

State: Illinois **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons
Product Name: Dental Professional Program
Project Name/Number: Dental 2013 Revision/2013020179

Filing at a Glance

Company: Continental Casualty Company
 Product Name: Dental Professional Program
 State: Illinois
 TOI: 11.0 Medical Malpractice - Claims Made/Occurrence
 Sub-TOI: 11.0007 Dentists - Oral Surgeons
 Filing Type: Rate/Rule
 Date Submitted: 08/26/2013
 SERFF Tr Num: CNAC-129176993
 SERFF Status: Closed-Filed
 State Tr Num: CNAC-129176993
 State Status: Under Review
 Co Tr Num: 13-00606-RL

 Effective Date: 08/01/2013
 Requested (New):
 Effective Date: 08/01/2013
 Requested (Renewal):
 Author(s): John Lockhart
 Reviewer(s): Gayle Neuman (primary), Julie Rachford
 Disposition Date: 03/04/2014
 Disposition Status: Filed
 Effective Date (New): 03/05/2014
 Effective Date (Renewal): 03/05/2014

State Filing Description:
 routed 8/27/13

State: Illinois **Filing Company:** Continental Casualty Company
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General Information

Project Name: Dental 2013 Revision Status of Filing in Domicile: Authorized
Project Number: 2013020179 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/04/2014
State Status Changed: 02/07/2014 Deemer Date:
Created By: John Lockhart Submitted By: John Lockhart
Corresponding Filing Tracking Number: CNAC-129177310

Filing Description:

Director of Insurance:
Illinois Department of Insurance
Property and Casualty Compliance Unit
320 W Washington St
Springfield IL 62767-0001

RE: Continental Casualty Company NAIC Number: 20443 FEIN: 36-2114545
Dental Professional Program
Rates and Rules Filing
Filing Number: 13-00606-RL

Honorable Director:

Continental Casualty Company submits revised rates and rules for use with our approved Dental Professional Program currently on file with your department under SERFF Tracking Number CNAC-128466825 .

Attached for your review are:

- revised countrywide product manual and State exception pages; and
- the Actuarial memorandum with supporting exhibits.

We propose that this filing be effective for policies written on or after the earliest date permitted by your state.

Sincerely,

John Lockhart

Company and Contact

Filing Contact Information

John Lockhart, Regulatory Filings john.lockhart@cna.com
Technician
40 Wall Street 877-269-3277 [Phone] 3270 [Ext]
9th Floor 212-440-2877 [FAX]
New York, NY 10005

State: Illinois **Filing Company:** Continental Casualty Company
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Filing Company Information

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
40 Wall Street	Group Code: 218	Company Type:
9th Floor	Group Name:	State ID Number:
New York, NY 10005	FEIN Number: 36-2114545	
(212) 440-3478 ext. [Phone]		

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

Refer to our checklists prior to submitting filing (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm): Yes
 Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Yes

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

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

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

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

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

SERFF Tracking #:

CNAC-129176993

State Tracking #:

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Company Tracking #:

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	03/04/2014	03/04/2014

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	08/27/2013	08/27/2013

Response Letters

Responded By	Created On	Date Submitted
John Lockhart	08/27/2013	08/27/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
effective date	Note To Reviewer	John Lockhart	03/04/2014	03/04/2014
effective date	Note To Filer	Gayle Neuman	03/04/2014	03/04/2014
Actuarial Review	Reviewer Note	Julie Rachford	03/03/2014	

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Disposition

Disposition Date: 03/04/2014

Effective Date (New): 03/05/2014

Effective Date (Renewal): 03/05/2014

Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Continental Casualty Company	18.000%	1.300%	\$11,807	248	\$929,705	%	%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document (revised)	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Manual		Yes
Rate	COUNTRYWIDE MANUAL PAGES		Yes
Rate	IL STATE PAGES		Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/27/2013
Submitted Date	08/27/2013
Respond By Date	09/04/2013

Dear John Lockhart,

Introduction:

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

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

The RF3 indicates a 8/1 effective date while the filing indicates an 11/1 effective date. The RF3 should also reflect it applies to dental and that the overall change is 1.3%.

Conclusion:

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

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

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

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

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

Sincerely,

Gayle Neuman

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 08/27/2013
 Submitted Date 08/27/2013

Dear Gayle Neuman,

Introduction:

We acknowledge your Objection Leter and have noted the issues raised.

Response 1

Comments:

1. Continental Casualty Company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? The stat agency being used is ISO.
2. We have sent a post submission update which now reflects an effective date of 8/1/13. We have also amended the RF-3.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	
Attachment(s):	IL Rate Impact 2013.pdf IL Supporting Actuarial Exhibits PL 2013.pdf Cyber Liability Rate Calculation Exhibits.pdf IL RF-3.pdf
<i>Previous Version</i>	
Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	
Attachment(s):	IL RF-3.pdf IL Rate Impact 2013.pdf IL Supporting Actuarial Exhibits PL 2013.pdf Cyber Liability Rate Calculation Exhibits.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:

CNAC-129176993

State Tracking #:

CNAC-129176993

Company Tracking #:

13-00606-RL

State:

Illinois

Filing Company:

Continental Casualty Company

TOI/Sub-TOI:

11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons

Product Name:

Dental Professional Program

Project Name/Number:

Dental 2013 Revision/2013020179

Thank you for reviewing our filing.

Sincerely,

John Lockhart

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Note To Reviewer

Created By:

John Lockhart on 03/04/2014 08:13 AM

Last Edited By:

Gayle Neuman

Submitted On:

03/04/2014 08:21 AM

Subject:

effective date

Comments:

Dear Ms. Neuman:

Thank you for reviewing our filing.

We confirm that the filing has not yet been put in effect.

We are requesting an effective date of March 5, 2014. Thank you.

John Lockhart

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Product Name: Dental Professional Program
Project Name/Number: Dental 2013 Revision/2013020179

Note To Filer

Created By:

Gayle Neuman on 03/04/2014 07:56 AM

Last Edited By:

Gayle Neuman

Submitted On:

03/04/2014 08:21 AM

Subject:

effective date

Comments:

The Department of Insurance has now completed its review of this filing. You previously requested the filing be effective August 1, 2013. Was the filing put in effect on that date or do you wish to have a different effective date? Your prompt response is appreciated.

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Reviewer Note

Created By:

Julie Rachford on 03/03/2014 03:03 PM

Last Edited By:

Gayle Neuman

Submitted On:

03/04/2014 08:21 AM

Subject:

Actuarial Review

Comments:

Actuarial review complete.

State: Illinois **Filing Company:** Continental Casualty Company
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Post Submission Update Request Processed On 08/27/2013

Status: Allowed
Created By: John Lockhart
Processed By: Gayle Neuman
Comments:

General Information:

Field Name	Requested Change	Prior Value
Effective Date Requested (New)	08/01/2013	11/01/2013
Effective Date Requested (Renew)	08/01/2013	11/01/2013

SERFF Tracking #:

CNAC-129176993

State Tracking #:

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Company Tracking #:

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Rate Information

Rate data applies to filing.

Filing Method: File and Use
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 1.300%
Effective Date of Last Rate Revision: 05/22/2013
Filing Method of Last Filing: File and Use

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Continental Casualty Company	18.000%	1.300%	\$11,807	248	\$929,705	%	%

SERFF Tracking #:

CNAC-129176993

State Tracking #:

CNAC-129176993

Company Tracking #:

13-00606-RL

State:

Illinois

Filing Company:

Continental Casualty Company

TOI/Sub-TOI:

11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons

Product Name:

Dental Professional Program

Project Name/Number:

Dental 2013 Revision/2013020179

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		COUNTRYWIDE MANUAL PAGES	CCC-DENTAL-PL-4, CCC-DENTAL-PL-9, CCC-DENTAL-PL-11-13, CCC-DENTAL-PROPERTY-2	Replacement	CNAC-128466825	! CW Pages 03 2013.pdf
2		IL STATE PAGES	CCC-EX-3-4	Replacement	CNAC-128466825	IL State Pages 03-13.pdf

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

F. Professional Societies, Boards & Associations

Professional Liability coverage may be provided to state or local societies or organizations established to support the professional community. The following charge will apply:

<u>Rating Basis</u>	<u>Premium</u>
Insured Society	\$255.00 Flat Charge
- Component Society (member society of insured society)	\$ 51.00 Flat Charge
- Conventions	\$200.00 Each
- Mission of Mercy (hygienists and dental assistants only)	\$250.00 Each
- Mission of Mercy (all healthcare providers)	\$1,500.00 Each
Examiner (Boards)	\$51.00 per Examiner

G. Locum Tenens

Coverage for a practitioner substituting for an insured will be limited to cover only professional services rendered on behalf of an insured for the specified time period. Locum Tenens will share in the insured's limit of liability. There is no additional charge for a period not to exceed 60 days.

H. Volunteers

Coverage is written on an occurrence only basis. The rates listed below are for minimum limits. Standard Increased Limit Factors apply for higher limits.

Class XI	Volunteer Dentists	\$ 200
Class XII	Volunteer Oral Surgeons	\$ 1,200

I. Dental Lab Services for Non-Patients

When coverage is afforded for lab services provided to other than the insured's patients, a charge of \$100 will be made for minimum limits. Standard Increased Limit Factors apply for higher limits.

III. VICARIOUS LIABILITY - Contractors and Non-Insured Employed Dentists

A charge of 10% of the named insured's premium per contractor and non-insured employed dentist will apply for the additional Vicarious Liability assumed by the insured as a result of such situations.

IV. MINIMUM LIMITS OF LIABILITY

Minimum limits of liability under this program shall be as follows:

Professional Liability:

1. Individual Practice:

a. Claims-Made: \$1,000,000 each claim
\$3,000,000 aggregate

b. Occurrence: \$1,000,000 each claim
\$1,000,000 aggregate

2. Professional Societies:
(Claims-Made) \$1,000,000 each claim
\$3,000,000 aggregate

3. Independent Contractor: Equal to above as appropriate

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

- C. Insureds that are converting their EPL Defense Only coverage to the EPL Indemnity & Defense coverage will be afforded a free unlimited extended reporting period on their expiring Defense Only coverage.
- D. An extended reporting period is also available for the ERISA Fiduciary Liability coverage. The same factors as used for professional liability will be applied to the annual ERISA charge in calculation of the extended reporting period coverage.
- E. A two year extended reporting period coverage is available for the Cyber Liability coverage. When an extended reporting period policy is purchased for an insured's Professional Liability coverage, a two year extended reporting period for the coverage shown in Section XIII A will be provided at no additional charge. If an insured purchases the higher limits in Section XIII B, an extended reporting period is available at a factor of 1.25 to the annual Cyber Liability premium.

IX. PRIOR ACTS COVERAGE (Occurrence Coverage only)

- A. The policy may be extended to provide Prior Acts Coverage as follows:
 - 1. The Prior Acts period may not exceed the term immediately preceding coverage under this policy during which similar coverage was continuously provided under a claims-made policy, nor shall limits of liability exceed those of the occurrence policy to which the Prior Acts endorsement shall be applied.
 - 2. The premium for Prior Acts Coverage is a one time only charge payable in advance or over the first three policy years in annual installments, but calculated in advance by applying the applicable factors from the table shown to the current rate under this policy for limits of \$1,000,000/\$1,000,000.
 - 3. If the limit of liability under this coverage is less than \$1,000,000/\$1,000,000, the premium developed shall be adjusted by the Prior Acts Decreased Limits Factors shown.
- B. The premium will be charged annually, but calculated in advance:
 - 1. Determine the current premium under this policy for limits of \$1,000,000/\$1,000,000.
 - 2. Enter the table at the appropriate Prior Acts Period.
 - 3. Apply Reporting Period factor(s) successively for the desired number of years of Reporting Period:

Prior Acts Period	Reporting Period			Prepaid Factors
	1st year	2nd year	3rd year	
1 year prior	.28	.25	.22	.71
2 years prior	.45	.41	.32	1.11
3 years prior	.55	.44	.40	1.31
4 or more years prior	.62	.45	.42	1.41

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

XIII. CYBER LIABILITY COVERAGE

- A. Cyber Liability is provided at no additional charge according to the limits in the following table, subject to each coverage's aggregate limit where applicable, and an overall \$150,000 aggregate limit:

Coverage	Coverage Occurrence Limit	Coverage Aggregate Limit	Total Aggregate Limit
Network Extortion	\$5,000	\$50,000	\$150,000
First Party Loss	100,000	100,000	
Privacy Event Expense	5,000	5,000	
Regulatory Investigations	50,000	100,000	
Privacy Regulatory Proceedings, Network Security and Privacy Injury	50,000	150,000	

A \$1,000 deductible applies for all coverages, except Privacy Event Expense.

- B. Additional limits may be purchased, with all coverages subject to a total aggregate limit of \$1,000,000. Premiums vary by an insured's total annual revenue. The following limits apply:

Coverage	Coverage Occurrence Limit	Coverage Aggregate Limit	Total Aggregate Limit
Network Extortion	\$1,000,000	\$1,000,000	\$1,000,000
First Party Loss	1,000,000	1,000,000	
Privacy Event Expense	100,000	100,000	
Regulatory Investigations	250,000	250,000	
Privacy Regulatory Proceedings, Network Security and Privacy Injury	1,000,000	1,000,000	

A \$1,000 deductible applies for all coverages, except Privacy Event Expense.

1. First Party Coverages include Network Extortion and First Party Loss Liability. Premium for these coverages is based on the insured's revenue as follows:

Total Annual Revenue (Low)	Total Annual Revenue (High)	Premium
0	500,000	\$ 489
500,001	1,000,000	714
1,000,001	1,500,000	853
1,500,001	2,000,000	961
2,000,001	3,000,000	1,082
3,000,001	4,000,000	1,183
4,000,001	5,000,000	1,254
5,000,001	6,500,000	1,324
6,500,001	8,000,000	1,406
8,000,001	9,500,000	1,487
9,500,001	11,000,000	1,568
11,000,001	12,500,000	1,646
12,500,001	14,000,000	1,723
14,000,001	16,000,000	1,814
16,000,001	18,000,000	1,911
18,000,001	And above	Refer to Company

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

2. Third Party Coverages are split between those eligible for prior acts, and those that are not eligible for Prior Acts. Third Party Coverages that are not eligible for prior acts are Privacy Event Expense, Regulatory Investigations and Privacy Regulatory Proceedings. Premium for these coverages is based on the insured's revenue as follows:

Total Annual Revenue (Low)	Total Annual Revenue (High)	Premium
0	500,000	\$ 610
500,001	1,000,000	891
1,000,001	1,500,000	1,065
1,500,001	2,000,000	1,199
2,000,001	3,000,000	1,351
3,000,001	4,000,000	1,476
4,000,001	5,000,000	1,565
5,000,001	6,500,000	1,652
6,500,001	8,000,000	1,754
8,000,001	9,500,000	1,856
9,500,001	11,000,000	1,957
11,000,001	12,500,000	2,054
12,500,001	14,000,000	2,150
14,000,001	16,000,000	2,263
16,000,001	18,000,000	2,385
18,000,001	And above	Refer to Company

3. Third Party Coverages that are subject to Prior Acts coverage include Network Security and Privacy Injury. Premium for these coverages is based on the insured's revenue as follows:

Total Annual Revenue (Low)	Total Annual Revenue (High)	Premium
0	500,000	\$ 360
500,001	1,000,000	526
1,000,001	1,500,000	629
1,500,001	2,000,000	708
2,000,001	3,000,000	798
3,000,001	4,000,000	872
4,000,001	5,000,000	925
5,000,001	6,500,000	976
6,500,001	8,000,000	1,036
8,000,001	9,500,000	1,096
9,500,001	11,000,000	1,156
11,000,001	12,500,000	1,213
12,500,001	14,000,000	1,270
14,000,001	16,000,000	1,337
16,000,001	18,000,000	1,409
18,000,001	And above	Refer to Company

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

Network Security and Privacy Injury coverages can be modified based on the existence of Prior Acts coverage. Multiply the above premium by the following factors to get Total Premium including Prior Acts:

Years of Prior Acts	Factor
0	1.00
1	1.10
2	1.20
3	1.22
4	1.24
5	1.25

- The total premium will be equal to the sum of sections 1, 2 and 3.

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

Quarterly Increase Percentage	% of Annual Building / Blanket Property Premium	Quarterly Increase Percentage	% of Annual Building / Blanket Property Premium
0.30%	0.45%	2.5%	3.75%
0.40%	0.60%	3.0%	4.50%
0.50%	0.75%	3.5%	5.25%
1.00%	1.50%	4.0%	6.00%
1.50%	2.25%	4.5%	6.75%
2.00%	3.00%	5.0%	7.50%

The Quarterly percentage selected by the insured must apply to the selected subject(s) of insurance at all locations insured under the policy.

5. Time Element Coverages - Practice Income, Rents, Extra Expense

a. Practice Income is provided on:

- i. A Value Daily Limit basis, beginning no sooner than 24 hours after the loss occurs for 32.5 days. Coverage may be increased by lengthening the number of days coverage applies (up to a maximum of 180 days). Coverage limit equals the daily income. Apply the Blanket Practice Personal Property rate to the total aggregate limit to calculate premium charge, where the total aggregate limit is the daily coverage limit times the number of coverage days.
- ii. An Actual Loss Sustained basis, beginning no sooner than 24 hours after the loss occurs for a maximum of 12 months. Premium charge equals 11.5% of the final Blanket Practice Personal Property premium as calculated in Rule I.B.2.b. There is no charge for the Actual Loss Sustained if the amount of Daily Value Limit purchased is equal to the actual daily income as supported by financial documentation.
- iii. Five percent of the Value Daily Limit subject to a \$100 minimum will be charged in order to provide coverage for the first 24 hours of the loss.
- iv. The 24 hour waiting period may be extended for a credit to the Practice Income premium. The following waiting periods are available:

<u>Number of Days</u>	<u>Number of Hours</u>	<u>Practice Income Premium Credit</u>
2	48	6.8%
3	72	11.3%
4	96	14.5%
5	120	16.8%
6	144	19.1%
7	168	21.4%
8	192	23.6%
9	216	25.9%
10	240	27.3%
15	360	33.6%
20	480	39.1%
25	600	43.1%

**COMPANY STATE PAGE
FOR
DENTAL PROFESSIONAL PROGRAM**

CONTINENTAL CASUALTY COMPANY

- G. Rule V., SUPPLEMENTAL MODIFICATIONS - PROFESSIONAL LIABILITY, A. Schedule Rating and B. Loss Prevention / Risk Management have been deleted and replaced by the following:

Any modifications developed under subitems A. and B. shall be summed and applied as a single factor.

A. Schedule Rating

Based on the following individual risk characteristics, the maximum debit or credit produced by the addition of the debit and/or credit will not exceed 25%:

	<u>Credit</u>	<u>Debit</u>
<u>Procedure Mix</u>	0 – 25%	0 – 25%

Applicable to practitioners whose procedures or practice specialties are primarily concentrated in areas other than their practice classification and/or specialty.

<u>Exposure Modification</u>	0 – 25%	0 – 25%
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Applicable to those insureds who have an increased or reduced exposure.

<u>Unusual Risk Characteristics</u>	0 – 25%	0 – 25%
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B. <u>Loss Prevention / Risk Management</u>	7.5%	XXX
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A credit will be applied to the dentist's classification Rate applicable to each dentist who attends an approved loss prevention/risk management workshop or successfully completes the CNA home study course. This credit will be applied for 3 consecutive years.

V. **Territorial Definitions – Professional Liability (PL)**

Territory I:	Cook County
Territory II:	Dupage, Kane, Lake and Will Counties
Territory III:	Madison County
Territory IV:	Remainder of State

VI. **Rates – Professional Liability (PL)**

A. Professional Liability

Occurrence Rates at \$1M/\$1M Limits

Class	Terr I	Terr II	Terr III	Terr IV
I	\$3,301	\$2,123	\$2,882	\$2,018
III	18,000	11,577	15,719	11,004
IV	200	200	200	200
IX	11,552	7,430	10,087	7,060

**COMPANY STATE PAGE
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

X	23,102	14,857	20,174	14,122
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B. Employment Practices Liability – Defense Only

The annual charge for this coverage will be \$60 per each named insured having separate \$25,000 limits of liability.

Corporations will share the \$25,000 limits of liability with the named insured, unless specifically requesting separate limits. Separate limits will be subject to the \$60 charge.

Note: The required coverage and associated charge are waived when the insured purchases the EPL Indemnity & Defense Coverage as the rates below already contemplate the \$60 defense charge.

Employment Practices Liability – Indemnity & Defense

The annual charge for this coverage is per each named insured having separate limits of liability. The following table is used to calculate the rate:

Combined Indemnity & Defense <u>Limit of Liability</u>	<u>Flat Rate for First 15 Employees</u>
\$ 25,000	\$ 235
\$ 50,000	\$ 270
\$ 75,000	\$ 305
\$100,000	\$ 355
\$250,000	\$ 494
\$500,000	\$ 586
\$750,000	\$ 622
\$1,000,000	\$ 657

\$16 per employee over the first 15 employees.

Corporations will share the limits of liability with the named insured, unless specifically requesting separate limits. Separate limits will be subject to the rates listed in the table above.

If named insureds elect to all share one limit of liability, the annual charge for this coverage is subject to the rates above and is rated as if there was only one named insured on the policy.

C. Extended Reporting Period Coverage for Employment Practices Liability

Defense Only Coverage and Indemnity & Defense Coverage

A factor of 0.75 will be applied to the EPL rate.

Defense Only Coverage when converting to an Indemnity & Defense Coverage

No charge.

SERFF Tracking #:

CNAC-129176993

State Tracking #:

CNAC-129176993

Company Tracking #:

13-00606-RL

State: Illinois
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons
Product Name: Dental Professional Program
Project Name/Number: Dental 2013 Revision/2013020179

Filing Company: Continental Casualty Company

Supporting Document Schedules

Satisfied - Item:	Explanatory Memorandum
Comments:	
Attachment(s):	IL Actuarial Memo - 2013.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	
Attachment(s):	IL Rate Impact 2013.pdf IL Supporting Actuarial Exhibits PL 2013.pdf Cyber Liability Rate Calculation Exhibits.pdf IL RF-3.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certification
Comments:	
Attachment(s):	IL Certification Signed 2013.pdf
Item Status:	
Status Date:	

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

Satisfied - Item:	Manual
Comments:	
Attachment(s):	CW Pages 03-13.pdf IL State Pages (Complete) 03-13.pdf
Item Status:	
Status Date:	

Continental Casualty Company National Dental Program

Actuarial Memorandum Illinois Filing Number 13-00606-RL

With this filing, Continental Casualty Company (“CNA”) proposes a number of changes to its Dental Professional Program. The impact of the professional liability changes to the professional liability premium is 2.0%. The impact of the property changes to the property premium is 0.0%. There are no general liability changes. The overall impact of this filing is 1.3%. All changes are itemized below.

Changes to the Countrywide Pages

Expansion of Mission of Mercy Coverage

A second option is being added for Mission of Mercy Coverage on page CCC-DENTAL-PL-4. Mission of Mercy Dental Programs provide free dental services to uninsured, under-insured and anyone who has difficulty accessing dental treatment. A typical Mission of Mercy event provides treatment for about 1,000 patients. The current approved option provides coverage for hygienists and dental assistants for services rendered at these events on a shared limit basis. The proposed second option will provide coverage for all healthcare providers volunteering at the event also on a shared limit basis. The additional healthcare providers may include, but are not limited to, dentists, pharmacists and registered nurses, all of whom have a higher exposure to loss. A rate of \$1,500 was judgmentally selected for the proposed coverage.

Addition of Cyber Liability Coverage

CNA is introducing Cyber Liability coverage for the National Dental Program – Professional Liability. A base set of limits, found on page CCC-DENTAL-PL-11, will be included as part of the Professional Liability policy. Higher limits of liability will be available through an optional premium-bearing endorsement. In pricing the higher limits for this new coverage, we based our rates on CNA’s NetProtect 360 program. NetProtect 360 contains a broad list of coverages and limit/deductible options that caters to the needs of a wide spectrum of insureds. For this new coverage, we tailored it to the specific needs of our insureds in the dental program. Please note that NetProtect 360 is currently written on a non-admitted basis and therefore is not filed.

Additionally, on page CCC-DENTAL-PL-9, Section VIII E, a rule for Extended Reporting Period coverage relating to Cyber Liability has been added. The associated factor is from CNA’s NetProtect 360 Program.

The following exhibits, which can be found in “Cyber Liability Rate Calculation Exhibits.pdf”, illustrate how we developed the final premiums for the higher limits.

Exhibit I – NetProtect 360 Rates for Base Industries

- Exhibit I shows the NetProtect 360 rates for the base industries for all available cyber liability coverages combined.

Exhibit II – Industry/Coverage Adjustment Factor Calculation

- In Exhibit II we are modifying the rates from Exhibit I to reflect the particular exposure to risk of the dental industry. A variety of factors, all taken from the NetProtect 360 program, are contemplated. These can be found in rows [1] through [16] and row [18]. Please note that not all the factors apply to every coverage – those that are applicable are denoted with an “x” in the appropriate column. In row [19] the aggregate factor for each coverage is calculated. These factors will be applied to the rates in Exhibit I to produce the rates specific for the dental program.

Exhibit III – Structure Factor Calculation

- In Exhibit III we are determining the factor to apply to each coverage to convert it from the base limits of liability and deductibles in NetProtect 360 to the limits of liability and deductibles that are being offered in the dental program. Additionally, we are modifying the Privacy Regulatory Proceedings coverage to remove the sublimit on fines that is part of NetProtect 360, as there is no sublimit on fines in the dental program.

Exhibit IV – Prior Acts Factors

- Prior Acts coverage is available only for Network Security and Privacy Injury. Exhibit IV shows the Prior Acts Factors from NetProtect 360 that will be used for these coverages.

Exhibit V – Premium Calculation

- In Exhibit V we are developing the final premium for each coverage using the rates and factors from Exhibits I through III. Premiums are further aggregated to First Party Coverages, Third Party Coverages (Not Eligible for Prior Acts) and Third Party Coverages (Eligible for Prior Acts). The final proposed charged premium is the sum of all three sections, with the last section modified by the Prior Acts factor from Exhibit IV.

Time Elements Coverage – Practice Income Waiting Period

Practice Income coverage contemplates a 24 hour waiting period. CNA is introducing the option to extend the waiting period for a credit to Practice Income premium. Various waiting period deductibles have been added to page CCC-DENTAL-PROPERTY-2 of the countrywide pages. These waiting period deductible credits were calculated using the approved rating methodology and loss scales in CNA's admitted Property filing (#12-00342).

Changes to the State Pages

Professional Liability Rates

Due to the Professional Liability rate need of 18.0% (refer to Indication Exhibit, Sheet 4 in the file "IL Supporting Actuarial Exhibits PL 2013"), we are proposing a base rate increase of 2.0%. These changes are shown on page CCC-EX-3.

A revised version of the countrywide manual pages and state exception pages reflecting the changes outlined above are included with this submission.

OVERALL RATE IMPACT

Professional Liability

Illinois

Coverage	Policy Count	Written Premium	Rate Impact	Proposed Change in Premium
	[1]	[2]	[a]	[2]x[3]
Professional Liability Base Coverage	248	\$590,365	2.0%	\$11,807
Other Professional Liability Coverages [b]	6	400	0.0%	0
TOTAL PROFESSIONAL LIABILITY	254	\$590,765	2.0%	\$11,807

NOTES

[a] Base Rate Change Judgmentally Selected

[b] Other Premium includes premium for Volunteers, Faculty, Students and extra coverages such as Dental Lab Services for Non-Patients or Dental Consulting Services.

OVERALL RATE IMPACT
Summary of All Coverages
Illinois

Coverage	Policy Count	Written Premium	Rate Impact	Proposed Change in Premium
	[a]		[b]	[2]x[3]
	[1]	[2]	[3]	[4]
Professional Liability	254	\$590,765	2.0%	\$11,807
Property	171	257,731	0.0%	0
General Liability	263	81,209	0.0%	0
TOTAL	272	\$929,705	1.3%	\$11,807

NOTES

- [a] The sum of the policy counts by coverage will not equal the total due to insureds purchasing multiple coverages on the same policy.
 [b] Professional Liability: Sheet 1, Column [3]

EXPENSE PROVISIONS & PERMISSIBLE LOSS RATIO

Countrywide

Premium Expenses

[1] Fixed Expense Ratio	5.4%
[2] Commission Rate	23.2%
[3] Other Acquisition Expenses	0.9%
[4] Premium Tax	2.0%
[5] Total Premium Expense Ratio [[1] + [2] + [3] + [4]]	31.5%

Permissible Loss Ratio

[6] Underwriting Profit Provision [a]	5.8%
[7] Permissible Loss & LAE Ratio [1 - [5] - [6]]	62.7%
[8] ULAE (as a % of Loss & ALAE)	11.9%
[9] Permissible Loss & ALAE Ratio [[7] / {1 + [8]}]	56.0%

NOTES

[a] From CNA's Internal ROE Model

HISTORICAL LOSS RATIOS & INDICATION

Dental Professional Liability

Countrywide

Amounts in \$000s

Loss Year	Current Level Earned Premium	Selected Ultimate Indemnity at \$250K	Loss Cost Trend Factor	Trended Ultimate Indemnity	Selected Ultimate ALAE	ALAE Trend Factor	Trended Ultimate ALAE	Trended Ultimate Loss & ALAE	On-Level Loss & ALAE Ratio
[1]	[a]	[b]	[b]	[3]x[4]	[b]	[b]	[6]x[7]	[5]+[8]	[9]/[2]
[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]
2002	36,959	9,633	0.683	6,581	8,013	0.658	5,271	11,852	32.1%
2003	37,085	8,171	0.880	7,188	7,141	0.848	6,054	13,242	35.7%
2004	37,198	7,318	1.133	8,292	5,800	1.092	6,336	14,628	39.3%
2005	36,783	6,219	1.459	9,075	6,086	1.408	8,568	17,643	48.0%
2006	36,342	7,493	1.398	10,472	6,616	1.354	8,957	19,429	53.5%
2007	37,798	11,548	1.338	15,457	8,074	1.302	10,512	25,969	68.7%
2008	40,006	8,457	1.282	10,841	7,001	1.252	8,766	19,607	49.0%
2009	41,205	9,274	1.228	11,385	8,533	1.204	10,273	21,658	52.6%
2010	42,026	9,090	1.176	10,688	7,881	1.158	9,126	19,814	47.1%
2011	43,195	10,629	1.126	11,969	8,375	1.113	9,325	21,295	49.3%
2012	43,919	9,609	1.078	10,363	8,474	1.071	9,074	19,436	44.3%
Total/Avg	432,517	97,441			81,994			204,572	47.3%

Expected Loss & ALAE Ratio

[11] Selected Limited On-Level Loss & ALAE Ratio [c]	49.9%
[12] Selected Excess Loss Load as % of Premium [b]	4.5%
[13] Total On-Level Loss & ALAE Ratio [[11] + [12]]	54.4%
[14] Average Discretionary Premium Modification Factor [b]	0.910
[15] Projected Loss & ALAE Ratio - Incl. Discretionary Premium Mod [[13] / [14]]	59.8%

Rate Change Indication

[16] Permissible Loss & ALAE Ratio [d]	56.0%
[17] Indicated Rate Change [[13] / [16] - 1]	6.6%

NOTES

- [a] Calculated by re-rating historical policies.
[b] From CNA Rate Review as of March 31, 2012.
[c] Judgmentally selected 6-Yr Avg: 2005 to 2011 - Ex 2007
[d] From Indication Exhibit, Sheet 1, Line [9].

EXPENSE PROVISIONS & PERMISSIBLE LOSS RATIO

Illinois

Premium Expenses

[1] Fixed Expense Ratio	5.4%
[2] Commission Rate	23.2%
[3] Other Acquisition Expenses	0.9%
[4] Premium Tax	0.50%
[5] Total Premium Expense Ratio [[1] + [2] + [3] + [4]]	30.0%

Permissible Loss Ratio

[6] Underwriting Profit Provision [a]	5.8%
[7] Permissible Loss & LAE Ratio [1 - [5] - [6]]	64.2%
[8] ULAE (as a % of Loss & ALAE)	11.9%
[9] Permissible Loss & ALAE Ratio [[7] / {1 + [8]}]	57.4%

NOTES

[a] From CNA's Internal ROE Model

INDICATED & SELECTED RATE CHANGE
Dental Professional Liability
Illinois

Loss Year	Current Level Earned Premium	Selected Ultimate Indemnity at \$250K	Loss Cost Trend Factor	Trended Ultimate Indemnity	Selected Ultimate ALAE	ALAE Trend Factor	Trended Ultimate ALAE	Trended Ultimate Loss & ALAE	On-Level Loss & ALAE Ratio
[1]	[a]	[b]	[b]	[3]x[4]	[b]	[b]	[6]x[7]	[5]+[8]	[9]/[2]
[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]
2002	1,098,949	178,600	0.683	122,006	355,565	0.658	233,895	355,901	32.4%
2003	625,985	62,000	0.880	54,547	112,149	0.848	95,069	149,616	23.9%
2004	452,317	1,281	1.133	1,451	12,478	1.092	13,631	15,083	3.3%
2005	424,831	116,135	1.459	169,471	193,629	1.408	272,590	442,061	104.1%
2006	417,658	11,700	1.398	16,352	14,411	1.354	19,510	35,862	8.6%
2007	418,195	13,809	1.338	18,483	7,771	1.302	10,117	28,600	6.8%
2008	415,904	56,500	1.282	72,427	45,978	1.252	57,564	129,991	31.3%
2009	423,065	3,700	1.228	4,542	10,615	1.204	12,780	17,322	4.1%
2010	440,370	132,584	1.176	155,892	168,999	1.158	195,675	351,567	79.8%
2011	455,933	720,128	1.126	810,929	142,766	1.113	158,964	969,892	212.7%
Total/Avg	5,173,207	1,296,437			1,064,360			2,495,896	48.2%

On-Level Loss & ALAE Ratio

[11] Selected Loss & ALAE Ratio [c]	65.9%
[12] Selected Excess Loss Load as % of Premium [b]	4.5%
[13] Total On-Level Loss & ALAE Ratio [[11] + [12]]	70.4%

Adjusted Loss & ALAE Ratio

[14] Average Discretionary Premium Modification Factor	0.848
[15] Projected Loss & ALAE Ratio - Incl. Discretionary Premium Mod [[13] / [14]]	83.1%
[16] Number of Claims needed for Full Credibility [d]	846
[17] Ultimate Number of Incurred Claims [b]	99
[18] Credibility [SQRT{ [17] / [16] }, capped at 100%]	34.2%
[19] Countrywide Expected Loss & ALAE Ratio [e]	59.8%
[20] Credibility-Weighted Loss & ALAE Ratio [[18] x [15] + {1 - [18]} x [19]]	67.7%

Rate Change Indication

[21] Permissible Loss & ALAE Ratio [f]	57.4%
[22] Indicated Rate Change [[20] / [21] - 1]	18.0%

NOTES

[a] Calculated by re-rating historical policies.	[d] Classical Credibility Method based on Actual Frequency
[b] From CNA Rate Review as of March 31, 2012.	[e] From Indication Exhibit, Sheet 2, Line [15].
[c] Judgmentally selected 7-Yr Avg: 2005 to 2011	[f] From Indication Exhibit, Sheet 3, Line [9].

NetProtect 360 Rates for Base Industries

Total Annual Revenue (Low)	Total Annual Revenue (High)	Rates for Base Industries
[1]	[2]	[3]
0	500,000	\$1,364
500,001	1,000,000	1,992
1,000,001	1,500,000	2,380
1,500,001	2,000,000	2,680
2,000,001	3,000,000	3,020
3,000,001	4,000,000	3,300
4,000,001	5,000,000	3,500
5,000,001	6,500,000	3,694
6,500,001	8,000,000	3,922
8,000,001	9,500,000	4,150
9,500,001	11,000,000	4,376
11,000,001	12,500,000	4,592
12,500,001	14,000,000	4,808
14,000,001	16,000,000	5,060
16,000,001	18,000,000	5,332

Industry/Coverage Adjustment Factor Calculation

					Applicable Coverages						
Factor Description	Dental Input	Dental Factor	NP 360 Factor Range		First Party Coverages		Third Party Coverages				
			Min	Max	Network Extortion	First Party Loss	Network Security	Privacy Injury	Privacy Event Expense	Privacy Regulatory Proceedings	Regulatory Investi - gations
[1] Online Revenue Dependency	30%	0.45	0.35	1.00			x				
[2] Community of Interest		1.20	1.20	1.20			x				
[3] Platform Risk		1.20	1.20	1.20	x	x	x				
<i>Risk Controls (1 + sum of applicable)</i>											
[4] Anti Theft	5: Average	0.00	-0.02	0.10	x						
[5] Network Security	5: Average	0.00	-0.02	0.10		x	x	x	x	x	
[6] Privacy	5: Average	0.10	-0.07	0.15				x	x	x	
[7] Removable Media	5: Average	0.10	-0.07	0.15	x		x	x	x	x	
[8] Off-Line Info Security	5: Average	0.00	-0.02	0.10	x		x	x	x	x	
[9] Dependent Loss		1.20	1.00	2.00		x					
[10] # of Employees	<=50	1.00	1.00	1.10				x	x	x	x
[11] NonClient 3rdParty InfolnCare	Moderate	1.10	1.05	1.15				x	x		
[12] Foreign Jurisdiction Operations	None	1.00	1.00	1.10				x	x	x	x
[13] Financial Performance Modifier		1.10	0.90	1.20	x	x	x	x	x	x	x
[14] Network Activity Risk Group		0.90	0.30	1.20	x	x	x	x	x	x	x
[15] Industry		1.10	1.00	1.30	x	x	x	x	x	x	x
[16] Commission Modifier [a]		1.14			x	x	x	x	x	x	x
[17] Total Factor Applicable to Specific Coverages (marked with 'x')					1.638	2.144	0.884	1.638	1.638	1.489	1.489
[18] Dental Exposure Rate (coverage rate as % of rate at base class)					3.0%	10.0%	9.0%	7.0%	4.0%	6.0%	4.0%
[19] Industry/Coverage Adjustment Factor [17] x [18]					4.9%	21.4%	8.0%	11.5%	6.6%	8.9%	6.0%

NOTES
 [a] Modifies the commission of 12.5% for NP 360 to 23.2% for Dental.

Structure Factor Calculation

Applicable Coverages

		First Party Coverages		Third Party Coverages				
		Network Extortion	First Party Loss	Network Security	Privacy Injury	Privacy Event Expense	Privacy Regulatory Proceedings	Regulatory Investigations
[1] Increased Limits								
	Dental Program: Aggregate Limit	1,000,000		1,000,000				
	Dental Program: Occurrence Limit	1,000,000	1,000,000	1,000,000	1,000,000	100,000	1,000,000	250,000
	Increased Limits Factor From NP 360 Tables	1.000	1.000	1.000	1.000	1.211	1.000	1.842
[2] Deductibles								
	Dental Program: Deductible	1,000	1,000	1,000	1,000	0	1,000	1,000
	Deductible Factor From NP 360 Tables	1.360	1.360	1.360	1.360	1.650	1.360	1.500
[3] Sublimit on Fines								
	Dental Program: Fines Sublimit			None				
	Fines Sublimit Factor From NP 360			1.250				
[4] Structure Factor	= [1] x [2] x [3]	1.360	1.360	1.360	1.360	1.997	1.700	2.763

Prior Acts Factors

Years of Prior Acts	Factor
0	1.00
1	1.10
2	1.20
3	1.22
4	1.24
5	1.25

First Party Coverages

Premium Calculation - Network Extortion					
Total Annual Revenue (Low)	Total Annual Revenue (High)	Rates for Base Industry	Industry / Coverage Factor for Network Extortion	Structure Factor for Network Extortion	Premium
[1]	[2]	[3]	[4]	[5]	[6]
		[a]	[b]	[c]	= [3] x [4] x [5]
0	500,000	\$1,364	4.9%	1.360	\$91
500,001	1,000,000	1,992	4.9%	1.360	133
1,000,001	1,500,000	2,380	4.9%	1.360	159
1,500,001	2,000,000	2,680	4.9%	1.360	179
2,000,001	3,000,000	3,020	4.9%	1.360	202
3,000,001	4,000,000	3,300	4.9%	1.360	221
4,000,001	5,000,000	3,500	4.9%	1.360	234
5,000,001	6,500,000	3,694	4.9%	1.360	247
6,500,001	8,000,000	3,922	4.9%	1.360	262
8,000,001	9,500,000	4,150	4.9%	1.360	277
9,500,001	11,000,000	4,376	4.9%	1.360	292
11,000,001	12,500,000	4,592	4.9%	1.360	307
12,500,001	14,000,000	4,808	4.9%	1.360	321
14,000,001	16,000,000	5,060	4.9%	1.360	338
16,000,001	18,000,000	5,332	4.9%	1.360	356
18,000,001	And Above		Refer To Company		n/a

Premium Calculation - First Party Loss					
Total Annual Revenue (Low)	Total Annual Revenue (High)	Rates for Base Industry	Industry / Coverage Factor for First Party Loss	Structure Factor for First Party Loss	Premium
[7]	[8]	[9]	[10]	[11]	[12]
		[a]	[b]	[c]	= [9] x [10] x [11]
0	500,000	\$1,364	21.4%	1.360	\$398
500,001	1,000,000	1,992	21.4%	1.360	581
1,000,001	1,500,000	2,380	21.4%	1.360	694
1,500,001	2,000,000	2,680	21.4%	1.360	781
2,000,001	3,000,000	3,020	21.4%	1.360	881
3,000,001	4,000,000	3,300	21.4%	1.360	962
4,000,001	5,000,000	3,500	21.4%	1.360	1,021
5,000,001	6,500,000	3,694	21.4%	1.360	1,077
6,500,001	8,000,000	3,922	21.4%	1.360	1,144
8,000,001	9,500,000	4,150	21.4%	1.360	1,210
9,500,001	11,000,000	4,376	21.4%	1.360	1,276
11,000,001	12,500,000	4,592	21.4%	1.360	1,339
12,500,001	14,000,000	4,808	21.4%	1.360	1,402
14,000,001	16,000,000	5,060	21.4%	1.360	1,475
16,000,001	18,000,000	5,332	21.4%	1.360	1,555
18,000,001	And Above		Refer To Company		n/a

Total Premium First Party Coverages
= [6] + [12]
\$489
714
853
961
1,082
1,183
1,254
1,324
1,406
1,487
1,568
1,646
1,723
1,814
1,911
Refer to Company

NOTES

- [a] From Exhibit I, Sheet 1, Column [3]
- [b] From Exhibit II, Sheet 1, Row [19] - Corresponding Column
- [c] From Exhibit III, Sheet 1, Row [4] - Corresponding Column

Third Party Coverages (Not Eligible for Prior Acts)

Premium Calculation - Privacy Event Expense					
Total Annual Revenue (Low)	Total Annual Revenue (High)	Rates for Base Industry	Industry / Coverage Factor for Privacy Event Expense	Structure Factor for Privacy Event Expense	Premium
[13]	[14]	[15]	[16]	[17]	[18]
		[a]	[b]	[c]	= [15] x [16] x [17]
0	500,000	\$1,364	6.6%	1.997	\$178
500,001	1,000,000	1,992	6.6%	1.997	261
1,000,001	1,500,000	2,380	6.6%	1.997	311
1,500,001	2,000,000	2,680	6.6%	1.997	351
2,000,001	3,000,000	3,020	6.6%	1.997	395
3,000,001	4,000,000	3,300	6.6%	1.997	432
4,000,001	5,000,000	3,500	6.6%	1.997	458
5,000,001	6,500,000	3,694	6.6%	1.997	483
6,500,001	8,000,000	3,922	6.6%	1.997	513
8,000,001	9,500,000	4,150	6.6%	1.997	543
9,500,001	11,000,000	4,376	6.6%	1.997	573
11,000,001	12,500,000	4,592	6.6%	1.997	601
12,500,001	14,000,000	4,808	6.6%	1.997	629
14,000,001	16,000,000	5,060	6.6%	1.997	662
16,000,001	18,000,000	5,332	6.6%	1.997	698
18,000,001	And Above		Refer To Company		n/a

Premium Calculation - Privacy Regulatory Proceedings					
Total Annual Revenue (Low)	Total Annual Revenue (High)	Rates for Base Industry	Industry / Coverage Factor for Privacy Regulatory Proceedings	Structure Factor for Privacy Regulatory Proceedings	Premium
[19]	[20]	[21]	[22]	[23]	[24]
		[a]	[b]	[c]	= [21] x [22] x [23]
0	500,000	\$1,364	8.9%	1.700	\$207
500,001	1,000,000	1,992	8.9%	1.700	303
1,000,001	1,500,000	2,380	8.9%	1.700	361
1,500,001	2,000,000	2,680	8.9%	1.700	407
2,000,001	3,000,000	3,020	8.9%	1.700	459
3,000,001	4,000,000	3,300	8.9%	1.700	501
4,000,001	5,000,000	3,500	8.9%	1.700	532
5,000,001	6,500,000	3,694	8.9%	1.700	561
6,500,001	8,000,000	3,922	8.9%	1.700	596
8,000,001	9,500,000	4,150	8.9%	1.700	630
9,500,001	11,000,000	4,376	8.9%	1.700	665
11,000,001	12,500,000	4,592	8.9%	1.700	697
12,500,001	14,000,000	4,808	8.9%	1.700	730
14,000,001	16,000,000	5,060	8.9%	1.700	768
16,000,001	18,000,000	5,332	8.9%	1.700	810
18,000,001	And Above		Refer To Company		n/a

NOTES

- [a] From Exhibit I, Sheet 1, Column [3]
- [b] From Exhibit II, Sheet 1, Row [19] - Corresponding Column
- [c] From Exhibit III, Sheet 1, Row [4] - Corresponding Column

Premium Calculation - Regulatory Investigations						Total Premium Third Party Coverages (Not Eligible for Prior Acts)
Total Annual Revenue (Low)	Total Annual Revenue (High)	Rates for Base Industry	Industry / Coverage Factor for Regulatory Investigations	Structure Factor for Regulatory Investigations	Premium	
[25]	[26]	[27]	[29]	[29]	[30]	
		[a]	[b]	[c]	= [27] x [29] x [29]	
0	500,000	\$1,364	6.0%	2.763	\$224	\$610
500,001	1,000,000	1,992	6.0%	2.763	328	891
1,000,001	1,500,000	2,380	6.0%	2.763	392	1,065
1,500,001	2,000,000	2,680	6.0%	2.763	441	1,199
2,000,001	3,000,000	3,020	6.0%	2.763	497	1,351
3,000,001	4,000,000	3,300	6.0%	2.763	543	1,476
4,000,001	5,000,000	3,500	6.0%	2.763	576	1,565
5,000,001	6,500,000	3,694	6.0%	2.763	608	1,652
6,500,001	8,000,000	3,922	6.0%	2.763	645	1,754
8,000,001	9,500,000	4,150	6.0%	2.763	683	1,856
9,500,001	11,000,000	4,376	6.0%	2.763	720	1,957
11,000,001	12,500,000	4,592	6.0%	2.763	756	2,054
12,500,001	14,000,000	4,808	6.0%	2.763	791	2,150
14,000,001	16,000,000	5,060	6.0%	2.763	833	2,263
16,000,001	18,000,000	5,332	6.0%	2.763	877	2,385
18,000,001	And Above		Refer To Company		n/a	Refer to Company

NOTES

- [a] From Exhibit I, Sheet 1, Column [3]
- [b] From Exhibit II, Sheet 1, Row [19] - Corresponding Column
- [c] From Exhibit III, Sheet 1, Row [4] - Corresponding Column

Third Party Coverages (Eligible for Prior Acts)

Premium Calculation - Network Security					
Total Annual Revenue (Low)	Total Annual Revenue (High)	Rates for Base Industry	Industry / Coverage Factor for Network Security	Structure Factor for Network Security	Premium
[31]	[32]	[33]	[34]	[35]	[36]
		[a]	[b]	[c]	= [33] x [34] x [35]
0	500,000	\$1,364	8.0%	1.360	\$148
500,001	1,000,000	1,992	8.0%	1.360	216
1,000,001	1,500,000	2,380	8.0%	1.360	258
1,500,001	2,000,000	2,680	8.0%	1.360	290
2,000,001	3,000,000	3,020	8.0%	1.360	327
3,000,001	4,000,000	3,300	8.0%	1.360	357
4,000,001	5,000,000	3,500	8.0%	1.360	379
5,000,001	6,500,000	3,694	8.0%	1.360	400
6,500,001	8,000,000	3,922	8.0%	1.360	425
8,000,001	9,500,000	4,150	8.0%	1.360	449
9,500,001	11,000,000	4,376	8.0%	1.360	474
11,000,001	12,500,000	4,592	8.0%	1.360	497
12,500,001	14,000,000	4,808	8.0%	1.360	520
14,000,001	16,000,000	5,060	8.0%	1.360	548
16,000,001	18,000,000	5,332	8.0%	1.360	577
18,000,001	And Above		Refer To Company		n/a

Premium Calculation - Privacy Injury					
Total Annual Revenue (Low)	Total Annual Revenue (High)	Rates for Base Industry	Industry / Coverage Factor for Privacy Injury	Structure Factor for Privacy Injury	Premium
[37]	[38]	[39]	[40]	[41]	[42]
		[a]	[b]	[c]	= [39] x [40] x [41]
0	500,000	\$1,364	11.5%	1.360	\$213
500,001	1,000,000	1,992	11.5%	1.360	311
1,000,001	1,500,000	2,380	11.5%	1.360	371
1,500,001	2,000,000	2,680	11.5%	1.360	418
2,000,001	3,000,000	3,020	11.5%	1.360	471
3,000,001	4,000,000	3,300	11.5%	1.360	515
4,000,001	5,000,000	3,500	11.5%	1.360	546
5,000,001	6,500,000	3,694	11.5%	1.360	576
6,500,001	8,000,000	3,922	11.5%	1.360	611
8,000,001	9,500,000	4,150	11.5%	1.360	647
9,500,001	11,000,000	4,376	11.5%	1.360	682
11,000,001	12,500,000	4,592	11.5%	1.360	716
12,500,001	14,000,000	4,808	11.5%	1.360	750
14,000,001	16,000,000	5,060	11.5%	1.360	789
16,000,001	18,000,000	5,332	11.5%	1.360	831
18,000,001	And Above		Refer To Company		n/a

Total Premium Third Party Coverages (Eligible for Prior Acts)
= [36] + [42]
\$360
526
629
708
798
872
925
976
1,036
1,096
1,156
1,213
1,270
1,337
1,409
Refer to Company

NOTES

- [a] From Exhibit I, Sheet 1, Column [3]
- [b] From Exhibit II, Sheet 1, Row [19] - Corresponding Column
- [c] From Exhibit III, Sheet 1, Row [4] - Corresponding Column

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8/1/2013

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto	81,209	0.0%
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	257,731	0.0%
14. Crop Hail		
15. Other <u>Medical Malpractice (Dental)</u> Line of Insurance	590,765	+2.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Continental Casualty
 Company proposes an overall rate increase of 1.3% to its Dental Professional Program. We are expanding the Mission of Mercy coverage
 adding cyber liability coverage, adding deductible factors for Business interruption and increasing PL base rates by 2%

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Continental Casualty Company
Name of Company

Laura Sachs, FCAS, Assistant Vice President & Actuary
Official – Title

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, Laura Sachs _____, a duly authorized officer of Continental Casualty 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 subject to this filing.

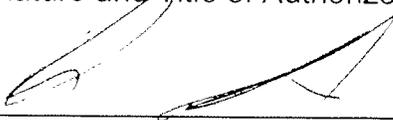
I, Dara Stone _____, a duly authorized actuary of CNA Insurance Companies, am authorized to certify on behalf of Continental Casualty Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are subject to this filing.



Laura Sachs, FCAS
AVP & Actuary – Pricing

Signature and Title of Authorized Insurance Company Officer

05/28 /13
Date



Dara Stone, FCAS
Actuarial Senior Consultant, Healthpro pricing
Signature and Title of Authorized Actuary

05/28/13
Date

Insurance Company FEIN 3 6 - 2 11 4 5 4 5

Filing Number 13-00606-RLF

Insurer's Address CNA Insurance Companies, 333 S. Wabash Ave

City Chicago State IL Zip Code 60604

Contact Person's:

- Name and E-mail Dara Stone Dara.Stone@cna.com

- Direct Telephone and Fax Number 312/822-1677

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

I. APPLICATION OF MANUAL RULES

- A. This manual provides rules, rates, premiums and classifications and shall govern the writing of policies for the dental profession.
- B. The rules, rates, rating plans and forms filed on behalf of the Company and not in conflict herewith shall govern in all cases not specifically provided for herein.
- C. Any exceptions to these manual rules are contained in the respective Section or State Rate Page.

II. POLICY TERMS

Policies may be written for a term of one year, and renewed annually thereafter, or as otherwise specified for the respective coverage.

III. PREMIUM COMPUTATION

- A. Compute the premium at policy inception using the rules, rates and rating plans in effect at that time. At each renewal, compute the premium using the rules, rates and rating plans then in effect.
- B. Prorate the premium when a policy is issued for less than a whole year.
- C. Premiums are calculated as specified for the respective coverage. Premium rounding will be done at each step of the computation process in accordance with the Whole Dollar Rule, as opposed to rounding the final premium.

The premium shall be computed by applying the rate per practitioner, shown on the State Rate Page, to the total number of practitioners who are named insureds, partners of an insured partnership, officers of an insured professional corporation or employed practitioners of any named insured. The rates shall be applied in accordance with each practitioner's classification and corresponding code number.

IV. FACTORS OR MULTIPLIERS

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

V. Reserved for future use.

VI. WHOLE DOLLAR RULE

In the event the application of any rating procedure applicable in accordance with this manual where the result is not a whole dollar, each rate and premium shall be adjusted as follows:

- A. any amount involving \$.50 or over shall be rounded to the next highest whole dollar amount; or
- B. any amount involving \$.49 or less shall be rounded down to the next lowest whole dollar amount.

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

VII. ADDITIONAL PREMIUM CHARGES

- A. Prorate all changes requiring additional premium.
- B. Apply the rates and rules that were in effect at the inception date of this policy period. After computing the additional premium, charge the amount applicable from the effective date of the change.
- C. Waive additional premium of \$15.00 or less. This waiver only applies to cash exchange due on an endorsement effective date.

VIII. RETURN PREMIUM

- A. Deletion of any coverage, other than optional coverages, is not permitted unless the entire policy is canceled.
- B. Compute return premium at the rates used to calculate the policy premium at the inception of this policy period.
- C. Compute return premium pro rata and round in accordance with the Whole Dollar Rule when any coverage 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.

IX. COVERAGES

Coverages under this policy shall be as described in the respective Coverage Parts. It shall be permissible to attach more than one Coverage Part to the policy. The following are the combinations of coverages that are available under this policy:

- Professional Liability and General Liability
- Professional Liability, General Liability, and Property
- Professional Liability only
- General Liability and Property
- Property Only
- Non-Student Dental Board Exam
- Student Dental
- Volunteer Dental

Note: General Liability cannot be purchased on a stand-alone basis.

Available coverages under this program are:

- A. Professional Liability on a claims-made basis or occurrence basis.

Required coverages under professional liability are:

- 1. Special Extra Expense (HIV);
- 2. Defense Coverage - Dental Professional Licensing Board; and
- 3. Employment Practices Liability - \$25,000 per Claim/\$25,000 Aggregate Defense Coverage*

* Note: This required coverage is waived when the insured purchases EPL Indemnity & Defense Coverage as that endorsement already includes defense coverage.

- 4. Defendant's Reimbursement - \$500 per day, and \$5,000 per suit

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

B. Business Liability on an occurrence basis.

Required coverages under business liability are:

1. General Liability, including Products/Completed Operations, Host Liquor Liability and Incidental Contract coverage;
2. Fire and Water Legal Liability - \$500,000 per occurrence;
3. Medical Payments Coverage - \$10,000 per person/\$10,000 per accident;
4. Non-Owned or Hired Automobile Liability Coverage - \$1,000,000 each occurrence;
5. Medical Waste Legal Expense Reimbursement.

C. Property on an occurrence basis.

Required coverages under property are:

1. Blanket Dental Practice Personal Property
2. Practice Income

D. Non-Student Dental Board Exam on a claims-made basis.

Required coverage under board exam is Professional Liability.

E. Student Dental on a claims-made basis.

Required coverage under student dental is Professional Liability.

X. BLACK BAG COVERAGE - Equipment Floater

Black Bag Coverage may be purchased according to the following table:

\$100 premium for \$4,000 limits.

Higher limits may be purchased for \$15 per \$1,000 in values.

XI. PACKAGING OF COVERAGES

If Professional Liability coverage is purchased in conjunction with Property or Black bag coverage, package discount factors shall be applied. However, the package discount factors shall not be applied to Student Dental or Board Exam premium. The package discount factors are stated on the respective State Rate Page.

XII. POLICY CANCELLATIONS

- A. The policy may be canceled flat within 60 days of the effective date. Evidence of such cancellation must be received by the Company within 60 days of such cancellation.
- B. Any cancellation initiated, other than by the insured, after more than 60 days will be canceled pro-rata.
- C. Cancellation initiated by the insured will be canceled pro-rata less a penalty of 10% unless coverage is concurrently rewritten by the Company, in which case no penalty shall be applied.

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

I. DENTAL PRACTITIONERS CLASSIFICATIONS - CALCULATION OF PREMIUM - Professional Liability Coverage

The premium for the policy shall be the sum of the applicable charges developed below.

- A. The actual ISO Dental Classifications, definitions and rates for Class Codes 80210 and 80211 do not apply.

The following Codes shall apply under this plan:

Class	Description	Code No.
I.	Dentists who perform dentistry on patients who have been treated with local anesthesia and/or oral medication and/or nitrous oxide/oxygen sedation and/or conscious sedation. Does not apply to treatment involving any general anesthesia or deep sedation unless administered in a hospital or state licensed and regulated surgical center. Also, dental radiologists are included.	80211 & 80253
III.	All oral surgeons. In addition, this applies to dentists as defined in Class 80211 who perform dentistry utilizing general anesthesia or deep sedation, unless performed in a hospital or state licensed and regulated surgical center, in which case class 80211 will apply.	80210
IV.	Dental School Faculty – Teaching dentists and graduate students with no intramural practice.	80213
VI.	Professional Corporations or Partnerships	80999
IX.	Dental Anesthesiologists whose practice does not include deep sedation and/or general anesthesia.	90100
X.	Dental Anesthesiologists whose practice includes deep sedation and/or general anesthesia.	90101
XI.	Volunteer Dentists providing dental services and receiving no remuneration.	72990
XII.	Volunteer Oral Surgeons providing dental services and receiving no remuneration.	72991

- B. The annual rates, under occurrence, for each dentist are stated in the State Rate Page.

The annual rates, under claims-made, for each dentist shall be determined for Classes I., III., IX. and X. only, as follows:

1. If the dentist is just entering practice, or the dentist has continuously been insured under an "occurrence" policy, enter the step rate factor from the Table at the year one level.
2. If the dentist has been insured under a "claims-made" policy, for one or more years immediately preceding the effective date of this coverage, or for reasons acceptable to the Company had been uninsured, the following procedure shall apply:
 - a. determine the number of years in which the dentist was covered under such claims-made policy(ies);
 - b. determine the number of years in which the dentist was uninsured;

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

- c. the sum of years developed in a. and b. shall be the base exposure. Fractional years of six months or more of base exposure shall be rounded to the next higher year; less than six months shall be rounded to the next lower year;
- d. the sum of years developed in c. above shall be the Years of Prior Exposure. The Table is entered at the total prior Years of Exposure, plus one.

The factors in the following Table shall be applied to the full time Class I., III., IX. or X. rate, found on the State Page, in effect at the inception of the last claims-made policy.

Classes	Step Rate Factors				
	Year 1	Year 2	Year 3	Year 4	Year 5
I, III, IX, X	0.29	0.54	0.73	0.81	0.90

- C. Any (a) rated risk written under this program shall maintain a complete file, including all details of the factors used in determining the modification and make the file available to state regulators on request. Rates shall not be inadequate, excessive or unfairly discriminatory and will follow individual state regulations.

II. ADDITIONAL CLASSIFICATIONS

A. New Dentist

A "new" dentist is defined as one of the following who enters full-time private or group practice:

- i. a student who has completed their training within the previous twelve months from license date or a licensed dentist who has completed a residency program within the previous twelve months and has only practiced within the context of the residency
- ii. a military dentist within twelve months of honorable military discharge
- iii. a foreign dental school graduate who has not previously practiced in the US or its territories
- iv. a licensed dentist who has only previously practiced in the public service sector.

The following rating system will apply:

First Year of Practice (for new graduates only, defined in part i above):

Coverage for dentists in their first year of practice will be provided on both a claims-made and occurrence basis. The rates below are based on 1,000,000/3,000,000 limits. Standard Increased Limit Factors apply for higher limits. Step factor and any other credits or discounts will not apply.

First Year of Practice Rate				
Type	Classes			
	I	III	IX	X
Claims-Made	\$50	\$300	\$175	\$350
Occurrence	\$100	\$600	\$350	\$700

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

First Year of Practice (for all other new dentists, defined in parts ii, iii, and iv above):
75% credit

Subsequent Years of Practice (for all new dentists):
60% credit for the second year in practice
25% credit for the third year in practice
10% credit for the fourth year in practice

B. Corporations/Partnerships/Associations

When all members of a corporation are insured by CNA, it shall be permissible to provide coverage for a corporation, partnership or association for liability arising from the practice of member dentists insured by the Company. Such coverage may be provided either:

- a. on a shared limit of liability basis with the member practitioner, in which case no additional premium shall be charged; or
- b. on a separate limit of liability basis. The limit of liability shall be equal to the limits provided to each individual member practitioner. Additional premium shall be 10% of the total developed liability premium for each member.

When all members of a corporation are not insured by CNA, it shall be permissible to provide coverage for a corporation, partnership or association on a separate limit of liability basis. The charge will be 25% of the mature claims made or occurrence rate as appropriate.

C. Additional Insured

An additional insured, other than Corporations/Partnerships/Associations, may be added to the policy at a charge of 5% of the policy's Professional Liability charge.

(This charge does not apply to an additional insured who owns or finances leased equipment to the insured.)

A Special Events endorsement (PL) may be added at no additional charge.

D. Disability/Leave of Absence

A practitioner who becomes disabled, or is on leave of absence for a period of 45 days or more, but less than 180 days, may be eligible for restricted coverage at a rate reduction of 75% of the applicable rate for the period of disability or leave of absence. This will apply retroactively to the first day of disability or leave of absence.

Leave of absence may include active duty in the military and time to enhance the practitioner's education, but, does not include vacation time. Active duty military on deployment will receive a 100% reduction in their premium and a suspension of coverage for the deployment period.

E. Part Time

A part time credit of 50% of the applicable rate will apply to any practitioner who works 20 hours or less per week. This credit will not apply when the first year new dentist premium is charged.

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

F. Professional Societies, Boards & Associations

Professional Liability coverage may be provided to state or local societies or organizations established to support the professional community. The following charge will apply:

<u>Rating Basis</u>	<u>Premium</u>
Insured Society	\$255.00 Flat Charge
- Component Society (member society of insured society)	\$ 51.00 Flat Charge
- Conventions	\$200.00 Each
- Mission of Mercy (hygienists and dental assistants only)	\$250.00 Each
- Mission of Mercy (all healthcare providers)	\$1,500.00 Each
Examiner (Boards)	\$51.00 per Examiner

G. Locum Tenens

Coverage for a practitioner substituting for an insured will be limited to cover only professional services rendered on behalf of an insured for the specified time period. Locum Tenens will share in the insured's limit of liability. There is no additional charge for a period not to exceed 60 days.

H. Volunteers

Coverage is written on an occurrence only basis. The rates listed below are for minimum limits. Standard Increased Limit Factors apply for higher limits.

Class XI	Volunteer Dentists	\$ 200
Class XII	Volunteer Oral Surgeons	\$ 1,200

I. Dental Lab Services for Non-Patients

When coverage is afforded for lab services provided to other than the insured's patients, a charge of \$100 will be made for minimum limits. Standard Increased Limit Factors apply for higher limits.

III. VICARIOUS LIABILITY - Contractors and Non-Insured Employed Dentists

A charge of 10% of the named insured's premium per contractor and non-insured employed dentist will apply for the additional Vicarious Liability assumed by the insured as a result of such situations.

IV. MINIMUM LIMITS OF LIABILITY

Minimum limits of liability under this program shall be as follows:

Professional Liability:

1. Individual Practice:

a. Claims-Made: \$1,000,000 each claim
\$3,000,000 aggregate

b. Occurrence: \$1,000,000 each claim
\$1,000,000 aggregate

2. Professional Societies:
(Claims-Made) \$1,000,000 each claim
\$3,000,000 aggregate

3. Independent Contractor: Equal to above as appropriate

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

VI. CHANGE OF CLASSIFICATION

In the event that the insured changes classifications, a charge reflecting the difference between the previous classification and the new classification shall be calculated and collected at the time of the change of classification unless:

- A. both the prior and current classification falls within the same class;
- B. the practitioner changed classifications more than 4 years ago while insured under claims-made coverage;
- C. the practitioner changed classifications at any time while insured under occurrence coverage; or
- D. the insured is otherwise eligible for Extended Reporting Period Coverage at no charge.

Premium Adjustment

The following procedure should be used to calculate the exposure surcharge applicable under this Rule:

- A. Calculate the at-limits mature premium appropriate for:
 - 1. the previous classification according to the rates and rules contained herein; and
 - 2. the premium appropriate for the current classification.
- B. If the at-limits mature premium for the current classification:
 - 1. is less than the premium for the previous classification, the dollar amount of difference multiplied by the appropriate conversion factor in the following table is the charge to be applied; or

Years of Prior Claims-Made Coverage	Conversion Factors
1	0.24
2	0.37
3	0.42
4 or more	0.45

- 2. exceeds the premium for the previous classification, there shall be no charge.

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

C. The amount of any additional charge is adjusted according to the following vesting schedule:

The vesting schedule also applies when going from full-time to part-time.

<u>Discount</u>	
100%	10 consecutive years of CNA coverage
90%	9 consecutive years of CNA coverage
80%	8 consecutive years of CNA coverage
70%	7 consecutive years of CNA coverage
60%	6 consecutive years of CNA coverage
50%	5 consecutive years of CNA coverage
40%	4 consecutive years of CNA coverage
30%	3 consecutive years of CNA coverage
20%	2 consecutive years of CNA coverage
10%	1 full year of CNA coverage
0%	Less than 1 full year of CNA coverage

VII. INCREASED LIMITS OF LIABILITY

Higher limits on **claims-made** policies may be elected up to a maximum liability limit of \$5,000,000 per claim/\$8,000,000 aggregate on the following basis:

Limits of Liability	Increased Limit Factor	
	Classes	
	<u>All Other</u>	<u>III & X</u>
\$1,000,000/3,000,000	.020	.020
\$2,000,000/3,000,000	.160	.190
\$2,000,000/4,000,000	.176	.206
\$2,000,000/6,000,000	.204	.234
\$3,000,000/3,000,000	.260	.300
\$3,000,000/6,000,000	.308	.348
\$4,000,000/4,000,000	.325	.375
\$5,000,000/5,000,000	.375	.425
\$5,000,000/6,000,000	.391	.441
\$5,000,000/8,000,000	.424	.474

Rates are based off of the \$1,000,000/1,000,000 rates.

Higher limits on **occurrence** policies may be elected up to a maximum liability limit of \$2,000,000 per claim/\$6,000,000 aggregate on the following basis:

Limits of Liability	Increased Limit Factor	
	Classes	
	<u>All Other</u>	<u>III & X</u>
\$1,000,000/3,000,000	.020	.020
\$2,000,000/2,000,000	.150	.180
\$2,000,000/6,000,000	.204	.234

Rates are based off of the \$1,000,000/1,000,000 rates.

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

VIII. EXTENDED REPORTING PERIOD COVERAGE (Claims-Made Coverage only)

- A. The extension period is unlimited as respects time. The availability of Extended Reporting Period Coverage shall be governed by the following rules:
1. The limits of liability will not exceed the lowest limits of liability in force for the last 12 month policy period.
 2. Extended Reporting Period Coverage will be available to all named insureds shown on the Declarations page of this policy. Should an insured terminate association with an entity, coverage will also be offered for the liability of the entity provided that such entity was also insured by this Company.
 3. Should the entity terminate coverage under the policy, the entity may purchase this coverage by giving the Company written notice, within 60 days, of its intent to purchase, and paying the appropriate premium.
 4. Upon termination of coverage under this policy by reason of death or disability, the insured's unearned premium for this coverage will be waived and Extended Reporting Period Coverage will be granted for no additional charge.
 5. There will be no charge for Extended Reporting Period Coverage in the event of retirement and provided the insured is at least 55 years of age and has been continuously insured by CNA for at least 5 consecutive years.

This shall apply to all insureds otherwise qualifying for such coverage.

6. The Prior Acts date of coverage with this Company will determine the years of prior exposure in calculation of Extended Reporting Period Coverage.
7. Premium must be paid promptly when due. Premium may be paid in advance, or in three annual installments.
8. In the event the policy is canceled, any return premium due the insured shall be credited toward the premium for Extended Reporting Period Coverage, if the insured elects this coverage. If any premium is due for the period of time between the earlier of the policy's Prior Acts date or effective date and the termination date, any monies received by the Company from the insured shall first be applied to the premium owing for the policy and then to the Extended Reporting Period endorsement.
9. The factors in the following table shall be applied to the mature claims-made rate in effect at the inception of the last claims-made policy.

Years of Prior Claims-Made Coverage	Installment Factors			Prepaid Factors
	<u>1st year</u>	<u>2nd year</u>	<u>3rd year</u>	
1	.31	.23	.30	.79
2	.51	.35	.46	1.23
3	.61	.49	.46	1.45
4 or more	.73	.49	.46	1.57

- B. A one year extended reporting period for both the Employment Practices Liability (EPL) Defense Only coverage and the EPL Indemnity & Defense coverage is available. The associated factor, as shown on the state rate/exception pages, is applied to the annual EPL premium.

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

- C. Insureds that are converting their EPL Defense Only coverage to the EPL Indemnity & Defense coverage will be afforded a free unlimited extended reporting period on their expiring Defense Only coverage.
- D. An extended reporting period is also available for the ERISA Fiduciary Liability coverage. The same factors as used for professional liability will be applied to the annual ERISA charge in calculation of the extended reporting period coverage.
- E. A two year extended reporting period coverage is available for the Cyber Liability coverage. When an extended reporting period policy is purchased for an insured's Professional Liability coverage, a two year extended reporting period for the coverage shown in Section XIII A will be provided at no additional charge. If an insured purchases the higher limits in Section XIII B, an extended reporting period is available at a factor of 1.25 to the annual Cyber Liability premium.

IX. PRIOR ACTS COVERAGE (Occurrence Coverage only)

- A. The policy may be extended to provide Prior Acts Coverage as follows:
 - 1. The Prior Acts period may not exceed the term immediately preceding coverage under this policy during which similar coverage was continuously provided under a claims-made policy, nor shall limits of liability exceed those of the occurrence policy to which the Prior Acts endorsement shall be applied.
 - 2. The premium for Prior Acts Coverage is a one time only charge payable in advance or over the first three policy years in annual installments, but calculated in advance by applying the applicable factors from the table shown to the current rate under this policy for limits of \$1,000,000/\$1,000,000.
 - 3. If the limit of liability under this coverage is less than \$1,000,000/\$1,000,000, the premium developed shall be adjusted by the Prior Acts Decreased Limits Factors shown.
- B. The premium will be charged annually, but calculated in advance:
 - 1. Determine the current premium under this policy for limits of \$1,000,000/\$1,000,000.
 - 2. Enter the table at the appropriate Prior Acts Period.
 - 3. Apply Reporting Period factor(s) successively for the desired number of years of Reporting Period:

Prior Acts Period	Reporting Period			Prepaid Factors
	1st year	2nd year	3rd year	
1 year prior	.28	.25	.22	.71
2 years prior	.45	.41	.32	1.11
3 years prior	.55	.44	.40	1.31
4 or more years prior	.62	.45	.42	1.41

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

4. Apply the appropriate Decreased Limits Factor, if applicable:

<u>Decreased Limits (in \$000s)</u>	<u>Factor</u>
\$100 / \$300	.449
200 / 600	.590
250 / 750	.638
300 / 800	.682
300 / 900	.700
500 / 750	.725
400 / 900	.760
500 / 1,000	.816
1,000 / 1,000	1.000

C. **Prior Acts for Employment Practices Liability Indemnity & Defense Coverage**

For insureds that do not have an EPL Indemnity & Defense policy during the policy year prior to purchasing the coverage from CNA, the prior acts date is the inception date of the first EPL Indemnity & Defense policy with CNA.

For insureds that have a prior EPL Indemnity & Defense policy with another carrier during the policy year prior to purchasing the coverage from CNA, prior acts coverage may be afforded. The prior acts date is the date of the first year of that continuous coverage with the other carrier. The charge for the prior acts coverage is \$30

X. LOCATION OF PRACTICE

The rates as shown in this manual contemplate the exposure as being derived from professional practice within the state. An exception will be allowed for those who derive 25% or less of their practice time from outside the state. Those who derive more than 25% of their practice time outside the state shall be referred to the Company for underwriting approval and rating. We will charge the higher rate if there is multi-state exposure.

XI. CONSULTING SERVICE LIABILITY

Consulting Service Liability coverage is included on a shared limit basis at no additional cost.

XII. DEDUCTIBLE

The following deductibles apply to indemnity only on a per claim basis. The premium credits will apply to PL premium only.

<u>PL Deductible</u>	<u>PL Premium Credit</u>
\$5,000	4.1 %
10,000	6.9 %
15,000	9.1 %
25,000	12.7 %
50,000	18.5 %
75,000	22.1 %
100,000	24.7 %
250,000	31.7 %

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

XIII. CYBER LIABILITY COVERAGE

- A. Cyber Liability is provided at no additional charge according to the limits in the following table, subject to each coverage's aggregate limit where applicable, and an overall \$150,000 aggregate limit:

Coverage	Coverage Occurrence Limit	Coverage Aggregate Limit	Total Aggregate Limit
Network Extortion	\$5,000	\$50,000	\$150,000
First Party Loss	100,000	100,000	
Privacy Event Expense	5,000	5,000	
Regulatory Investigations	50,000	100,000	
Privacy Regulatory Proceedings, Network Security and Privacy Injury	50,000	150,000	

A \$1,000 deductible applies for all coverages, except Privacy Event Expense.

- B. Additional limits may be purchased, with all coverages subject to a total aggregate limit of \$1,000,000. Premiums vary by an insured's total annual revenue. The following limits apply:

Coverage	Coverage Occurrence Limit	Coverage Aggregate Limit	Total Aggregate Limit
Network Extortion	\$1,000,000	\$1,000,000	\$1,000,000
First Party Loss	1,000,000	1,000,000	
Privacy Event Expense	100,000	100,000	
Regulatory Investigations	250,000	250,000	
Privacy Regulatory Proceedings, Network Security and Privacy Injury	1,000,000	1,000,000	

A \$1,000 deductible applies for all coverages, except Privacy Event Expense.

1. First Party Coverages include Network Extortion and First Party Loss Liability. Premium for these coverages is based on the insured's revenue as follows:

Total Annual Revenue (Low)	Total Annual Revenue (High)	Premium
0	500,000	\$ 489
500,001	1,000,000	714
1,000,001	1,500,000	853
1,500,001	2,000,000	961
2,000,001	3,000,000	1,082
3,000,001	4,000,000	1,183
4,000,001	5,000,000	1,254
5,000,001	6,500,000	1,324
6,500,001	8,000,000	1,406
8,000,001	9,500,000	1,487
9,500,001	11,000,000	1,568
11,000,001	12,500,000	1,646
12,500,001	14,000,000	1,723
14,000,001	16,000,000	1,814
16,000,001	18,000,000	1,911
18,000,001	And above	Refer to Company

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

2. Third Party Coverages are split between those eligible for prior acts, and those that are not eligible for Prior Acts. Third Party Coverages that are not eligible for prior acts are Privacy Event Expense, Regulatory Investigations and Privacy Regulatory Proceedings. Premium for these coverages is based on the insured's revenue as follows:

Total Annual Revenue (Low)	Total Annual Revenue (High)	Premium
0	500,000	\$ 610
500,001	1,000,000	891
1,000,001	1,500,000	1,065
1,500,001	2,000,000	1,199
2,000,001	3,000,000	1,351
3,000,001	4,000,000	1,476
4,000,001	5,000,000	1,565
5,000,001	6,500,000	1,652
6,500,001	8,000,000	1,754
8,000,001	9,500,000	1,856
9,500,001	11,000,000	1,957
11,000,001	12,500,000	2,054
12,500,001	14,000,000	2,150
14,000,001	16,000,000	2,263
16,000,001	18,000,000	2,385
18,000,001	And above	Refer to Company

3. Third Party Coverages that are subject to Prior Acts coverage include Network Security and Privacy Injury. Premium for these coverages is based on the insured's revenue as follows:

Total Annual Revenue (Low)	Total Annual Revenue (High)	Premium
0	500,000	\$ 360
500,001	1,000,000	526
1,000,001	1,500,000	629
1,500,001	2,000,000	708
2,000,001	3,000,000	798
3,000,001	4,000,000	872
4,000,001	5,000,000	925
5,000,001	6,500,000	976
6,500,001	8,000,000	1,036
8,000,001	9,500,000	1,096
9,500,001	11,000,000	1,156
11,000,001	12,500,000	1,213
12,500,001	14,000,000	1,270
14,000,001	16,000,000	1,337
16,000,001	18,000,000	1,409
18,000,001	And above	Refer to Company

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

Network Security and Privacy Injury coverages can be modified based on the existence of Prior Acts coverage. Multiply the above premium by the following factors to get Total Premium including Prior Acts:

Years of Prior Acts	Factor
0	1.00
1	1.10
2	1.20
3	1.22
4	1.24
5	1.25

4. The total premium will be equal to the sum of sections 1, 2 and 3.

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

I. BUSINESS LIABILITY - (General Liability)

A. General Liability coverage written in conjunction with Property coverage (with or without Professional Liability coverage)

When written for a Dentist's premises, this coverage shall be rated on the basis of "first office" location and "each additional office" location. If aggregate limits are to be applied separately to each location, the "first office" rate is to be used for each location. The "each additional office" charge shall not apply to Independent Contractors.

First Office:	\$175.00
Each Additional Office:	\$122.00

It shall not be permissible to provide coverage at a location where the dentist does not maintain a practice.

B. General Liability coverage written in conjunction with Professional Liability coverage only

When written for a Dentist's premises, this coverage shall be rated on the basis of "first office" location and "each additional office" location. If aggregate limits are to be applied separately to each location, the "first office" rate is to be used for each location. The "each additional office" charge shall not apply to Independent Contractors.

First Office:	\$50.00
Each Additional Office:	\$39.00

It shall not be permissible to provide coverage at a location where the dentist does not maintain a practice.

C. Additional Insured

An additional insured may be added to the policy at a charge of 5% of the policy's General Liability charge.

A Special Events endorsement (GL) may be added at no additional charge.

II. LIMITS OF LIABILITY – (General Liability)

The rates listed above are for limits of \$1,000,000 (each claim) / \$2,000,000 (aggregate). Other limits are available and are associated with the following factors (which are with respect to the \$1M/2M rate).

Individual Practice:

Increased Limit	Increased Limit Factor
\$1M/2M	1.000
\$1M/3M	1.011
\$2M/2M	1.071
\$2M/3M	1.085
\$2M/4M	1.098
\$2M/6M	1.124
\$3M/3M	1.160
\$3M/6M	1.202
\$4M/4M	1.240
\$5M/5M	1.320
\$5M/6M	1.330
\$5M/8M	1.351

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

III. ERISA FIDUCIARY AND EMPLOYEE BENEFITS LIABILITY INSURANCE

This coverage may be provided at the following limits and rates:

<u>Limit</u>	<u>Premium</u>
\$100,000/100,000	\$132
\$250,000/250,000	\$162
\$500,000/500,000	\$200
\$750,000/750,000	\$227
\$1,000,000/1,000,000	\$250

IV. FIRE AND WATER LEGAL LIABILITY

Fire and Water Legal Liability with a limit of \$500,000 is provided at no charge. Increased limits can be purchased using the following rate:

<u>Rate</u>	<u>Description</u>
\$125.00	Per \$500,000 of Excess Limit

V. HIRED AUTO PHYSICAL DAMAGE

Hired Auto Physical Damage coverage may be purchased. The flat rate is \$135 for a coverage limit of \$75,000. If aggregate limits are to be applied separately to each location, the flat rate of \$135 will apply to each location.

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

I. CALCULATION OF PREMIUMS - Property Coverages

- A. The premium shall be the sum of the applicable charges developed below.
- B. The premium for coverage shall be determined by applying the following to the limits of liability:
1. Building

Charge shall be determined by applying the following total rate to the limit of liability:

 - a. The applicable rates as shown on the State Rate Page (as determined by the insured's construction code).
 - b. The applicable rate in (a) will be modified by the applicable protection class factor shown on the State Rate Pages.
 2. Blanket Practice Personal Property
 - a. Limits of Liability for this coverage shall be calculated as the sum of the values for:
 - i. Contents at the premises;
 - ii. Property Off Premises;
 - iii. Accounts Receivable and Valuable Papers including x-rays and charts, we will automatically provide \$25,000 of coverage for these items.
 - b. Base rate shall be:
 - i. Specific annual Blanket Practice Personal Property rate (as shown on State Rate Page) based on the building's construction code,
 - ii. Multiplied by the appropriate protection class factor.
 3. Base rates for Building and/or Blanket Practice Personal Property contemplate a \$250 fixed dollar deductible with no Windstorm or Hail cause of loss. Higher fixed dollar deductibles and percentage deductibles for Windstorm or Hail are available with the following credit factors:

Fixed Dollar Deductible	Windstorm or Hail Deductible			
	None	1%	2%	5%
250	1.00	0.98	0.97	0.96
500	0.96	0.94	0.93	0.92
1,000	0.88	0.87	0.86	0.85
2,500	0.82	0.81	0.80	0.79
5,000	0.72	0.71	0.70	0.69
10,000	0.57	0.56	0.55	0.54

4. Inflation Protection Coverage

The insured must select to have the applicable limits of liability for Buildings increased automatically every quarter. In addition, the insured may elect to have the applicable limits of liability for Blanket Practice Personal Property increased automatically every quarter. Either coverage will be associated with an increase in accordance with the following table:

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

Quarterly Increase Percentage	% of Annual Building / Blanket Property Premium	Quarterly Increase Percentage	% of Annual Building / Blanket Property Premium
0.30%	0.45%	2.5%	3.75%
0.40%	0.60%	3.0%	4.50%
0.50%	0.75%	3.5%	5.25%
1.00%	1.50%	4.0%	6.00%
1.50%	2.25%	4.5%	6.75%
2.00%	3.00%	5.0%	7.50%

The Quarterly percentage selected by the insured must apply to the selected subject(s) of insurance at all locations insured under the policy.

5. Time Element Coverages - Practice Income, Rents, Extra Expense

a. Practice Income is provided on:

- i. A Value Daily Limit basis, beginning no sooner than 24 hours after the loss occurs for 32.5 days. Coverage may be increased by lengthening the number of days coverage applies (up to a maximum of 180 days). Coverage limit equals the daily income. Apply the Blanket Practice Personal Property rate to the total aggregate limit to calculate premium charge, where the total aggregate limit is the daily coverage limit times the number of coverage days.
- ii. An Actual Loss Sustained basis, beginning no sooner than 24 hours after the loss occurs for a maximum of 12 months. Premium charge equals 11.5% of the final Blanket Practice Personal Property premium as calculated in Rule I.B.2.b. There is no charge for the Actual Loss Sustained if the amount of Daily Value Limit purchased is equal to the actual daily income as supported by financial documentation.
- iii. Five percent of the Value Daily Limit subject to a \$100 minimum will be charged in order to provide coverage for the first 24 hours of the loss.
- iv. The 24 hour waiting period may be extended for a credit to the Practice Income premium. The following waiting periods are available:

<u>Number of Days</u>	<u>Number of Hours</u>	<u>Practice Income Premium Credit</u>
2	48	6.8%
3	72	11.3%
4	96	14.5%
5	120	16.8%
6	144	19.1%
7	168	21.4%
8	192	23.6%
9	216	25.9%
10	240	27.3%
15	360	33.6%
20	480	39.1%
25	600	43.1%

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

b. Rents Coverage

Charges will be determined by applying the following to the limit of liability:

- i. the applicable building rates; and
- ii. modified by a factor of .55.

c. Extra Expense Coverage

Extra Expense Coverage is provided on an Actual Loss Sustained Basis for a period of 12 months beginning no sooner than 24 hours after the loss occurs. This coverage is provided at no charge.

6. A flat premium of \$57 will be charged to each policy.

C. Optional Coverages

1. Dishonesty Coverage

- a. Employee Dishonesty Insurance applicable to Blanket Practice Personal Property may be purchased in accordance with Limit options shown in the following Table. When such coverage is purchased, it shall include, at no additional premium, coverage for Welfare and Pension Plans for which coverage is required under ERISA in an amount of \$25,000. This amount shall apply to coverage for Welfare and Pension Plans in addition to the purchased Employee Dishonesty Limit for Blanket Practice Personal Property.
- b. Employee Dishonesty Insurance will be charged on a "per policy" basis.
- c. Additional coverage beyond that provided in 1., above, for Welfare and Pension Plans, shall be charged by applying the rate shown to each additional \$1,000 of coverage.

Limits of Liability		
Money / Securities	Pension / Welfare	Premium
50,000	25,000	245.00
75,000	25,000	332.00
100,000	25,000	425.00
Increased Limits – Pension / Welfare (per \$1,000)		\$1.50

- 2. Increased Theft coverage for Precious Metals, beyond the \$2,500 provided by the policy, may be purchased. The rate for such additional coverage shall be \$0.60 per \$100 of value.
- 3. Increased Values of Signs not attached to the Building may be purchased at a rate of \$6.00 per \$100 of value. Value of signs attached to the building shall be included in the valuation of the Building.
- 4. Ordinance or Law Building Coverage - The first \$100,000 is provided at no charge. Additional limits may be purchased according to the following:
 - a. Loss of value to Undamaged Portion of Building may be purchased. No separate limit of insurance is required. When this coverage is increased, an additional charge equal to 10% of the building premium will apply.
 - b. Demolition Cost and Increased Cost of Construction may be purchased. When this coverage is increased, multiply the Building Base Rates by the limit of additional insurance, per \$100.
- 5. Ordinance or Law Tenant Improvements and Betterments Coverage with a limit of \$100,000 is provided at no charge.

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

6. Increased amounts of Dentist's Electronic Equipment coverage and Dentist's Electronic Equipment Extra Expense coverage may be purchased. The rate for such additional coverage shall be \$0.50 per \$100.00 of coverage, if the insured meets specified underwriting criteria. Otherwise, the rate for such additional coverage shall be \$0.75 per \$100.00 of coverage.
7. Increased Values of Fine Arts Coverage may be purchased at a rate of \$1.65 per \$100 of value.
8. Loss Assessment

This coverage will pay for the Insured's share for any assessment charged as a result of a direct physical loss or damage cause by a Covered Cause of loss to the property listed on the schedule.

<u>Limit</u>	<u>Rate</u>
\$1,000	\$6.00
\$5,000	\$10.00
\$10,000	\$13.00

For limits greater than \$10,000, use the chart below to calculate the excess premium and then add the \$10,000 charge.

<u>Rate</u>	<u>Description</u>
\$2.00	Per \$5,000 of Limit in excess of \$10,000

9. Back Up of Sewer or Drain with a limit of \$25,000 is provided at no charge. Increased limits can be purchased using the following rates:

<u>Total Limit (includes Basic Limit)</u>	<u>Per Location Charge</u>
\$50,000	\$40
\$100,000	\$80

When a total limit greater than \$100,000 is purchased, use the formula below to calculate the premium.

$$(\text{Total Limit} - 25,000) / 1000 \times 1.07$$

10. HVAC & Dental Equipment Breakdown coverage may be purchased. The rate is \$0.20 per \$1,000 limit.
11. Package endorsements are available at a flat rate.

PPP Gold	\$150
PPP Platinum	\$225

12. Builders Risk Coverage is provided by multiplying the following applicable rate by the Building Risk Limit / 1,000.

	Rate per \$1,000
New Construction	5.00
Renovation	10.00

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

13. Fungi, Wet or Dry Rot and Microbe Coverage

This coverage will pay for fungi, wet or dry rot, and microbe damage resulting from covered causes of loss.

<u>Total Limit</u>	<u>Per Policy Charge</u>
\$25,000	\$35

14. Trip Transit

Insurance will be provided for property in transit according to the following rates:

Limit	Rate per \$100 of Values Shipped
First \$50,000	\$1.50
Next \$50,000	\$1.35
Next \$50,000	\$1.15

The above limits and rates are applied on a per vehicle basis. The base premium is determined using the rating table above.

The base premium is multiplied by a factor of 1.50 if any of the following are met:

- Distance of trip is over 5 miles
- Property in transit includes imaging systems
- Weight of one object is over 100 pounds
- Insured is moving his/her own property (ie: a contract carrier wasn't hired)
- Insured uses own vehicle to move property (ie: a contract carrier's vehicle isn't used)

In addition, this coverage is subject to a \$2,500 deductible. Premium is fully earned at inception.

II. INDIVIDUAL RISK PREMIUM MODIFICATION PLAN - PROPERTY COVERAGE

This Plan shall be applied after the application of all other rating procedures.

A. Limitations: This Plan may be applied to all property coverages except those listed below:

- Employee Dishonesty Coverage
- Welfare and Pension Plan Coverage
- Base Loading
- PPP Gold Endorsement
- PPP Platinum Endorsement
- Flat Premium
- Equipment Breakdown Coverage
- Builders Risk
- Fungi, Wet or Dry Rot and Microbe Coverage
- Trip Transit

B. Rating Procedure

The following modifications may be applied to recognize such special characteristics of the risk as are not fully reflected in the basic premium or rates. The total credits or debits under the following table may not exceed 25%:

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

<u>RANGE OF RISK CHARACTERISTICS</u>	<u>MODIFICATIONS</u>		
	<u>Credits</u>		<u>Debits</u>
1. LOCATION Accessibility, congestion and exposures	10%	to	10%
2. BUILDING FEATURES Age, condition, and unusual structural features	10%	to	10%
3. PREMISES AND EQUIPMENT Care, condition, and type	10%	to	10%
4. PROTECTION Not otherwise recognized	10%	to	10%

III. PACKAGING OF COVERAGES

If Property coverage is purchased in conjunction with Professional Liability coverage, a package discount factor shall be applied to a number of the Property rates. The package discount factor is stated on the respective State Rate Page. The package discount factor is eligible to be applied to all property coverages except those listed below:

- Increased Limits on Fine Arts
- Loss Assessment
- Builders Risk
- PPP Gold Endorsement
- PPP Platinum Endorsement
- Flat Premium
- Fungi, Wet or Dry Rot and Microbe Coverage
- Trip Transit

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

BOARD EXAM COVERAGE

- A. It is permissible to provide restricted coverage for individuals who sit for Board Exams, but are not students (e.g., military personnel, dental graduates, or other dentists without professional liability coverage that are required to take a state board exam).
- B. Coverage provided to eligible insureds shall:
 - 1. be limited to Dental Professional Liability only;
 - 2. be provided on an claims-made basis;
 - 3. apply only for the length of time for which the person is eligible;
 - 4. have maximum limits of liability in the amounts of :
 - \$1,000,000 each claim
 - \$3,000,000 aggregate
- C. Policies will be issued on an annual basis.
- D. Class Description

<u>Class</u>	<u>Description</u>	<u>Code No.</u>
VIII.	Any individual not currently enrolled in an accredited institution, but while a candidate for certification and/or licensure as a dentist.	80221

- E. Premium

<u>Class</u>	<u>Premium</u>
VIII.	\$25.00

Premium is fully earned at inception.

- F. PRIOR ACTS COVERAGE

Prior Acts Coverage shall not be provided under this program.

- G. EXTENDED CLAIM REPORTING PERIOD COVERAGE

The extended claim reporting period under this program shall be unlimited and shall be provided at no additional charge.

**COMPANY PAGES
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

I. APPLICATION OF MANUAL

A. This manual provides rules and premium, applicable to Dental Students.

II. POLICY TERM

A. The policy term shall be continuous until canceled.

B. Individual Student Certificates will be written for a term of one year, and, automatically extended at no charge during the expected graduation year for up to a maximum of 6 months from the date of graduation in the event that certification or license is not immediately obtained.

III. PREMIUM COMPUTATION

Compute the premium at policy inception and subsequently as the sum of the premiums represented by the number of Certificates being issued, using the rules, rates and rating plans in effect at the time.

IV. CANCELLATION

Premium for individual Certificates is considered as fully earned and no return premium shall be granted.

V. COVERAGE

A. Coverage under the Certificate shall be as described in the Policy, with the issuance of summarized Certificates to the Insured Dental Student.

B. Coverage under this program is Professional Liability on a Claims-Made basis.

VI. PRIOR ACTS COVERAGE

Prior Acts Coverage shall not be provided under this program.

VII. EXTENDED CLAIM REPORTING PERIOD COVERAGE

The extended claim reporting period under this program shall be unlimited and shall be provided at no additional charge. The aggregate limit shall be separate from and equal to the aggregate limit provided by the Certificate.

VIII. LIMITS OF LIABILITY

Limits of Liability for this program shall be as follows:

Each Certificate	\$1,000,000 Each Claim
	\$3,000,000 Aggregate

IX. CERTIFICATE PREMIUM

<u>Class</u>	<u>Premium</u>
Dental Student	\$25.00

X. CLASS DESCRIPTION

Any student who is in the process of completing their training in dentistry while enrolled in an accredited institution.

Code No.

80225

**COMPANY STATE PAGE
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

I. Amended Rules - General

A. Rule XIII is added:

Quarterly Installment Option:

The Company will offer individual insureds the option to make annual premium payments using quarterly or annual installments. When quarterly installments are selected, the following standards will apply:

- i) An initial payment of no more than 40% of the estimated total premium will be due at policy inception;
- ii) The remaining premium will be 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) Installment charges or fees of no more than 1% of the total premium or \$25.00, whichever is less, will be assessed;
- iv) Availability will be subject to a minimum annual premium of \$500; and
- v) Quarterly installments will not be available for premium for any extension of a reporting period.
- vi) There will be no interest charges;
- vii) Any additional premium resulting from changes to policy, mid-term, 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

II. Amended Rules - General Liability (GL)

Reserved for future use.

**COMPANY STATE PAGE
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

IV. Amended Rules – Professional Liability (PL)

- A. Rule V, SUPPLEMENTAL MODIFICATIONS-PROFESSIONAL LIABILITY, C., Experience Rating, is deleted and replaced by the following:

- C. Experience Rating

Experience period: 5 years preceding the forthcoming policy year.

Application of Experience debit:

	<u>Debit</u>
No claims during the experience period:	0%
One claim during the experience period:	
that occurred in the 5 th previous year:	5%
that occurred in the 4 th previous year:	10%
that occurred in the 3 rd previous year:	15%
that occurred in the 2 nd previous year:	20%
that occurred in the 1 st previous year:	25%
More than one claim during the experience period:	Refer to Company

A claim is defined as paid indemnity or indemnity reserve in excess of \$2,000.

Such debits developed in accordance with the above shall apply on a one year basis and will be subject to annual review.

- B. Rule VIII., EXTENDED REPORTING PERIOD COVERAGE, A.9., is amended to read as follows:

The factors in the following Table shall be applied to the annual premium in effect at the expiration of the most recent claims-made policy period.

- C. Rule X., LOCATION OF PRACTICE is amended to delete the following sentence:

We will charge the higher rate if there is multi-state exposure.

- D. Rule VIII., EXTENDED REPORTING PERIOD COVERAGE, A.1., is deleted and replaced as follows:

The limits of liability stated under this policy at the time of termination, death, disability, or retirement will be the limits of liability applying to the extended reporting period.

- E. Rule VIII., EXTENDED REPORTING PERIOD COVERAGE, A.4., applies to Employment Practices Liability Defense Only and Indemnity & Defense coverage.

- F. Rule VIII., EXTENDED REPORTING PERIOD COVERAGE, A.5., applies to Employment Practices Liability Defense Only and Indemnity & Defense coverage. The number of consecutive years of insurance with CNA is based on the number of consecutive years of Professional Liability insurance with CNA.

**COMPANY STATE PAGE
FOR
DENTAL PROFESSIONAL PROGRAM**

CONTINENTAL CASUALTY COMPANY

- G. Rule V., SUPPLEMENTAL MODIFICATIONS - PROFESSIONAL LIABILITY, A. Schedule Rating and B. Loss Prevention / Risk Management have been deleted and replaced by the following:

Any modifications developed under subitems A. and B. shall be summed and applied as a single factor.

A. Schedule Rating

Based on the following individual risk characteristics, the maximum debit or credit produced by the addition of the debit and/or credit will not exceed 25%:

	<u>Credit</u>	<u>Debit</u>
<u>Procedure Mix</u>	0 – 25%	0 – 25%

Applicable to practitioners whose procedures or practice specialties are primarily concentrated in areas other than their practice classification and/or specialty.

<u>Exposure Modification</u>	0 – 25%	0 – 25%
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Applicable to those insureds who have an increased or reduced exposure.

<u>Unusual Risk Characteristics</u>	0 – 25%	0 – 25%
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B. <u>Loss Prevention / Risk Management</u>	7.5%	XXX
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A credit will be applied to the dentist's classification Rate applicable to each dentist who attends an approved loss prevention/risk management workshop or successfully completes the CNA home study course. This credit will be applied for 3 consecutive years.

V. **Territorial Definitions – Professional Liability (PL)**

Territory I:	Cook County
Territory II:	Dupage, Kane, Lake and Will Counties
Territory III:	Madison County
Territory IV:	Remainder of State

VI. **Rates – Professional Liability (PL)**

A. Professional Liability

Occurrence Rates at \$1M/\$1M Limits

Class	Terr I	Terr II	Terr III	Terr IV
I	\$3,301	\$2,123	\$2,882	\$2,018
III	18,000	11,577	15,719	11,004
IV	200	200	200	200
IX	11,552	7,430	10,087	7,060

**COMPANY STATE PAGE
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

X	23,102	14,857	20,174	14,122
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B. Employment Practices Liability – Defense Only

The annual charge for this coverage will be \$60 per each named insured having separate \$25,000 limits of liability.

Corporations will share the \$25,000 limits of liability with the named insured, unless specifically requesting separate limits. Separate limits will be subject to the \$60 charge.

Note: The required coverage and associated charge are waived when the insured purchases the EPL Indemnity & Defense Coverage as the rates below already contemplate the \$60 defense charge.

Employment Practices Liability – Indemnity & Defense

The annual charge for this coverage is per each named insured having separate limits of liability. The following table is used to calculate the rate:

Combined Indemnity & Defense <u>Limit of Liability</u>	<u>Flat Rate for First 15 Employees</u>
\$ 25,000	\$ 235
\$ 50,000	\$ 270
\$ 75,000	\$ 305
\$100,000	\$ 355
\$250,000	\$ 494
\$500,000	\$ 586
\$750,000	\$ 622
\$1,000,000	\$ 657

\$16 per employee over the first 15 employees.

Corporations will share the limits of liability with the named insured, unless specifically requesting separate limits. Separate limits will be subject to the rates listed in the table above.

If named insureds elect to all share one limit of liability, the annual charge for this coverage is subject to the rates above and is rated as if there was only one named insured on the policy.

C. Extended Reporting Period Coverage for Employment Practices Liability

Defense Only Coverage and Indemnity & Defense Coverage

A factor of 0.75 will be applied to the EPL rate.

Defense Only Coverage when converting to an Indemnity & Defense Coverage

No charge.

**COMPANY STATE PAGE
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

VII. Amended Rules - Property

- A. Illinois Public Act 84-1032 requires a Mine Subsidence Insurance Program for coverage on structures for loss caused by mine subsidence.

"Structure" means a dwelling, building or fixture permanently affixed to real property.

1. Eligibility

- a. Coverage must be provided, unless waived in writing, for direct loss to structures located in the following counties:

Bond	Jackson	Marshall	St. Clair
Bureau	Jefferson	Menard	Saline
Christian	Knox	Mercer	Sangamon
Clinton	LaSalle	Montgomery	Tazewell
Douglas	Logan	Peoria	Vermilion
Franklin	McDonough	Perr	Washington
Fulton	Macoupin	Putnam	Williamson
Gallatin	Madison	Randolph	
Grundy	Marion	Rock Island	

- b. Coverage must be provided in other counties if requested.

2. Ineligibility

The following are not eligible:

- a. Blanket Practice Personal Property Coverage, except to the extent that improvements and betterments would be considered structures;
- b. Coverage for Time element loss;
- c. Limits of Liability in excess of \$350,000, which is the maximum amount reinsured by the Illinois Mine Subsidence Fund.

**COMPANY STATE PAGE
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

3. Premiums

- a. Premium for Mine Subsidence shall be shown separately.
- b. Annual premiums per structure are as follows:

<u>Coverage Limit</u>	<u>Frame</u>	<u>Other than Frame*</u>
\$10,000 or less	\$20.00	\$26.00
10,001 to 20,000	23.00	30.00
20,001 to 30,000	26.00	33.00
30,001 to 40,000	30.00	36.00
40,001 to 50,000	33.00	40.00
50,001 to 60,000	36.00	43.00
60,001 to 70,000	40.00	46.00
70,001 to 80,000	43.00	50.00
80,001 to 90,000	46.00	53.00
90,001 to 100,000	50.00	56.00
100,001 to 110,000	53.00	59.00
110,001 to 120,000	56.00	63.00
120,001 to 130,000	59.00	66.00
130,001 to 140,000	63.00	69.00
140,001 to 150,000	66.00	73.00
150,001 to 160,000	69.00	76.00
160,001 to 170,000	73.00	79.00
170,001 to 180,000	76.00	83.00
180,001 to 190,000	79.00	86.00
190,001 to 200,000	83.00	89.00
200,001 to 210,000	86.00	92.00
210,001 to 220,000	89.00	96.00
220,001 to 230,000	92.00	99.00
230,001 to 240,000	96.00	102.00
240,001 to 250,000	99.00	106.00
250,001 to 260,000	102.00	109.00
260,001 to 270,000	106.00	112.00
270,001 to 280,000	109.00	116.00
280,001 to 290,000	112.00	119.00
290,001 to 300,000	116.00	122.00
300,001 to 310,000	119.00	125.00
310,001 to 320,000	122.00	129.00
320,001 to 330,000	125.00	132.00
330,001 to 340,000	129.00	135.00
340,001 to 350,000	132.00	139.00

- c. The deductible for other property perils in the policy is the applicable deductible for mine subsidence coverage.

* Any structure other than frame, this includes brick, brick veneer, steel frame, and any fire resistive construction, etc.

**COMPANY STATE PAGE
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

- B. Rule II., INDIVIDUAL RISK PREMIUM MODIFICATION PLAN, B., Rating Procedure, is amended as follows:

The total credits or debits under the following table may not exceed 40%:

- C. Additional Rule:

For "Flood" Coverage Endorsement [Form G-145161-A] we will be using the flood rates that are currently filed and approved for use under Division 5.

For Earthquake [Form G-145160-A] we will be using the ISO earthquake rates currently approved for use.

VIII. Territorial Definitions – Property

Territory I: 606XX (Chicago)
 Territory II: 607XX (Chicago - South Suburban)
 Territory III: 600XX - 604XX (Chicago North and West Suburban)
 Territory IV: 620XX and 622XX (East St. Louis)
 Territory V: 614XX, 618XX, 619XX, 623XX - 627XX (Central Illinois)
 Territory VI: Remainder of State

IX. Rates - Property

- A. Blanket Practice Personal Property:

Construction (Code)	TER I	TER II	TER III	TER IV	TER V	TER VI
Frame (1)	0.440	0.393	0.416	0.393	0.369	0.416
Joisted Masonry (2)	0.369	0.324	0.347	0.324	0.311	0.347
Non-Comb (3) or Masonry						
Non-Comb (4)	0.221	0.195	0.208	0.195	0.185	0.208
Mod Fire Res (5) or Fire Res (6)	0.221	0.195	0.208	0.195	0.185	0.208

- B. Building:

Construction (Code)	TER I	TER II	TER III	TER IV	TER V	TER VI
Frame (1)	0.173	0.156	0.165	0.156	0.147	0.165
Joisted Masonry (2)	0.147	0.130	0.139	0.130	0.122	0.139
Non-Comb (3) or Masonry						
Non-Comb (4)	0.087	0.079	0.087	0.079	0.069	0.087
Mod Fire Res (5) or Fire Res (6)	0.087	0.079	0.087	0.079	0.069	0.087

Note: For statistical reporting purposes, the protection class code must be included in the application.

**COMPANY STATE PAGE
FOR
DENTAL PROFESSIONAL PROGRAM
CONTINENTAL CASUALTY COMPANY**

C. Base All-Risk Load - Per Policy

There will be a base All-Risk Loading of \$65 per policy.

X. Package Discount Factors

A. Property and General Liability: 0.89
Professional Liability: 0.86

B. This factor is not applicable to:

1. Mine Subsidence
2. Base Loading for Building and Blanket Practice Personal Property

XI. Protection Class Multipliers

Protection Class	Multiplier
1	0.830
2	0.850
3	0.870
4	0.950
5	1.000
6	1.030
7	1.200
8	1.310
9	1.400
10	2.080

SERFF Tracking #:

CNAC-129176993

State Tracking #:

CNAC-129176993

Company Tracking #:

13-00606-RL

State:

Illinois

Filing Company:

Continental Casualty Company

TOI/Sub-TOI:

11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons

Product Name:

Dental Professional Program

Project Name/Number:

Dental 2013 Revision/2013020179

Superseded Schedule Items

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

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/26/2013		Supporting Document	Form RF3 - (Summary Sheet)	08/27/2013	IL RF-3.pdf (Superseded) IL Rate Impact 2013.pdf IL Supporting Actuarial Exhibits PL 2013.pdf Cyber Liability Rate Calculation Exhibits.pdf

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8/1/2013

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto	81,209	0.0%
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	257,731	0.0%
14. Crop Hail		
15. Other <u>Medical Malpractice</u>	590,765	+2.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Expanding Mission of Mercy coverage, adding cyber liability coverage, adding deductible factors for business interruption coverage and increasing PL base rates by 2%

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Continental Casualty Company
Name of Company

Laura Sachs, FCAS, Assistant Vice President & Actuary
Official – Title