Filing at a Glance

Company:	Everest National Insurance Company
Product Name:	Social Services
State:	Illinois
TOI:	11.0 Medical Malpractice - Claims Made/Occurrence
Sub-TOI:	11.0000 Med Mal Sub-TOI Combinations
Filing Type:	Rate/Rule
Date Submitted:	08/03/2012
SERFF Tr Num:	EVST-128614035
SERFF Status:	Closed-Filed
State Tr Num:	EVST-128614035
State Status:	
Co Tr Num:	NIF-PL-20026647
Effective Date Requested (New):	10/01/2012
Effective Date Requested (Renewal):	10/01/2012
Author(s):	Vanessa King
Reviewer(s):	Gayle Neuman (primary), Neetha Mamoottile, Caryn Carmean
Disposition Date:	10/23/2012
Disposition Status:	Filed
Effective Date (New):	
Effective Date (Renewal):	

State Filing Description:

State: *Illinois* **Filing Company:** *Everest National Insurance Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Social Services*
Project Name/Number: *Rate Filing/NIF-PL-20026647*

General Information

Project Name: Rate Filing
Project Number: NIF-PL-20026647
Reference Organization:
Reference Title:
Filing Status Changed: 10/23/2012
State Status Changed:
Created By: Vanessa King
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:

Deemer Date:
Submitted By: Vanessa King

Filing Description:

Everest National Insurance Company hereby files certain specialized rating and coverages for risks of the Allied Health Care industry under the Medical Professional Liability Line of Insurance.

With respect to coverage, Everest will use as our product base, Countrywide and State rules, coverage forms and endorsements (including all ISO state amendatory endorsements) that exist for these lines of business as filed by Insurance Services Office, Inc. (“ISO”) and adopted by Everest National Insurance Company, as well as other independent material previously filed and implemented by Everest. This filing introduces a number of new endorsements to the ISO Coverage Forms developed with the Allied Health Care industry in mind.

Company and Contact

Filing Contact Information

Vanessa King, Manager, Filing and Regulation
P.O. Box 830
477 Martinsville Road
Liberty Corner, NJ 07938-0830

vanessa.king@everestre.com

908-604-3267 [Phone]
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Filing Company Information

Everest National Insurance Company
477 Martinsville Road
P.O. Box 830
Liberty Corner, NJ 07938-0830
(908) 604-3000 ext. [Phone]

CoCode: 10120
Group Code: 1120
Group Name: Everest Re Group, Ltd.
FEIN Number: 22-2660372

State of Domicile: Delaware
Company Type:
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	Yes

State: *Illinois* **Filing Company:** *Everest National Insurance Company*
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Company	Amount	Date Processed	Transaction #
Everest National Insurance Company	$50.00	08/03/2012	61410175

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 LIABLITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMMISSIONS, 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 .: NA
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.": NA
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.: NA

State: *Illinois* **Filing Company:** *Everest National Insurance Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Social Services*
Project Name/Number: *Rate Filing/NIF-PL-20026647*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	10/23/2012	10/23/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	08/06/2012	08/06/2012

Response Letters

Responded By	Created On	Date Submitted

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Company Exception Pages	Vanessa King	09/28/2012	09/28/2012
Rate	Company Exception Pages	Vanessa King	09/20/2012	09/20/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Amend Effective date	Note To Reviewer	Vanessa King	10/23/2012	10/23/2012
effective date	Note To Filer	Gayle Neuman	10/23/2012	10/23/2012

State:	*Illinois*	***Filing Company:***	*Everest National Insurance Company*
TOI/Sub-TOI:	*11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*		
Product Name:	*Social Services*		
Project Name/Number:	*Rate Filing/NIF-PL-20026647*		

Disposition

Disposition Date: 10/23/2012

Effective Date (New): 11/01/2012

Effective Date (Renewal): 11/01/2012

Status: Filed

Comment:

Rate data does NOT apply to filing.

State:	*Illinois*	**Filing Company:**	*Everest National Insurance Company*
TOI/Sub-TOI:	*11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*		
Product Name:	*Social Services*		
Project Name/Number:	*Rate Filing/NIF-PL-20026647*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/06/2012
Submitted Date	08/06/2012
Respond By Date	08/20/2012

Dear Vanessa King,

Introduction:

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

1. 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?
2. The manual does not indicate that the rates provided are for a period of coverage of one year. Please clarify.
3. Please review Company Bulletin 2011-05 in regard to the schedule rating plan guidelines.
4. Are any premium payment plans offered to insureds?
5. Extended reporting period (tail coverage) premium must be priced as a factor of one of the following: (a) the last twelve months premium; (b) the premium in effect at policy issuance; or (c) the expiring annual premium. The company must list the factor(s) to be used to figure the premium, which of the three premiums the factor will be applied to, and any credits, discounts, etc. that will be added or removed when determining the final premium.

Conclusion:

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

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

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

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

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

Sincerely,
Gayle Neuman

State:	*Illinois*	**Filing Company:**	*Everest National Insurance Company*
TOI/Sub-TOI:	*11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*		
Product Name:	*Social Services*		
Project Name/Number:	*Rate Filing/NIF-PL-20026647*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/14/2012
Submitted Date	08/14/2012

Dear Gayle Neuman,

Introduction:

This will respond to your comments of August 6, 2012,

Response 1

Comments:

1) ISO is the stat agency

2) We have incorporated a policy term rule stating the term is one year.

3) Schedule rating has been revised to comply with Bulletin 2011-05 .

4) Yes, premium payment plans are offered to the insured at an initial charge of 15% of premium with additional installments of 15%. A rule is reflected in the manual.

5) The ERP will charged as factor on the expiring annual premium.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We trust these changes are acceptable.

Sincerely,

Vanessa King

State: *Illinois* **Filing Company:** *Everest National Insurance Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Social Services*
Project Name/Number: *Rate Filing/NIF-PL-20026647*

Amendment Letter

Submitted Date: 09/28/2012
Comments:
We have deleted paragraph 3. COMPLEXITY OF PROCEDURES from the manual.

We trust this is acceptable. Thank you
Changed Items:

Submitted Date: 09/20/2012
Comments:
This will respond to your comments of September 19, 2012.

We have revised the our manual to reflect criteria for Item 3. COMPLEXITY OF PROCEDURES.

We trust this is acceptable.

Thank you.
Changed Items:

State:	*Illinois*	**Filing Company:**	*Everest National Insurance Company*
TOI/Sub-TOI:	*11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*		
Product Name:	*Social Services*		
Project Name/Number:	*Rate Filing/NIF-PL-20026647*		

Note To Reviewer

Created By:

Vanessa King on 10/23/2012 09:33 AM

Last Edited By:

Gayle Neuman

Submitted On:

10/23/2012 01:29 PM

Subject:

Amend Effective date

Comments:

We request an effective date of 11/1/12. Thank you

State:	*Illinois*	**Filing Company:**	*Everest National Insurance Company*
TOI/Sub-TOI:	*11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*		
Product Name:	*Social Services*		
Project Name/Number:	*Rate Filing/NIF-PL-20026647*		

Note To Filer

Created By:

Gayle Neuman on 10/23/2012 08:41 AM

Last Edited By:

Gayle Neuman

Submitted On:

10/23/2012 01:29 PM

Subject:

effective date

Comments:

The Department of Insurance has now completed its review of this filing. Originally, Everest National requested the filing be effective October 1, 2012. Was the filing put in effect on October 1, 2012 or do you wish to have a different effective date? Your prompt response is appreciated.

State: *Illinois* **Filing Company:** *Everest National Insurance Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Social Services*
Project Name/Number: *Rate Filing/NIF-PL-20026647*

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Company Exception Pages	CEP-PL-IL	New		NIF-IL-PL-10012012-Rev.2.pdf
2		Company Exception Pages	CEP-PL-IL	New		NIF-IL-PL-10012012-Rev2.pdf
3		Company Exception Pages	CEP-PL-IL	New		NIF-PL--IL.pdf
4		Company Exception Pages	CEP-IL-PL-10012012	New		NIF-IL-PL-10012012.pdf

ILLINOIS
SOCIAL SERVICES
PROFESSIONAL LIABILITY PROGRAM
COMPANY EXCEPTION PAGES

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1. RATING EXPOSURE GRADES

Applicable rates are determined by exposure grades. Exposure grading will be determined by evaluating the type of client being served and the degree of care and supervision being provided. The following guidelines are to be used in rating professional liability.

A. **Risks with exclusively incidental professional exposures are subject to the agency charge only. Risks with incidental exposures only are subject to a minimum premium of $1,000. which is not subject to any other rating factor.**

Risks with incidental professional liability exposures include:

Art/Music Institutions

Client Advocacy (no individual clients)

Fund Raising Organizations

Information Services

Meals on Wheels

Non-Profit Associations (administrative offices only)

Nutritional Programs

Recreational Programs

Thrift Stores

Volunteer Recruitment

B. **Risks with low professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with low exposures only are subject to a minimum premium of $1,000. which is not subject to any other rating factor.**

Risks with low professional liability exposures include:

Class	Exposure Charge
Alcoholism Councils	N/A
Bereavement Counseling	N/A
Chore Services - Homemaker Assistance - Home Repair	N/A
Cultural/Linguistic Assimilation Programs	N/A
Day Care or In-Home Assistance to Elderly	N/A
Day Care/Nursery School (except Head Start & handicapped)	N/A
Family Planning/Pregnancy (counseling only)	N/A
Financial Counseling and Education	N/A
Health Education Workshops	N/A
Homeless Counseling/Shelters - Independent Living	Per Resident
Housing Referral	N/A

Independent Living (aged only)	Per Resident
Individual Counseling (stress, career, etc.)	N/A
Marriage and Family Counseling	N/A
Peer Counseling with Professional Supervision	N/A
Religious Youth & Outreach Groups	N/A
Resource Referral	N/A
Retirement Communities, Independent Living	Per Resident
Schools Day	N/A
Vocational Education/Sheltered Workshops	N/A

C. **Risks with moderate professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with moderate exposures are subject to a minimum premium of $1,500 which is not subject to any other rating factor.**

Class	Exposure Charge
Aids Counseling & Case Management	N/A
Big Brothers/Big Sisters	N/A
Counseling Developmentally Disabled	N/A
Counseling for Emotionally Disturbed (not violent)	Per 100 outpatient visits (low)
Day Care Centers/Schools (Head Start & handicapped)	N/A
Developmentally Disabled Residence (no medical care)	Per bed (low)
Disease Control Clinics	Per 100 outpatient visits
Family Planning/Pregnancy (counseling & exams)	Per 100 outpatient visits
Group Homes - Abused Children - Supervised Living	Per bed (low)
Group Homes - Battered Women - Supervised Living	Per bed (low)
Group Homes – Drug Abusers – Supervised Living	Per bed (low)
Group Homes - Misc. Supervised Living	Per bed (low)
Home Health Agency	Per 100 outpatient visits
Homeless Counseling/Shelters - Supervised Living	Per bed (low)
Hotlines (not crisis intervention)	Per 100 outpatient visits (low)
Immunization Clinics	Per 100 outpatient visits
Infant Health Assessment Programs	Per 100 outpatient visits
Methadone Maintenance	Per 100 outpatient visits
Parenting Classes	N/A
Physically Handicapped Residence Programs (no medical care)	Per bed (low)

Respite Care	Per bed (low)
Retirement Communities, Residential care (no medical facilities)	Per bed (low)
Schools Residential (academic)	Per bed (low)
Schools Residential (excl. emotionally disturbed or handicapped)	Per bed (low)
Senior Health Assessment Clinics	Per 100 outpatient visits
Sexually Transmitted Disease Clinics	Per 100 outpatient visits (low)
Shelters - Indigent (overnight only)	Per bed (low)
Visiting Nurse	Per 100 outpatient visits

D. Risks with high professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with high exposures are subject to a minimum premium of $2,500, which is not subject to any other rating factor.

Class	Exposure Charge
Adoption	Placements
Community Homes for the Aged	Per bed (med.)
Crisis Intervention	Per 100 outpatient visits (med.)
Family Planning/Pregnancy (counseling, exams & prenatal care)	Per 100 outpatient visits (high)
Foster Care	Placements
Foster Care, Residential	Per bed (very high)
Foster Grandparents	Placements
Group Home for Mentally or Physically Handicapped incl. intermediate nursing care	Per bed (high)
Halfway House - Intermediate care	Per bed (med.)
HIV Testing	Per 100 outpatient visits (high)
Hospice	Per bed (med.)
Needle Exchange Programs	Per 100 outpatient visits (med.)
Physical Rehabilitation (outpatient)	Per 100 outpatient visits (med.)
Physical Rehabilitation (residential)	Per bed (med.)
Residential Care for Children (incl. intermediate care)	Per bed (high)
Retirement Communities, Intermediate Care	Per bed (high)

Schools Residential (incl. severely disturbed or handicapped)	Per bed (med.)
Substance Abuse Facility (no detox)	Per bed (med.)
Supportive Living Facility	Per bed (med.)
Treatment Centers - Drug & Alcohol Abuse (no detox)	Per bed (med.)
Well Child Clinics	Per 100 outpatient visits (med.)
Alzheimer's Residences	Per bed (very high)
Group Home for Mentally or Physically Handicapped (skilled nursing care)	Per bed (very high)
Hotlines (Crisis Intervention)	Per 100 outpatient visits (high)
Hotlines (Suicide Prevention)	Per 100 outpatient visits (high)
Retirement Communities (skilled nursing care)	Per bed (high)
Substance Abuse Facility (incl. detox)	Per bed (very high)

2. **AT LIMITS RATES**

a. Rates shown in the Rate Table are applicable to full-time employees and volunteers. Where applicable, the rates apply to all practitioners who have contact with clients or patients.

b. Under "Type" of Professional shown in the Rate Table, the following definitions apply:

Type	Definition
Type 1	Paraprofessional Social Worker, Homemaker, Home Health, Nurse Aide, Sitter, Companion, Bereaval Therapist, Occupational Therapist, Teacher
Type 2	LPN, Social Worker (BA), Dietician, Nutritionist, Dental Hygienist, Pharmacy, Assistant Lab Technician, EKG - Ultrasound Tech, Medical Tech, Echocardiogram Tech, X-Ray Tech, Radiology Tech, Certified Medical Assistant
Type 3	RN, Social Worker (MA, MSW), Speech Pathologist, Dialysis Tech, Enterstomal Therapist, Clergy
Type 4	Medical Director
Type 5	Pharmacist
Type 6	Physical Therapist, Respiratory Therapist, Phlebotomist, Nuclear Medicine Tech, Radiation Therapist
Type 7	Psychologist
Type 8	Nurse Practitioner, Physician Assistant, Paramedic EMT
Type 9	Acupuncturist, Chiropractor, Dentist, Psychiatrist
Type 10	Medical Doctor/Doctor of Osteopathy - Non-Surgical

c. For Types 1, 2, 3, 4, 5, 6, 7, and 8: part-time employees and volunteers (work less than 20 hours per week), apply a factor of .50 to the applicable professional rate. This does not apply to independent contractors.

d. For Types 9 and 10: part-time employees and volunteers (work less than 20 hours per week), apply a factor of .50 to the applicable professional rate. This does not apply to independent contractors.

e. Contingent liability for independent contractors, apply a factor of .50 to the applicable professional rate. Individual professional insurance coverage for independent contractors must be documented in the file (name of carrier, policy period and limits).

f. Under "client exposure charges" shown in the rate table, the following rate categories apply:

Client Exposure Charge	Rate Category
Per resident	Applicable to independent living
Per 100 outpatient visits (low)	Applicable to low hazard outpatient exposures
Per 100 outpatient visits (medium)	Applicable to moderate hazard outpatient exposures
Per 100 outpatient visits (high)	Applicable to high hazard outpatient exposures
Per bed (low)	Applicable to low inpatient duty of care exposures
Per bed (medium)	Applicable to moderate inpatient duty of care exposures
Per bed (high)	Applicable to high inpatient duty of care exposures
Per bed (very high)	Applicable to very high inpatient duty of care exposures
Per placement	Applicable to foster care and adoption placements

g. Rates are for specified limits shown in the Rate Table.

3. SCHEDULE MODIFICATION TABLE

The following factors may be applied at the underwriter's discretion based on the characteristics listed below. Schedule modification factors are limited to the range of .75 to 1.25. The premium may not be reduced below any policy minimum premium.

Risk Characteristics	Range of Modification			
	Credit		Debit	
Facility Standards				
Record Keeping and Documentation	5%		5%	
Employee to Client Ratio	5%		5%	
Licensing/Accreditation	5%		5%	
Employee Selection, Training, Supervision, Experience				
Employee Qualifications	15%		15%	
Continuing Education	5%		5%	
Supervision	5%		5%	
Client Considerations				
Voluntary versus Involuntary	4%		4%	
Extent of Client Contact	5%		5%	
Degree of Care	5%		5%	

Classification Peculiarities				
Off Premises Exposure	6%		6%	
Administration of Drugs	5%		5%	

4. **PREMIUM COMPUTATION**

a. The agency charge is determined based upon the limit of insurance desired.

b. Employee charges, where applicable, are determined through a process of multiplying the number of each type of employee by the corresponding rate, including any modifications that may apply for Part Time, Contingent Liability, or Complexity of Procedures (Type 10 only).

c. Client exposure charges, where applicable, are determined by multiplying the applicable client exposures by the corresponding rate specified for the exposure grade.

d. The Agency Charge determined in step (a) above is then added to the per employee charges and client exposure charges, when applicable.

e. The premium determined in step (d) above is then subject to schedule modification.

5. **KEY EMPLOYEE REPLACEMENT EXPENSE COVERAGE ENDORSEMENT**

If the Key Employee Replacement Coverage Expense Endorsement is attached, a premium of $250 per scheduled employee will apply. The maximum limit allowed under this endorsement is $75,000 per employee. Attach EEO 04 592 – Key Employee Replacement Expense Coverage.

6. **OPTIONAL LEGAL EXPENSE REIMBURSEMENT COVERAGE**

Limit: $30,000 per Action/$30,000 Annual Aggregate Limit
Charge: $200 per Physician

Attach EEO 04 593 – Legal Expense Reimbursement Coverage

7. **CLAIMS-MADE RATING PROCEDURES FOR CLAIMS-MADE POLICIES**

a. Claims-Made Multiplier

To calculate the claims-made rate, multiply the occurrence rates shown in the Rate Table by the following factor:

Year in Claims-Made	Factor
0	.45
1	.70
2	.85
3	.90
4 or more	.95

b. **Extended Claims Reporting Period**

Using the rates in effect at the end of the terminating policy, compute the extended claims reporting premium by multiplying either the "Expiring Premium" or "Minimum Premium" (whichever is greater) per the Rate Table by the factor shown below. An unlimited reporting period is available only for those policies covered continuously by a company policy for a minimum of three years. Attach EEO 04 588 – Extended Claims Reporting Period.

Length of Extended Reporting Period	Expiring Premium Factor
One Year	1.00
Three Years	1.50
Five years	1.90
Unlimited	2.00

8. PRIOR ACTS RATING PROCEDURES FOR OCCURRENCE POLICIES

Apply the following factors to calculate Prior Acts Coverage when converting a claims-made policy to an occurrence policy. The premium is determined by multiplying the professional liability occurrence premium by the applicable factor shown below:

	Factor
One Year Prior Acts:	.60
Two Years Prior Acts:	.80
Three Years Prior Acts:	.90
Four Years Prior Acts:	.95
Five or More years Prior Acts:	1.00

Minimum premium for Prior Acts Coverage endorsement is $300. This is not subject to any other rating rule. Attach EEO 04 597 – Prior Acts Coverage.

9. POLICY TERM

Policies may be written for a specific term up to one year.

ILLINOIS
SOCIAL SERVICES
PROFESSIONAL LIABILITY PROGRAM
COMPANY EXCEPTION PAGES

PROFESSIONAL LIABILITY OCCURRENCE RATES

	TERRITORY – 1 Cook, Madison & St. Clair Counties								
	Limit in 000s								
	100/ 300	300/ 300	300/ 900	500/ 500	500/ 1000	500/ 1500	1000/ 1000	1000/ 2000	1000/ 3000
Agency Charge	650	793	819	871	884	891	969	982	995
Type 1	53	65	67	71	72	73	79	80	81
Type 2	107	131	135	143	146	147	159	162	164
Type 3	133	162	168	178	181	182	198	201	203
Type 4	175	214	221	235	238	240	261	264	268
Type 5	235	287	296	315	320	322	350	355	360
Type 6	306	373	386	410	416	419	456	462	468
Type 7	425	519	536	570	578	582	633	642	650
Type 8	660	805	832	884	898	904	983	997	1,010
Type 9	1,316	1,606	1,658	1,763	1,790	1,803	1,961	1,987	2,013
Type 10	5,300	6,466	6,678	7,102	7,208	7,261	7,897	8,003	8,109
Per resident	6	7	8	8	8	8	9	9	9
Per 100 Outpatient visits - low	29	35	37	39	39	40	43	44	44
Per 100 Outpatient visits - medium	105	128	132	141	143	144	156	159	161
Per 100 Outpatient visits - high	171	209	215	229	233	234	255	258	262
Per bed – low	43	52	54	58	58	59	64	65	66
Per bed – medium	55	67	69	74	75	75	82	83	84
Per bed – high	105	128	132	141	143	144	156	159	161
Per bed – very high	257	314	324	344	350	352	383	388	393
Placement	64	78	81	86	87	88	95	97	98

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	TERRITORY – 2 Remainder of State								
	Limit in 000s								
	100/ 300	300/ 300	300/ 900	500/ 500	500/ 1000	500/ 1500	1000/ 1000	1000/ 2000	1000/ 3000
Agency Charge	620	756	781	831	843	849	924	936	949
Type 1	42	51	53	56	57	58	63	63	64
Type 2	86	105	108	115	117	118	128	130	132
Type 3	106	129	134	142	144	145	158	160	162
Type 4	140	171	176	188	190	192	209	211	214
Type 5	188	229	237	252	256	258	280	284	288
Type 6	245	299	309	328	333	336	365	370	375
Type 7	340	415	428	456	462	466	507	513	520
Type 8	528	644	665	708	718	723	787	797	808
Type 9	987	1,204	1,244	1,323	1,342	1,352	1,471	1,490	1,510
Type 10	4,300	5,246	5,418	5,762	5,848	5,891	6,407	6,493	6,579
Per resident	5	6	6	7	7	7	7	8	8
Per 100 Outpatient visits - low	24	29	30	32	33	33	36	36	37
Per 100 Outpatient visits - medium	85	104	107	114	116	116	127	128	130
Per 100 Outpatient visits - high	139	170	175	186	189	190	207	210	213
Per bed – low	35	43	44	47	48	48	52	53	54
Per bed – medium	44	54	55	59	60	60	66	66	67
Per bed – high	85	104	107	114	116	116	127	128	130
Per bed – very high	208	254	262	279	283	285	310	314	318
Placement	62	63	66	70	71	71	77	79	80

Professional Description	
Type 1	Paraprofessional Social Worker, Homemaker, Home Health, Nurse Aide, Sitter, Companion, Bereaval Therapist, Occupational Therapist, Teacher
Type 2	LPN, Social Worker (BA), Dietician, Nutritionist, Dental Hygienist, Pharmacy, Assistant Lab Technician, EKG - Ultrasound Tech, Medical Tech, Echocardiogram Tech, X-Ray Tech, Radiology Tech, Certified Medical Assistant
Type 3	RN, Social Worker (MA, MSW), Speech Pathologist, Dialysis Tech, Enterstomal Therapist, Clergy
Type 4	Medical Director
Type 5	Pharmacist
Type 6	Physical Therapist, Respiratory Therapist, Phlebotomist, Nuclear Medicine Tech, Radiation Therapist
Type 7	Psychologist
Type 8	Nurse Practitioner, Physician Assistant, Paramedic, EMT
Type 9	Acupuncturist, Chiropractor, Dentist, Psychiatrist
Type 10	Medical Doctor/Doctor of Osteopathy - Non-Surgical

Under "client exposure charges" shown in the rate table, the following rate categories apply:

Per resident	Applicable to independent living
Per 100 outpatient visits (low)	Applicable to low hazard outpatient exposures
Per 100 outpatient visits (medium)	Applicable to moderate hazard outpatient exposures
Per 100 outpatient visits (high)	Applicable to high hazard outpatient exposures
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Per placement	Applicable to foster care and adoption placements

PREMIUM PAYMENT INSTALLMENTS

Installment payments are available to all Illinois policyholders.

An initial installment payment equal to 15% of the annual premium followed by seven equal monthly payments of 15% of the annual premium.

No interest or installment payments will be charged.

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EEO 04 590	Individual Medical Professional Coverage
EEO 04 591	Individual Medical Professional Coverage (Claims-Made)
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EEO 04 593	Legal Expense Reimbursement Coverage
EEO 04 594	Limitation Of Procedures
EEO 04 595	Limited Professional Services
EEO 04 596	Part-Time Medical Professional
EEO 04 597	Prior Acts Coverage
EEO 00 643	Professional Liability Coverage Form
EEO 00 644	Professional Liability Coverage Form (Claims-Made)
EEO 00 645	Professional Liability Declarations
EEO 04 598	Professional Liability Extension Endorsement

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1. RATING EXPOSURE GRADES

Applicable rates are determined by exposure grades. Exposure grading will be determined by evaluating the type of client being served and the degree of care and supervision being provided. The following guidelines are to be used in rating professional liability.

A. **Risks with exclusively incidental professional exposures are subject to the agency charge only. Risks with incidental exposures only are subject to a minimum premium of $1,000. which is not subject to any other rating factor.**

Risks with incidental professional liability exposures include:

Art/Music Institutions

Client Advocacy (no individual clients)

Fund Raising Organizations

Information Services

Meals on Wheels

Non-Profit Associations (administrative offices only)

Nutritional Programs

Recreational Programs

Thrift Stores

Volunteer Recruitment

B. **Risks with low professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with low exposures only are subject to a minimum premium of $1,000. which is not subject to any other rating factor.**

Risks with low professional liability exposures include:

Class	Exposure Charge
Alcoholism Councils	N/A
Bereavement Counseling	N/A
Chore Services - Homemaker Assistance - Home Repair	N/A
Cultural/Linguistic Assimilation Programs	N/A
Day Care or In-Home Assistance to Elderly	N/A
Day Care/Nursery School (except Head Start & handicapped)	N/A
Family Planning/Pregnancy (counseling only)	N/A
Financial Counseling and Education	N/A
Health Education Workshops	N/A
Homeless Counseling/Shelters - Independent Living	Per Resident
Housing Referral	N/A

Independent Living (aged only)	Per Resident
Individual Counseling (stress, career, etc.)	N/A
Marriage and Family Counseling	N/A
Peer Counseling with Professional Supervision	N/A
Religious Youth & Outreach Groups	N/A
Resource Referral	N/A
Retirement Communities, Independent Living	Per Resident
Schools Day	N/A
Vocational Education/Sheltered Workshops	N/A

C. **Risks with moderate professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with moderate exposures are subject to a minimum premium of $1,500 which is not subject to any other rating factor.**

Class	Exposure Charge
Aids Counseling & Case Management	N/A
Big Brothers/Big Sisters	N/A
Counseling Developmentally Disabled	N/A
Counseling for Emotionally Disturbed (not violent)	Per 100 outpatient visits (low)
Day Care Centers/Schools (Head Start & handicapped)	N/A
Developmentally Disabled Residence (no medical care)	Per bed (low)
Disease Control Clinics	Per 100 outpatient visits
Family Planning/Pregnancy (counseling & exams)	Per 100 outpatient visits
Group Homes - Abused Children - Supervised Living	Per bed (low)
Group Homes - Battered Women - Supervised Living	Per bed (low)
Group Homes – Drug Abusers – Supervised Living	Per bed (low)
Group Homes - Misc. Supervised Living	Per bed (low)
Home Health Agency	Per 100 outpatient visits
Homeless Counseling/Shelters - Supervised Living	Per bed (low)
Hotlines (not crisis intervention)	Per 100 outpatient visits (low)
Immunization Clinics	Per 100 outpatient visits
Infant Health Assessment Programs	Per 100 outpatient visits
Methadone Maintenance	Per 100 outpatient visits
Parenting Classes	N/A
Physically Handicapped Residence Programs (no medical care)	Per bed (low)

Respite Care	Per bed (low)
Retirement Communities, Residential care (no medical facilities)	Per bed (low)
Schools Residential (academic)	Per bed (low)
Schools Residential (excl. emotionally disturbed or handicapped)	Per bed (low)
Senior Health Assessment Clinics	Per 100 outpatient visits
Sexually Transmitted Disease Clinics	Per 100 outpatient visits (low)
Shelters - Indigent (overnight only)	Per bed (low)
Visiting Nurse	Per 100 outpatient visits

D. Risks with high professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with high exposures are subject to a minimum premium of $2,500, which is not subject to any other rating factor.

Class	Exposure Charge
Adoption	Placements
Community Homes for the Aged	Per bed (med.)
Crisis Intervention	Per 100 outpatient visits (med.)
Family Planning/Pregnancy (counseling, exams & prenatal care)	Per 100 outpatient visits (high)
Foster Care	Placements
Foster Care, Residential	Per bed (very high)
Foster Grandparents	Placements
Group Home for Mentally or Physically Handicapped incl. intermediate nursing care	Per bed (high)
Halfway House - Intermediate care	Per bed (med.)
HIV Testing	Per 100 outpatient visits (high)
Hospice	Per bed (med.)
Needle Exchange Programs	Per 100 outpatient visits (med.)
Physical Rehabilitation (outpatient)	Per 100 outpatient visits (med.)
Physical Rehabilitation (residential)	Per bed (med.)
Residential Care for Children (incl. intermediate care)	Per bed (high)
Retirement Communities, Intermediate Care	Per bed (high)

Schools Residential (incl. severely disturbed or handicapped)	Per bed (med.)
Substance Abuse Facility (no detox)	Per bed (med.)
Supportive Living Facility	Per bed (med.)
Treatment Centers - Drug & Alcohol Abuse (no detox)	Per bed (med.)
Well Child Clinics	Per 100 outpatient visits (med.)
Alzheimer's Residences	Per bed (very high)
Group Home for Mentally or Physically Handicapped (skilled nursing care)	Per bed (very high)
Hotlines (Crisis Intervention)	Per 100 outpatient visits (high)
Hotlines (Suicide Prevention)	Per 100 outpatient visits (high)
Retirement Communities (skilled nursing care)	Per bed (high)
Substance Abuse Facility (incl. detox)	Per bed (very high)

2. **AT LIMITS RATES**

a. Rates shown in the Rate Table are applicable to full-time employees and volunteers. Where applicable, the rates apply to all practitioners who have contact with clients or patients.

b. Under "Type" of Professional shown in the Rate Table, the following definitions apply:

Type	Definition
Type 1	Paraprofessional Social Worker, Homemaker, Home Health, Nurse Aide, Sitter, Companion, Bereaval Therapist, Occupational Therapist, Teacher
Type 2	LPN, Social Worker (BA), Dietician, Nutritionist, Dental Hygienist, Pharmacy, Assistant Lab Technician, EKG - Ultrasound Tech, Medical Tech, Echocardiogram Tech, X-Ray Tech, Radiology Tech, Certified Medical Assistant
Type 3	RN, Social Worker (MA, MSW), Speech Pathologist, Dialysis Tech, Enterstomal Therapist, Clergy
Type 4	Medical Director
Type 5	Pharmacist
Type 6	Physical Therapist, Respiratory Therapist, Phlebotomist, Nuclear Medicine Tech, Radiation Therapist
Type 7	Psychologist
Type 8	Nurse Practitioner, Physician Assistant, Paramedic EMT
Type 9	Acupuncturist, Chiropractor, Dentist, Psychiatrist
Type 10	Medical Doctor/Doctor of Osteopathy - Non-Surgical

c. For Types 1, 2, 3, 4, 5, 6, 7, and 8: part-time employees and volunteers (work less than 20 hours per week), apply a factor of .50 to the applicable professional rate. This does not apply to independent contractors.

d. For Types 9 and 10: part-time employees and volunteers (work less than 20 hours per week), apply a factor of .50 to the applicable professional rate. This does not apply to independent contractors.

e. Contingent liability for independent contractors, apply a factor of .50 to the applicable professional rate. Individual professional insurance coverage for independent contractors must be documented in the file (name of carrier, policy period and limits).

f. Under "client exposure charges" shown in the rate table, the following rate categories apply:

Client Exposure Charge	Rate Category
Per resident	Applicable to independent living
Per 100 outpatient visits (low)	Applicable to low hazard outpatient exposures
Per 100 outpatient visits (medium)	Applicable to moderate hazard outpatient exposures
Per 100 outpatient visits (high)	Applicable to high hazard outpatient exposures
Per bed (low)	Applicable to low inpatient duty of care exposures
Per bed (medium)	Applicable to moderate inpatient duty of care exposures
Per bed (high)	Applicable to high inpatient duty of care exposures
Per bed (very high)	Applicable to very high inpatient duty of care exposures
Per placement	Applicable to foster care and adoption placements

g. Rates are for specified limits shown in the Rate Table.

3. **COMPLEXITY OF PROCEDURES** (applicable to provider charges for physicians – Type 10)

Physician rate assumes exposures contemplated by the Internal Medicine – non surgical classification. Complexity of procedure modification is used to modify the rate when the exposure is greater or lesser than that contemplated by the rate.

Physician Practice Characteristics	Range of Modification			
	Credit		Debit	
	Up to:		Up to:	
Patient Contact:				
No more than 10% of practice involves direct patient contact	15%			
No more than 25% of practice involves direct patient contact	10%			
No more than 50% of practice involves direct patient contact	5%			
Less than 75% of practice involves direct patient contact			5%	
Majority of practice involves direct patient contact			10%	
Practice is solely dedicated to direct contact with patients			15%	
Procedures performed on patients:				
Limited to on an emergency basis only	20%			
Infrequent; minor procedure may be required as a result of examination	10%			

Occasional, minor procedure may be required as a result of examination	5%			
Up to 50% of patient contact may involve performance of procedures			5%	
Up to 75% of patient contact may involve performance of procedures			10%	
Patient contact always involves some form of procedure to the patient			20%	
Procedures Performed on Patients: Types of				
Simple, non-invasive procedures only i.e. superficial examination	20%			
Non-invasive procedures only, may include dispensing of OTC medication	10%			
Non-invasive but thorough examinations, some medical testing conducted	5%			
Thorough medical examinations including medical testing of patients			5%	
Thorough medical examinations which may involve invasive procedures			10%	
Complex invasive procedures included i.e. routine minor surgery			20%	
Diagnosis:				
Minimal patient contact involving diagnosis	20%			
Less than 25% of patient contact involves diagnosis	10%			
Less than 50% of patient contact involves diagnosis	5%			
More than 50% of patient contact involves diagnosis			5%	
Regular diagnosis of patients, any sign of unusual ailments directed to specialist			10%	
Regular diagnosis of patients including severe and unusual ailments			20%	

4. **SCHEDULE MODIFICATION TABLE**

The following factors may be applied at the underwriter's discretion based on the characteristics listed below. Schedule modification factors are limited to the range of .75 to 1.25. The premium may not be reduced below any policy minimum premium.

Risk Characteristics	Range of Modification			
	Credit		Debit	
Facility Standards				
Record Keeping and Documentation	5%		5%	
Employee to Client Ratio	5%		5%	
Licensing/Accreditation	5%		5%	
Employee Selection, Training, Supervision,				

Experience				
Employee Qualifications	15%		15%	
Continuing Education	5%		5%	
Supervision	5%		5%	
Client Considerations				
Voluntary versus Involuntary	4%		4%	
Extent of Client Contact	5%		5%	
Degree of Care	5%		5%	
Classification Peculiarities				
Off Premises Exposure	6%		6%	
Administration of Drugs	5%		5%	

5. PREMIUM COMPUTATION

a. The agency charge is determined based upon the limit of insurance desired.

b. Employee charges, where applicable, are determined through a process of multiplying the number of each type of employee by the corresponding rate, including any modifications that may apply for Part Time, Contingent Liability, or Complexity of Procedures (Type 10 only).

c. Client exposure charges, where applicable, are determined by multiplying the applicable client exposures by the corresponding rate specified for the exposure grade.

d. The Agency Charge determined in step (a) above is then added to the per employee charges and client exposure charges, when applicable.

e. The premium determined in step (d) above is then subject to schedule modification.

6. KEY EMPLOYEE REPLACEMENT EXPENSE COVERAGE ENDORSEMENT

If the Key Employee Replacement Coverage Expense Endorsement is attached, a premium of $250 per scheduled employee will apply. The maximum limit allowed under this endorsement is $75,000 per employee. Attach EEO 04 592 – Key Employee Replacement Expense Coverage.

7. OPTIONAL LEGAL EXPENSE REIMBURSEMENT COVERAGE

Limit: $30,000 per Action/$30,000 Annual Aggregate Limit
Charge: $200 per Physician

Attach EEO 04 593 – Legal Expense Reimbursement Coverage

8. CLAIMS-MADE RATING PROCEDURES FOR CLAIMS-MADE POLICIES

a. Claims-Made Multiplier

To calculate the claims-made rate, multiply the occurrence rates shown in the Rate Table by the following factor:

Year in Claims-Made	Factor
0	.45
1	.70
2	.85
3	.90
4 or more	.95

b. **Extended Claims Reporting Period**

Using the rates in effect at the end of the terminating policy, compute the extended claims reporting premium by multiplying either the "Expiring Premium" or "Minimum Premium" (whichever is greater) per the Rate Table by the factor shown below. An unlimited reporting period is available only for those policies covered continuously by a company policy for a minimum of three years. Attach EEO 04 588 – Extended Claims Reporting Period.

Length of Extended Reporting Period	Expiring Premium Factor
One Year	1.00
Three Years	1.50
Five years	1.90
Unlimited	2.00

9. PRIOR ACTS RATING PROCEDURES FOR OCCURRENCE POLICIES

Apply the following factors to calculate Prior Acts Coverage when converting a claims-made policy to an occurrence policy. The premium is determined by multiplying the professional liability occurrence premium by the applicable factor shown below:

	Factor
One Year Prior Acts:	.60
Two Years Prior Acts:	.80
Three Years Prior Acts:	.90
Four Years Prior Acts:	.95
Five or More years Prior Acts:	1.00

Minimum premium for Prior Acts Coverage endorsement is $300. This is not subject to any other rating rule. Attach EEO 04 597 – Prior Acts Coverage.

10. POLICY TERM

Policies may be written for a specific term up to one year.

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PROFESSIONAL LIABILITY OCCURRENCE RATES

	TERRITORY – 1 Cook, Madison & St. Clair Counties								
	Limit in 000s								
	100/ 300	300/ 300	300/ 900	500/ 500	500/ 1000	500/ 1500	1000/ 1000	1000/ 2000	1000/ 3000
Agency Charge	650	793	819	871	884	891	969	982	995
Type 1	53	65	67	71	72	73	79	80	81
Type 2	107	131	135	143	146	147	159	162	164
Type 3	133	162	168	178	181	182	198	201	203
Type 4	175	214	221	235	238	240	261	264	268
Type 5	235	287	296	315	320	322	350	355	360
Type 6	306	373	386	410	416	419	456	462	468
Type 7	425	519	536	570	578	582	633	642	650
Type 8	660	805	832	884	898	904	983	997	1,010
Type 9	1,316	1,606	1,658	1,763	1,790	1,803	1,961	1,987	2,013
Type 10	5,300	6,466	6,678	7,102	7,208	7,261	7,897	8,003	8,109
Per resident	6	7	8	8	8	8	9	9	9
Per 100 Outpatient visits - low	29	35	37	39	39	40	43	44	44
Per 100 Outpatient visits - medium	105	128	132	141	143	144	156	159	161
Per 100 Outpatient visits - high	171	209	215	229	233	234	255	258	262
Per bed – low	43	52	54	58	58	59	64	65	66
Per bed – medium	55	67	69	74	75	75	82	83	84
Per bed – high	105	128	132	141	143	144	156	159	161
Per bed – very high	257	314	324	344	350	352	383	388	393
Placement	64	78	81	86	87	88	95	97	98

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	TERRITORY – 2 Remainder of State								
	Limit in 000s								
	100/ 300	300/ 300	300/ 900	500/ 500	500/ 1000	500/ 1500	1000/ 1000	1000/ 2000	1000/ 3000
Agency Charge	620	756	781	831	843	849	924	936	949
Type 1	42	51	53	56	57	58	63	63	64
Type 2	86	105	108	115	117	118	128	130	132
Type 3	106	129	134	142	144	145	158	160	162
Type 4	140	171	176	188	190	192	209	211	214
Type 5	188	229	237	252	256	258	280	284	288
Type 6	245	299	309	328	333	336	365	370	375
Type 7	340	415	428	456	462	466	507	513	520
Type 8	528	644	665	708	718	723	787	797	808
Type 9	987	1,204	1,244	1,323	1,342	1,352	1,471	1,490	1,510
Type 10	4,300	5,246	5,418	5,762	5,848	5,891	6,407	6,493	6,579
Per resident	5	6	6	7	7	7	7	8	8
Per 100 Outpatient visits - low	24	29	30	32	33	33	36	36	37
Per 100 Outpatient visits - medium	85	104	107	114	116	116	127	128	130
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Under "client exposure charges" shown in the rate table, the following rate categories apply:

Per resident	Applicable to independent living
Per 100 outpatient visits (low)	Applicable to low hazard outpatient exposures
Per 100 outpatient visits (medium)	Applicable to moderate hazard outpatient exposures
Per 100 outpatient visits (high)	Applicable to high hazard outpatient exposures
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Per bed (medium)	Applicable to moderate inpatient duty of care exposures
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Nutritional Programs
Recreational Programs
Thrift Stores
Volunteer Recruitment

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Risks with low professional liability exposures include:

Class	Exposure Charge
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Bereavement Counseling	N/A
Chore Services - Homemaker Assistance - Home Repair	N/A
Cultural/Linguistic Assimilation Programs	N/A
Day Care or In-Home Assistance to Elderly	N/A
Day Care/Nursery School (except Head Start & handicapped)	N/A
Family Planning/Pregnancy (counseling only)	N/A
Financial Counseling and Education	N/A
Health Education Workshops	N/A
Homeless Counseling/Shelters - Independent Living	Per Resident
Housing Referral	N/A

Independent Living (aged only)	Per Resident
Individual Counseling (stress, career, etc.)	N/A
Marriage and Family Counseling	N/A
Peer Counseling with Professional Supervision	N/A
Religious Youth & Outreach Groups	N/A
Resource Referral	N/A
Retirement Communities, Independent Living	Per Resident
Schools Day	N/A
Vocational Education/Sheltered Workshops	N/A

C. **Risks with moderate professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with moderate exposures are subject to a minimum premium of $1,500 which is not subject to any other rating factor.**

Class	Exposure Charge
Aids Counseling & Case Management	N/A
Big Brothers/Big Sisters	N/A
Counseling Developmentally Disabled	N/A
Counseling for Emotionally Disturbed (not violent)	Per 100 outpatient visits (low)
Day Care Centers/Schools (Head Start & handicapped)	N/A
Developmentally Disabled Residence (no medical care)	Per bed (low)
Disease Control Clinics	Per 100 outpatient visits
Family Planning/Pregnancy (counseling & exams)	Per 100 outpatient visits
Group Homes - Abused Children - Supervised Living	Per bed (low)
Group Homes - Battered Women - Supervised Living	Per bed (low)
Group Homes – Drug Abusers – Supervised Living	Per bed (low)
Group Homes - Misc. Supervised Living	Per bed (low)
Home Health Agency	Per 100 outpatient visits
Homeless Counseling/Shelters - Supervised Living	Per bed (low)
Hotlines (not crisis intervention)	Per 100 outpatient visits (low)
Immunization Clinics	Per 100 outpatient visits
Infant Health Assessment Programs	Per 100 outpatient visits
Methadone Maintenance	Per 100 outpatient visits
Parenting Classes	N/A
Physically Handicapped Residence Programs (no medical care)	Per bed (low)

Respite Care	Per bed (low)
Retirement Communities, Residential care (no medical facilities)	Per bed (low)
Schools Residential (academic)	Per bed (low)
Schools Residential (excl. emotionally disturbed or handicapped)	Per bed (low)
Senior Health Assessment Clinics	Per 100 outpatient visits
Sexually Transmitted Disease Clinics	Per 100 outpatient visits (low)
Shelters - Indigent (overnight only)	Per bed (low)
Visiting Nurse	Per 100 outpatient visits

D. Risks with high professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with high exposures are subject to a minimum premium of $2,500, which is not subject to any other rating factor.

Class	Exposure Charge
Adoption	Placements
Community Homes for the Aged	Per bed (med.)
Crisis Intervention	Per 100 outpatient visits (med.)
Family Planning/Pregnancy (counseling, exams & prenatal care)	Per 100 outpatient visits (high)
Foster Care	Placements
Foster Care, Residential	Per bed (very high)
Foster Grandparents	Placements
Group Home for Mentally or Physically Handicapped incl. intermediate nursing care	Per bed (high)
Halfway House - Intermediate care	Per bed (med.)
HIV Testing	Per 100 outpatient visits (high)
Hospice	Per bed (med.)
Needle Exchange Programs	Per 100 outpatient visits (med.)
Physical Rehabilitation (outpatient)	Per 100 outpatient visits (med.)

Physical Rehabilitation (residential)	Per bed (med.)
Residential Care for Children (incl. intermediate care)	Per bed (high)
Retirement Communities, Intermediate Care	Per bed (high)
Schools Residential (incl. severely disturbed or handicapped)	Per bed (med.)
Substance Abuse Facility (no detox)	Per bed (med.)
Supportive Living Facility	Per bed (med.)
Treatment Centers - Drug & Alcohol Abuse (no detox)	Per bed (med.)
Well Child Clinics	Per 100 outpatient visits (med.)
Alzheimer's Residences	Per bed (very high)
Group Home for Mentally or Physically Handicapped (skilled nursing care)	Per bed (very high)
Hotlines (Crisis Intervention)	Per 100 outpatient visits (high)
Hotlines (Suicide Prevention)	Per 100 outpatient visits (high)
Retirement Communities (skilled nursing care)	Per bed (high)
Substance Abuse Facility (incl. detox)	Per bed (very high)

2. **AT LIMITS RATES**

a. Rates shown in the Rate Table are applicable to full-time employees and volunteers. Where applicable, the rates apply to all practitioners who have contact with clients or patients.

b. Under "Type" of Professional shown in the Rate Table, the following definitions apply:

Type	Definition
Type 1	Paraprofessional Social Worker, Homemaker, Home Health, Nurse Aide, Sitter, Companion, Bereaval Therapist, Occupational Therapist, Teacher
Type 2	LPN, Social Worker (BA), Dietician, Nutritionist, Dental Hygienist, Pharmacy, Assistant Lab Technician, EKG - Ultrasound Tech, Medical Tech, Echocardiogram Tech, X-Ray Tech, Radiology Tech, Certified Medical Assistant
Type 3	RN, Social Worker (MA, MSW), Speech Pathologist, Dialysis Tech, Enterstomal Therapist, Clergy
Type 4	Medical Director
Type 5	Pharmacist
Type 6	Physical Therapist, Respiratory Therapist, Phlebotomist, Nuclear Medicine Tech, Radiation Therapist
Type 7	Psychologist
Type 8	Nurse Practitioner, Physician Assistant, Paramedic EMT
Type 9	Acupuncturist, Chiropractor, Dentist, Psychiatrist

Type 10	Medical Doctor/Doctor of Osteopathy - Non-Surgical

c. For Types 1, 2, 3, 4, 5, 6, 7, and 8: part-time employees and volunteers (work less than 20 hours per week), apply a factor of .50 to the applicable professional rate. This does not apply to independent contractors.

d. For Types 9 and 10: part-time employees and volunteers (work less than 20 hours per week), apply a factor of .50 to the applicable professional rate. This does not apply to independent contractors.

e. Contingent liability for independent contractors, apply a factor of .50 to the applicable professional rate. Individual professional insurance coverage for independent contractors must be documented in the file (name of carrier, policy period and limits).

f. Under "client exposure charges" shown in the rate table, the following rate categories apply:

Client Exposure Charge	Rate Category
Per resident	Applicable to independent living
Per 100 outpatient visits (low)	Applicable to low hazard outpatient exposures
Per 100 outpatient visits (medium)	Applicable to moderate hazard outpatient exposures
Per 100 outpatient visits (high)	Applicable to high hazard outpatient exposures
Per bed (low)	Applicable to low inpatient duty of care exposures
Per bed (medium)	Applicable to moderate inpatient duty of care exposures
Per bed (high)	Applicable to high inpatient duty of care exposures
Per bed (very high)	Applicable to very high inpatient duty of care exposures
Per placement	Applicable to foster care and adoption placements

g. Rates are for specified limits shown in the Rate Table.

3. **COMPLEXITY OF PROCEDURES** (applicable to provider charges for physicians)

The nature of medical services varies with each individual doctor. Physicians will receive up to a 25% premium credit or debit based on the type of medical procedures performed.

4. **SCHEDULE MODIFICATION TABLE**

The following factors may be applied at the underwriter's discretion based on the characteristics listed below. Schedule modification factors are limited to the range of .75 to 1.25. The premium may not be reduced below any policy minimum premium.

Risk Characteristics	Range of Modification			
	Credit		Debit	
Facility Standards				
Record Keeping and Documentation	5%		5%	
Employee to Client Ratio	5%		5%	
Licensing/Accreditation	5%		5%	
Employee Selection, Training, Supervision, Experience				
Employee Qualifications	15%		15%	
Continuing Education	5%		5%	

Supervision	5%		5%	
Client Considerations				
Voluntary versus Involuntary	4%		4%	
Extent of Client Contact	5%		5%	
Degree of Care	5%		5%	
Classification Peculiarities				
Off Premises Exposure	6%		6%	
Administration of Drugs	5%		5%	

5. **PREMIUM COMPUTATION**

a. The agency charge is determined based upon the limit of insurance desired.

b. Employee charges, where applicable, are determined through a process of multiplying the number of each type of employee by the corresponding rate, including any modifications that may apply for Part Time, Contingent Liability, or Complexity of Procedures (Type 10 only).

c. Client exposure charges, where applicable, are determined by multiplying the applicable client exposures by the corresponding rate specified for the exposure grade.

d. The Agency Charge determined in step (a) above is then added to the per employee charges and client exposure charges, when applicable.

e. The premium determined in step (d) above is then subject to schedule modification.

6. **KEY EMPLOYEE REPLACEMENT EXPENSE COVERAGE ENDORSEMENT**

If the Key Employee Replacement Coverage Expense Endorsement is attached, a premium of $250 per scheduled employee will apply. The maximum limit allowed under this endorsement is $75,000 per employee. Attach EEO 04 592 – Key Employee Replacement Expense Coverage.

7. **OPTIONAL LEGAL EXPENSE REIMBURSEMENT COVERAGE**

Limit: $30,000 per Action/$30,000 Annual Aggregate Limit
Charge: $200 per Physician

Attach EEO 04 593 – Legal Expense Reimbursement Coverage

8. **CLAIMS-MADE RATING PROCEDURES FOR CLAIMS-MADE POLICIES**

a. Claims-Made Multiplier

To calculate the claims-made rate, multiply the occurrence rates shown in the Rate Table by the following factor:

Year in Claims-Made	Factor
0	.45
1	.70
2	.85
3	.90
4 or more	.95

b. **Extended Claims Reporting Period**

Using the rates in effect at the end of the terminating policy, compute the extended claims reporting premium by multiplying either the "Expiring Premium" or "Minimum Premium" (whichever is greater) per the Rate Table by the factor shown below. An unlimited reporting period is available only for those policies covered continuously by a company policy for a minimum of three years. Attach EEO 04 588 – Extended Claims Reporting Period.

Length of Extended Reporting Period	Expiring Premium Factor
One Year	1.00
Three Years	1.50
Five years	1.90
Unlimited	2.00

9. **PRIOR ACTS RATING PROCEDURES FOR OCCURRENCE POLICIES**

Apply the following factors to calculate Prior Acts Coverage when converting a claims-made policy to an occurrence policy. The premium is determined by multiplying the professional liability occurrence premium by the applicable factor shown below:

	Factor
One Year Prior Acts:	.60
Two Years Prior Acts:	.80
Three Years Prior Acts:	.90
Four Years Prior Acts:	.95
Five or More years Prior Acts:	1.00

Minimum premium for Prior Acts Coverage endorsement is $300. This is not subject to any other rating rule. Attach EEO 04 597 – Prior Acts Coverage.

10. **POLICY TERM**

Policies may be written for a specific term up to one year.

PROFESSIONAL LIABILITY OCCURRENCE RATES

	TERRITORY – 1 Cook, Madison & St. Clair Counties								
	Limit in 000s								
	100/ 300	300/ 300	300/ 900	500/ 500	500/ 1000	500/ 1500	1000/ 1000	1000/ 2000	1000/ 3000
Agency Charge	650	793	819	871	884	891	969	982	995
Type 1	53	65	67	71	72	73	79	80	81
Type 2	107	131	135	143	146	147	159	162	164
Type 3	133	162	168	178	181	182	198	201	203
Type 4	175	214	221	235	238	240	261	264	268
Type 5	235	287	296	315	320	322	350	355	360
Type 6	306	373	386	410	416	419	456	462	468
Type 7	425	519	536	570	578	582	633	642	650
Type 8	660	805	832	884	898	904	983	997	1,010
Type 9	1,316	1,606	1,658	1,763	1,790	1,803	1,961	1,987	2,013
Type 10	5,300	6,466	6,678	7,102	7,208	7,261	7,897	8,003	8,109
Per resident	6	7	8	8	8	8	9	9	9
Per 100 Outpatient visits - low	29	35	37	39	39	40	43	44	44
Per 100 Outpatient visits - medium	105	128	132	141	143	144	156	159	161
Per 100 Outpatient visits - high	171	209	215	229	233	234	255	258	262
Per bed – low	43	52	54	58	58	59	64	65	66
Per bed – medium	55	67	69	74	75	75	82	83	84
Per bed – high	105	128	132	141	143	144	156	159	161
Per bed – very high	257	314	324	344	350	352	383	388	393
Placement	64	78	81	86	87	88	95	97	98

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COMPANY EXCEPTION PAGES

	TERRITORY – 2 Remainder of State								
	Limit in 000s								
	100/ 300	300/ 300	300/ 900	500/ 500	500/ 1000	500/ 1500	1000/ 1000	1000/ 2000	1000/ 3000
Agency Charge	620	756	781	831	843	849	924	936	949
Type 1	42	51	53	56	57	58	63	63	64
Type 2	86	105	108	115	117	118	128	130	132
Type 3	106	129	134	142	144	145	158	160	162
Type 4	140	171	176	188	190	192	209	211	214
Type 5	188	229	237	252	256	258	280	284	288
Type 6	245	299	309	328	333	336	365	370	375
Type 7	340	415	428	456	462	466	507	513	520
Type 8	528	644	665	708	718	723	787	797	808
Type 9	987	1,204	1,244	1,323	1,342	1,352	1,471	1,490	1,510
Type 10	4,300	5,246	5,418	5,762	5,848	5,891	6,407	6,493	6,579
Per resident	5	6	6	7	7	7	7	8	8
Per 100 Outpatient visits - low	24	29	30	32	33	33	36	36	37
Per 100 Outpatient visits - medium	85	104	107	114	116	116	127	128	130
Per 100 Outpatient visits - high	139	170	175	186	189	190	207	210	213
Per bed – low	35	43	44	47	48	48	52	53	54
Per bed – medium	44	54	55	59	60	60	66	66	67
Per bed – high	85	104	107	114	116	116	127	128	130
Per bed – very high	208	254	262	279	283	285	310	314	318
Placement	62	63	66	70	71	71	77	79	80

Professional Description	
Type 1	Paraprofessional Social Worker, Homemaker, Home Health, Nurse Aide, Sitter, Companion, Bereaval Therapist, Occupational Therapist, Teacher
Type 2	LPN, Social Worker (BA), Dietician, Nutritionist, Dental Hygienist, Pharmacy, Assistant Lab Technician, EKG - Ultrasound Tech, Medical Tech, Echocardiogram Tech, X-Ray Tech, Radiology Tech, Certified Medical Assistant
Type 3	RN, Social Worker (MA, MSW), Speech Pathologist, Dialysis Tech, Enterstomal Therapist, Clergy
Type 4	Medical Director
Type 5	Pharmacist
Type 6	Physical Therapist, Respiratory Therapist, Phlebotomist, Nuclear Medicine Tech, Radiation Therapist
Type 7	Psychologist
Type 8	Nurse Practitioner, Physician Assistant, Paramedic, EMT
Type 9	Acupuncturist, Chiropractor, Dentist, Psychiatrist
Type 10	Medical Doctor/Doctor of Osteopathy - Non-Surgical

Under "client exposure charges" shown in the rate table, the following rate categories apply:

Per resident	Applicable to independent living
Per 100 outpatient visits (low)	Applicable to low hazard outpatient exposures
Per 100 outpatient visits (medium)	Applicable to moderate hazard outpatient exposures
Per 100 outpatient visits (high)	Applicable to high hazard outpatient exposures
Per bed (low)	Applicable to low inpatient duty of care exposures
Per bed (medium)	Applicable to moderate inpatient duty of care exposures
Per bed (high)	Applicable to high inpatient duty of care exposures
Per bed (very high)	Applicable to very high inpatient duty of care exposures
Per placement	Applicable to foster care and adoption placements

PREMIUM PAYMENT INSTALLMENTS

Installment payments are available to all Illinois policyholders.

An initial installment payment equal to 15% of the annual premium followed by seven equal monthly payments of 15% of the annual premium.

No interest or installment payments will be charged.

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

FORMS

Attach all mandatory multistate and state endorsements described in Rule 28. Allied Health Care Providers Professional Liability Coverage of Division Seven – Medical Professional Liability of the ISO Commercial Lines Manual, and these Exception pages.

There is no premium adjustment for these optional forms unless otherwise indicated by specific paragraph references, provided for in this manual.

EEO 20 558	Additional Insured - Designated Person Or Organization
EEO 04 586	Coverage Extension - Confidential Patient Information
EEO 04 587	Coverage Extension - Licensing Board Defense Expense Reimbursement
EEO 21 664	Exclusion - Bodily Injury
EEO 21 665	Exclusion - Confidential Patient Information
EEO 21 666	Exclusion - Discrimination
EEO 21 667	Exclusion - Employed Physicians Or Medical/Dental Staff
EEO 21 668	Exclusion - Fee Disputes
EEO 21 669	Exclusion - Guarantee Of Results
EEO 21 670	Exclusion - Property Damage
EEO 21 671	Exclusion – Designated On-Going Operations
EEO 04 588	Extended Claims Reporting Period
EEO 04 589	Independent Contractor Limited Professional Coverage
EEO 04 590	Individual Medical Professional Coverage
EEO 04 591	Individual Medical Professional Coverage (Claims-Made)
EEO 04 592	Key Employee Replacement Expense Coverage
EEO 04 593	Legal Expense Reimbursement Coverage
EEO 04 594	Limitation Of Procedures
EEO 04 595	Limited Professional Services
EEO 04 596	Part-Time Medical Professional
EEO 04 597	Prior Acts Coverage
EEO 00 643	Professional Liability Coverage Form
EEO 00 644	Professional Liability Coverage Form (Claims-Made)
EEO 00 645	Professional Liability Declarations
EEO 04 598	Professional Liability Extension Endorsement

1. **RATING EXPOSURE GRADES**

Applicable rates are determined by exposure grades. Exposure grading will be determined by evaluating the type of client being served and the degree of care and supervision being provided. The following guidelines are to be used in rating professional liability.

A. **Risks with exclusively incidental professional exposures are subject to the agency charge only. Risks with incidental exposures only are subject to a minimum premium of $1,000. which is not subject to any other rating factor.**

Risks with incidental professional liability exposures include:

Art/Music Institutions
Client Advocacy (no individual clients)
Fund Raising Organizations
Information Services
Meals on Wheels
Non-Profit Associations (administrative offices only)
Nutritional Programs
Recreational Programs
Thrift Stores
Volunteer Recruitment

B. **Risks with low professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with low exposures only are subject to a minimum premium of $1,000. which is not subject to any other rating factor.**

Risks with low professional liability exposures include:

Class	Exposure Charge
Alcoholism Councils	N/A
Bereavement Counseling	N/A
Chore Services - Homemaker Assistance - Home Repair	N/A
Cultural/Linguistic Assimilation Programs	N/A
Day Care or In-Home Assistance to Elderly	N/A
Day Care/Nursery School (except Head Start & handicapped)	N/A
Family Planning/Pregnancy (counseling only)	N/A
Financial Counseling and Education	N/A
Health Education Workshops	N/A
Homeless Counseling/Shelters - Independent Living	Per Resident
Housing Referral	N/A

Independent Living (aged only)	Per Resident
Individual Counseling (stress, career, etc.)	N/A
Marriage and Family Counseling	N/A
Peer Counseling with Professional Supervision	N/A
Religious Youth & Outreach Groups	N/A
Resource Referral	N/A
Retirement Communities, Independent Living	Per Resident
Schools Day	N/A
Vocational Education/Sheltered Workshops	N/A

C. **Risks with moderate professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with moderate exposures are subject to a minimum premium of $1,500 which is not subject to any other rating factor.**

Class	Exposure Charge
Aids Counseling & Case Management	N/A
Big Brothers/Big Sisters	N/A
Counseling Developmentally Disabled	N/A
Counseling for Emotionally Disturbed (not violent)	Per 100 outpatient visits (low)
Day Care Centers/Schools (Head Start & handicapped)	N/A
Developmentally Disabled Residence (no medical care)	Per bed (low)
Disease Control Clinics	Per 100 outpatient visits
Family Planning/Pregnancy (counseling & exams)	Per 100 outpatient visits
Group Homes - Abused Children - Supervised Living	Per bed (low)
Group Homes - Battered Women - Supervised Living	Per bed (low)
Group Homes – Drug Abusers – Supervised Living	Per bed (low)
Group Homes - Misc. Supervised Living	Per bed (low)
Home Health Agency	Per 100 outpatient visits
Homeless Counseling/Shelters - Supervised Living	Per bed (low)
Hotlines (not crisis intervention)	Per 100 outpatient visits (low)
Immunization Clinics	Per 100 outpatient visits
Infant Health Assessment Programs	Per 100 outpatient visits
Methadone Maintenance	Per 100 outpatient visits
Parenting Classes	N/A
Physically Handicapped Residence Programs (no medical care)	Per bed (low)

Respite Care	Per bed (low)
Retirement Communities, Residential care (no medical facilities)	Per bed (low)
Schools Residential (academic)	Per bed (low)
Schools Residential (excl. emotionally disturbed or handicapped)	Per bed (low)
Senior Health Assessment Clinics	Per 100 outpatient visits
Sexually Transmitted Disease Clinics	Per 100 outpatient visits (low)
Shelters - Indigent (overnight only)	Per bed (low)
Visiting Nurse	Per 100 outpatient visits

D. Risks with high professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with high exposures are subject to a minimum premium of $2,500, which is not subject to any other rating factor.

Class	Exposure Charge
Adoption	Placements
Community Homes for the Aged	Per bed (med.)
Crisis Intervention	Per 100 outpatient visits (med.)
Family Planning/Pregnancy (counseling, exams & prenatal care)	Per 100 outpatient visits (high)
Foster Care	Placements
Foster Care, Residential	Per bed (very high)
Foster Grandparents	Placements
Group Home for Mentally or Physically Handicapped incl. intermediate nursing care	Per bed (high)
Halfway House - Intermediate care	Per bed (med.)
HIV Testing	Per 100 outpatient visits (high)
Hospice	Per bed (med.)
Needle Exchange Programs	Per 100 outpatient visits (med.)
Physical Rehabilitation (outpatient)	Per 100 outpatient visits (med.)

Physical Rehabilitation (residential)	Per bed (med.)
Residential Care for Children (incl. intermediate care)	Per bed (high)
Retirement Communities, Intermediate Care	Per bed (high)
Schools Residential (incl. severely disturbed or handicapped)	Per bed (med.)
Substance Abuse Facility (no detox)	Per bed (med.)
Supportive Living Facility	Per bed (med.)
Treatment Centers - Drug & Alcohol Abuse (no detox)	Per bed (med.)
Well Child Clinics	Per 100 outpatient visits (med.)
Alzheimer's Residences	Per bed (very high)
Group Home for Mentally or Physically Handicapped (skilled nursing care)	Per bed (very high)
Hotlines (Crisis Intervention)	Per 100 outpatient visits (high)
Hotlines (Suicide Prevention)	Per 100 outpatient visits (high)
Retirement Communities (skilled nursing care)	Per bed (high)
Substance Abuse Facility (incl. detox)	Per bed (very high)

2. **AT LIMITS RATES**

a. Rates shown in the Rate Table are applicable to full-time employees and volunteers. Where applicable, the rates apply to all practitioners who have contact with clients or patients.

b. Under "Type" of Professional shown in the Rate Table, the following definitions apply:

Type	Definition
Type 1	Paraprofessional Social Worker, Homemaker, Home Health, Nurse Aide, Sitter, Companion, Bereaval Therapist, Occupational Therapist, Teacher
Type 2	LPN, Social Worker (BA), Dietician, Nutritionist, Dental Hygienist, Pharmacy, Assistant Lab Technician, EKG - Ultrasound Tech, Medical Tech, Echocardiogram Tech, X-Ray Tech, Radiology Tech, Certified Medical Assistant
Type 3	RN, Social Worker (MA, MSW), Speech Pathologist, Dialysis Tech, Enterstomal Therapist, Clergy
Type 4	Medical Director
Type 5	Pharmacist
Type 6	Physical Therapist, Respiratory Therapist, Phlebotomist, Nuclear Medicine Tech, Radiation Therapist
Type 7	Psychologist
Type 8	Nurse Practitioner, Physician Assistant, Paramedic EMT
Type 9	Acupuncturist, Chiropractor, Dentist, Psychiatrist

Type 10	Medical Doctor/Doctor of Osteopathy - Non-Surgical

c. For Types 1, 2, 3, 4, 5, 6, 7, and 8: part-time employees and volunteers (work less than 20 hours per week), apply a factor of .50 to the applicable professional rate. This does not apply to independent contractors.

d. For Types 9 and 10: part-time employees and volunteers (work less than 20 hours per week), apply a factor of .50 to the applicable professional rate. This does not apply to independent contractors.

e. Contingent liability for independent contractors, apply a factor of .50 to the applicable professional rate. Individual professional insurance coverage for independent contractors must be documented in the file (name of carrier, policy period and limits).

f. Under "client exposure charges" shown in the rate table, the following rate categories apply:

Client Exposure Charge	Rate Category
Per resident	Applicable to independent living
Per 100 outpatient visits (low)	Applicable to low hazard outpatient exposures
Per 100 outpatient visits (medium)	Applicable to moderate hazard outpatient exposures
Per 100 outpatient visits (high)	Applicable to high hazard outpatient exposures
Per bed (low)	Applicable to low inpatient duty of care exposures
Per bed (medium)	Applicable to moderate inpatient duty of care exposures
Per bed (high)	Applicable to high inpatient duty of care exposures
Per bed (very high)	Applicable to very high inpatient duty of care exposures
Per placement	Applicable to foster care and adoption placements

g. Rates are for specified limits shown in the Rate Table.

3. **COMPLEXITY OF PROCEDURES** (applicable to provider charges for physicians)

The nature of medical services varies with each individual doctor. Physicians will receive up to a 25% premium credit or debit based on the type of medical procedures performed.

4. **SCHEDULE MODIFICATION TABLE**

The following factors may be applied at the underwriter's discretion based on the characteristics listed below. Schedule modification factors are limited to the range of .70 to 1.25. The premium may not be reduced below any policy minimum premium.

Risk Characteristics	Range of Modification			
	Credit		Debit	
Facility Standards				
Record Keeping and Documentation	5%		5%	
Employee to Client Ratio	5%		5%	
Licensing/Accreditation	5%		5%	
Employee Selection, Training, Supervision, Experience				
Employee Qualifications	15%		15%	
Continuing Education	5%		5%	

Supervision	5%		5%	
Client Considerations				
Voluntary versus Involuntary	4%		4%	
Extent of Client Contact	5%		5%	
Degree of Care	5%		5%	
Classification Peculiarities				
Off Premises Exposure	6%		6%	
Administration of Drugs	5%		5%	

5. **PREMIUM COMPUTATION**

a. The agency charge is determined based upon the limit of insurance desired.

b. Employee charges, where applicable, are determined through a process of multiplying the number of each type of employee by the corresponding rate, including any modifications that may apply for Part Time, Contingent Liability, or Complexity of Procedures (Type 10 only).

c. Client exposure charges, where applicable, are determined by multiplying the applicable client exposures by the corresponding rate specified for the exposure grade.

d. The Agency Charge determined in step (a) above is then added to the per employee charges and client exposure charges, when applicable.

e. The premium determined in step (d) above is then subject to schedule modification.

6. **KEY EMPLOYEE REPLACEMENT EXPENSE COVERAGE ENDORSEMENT**

If the Key Employee Replacement Coverage Expense Endorsement is attached, a premium of $250 per scheduled employee will apply. The maximum limit allowed under this endorsement is $75,000 per employee. Attach EEO 04 592 – Key Employee Replacement Expense Coverage.

7. **OPTIONAL LEGAL EXPENSE REIMBURSEMENT COVERAGE**

Limit: $30,000 per Action/$30,000 Annual Aggregate Limit
Charge: $200 per Physician

Attach EEO 04 593 – Legal Expense Reimbursement Coverage

8. **CLAIMS-MADE RATING PROCEDURES FOR CLAIMS-MADE POLICIES**

a. Claims-Made Multiplier

To calculate the claims-made rate, multiply the occurrence rates shown in the Rate Table by the following factor:

Year in Claims-Made	Factor
0	.45
1	.70
2	.85
3	.90
4 or more	.95

b. **Extended Claims Reporting Period**

Using the rates in effect at the end of the terminating policy, compute the extended claims reporting premium by multiplying either the "Total Policy Premium" or "Minimum Premium" (whichever is greater) per the Rate Table by the factor shown below. An unlimited reporting period is available only for those policies covered continuously by a company policy for a minimum of three years. Attach EEO 04 588 – Extended Claims Reporting Period.

Length of Extended Reporting Period	Expiring Premium Factor
One Year	1.00
Three Years	1.50
Five years	1.90
Unlimited	2.00

9. **PRIOR ACTS RATING PROCEDURES FOR OCCURRENCE POLICIES**

Apply the following factors to calculate Prior Acts Coverage when converting a claims-made policy to an occurrence policy. The premium is determined by multiplying the professional liability occurrence premium by the applicable factor shown below:

	Factor
One Year Prior Acts:	.60
Two Years Prior Acts:	.80
Three Years Prior Acts:	.90
Four Years Prior Acts:	.95
Five or More years Prior Acts:	1.00

Minimum premium for Prior Acts Coverage endorsement is $300. This is not subject to any other rating rule. Attach EEO 04 597 – Prior Acts Coverage.

PROFESSIONAL LIABILITY OCCURRENCE RATES

	TERRITORY – 1 Cook, Madison & St. Clair Counties								
	Limit in 000s								
	100/ 300	300/ 300	300/ 900	500/ 500	500/ 1000	500/ 1500	1000/ 1000	1000/ 2000	1000/ 3000
Agency Charge	650	793	819	871	884	891	969	982	995
Type 1	53	65	67	71	72	73	79	80	81
Type 2	107	131	135	143	146	147	159	162	164
Type 3	133	162	168	178	181	182	198	201	203
Type 4	175	214	221	235	238	240	261	264	268
Type 5	235	287	296	315	320	322	350	355	360
Type 6	306	373	386	410	416	419	456	462	468
Type 7	425	519	536	570	578	582	633	642	650
Type 8	660	805	832	884	898	904	983	997	1,010
Type 9	1,316	1,606	1,658	1,763	1,790	1,803	1,961	1,987	2,013
Type 10	5,300	6,466	6,678	7,102	7,208	7,261	7,897	8,003	8,109
Per resident	6	7	8	8	8	8	9	9	9
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Per 100 Outpatient visits - medium	105	128	132	141	143	144	156	159	161
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Per bed – very high	257	314	324	344	350	352	383	388	393
Placement	64	78	81	86	87	88	95	97	98

ILLINOIS
SOCIAL SERVICES
PROFESSIONAL LIABILITY PROGRAM
COMPANY EXCEPTION PAGES

	TERRITORY – 2 Remainder of State								
	Limit in 000s								
	100/ 300	300/ 300	300/ 900	500/ 500	500/ 1000	500/ 1500	1000/ 1000	1000/ 2000	1000/ 3000
Agency Charge	620	756	781	831	843	849	924	936	949
Type 1	42	51	53	56	57	58	63	63	64
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Type 3	106	129	134	142	144	145	158	160	162
Type 4	140	171	176	188	190	192	209	211	214
Type 5	188	229	237	252	256	258	280	284	288
Type 6	245	299	309	328	333	336	365	370	375
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Professional Description	
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Type 7	Psychologist
Type 8	Nurse Practitioner, Physician Assistant, Paramedic, EMT
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Per resident	**Applicable to independent living**
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Per 100 outpatient visits (high)	**Applicable to high hazard outpatient exposures**
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Per bed (high)	**Applicable to high inpatient duty of care exposures**
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Per placement	**Applicable to foster care and adoption placements**

FORMS

Attach all mandatory multistate and state endorsements described in Rule 28. Allied Health Care Providers Professional Liability Coverage of Division Seven – Medical Professional Liability of the ISO Commercial Lines Manual, and these Exception pages.

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EEO 04 592	Key Employee Replacement Expense Coverage
EEO 04 593	Legal Expense Reimbursement Coverage
EEO 04 594	Limitation Of Procedures
EEO 04 595	Limited Professional Services
EEO 04 596	Part-Time Medical Professional
EEO 04 597	Prior Acts Coverage
EEO 00 643	Professional Liability Coverage Form
EEO 00 644	Professional Liability Coverage Form (Claims-Made)
EEO 00 645	Professional Liability Declarations
EEO 04 598	Professional Liability Extension Endorsement

State: *Illinois* **Filing Company:** *Everest National Insurance Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Social Services*
Project Name/Number: *Rate Filing/NIF-PL-20026647*

Supporting Document Schedules

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

		Item Status:	Status Date:
Satisfied - Item:	Form RF3 - (Summary Sheet)		
Comments:			
Attachment(s):			
RF-3.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification		
Comments:			
Attachment(s):			
Cert. for Medical Malpractice Rates.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Manual		
Comments:			
Attachment(s):			
NIF-IL-PL-10012012.pdf			

Explanatory Memorandum

Everest National Insurance Company is introducing a new program for non-profit social service organizations.

This filing includes a new endorsement for use with the Medical Professional Liability line of business.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/01/2012.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Medical Mal	$0	N/A
	Life 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): We are filing to provide specialized rating and coverage for risks of the Allied Health Care industry under the Medical Professional Liability.

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

Everest National Insurance Company
Name of Company

Mitchel Merberg, Vice President
Official – Title

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18) 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, Daryl Bradley, President, a duly authorized officer of Everest National Insurance Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Mitchel Merberg, VP, FCAS, MAAA, a duly authorized actuary of Everest National Insurance Company am authorized to certify on behalf of (Name of Insurance Company) making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

President — 8/3/12

Signature and Title of Authorized Insurance Company Officer Date — Date

VP, FCAS, MAAA — 8/3/12

Signature, Title and Designation of Authorized Actuary Date — Date

Insurance Company FEIN -22-2660372 Filing NumberEVST-128614035

Insurer's Address 477 Martinsville, Rd

City Liberty Corner State New Jersey Zip Code 07938-0830

Contact Person's:

-Name and E-mail Vanessa King vanessa.king@everestre.com

-Direct Telephone and Fax Number (908) 604-3267

1. **RATING EXPOSURE GRADES**

Applicable rates are determined by exposure grades. Exposure grading will be determined by evaluating the type of client being served and the degree of care and supervision being provided. The following guidelines are to be used in rating professional liability.

A. **Risks with exclusively incidental professional exposures are subject to the agency charge only. Risks with incidental exposures only are subject to a minimum premium of $1,000. which is not subject to any other rating factor.**

Risks with incidental professional liability exposures include:

Art/Music Institutions
Client Advocacy (no individual clients)
Fund Raising Organizations
Information Services
Meals on Wheels
Non-Profit Associations (administrative offices only)
Nutritional Programs
Recreational Programs
Thrift Stores
Volunteer Recruitment

B. **Risks with low professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with low exposures only are subject to a minimum premium of $1,000. which is not subject to any other rating factor.**

Risks with low professional liability exposures include:

Class	Exposure Charge
Alcoholism Councils	N/A
Bereavement Counseling	N/A
Chore Services - Homemaker Assistance - Home Repair	N/A
Cultural/Linguistic Assimilation Programs	N/A
Day Care or In-Home Assistance to Elderly	N/A
Day Care/Nursery School (except Head Start & handicapped)	N/A
Family Planning/Pregnancy (counseling only)	N/A
Financial Counseling and Education	N/A
Health Education Workshops	N/A
Homeless Counseling/Shelters - Independent Living	Per Resident
Housing Referral	N/A

Independent Living (aged only)	Per Resident
Individual Counseling (stress, career, etc.)	N/A
Marriage and Family Counseling	N/A
Peer Counseling with Professional Supervision	N/A
Religious Youth & Outreach Groups	N/A
Resource Referral	N/A
Retirement Communities, Independent Living	Per Resident
Schools Day	N/A
Vocational Education/Sheltered Workshops	N/A

C. **Risks with moderate professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with moderate exposures are subject to a minimum premium of $1,500 which is not subject to any other rating factor.**

Class	Exposure Charge
Aids Counseling & Case Management	N/A
Big Brothers/Big Sisters	N/A
Counseling Developmentally Disabled	N/A
Counseling for Emotionally Disturbed (not violent)	Per 100 outpatient visits (low)
Day Care Centers/Schools (Head Start & handicapped)	N/A
Developmentally Disabled Residence (no medical care)	Per bed (low)
Disease Control Clinics	Per 100 outpatient visits
Family Planning/Pregnancy (counseling & exams)	Per 100 outpatient visits
Group Homes - Abused Children - Supervised Living	Per bed (low)
Group Homes - Battered Women - Supervised Living	Per bed (low)
Group Homes – Drug Abusers – Supervised Living	Per bed (low)
Group Homes - Misc. Supervised Living	Per bed (low)
Home Health Agency	Per 100 outpatient visits
Homeless Counseling/Shelters - Supervised Living	Per bed (low)
Hotlines (not crisis intervention)	Per 100 outpatient visits (low)
Immunization Clinics	Per 100 outpatient visits
Infant Health Assessment Programs	Per 100 outpatient visits
Methadone Maintenance	Per 100 outpatient visits
Parenting Classes	N/A
Physically Handicapped Residence Programs (no medical care)	Per bed (low)

Respite Care	Per bed (low)
Retirement Communities, Residential care (no medical facilities)	Per bed (low)
Schools Residential (academic)	Per bed (low)
Schools Residential (excl. emotionally disturbed or handicapped)	Per bed (low)
Senior Health Assessment Clinics	Per 100 outpatient visits
Sexually Transmitted Disease Clinics	Per 100 outpatient visits (low)
Shelters - Indigent (overnight only)	Per bed (low)
Visiting Nurse	Per 100 outpatient visits

D. Risks with high professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with high exposures are subject to a minimum premium of $2,500, which is not subject to any other rating factor.

Class	Exposure Charge
Adoption	Placements
Community Homes for the Aged	Per bed (med.)
Crisis Intervention	Per 100 outpatient visits (med.)
Family Planning/Pregnancy (counseling, exams & prenatal care)	Per 100 outpatient visits (high)
Foster Care	Placements
Foster Care, Residential	Per bed (very high)
Foster Grandparents	Placements
Group Home for Mentally or Physically Handicapped incl. intermediate nursing care	Per bed (high)
Halfway House - Intermediate care	Per bed (med.)
HIV Testing	Per 100 outpatient visits (high)
Hospice	Per bed (med.)
Needle Exchange Programs	Per 100 outpatient visits (med.)
Physical Rehabilitation (outpatient)	Per 100 outpatient visits (med.)

Physical Rehabilitation (residential)	Per bed (med.)
Residential Care for Children (incl. intermediate care)	Per bed (high)
Retirement Communities, Intermediate Care	Per bed (high)
Schools Residential (incl. severely disturbed or handicapped)	Per bed (med.)
Substance Abuse Facility (no detox)	Per bed (med.)
Supportive Living Facility	Per bed (med.)
Treatment Centers - Drug & Alcohol Abuse (no detox)	Per bed (med.)
Well Child Clinics	Per 100 outpatient visits (med.)
Alzheimer's Residences	Per bed (very high)
Group Home for Mentally or Physically Handicapped (skilled nursing care)	Per bed (very high)
Hotlines (Crisis Intervention)	Per 100 outpatient visits (high)
Hotlines (Suicide Prevention)	Per 100 outpatient visits (high)
Retirement Communities (skilled nursing care)	Per bed (high)
Substance Abuse Facility (incl. detox)	Per bed (very high)

2. **AT LIMITS RATES**

a. Rates shown in the Rate Table are applicable to full-time employees and volunteers. Where applicable, the rates apply to all practitioners who have contact with clients or patients.

b. Under "Type" of Professional shown in the Rate Table, the following definitions apply:

Type	Definition
Type 1	Paraprofessional Social Worker, Homemaker, Home Health, Nurse Aide, Sitter, Companion, Bereaval Therapist, Occupational Therapist, Teacher
Type 2	LPN, Social Worker (BA), Dietician, Nutritionist, Dental Hygienist, Pharmacy, Assistant Lab Technician, EKG - Ultrasound Tech, Medical Tech, Echocardiogram Tech, X-Ray Tech, Radiology Tech, Certified Medical Assistant
Type 3	RN, Social Worker (MA, MSW), Speech Pathologist, Dialysis Tech, Enterstomal Therapist, Clergy
Type 4	Medical Director
Type 5	Pharmacist
Type 6	Physical Therapist, Respiratory Therapist, Phlebotomist, Nuclear Medicine Tech, Radiation Therapist
Type 7	Psychologist
Type 8	Nurse Practitioner, Physician Assistant, Paramedic EMT
Type 9	Acupuncturist, Chiropractor, Dentist, Psychiatrist

Type 10	Medical Doctor/Doctor of Osteopathy - Non-Surgical

c. For Types 1, 2, 3, 4, 5, 6, 7, and 8: part-time employees and volunteers (work less than 20 hours per week), apply a factor of .50 to the applicable professional rate. This does not apply to independent contractors.

d. For Types 9 and 10: part-time employees and volunteers (work less than 20 hours per week), apply a factor of .50 to the applicable professional rate. This does not apply to independent contractors.

e. Contingent liability for independent contractors, apply a factor of .50 to the applicable professional rate. Individual professional insurance coverage for independent contractors must be documented in the file (name of carrier, policy period and limits).

f. Under "client exposure charges" shown in the rate table, the following rate categories apply:

Client Exposure Charge	Rate Category
Per resident	Applicable to independent living
Per 100 outpatient visits (low)	Applicable to low hazard outpatient exposures
Per 100 outpatient visits (medium)	Applicable to moderate hazard outpatient exposures
Per 100 outpatient visits (high)	Applicable to high hazard outpatient exposures
Per bed (low)	Applicable to low inpatient duty of care exposures
Per bed (medium)	Applicable to moderate inpatient duty of care exposures
Per bed (high)	Applicable to high inpatient duty of care exposures
Per bed (very high)	Applicable to very high inpatient duty of care exposures
Per placement	Applicable to foster care and adoption placements

g. Rates are for specified limits shown in the Rate Table.

3. **COMPLEXITY OF PROCEDURES** (applicable to provider charges for physicians)

The nature of medical services varies with each individual doctor. Physicians will receive up to a 25% premium credit or debit based on the type of medical procedures performed.

4. **SCHEDULE MODIFICATION TABLE**

The following factors may be applied at the underwriter's discretion based on the characteristics listed below. Schedule modification factors are limited to the range of .70 to 1.25. The premium may not be reduced below any policy minimum premium.

Risk Characteristics	Range of Modification			
	Credit		Debit	
Facility Standards				
Record Keeping and Documentation	5%		5%	
Employee to Client Ratio	5%		5%	
Licensing/Accreditation	5%		5%	
Employee Selection, Training, Supervision, Experience				
Employee Qualifications	15%		15%	
Continuing Education	5%		5%	

Supervision	5%		5%	
Client Considerations				
Voluntary versus Involuntary	4%		4%	
Extent of Client Contact	5%		5%	
Degree of Care	5%		5%	
Classification Peculiarities				
Off Premises Exposure	6%		6%	
Administration of Drugs	5%		5%	

5. **PREMIUM COMPUTATION**

a. The agency charge is determined based upon the limit of insurance desired.

b. Employee charges, where applicable, are determined through a process of multiplying the number of each type of employee by the corresponding rate, including any modifications that may apply for Part Time, Contingent Liability, or Complexity of Procedures (Type 10 only).

c. Client exposure charges, where applicable, are determined by multiplying the applicable client exposures by the corresponding rate specified for the exposure grade.

d. The Agency Charge determined in step (a) above is then added to the per employee charges and client exposure charges, when applicable.

e. The premium determined in step (d) above is then subject to schedule modification.

6. **KEY EMPLOYEE REPLACEMENT EXPENSE COVERAGE ENDORSEMENT**

If the Key Employee Replacement Coverage Expense Endorsement is attached, a premium of $250 per scheduled employee will apply. The maximum limit allowed under this endorsement is $75,000 per employee. Attach EEO 04 592 – Key Employee Replacement Expense Coverage.

7. **OPTIONAL LEGAL EXPENSE REIMBURSEMENT COVERAGE**

Limit: $30,000 per Action/$30,000 Annual Aggregate Limit
Charge: $200 per Physician

Attach EEO 04 593 – Legal Expense Reimbursement Coverage

8. **CLAIMS-MADE RATING PROCEDURES FOR CLAIMS-MADE POLICIES**

a. Claims-Made Multiplier

To calculate the claims-made rate, multiply the occurrence rates shown in the Rate Table by the following factor:

Year in Claims-Made	Factor
0	.45
1	.70
2	.85
3	.90
4 or more	.95

b. **Extended Claims Reporting Period**

Using the rates in effect at the end of the terminating policy, compute the extended claims reporting premium by multiplying either the "Total Policy Premium" or "Minimum Premium" (whichever is greater) per the Rate Table by the factor shown below. An unlimited reporting period is available only for those policies covered continuously by a company policy for a minimum of three years. Attach EEO 04 588 – Extended Claims Reporting Period.

Length of Extended Reporting Period	Expiring Premium Factor
One Year	1.00
Three Years	1.50
Five years	1.90
Unlimited	2.00

9. **PRIOR ACTS RATING PROCEDURES FOR OCCURRENCE POLICIES**

Apply the following factors to calculate Prior Acts Coverage when converting a claims-made policy to an occurrence policy. The premium is determined by multiplying the professional liability occurrence premium by the applicable factor shown below:

	Factor
One Year Prior Acts:	.60
Two Years Prior Acts:	.80
Three Years Prior Acts:	.90
Four Years Prior Acts:	.95
Five or More years Prior Acts:	1.00

Minimum premium for Prior Acts Coverage endorsement is $300. This is not subject to any other rating rule. Attach EEO 04 597 – Prior Acts Coverage.

PROFESSIONAL LIABILITY OCCURRENCE RATES

	TERRITORY – 1 Cook, Madison & St. Clair Counties								
	Limit in 000s								
	100/ 300	300/ 300	300/ 900	500/ 500	500/ 1000	500/ 1500	1000/ 1000	1000/ 2000	1000/ 3000
Agency Charge	650	793	819	871	884	891	969	982	995
Type 1	53	65	67	71	72	73	79	80	81
Type 2	107	131	135	143	146	147	159	162	164
Type 3	133	162	168	178	181	182	198	201	203
Type 4	175	214	221	235	238	240	261	264	268
Type 5	235	287	296	315	320	322	350	355	360
Type 6	306	373	386	410	416	419	456	462	468
Type 7	425	519	536	570	578	582	633	642	650
Type 8	660	805	832	884	898	904	983	997	1,010
Type 9	1,316	1,606	1,658	1,763	1,790	1,803	1,961	1,987	2,013
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EEO 04 590	Individual Medical Professional Coverage
EEO 04 591	Individual Medical Professional Coverage (Claims-Made)
EEO 04 592	Key Employee Replacement Expense Coverage
EEO 04 593	Legal Expense Reimbursement Coverage
EEO 04 594	Limitation Of Procedures
EEO 04 595	Limited Professional Services
EEO 04 596	Part-Time Medical Professional
EEO 04 597	Prior Acts Coverage
EEO 00 643	Professional Liability Coverage Form
EEO 00 644	Professional Liability Coverage Form (Claims-Made)
EEO 00 645	Professional Liability Declarations
EEO 04 598	Professional Liability Extension Endorsement