicable location building Earthquake premium (prior to using Experience Rating, Schedule Rating, Large Premium Discount and Expense Modification Rate Plans.) by .85.

(2) Coverage 2 - Demolition Cost Coverage (Class Code 4211)

(a) A separate Limit of Insurance must be chosen for demolition and debris removal costs for the undamaged portion of the building.

(b) The premium for Coverage 2 shall be determined by multiplying the applicable location Building base rate by the Coverage 2 Limit of Insurance per $100.

(c) The Earthquake premium for Coverage 2 shall be determined by multiplying the applicable Building Earthquake base rate by the Coverage 2 Limit of Insurance per $100.

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(3) Coverage 3 - Increased Cost of Construction Coverage (Class Code 4212)

(a) A separate Limit of Insurance must be chosen for increased cost of construction. The underlying building coverage must be written for Replacement Cost when a Limit of Insurance is shown in the Coverage Schedule for Increased Cost of Construction.

(b) The premium for Coverage 3 shall be determined by multiplying the applicable location Building base rate by the Coverage 3 Limit of Insurance per $100.

(c) The Earthquake premium for Coverage 3 shall be determined by multiplying the applicable Building Earthquake base rate by the Coverage 3 Limit of Insurance per $100.

(4) Combined Limit for Coverages 2 and 3 (Class Code 4213)

(a) This option combines Coverages 2 and 3 above. A combined Limit of Insurance must be chosen for Demolition Cost Coverage and Increased Cost of Construction Coverage.

(b) The premium for Combined Coverage 2 and 3 shall be determined by multiplying the applicable location Building base rate by the combined Coverage 2 and 3 Limit of Insurance per $100.

(c) The Earthquake premium for Combined Coverage 2 and 3 shall be determined by multiplying the applicable Building Earthquake base rate by the Coverage 2 and 3 Limit of Insurance per $100.

i. Outdoor Property - IA 4013 (Class Code 4150)

The Coverage Extensions section provides up to $10,000 for awnings (**Note:** Awnings attached to buildings insured on this policy are included in the building coverage and should not be included in this coverage extension limit.), fences and antennas. Increased limits are available. To determine the per location premium, multiply the rate indicated below by the Limit of Insurance in excess of $10,000 for each location being increased.

Outdoor Property Rate	
$1.25	Per $100

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j. Property Deductibles

Apply the appropriate factor below to the $250 deductible Building and Business Personal Property rates. (The same Property Deductible amount is required at all locations on the policy.)

Property Deductible Factors Table	
Deductible	**Factor**
$ 100	1.25
500	.89
1,000	.81
2,500	.75
5,000	.70
10,000	.65

k. Property Off-Premises - IA 4014 (Class Code 4170)

The Property Off-Premises Coverage Extension provides up to $25,000 per occurrence for covered property while it is temporarily at a location not owned, leased or operated by the insured. Increased limits are available. The increased limit is the total amount of covered property at all temporary locations not owned, leased or operated by the insured in excess of $25,000. To determine the premium, multiply the rate indicated below by the Limit of Insurance in excess of $25,000.

Property Off-Premises Rate	
$1.00	Rates per $100 - Per Policy

l. Transportation - IA 4014 (Class Code 4190)

The Transportation Coverage Extension provides up to $25,000 per occurrence for covered property while it is in or on a vehicle, including loading and unloading of the property. Increased limits are available. The increased limit is the total amount of covered property on all vehicles at one time in excess of $25,000. To determine the premium, multiply the rate indicated below by the Limit of Insurance in excess of $25,000.

Transportation Rate	
$1.50	Rate per $100 - Per Policy

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m. Valued Daily Loss of Income

(1) The Additional Coverage section provides a limit of $500 per day for 30 days up to a maximum of $15,000 for loss of business income.

(2) The limit per day and the number of days may both be increased. The limit per day may be increased in increments of $50. The number of days may be increased in increments of 10 days up to a maximum of 90 days.

(3) To determine the per location premium, multiply the Business Personal Property rate times the limit of coverage in excess of $15,000 divided by 100.

Example: New Limit Desired: $600 per day for 30 days
$600 x 30 days = $18,000
($18,000 - $15,000) ÷ 100 = 30
30 x $.63 = $19.00 Charge

n. Reserved

o. Windstorm or Hail Percentage Deductibles - FA 494

(1) The Windstorm or Hail percentage deductibles apply whenever there is an occurrence of Windstorm or Hail.

(2) The Windstorm or Hail deductible is calculated separately for, and applies separately to:

(a) Each building, if two or more buildings sustain loss or damage;

(b) The Building and to Business Personal Property in that building, if both sustain loss or damage;

(c) Business Personal Property at each building, if Business Personal Property at two or more buildings sustains loss or damage;

(d) Business Personal Property in the open.

(3) Percentage deductibles may vary by location. At a location all covered property must be written using the same percentage deductible.

(4) Multiply the Building and Business Personal Property rates by the appropriate factor from the following table:

Windstorm or Hail Percentage Deductible Factor Table		
Code(s)	**Deductible**	**Factor**
19	1%	.99
29	2%	.98
39	5%	.96

This modification should be made in addition to fixed deductibles per Coverage Options Item **4.j.** of this Section for Property Deductibles.

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5. **Liability**

   a. **Additional Insureds**

   Liability coverage may be extended to certain designated additional insureds.

   The premium for these endorsements will be as follows:

Additional Insured Premium Table		
Type of Additional Insured	**Form**	**Charge**
Co-Owner of Insured Premises	**IA 4167**	No Charge
Designated Person or Organization	**GA 429**	No Charge
Lessors of Leased Equipment	**GA 458**	No Charge
Lessor of Leased Equipment - Automatic Status When Required in Lease Agreement with You	**IA 4168**	No Charge
Managers or Lessors of Premises	**GA 457**	No Charge
Mortgagee, Assignee or Receiver	**IA 4169**	No Charge
Owners or Other Interests From Whom Land has Been Leased	**IA 4170**	No Charge
Pick Up or Delivery - Scheduled Person or Organization	**GA 4247**	No Charge

   b. **Bodily Injury Exceptions to Pollutant Exclusion - IA 208 (Class Code 20410)**

   Coverage is available to the named insured for bodily injury from sudden and accidental release of pollutants from the insured's premises or work site, and from bodily injury caused by gaseous or airborne pollutants from a work site. The injured person must be clinically diagnosed or treated by a physician within 1 year of first exposure to the pollutants.

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We shall have no duty to defend or pay damages for any person or organization that is not a named insured. The premium for this endorsement will be as follows:

(1) $10 per location, subject to a $25 minimum premium.

c. Business Liability - Optional Increased Limit

Optional $2,000,000 Liability Limit

(1) Description of Coverage

The basic limit of liability of $1,000,000 per occurrence for Business Liability may be increased to $2,000,000.

(2) Rate Modification

Add the rate increment to the applicable rate. Refer to the Rate Pages to determine this rate increment.

d. Business Liability Broadened Endorsement - IF 209 (Class Code 20289)

(1) Forms

(a) If the primary coverage form is **IF 102**, attach forms **IF 209** - Business Liability Broadened Endorsement - and **IF 431** - Bridge Endorsement, if applicable. Refer to Rule **12.B.5.c.(4)** for guidelines applicable to the Bridge Endorsement.

(b) If the primary coverage form is **IB 101**, 4/99 and subsequent, attach form **IB 207** - Business Liability Broadened Endorsement.

(2) Explanation: The Business Liability Broadened Endorsement adds the following broadened or additional coverages:

(a) Employee Benefit Liability at $1,000,000/$3,000,000 limits with a $1,000 deductible;

(b) Unintentional Failure to Disclose Hazards Condition;

(c) Damage to Premises Rented to You;

(d) Supplementary Payments of $1,000 for bail bonds and $500 per day loss of earnings;

(e) Medical Payments at $10,000 per person;

(f) Volunteer Workers included as insureds;

(g) 180 Day Coverage for Newly Formed or Acquired Organizations;

(h) Waiver of Subrogation;

(i) Automatic Additional Insured - Specified Relationships:

1) Managers or Lessors of Premises;

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2) Lessor of Leased Equipment;

3) Vendors; and

4) State or Political Subdivisions - Permits Relating to Premises.

(j) Property Damage to Borrowed Equipment at $10,000 per occurrence ($250 deductible);

(k) Employees as Insureds - Specified Health Care Services:

1) Nurses;

2) Emergency Medical Technicians; and

3) Paramedics.

(l) Broadened Notice of Occurrence Condition.

(3) **Rates** - Flat Charge $125.00 annually. Except for expense modification, the premium for this endorsement is not subject to further modification or rate plan. The premium is in addition to, not included within, the Minimum Premium in Rule **6.**

(4) **Bridge Endorsement**

IF 209 may be added to existing policies written with Form **IF 102.** When this is done, the rules and rates that are shown in this manual apply. In addition, Bridge Endorsement **IF 431** must be added if the policy is subject to the **IF 102** with an edition date prior to 4/99. The bridge endorsement will amend the underlying coverage to be in accordance with the coverage offered in the Business Liability Broadened Endorsement.

e. Coverage for Injury to Leased Workers - IA 4098 (Class Code 22991)

Coverage for bodily injury sustained by a leased worker while performing duties related to the conduct of the named insured's business may be provided, by mutual agreement between the insurer and the insured, by attaching Coverage for Injury to Leased Workers Endorsement **IA 4098.** To determine the premium, multiply the Workers Compensation rate for the Classification times a 1.25 surcharge. Multiply the result by the total estimated annual payroll for Workers Compensation (per $100). Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

Injury to Leased Workers Rate	
Workers Compensation Rate x 1.25	Per $100 of Annual Payroll

Leased worker means a person leased to the named insured by a labor leasing firm under an agreement between the named insured and the labor leasing firm, to perform duties related to the conduct of the insured's business. A leased worker does not include a temporary worker who is furnished to the named insured for a finite period to support or supplement the named insured's work force in special work situations such as employee absences, temporary skill shortages and seasonal workloads.

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f. Reserved

g. Employee Benefit Liability - GA 208 (Class Code 20180)

This endorsement provides coverage against claims for damages because of the insured's negligent acts, errors or omissions committed in the administration of an employee benefit program. The coverage is provided on an occurrence basis. Coverage is also extended to negligent act(s), errors or omissions committed prior to the effective date of the coverage provided the insured had no knowledge of a claim or suit as of that effective date. The Each Employee limit of insurance must be the same as the Business Liability Each Occurrence limit. A $1,000 deductible applies. A completed Application (**IB 005**) must be submitted. The premium for this coverage will be as follows:

Employee Benefit Premium Table		
	Limits and Premiums	
Number of Employees	$1,000,000 / $3,000,000	$2,000,000 / $6,000,000
1 - 50	$148	$178
51 - 100	199	239
Over 100	298	358

h. Reserved

i. Employment Practices Liability Insurance - GA 520 / GA 116

Application **GA 012 IL** is to be fully completed.

Employment Practices provides coverage on a claims-made basis to insureds for wrongful acts committed, attempted, or allegedly committed or attempted relating to employment practices of the named insured. Coverage is subject to a copayment and deductible. Defense is provided within the limits of insurance. Coverage is available as an option per the chart below:

Employment Practices provides coverage on a claims-made basis to insureds for wrongful acts committed, attempted, or allegedly committed or attempted relating to employment practices of the named insured. Coverage is subject to a copayment and deductible. Defense is provided within the limits of insurance. Coverage is available as an option per the chart below:

Limit	Deductible	Copayment	Premium	Minimum Premium
$500,000	$2,500	10%	$50 per employee	$200

Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan available under the Dentist's Package Policy. If different limits and / or retentions are desired, then Employment Practices Liability Insurance must be written on a separate policy, and you must refer to Division Six of the Independent Commercial Lines Manual for rules and rates.

j. Freight or Passenger Elevators Inspection Fee (Class Code 65210)

Insured may elect to have the Cincinnati Insurance Company order state inspections for freight and passenger elevators. Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

Elevator Inspection Fee	
Per Elevator	$204

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k. Medical Payments Coverage (Class Code 22223)

(1) The Dentist's Package Policy provides for Medical Payments with limits of $5,000 to or for any person injured as a result of a condition in the insured's premises or in connection with operations performed by the insured.

(2) Per person limits may be increased or decreased in increments of $1,000. Application **GA 014** is to be fully completed when limits are increased.

(a) The maximum increased may not exceed $5,000 ($10,000 total limit).

(b) To increase the limit, a 2% charge per $1,000 of increased limit will apply to the Business Personal Property base rate for all locations. The minimum premium per $1,000 of increased limit is $10 and is not subject to further modification.

(c) To reduce Medical Payments limits below $5,000, a 1% credit per $1,000 of decreased limit will apply to the Business Personal Property base rate for all locations.

(3) Coverage may be deleted by attaching Form **IA 310** - Exclusion - Medical Payments. A 5% credit will be applied to the Business Personal Property base rate for all locations.

(4) Excess Medical Payments Coverage is available to be excess over individual, blanket or group accident, disability or hospitalization insurance; medical or surgical reimbursement plan; or Workers' Compensation or disability benefits law or similar law. Use Form **IA 4166** - Medical Payments - Excess. A credit of 2% will apply to the Business Personal Property base rate for all locations.

Example:

Policy provides $5,000 med pay limit. Desire $10,000 limit.

B.P.P. Base Rate = $3.25

Med Pay Increase $5,000, so 5 x 2% = 10% increase

Thus: 1.10 x 3.25 = $3.58 new B.P.P. base rate

l. Personal and Advertising Injury Exclusion - IB 301

The Dentist's Package Policy provides coverage for Personal and Advertising Injury with a basic limit of $1,000,000. To exclude this coverage, a 2% credit will apply to the Business Personal Property base rate for all locations.

6. Professional Liability (Application **PA 007** - a separate application is to be completed by each dentist)

a. Coverage / Forms

(1) Dentist's Professional Liability Coverage Part Declarations (Occurrence) - **PA 526** or **PA 531 (e-CLAS™)**

(2) Dentist's Professional Liability Occurrence Coverage Form - **PA 128**
Includes First Aid Payments subject to $5,000 any one person limit.

(3) Dentist's Package Policy Occurrence Professional Amendment - **PA 441**

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(4) Medical Waste Defense Expenses Reimbursement Coverage - **PA 206**
Form will be attached to the Policy at no additional premium charge when Dentist's Professional Liability is a part of the policy.

(5) Locum Tenens (Temporary Substitute) Coverage - **PA 204**
This form is used to extend Dentist's Professional Liability Coverage to a named individual who is temporarily substituting for an insured. No additional premium is charged. Limits of Insurance for the Locum Tenens is shared with the insured who is temporarily replaced. Application **PA 007** is required.

(6) Department of Professional Regulation (DPR) Supplementary Payments Coverage - **PA 205**
This form extends the Dentist's Professional Liability Supplementary Payments to pay for defense expenses if the insured becomes the subject of the DPR investigation. No premium is charged for this endorsement.

(7) Professional Liability premiums are subject to annual adjustment.

b. Classifications

Coverage for Dentist's Professional Liability is offered for Dentist Class 1 (Professional Liability Class 80226); Class 2 (Professional Liability Class 80227); Class 2A (Professional Liability Class 80229); and Class 2B (Professional Liability Class 30028). Corporation, Limited Liability Company or Partnership (Professional Liability Class 80239) is included if applicable.

Note: Class 3 Dentists are not eligible.

Procedure and / or Specialty	Class	Anesthesia
General Dentistry Endodontics Pedodontics Prosthodontics Orthodontics Periodontics / Non-Osseous Surgery, Non-Advanced or Non-Refractory Progressive Periodontitis Implant Prostheses / Non-Surgical Extraction of Erupted Third Molars	1	In the Office: Local N_2O Oral Administered by other than an insured or insured's employee: General Deep Intra Muscular (I.M.)
Periodontics / Osseous Surgery, Advanced or Refractory Progressive Periodontitis Extraction of Impacted Third Molars Soft Tissue or Partial Bony Only	2	Conscious IV
Implants / Surgical	2A	Conscious IM
Extraction of Impacted Third Molars Other Than Soft Tissue or Other Than Partial Bony	2B	Conscious IM
Oral and Maxillofacial Surgeon	3	General anesthesia and / or Deep Sedation given in a dosage designed to render the patient unconscious and done in the office; or in a hospital if administered by an insured or insured's employee.
Any Procedure or Anesthesia in a higher class would make the higher class applicable.		

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c. Dentist's Professional Rate Modification Plan

All credits and debits apply to each dentist individually.

All credits and debits are to be taken separately and are not added together.

The total credits for all Rating Plans combined, not including the Leave of Absence Rating Plan, may not exceed 60%.

(1) Recent Graduate Rating Plan: **Credits**

First year dentist	60%
Second year dentist	40%
Third year dentist	20%

The first year begins on the date the dentist receives the first state or regional board certification.

(2) Part-time Rating Plan:

To qualify for part-time credit of 50% the dentist must work no more than 20 hours per week.

(3) Leave of Absence Rating Plan:

Apply 75% credit to that portion of the premium that is charged for the period of the leave of absence. To qualify for this credit the dentist must be disabled or on a leave of absence for a period of not less than 45 days but not more than 180 days.

(4) Association Rating Plan:

a. Member of a local, state, or national dental association. 5% **credit**

b. Member of The Chicago Dental Society 5% **credit**

(5) Practice Rating Plan:

(a) Endodontic work by any classification other than Endodontist specialist:

- Treatment of single-rooted teeth 10% **debit**
- Treatment of multi-rooted teeth 25% **debit**

If both, only apply the debit associated with Treatment of multi-rooted teeth.

(b) Extraction of:

- Erupted third molars 15% **debit**
- Impacted third molars - soft tissue or partial bony only 25% **debit**

If both, only apply the debit associated with Impacted third molars - soft tissue or partial bony only.

These debits do not apply to Class 2B dentists.

(c) If not doing oral cancer examinations: 15% **debit**

(6) Experience Rating Plan:

The experience period is the three years immediately preceding the effective date of the current policy period, and three years since the insured has had an experience debit.

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(a) Credit:

The dentist must be insured with CIC entirely during the experience period:

0 losses	25% **credit**

(b) Debits:

1 loss	15% **debit**
2 losses	50% **debit**
3 losses	100% **debit**

A loss is a paid or reserved claim (expenses are not included as a paid loss).

Any insured who qualifies for an Experience Debit may also be declined or non-renewed.

d. Occurrence Premiums

The occurrence premium is calculated by determining the proper class of the dentist and multiplying the base premium for the dentist by the appropriate increased limits factor and any applicable debits and credits.

(1) Base Premiums

Territory 01 - Cook County

Limits	Class			
	1	2	2A	2B
$100,000 / 300,000	1,111	1,687	3,354	2,277

Territory 02 - Remainder of State

Limits	Class			
	1	2	2A	2B
$100,000 / 300,000	790	1,211	2,403	1,635

(2) Medical Professional Territories

Dentists Professional Liability (Subline Code 230)

COOK COUNTY 001

REMAINDER OF STATE 002

Exposure = No. of dentists x No. of months (up to 12)

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(3) Increased Limits

(Limit Codes in Parentheses)
(Limits are in Thousands)

Aggregate	Per Dental Incident								
	100	150	200	250	300	500	1,000	1,500	2,000
300	1.00	1.07	1.09	1.11	1.12				
	(52)	(56)	(60)	(63)	(66)				
400	1.01	1.08	1.11	1.13	1.15				
	(55)	(56)	(60)	(63)	(66)				
500	1.02	1.09	1.13	1.15	1.17	1.20			
	(53)	(56)	(57)	(61)	(66)	(67)			
600	1.03	1.10	1.14	1.17	1.19	1.22			
	(55)	(56)	(58)	(63)	(66)	(70)			
750	1.04	1.11	1.15	1.18	1.21	1.24			
	(55)	(56)	(60)	(62)	(66)	(70)			
900	1.05	1.12	1.16	1.19	1.23	1.26			
	(55)	(56)	(60)	(63)	(65)	(70)			
1,000	1.06	1.13	1.17	1.20	1.24	1.27	1.33		
	(54)	(56)	(59)	(63)	(66)	(68)	(71)		
1,250	1.07	1.14	1.18	1.21	1.25	1.28	1.34		
	(55)	(56)	(60)	(63)	(66)	(70)	(73)		
1,500	1.08	1.15	1.19	1.22	1.25	1.29	1.35	1.39	
	(55)	(56)	(60)	(63)	(66)	(69)	(73)	(74)	
2,000	1.09	1.16	1.20	1.23	1.26	1.30	1.36	1.40	1.42
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	(74)	(75)
2,500	1.10	1.17	1.21	1.24	1.27	1.31	1.37	1.41	1.43
	(55)	(56)	(60)	(63)	(66)	(91)	(73)	(74)	(75)
3,000	1.11	1.18	1.22	1.25	1.28	1.32	1.38	1.42	1.44
	(55)	(56)	(60)	(63)	(66)	(70)	(72)	(74)	(75)
4,000	1.12	1.19	1.23	1.26	1.29	1.33	1.39	1.43	1.45
	(55)	(56)	(60)	(63)	(66)	(70)	(73)	(74)	(75)

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	Per Dental Incident								
Aggregate	**2,500**	**3,000**	**4,000**	**5,000**	**6,000**	**7,000**	**8,000**	**9,000**	**10,000**
2,500	**1.44** (76)								
3,000	**1.45** (76)	**1.46** (77)							
4,000	**1.46** (76)	**1.47** (77)	**1.48** (78)						
4,500	**1.47** (76)	**1.48** (77)	**1.49** (78)						
5,000	**1.48** (76)	**1.49** (77)	**1.50** (78)	**1.51** (79)					
6,000	**1.49** (76)	**1.50** (77)	**1.51** (78)	**1.52** (79)	**1.53** (80)				
7,500	**1.50** (76)	**1.51** (77)	**1.52** (78)	**1.53** (79)	**1.54** (80)	**1.55** (81)			
9,000	**1.51** (76)	**1.52** (77)	**1.53** (78)	**1.54** (79)	**1.55** (80)	**1.56** (81)	**1.57** (83)	**1.58** (84)	
10,000	**1.52** (76)	**1.53** (77)	**1.54** (78)	**1.55** (79)	**1.56** (80)	**1.57** (81)	**1.58** (83)	**1.59** (84)	**1.60** (85)

e. Prior Acts or Omissions Extension

(1) This optional endorsement to Dentist's Professional Liability Occurrence Coverage provides coverage for the reporting of claims arising out of the rendering or failure to render professional services on or after the retroactive date and prior to the effective date. This endorsement may be necessary when the insured was previously covered by a policy with a claims made trigger and an adequate Extended Report Period was not purchased.

(2) Dentist's Professional Prior Acts or Omissions Extension **PA 421** is used to provide this coverage.

(3) Premium Calculation

The following factors are applied to the gross CIC occurrence premium without the application of any credits or debits.

Number of Consecutive Years Insured has Purchased Claims-Made Coverage	Prior Acts Coverage Factors
1	.13
2	.24
3	.32
4	.35
5 or more	.37

This is a one time charge.

The premium is fully earned. No commission is paid on Prior Acts or Omissions.

(4) Code 26050

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7. **Inland Marine**

   a. **Accounts Receivable**

   (1) Coverage is provided up to $100,000 per location for Accounts Receivable with no deductible. Increased limits are available up to $250,000. Use form **IA 4013.** To determine the premium, multiply the applicable location Business Personal Property base rate by the appropriate factor from the table below for each location being increased. Multiply the result by the Limit of Insurance (per $100) in excess of $100,000.

Accounts Receivable Rate Table
All Territories
10% of B.P.P. rate

   (2) Accounts Receivable - Away from Your Premises - IA 4014 (Class Code 155)

   Coverage is provided up to $5,000 for Accounts Receivable - Away from Your Premises. Increased limits are available up to $25,000. To determine the premium, multiply the rate indicated below by the Limit of Insurance in excess of $5,000.

Accounts Receivable - Away from Your Premises Rate	
$.25	Per $100 - Per Policy

   b. **Electronic Data Processing Property - IA 4013 (Class Code 225)**

   Coverage is provided up to $25,000 per location for electronic data processing exposures. Increased limits for this coverage are available. (A $1,000 Mechanical Breakdown deductible applies per the form.) A completed Application **MA 004** must be submitted with requests for limits in excess of $50,000. The premium for increased Electronic Data Processing Property Coverage shall be calculated by multiplying the Business Personal Property base rate by the factor shown below for each location being increased:

Electronic Data Processing Property Increased Limit Factor	
.60	Per $100

   Deletion of Power Surge Exclusion - FA 433 (Class Code 780)

   Deletion of Power Surge Exclusion is available for a premium. The equipment must have a power surge protector if this exclusion is to be deleted.

Deletion of Power Surge Exclusion Premium	
$25	Per Location

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Worldwide Coverage for Computers Temporarily Off Premises - IA 212 (Class Code 227)

For Data Processing Equipment, Data and Media that is in transit or temporarily away from the insured's premises, the policy territory can be expanded to provide worldwide coverage. The premium for this coverage will be as follows:

Worldwide Coverage for Computers Temporarily Off Premises Premium	
$50	Per Policy

c. Signs - IA 4013 (Class Code 460)

Coverage is provided up to $10,000 per location for outdoor signs not included in the building coverage. (Attached signs must be included in the Building value.) A $250 deductible applies. Increased limits for this coverage are available. To determine the per location premium, multiply the rate indicated below by the Limit of Insurance in excess of $10,000 (per $100).

Signs Rate Table	
$2.20	Per $100 Per Location

d. Valuable Papers and Records (Class Code 530)

Coverage is provided up to $100,000 per location for valuable papers with no deductible. Increased limits are available up to $250,000. Use Form **IA 4013.** To determine the premium, multiply the Business Personal Property base rate by the appropriate Valuable Papers factor from the table below for each location being increased. Multiply the result by the Limit of Insurance in excess of $100,000 (per $100).

Valuable Papers and Records Rate Table
All Territories
25% of B.P.P. Rate

8. Umbrella Liability

Coverage is available as an option. Use Form UF 501 or **UF 502 (e-CLAS™)** - Dentist's Commercial Umbrella Liability Coverage Declarations and **IF 438** - Dentist's Package Policy Commercial Umbrella Amendment. For all other forms, refer to forms filed by The Cincinnati Companies under the Commercial Umbrella Program.

a. Eligibility:

Umbrella coverage is available as a coverage option. Eligible risks will meet the requirements specified in **(1)** through **(5)** below. **Note**: Risks that do not meet these requirements may be eligible for a monoline Umbrella Policy.

(1) Auto Liability - Eligible risks:

(a) Will have primary Hired & Nonowned Auto liability coverage insured by The Cincinnati Companies.

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(b) Will have no more than five owned, private passenger automobiles and light commercial trucks that are primarily operated within a local radius and insured by The Cincinnati Companies.

(2) Risks eligible for excess Employers Liability limits will have their primary Employers Liability coverage insured by an acceptable carrier.

(3) Risks desiring excess Professional Liability limits will have their primary Professional Liability coverage insured under the Dentist's Package Policy.

(4) Eligible risks will not have any of the following:

(a) Aircraft - owned or nonowned exposures

(b) Personal Umbrella(s)

(c) Watercraft - nonowned if craft exceeds 50 feet in length or owned exposure.

(5) Eligible risks will have at least the following primary limits:

Automobile Liability	$250/500 BI / $100,000 PD or $500,000 CSL. $300,000 CSL if primary is with Cincinnati.
Business Liability	$1,000,000
Employers Liability	$100,000
Professional Liability	$300,000
Coverage Option: Employee Benefit Liability	$1,000,000

b. Agents Binding Authority - refer to Rule 8.

c. Premium - Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

(1) Professional (Individual)

Premiums shown under this section are applicable to each individual partner, active corporate officer or any employee who is a Named Insured on the primary Professional Liability policy.

	Annual Premiums for 1st $1,000,000	
Primary Professional Liability Limits:	**300 / 300**	**500 / 1,000 or higher**
Dentist - Class 1	$100	$ 85
Dentist - Class 2	150	125
Dentist - Class 2B	200	170
Dentist - Class 2A	575	460

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(2) Auto

Primary Owned Auto Limits:	Annual Premiums for 1st $1,000,000	
	500 CSL or 250/500/100	Higher Limits
Private passenger and light GVW commercial - local radius	$50 each auto	$25 each auto
Hired and Nonowned Auto - included in Basic Premises Charge	N/C	N/C

(3) Minimum Premiums

Dentist - Individual	$325
Dentist - Corporation or Partnership	$400

(4) Increased Limits

For limits over $1,000,000 up to $5,000,000	With Professional and Owned Auto	With Professional and no Owned Auto	With Owned Auto and no Professional	With no Owned Auto and no Professional
Excluding UM/UIM (Charge for each additional $1,000,000)	$300	$275	$275	$250
For limits over $5,000,000	Submit to Home Office	Submit to Home Office	Submit to Home Office	Submit to Home Office

13. RATE PLANS

A. Building Age Credit

If the building is ten years or less in age, apply a .95 factor to the building base rate. Building Age Credit may not be applied to the Coverage Options provided in Rule **12.**

B. Building Code Effectiveness Grading Rule

The Building Code Effectiveness Grading Schedule is designed to grade the effectiveness of a community's building code enforcement program. The Building Code Effectiveness Grades for a community, and their effective date, are provided in the Public Protection Classification Manual published by ISO Commercial Risk Services, Inc. Below are the ISO statistical codes for the Building Code Effectiveness Grades:

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1. **Community Grading**

   Building, Business Personal Property and Earthquake

   Grade (Code)

1	(01)
2	(02)
3	(03)
4	(04)
5	(05)
6	(06)
7	(07)
8	(08)
9	(09)
10	(10)
Ungraded	(99)

2. **Individual Grading**

   Community Grade

   Grade (Code)

1	(11)
2	(12)
3	(13)
4	(14)
5	(15)
6	(16)
7	(17)
8	(18)
9	(19)
10	(20)
Ungraded	(99)

C. Experience Rating

Any risk may be eligible for the application of experience rating. The experience period is the three years immediately preceding the effective date of the current policy period and the insurance must have been with The Cincinnati Insurance Company entirely during the experience period.

Experience Rating Table	
0 Losses (Paid or reserved)	15% Credit
Two or More Losses and a loss ratio (Paid & Reserves) / Earned Premium) that exceeds 90%	25% Debit

This Experience Rating Plan may not be applied to Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Earthquake, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability.

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D. Schedule Rating Plan

1. General Rules

a. This plan may be applied to a Dentist's Package Policy which develops a total premium of $500 or more (excluding Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Earthquake, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability).

b. All rating plans apply for the term of the policy.

2. Rating Procedure

a. If applicable, the modifications shown in the Schedule Rating Plan Table may be applied. These modifications reflect the individual characteristics of the risk that are not fully reflected in the basic premium or rates.

b. When modifications from more than one Risk Characteristic apply, the modifications shall be added together, not multiplied.

c. The total modifications under the following table shall not:

(1) Exceed 40%;

(2) Apply to minimum premiums; or

(3) Apply to Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Earthquake, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability premiums.

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3. **Risk Characteristics**

Schedule Rating Plan Table			
Risk Characteristics	**Range of Modifications**		
	Credits		**Debits**
Management: Cooperation in matters of experience, qualification, stability	10%	to	10%
Location: Accessibility, congestion and exposures	10%	to	10%
Building Features: Age, condition and unusual structural features	10%	to	10%
Premises and Equipment Care, condition and type	10%	to	10%
Employees: Selection, training supervision and experience	10%	to	10%
Protection: Not otherwise recognized	10%	to	10%
Attitude: Complies with recommendations, controls exposure to loss	10%	to	10%

4. Total credits in excess of 10% should be discussed with your Field Marketing Representative or Headquarters Underwriter.

E. Large Premium Discount Plan (LPDP)

The LPDP may be used to modify premiums to reflect reduced costs realized by The Cincinnati Insurance Company through the combining of several coverages into a Dentist's Package Policy. The LPDP reflects the redundancies developed by large premiums.

1. **Premium Development**

   a. Individually compute the annual premium for each eligible coverage, refer to **2.** below for ineligible coverages.

   b. Apply the LPDP factor from the Large Premium Discount Factors Table to the premium for each eligible coverage.

Large Premium Discount Factors Table	
Annual Coverage Premium	**Factor**
0 to $ 1,000	None
1,001 to 2,000	.95
2,001 to 4,000	.90
4,001 to 8,000	.85
8,001 to 16,000	.80
16,001 and above	.75

   c. The sum of the modified premiums for each coverage eligible for the LPDP shall be added to the premiums of the coverages not eligible for LPDP to determine the annual policy premium.

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2. **Coverages not eligible for LPDP:**

   The Large Premium Discount Plan may not be applied to Blanket Basket Endorsement, Business Liability Broadened Endorsement, Coverage for Injury to Leased Workers, Employment Practices Liability, Equipment Breakdown, Freight or Passenger Elevator Inspection, Mine Subsidence, Professional Liability or Umbrella Liability premiums.

F. Expense Modification

The schedule rating modification contemplates the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit shall be increased, or if a debit shall be decreased, by the amount of the reduction in expenses.

14. ENDORSEMENTS

A. Mandatory Forms

1. Dentist's Package Policy Declarations - **IF 502** or **IF 504 (e-CLAS™)**
2. Businessowners Package Policy Coverage Form - **IB 101.**
3. Dentist's Package Policy Coverage Endorsement - **IF 207.**
4. Dentist's Business Auto Coverage Declarations - **IF 505 IL.**
5. Dentist's Package Policy Auto Amendment - **IF 436 IL.**

B. State Mandatory Forms

1. Illinois Changes - **IA 4041**
2. Illinois Changes - Cancellation and Nonrenewal - **IA 4042 IL**

C. Classification or Coverage Mandatory Forms

1. Claims-Made Employment Practices Liability Coverage Part Declarations - **GA 520.** This form must be attached when Employment Practices Liability Insurance Coverage is provided.
2. Condominium Commercial Unit-Owners Coverage - **FA 418.** This form must be attached when covered property is Business Personal Property located in a condominium.

D. Other Endorsements

The following endorsements may be added at no charge as warranted by circumstances or exposures.

1. Additional Insured - Designated Person or Organization (Professional) - **PA 447.** This form is used to add the person or organization designated as an insured with respect to liability arising out of the insured's acts or omissions in the furnishing of professional services.

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2. Material Coverage Change Notification - Additional Insured - **IA 4087.** This form provides for prior notification of material changes for a specified number of days before the effective date of the coverage change.
3. Earlier Notice of Cancellation Provided by Us - **IA 4086.** This form increases the number of days required for notice of cancellation for any statutorily permitted reason other than nonpayment of premium.
4. Exclusion - All Hazards in Connection with Designated Premises - **GA 314.** This form may be used to exclude the insured's operations at a location for which coverage is provided by another policy or by another carrier.
5. Exclusion - Designated Products - **GB 306.** This form is used to exclude the products / completed operations hazard arising out of any of the insured's products named in this form's Schedule.
6. Exclusion - Lead Liability - **IA 305.** This endorsement excludes all liability coverage arising out of the exposure to or presence of lead in any form. (Required for habitational property built prior to 1980 unless the property has been certified lead free by abatement and / or there is written proof that the property has been professionally encapsulated. In either case, written documentation is needed.)
7. Exclusion - Lead Liability Schedule - **IB 473.** Used to indicate designated premises to which the Lead Liability Exclusion **IA 305** does not apply.
8. Exclusion - Personal and Advertising Injury - **IB 301.** This form is used to exclude liability for personal and advertising injury.
9. General Change Endorsement - **IB 447**, or **IB 478 (e-CLAS ™)**. This form is used for making general changes to the policy.
10. Limitation of Coverage to Designated Premises - **GA 312.** This form may be used to limit liability coverage to a designated insured premises when the insured has other locations for which coverage is provided by another policy or by another carrier.
11. Loss Payable Provisions - **FA 435.** The following provisions are available:
    a. Loss Payable, when it is intended to make loss payable to the insured and a named loss payee as their interests may appear. Under this provision, the rights of the loss payee are subject to the company's defenses against the insured.
    b. Lender's Loss Payable, to protect the interest of a named lender. This provision is applicable when a mortgageholders clause is not applicable and where the interest has been established by warehouse receipts or other suitable documentary evidence. Under this provision, the rights of the lender are independent of any breach of condition by the insured.
    c. Contract of Sale, to be used when duplicate interests exist in property undergoing transfer by sale.
12. Named Insured Schedule - **IA 905.** This form is used to indicate the Named Insured when it won't fit on the Dentist's Package Policy Declarations Page.

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13. Policy Reinstatement - **IA 475.** This form can be used to reinstate a policy that has been canceled by Direct Notice of Cancellation.
14. Premium Payment Endorsement - **IB 451.** This endorsement is used to show short-term premiums and to break out premiums, such as to show applicable state taxes.
15. Prior Policy Replacement - **IA 489.** This form is used when the insured(s) and Company agree that another policy will take the place of and replaces a prior policy issued by the Company on a designated date.
16. Resident Agent Countersignature Endorsement - **MI 1090.** This form is used when the resident agent's countersignature is required by state law.
17. Schedule of Additional Locations - **IF 424.** This form is used to schedule additional locations when there is not sufficient room on the Dentist's Package Policy Declarations page.
18. Schedule of Additional Mortgageholder(s) - **FA 434.** This form is used to schedule additional mortgageholders.
19. Welfare and Pension Named Plan - **CA 414.** This form is used to name welfare and / or pension plan(s).
20. Primary / Noncontributory Amendment of Conditions for Designated Additional Insureds - **IB 458.** This form amends the Business Liability coverage to primary and noncontributory, where required in a written contract, over any other insurance policy issued to the designated additional insured. This form is not an additional insured endorsement, it must be used in conjunction with an applicable additional insured endorsement.

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15. TERRITORY DEFINITIONS

The following list contains all the more important cities, towns, boroughs and villages in this state together with their counties and territory code assignments. For any cities or towns not specifically named, the territory codes are shown by county at the end of this listing.

City and County	Territory Code
A	
Argo, Cook	006
B	
Bedford Park, Cook	006
Blue Island, Cook	006
Burnham, Cook	006
C	
Calumet Park, Cook	006
Canteen, St. Clair	004
Centreville, St. Clair	004
Chicago, Cook	001
Cicero, Cook	006
D	
Dalton, Cook	006
E	
East St. Louis, St. Clair	004
Elmwood Park, Cook	006
Evanston, Cook	006
Evergreen Park, Cook	006
G	
Granite City, Madison	004
H	
Harwood Heights, Cook	006
Hometown, Cook	006
L	
Lincolnwood, Cook	006
M	
Melrose Park, Cook	006
Merrionette Park, Cook	006
Moline, Rock Island	008
N	
Nameoki, Madison	004
Niles, Cook	006
Norridge, Cook	006
O	
Oak Park, Cook	006
P	
Park Ridge, Cook	006
Peoria, Peoria	008
R	
Riverdale, Cook	006
River Grove, Cook	006
Rock Island, Rock Island	008
Rockford, Winnebago	008
S	
Springfield, Sangamon	008
Stickney, Cook	006
Stites, St. Clair	004
Summit, Cook	006
V	
Venice, Madison	004

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County	Territory Code
A	
Alexander	016
C	
Cook	007
D	
Du Page	009
F	
Franklin	016
G	
Gallatin	016
H	
Hamilton	016
Hardin	016
J	
Jackson	016
Johnson	016
K	
Kane	009
L	
Lake	009
M	
Massac	016
P	
Perry	016
Pope	016
Pulaski	016
S	
Saline	016
U	
Union	016
W	
White	016
Will	009
Williamson	016
Remainder of state	015

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16. RATE SECTION

A. Earthquake Territories

Use the zip codes and territory corresponding to the location of the risk being rated.

B. Territory Assignment

A new zip code may be created by the United States Postal Service, which may not yet be listed in the territory pages. If this is the case, to determine the rating territory for a risk located in a new zip code, use the zip code that formerly applied to the risk before the zip code boundaries were changed.

Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
60001	16	60044	16	60087	16	60128	16
60002	16	60045	16	60088	16	60129	16
60004	16	60046	16	60089	16	60130	16
60005	16	60047	16	60090	16	60131	16
60006	16	60048	16	60091	16	60132	16
60007	16	60049	16	60092	16	60133	16
60008	16	60050	16	60093	16	60134	16
60009	16	60051	16	60094	16	60135	16
60010	16	60053	16	60095	16	60136	16
60011	16	60055	16	60096	16	60137	16
60012	16	60056	16	60097	16	60138	16
60013	16	60060	16	60098	16	60139	16
60014	16	60061	16	60099	16	60140	16
60015	16	60062	16	60101	16	60141	16
60016	16	60064	16	60102	16	60142	16
60017	16	60065	16	60103	16	60143	16
60018	16	60067	16	60104	16	60144	16
60020	16	60068	16	60106	16	60145	16
60021	16	60069	16	60107	16	60146	16
60022	16	60070	16	60108	16	60147	16
60025	16	60071	16	60109	16	60148	16
60026	16	60072	16	60110	16	60150	16
60029	16	60073	16	60111	16	60151	16
60030	16	60074	16	60112	16	60152	16
60031	16	60075	16	60113	16	60153	16
60033	16	60076	16	60115	16	60154	16
60034	16	60077	16	60116	16	60155	16
60035	16	60078	16	60117	16	60156	16
60037	16	60079	16	60118	16	60157	16
60038	16	60081	16	60119	16	60159	16
60039	16	60082	16	60120	16	60160	16
60040	16	60083	16	60121	16	60161	16
60041	16	60084	16	60123	16	60162	16
60042	16	60085	16	60125	16	60163	16
60043	16	60086	16	60126	16	60164	16

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
60165	16	60208	16	60434	16	60468	16
60168	16	60209	16	60435	16	60469	16
60170	16	60301	16	60436	16	60470	16
60171	16	60302	16	60437	16	60471	16
60172	16	60303	16	60438	16	60472	16
60173	16	60304	16	60439	16	60473	16
60174	16	60305	16	60440	16	60474	16
60175	16	60398	16	60441	16	60475	16
60176	16	60399	16	60442	16	60476	16
60177	16	60401	16	60443	16	60477	16
60178	16	60402	16	60444	16	60478	16
60179	16	60406	16	60445	16	60479	16
60180	16	60407	16	60446	16	60480	16
60181	16	60408	16	60447	16	60481	16
60183	16	60409	16	60448	16	60482	16
60184	16	60410	16	60449	16	60490	16
60185	16	60411	16	60450	16	60491	16
60186	16	60412	16	60451	16	60499	16
60187	16	60415	16	60452	16	60501	16
60188	16	60416	16	60453	16	60504	16
60189	16	60417	16	60454	16	60505	16
60190	16	60419	16	60455	16	60506	16
60191	16	60420	16	60456	16	60507	16
60192	16	60421	16	60457	16	60510	16
60193	16	60422	16	60458	16	60511	16
60194	16	60423	16	60459	16	60512	16
60195	16	60424	16	60460	16	60513	16
60196	16	60425	16	60461	16	60514	16
60197	16	60426	16	60462	16	60515	16
60199	16	60429	16	60463	16	60516	16
60201	16	60430	16	60464	16	60517	16
60202	16	60431	16	60465	16	60518	16
60203	16	60432	16	60466	16	60519	16
60204	16	60433	16	60467	16	60520	16

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
60521	16	60561	16	60623	16	60664	16
60522	16	60563	16	60624	16	60665	16
60523	16	60564	16	60625	16	60666	16
60525	16	60565	16	60626	16	60667	16
60526	16	60566	16	60628	16	60668	16
60527	16	60567	16	60629	16	60670	16
60530	16	60568	16	60630	16	60671	16
60531	16	60570	16	60631	16	60673	16
60532	16	60572	16	60632	16	60674	16
60534	16	60597	16	60633	16	60675	16
60536	16	60598	16	60634	16	60677	16
60537	16	60599	16	60636	16	60678	16
60538	16	60601	16	60637	16	60679	16
60539	16	60602	16	60638	16	60680	16
60540	16	60603	16	60639	16	60681	16
60541	16	60604	16	60640	16	60682	16
60542	16	60605	16	60641	16	60683	16
60543	16	60606	16	60643	16	60684	16
60544	16	60607	16	60644	16	60685	16
60545	16	60608	16	60645	16	60686	16
60546	16	60609	16	60646	16	60687	16
60548	16	60610	16	60647	16	60688	16
60549	16	60611	16	60649	16	60689	16
60550	16	60612	16	60651	16	60690	16
60551	16	60613	16	60652	16	60691	16
60552	16	60614	16	60653	16	60693	16
60553	16	60615	16	60654	16	60694	16
60554	16	60616	16	60655	16	60695	16
60555	16	60617	16	60656	16	60696	16
60556	16	60618	16	60657	16	60697	16
60557	16	60619	16	60659	16	60701	16
60558	16	60620	16	60660	16	60706	16
60559	16	60621	16	60661	16	60707	16
60560	16	60622	16	60663	16	60712	16

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60714	16	60941	16	61012	16	61058	16
60803	16	60942	16	61013	16	61059	16
60804	16	60944	16	61014	16	61060	16
60805	16	60945	16	61015	16	61061	16
60827	16	60946	16	61016	16	61062	16
60901	16	60948	16	61018	16	61063	16
60902	16	60949	16	61019	16	61064	16
60910	16	60950	16	61020	16	61065	16
60911	16	60951	16	61021	16	61067	16
60912	16	60952	16	61024	16	61068	16
60913	16	60953	16	61025	16	61070	16
60914	16	60954	16	61027	16	61071	16
60915	16	60955	16	61028	16	61072	16
60917	16	60956	16	61030	16	61073	16
60918	16	60957	16	61031	16	61074	16
60919	16	60959	16	61032	16	61075	16
60920	16	60960	16	61036	16	61077	16
60921	16	60961	16	61037	16	61078	16
60922	16	60962	16	61038	16	61079	16
60924	16	60963	16	61039	16	61080	16
60926	16	60964	16	61041	16	61081	16
60927	16	60966	16	61042	16	61084	16
60928	16	60967	16	61043	16	61085	16
60929	16	60968	16	61044	16	61087	16
60930	16	60969	16	61046	16	61088	16
60931	16	60970	16	61047	16	61089	16
60932	16	60973	16	61048	16	61091	16
60933	16	60974	16	61049	16	61101	16
60934	16	61001	16	61050	16	61102	16
60935	16	61006	16	61051	16	61103	16
60936	16	61007	16	61052	16	61104	16
60938	16	61008	16	61053	16	61105	16
60939	16	61010	16	61054	16	61106	16
60940	16	61011	16	61057	16	61107	16

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
61108	16	61257	16	61318	16	61359	16
61109	16	61258	16	61319	16	61360	16
61110	16	61259	16	61320	16	61361	16
61111	16	61260	16	61321	16	61362	16
61112	16	61261	16	61322	16	61363	16
61114	16	61262	16	61323	16	61364	16
61115	16	61263	16	61324	16	61367	16
61125	16	61264	16	61325	16	61368	16
61126	16	61265	16	61326	16	61369	16
61130	16	61266	16	61327	16	61370	16
61131	16	61270	16	61328	16	61371	16
61132	16	61272	16	61329	16	61372	16
61201	16	61273	16	61330	16	61373	16
61204	16	61274	16	61331	16	61374	16
61230	16	61275	16	61332	16	61375	16
61231	16	61276	16	61333	16	61376	16
61232	16	61277	16	61334	16	61377	16
61233	16	61278	16	61335	16	61378	16
61234	16	61279	16	61336	16	61379	16
61235	16	61281	16	61337	16	61401	16
61236	16	61282	16	61338	16	61402	16
61237	16	61283	16	61340	16	61410	16
61238	16	61284	16	61341	16	61411	16
61239	16	61285	16	61342	16	61412	16
61240	16	61299	16	61344	16	61413	16
61241	16	61301	16	61345	16	61414	16
61242	16	61310	16	61346	16	61415	16
61243	16	61311	16	61348	16	61416	16
61244	16	61312	16	61349	16	61417	16
61250	16	61313	16	61350	16	61418	16
61251	16	61314	16	61353	16	61419	16
61252	16	61315	16	61354	16	61420	16
61254	16	61316	16	61356	16	61421	16
61256	16	61317	16	61358	16	64122	16

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
61423	16	61466	16	61529	16	61569	16
61424	16	61467	16	61530	16	61570	16
61425	16	61468	16	61531	16	61571	16
61426	16	61469	16	61532	16	61572	16
61427	16	61470	16	61533	16	61601	16
61428	16	61471	16	61534	16	61602	16
61430	16	61472	16	61535	16	61603	16
61431	16	61473	16	61536	16	61604	16
61432	16	61474	16	61537	16	61605	16
61433	16	61475	16	61539	16	61606	16
61434	16	61476	16	61540	16	61607	16
61435	16	61477	16	61541	16	61610	16
61436	16	61478	16	61542	16	61611	16
61437	16	61479	16	61543	16	61612	16
61438	16	61480	16	61544	16	61613	16
61439	16	61482	16	61545	16	61614	16
61440	16	61483	16	61546	16	61615	16
61441	16	61484	16	61547	16	61616	16
61442	16	61485	16	61548	16	61625	16
61443	16	61486	16	61550	16	61628	16
61447	16	61488	16	61552	16	61629	16
61448	16	61489	16	61553	16	61630	16
61449	16	61490	16	61554	16	61632	16
61450	16	61491	16	61555	16	61633	16
61451	16	61501	16	61558	16	61634	16
61452	16	61516	16	61559	16	61635	16
61453	16	61517	16	61560	16	61636	16
61454	16	61519	16	61561	16	61637	16
61455	16	61520	16	61562	16	61638	16
61458	16	61523	16	61563	16	61639	16
61459	16	61524	16	61564	16	61640	16
61460	16	61525	16	61565	16	61641	16
61462	16	61526	16	61567	16	61643	16
61465	16	61528	16	61568	16	61644	16

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
61650	16	61742	16	61803	16	61852	16
61651	16	61743	16	61810	16	61853	16
61652	16	61744	16	61811	16	61854	16
61653	16	61745	16	61812	16	61855	16
61654	16	61747	16	61813	16	61856	16
61655	16	61748	16	61814	16	61857	16
61656	16	61749	16	61815	16	61858	16
61701	16	61750	16	61816	16	61859	16
61702	16	61751	16	61817	16	61862	16
61704	16	61752	16	61818	16	61863	16
61709	16	61753	16	61820	16	61864	16
61710	16	61754	16	61821	16	61865	16
61720	16	61755	16	61822	16	61866	16
61721	16	61756	16	61824	16	61870	16
61722	16	61758	16	61825	16	61871	16
61723	16	61759	16	61826	16	61872	16
61724	16	61760	16	61830	16	61873	16
61725	16	61761	16	61831	16	61874	16
61726	16	61764	16	61832	16	61875	16
61727	16	61769	16	61833	16	61876	16
61728	16	61770	16	61834	16	61877	16
61729	16	61771	16	61839	16	61878	16
61730	16	61772	16	61840	16	61880	16
61731	16	61773	16	61841	16	61882	16
61732	16	61774	16	61842	16	61883	16
61733	16	61775	16	61843	16	61884	16
61734	16	61776	16	61844	16	61910	16
61735	16	61777	16	61845	16	61911	16
61736	16	61778	16	61846	16	61912	15
61737	16	61790	16	61847	16	61913	16
61738	16	61791	16	61848	16	61914	16
61739	16	61799	16	61849	16	61917	16
61740	16	61801	16	61850	16	61919	16
61741	16	61802	16	61851	16	61920	16

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
61924	16	62018	14	62061	15	62203	14
61925	16	62019	15	62062	14	62204	14
61928	16	62021	15	62063	16	62205	14
61929	16	62022	16	62065	16	62206	14
61930	15	62023	16	62067	15	62207	14
61931	16	62024	14	62069	16	62208	14
61932	16	62025	15	62070	16	62214	14
61933	16	62026	14	62071	14	62215	14
61936	16	62027	16	62074	15	62216	15
61937	16	62028	15	62075	16	62217	15
61938	16	62030	16	62076	16	62218	14
61940	16	62031	15	62077	15	62219	15
61941	16	62032	15	62078	16	62220	14
61942	16	62033	16	62079	16	62221	14
61943	16	62034	15	62080	15	62222	14
61944	16	62035	15	62081	16	62223	14
61949	16	62036	15	62082	16	62224	14
61951	16	62037	15	62083	16	62225	14
61953	16	62040	14	62084	15	62226	14
61955	16	62044	16	62085	16	62230	15
61956	16	62045	16	62086	15	62231	15
61957	16	62046	15	62087	15	62232	14
62001	15	62047	16	62088	16	62233	14
62002	15	62048	14	62089	15	62234	14
62006	16	62049	15	62090	14	62236	14
62009	16	62050	16	62091	16	62237	15
62010	15	62051	16	62092	16	62238	14
62011	15	62052	16	62093	16	62239	15
62012	16	62053	16	62094	16	62240	14
62013	15	62054	16	62095	15	62241	14
62014	16	62056	16	62097	15	62242	14
62015	16	62058	15	62098	16	62243	14
62016	16	62059	14	62201	14	62244	14
62017	15	62060	14	62202	14	62245	14

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
62246	15	62285	14	62344	16	62414	15
62247	15	62286	15	62345	16	62417	15
62248	15	62288	14	62346	16	62418	15
62249	15	62289	14	62347	16	62419	15
62250	15	62292	15	62348	16	62420	16
62252	15	62293	15	62349	16	62421	15
62253	15	62294	15	62351	16	62422	15
62254	14	62295	14	62352	16	62423	16
62255	14	62297	15	62353	16	62424	15
62256	14	62298	15	62354	16	62425	15
62257	14	62301	16	62355	16	62426	15
62258	14	62305	16	62356	16	62427	15
62259	14	62306	16	62357	16	62428	15
62260	14	62311	16	62358	16	62431	15
62261	14	62312	16	62359	16	62432	15
62262	15	62313	16	62360	16	62433	15
62263	15	62314	16	62361	16	62434	15
62264	14	62316	16	62362	16	62435	16
62265	14	62319	16	62363	16	62436	15
62266	14	62320	16	62365	16	62438	15
62268	15	62321	16	62366	16	62439	15
62269	14	62323	16	62367	16	62440	16
62271	15	62324	16	62370	16	62441	16
62272	14	62325	16	62373	16	62442	16
62273	15	62326	16	62374	16	62443	15
62274	14	62329	16	62375	16	62444	15
62275	15	62330	16	62376	16	62445	15
62277	14	62334	16	62378	16	62446	14
62278	15	62336	16	62379	16	62447	16
62279	14	62338	16	62380	16	62448	15
62280	14	62339	16	62401	15	62449	15
62281	15	62340	16	62410	14	62450	15
62282	14	62341	16	62411	15	62451	15
62284	15	62343	16	62413	15	62452	15

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Zip Code	Territory	Zip Code	Territory	Zip Code	Territory	Zip Code	Territory
62454	15	62522	16	62563	16	62644	16
62458	15	62523	16	62565	16	62649	16
62459	15	62524	16	62567	16	62650	16
62460	15	62525	16	62568	16	62651	16
62461	16	62526	16	62570	16	62655	16
62462	15	62530	16	62571	16	62656	16
62463	16	62531	16	62572	16	62659	16
62464	15	62532	16	62573	16	62660	16
62465	16	62533	16	62601	16	62661	16
62466	15	62534	16	62610	16	62662	16
62467	15	62535	16	62611	16	62663	16
62468	16	62536	16	62612	16	62664	16
62469	16	62537	16	62613	16	62665	16
62471	15	62538	16	62615	16	62666	16
62473	15	62539	16	62617	16	62667	16
62474	16	62540	16	62618	16	62668	16
62475	15	62541	16	62621	16	62670	16
62476	15	62543	16	62622	16	62671	16
62477	15	62544	16	62624	16	62672	16
62478	15	62545	16	62625	16	62673	16
62479	15	62546	16	62626	16	62674	16
62480	15	62547	16	62627	16	62675	16
62481	15	62548	16	62628	16	62677	16
62501	16	62549	16	62629	16	62681	16
62510	16	62550	16	62630	16	62682	16
62512	16	62551	16	62631	16	62683	16
62513	16	62553	16	62633	16	62684	16
62514	16	62554	16	62634	16	62685	16
62515	16	62555	16	62635	16	62688	16
62517	16	62556	16	62638	16	62689	16
62518	16	62557	16	62639	16	62690	16
62519	16	62558	16	62640	16	62691	16
62520	16	62560	16	62642	16	62692	16
62521	16	62561	16	62643	16	62693	16

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62694	16	62786	16	62835	14	62870	15
62695	16	62791	16	62836	14	62871	14
62701	16	62794	16	62837	14	62872	14
62702	16	62796	16	62838	15	62874	13
62703	16	62801	15	62839	15	62875	15
62704	16	62803	15	62840	13	62876	15
62705	16	62805	14	62841	13	62877	15
62706	16	62806	14	62842	15	62878	15
62707	16	62807	15	62843	14	62879	15
62708	16	62808	15	62844	14	62880	15
62713	16	62809	14	62845	14	62881	15
62715	16	62810	14	62846	14	62882	15
62716	16	62811	14	62848	15	62883	14
62719	16	62812	14	62849	15	62884	14
62721	16	62814	14	62850	15	62885	15
62722	16	62815	14	62851	14	62886	14
62723	16	62816	14	62852	14	62887	14
62726	16	62817	14	62853	15	62888	14
62736	16	62818	14	62854	15	62889	15
62739	16	62819	14	62855	14	62890	14
62746	16	62820	14	62856	14	62891	14
62756	16	62821	14	62857	15	62892	15
62757	16	62822	14	62858	15	62893	15
62761	16	62823	15	62859	14	62894	14
62762	16	62824	14	62860	14	62895	14
62763	16	62825	14	62861	14	62896	13
62764	16	62827	14	62862	14	62897	14
62765	16	62828	14	62863	14	62898	15
62766	16	62829	13	62864	14	62899	15
62767	16	62830	15	62865	14	62901	13
62769	16	62831	15	62866	14	62902	13
62776	16	62832	14	62867	13	62903	13
62777	16	62833	14	62868	15	62905	14
62781	16	62834	14	62869	14	62906	15

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62907	14	62935	14	62963	11	62994	14
62908	14	62938	14	62964	12	62995	14
62909	14	62939	14	62965	14	62996	12
62910	13	62940	13	62966	13	62997	14
62912	14	62941	14	62967	15	62998	13
62914	11	62942	12	62969	13	62999	14
62915	14	62943	14	62970	14	63673	13
62916	14	62946	14	62971	13		
62917	14	62947	15	62972	15		
62918	14	62948	13	62973	13		
62919	15	62949	14	62974	14		
62920	15	62950	12	62975	14		
62921	13	62951	14	62976	13		
62922	14	62952	13	62977	14		
62923	14	62953	14	62979	13		
62924	13	62954	14	62982	14		
62926	14	62955	15	62983	12		
62927	13	62956	13	62984	14		
62928	15	62957	12	62985	14		
62930	13	62958	14	62987	14		
62931	15	62959	14	62988	13		
62932	13	62960	14	62990	13		
62933	13	62961	13	62992	13		
62934	14	62962	11	62993	13		

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* **C. Rate Tables - Earthquake**

For Sublimts Form **FF 205**, apply a 1.25 factor to the following rates:

TERRITORY 11 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.276	5%
Joisted Masonry:		
Solid unreinforced brick	.389	10%
Hollow tile / block	.492	10%
Non-Combustible	.336	5%
Masonry Non-Combustible	.363	10%
Modified Fire Resistive or Fire Resistive	.363	10%

*Includes metal, non-combustible buildings.

TERRITORY 12 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.221	5%
Joisted Masonry:		
Solid unreinforced brick	.296	10%
Hollow tile / block	.456	10%
Non-Combustible	.281	5%
Masonry Non-Combustible	.306	10%
Modified Fire Resistive or Fire Resistive	.331	10%

*Includes metal, non-combustible buildings.

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TERRITORY 13 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.096	5%
Joisted Masonry:		
Solid unreinforced brick	.141	10%
Hollow tile / block	.211	10%
Non-Combustible	.128	5%
Masonry Non-Combustible	.132	10%
Modified Fire Resistive or Fire Resistive	.150	10%

*Includes metal, non-combustible buildings.

TERRITORY 14 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.037	5%
Joisted Masonry:		
Solid unreinforced brick	.093	10%
Hollow tile / block	.142	10%
Non-Combustible	.062	5%
Masonry Non-Combustible	.081	10%
Modified Fire Resistive or Fire Resistive	.086	10%

*Includes metal, non-combustible buildings.

TERRITORY 15 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.026	5%
Joisted Masonry:		
Solid unreinforced brick	.073	10%
Hollow tile / block	.112	10%
Non-Combustible	.046	5%
Masonry Non-Combustible	.062	10%
Modified Fire Resistive or Fire Resistive	.066	10%

*Includes metal, non-combustible buildings.

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TERRITORY 16 RATE TABLE		
Building Construction	**Bldg. Rate**	**Base Ded.**
Frame *	.006	5%
Joisted Masonry:		
Solid unreinforced brick	.011	10%
Hollow tile / block	.020	10%
Non-Combustible	.007	5%
Masonry Non-Combustible	.009	10%
Modified Fire Resistive or Fire Resistive	.010	10%

*Includes metal, non-combustible buildings.

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Earthquake Deductible Table

Optional Earthquake Deductibles Table	
Increased Deductible Options (40% maximum deductible available)	
Frame and Non-Combustible Constructions	Reduce the 5% deductible EQ base rate by 2% for each percentage increase in deductible
All Other Constructions	Reduce the 10% deductible EQ base rate by 1% for each percentage increase in deductible

Examples of higher earthquake deductibles:

Example #1:

Building is joisted masonry with a 10% base deductible. EQ Rate = .278
A 20% deductible is determined as follows:

20(% ded) - 10(% ded) = 10 x 1% (reduction credit) = 10% (.90 factor)

0.278 (base rate) x .90 = .250 (New 20% deductible rate)

Example #2:

Building is Non-Combustible with a 5% base deductible. EQ Rate = .362
A 30% deductible is determined as follows:

30 (% ded) - 5 (% ded) = 25 x 2%(reduction credit) = 50%(.50 factor)

0.362 (base rate) x .50 = .181 (New 30% deductible rate)

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TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE

A. Description of Coverage

1. **Certified Terrorism Losses -** In accordance with the Terrorism Risk Insurance Act of 2002 (the Act), all companies writing commercial property and casualty insurance must make available to policyholders coverage for certified terrorism losses. A certified terrorism loss is any loss that is covered by an applicable coverage part and that results from an act of terrorism if:

   a. Such loss:

      (1) Occurs and results in damage within the United States; or

      (2) To an air carrier (as defined in Section 40102 of title 49, United States Code); to a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), regardless of where the loss occurs; or at the premises of any United States mission; and

      (3) Results from a violent act or an act that is dangerous to human life, property, or infrastructure;

      (4) Has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as a part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

   b. The act of terrorism is certified by the Secretary of the Treasury as such, in concurrence with the Secretary of State and the Attorney General of the United States.

   c. The act of terrorism results in losses greater than $5,000,000 in the aggregate.

   d. When the Secretary of the Treasury determines that certified terrorism losses have exceeded the maximum annual liability as set forth in the Act, (or any amendments thereto) and a company has met its deductible and co-payment as required by the Act, the company is not liable for the payment of any portion of certified terrorism losses that exceed the maximum annual liability.

2. **Other Acts of Terrorism Losses -** An Other Act of Terrorism loss is any loss defined as such covered by an applicable coverage part that results from a violent act or an act that is dangerous to human life, property, or infrastructure that:

   a. Is committed by an individual or individuals, not acting on behalf of any foreign person or foreign interest (domestic terrorism); and

   b. Appears to be part of an effort to coerce a civilian population or to influence the policy or affect the conduct of any government by coercion; and

   c. Is not certified as a terrorist act pursuant to the Federal Terrorism Risk Insurance Act of 2002.

3. For insureds of The Cincinnati Insurance Companies, Certified Acts of Terrorism Coverage and Other Acts of Terrorism Coverage are linked together, either provided or excluded together, barring unusual exposures or circumstances, and subject to the forms, limitations, exclusions and rates in the rules below.

B. Offer, Disclosure and Forms - Disclosures / Limitations / Exclusions:

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1. The Act requires that companies notify policyholders of the availability of coverage for certified terrorism losses and the premium charge applicable to such coverage.
2. Attach **Policyholder Notice Terrorism Insurance Coverage, Form IA 4236**. Also attach **Cap on Losses from Certified Acts of Terrorism, Form IA 4238** to the policy.
3. **Terrorism Coverage Rejection.** If terrorism coverage is NOT desired, we must receive and have on file a letter from the first named insured, on the insured's letterhead, and signed by the insured. In such cases, remove **Cap on Losses from Certified Acts of Terrorism, Form IA 4238** and attach **Exclusion of Certified Acts and Other Acts of Terrorism, Form IA 319** to the policy.

C. Premium Determination:

1. **Certified Acts of Terrorism and Other Acts of Terrorism**
   a. Apply the factor / rate shown below in accordance with the geographic tier and hazard class of the policy to all eligible policy premium to determine the additional premium for acts of terrorism.
   b. Factors / Rates apply per policy to all eligible coverage premiums and cannot be divided.
   c. Factors / Rates for Certified Losses. Other Acts of Terrorism Losses are included.
      (1) **Eligible Policy Premium** - Includes all premium for all coverages and policies rated from any of the following except as noted:
         (a) Division One - Auto
         (b) Division Two - Machinery and Equipment
         (c) Division Three - Crime
         (d) Division Four - Farm
         (e) Division Five - Fire and Allied Lines
         (f) Division Six - General Liability
         (g) Division Seven - Professional Liability, excluding any Medical Professional
         (h) Division Eight - Inland Marine
         (i) Division Nine - Multiple Line
         (j) Commercial Umbrella Program, excluding any Medical Professional and any attached Personal Umbrella
         (k) Businessowners Package Program, excluding any Medical Professional
         (l) Dentist's Package Program, excluding any Medical Professional
         (m) Package for Artisan Contractors
         (n) Religious Institutions Package Policy
         (o) Garage Operators Policy
         (p) Financial Institutions Package Program
         (q) Printers Package Program
         (r) Metalworkers Package Policy
         (s) Commercial Output Policy

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(t) Non-Profit Organization Package Program (Iowa)

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(2) Geographic Tiers:

TIER	TERRITORY DEFINITION	TERRITORY CODES (Fire)*	TERRITORY CODES (GL)*
1	San Francisco, CA	**CA** - 380, 410	**CA** - 001
	Washington, D.C.	**DC** - All Codes	**DC** - 001
	Chicago, IL	**IL** - 082	**IL** - 001
	New York City, NY (Manhattan only)	**NY** - 310	**NY** - 001
2	Los Angeles County, CA	**CA** - 600-630	**CA** - 003
	Cook County, IL (Outside Tier 1)	**IL** - 080-089, excl - 082	**IL** - 007
	Suffolk County, MA (Boston Area)	**MA** - 130, 131	**MA** - 014
	Montgomery & Prince George's Counties, MD (DC Area)	**MD** - 160-179	**MD** - 002
	New York City, NY except Manhattan	**NY** - 030, 240, 300-309, 410, 430, 520	**NY** - 010
	Philadelphia, PA	**PA** - 510	**PA** - 001
	Harris County, TX (Houston Area)	**TX** - 718	**TX** - 004
	Arlington, Alexandria, VA (DC Area)	**VA** - 040, 150, 495, 545, 565	**VA** - 001
	King County, WA (Seattle Area)	**WA** - 170, 171	**WA** - 001
3	Remainder of Country	All Other per State	All Other

*Territory codes are those in effect as of February 2003. If territory revisions are made by ISO, the original territory assignments will apply until the company submits the required filings.

(3) Hazard Classes - These are subject to change in accordance with evolving knowledge of terrorist means, targeting and reinsurance limitations. Refer to the Terrorism Hazard Underwriting Guideline for current specific class and risk definitions:

(a) High Hazard - Subject to underwriting judgement, but primarily terrorism target properties as determined by ISO and / or associated with reinsurance limitations. Refer to company for classification and rating.

(b) Low Hazard - Subject to underwriting judgement, but generally all other classes and risks not considered a high hazard terrorism target but still potentially subject to loss, even if just collateral damage or incidental liability.

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(4) Rate Factors:

(a) Auto and Other Than Auto (OTA):

HAZARD CLASS:	LINE:	GEOGRAPHIC TIERS: 1	2	3	MIN. PREM.:
LOW HAZARD	Auto OTA	0.2% (0.002) 5.0% (0.050)	0.2% (0.002) 4.0% (0.040)	0.2% (0.002) 0.75% (0.0075)	$25.00
HIGH HAZARD	Auto OTA	0.2% (0.002) 8.0% (0.080)	0.2% (0.002) 7.0% (0.070)	0.2% (0.002) 1.50% (0.0150)	$125.00

(b) Factors apply to final eligible premiums, after the application of all other rating factors including IRPM or Schedule credits or debits.

(c) Factors do not apply to state specified surcharges, fees or taxes.

(d) Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

(e) This premium is subject to anniversary adjustment but not midterm adjustment.

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TERRITORY: 01

Buildings - Excluding Earthquake

PC 1-4 Building Construction		
Class A, B	Class C	Class D
0.151	0.329	0.401

Business Personal Property - Including Earthquake

PC 1-4 Building Construction		
Class A, B	Class C	Class D
0.362	0.627	0.745

$2,000,000 Liability Limit Increment	
.031	Increment to be added to Business Personal Property rate.

TERRITORY: 04

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.131	0.266	0.318	0.140	0.287	0.346	0.157	0.326	0.397	0.211	0.442	0.539

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.283	0.476	0.564	0.303	0.511	0.608	0.330	0.568	0.676	0.427	0.753	0.895

$2,000,000 Liability Limit Increment	
.025	Increment to be added to Business Personal Property rate.

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TERRITORY: 06

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.138	0.278	0.332	0.149	0.301	0.363	0.165	0.342	0.411	0.224	0.464	0.561

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.331	0.543	0.640	0.353	0.581	0.686	0.381	0.641	0.756	0.491	0.841	0.999

$2,000,000 Liability Limit Increment	
.031	Increment to be added to Business Personal Property rate.

TERRITORY: 07

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.119	0.252	0.309	0.128	0.277	0.335	0.146	0.318	0.389	0.202	0.439	0.543

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.314	0.529	0.626	0.337	0.565	0.669	0.367	0.631	0.751	0.477	0.835	0.997

$2,000,000 Liability Limit Increment	
.029	Increment to be added to Business Personal Property rate.

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TERRITORY: 08

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.117	0.238	0.286	0.125	0.259	0.312	0.142	0.295	0.354	0.191	0.398	0.488

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.273	0.453	0.532	0.291	0.484	0.574	0.316	0.536	0.638	0.409	0.706	0.842

$2,000,000 Liability Limit Increment	
.023	Increment to be added to Business Personal Property rate.

TERRITORY: 09

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.102	0.212	0.255	0.110	0.229	0.279	0.124	0.260	0.320	0.168	0.364	0.441

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.277	0.452	0.535	0.224	0.484	0.571	0.320	0.535	0.633	0.412	0.703	0.832

$2,000,000 Liability Limit Increment	
.029	Increment to be added to Business Personal Property rate.

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TERRITORY: 15

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.119	0.243	0.293	0.129	0.263	0.316	0.146	0.298	0.363	0.193	0.409	0.495

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.281	0.463	0.549	0.297	0.497	0.586	0.324	0.550	0.653	0.420	0.726	0.863

$2,000,000 Liability Limit Increment	
.029	Increment to be added to Business Personal Property rate.

TERRITORY: 16

Buildings - Excluding Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.126	0.273	0.333	0.137	0.298	0.364	0.158	0.347	0.427	0.218	0.483	0.593

Business Personal Property - Including Earthquake

PC 1-4 Building Construction			PC 5-6 Building Construction			PC 7-8 Building Construction			PC 9-10 Building Construction		
Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D	Class A, B	Class C	Class D
0.317	0.442	0.527	0.332	0.474	0.568	0.377	0.531	0.631	0.493	0.878	1.053

$2,000,000 Liability Limit Increment	
.040	Increment to be added to Business Personal Property rate.

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THE
CINCINNATI COMPANIES

COMMERCIAL LINES
COMMERCIAL UMBRELLA MANUAL
PREMIUM SECTION

1. PROFESSIONAL LIABILITY RATES AND RULES

Annual premium shown are for a $1,000,000 limit. Refer to Increased Limits Table for higher limits.

● **A. Individual**

Premiums shown under this section (1) are applicable to each individual partner, active corporate office or any employee who is a Named Insured on the primary Professional Liability policy:

Primary Professional Liability Limits	**100/300,000**	**200/600,000 or higher**
PROFESSION:		
Accountants (C.P.A. only) (Code 4630)	Refer to Company	
Barber (Code 4631)	$ 20.00	$ 17.00
Beautician (Code 4633)	20.00	17.00
Dentist - Class 1 (Code 4654)	91.00	72.00
Dentist - Class 2 (Code 4655)	138.00	110.00
Dentist - Class 2A (Code 4652)	690.00	552.00
Druggist (Registered Pharmacist) (Code 4636)	25.00	19.00
Insurance Adjuster (Code 4637)	44.00	36.00
Insurance Agent (Code 4638)	96.00	79.00
Insurance Agent and Real Estate Agent (Code 4639)	112.00	96.00
Insurance Agent and Representative for sale of "Mutual Funds," "Securities" or other "Financial Planning Services"	100.00 per licensed representative	100.00 per licensed representative
Lawyer (Code 4640)	Refer to Company	
Mortician - Funeral Director (Code 4641)	12.00	9.00
Nurse (Except Nurse Anesthetists) (Code 4621)	12.00	9.00
Nurse Anesthetists (Code 4620)	Refer to Company	
Optician (Code 4642)	44.00	36.00
Optometrist (Code 4643)	12.00	9.00
Osteopaths	Refer to Company	
Class 1 = 4611		
2 = 4612		
3 = 4613		
4 = 4614		
5 = 4615		
6 = 4616		
7 = 4617		
8 = 4618		

Physicians or Surgeons

Primary Limit $200/600
Annual Premium

	Terr. 1	**Terr. 2**
Class 1 -- Physicians (no surgery) (Code 4601) excl. Pediatricians & General Practitioner	2,143	3,751
Class 2 -- Physician (minor surgery) (Code 4602) including Pediatricians	4,220	7,388
Class 3 -- Physician (major surgery) Code (4603)	7,153	12,516
Class 4 -- Physician (specialist)(Code 4604) & General Practitioner	14,805	25,911
Class 5 -- Physician (specialist) (Code 4605)	18,603	32,559
Class 6 -- Physician (specialist) (Code 4606)	33,288	58,254
Class 7 -- Physician (specialist) (Code 4607)	45,843	80,223
Class 8 -- OB/GYN; Neurosurgeon (Code 4608)	45,843	80,223

1. PROFESSIONAL LIABILITY RATES AND RULES (Cont'd)

Primary Professional Liability Limits	100/300,000	200/600,000 or higher
Territory 1 -- Remainder of State		
Territory 2 -- Cook, Lake, Madison, Peoria and St. Clair - (counties); (For limits of 1,000/1,000 multiply 200/600 limit times .56)		
Podiatrist (Code 4625 - no surgery, 4626 - surgery)	Refer to Company	
Psychologist - none	Refer to Company	
Real Estate Agent (Code 4644)	44.00	36.00
Veterinarian (Code 4645)	29.00	26.00

B. Employees

Employees of the Individual, Partnership or Corporation (Not named as Insured under the Primary Professional Liability):

	Each
Employed Physician or Surgeon	Refer to Company
Any other Professional Employee	5.00

C. Business Premiums	Per location
Drug Store or Pharmacy	10.00
Barber or Beauty Shop	10.00
Mortuary	10.00
Optical Establishment	10.00
Any other Professional Office	5.00

For other premises leased to others or Investment Property - refer to Personal Umbrella Rate Manual.

1. PROFESSIONAL LIABILITY RATES AND RULES (Cont'd)

D. Dentist Classification Guide

Note: Class 3 Dentists are not eligible.

Procedure	Class	Anesthesia
General Dentistry Endodontics Pedodontics Prosthodontics Orthodontics Periodontics/Non-Osseous Surgery, Non-Advanced or Non-Refractory Progressive Periodontitis Implant Prostheses/Non-Surgical Removal of Impacted Wisdom Teeth, Soft Tissue Only	1	In the Office: Local N_2O Oral Conscious IV In the Hospital administered by other than an insured or insured's employee: General Deep Intramuscular (IM)
Periodontics/Osseous Surgery, Advanced or Refractory Progressive Periodontitis Removal of Impacted Wisdom Teeth, other than Soft Tissue	2	Conscious IM in the office
Implants/Surgical	2A	
Oral Surgeon Maxillofacial Surgery	3	General anesthesia and/or Deep Sedation given in a dosage designed to render the patient unconscious and done in the office; or in a hospital if administered by an insured or insured's employee.
Any Procedure or Anesthesia in a higher class would make the higher class applicable.		

E. Automobile - Owned and Non-Owned

1. Owned Automobile(s) - applicable to each automobile owned by the proprietorship, partnership or corporation.

Primary Limit			Each:
100/300 BI	/	25,000 PD	$12.00
100/300 BI	/	50,000	11.00
100/300 BI	/	100,000 or higher	10.00
250/500 BI	/	25,000	11.00
250/500 BI	/	50,000	10.00
250/500 BI	/	100,000 or higher	9.00
500/1,000,000 BI	/	25,000 PD	10.00
500/1,000,000 BI	/	50,000	9.00
500/1,000,000 BI	/	100,000 or higher	8.00

These premiums not applicable if the Automobile is rated under the Personal Umbrella. Surcharge above rates 50% if emergency vehicles.

2. NON-OWNED Automobile Annual Flat Premium Per Policy — $5.00

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1. PROFESSIONAL LIABILITY RATES AND RULES (Cont'd)

F. Surcharge

Annual Flat Premium Per Policy $10.00

G. Annual Minimum Premium

1. Individuals

a.	Nurses		$185.00
b.	Barber Shops Beauty Shops	Optometrists Veterinarians	$200.00
c.	Dentists		$300.00
d.	Druggists Mortician Optician		$250.00
e.	Insurance Agent Insurance Adjuster Real Estate Agent		$300.00
f.	Lawyer Physician Podiatrists		$400.00
g.	Accountants (CPA only)		Guide (A)

2. Corporation or Partnerships:

a.	Accountants (CPA only)	Guide (A)
b.	Lawyer Physicians Podiatrist	$500.00
c.	Dentists	$375.00
d.	All Other Professions	$300.00

H. Unacceptable Professions

The following professionals are not written by the Company:

Architects and/or Engineers
Chiropractors
Public Accountants
Dentists - Class 3

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HEALTH CARE FACILITY POLICY MANUAL

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STATE OF ILLINOIS
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THE CINCINNATI INSURANCE COMPANY

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HEALTH CARE FACILITY POLICY MANUAL

I. GENERAL RULES

A. This manual contains the information governing the writing of the Health Care Facility Policy.

B. Unless specifically mentioned in this manual refer to rules, rates, rating procedures, codes and forms as filed by or on behalf of The Cincinnati Insurance Company under the Commercial Lines Simplified Program under Divisions One, Two, Three, Five, Six, Seven, Eight and Nine. Forms unique to this program will be filed separately.

II. COVERAGE

Commercial Property, Commercial General Liability and Professional Liability are the basic coverages provided under this program. Boiler and Machinery, Commercial Automobile, Crime and Inland Marine Coverages may be added as options.

● **A. BUILDING AND PERSONAL PROPERTY COVERAGE (FM 101 AND FT 201)**

Building and Business Personal Property Coverage is available for a specified amount of insurance on either an ACV or Replacement Cost basis. Coverage is provided for direct physical loss subject to policy exclusions.

1. 80% coinsurance applies with options for 90% or 100%.
2. A standard deductible of $250 applies with options of $500, $1,000, $2,500 or higher.
3. Business Personal Property includes:
   - **a.** Personal property of others in the insured's care, custody, or control or for which the insured is legally liable;
   - **b.** Sales samples; and
   - **c.** Leased business personal property.

   Include the value of **a.**, **b.** and **c.** with the insured's property in determining the Business Personal Property Limit of Insurance.
4. Coverage includes the following at no additional charge:
   - **a.** Loss of Business Income and Extra Expense - $25,000 limit.
   - **b.** Utility Services - $25,000 limit for direct and indirect damage caused by the partial or complete suspension (caused by direct damage) of power, water, or communication supply services. A 12 hour waiting period applies to the indirect damage coverage.
   - **c.** Accounts Receivable - $25,000 limit including flood and earthquake. Higher limits are available.
   - **d.** Valuable Papers - $25,000 limit including flood and earthquake. Higher limits are available.
   - **e.** Glass - There is no limit per pane and the policy causes of loss apply. If the building is insured, include the value of the glass in the building limit. For the building tenant responsible for insuring the glass, a $5,000 per occurrence limit applies.
   - **f.** Fire Protection Equipment Recharge - $10,000 limit.
   - **g.** Arson Reward - $5,000 limit.
   - **h.** Key and Lock Expense - $1,000 limit.
   - **i.** Newly Acquired or Constructed Buildings - $1,000,000 limit. $500,000 for business personal property in a newly acquired building.

j. Outdoor Trees, Plants, Shrubs and Lawns (Specific Causes of Loss) - $5,000 limit up to $1,000 per item.

k. Outdoor Signs - A $5,000 limit applies to all signs that are not otherwise covered by the **FM 101.** For signs attached to the building, include the value of the sign in the building limit. Permanently installed, detached outdoor signs within 1,000 feet of the premises can be scheduled as Covered Property.

l. Pollutant Clean Up - $10,000 limit due to a Covered Cause of Loss at the described premises. (Not Pollution Liability.)

m. Inventory or Appraisal - $10,000 limit. This coverage applies to business personal property, buildings, and business income.

n. Ordinance or Law - $10,000 limit per building. This coverage applies to loss in value of the undamaged part of the building, demolition costs, and the increased cost of construction.

o. Fire Department Service Charge - $5,000 limit.

5. Health Care Facility Coverage Enhancement (**FT 201**) is included at no additional charge and includes the following:

a. Emergency Evacuation Coverage - $10,000 limit.

b. Money coverage for the Resident Client - $300 per person/$3,000 per occurrence - $100 deductible applies.

B. COMMERCIAL GENERAL LIABILITY

1. Liability coverage will be written on an "occurrence" format for premises operations and products/completed operations with minimum limits as follows:

$300,000 Each Occurrence Limit
$300,000 Products/Completed Operations Aggregate Limit
$300,000 Personal and Advertising Injury Limit
$100,000 Fire and Explosion Damage Legal Liability Limit
$5,000 Premises Medical Expense Limit

Optional limits of $500,000 and $1,000,000 are available.

2. COMMERCIAL GENERAL LIABILITY RATES AND CODES ¤

	CLASS CODE
HEALTH CARE FACILITIES: Convalescent or Nursing Homes - Not Mental - Psychopathic Institutions Not-For-Profit only	28030
Convalescent or Nursing Homes - Not Mental - Psychopathic Institutions Other than Not-For-Profit	28033
HEALTH CARE FACILITIES: Homes For the Aged Not-For-Profit only	28032
Homes For the Aged Other than Not-For-Profit	28034

- Rates below are based on a limit of $100,000

CITY	Territory	Class Code 28030 Per Bed	Class Code 28033 Per Bed	Class Codes 28032 and 28034 Per Bed
CHICAGO territory comprises all area within the limits of the city of Chicago	001	$25.61	$28.71	$20.55
CHICAGO SUBURBAN territory comprises the entirety of any suburb any part of which is within any township bordering on the city of Chicago including, but not limited to, all of the following places	006	29.70	32.68	24.56
Argo, Bedford Park, Blue Island, Burnham, Calumet Park, Cicero, Dolton, Elmwood Park, Evanston, Evergreen Park, Harwood Heights, Hometown, Lincolnwood, Melrose Park, Merrionette Park, Niles, Norridge, Oak Park, Park Ridge, Riverdale, River Grove, Stickney, Summit				
COOK COUNTY REMAINDER territory comprises the remainder of Cook County not included in Chicago or Chicago Suburban territories	007	31.88	35.07	23.52
DuPAGE, KANE, LAKE and WILL COUNTIES	009	36.25	39.88	26.99
EAST ST. LOUIS territory comprises all of the following townships in St. Clair County	004	30.79	33.86	25.41
Canteen, Centerville (excluding the city of Belleville), East St. Louis, Stities				
and all of the following townships in Madison County				
Granite City, Nameoki, Venice				
MOLINE, PEORIA, ROCK ISLAND, ROCKFORD, SPRINGFIELD. Each of these territories comprises all area within the limits of the respective city	008	25.52	28.07	20.38
REMAINDER OF STATE	014	23.12	25.43	17.99

INCREASED LIMITS TABLE
TABLE 2
PREMISES OPERATIONS
(Subline Code 334)
(POLICY-LIMIT CODES ARE IN PARENTHESES)

Per Occurrence		Limit Codes
$ 25,000	.70	(05)
50,000	.81	(08)
100,000	1.00	(10)
200,000	1.13	(12)
300,000	1.22	(14)
500,000	1.35	(16)
750,000	1.43	(17)
1,000,000	1.50	(18)

3. Commercial General Liability coverage also includes the following:
   a. Owners/Contractors Protective
   b. Blanket Contractual
   c. Host Liquor Liability
   d. Broad Form Property Damage
   e. Incidental Medical Malpractice
   f. Employees as Additional Insured's
   g. Non-owned Watercraft
   h. Automatic coverage for Newly Acquired Organizations
   i. World-wide Products

C. HEALTH CARE FACILITY PROFESSIONAL LIABILITY

1. Professional Liability will be written on an "occurrence" format providing coverage for claims the insured becomes legally obligated to pay as "damages" because of injury caused by a "medical incident" with minimum limits as follows:

   $100,000 each medical incident
   $300,000 aggregate limit

   Optional limits are available for $200/600, $300/900, $500/1,500 and $1,000/3,000.

● 2. HEALTH CARE FACILITY PROFESSIONAL RATES AND CODES (Subline Code 220) ¤

CITY	Territory
CHICAGO territory comprises all area within the limits of the city of Chicago	010
CHICAGO SUBURBAN territory comprises the entirety of any suburb any part of which is within any township bordering on the city of Chicago including, but not limited to, all of the following places	006

Argo	Evanston	Norridge
Bedford Park	Evergreen Park	Oak Park
Blue Island	Harwood Heights	Park Ridge
Burnham	Hometown	Riverdale
Calumet Park	Lincolnwood	River Grove
Cicero	Melrose Park	Stickney
Dolton	Merrionette Park	Summit
Elmwood Park	Niles	

COOK COUNTY REMAINDER territory comprises the remainder of Cook County not included in Chicago or Chicago Suburban territories	001
DuPAGE, KANE, LAKE and WILL COUNTIES	009
EAST ST. LOUIS territory comprises all of: St. Clair and Madison Counties	003
PEORIA, ROCK ISLAND, TAZEWELL, WINNEBAGO, AND SANGAMON Counties	005
REMAINDER OF STATE	002

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$100/300 Rates

Class Description:	Class Code:	Territory 001, 003, 006, 010 Rate:
For Profit		
Skilled Care Services	80521	$ 96 per bed
Intermediate Care Services	80522	$ 62 per bed
Residential Care Services	80523	$ 40 per bed
Not For Profit		
Skilled Care Services	80531	$108 per bed
Intermediate Care Services	80532	$ 70 per bed
Residential Care Services	80533	$ 45 per bed
Minimum Premium		$750

Class Description:	Class Code:	Territory 009 Rate:
For Profit		
Skilled Care Services	80521	$ 73 per bed
Intermediate Care Services	80522	$ 47 per bed
Residential Care Services	80523	$ 30 per bed
Not For Profit		
Skilled Care Services	80531	$ 82 per bed
Intermediate Care Services	80532	$ 53 per bed
Residential Care Services	80533	$ 34 per bed
Minimum Premium		$750

Class Description:	Class Code:	Territory 005 Rate:
For Profit		
Skilled Care Services	80521	$ 49 per bed
Intermediate Care Services	80522	$ 31 per bed
Residential Care Services	80523	$ 20 per bed
Not For Profit		
Skilled Care Services	80531	$ 55 per bed
Intermediate Care Services	80532	$ 35 per bed
Residential Care Services	80533	$ 23 per bed
Minimum Premium		$750

Class Description:	Class Code:	Territory 002 Rate:
For Profit		
Skilled Care Services	80521	$ 42 per bed
Intermediate Care Services	80522	$ 27 per bed
Residential Care Services	80523	$ 17 per bed
Not For Profit		
Skilled Care Services	80531	$ 48 per bed
Intermediate Care Services	80532	$ 31 per bed
Residential Care Services	80533	$ 20 per bed
Minimum Premium		$1000

Premises/Operations Per Bed Rate: See Manual Page **HC-3.**

SKILLED CARE SERVICES: 24 hour professional nursing care by licensed nurses. Skilled Care Services usually include medical administration, injections, tube feedings, catheterizations, and other procedures ordered by physicians.

INTERMEDIATE CARE SERVICES: Nursing care during the day shift. No complex nursing care. Assistance with activities of daily living (i.e. walking, bathing, dressing, eating). Some assistance with medical administration.

RESIDENTIAL CARE SERVICES: Residents are provided protection environments (meals, security and planned programs for social and/or spiritual needs). Residents receive limited medical care.

- **Increased Limits Table**

Convalescent or Nursing Homes

Aggregate	Per Medical Incident 100	200	250	500	1,000
300	1.00	1.20	1.25		
	(52)	(60)	(63)		
400	1.01	1.24	1.30		
	(55)	(60)	(63)		
500	1.02	1.27	1.35	1.55	
	(53)	(57)	(61)	(67)	
600	1.03	1.29	1.37	1.61	
	(55)	(58)	(63)	(70)	
750	1.04	1.29	1.38	1.63	
	(55)	(60)	(62)	(70)	
1,000	1.05	1.30	1.39	1.69	1.94
	(54)	(59)	(63)	(68)	(71)
1,250	1.06	1.30	1.39	1.70	1.98
	(55)	(60)	(63)	(70)	(73)
1,500	1.07	1.31	1.40	1.71	2.02
	(55)	(60)	(63)	(69)	(73)
2,000	1.08	1.32	1.41	1.72	2.05
	(55)	(60)	(63)	(70)	(73)
2,500	1.09	1.33	1.42	1.73	2.05
	(55)	(60)	(63)	(70)	(73)
3,000	1.10	1.34	1.43	1.74	2.06
	(55)	(60)	(63)	(70)	(72)

D. INDEPENDENT CONTRACTOR - PROFESSIONAL LIABILITY

Coverage is available to protect insured's for negligent acts of an independent contractor who is a Beautician, Barber or Minister. If Certificates of Insurance are obtained this coverage is added at no charge.

E. OPTIONAL COVERAGES

Refer to the Cincinnati Insurance Company Commercial Lines Manual for rules, rates and forms applicable to:

Commercial Automobile
Commercial Fire
Crime
Inland Marine

III. MANDATORY COVERAGES AND LIMITS

The Health Care Facility Policy must be written to afford coverage on all Real and Business Personal Property, Commercial General Liability and Professional Liability.

IV. APPLICATION

The Commercial Lines Policy Application **IA-003** or ACORD Application and the Health Care Facility Professional Application **PA-005** shall be fully completed and submitted to the Company.

V. ELIGIBILITY AND BINDING AUTHORITY

All Health Care Facilities must meet the following eligibility requirements. If a risk does not meet one or more of the following eligibility requirements, please refer to the Home Office for consideration for an alternative program.

A. All Health Care Facilities must meet the following physical requirements:

1. Homes must have been built for nursing home operations. No converted dwellings.
2. Buildings exceeding 2 stories in height are not eligible.
3. Facility must be licensed by the state, if required.
4. If the building is more than 25 years old, all electric, heating and plumbing must undergo regular qualified inspections and should be updated as needed.
5. Must be equipped with a fire alarm system and an approved automatic smoke detection system. Smoke detectors must be located in hallways and all common areas. Although we do not require that they be located in the Resident Client rooms, this would certainly improve the quality of the risk.
6. At least two exits, located remotely from each other, shall exist on each floor or fire section of the building.
7. Emergency lighting systems must be provided.
8. Trash collection and soiled linen chutes/rooms must have an automatic sprinkler system.
9. Emergency evacuation plans should be posted. All shifts should be adequately staffed and all employees trained in emergency evacuation procedures and rehearsed.
10. Adequate fire extinguishers, handrails in halls and baths, and non-slip surfaces in showers and bathtubs should be provided.
11. Other than Retirement Living, smoking must not be permitted in the Resident Client rooms. All cigarettes, matches and lighters should be kept in a locked cabinet and only made accessible through a nurse or aide. Smoking should only be allowed in supervised, designated areas.

B. A skilled or intermediate care bed facility must meet the following requirements:

1. Homes must be under the direct management of a Registered Nurse (R.N.) or a Medical Doctor (M.D.).
2. Frame and joisted masonry buildings, one and two story, must be protected with automatic sprinkler systems throughout the building.
3. Noncombustible, masonry and fire resistive one story buildings are acceptable without sprinkler systems. Two story buildings must be thoroughly protected by automatic sprinkler systems.

C. The following types of risks may not be bound without prior approval from the Company:

1. Any risk cancelled or declined by an insurer within the past three years.
2. Any risk with a Professional Liability claim within the past three years.

D. Issue binders immediately on all bound risks. Binders must be mailed to the Field Marketing Representative or Home Office no more than three (3) working days after the effective date of the binder.

VI. RATING RULES

A. MINIMUM PREMIUM

● 1. The minimum premium for Building, Business Personal Property and Commercial General Liability is $300. Professional Liability has a minimum premium of $1000.

2. Minimum premiums for any optional coverages added to a Health Care Facility Policy are the minimum premiums filed by or on behalf of The Cincinnati Insurance Company.

B. DEVELOPMENT OF RATES

The Health Care Facility Policy follows the rating rules as filed by or on behalf of The Cincinnati Insurance Company as indicated below:

1. Package Factor: Institutional Package Factor applies. This factor is applicable to Cincinnati Insurance Company Independent Commercial Lines Manual rates and premium charges from the following Cincinnati Insurance Company Independent Commercial Lines Manual coverage sections. (It does not apply to rates published here in the Cincinnati Insurance Company Health Care Facility Policy Manual.)

   Property (Fire and Allied Lines)
   Crime
   Inland Marine
   Commercial General Liability

2. Automobile:

   a. Buses or transport vehicles used to transport the Resident Clients for local trips; the Van Pool code from Division One, Rule **40.** applies.

   b. The Standard/Territorial Adjustment from Rule **17.** of Division One - Automobile for Trucks and Trailers applies to the base rates for Van Pool Autos.