



RECEIVED

OCT 22 2009

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD**

October 21, 2009

Gayle Neuman, Property & Casualty Compliance Unit
Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767

FILED

JUN 01 2010

RE: **THE MEDICAL PROTECTIVE COMPANY - NAIC #11843**
COMPANY FEIN: 35-0506406
COMPANY FILING NO. 09-CRNA-02
ILLINOIS HEALTHCARE - CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE AND CLAIMS MADE PROGRAM

RATE/RULE

Initial Rates and Rules Filing for Certified Registered Nurse Anesthetist Program

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

EFFECTIVE DATE: December 1, 2009

Dear Ms. Neuman:

The Medical Protective Company is pleased to introduce new Certified Registered Nurse Anesthetist rates and rules for individual Healthcare Professionals.

Where have separated the form filing from this filing, under a separate cover, company filing number 09-CRNA-01 accordingly. Enclosed please find an actuarial memorandum, exhibits, actuarial certification and manual pages for review.

Should you have any questions regarding this filing, please do not hesitate to contact me. Thank you.

Sincerely,

Melissa Coker Millican, Paralegal
The Medical Protective Company
5814 Reed Road
Fort Wayne, IN 46835-3568
(800)-348-4669, ext. 6838
(260)-486-0733 (fax)
melissa.millican@medpro.com

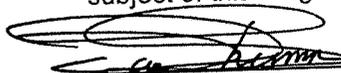
10
MEM
BAT
Jeh

**ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES**

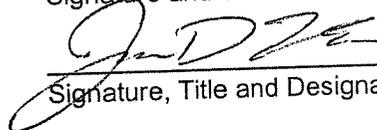
(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, David Sherman a duly authorized officer of
The Medical Protective 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, James Kunce, FCAS, MAAA, SVP & Chief Actuary, a duly authorized actuary of
The Medical Protective 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.



Signature and Title of Authorized Insurance Company Officer Assoc General Counsel & Asst Secretary 6/18/2009
Date



Signature, Title and Designation of Authorized Actuary FCAS, MAAA, SVP & Chief Actuary 6/18/2009
Date

Insurance Company FEIN 35 - 0506406 Filing Number 09-CRNA-02

Insurer's Address 5814 Reed Road

City Fort Wayne State IN Zip Code 46835

Contact Person's:

-Name and E-mail: Melissa Millican, melissa.millican@medpro.com

-Direct Telephone and Fax Number: (260) 486-0838 Fax: (260) 386-0733

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 08/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
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 <u>11.0/11.0010Nurse - Anesthetists</u> Line of Insurance	<u>0, n/a - new product</u>	<u>0, n/a - new product</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: n/a - this is the initial filing for this product.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): The Medical Protective Company is pleased to introduce new Certified Registered Nurse Anesthetist rates and rules for individual Healthcare Professionals.

Where applicable we have separated the forms from the rates and rule filing and have submitted a separate filing under a separate submission (Company filing #09-CRNA-01). We respectfully request an effective date of August 1, 2009 for this submission.

*Adjusted to reflect all prior rate changes.

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

The Medical Protective Company
 Name of Company

Assoc General Counsel & Asst Secretary
 Official - Title

Neuman, Gayle

From: Neuman, Gayle
Sent: Thursday, May 20, 2010 2:03 PM
To: 'Millican, Melissa'
Subject: RE: Medical Protective Company - Rate/Rule Filing #09-CRNA-02

The filing effective date will be June 1, 2010. I will stamp your copy and send it to you in the mail.

Gayle Neuman

Illinois Department of Insurance
(217)524-6497

From: Millican, Melissa [mailto:Melissa.Millican@medpro.com]
Sent: Thursday, May 20, 2010 1:58 PM
To: Neuman, Gayle
Subject: RE: Medical Protective Company - Rate/Rule Filing #09-CRNA-02

Thank you Ms. Neuman,
We would like to have a different effective date as we did not place the filing in effect at the time we made the filing. May we modify the effective date to 6/1/10.
Thank you,
Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, May 20, 2010 2:47 PM
To: Millican, Melissa
Subject: Medical Protective Company - Rate/Rule Filing #09-CRNA-02

Ms. Millican,

The Department of Insurance has now completed its review of the filing referenced above. Originally, Medical Protective Company requested the filing be effective December 1, 2009. Was the filing put in effect on December 1, 2009 or do you wish to have a different effective date?

Your prompt response is appreciated.

Gayle Neuman

Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

Please refer to the Property & Casualty Review Checklists before submitting any filing. The checklists can be accessed through the Department's website at www.insurance.illinois.gov.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: GAYLE.NEUMAN@ILLINOIS.GOV.

Neuman, Gayle

From: Millican, Melissa [Melissa.Millican@medpro.com]
Sent: Friday, February 05, 2010 6:10 AM
To: Neuman, Gayle
Subject: Medical Protective - Filing #09-CRNA-02
Importance: High
Attachments: Extension Contract Factors.pdf; Response Doc.pdf

Ms Neuman,
Please find our Company's response. In summary we are: Adding ECF-IL / IL-01-09 - Extension Contract Rating Factors manual page (CM only).

Please let me know if you should need anything additional .
Thank you,
Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Monday, January 25, 2010 12:04 PM
To: Millican, Melissa
Subject: RE: Medical Protective - Filing #09-CRNA-02

Ms. Millican,

Thank you for your response. Please address my follow-up questions/remarks:

1. So in understanding the Disposable Products Rating Rule, it appears you will write someone who reuses needles with the filed rate, and offer a credit to someone who agrees not to? I would assume an insurance company would offer the filed rate to someone who does not reuse needles, and either not write at all or debit someone who does reuse needles. You describe this as a "coverage restriction".
2. In regard to your response regarding the extended reporting period, I cannot find this information in the manual. I also am unaware of the factor used in its calculation. You will need to include this information in the manual.

I request receipt of your response by January 28, 2010.

Gayle Neuman

Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

2/5/2010

February 4, 2010

The Medical Protective Company
Initial CRNA Rate/Rule Filing
Response to DOI Objections dated: January 25, 2010

Objection 1

So in understanding the Disposable Products Rating Rule, it appears you will write someone who reuses needles with the filed rate, and offer a credit to someone who agrees not to? I would assume an insurance company would offer the filed rate to someone who does not reuse needles, and either not write at all or debit someone who does reuse needles. You describe this as a "coverage restriction".

Response:

In keeping with the AANA's commitment to patient safety and safe anesthesia practices the Association requested Medical Protective offer a 5% premium reduction to those policyholders who are willing to accept an endorsement which excludes claims if the policyholders reuse the same needle or syringe when administering intravenous medication. Medical Protective wants to reward CRNAs who practice safely and agree to the exclusion.

The credit to the insureds policy is related to the reduced company exposure of a claim resulting from a CRNA which agrees to the Reuse Exclusion. The rejection of the exclusion does not mean they will reuse needles, but that they reject the exclusion and associated credit. The Insured must still practice within the scope and standards of their license. When the insured agrees to exclude such behavior, the Company attaches the endorsement to the policy to restrict coverage for claims arising from the insured utilizing a needle more than one time which results in injury to their patient.

Objection 2

In regard to your response regarding the extended reporting period, I cannot find this information in the manual. I also am unaware of the factor used in its calculation. You will need to include this information in the manual.

Response:

Please find enclosed an Extension Contract Factor manual page.

Neuman, Gayle

From: Neuman, Gayle
Sent: Thursday, January 28, 2010 2:42 PM
To: 'Millican, Melissa'
Subject: RE: IL CRNA rule objections, response due 1/28

Ms. Millican,

I will extend it to February 5, 2010. No further extensions will be available after this.

Gayle Neuman
Department of Insurance

From: Millican, Melissa [mailto:Melissa.Millican@medpro.com]
Sent: Thursday, January 28, 2010 2:40 PM
To: Neuman, Gayle
Subject: FW: IL CRNA rule objections, response due 1/28

Ms. Neuman,
We are in the process of completing the response, however we wanted to see if we could request an extension until February 5th to respond?
Thank you,
Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Monday, January 25, 2010 12:04 PM
To: Millican, Melissa
Subject: RE: Medical Protective - Filing #09-CRNA-02

Ms. Millican,

Thank you for your response. Please address my follow-up questions/remarks:

1. So in understanding the Disposable Products Rating Rule, it appears you will write someone who reuses needles with the filed rate, and offer a credit to someone who agrees not to? I would assume an insurance company would offer the filed rate to someone who does not reuse needles, and either not write at all or debit someone who does reuse needles. You describe this as a "coverage restriction".
2. In regard to your response regarding the extended reporting period, I cannot find this information in the manual. I also am unaware of the factor used in its calculation. You will need to include this information in the manual.

I request receipt of your response by January 28, 2010.

Gayle Neuman

Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

1/28/2010

Neuman, Gayle

From: Millican, Melissa [Melissa.Millican@medpro.com]
Sent: Saturday, January 23, 2010 7:35 AM
To: Neuman, Gayle
Subject: FW: Medical Protective - Filing #09-CRNA-02
Attachments: IL CRNA DOI Response Doc #1.pdf

Ms. Neuman,
 I apologize for our delay in sending our response, please find it attached above.
 Please let me know if you should need anything additional for this filing.
 Thank you,
 Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Friday, January 08, 2010 12:10 PM
To: Millican, Melissa
Subject: Medical Protective - Filing #09-CRNA-02

Ms. Millican,

Please address/explain the following issues:

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. Are there any comprehensive manual pages associated with the pages submitted for the certified registered nurse anesthetist?
3. There is a new 25% surcharge proposed titled "Background Review Surcharge". Would an applicant therefore receive the same surcharge for a two day license lapse as an applicant with a background of chemical/substance abuse? Since this is being offered as a surcharge, you would write an insured with such issues. Please explain.
4. There is a new rating rule titled "Disposable Products Rating Rule". Please explain how this varies from the Scheduled Rating Plan – 5. Management Control Procedures, or 8. Healthcare Standards, Quality and Claims Review. Would Medical Protective write a nurse anesthetist would does reuse needles? I assume the answer is "yes" since you offer a credit for ones who don't reuse needles.
5. In regard to the Renewal Rating Rule, can this be actuarially justified? What happens if an insured takes this option and the company then files a rate decrease – can the insured opt out at that point to take advantage of the decrease? Is there a charge to the insured for this option? It seems this would be discriminatory against smaller accounts with premiums under \$250,000. Please advise.
6. Please explain how the "Risk Management Credit Rule" differs from the Schedule Rating Plan factors.
7. In regard to the Schedule Rating Plan, is there a percentage applicable to each factor? The "Number/Type of Patient Exposures" references the size and demographics of the patient population. How does this differ from the territory factors that are applied?
8. In regard to the Extended Reporting Period Rating Rule, the extended reporting period (tail coverage) premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium. The company must list the factor(s) to be used to

1/25/2010

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.

I request receipt of your response by January 20, 2010.

Gayle Neuman

Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

Please refer to the Property & Casualty Review Checklists before submitting any filing. The checklists can be accessed through the Department's website at www.insurance.illinois.gov.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: GAYLE.NEUMAN@ILLINOIS.GOV.

January 22, 2010

The Medical Protective Company
Illinois CRNA Initial Rate & Rule Filing
Response to DOI Objections Dated: January 8, 2010

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?

Yes, Medical Protective reports statistically to Insurance Services Office (aka: ISO).

2. Are there any comprehensive manual pages associated with the pages submitted for the certified registered nurse anesthetist?

This filing is for a new program which will only be written via the coverage forms and rate/rules contained within the filing. There is not a corresponding Comprehensive Coverage for Healthcare Providers manual for this program/filing.

3. There is a new 25% surcharge proposed titled "Background Review Surcharge". Would an applicant therefore receive the same surcharge for a two day license lapse as an applicant with a background of chemical/substance abuse? Since this is being offered as a surcharge, you would write an insured with such issues. Please explain.

The intent of the Background Review Surcharge is to collect additional premium for the increased exposure relating to healthcare providers which have had serious sanctions / conduct and disciplinary actions. Typically a two day license lapse is a result of an administrative error on the part of the insured or group administrator (ie: did not mail licensing fees in time, or forgot to send in proof of CE credits) and thus would not fall into the same category as chemical/substance abuse. In addition, the Company may elect to utilize a search database such as the Fraud and Abuse Control Information System (FACIS). If either of these sources indicates an action (incl possible or pending actions), the Company would modify the applicants/insureds premium as a result of the increased potential for losses. As a result, the surcharge would be transparent in the offer of coverage and subject to acceptance by the applicant. If the applicant did not accept the terms of the offer they would be declining our offer. However, the presence of such a rule which provides a debit for sanctions/serious conduct and disciplinary actions is not an indication that there is a rate available for any particular insured or applicant.

4. There is a new rating rule titled "Disposable Products Rating Rule". Please explain how this varies from the Scheduled Rating Plan – 5. Management Control Procedures, or 8. Healthcare Standards, Quality and Claims Review. Would Medical Protective write a nurse anesthetist would does reuse needles? I assume the answer is "yes" since you offer a credit for ones who don't reuse needles.

The Disposable Products Rating Rule is a non-discretionary credit which is applied to the insureds rate when they agree to not reuse needles, whereas the Schedule Rating Plan is designed to credit or debit an individual insureds premium based upon unique characteristics that are not contemplated in the standard rate. Additionally, this rule is intended to address an infrequent problem within the profession. MedPro is offering a premium credit to insureds that are willing accept a coverage restriction outlined within the rule and endorsement. The rule outlines expectations that are within the normal standard of care. Unfortunately, there have been a couple of widely publicized cases where healthcare providers have reused needles or disposable equipment on multiple patients. These have usually been explained as an effort to "cut costs." These cases have resulted in significant patient harm (multiple Hepatitis infections) and large medical malpractice payouts. The rule was developed with the assistance of the AANA to address patient safety and emphasize the importance of the standard of care.

5. In regard to the Renewal Rating Rule, can this be actuarially justified? What happens if an insured takes this option and the company then files a rate decrease – can the insured opt out at that point to take advantage of the decrease? Is there a charge to the insured for this option? It seems this would be discriminatory against smaller accounts with premiums under \$250,000. Please advise.

The Company hereby withdraws the Renewal Rating Rule from further consideration at this time.

6. Please explain how the “Risk Management Credit Rule” differs from the Schedule Rating Plan factors.

The Risk Management Credit Rule differs from the Schedule Rating Plan as the Risk Management rule is a non-discretionary rating rule wherein a credit will be applied when the insured completes the required risk management course(s). Schedule rating is subjective and is discretionary and is based upon the unique characteristics which are not contemplated in the established rate.

7. In regard to the Schedule Rating Plan, is there a percentage applicable to each factor? The “Number/Type of Patient Exposures” references the size and demographics of the patient population. How does this differ from the territory factors that are applied?

There is not a sub-percentage maximum established. The "Number/Type" of Patient Exposures characteristic is utilized when an insured has greater than or less than the size/demographic of patient population already reflected in the territory factors.

8. In regard to the Extended Reporting Period Rating Rule, the extended reporting period (tail coverage) premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) 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.

The following applies with regard to extension contract premium calculation:

- 1) **If a policy is in-force for less than one year - then it is the tail factor x earned premium. (option #1 in DOI question 8).**
- 2) **If a policy is in-force for a year or more then it is the expiring annualized premium x tail factor. For example, if a policyholder was at location A for the first ½ of the year and location B for the last ½ of the year... then the tail applies to the annual premium for location B. (option #3 in DOI question 8).**
- 3) **If a policyholder has been moonlighting or working part-time for less than a year... then these credits will not be given to the tail policy.**

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
RENEWAL RATING RULE

MEMBERS OF A QUALIFIED HEALTHCARE PROFESSIONAL GROUP/ASSOCIATION MAY QUALIFY FOR ADDITIONAL PREMIUM MODIFICATIONS:

IF THE GROUP PRACTICE/ASSOCIATION GENERATES A MANUAL PREMIUM IN EXCESS OF \$250,000 THE COMPANY MAY, IN CONSIDERATION OF THE UNDERLYING RISK, HOLD THE NEXT RENEWAL RATE(S) FOR THE INDIVIDUAL POLICYHOLDER(S) CONSTANT, SUBJECT TO UNDERWRITING REVIEW. HOWEVER, CHANGES IN CLASSIFICATION, LIMITS OF LIABILITY, CLAIMS-MADE STEP AND OTHER NON-DISCRETIONARY CREDITS WILL BE APPLIED IN THE USUAL MANNER.

ONLY ONE CONSECUTIVE RENEWAL MAY RECEIVE APPLICATION OF THIS RULE. THE GROUP PRACTICE/ASSOCIATION MAY AGAIN QUALIFY FOR THIS RULE AFTER PAYMENT OF ONE RENEWAL PREMIUM BASED UPON CURRENTLY FILED RATES.

WITHDRAWN

JAN 22 2010

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
RENEWAL RATING RULE

MEMBERS OF A QUALIFIED HEALTHCARE PROFESSIONAL GROUP/ASSOCIATION MAY QUALIFY FOR ADDITIONAL PREMIUM MODIFICATIONS:

IF THE GROUP PRACTICE/ASSOCIATION GENERATES A MANUAL PREMIUM IN EXCESS OF \$250,000 THE COMPANY MAY, IN CONSIDERATION OF THE UNDERLYING RISK, HOLD THE NEXT RENEWAL RATE(S) FOR THE INDIVIDUAL POLICYHOLDER(S) CONSTANT, SUBJECT TO UNDERWRITING REVIEW. HOWEVER, CHANGES IN CLASSIFICATION, LIMITS OF LIABILITY, CLAIMS-MADE STEP AND OTHER NON-DISCRETIONARY CREDITS WILL BE APPLIED IN THE USUAL MANNER.

ONLY ONE CONSECUTIVE RENEWAL MAY RECEIVE APPLICATION OF THIS RULE. THE GROUP PRACTICE/ASSOCIATION MAY AGAIN QUALIFY FOR THIS RULE AFTER PAYMENT OF ONE RENEWAL PREMIUM BASED UPON CURRENTLY FILED RATES.

WITHDRAWN

JAN 22 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD ILLINOIS

Neuman, Gayle

From: Millican, Melissa [Melissa.Millican@medpro.com]
Sent: Thursday, December 03, 2009 11:43 AM
To: Neuman, Gayle
Subject: RE: Medical Malpractice Filings #09-CRNA-02, 09-HCNP-02, and 09-HCPA-02

Ms. Neuman,

Please find our Company's response prepared by our Company's Pricing Actuary, Keith Barnes. Please let me know if you should have any additional questions, or need anything further related to these filings.

Thank you,
Melissa

The Medical Protective Company (MedPro) is submitting new products for CRNAs, NPs and PAs. The new products do not replace the Allied Healthcare Providers product but are new products separate and distinct from the traditional program. The Allied Healthcare Provider product is only available to an insured that is part of a MedPro group. That is, they are in a practice setting where they are supervised by a doctor that has medical malpractice insurance from the MedPro. This is a different exposure from that contemplated by the new product.

Under the new product, a CRNA, NP or PA can be supervised by a doctor that is not insured by MedPro. They are "stand alone" healthcare professionals. The professional is often an independent contractor (not an employee of the group) and does not have the same carrier as their supervising physician. This represents a different risk profile and can make a difference in the underwriting and claims strategies that arise under the two products. The product was designed to recognize the risk/needs of these stand alone providers.

We trust the above has clarified the intent of our filings and the need for two separate products.

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, December 03, 2009 12:09 PM
To: Millican, Melissa
Subject: FW: Medical Malpractice Filings #09-CRNA-02, 09-HCNP-02, and 09-HCPA-02

Ms. Millican,

Please respond to the e-mail below.

From: Neuman, Gayle
Sent: Wednesday, November 18, 2009 1:46 PM
To: 'Millican, Melissa'
Subject: Medical Malpractice Filings #09-CRNA-02, 09-HCNP-02, and 09-HCPA-02

Ms. Millican,

The three medical malpractice rate/rule filings listed above has been submitted to the Department for review. I have recently noticed that certified registered nurse anesthetist, nurse practitioner, and physicians assistants are all included in the manual filed under Allied Healthcare Providers. Therefore, the information on these three specialties should be removed from the manual as previously filed. Revised pages should be inserted into these filings for the Allied Healthcare Providers section. The two filings with the 7-1-09 effective date could be filed under just one of the two filings. A separate change would again have to be made to the same pages for the certified registered nurse anesthetist filing.

Your prompt attention is appreciated.

12/3/2009

Gayle Neuman

Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

Please refer to the Property & Casualty Review Checklists before submitting any filing. The checklists can be accessed through the Department's website at www.insurance.illinois.gov.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: GAYLE.NEUMAN@ILLINOIS.GOV.

12/3/2009

THE MEDICAL PROTECTIVE COMPANY
ILLINOIS
CERTIFIED REGISTERED NURSE ANESTHETIST PRODUCT
EXPLANATORY MEMORANDUM

The Medical Protective Company (MedPro) respectfully submits support for its new Certified Registered Nurse Anesthetist (CRNA) Product. The attached exhibits support rates for a stand alone CRNA product in the State of Illinois. The proposed rates represent a new product available to the thousands of CRNAs who do not have their professional liability insurance provided by their employer, are self-employed, or request to opt out of our existing stand alone Allied Healthcare Provider program because the CRNA is seeking their own independent defense, consent to settle and additional sub-limit coverage.

RATE DEVELOPMENT:

The Medical Protective Company has partnered with the American Association of Nurse Anesthetists (AANA) to review their current program's rate, rule structure and coverage offerings. The historical loss experience of the program was provided for review and analysis. This filing proposes a new product for the Association to offer to its membership based on this detailed analysis and the specific input of the association.

The analysis that follows is based on the premium and loss history evaluated as of December 2008 for the current AANA program. The loss history is combined with loss development patterns from MedPro's physicians and surgeons book to project ultimate loss ratios.

EXHIBIT 1: CALCULATION OF PROPOSED 1M/3M RATE

The filing is based on the AANA's substantial data (\$112MM of premium over a five year period) underlying their current program. The program is written through the American Casualty Company of Reading, PA (Magaw Healthcare Professionals Purchasing Group Association, a CNA company). Exhibit 1 displays the calculation of the proposed base rate derived from the currently filed CNA base rate and the selected rate change from Exhibit 2.

EXHIBIT 2: PROJECTED ULTIMATE LOSS RATIO

The exhibit shows the calculation of the ultimate losses and loss expenses underlying the AANA program. The exhibit employs traditional paid and incurred loss development techniques in combination with the Bornhuetter-Ferguson method. The selected ultimate losses are trended forward to the average loss date underlying the proposed rate structure. The resulting trended ultimate loss ratio is compared to the target loss ratio to determine the indicated rate change. The selected rate change is carried forward to Exhibit 1 and used to derive the proposed base rate.

EXHIBIT 3: TARGET LOSS RATIO

This exhibit displays the expenses and resulting target loss ratio underlying MedPro's proposed rates.

EXHIBIT 4: LOSS DEVELOPMENT

Exhibit 4-A and 4-B display the historical paid and incurred losses and losses expenses for the Medical Protective Company's physicians and surgeons program. Loss development patterns for the CRNA product were not available as a search of publicly available CNA program rate filings resulted in no filings containing loss development triangles. It is Medical Protective's judgment that the loss development patterns associated with this line of business should be consistent with that of physicians and surgeons in general. The selected loss development factors are carried forward to Exhibit 3 and employed in the development of Ultimate Losses.

EXHIBIT 5: TREND

Exhibit 5 displays the total paid losses and counts for Nurse Anesthetists from the National Practitioners Data Bank (NPDB). The data is displayed for the data bank report years 1993 to 2007. The data shows a significant severity trend over the historical period. MedPro has selected a 6% trend that is carried forward in the calculations performed in Exhibit 2.

REVISED MANUAL RULES

The Medical Protective Company proposes the following rating rules which conform to the countrywide template and largely do not constitute a substantive change in use or content from most rules currently on file for other Medical Protective Products.

ACCELERATED EXTENSION CONTRACT RULE

The Company proposes to file an Accelerated Extension Contract Rule for its Standard Claims Made Program. If requirements outlined in the rule are met, the insured may qualify for an Accelerated Extension Contract. The total number of insureds within a group practice that may qualify should not exceed a ratio of one in three. There is no rate impact associated with this rule.

BACKGROUND REVIEW SURCHARGE RULE

The Company proposes to file a Background Review Surcharge Rating Rule for its Occurrence and Standard Claims Made Programs. The rule outlines that an individual healthcare professional that indicates a history of license, certification or chemical/substance abuse issues will receive a 25% surcharge.

CONVERTIBLE CLAIMS MADE RATING RULE

The Company proposes to file the Convertible Claims Made Rating Plan for its Standard Claims Made Program. This rule outlines the conditions on which an insured would be

eligible to convert a Standard Claims Made policy to an Occurrence policy at no charge. This rule conforms with the countrywide format.

DISPOSABLE PRODUCTS PROCEDURE RATING RULE

The Company wishes to file the Disposable Products Rating Rule for the Occurrence and Standard Claims Made Programs. This rule provides a 5% credit to insureds that limit their use of a syringe and/or needed on a patient to only one use.

EXTENSION CONTRACT RATING

The Company proposes to file an Extension Contract Rating Rule for its Standard Claims Made Program to clarify the modifications employed in the extension contract premium calculation. This rule is consistent with our countrywide format.

FULL TIME EQUIVALENCY RATING RULE

The Company proposes to file the Full Time Equivalency Rating Rule for its Occurrence and Standard Claims Made Programs. This rule outlines rating for coverage for a multi-provider groups which is available, at the Company's option, on a full time equivalent (FTE) basis rather than on an individual healthcare provider basis. This rule is consistent with our countrywide format.

GROUP RATING RULE

The Company proposes to file the Group Rating Rule for its Occurrence and Standard Claims Made Programs. The rule outlines the methodology in which a group of two or more healthcare professionals will be rated. The rule also outlines how premium will be allocated to each member within such group. This rule conforms with the countrywide format.

LEAVE OF ABSENCE CREDIT RULE

The Company proposes to file the Leave of Absence Credit Rule for its Occurrence and Standard Claims Made Programs. The rule provides rating for those insureds which have a "continuous" leave of absence of 45 days. This rule is consistent with our countrywide format.

LOCUM TENENS RATING RULE

The Company proposes to file the Locum Tenens Rating Rule for its Occurrence and Standard Claims Made programs. The rule outlines the rating for substitute healthcare professionals. This rule is consistent with our countrywide format.

MEMBERSHIP ASSOCIATION CREDIT RULE

The Company wishes to file the Membership Association Credit Rule for its Occurrence and Standard Claims Made Programs. This rule allows for a premium modification, due to unique characteristics of a healthcare practice and their membership in qualified professional associations. The rule is consistent with the countrywide format.

MILITARY LEAVE OF ABSENCE CREDIT RULE

The Company proposes to file the Military Leave of Absence Credit Rule for its Occurrence and Standard Claims Made Programs. The rule provides rating for those insureds which are on active military leave. This rule is consistent with our countrywide format.

MINIMUM PREMIUM RULE

The Company wishes to file the Minimum Premium Rule for its Occurrence and Standard Claims Made Programs. This rule requires a minimum policy premium of \$250, is consistent with the countrywide format, and does not present a substantive rate impact.

MOONLIGHTING RATING RULE

The Company wishes to file the Moonlighting Rating Rule for its Occurrence and Standard Claims Made Programs. This rule outlines the rating methodology that will be employed when providing coverage for moonlighting activities. This rule conforms with the countrywide template.

NEW TO PRACTICE CREDIT RULE

The Company proposes to file the New to Practice Credit for the Occurrence and Standard Claims Made Programs. The revisions include explicitly limiting the application of this credit to those healthcare providers that are starting their practice for the first time. The rule is consistent with the countrywide format.

PARTNERSHIP OR CORPORATION COVERAGE RULE

The Company proposes to file a Partnership or Corporation Rating Rule for the Occurrence and Standard Claims Made Programs. The rule outlines that separate limit coverage shall be calculated as 10% of the individual insureds premium. This rule is consistent with our countrywide format.

PART TIME PRACTICE RULE

The Company wishes to file a Part Time Practice Rule for its Occurrence and Standard Claims Made Programs. This rule provides for a 50% credit for insureds working 20 hours or less per week. This rule is consistent with our countrywide format.

PRIOR ACTS COVERAGE

The Company proposes to file the Prior Acts Coverage Rule for its Standard Claims Made Program. This rule outlines rating for prior acts coverage and clarifies that the advancement of the retroactive date can only be completed with not only the written acknowledgement of the insured, but also with the approval of the Company. This rule is consistent with the countrywide format.

PRIOR ACTS / NOSE RATING PLAN

The Company wishes to introduce the Prior Acts / Nose Rating Plan for its Occurrence Program. This rule outlines the basis for which an insured may convert to an Occurrence policy and be eligible for Prior Acts coverage.

QUARTERLY INSTALLMENT OPTION RATING RULE

The Company wishes to file the Quarterly Installment Option Rating Rule for its Occurrence and Standard Claims Made Programs. This plan outlines the installment options and requirements. There is no rate impact associated with this rule.

RENEWAL RATING RULE

The Company wishes to file the Renewal Rating Rule for its Occurrence and Standard Claims Made Programs. This rule outlines the conditions on which a group's premium, which exceeds \$250,000, may be held constant from policy year to policy year. This rule conforms with our countrywide format.

RISK MANAGEMENT CREDIT RULE

The Company proposes to file a Risk Management Credit Rule for its Occurrence and Standard Claims Made Programs. This rule explains that a 5% credit is available to the policyholder for approved Risk Management courses, and follows the countrywide format.

SCHEDULE RATING PLAN

The Company proposes to file a Schedule Rating Plan rule for its Occurrence and Standard Claims Made Programs. The proposed rule allows for a rate modification for the recognition of unique risk characteristics not contemplated in the company's filed rate structure. The proposed rule also provides additional clarity regarding the characteristics underlying each criteria as well as modifications necessary as a result of reduction in expenses. The rule conforms to the Medical Protective Company's countrywide template.

SHARED VICARIOUS LIABILITY RATING RULE

The Company proposes to file a Shared Vicarious Liability Rating Rule for its Occurrence & Standard Claims Made Programs. This rule outlines the methodology for adding vicarious liability coverage for the scheduled Additional Insured, on a shared limit basis. This rule conforms with the Company's countrywide format.

SLOT RATING RULE

The Company proposes to file a Slot Rating Rule for its Occurrence and Standard Claims Made Program. This rule outlines and identifies that coverage for multi-healthcare provider groups is available, at the Company's option, on a slot basis rather than on an individual healthcare provider basis. The slot endorsement will identify the individuals and practice settings that are covered. This rule conforms to the countrywide format.

SOLO CORPORATION RATING RULE

The Company wishes to file the Solo Corporation Rating Rule for its Occurrence and Standard Claims programs. This rule outlines the methodology used to provide coverage for solo corporations/partnerships/associations. This rule conforms with our countrywide format.

STUDENT RESIDENT RATING RULE

The Company wishes to file the Student Resident Rating Rule for its Occurrence Program. This rule outlines the rating methodology for a Student/Resident at the reduced coverage. This rule conforms with our countrywide format.

THE MEDICAL PROTECTIVE COMPANY

ILLINOIS

**CRNA PRODUCT
EXHIBIT 1**

**CALCULATION OF PROPOSED 1M/3M MATURE
CLAIMS MADE RATE**

(1)	Current CNA CRNA Rate:	\$	6,968
(2)	Proposed Rate Change:		2.9%
(3)	Proposed Base Rate:	\$	7,170

THE MEDICAL PROTECTIVE COMPANY

ILLINOIS

CRNA PRODUCT
EXHIBIT 2

PROJECTED ULTIMATE LOSS RATIO

Report Year	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1M/3M Current Level Earned Premium	To Date Loss and ALE	Paid LALE LDFs	(2) x (3) Ultimate Paid LALE LDFs	To Date Incurred Loss and ALE	Incurred LALE LDFs	(5) x (6) Ultimate Incurred LALE LDFs	BF A Priori LALE Ratio	BF Incurred Ultimate LALE	Selected Ultimate LALE	Trend Ultimate LALE	Trended Ultimate LALE	Trended Ultimate LALE	Trended Ultimate LALE Ratio
2004	16,422,648	8,439,655	1,117	9,427,095	9,164,581	1,049	9,613,645	9,613,645	9,613,645	1,426	13,706,983	13,706,983	83%
2005	20,282,035	6,325,552	1,262	7,982,847	8,537,151	1,089	9,296,957	9,296,957	9,296,957	1,345	12,505,145	12,505,145	62%
2006	24,197,541	4,532,650	1,571	7,120,793	8,642,844	1,195	10,328,199	10,615,134	10,471,666	1,268	13,287,946	13,287,946	55%
2007	25,044,591	3,670,657	3,304	12,127,851	8,234,265	1,771	14,582,884	14,141,420	14,362,152	1,197	17,193,160	17,193,160	69%
2008	25,814,164	308,070	25,074	7,724,547	3,100,999	5,943	18,429,238	14,857,437	16,643,337	1,129	18,793,229	18,793,229	73%
TOTAL	111,760,979	23,276,584	44,383,132	37,679,840	62,250,922	60,387,758	75,486,464						68%

Permissible LALE Ratio: 64%
Indicated Rate Change: 5.1%
Proposed Rate Change: 2.9%

Note: Bornhuetter Ferguson A Priori LALE ratio in column 8 is the ratio of the prior 3 years trended ultimates in column (12) divided by the corresponding CLEPs in column (1) detrended to the appropriate trend level [divided by the column (11) value for the report year].

THE MEDICAL PROTECTIVE COMPANY

ILLINOIS

CRNA PRODUCT

EXHIBIT 3

TARGET LOSS RATIO

Expenses	Percent
(1) Commissions	20.0%
(2) Taxes Licenses & Fees	2.5%
(3) General Expenses	5.0%
(4) Profit & Contingencies	5.0%
(5) Total	32.5%
(6) Unallocated Loss Adjustment Expense	5.0%

THE MEDICAL PROTECTIVE COMPANY

ILLINOIS

CRNA PRODUCT
EXHIBIT 4-A
PAID LOSS DEVELOPMENT

PAID LALE DEVELOPMENT

Report Year	12	24	36	48	60	72	84	96	108	120	132	144	156	168	180
1993	819,334	10,255,222	20,459,479	22,634,848	24,537,958	25,541,495	26,653,825	27,137,267	27,185,740	27,498,086	27,813,269	27,629,127	27,649,516	27,849,516	27,649,516
1994	1,014,350	16,412,766	28,748,804	38,587,507	45,903,457	48,699,502	49,765,991	51,342,140	51,453,197	51,488,983	51,523,327	51,536,598	51,539,378	51,540,584	51,571,238
1995	1,955,813	27,021,652	50,467,895	61,827,824	67,460,492	72,622,418	73,931,998	74,163,136	74,236,870	74,263,635	74,263,265	74,510,816	74,816,759	74,620,414	
1996	4,044,432	24,878,253	58,174,905	72,687,841	82,966,863	89,538,298	92,228,128	93,358,008	93,942,507	94,054,518	94,090,027	94,168,193	94,168,690		
1997	5,798,932	31,402,144	69,402,446	95,713,394	102,040,005	108,372,663	108,474,999	110,645,574	110,993,879	111,504,825	118,176,893	118,408,111			
1998	6,612,855	33,659,748	88,858,609	115,984,122	129,935,285	137,281,340	140,384,225	141,880,968	142,781,397	143,107,853	143,218,816				
1999	8,017,398	37,602,268	82,693,427	113,113,697	130,033,133	135,560,888	140,993,054	141,540,050	142,008,058	142,133,856					
2000	3,112,446	38,298,215	95,928,858	125,840,733	141,880,262	147,280,981	149,812,078	151,007,977	151,491,972						
2001	5,403,879	55,058,616	127,137,219	170,032,188	191,090,772	199,044,623	205,081,780	209,750,878							
2002	5,625,734	60,769,810	152,388,550	204,834,194	225,028,370	232,669,840	237,708,987								
2003	10,205,856	81,365,323	189,290,810	217,025,255	247,386,743	262,044,145									
2004	5,224,541	54,055,473	100,691,104	125,045,893	145,723,463										
2005	5,448,742	35,141,070	87,642,185	103,161,374											
2006	4,844,111	30,876,770	84,924,242												
2007	5,229,848	33,894,238													
2008	5,407,752														

Report Year	12-24	24-36	36-48	48-60	60-72	72-84	84-96	96-108	108-120	120-132	132-144	144-168	168-180	180-UII
1993	12.517	1.995	1.108	1.084	1.041	1.044	1.018	1.002	1.011	1.004	1.001	1.001	1.000	1.000
1994	10.167	1.761	1.342	1.190	1.048	1.034	1.032	1.002	1.001	1.001	1.000	1.000	1.000	1.001
1995	13.818	1.868	1.225	1.091	1.077	1.018	1.003	1.001	1.000	1.000	1.003	1.001	1.000	
1996	8.176	2.249	1.294	1.142	1.078	1.030	1.012	1.008	1.001	1.000	1.001	1.000		
1997	5.415	2.210	1.378	1.068	1.042	1.020	1.020	1.003	1.005	1.042	1.019			
1998	5.090	2.634	1.308	1.120	1.057	1.023	1.011	1.006	1.002	1.001				
1999	6.232	2.205	1.368	1.150	1.043	1.040	1.004	1.003	1.001					
2000	11.682	2.643	1.310	1.129	1.038	1.018	1.009	1.003						
2001	10.189	2.309	1.337	1.124	1.042	1.030	1.023							
2002	10.802	2.508	1.344	1.099	1.034	1.022								
2003	7.967	2.082	1.282	1.140	1.059									
2004	10.461	1.842	1.242	1.165										
2005	8.452	2.494	1.177											
2006	8.205	2.116												
2007	6.481													

Projected Incremental Development Factor	7.590	2.102	1.245	1.130	1.048	1.023	1.013	1.004	1.002	1.014	1.009	1.000	1.000	1.000	1.000
Cumulative Development Factor	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
	25.074	3.304	1.571	1.262	1.117	1.088	1.044	1.030	1.028	1.023	1.009	1.000	1.000	1.000	1.000

Note: Exhibit contains Medical Protective experience for physicians and surgeons, countrywide, limited to 1M/3M.

THE MEDICAL PROTECTIVE COMPANY

ILLINOIS

CRNA PRODUCT EXHIBIT 4-B INCURRED LOSS DEVELOPMENT

INCURRED LAE DEVELOPMENT

Report Year	12	24	36	48	60	72	84	96	108	120	132	144	156	168	180
1993	8,478,862	23,841,825	27,109,111	28,440,298	27,073,728	27,007,658	27,378,140	27,863,385	27,835,780	27,689,068	27,872,708	27,666,076	27,703,080	27,849,516	27,849,516
1994	11,332,062	37,840,557	42,594,319	49,473,850	50,233,598	51,398,790	51,444,833	51,630,427	51,698,411	51,650,191	51,579,718	51,557,939	51,552,389	51,552,389	51,599,207
1995	12,882,633	54,040,847	67,083,173	72,389,669	74,096,121	76,494,497	74,812,268	74,789,549	74,893,173	74,880,299	74,824,815	74,638,416	74,742,269	74,620,414	
1996	16,526,457	61,504,853	80,474,095	84,835,515	89,460,309	93,235,607	94,578,400	93,832,938	84,314,546	94,183,562	84,213,652	84,168,183	84,168,890		
1997	24,462,221	74,179,991	102,249,925	109,343,784	108,848,499	110,457,134	110,462,374	111,811,372	111,702,241	111,732,586	116,365,128	118,424,202			
1998	22,527,083	80,788,493	125,265,965	134,416,129	140,902,355	141,763,417	142,657,679	142,651,372	143,251,636	143,299,158	143,368,635				
1999	19,832,299	87,451,660	122,435,463	137,362,605	141,828,865	143,438,454	143,853,948	143,005,211	142,957,013	142,369,600					
2000	16,394,930	90,610,183	135,832,558	151,135,908	151,161,454	151,655,245	151,641,408	152,518,503	152,950,816						
2001	26,145,287	111,978,881	177,228,098	202,207,790	204,362,532	210,498,340	211,876,437	212,148,488							
2002	40,514,363	148,370,529	223,186,209	240,688,720	245,702,058	245,594,915	249,061,461								
2003	80,852,418	178,856,359	239,914,195	264,852,651	273,937,932	281,178,299									
2004	26,103,588	95,914,661	133,504,571	146,871,681	157,312,182										
2005	20,521,628	72,539,110	108,834,969	117,852,977											
2006	19,982,997	58,584,547	94,093,110												
2007	15,183,427	72,777,011													
2008	21,325,751														

Report Year	12-24	24-36	36-48	48-60	60-72	72-84	84-96	96-108	108-120	120-132	132-144	144-156	156-168	168-180	180-UII
1993	3.849	1.147	0.975	1.024	0.998	1.014	1.010	0.999	1.002	0.999	1.000	1.001	0.998	1.000	
1994	3.339	1.128	1.162	1.016	1.023	1.001	1.004	0.999	1.001	0.999	1.000	1.000	1.000	1.001	
1995	4.195	1.241	1.079	1.023	1.019	0.988	1.002	0.999	1.003	0.999	0.997	1.001	0.998		
1996	3.722	1.308	1.054	1.055	1.042	1.014	0.992	1.005	0.999	1.000	1.000	1.000			
1997	3.032	1.378	1.069	0.995	1.016	1.000	1.012	0.999	1.000	1.041	1.018				
1998	3.586	1.650	1.073	1.048	1.008	1.006	1.000	1.004	1.000	1.000					
1999	4.410	1.400	1.122	1.033	1.011	1.003	0.984	1.000	0.998						
2000	5.527	1.498	1.115	1.000	1.003	1.000	1.006	1.003							
2001	4.283	1.583	1.141	1.011	1.030	1.007	1.001								
2002	3.662	1.504	1.078	1.021	1.000	1.014									
2003	2.939	1.341	1.104	1.034	1.028										
2004	3.674	1.392	1.100	1.071											
2005	3.540	1.500	1.082												
2006	2.832	1.608													
2007	4.793														

Projected Incremental Development Factor	3.358	1.482	1.098	1.038	1.018	1.008	1.000	1.002	0.999	1.014	1.008	1.000	1.000	1.000	1.000
Cumulative Development Factor	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
	5.943	1.771	1.195	1.089	1.049	1.030	1.022	1.022	1.019	1.020	1.007	1.000	1.000	1.000	1.000

Note: Exhibit contains Medical Protective experience for physicians and surgeons, countrywide, limited to 1M/3M.

THE MEDICAL PROTECTIVE COMPANY

ILLINOIS

CRNA PRODUCT

EXHIBIT 5

NATIONAL PRACTITIONER DATA BANK - TREND

COUNTRYWIDE	(1)	(2)	(3)
NPDB	Total	Paid	Paid
Year	Paid	Counts	Severity
	Indemnity		
1993	14,755,300	83	177,775
1994	11,116,750	64	173,699
1995	10,440,200	72	145,003
1996	13,616,850	69	197,346
1997	12,268,350	74	165,789
1998	17,924,000	64	280,063
1999	10,446,550	61	171,255
2000	13,866,750	55	252,123
2001	29,521,250	86	343,270
2002	17,156,100	71	241,635
2003	26,971,500	53	508,896
2004	24,746,300	91	271,937
2005	28,231,500	76	371,467
2006	18,826,250	75	251,017
2007	19,998,550	61	327,845
	Exponential Regression Trend:		6.0%
	Selected Trend:		6.0%

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
SCHEDULE RATING PLAN

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR CERTAIN INSUREDS, OR GROUPS OF INSUREDS, WHO IN THE OPINION OF THE MEDICAL PROTECTIVE COMPANY, UNIQUELY QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING, SUBJECT TO A MAXIMUM MODIFICATION OF -50 % / +50 %, TO RECOGNIZE RISK CHARACTERISTICS THAT ARE NOT REFLECTED IN THE OTHERWISE APPLICABLE PREMIUM. ALL MODIFICATIONS APPLIED UNDER THIS SCHEDULE RATING PLAN ARE SUBJECT TO PERIODIC REVIEW.

THE MODIFICATION SHALL BE BASED ON ONE OR MORE OF THE FOLLOWING CONSIDERATIONS:

1. HISTORICAL LOSS EXPERIENCE:
THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
SCHEDULE RATING PLAN

2. CUMULATIVE YEARS OF PATIENT EXPERIENCE:
THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE, LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.
3. CLASSIFICATION ANOMALIES:
CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.
4. CLAIM ANOMALIES:
ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES OR TRENDS THAT WILL POSTIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).
5. MANAGEMENT CONTROL PROCEDURES:
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN

6. NUMBER/TYPE OF PATIENT EXPOSURES:
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSTIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.
7. ORGANIZATIONAL SIZE/STRUCTURE:
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSUREDS ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.
8. HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW:
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE, (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTH CARE SERVICES BEING RENDERED AND/OR (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.
9. OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES:
ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY OR SEVERITY OF CLAIMS.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
SCHEDULE RATING PLAN

10. TRAINING, ACCREDITATION AND CREDENTIALING:
THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.

11. RECORD-KEEPING PRACTICES:
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

12. UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES:
DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, PROVIDING ABOVE OR BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

THE AFOREMENTIONED MODIFICATIONS CONTEMPLATE THE STANDARD ALLOWANCE FOR EXPENSES AND ARE SUBJECT TO THE MAXIMUM MODIFICATION REFERENCED ABOVE. IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
SCHEDULE RATING PLAN

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR CERTAIN INSURED(S), OR GROUPS OF INSURED(S), WHO IN THE OPINION OF THE MEDICAL PROTECTIVE COMPANY, UNIQUELY QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING, SUBJECT TO A MAXIMUM MODIFICATION OF -50 % / +50 %, TO RECOGNIZE RISK CHARACTERISTICS THAT ARE NOT REFLECTED IN THE OTHERWISE APPLICABLE PREMIUM. ALL MODIFICATIONS APPLIED UNDER THIS SCHEDULE RATING PLAN ARE SUBJECT TO PERIODIC REVIEW.

THE MODIFICATION SHALL BE BASED ON ONE OR MORE OF THE FOLLOWING CONSIDERATIONS:

1. HISTORICAL LOSS EXPERIENCE:
THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

OCCURRENCE PROGRAM

SCHEDULE RATING PLAN

2. CUMULATIVE YEARS OF PATIENT EXPERIENCE:
THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE, LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.
3. CLASSIFICATION ANOMALIES:
CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.
4. CLAIM ANOMALIES:
ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES OR TRENDS THAT WILL POSTIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).
5. MANAGEMENT CONTROL PROCEDURES:
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
SCHEDULE RATING PLAN

6. NUMBER/TYPE OF PATIENT EXPOSURES:
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSTIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.
7. ORGANIZATIONAL SIZE/STRUCTURE:
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSURED ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.
8. HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW:
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE, (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTH CARE SERVICES BEING RENDERED AND/OR (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.
9. OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES:
ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY OR SEVERITY OF CLAIMS.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

OCCURRENCE PROGRAM

SCHEDULE RATING PLAN

10. TRAINING, ACCREDITATION AND CREDENTIALING:
THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.

11. RECORD-KEEPING PRACTICES:
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

12. UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES:
DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, PROVIDING ABOVE OR BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

THE AFOREMENTIONED MODIFICATIONS CONTEMPLATE THE STANDARD ALLOWANCE FOR EXPENSES AND ARE SUBJECT TO THE MAXIMUM MODIFICATION REFERENCED ABOVE. IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
BACKGROUND REVIEW SURCHARGE

ANY INDIVIDUAL HEALTHCARE PROFESSIONAL OR ENTITY THAT
INDICATES A HISTORY OF LICENSE, CERTIFICATION OR
CHEMICAL/SUBSTANCE ABUSE ISSUES WILL RECEIVE A 25% SURCHARGE.

FILED

JUN 01 2010

Edition Date: 06/01/09

BRS-CW

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
DISPOSABLE PRODUCTS RATING RULE

A HEALTHCARE PROFESSIONAL SHALL BE ELIGIBLE FOR A 5% CREDIT PURSUANT TO THE FOLLOWING STIPULATIONS:

- LIMIT THE USE OF A SYRINGE AND/OR NEEDLE ON A PATIENT TO NO MORE THAN ONCE WHEN ADMINISTERING INTRAVENOUS MEDICATIONS AND,
- PROHIBIT THE USE OR REUSE OF THE SAME NEEDLE OR SYRINGE ON MULTIPLE PATIENTS.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
FULL TIME EQUIVALENCY RATING RULE

COVERAGE FOR A HEALTHCARE PROFESSIONAL GROUP IS AVAILABLE, AT THE COMPANY'S OPTION, ON A FULL TIME EQUIVALENT (FTE) BASIS RATHER THAN ON AN INDIVIDUAL INSURED BASIS. COVERAGE IS PROVIDED ON AN INDIVIDUAL LIMIT OR SHARED LIMIT BASIS. FULL TIME EQUIVALENCY IS BASED ON EACH HEALTHCARE PROFESSIONAL'S NUMBER OF HOURS OF PRACTICE PER YEAR. THE DEFINITION OF ONE FTE IS BASED ON THE FOLLOWING NUMBER OF HOURS PER YEAR:

2,000	GROUP PRACTICE
1,800	TRAINING/RESIDENCY PROGRAMS

FOR GROUP PRACTICES, THE MINIMUM AVERAGE FTE ASSIGNED TO ANY INDIVIDUAL HEALTHCARE PROFESSIONAL IS .10 (200 HOURS), SUBJECT TO A TOTAL FTE PER POLICY OF NO LESS THAN 1.0. TRAINING/RESIDENCY PROGRAMS (AND OTHER SIMILAR PROGRAMS) ARE NOT SUBJECT TO THE GROUP PRACTICE MINIMUMS.

THE PREMIUM DEVELOPED BY APPLYING THE APPLICABLE HEALTHCARE PROFESSIONAL RATE TO THE CORRESPONDING FTE WILL BE ADJUSTED TO REFLECT LOSS COST CONSIDERATIONS NOT RECOGNIZED IN THE STANDARD RATES.

FILED

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
FULL TIME EQUIVALENCY RATING RULE

THE FOLLOWING TABLE IDENTIFIES THE APPLICABLE PREMIUM MODIFICATION PER THE NUMBER OF FTE'S IN THE POLICY FOR A SHARED LIMIT:

FTE*	PREMIUM MODIFICATION
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25 +	-15.0%

* THE TABLE VALUE IS DETERMINED BY ROUNDING THE ACTUAL FTE PER POLICY USING THE .50 ROUNDING RULE.

PREMIUM MODIFICATION FOR PART TIME PRACTICE, NEW TO PRACTICE AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

FTE POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MID-TERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

FILED

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
GROUP RATING RULE

ANY GROUP PRACTICE CONSISTING OF TWO OR MORE HEALTHCARE PROFESSIONALS MAY BE COLLECTIVELY RATED. ("GROUP PRACTICE" SHALL MEAN A GROUP OR BODY OF INSURED WHO MAKE A COLLECTIVE BUYING DECISION TO PURCHASE INSURANCE AS THE OWNERS, EMPLOYEES, OR AGENTS OF A SPECIFIC AND DISTINCT CORPORATION, PARTNERSHIP, OR ASSOCIATION.)

1. THE PREMIUM FOR THE GROUP WILL BE DETERMINED BY MULTIPLYING THE "GROUP'S NET PREMIUM" BY ANY CREDITS OR DEBITS ASSIGNED TO THE GROUP UNDER THE SCHEDULE RATING PLAN, AFTER FACTORING IN ANY COMMISSION FEE OR OTHER EXPENSE VARIATIONS ASSOCIATED WITH THE GROUP. (THE COMPANY WILL NEGOTIATE AN APPROPRIATE COMMISSION WITH THE INSURED'S AGENT BASED UPON THE GROUP'S SIZE AND THE AMOUNT OF WORK TO BE PERFORMED BY THE AGENT. UPON REQUEST, THE COMPANY WILL WRITE THE GROUP ON A NET OF COMMISSION BASIS IF THE GROUP HAS NEGOTIATED A SEPARATE FEE AGREEMENT WITH ITS AGENT.)
2. THE "GROUP'S NET PREMIUM" WILL EQUAL THE SUM OF THE "INDIVIDUAL NET PREMIUMS" FOR EACH INDIVIDUAL OR ENTITY RECEIVING SEPARATE LIMITS OF LIABILITY.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
GROUP RATING RULE

3. THE "INDIVIDUAL NET PREMIUMS" WILL EQUAL THE FILED RATE FOR THE INSURED AFTER BEING ADJUSTED FOR ANY APPLICABLE NON-DISCRETIONARY DEBITS OR CREDITS. HOWEVER, ONCE THE PREMIUM FOR THE GROUP HAS BEEN ESTABLISHED, THE COMPANY MAY ALLOCATE THAT PREMIUM AMONG THE INDIVIDUAL INSURED BASED UPON APPLICABLE UNDERWRITING CRITERIA.
4. FOR INDIVIDUAL INSURED WITHIN THE GROUP, THE EXTENSION CONTRACT PREMIUM WILL BE CALCULATED PER THE FILED EXTENSION CONTRACT RATING RULE.

FILED

JUN 01 2010

GRR-CW

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

OCCURRENCE PROGRAM

LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROFESSIONAL WHO IS ON A LEAVE OF ABSENCE FOR A CONTINUOUS PERIOD OF 45 DAYS OR MORE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE, IF REPORTED TO THE COMPANY WITHIN 30 DAYS. ONLY ONE APPLICATION OF THIS CREDIT MAY BE APPLIED TO AN ANNUAL POLICY PERIOD. LEAVE OF ABSENCE MAY INCLUDE THE FOLLOWING:

- THE BIRTH OF INSUREDS NEWBORN, PLACEMENT OF FOSTER CHILDREN OR INSURED ADOPTS A CHILD, PROVIDED THE LEAVE IS COMPLETED WITHIN 12 MONTHS OF THE BIRTH, PLACEMENT OR ADOPTION.
- TO CARE FOR A SPOUSE, CHILD OR PARENT WHO HAS A SERIOUS HEALTH CONDITION.
- TO CARE FOR INSUREDS OWN HEALTH CONDITION WHICH PREVENTS THE INSURED FROM WORKING.
- TIME TO ENHANCE THE INSUREDS EDUCATION OR OTHER REASON WHILE NOT PRACTICING.

THIS CREDIT IS NOT AVAILABLE TO AN INSUREDS LEAVE OF ABSENCE FOR VACATION PURPOSES. THE MINIMUM PREMIUM RATING RULE APPLIES TO INSUREDS ELIGIBLE FOR THE LEAVE OF ABSENCE CREDIT.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
LOCUM TENENS

COVERAGE FOR A HEALTHCARE PROFESSIONAL SUBSTITUTING FOR AN INSURED HEALTHCARE PROFESSIONAL WILL BE LIMITED TO COVER ONLY PROFESSIONAL SERVICES RENDERED ON BEHALF OF THE INSURED HEALTHCARE PROFESSIONAL FOR THE SPECIFIED TIME PERIOD. LOCUM TENENS WILL SHARE IN THE HEALTHCARE PROFESSIONAL'S LIMIT OF LIABILITY. NO ADDITIONAL CHARGE WILL APPLY FOR THIS COVERAGE.

THE LOCUM TENENS HEALTHCARE PROFESSIONAL MUST COMPLETE AN APPLICATION AND SUBMIT IT TO THE COMPANY IN ADVANCE FOR APPROVAL PRIOR TO THE REQUESTED EFFECTIVE DATE.

LOCUM TENENS COVERAGE IS NOT AVAILABLE FOR INSUREDS WHO ARE COVERED ON A 500 HOUR OR LESS MOONLIGHTING POLICY.

FILED

JUN 01 2010

LTR-CW

Edition Date: 06/01/09

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
MEMBERSHIP ASSOCIATION CREDIT

A PREMIUM CREDIT OF 5% SHALL BE GIVEN TO THOSE INSURED WHO
ARE A MEMBER OF A DESIGNATED MEDICAL PROTECTIVE HEALTHCARE
PROFESSIONAL ASSOCIATION.

FILED

JUN 01 2010

Edition Date: 06/01/09

MAC-CW

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROFESSIONAL WHO IS ON A MILITARY LEAVE OF ABSENCE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE.

THE MINIMUM PREMIUM RATING RULE DOES NOT APPLY TO INSURED THAT ARE ELIGIBLE FOR THE MILITARY LEAVE OF ABSENCE CREDIT.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
MINIMUM PREMIUM REQUIREMENT RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF \$250. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELLED AS OF THE INCEPTION DATE.

FILED

JUN 01 2010

Edition Date: 06/01/09

MPR-CW

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
MOONLIGHTING RATING RULE

MOONLIGHTING PRACTITIONERS MAY BE ELIGIBLE FOR COVERAGE AT A REDUCED RATE.

MOONLIGHTING PRACTITIONERS MEANS ANY INDEPENDENT CONTRACTOR OR HEALTHCARE PROFESSIONAL WHO DOES NOT HAVE COVERAGE UNDER ANY OTHER VALID AND COLLECTIBLE INSURANCE OR ANY SELF-INSURANCE PLAN. THE MOONLIGHTING PRACTITIONER MUST PROVIDE MOONLIGHTING SERVICES LESS THAN 1,000 HOURS ANNUALLY TO BE ELIGIBLE FOR THE REDUCED PREMIUM, AS OUTLINED IN THE FOLLOWING SCHEDULE:

0-500	HOURS ANNUALLY	65%
501-1000	HOURS ANNUALLY	50%

NO OTHER CREDITS CAN BE APPLIED IN CONJUNCTION WITH THIS RATING RULE EXCEPT THE DISPOSABLE PRODUCTS CREDIT.

FILED

JUN 01 2010

MRR-CW

Edition Date: 06/01/09

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
NEW TO PRACTICE CREDIT

A PRACTITIONER IN THEIR FIRST YEAR OF PRACTICE, AFTER GRADUATION, WILL RECEIVE A 50% CREDIT APPLIED TO CURRENTLY FILED RATES.

A PRACTITIONER IN THEIR SECOND YEAR OF PRACTICE, AFTER GRADUATION, WILL RECEIVE A 25% CREDIT APPLIED TO CURRENTLY FILED RATES.

NEW TO PRACTICE CREDITS CANNOT BE APPLIED IN COMBINATION WITH MOONLIGHTING OR PART TIME CREDITS.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
PARTNERSHIP OR CORPORATION COVERAGE

THE PREMIUM WILL EQUAL 10% OF THE SUM OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS AND EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION.

LIMITS OF COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS, OR EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS.

FILED

JUN 01 2010

Edition Date: 06/01/09

PCC-CW

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
PART TIME PRACTICE CREDIT RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,000 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE:

AVERAGE NUMBER OF HOURS PRACTICED PER WEEK:	0-20
MAX. AGGREGATE HOURS PER YEAR	1,000
CREDIT	50 %

NO OTHER CREDITS OR DISCOUNTS ARE TO APPLY CONCURRENT WITH THIS RULE EXCEPT RISK MANAGEMENT CREDIT, DISPOSABLE PRODUCTS CREDIT, MEMBERSHIP ASSOCIATION CREDIT OR SCHEDULE RATING MODIFICATIONS.

FILED

JUN 01 2010

Edition Date: 06/01/09

PTP-CW

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
PRIOR ACTS / NOSE RATING PLAN

A HEALTHCARE PROFESSIONAL THAT IS CURRENTLY INSURED UNDER A CLAIMS-MADE POLICY WITH ANOTHER CARRIER AND SEEKS TO CONVERT TO AN OCCURRENCE POLICY MAY BE ELIGIBLE FOR PRIOR ACTS/NOSE COVERAGE. THE RATING FOR SUCH COVERAGE SHALL BE DETERMINED BY APPLYING THE EXTENSION CONTRACT RATING FACTORS CONTAINED IN THE RATE SECTION OF THIS MANUAL.

THE APPLICABLE PREMIUM UNDER THIS PLAN SHALL BE IN ADDITION TO THE HEALTHCARE PROVIDER'S OCCURRENCE PREMIUM.

FILED

JUN 01 2010

PAN-CW

Edition Date: 06/01/09

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

OCCURRENCE PROGRAM

RATING TERRITORY RULE

AREA 1: COOK, MADISON & SAINT CLAIR

AREA 2: CHAMPAIGN, DUPAGE, JACKSON, KANE, KANKAKEE, LAKE,
LASALLE, MACON, MCHENRY, SANGAMON, VERMILLION &
WILL

AREA 3: REMAINDER OF STATE

FILED

JUN 01 2010

RT-IL

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE RATES

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	4,044	5,096	5,541	7,037	8,331	8,776
C2	5,055	6,370	6,926	8,796	10,414	10,970

FILED

JUN 01 2010

IL-09-01

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RTS-OCC

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2

CERTIFIED REGISTERED NURSE ANESTHETIST

OCCURRENCE RATES

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	3,562	4,488	4,880	6,198	7,338	7,730
C2	4,453	5,610	6,100	7,748	9,173	9,663

FILED

JUN 01 2010

IL-09-01

RTS-OCC

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 3

CERTIFIED REGISTERED NURSE ANESTHETIST

OCCURRENCE RATES

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	3,370	4,246	4,617	5,864	6,942	7,313
C2	4,213	5,308	5,771	7,330	8,678	9,141

FILED

JUN 01 2010

IL-09-01

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RTS-OCC

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
RATING TERRITORY RULE

AREA 1: COOK, MADISON & SAINT CLAIR

AREA 2: CHAMPAIGN, DUPAGE, JACKSON, KANE, KANKAKEE, LAKE,
LASALLE, MACON, MCHENRY, SANGAMON, VERMILLION &
WILL

AREA 3: REMAINDER OF STATE

FILED

JUN 01 2010

**The
Medical Protective Company
Fort Wayne, Indiana 46835**

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	2,181	2,748	2,988	3,794	4,492	4,732
C2	2,726	3,435	3,735	4,743	5,615	5,915

FILED

JUN 01 2010

IL-09-01

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RTS-CM0

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	3,172	3,997	4,346	5,519	6,534	6,883
C2	3,965	4,996	5,433	6,899	8,168	8,604

FILED

IL-09-01

JUN 01 2010

RTS-CM1

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**The
Medical Protective Company
Fort Wayne, Indiana 46835**

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	3,767	4,746	5,160	6,554	7,760	8,174
C2	4,709	5,933	6,450	8,193	9,700	10,218

FILED

IL-09-01

JUN 01 2010

RTS-CM2

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	3,925	4,946	5,378	6,830	8,086	8,518
C2	4,906	6,183	6,723	8,538	10,108	10,648

FILED

JUN 01 2010

IL-09-01

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RTS-CM3

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	3,965	4,996	5,432	6,899	8,168	8,604
C2	4,956	6,245	6,790	8,624	10,210	10,755

FILED

IL-09-01

JUN 01 2010

RTS-CM4

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	1,921	2,420	2,631	3,342	3,957	4,168
C2	2,401	3,025	3,289	4,178	4,946	5,210

FILED

JUN 01 2010

IL-09-01

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RTS-CM0

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	2,794	3,520	3,827	4,861	5,755	6,062
C2	3,493	4,400	4,784	6,076	7,194	7,578

FILED

JUN 01 2010

IL-09-01

RTS-CM1

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	3,317	4,180	4,545	5,772	6,834	7,199
C2	4,146	5,225	5,681	7,215	8,543	8,999

FILED

JUN 01 2010

IL-09-01

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RTS-CM2

**The
Medical Protective Company
Fort Wayne, Indiana 46835**

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	3,457	4,356	4,736	6,015	7,122	7,502
C2	4,321	5,445	5,920	7,519	8,903	9,378

FILED

JUN 01 2010

IL-09-01

RTS-CM3

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	3,492	4,400	4,784	6,076	7,194	7,578
C2	4,365	5,500	5,980	7,595	8,993	9,473

FILED

JUN 01 2010

IL-09-01

RTS-CM4

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 3

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	1,817	2,290	2,489	3,162	3,743	3,944
C2	2,271	2,863	3,111	3,953	4,679	4,930

FILED

JUN 01 2010

IL-09-01

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RTS-CM0

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 3

CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	2,643	3,330	3,621	4,599	5,445	5,736
C2	3,304	4,163	4,526	5,749	6,806	7,170

FILED

IL-09-01

JUN 01 2010

RTS-CM1

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**The
Medical Protective Company
Fort Wayne, Indiana 46835**

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 3

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	3,139	3,955	4,300	5,462	6,466	6,812
C2	3,924	4,944	5,375	6,828	8,083	8,515

FILED

IL-09-01

JUN 01 2010

RTS-CM2

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**The
Medical Protective Company
Fort Wayne, Indiana 46835**

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 3

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	3,271	4,121	4,481	5,692	6,738	7,098
C2	4,089	5,151	5,601	7,115	8,423	8,873

FILED

JUN 01 2010

IL-09-01

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RTS-CM3

**The
Medical Protective Company
Fort Wayne, Indiana 46835**

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 3

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
C1	3,304	4,163	4,526	5,749	6,806	7,170
C2	4,130	5,204	5,658	7,186	8,508	8,963

FILED

JUN 01 2010

IL-09-01

RTS-CM4

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE PROGRAM

EXTENSION CONTRACT RATING FACTORS

YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE	FACTOR
LESS THAN 1	0.550
1	0.800
2	0.950
3	0.990
MATURE	1.000

FILED

JUN 01 2010

IL-09-1

ECF-IL

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
RATE CLASSES

CLASS C1

CERTIFIED REGISTERED NURSE ANESTHETISTS PROVIDING PROFESSIONAL SERVICES
AT LESS THAN 5 ACCREDITED FACILITIES.*

CLASS C2

ALL OTHER CERTIFIED REGISTERED NURSE ANESTHETISTS.

* INCLUDES ONLY FACILITIES ACCREDITED BY ONE OR MORE OF THE FOLLOWING
ORGANIZATIONS: AAAASF, AAAHC, DNV HEALTHCARE, HFAP, IMQ AND THE
JOINT COMMISSION (HAP, CAH, OBS AND AMB).

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS C1

CERTIFIED REGISTERED NURSE ANESTHETISTS PROVIDING PROFESSIONAL SERVICES
AT LESS THAN 5 ACCREDITED FACILITIES.*

CLASS C2

ALL OTHER CERTIFIED REGISTERED NURSE ANESTHETISTS.

* INCLUDES ONLY FACILITIES ACCREDITED BY ONE OR MORE OF THE FOLLOWING
ORGANIZATIONS: AAAASF, AAAHC, DNV HEALTHCARE, HFAP, IMQ AND THE
JOINT COMMISSION (HAP, CAH, OBS AND AMB).

FILED

Edition Date: 06/01/2009

JUN 01 2010

CRNARC-CW

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETISTS

OCCURRENCE PROGRAM

QUARTERLY INSTALLMENT OPTION

THE FOLLOWING INTEREST FREE INSTALLMENT PAYMENT PLANS ARE AVAILABLE, AT THE INSURED'S REQUEST.

- 4 PAY - 25% DOWN, 3 EQUAL QUARTERLY PAYMENTS THEREAFTER

IF MANUAL PREMIUM IS OVER \$150,000

- 25% DOWN, 9 EQUAL MONTHLY PAYMENTS THEREAFTER

THE COMPANY MAY ASSESS INSTALLMENT FEES. SUCH FEES WILL NOT EXCEED \$25 OR 1% OF THE TOTAL POLICY PREMIUM, WHICHEVER IS LESS, AND WILL NOT EXCEED A TOTAL FEE PAYMENT OF \$100 OVER ANY ONE POLICY TERM.

PREMIUM BEARING ADJUSTMENTS WILL BE SPREAD ACROSS REMAINING INSTALLMENTS IN EQUAL AMOUNTS.

FILED

Edition Date: 06/01/09

QIO-IL

JUN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETISTS

STANDARD CLAIMS MADE PROGRAM

QUARTERLY INSTALLMENT OPTION

THE FOLLOWING INTEREST FREE INSTALLMENT PAYMENT PLANS ARE AVAILABLE, AT THE INSURED'S REQUEST.

- 4 PAY - 25% DOWN, 3 EQUAL QUARTERLY PAYMENTS THEREAFTER
IF MANUAL PREMIUM IS OVER \$150,000

- 25% DOWN, 9 EQUAL MONTHLY PAYMENTS THEREAFTER

THE COMPANY MAY ASSESS INSTALLMENT FEES. SUCH FEES WILL NOT EXCEED \$25 OR 1% OF THE TOTAL POLICY PREMIUM, WHICHEVER IS LESS, AND WILL NOT EXCEED A TOTAL FEE PAYMENT OF \$100 OVER ANY ONE POLICY TERM.

PREMIUM BEARING ADJUSTMENTS WILL BE SPREAD ACROSS REMAINING INSTALLMENTS IN EQUAL AMOUNTS.

INSTALLMENTS ARE NOT AVAILABLE FOR EXTENSION CONTRACT PREMIUM.

FILED

Edition Date: 06/01/09

QIO-IL

JUN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
RISK MANAGEMENT CREDIT RULE

THE INSURED WILL RECEIVE FIVE PERCENT (5%) PREMIUM CREDIT FOR A RISK MANAGEMENT COURSE APPROVED FOR CREDIT BY THE MEDICAL PROTECTIVE COMPANY.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
SCHEDULE RATING PLAN

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR CERTAIN INSURED(S), OR GROUPS OF INSURED(S), WHO IN THE OPINION OF THE MEDICAL PROTECTIVE COMPANY, UNIQUELY QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING, SUBJECT TO A MAXIMUM MODIFICATION OF -25 % / +25 %, TO RECOGNIZE RISK CHARACTERISTICS THAT ARE NOT REFLECTED IN THE OTHERWISE APPLICABLE PREMIUM. ALL MODIFICATIONS APPLIED UNDER THIS SCHEDULE RATING PLAN ARE SUBJECT TO PERIODIC REVIEW.

THE MODIFICATION SHALL BE BASED ON ONE OR MORE OF THE FOLLOWING CONSIDERATIONS:

1. HISTORICAL LOSS EXPERIENCE:
THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.

FILED

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

OCCURRENCE PROGRAM

SCHEDULE RATING PLAN

2. CUMULATIVE YEARS OF PATIENT EXPERIENCE:
THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE, LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.

3. CLASSIFICATION ANOMALIES:
CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.

4. CLAIM ANOMALIES:
ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES OR TRENDS THAT WILL POSTIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).

5. MANAGEMENT CONTROL PROCEDURES:
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

OCCURRENCE PROGRAM

SCHEDULE RATING PLAN

6. NUMBER/TYPE OF PATIENT EXPOSURES:
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSTIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.
7. ORGANIZATIONAL SIZE/STRUCTURE:
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSURED ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.
8. HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW:
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE, (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTH CARE SERVICES BEING RENDERED AND/OR (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.
9. OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES:
ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY OR SEVERITY OF CLAIMS.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
SCHEDULE RATING PLAN

10. TRAINING, ACCREDITATION AND CREDENTIALING:
THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.

11. RECORD-KEEPING PRACTICES:
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

12. UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES:
DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, PROVIDING ABOVE OR BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

THE AFOREMENTIONED MODIFICATIONS CONTEMPLATE THE STANDARD ALLOWANCE FOR EXPENSES AND ARE SUBJECT TO THE MAXIMUM MODIFICATION REFERENCED ABOVE. IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

FILED

The
Medical Protective Company
 Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

OCCURRENCE PROGRAM

SHARED VICARIOUS LIABILITY RATING RULE

A VICARIOUS LIABILITY SURCHARGE WILL BE APPLIED TO PRACTICES EMPLOYING INDEPENDENT CONTRACTORS. THE SURCHARGE IS BASED ON THE AVERAGE WEEKLY HOURS WORKED BY THE INDEPENDENT CONTRACTOR AND IS APPLIED TO THE AVERAGE HEALTHCARE PROFESSIONAL RATE OF THE GROUP.

THIS ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER CLAIM FILED OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE POLICY.

TOTAL # IND. CONTRACTOR WEEKLY HOURS	SURCHARGE
1 TO 19	5%
20 TO 39	10%
40 TO 59	15%
60 TO 79	20%
80 TO 99	25%
100 TO 119	30%
120 TO 139	35%
140 OR 160	40%
MORE THAN 160 HOURS PER WEEK	# OF HOURS/160 X 40% = SURCHARGE

FILED

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
SLOT RATING RULE

COVERAGE FOR GROUPS IS AVAILABLE, AT THE COMPANY'S OPTION, ON A SLOT BASIS. THE SLOT ENDORSEMENT WILL IDENTIFY THE INDIVIDUALS AND SETTINGS THAT ARE COVERED. COVERAGE WILL BE PROVIDED ON A SHARED LIMIT BASIS FOR THOSE INSURED MOVING THROUGH THE SLOT OR POSITION. A MAXIMUM OF TEN (10) INDIVIDUALS SHALL BE NAMED IN A SINGLE SLOT AND HAVE 2000 HOURS OR LESS PER ANNUAL POLICY TERM.

THE APPLICABLE MANUAL RATE WILL BE DETERMINED BY THE CLASSIFICATION OF THE SLOT. SLOT POLICIES WILL BE RATED AS AN OCCURRENCE POLICY.

PREMIUM MODIFICATIONS FOR NEW TO PRACTICE, PART TIME PRACTICE AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

SLOT POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MID-TERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
SOLO CORPORATION COVERAGE

SOLO INDIVIDUAL PROFESSIONAL CORPORATIONS OR ASSOCIATIONS MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE.

THIS ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER CLAIM FILED OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

FILED

JUN 01 2010

SCC-CW

Edition Date: 06/01/09

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
OCCURRENCE PROGRAM
STUDENT/RESIDENT RATING RULE

RESTRICTED COVERAGE IS AVAILABLE FOR HEALTHCARE PROFESSIONAL STUDENTS AND RESIDENTS AT THE FOLLOWING RATE:

SPECIALTY	TYPE	LIMIT	RATE (ANNUAL)
NURSE ANESTHETIST	STUDENT/RESIDENT	\$1M/\$3M	\$275

NO OTHER CREDITS OR DEBITS SHALL APPLY WITH THIS RATING PROGRAM EXCEPT FOR SCHEDULE RATING MODIFICATIONS.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE PROGRAM

ACCELERATED EXTENSION CONTRACT RATING RULE

THE COMPANY MAY AGREE TO WAIVE THE STANDARD REQUIREMENTS FOR QUALIFYING FOR A FREE EXTENDED REPORTING PERIOD ENDORSEMENT AT RETIREMENT IF THE INSURED MEETS THE FOLLOWING CRITERIA:

- 1) THE INSURED IS A MEMBER OF A GROUP PRACTICE THAT IS INSURED ON A CLAIMS-MADE BASIS WITH THE COMPANY.
- 2) THE GROUP REQUESTED THE WAIVER FOR AN INSURED WHO ANTICIPATES PERMANENTLY RETIRING FROM THE PRACTICE OF MEDICINE IN LESS THAN 1 YEAR AND/OR WILL NOT ATTAIN THE REQUIRED NUMBER OF YEARS OF CONTINUOUS CLAIMS MADE COVERAGE AT THE TIME OF RETIREMENT.
- 3) THE INSURED OTHERWISE MEETS THE REQUIREMENTS AS SET FORTH IN THE POLICY FOR A FREE EXTENSION CONTRACT.
- 4) THE COMPANY APPROVED THE GROUP'S REQUEST FOR THE WAIVER AFTER DETERMINING THE INSURED HAD LIMITED PRIOR ACTS EXPOSURE.

THE TOTAL NUMBER OF INSUREDS WITHIN A GROUP PRACTICE THAT MAY QUALIFY FOR THIS WAIVER MAY NOT EXCEED A RATIO OF 1 IN 3.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE PROGRAM

BACKGROUND REVIEW SURCHARGE

ANY INDIVIDUAL HEALTHCARE PROFESSIONAL OR ENTITY THAT INDICATES A HISTORY OF LICENSE, CERTIFICATION OR CHEMICAL/SUBSTANCE ABUSE ISSUES WILL RECEIVE A 25% SURCHARGE.

Edition Date: 06/01/09

FILED

JUN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE

BRS-CW

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
CONVERTIBLE COVERAGE RATING PLAN

INSUREDS SHALL BE PROVIDED THE OPTION, SUBJECT TO UNDERWRITING GUIDELINES, TO CONVERT FROM STANDARD CLAIMS-MADE TO OCCURRENCE COVERAGE. THE INSURED SHALL BE ELIGIBLE FOR CONVERSION AFTER THE FOLLOWING CONDITIONS HAVE BEEN MET:

- 1) PAYMENT TO THE COMPANY OF THE APPLICABLE PREMIUM FOR A MINIMUM OF THREE ANNUAL CLAIMS MADE POLICIES.
- 2) ACHIEVE THREE YEARS OF CONTINUOUS CLAIMS-MADE COVERAGE UNDER THIS PLAN WITH NO CLAIMS* ATTRIBUTED TO THE INSURED.

* A CLAIM UNDER THIS PLAN SHALL NOT BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

AT THE TIME THE AFOREMENTIONED CONDITIONS ARE MET, AND THE INSURED ELECTS TO PURCHASE OCCURRENCE COVERAGE, THE COMPANY WILL ISSUE AN EXTENSION CONTRACT, COVERING SERVICES SUBSEQUENT TO THE RETROACTIVE DATE AND PRIOR TO THE EXPIRATION OF THE CLAIMS-MADE POLICY, AND WILL WAIVE ANY PREMIUM THAT WOULD NORMALLY BE DUE FOR SUCH EXTENSION.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
CONVERTIBLE COVERAGE RATING PLAN

THE APPLICABLE PREMIUM UNDER THIS PLAN SHALL BE EQUAL TO 100% OF THE MANUAL PREMIUM THAT WOULD OTHERWISE BE DERIVED FOR THE INSURED UNDER THE OCCURRENCE PROGRAM.

SHOULD THE INSURED BE UNABLE TO MEET THE CONDITIONS FOR CONVERSION, THE INSURED MAY ELECT TO PURCHASE AN EXTENSION CONTRACT SUBJECT TO POLICY PROVISIONS. REFER TO THE EXTENSION CONTRACT RULE TO DETERMINE THE APPLICABLE PREMIUM.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
DISPOSABLE PRODUCTS RATING RULE

A HEALTHCARE PROFESSIONAL SHALL BE ELIGIBLE FOR A 5% CREDIT PURSUANT TO THE FOLLOWING STIPULATIONS:

- LIMIT THE USE OF A SYRINGE AND/OR NEEDLE ON A PATIENT TO NO MORE THAN ONCE WHEN ADMINISTERING INTRAVENOUS MEDICATIONS AND,
- PROHIBIT THE USE OR REUSE OF THE SAME NEEDLE OR SYRINGE ON MULTIPLE PATIENTS.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE PROGRAM

EXTENDED REPORTING PERIOD RATING RULE

THE PREMIUM FOR THE EXTENDED REPORTING ENDORSEMENT SHALL BE DETERMINED BY APPLYING THE EXTENSION CONTRACT RATING FACTORS CONTAINED IN THE RATES SECTION OF THIS MANUAL TO THE APPLICABLE PREMIUM.

FILED

JUN 01 2010

Edition Date: 06/01/09

ECR-CW

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE PROGRAM

EXTENSION CONTRACT RATING FACTORS

Years Retroactive Date Precedes Expiration Date	Factor
1	0.550
2	0.800
3	0.950
4	0.990
5 or more	1.000

FILED

JUN 01 2010

IL-09-1

ECF-IL

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
FULL TIME EQUIVALENCY RATING RULE

COVERAGE FOR A HEALTHCARE PROFESSIONAL GROUP IS AVAILABLE, AT THE COMPANY'S OPTION, ON A FULL TIME EQUIVALENT (FTE) BASIS RATHER THAN ON AN INDIVIDUAL INSURED BASIS. COVERAGE IS PROVIDED ON AN INDIVIDUAL LIMIT OR SHARED LIMIT BASIS. FULL TIME EQUIVALENCY IS BASED ON EACH HEALTHCARE PROFESSIONAL'S NUMBER OF HOURS OF PRACTICE PER YEAR. THE DEFINITION OF ONE FTE IS BASED ON THE FOLLOWING NUMBER OF HOURS PER YEAR:

2,000	GROUP PRACTICE
1,800	TRAINING/RESIDENCY PROGRAMS

FOR GROUP PRACTICES, THE MINIMUM AVERAGE FTE ASSIGNED TO ANY INDIVIDUAL HEALTHCARE PROFESSIONAL IS .10 (200 HOURS), SUBJECT TO A TOTAL FTE PER POLICY OF NO LESS THAN 1.0. TRAINING/RESIDENCY PROGRAMS (AND OTHER SIMILAR PROGRAMS) ARE NOT SUBJECT TO THE GROUP PRACTICE MINIMUMS.

THE PREMIUM DEVELOPED BY APPLYING THE APPLICABLE HEALTHCARE PROFESSIONAL RATE TO THE CORRESPONDING FTE WILL BE ADJUSTED TO REFLECT LOSS COST CONSIDERATIONS NOT RECOGNIZED IN THE STANDARD RATES.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
FULL TIME EQUIVALENCY RATING RULE

THE FOLLOWING TABLE IDENTIFIES THE APPLICABLE PREMIUM MODIFICATION PER THE NUMBER OF FTE'S IN THE POLICY FOR A SHARED LIMIT:

FTE*	PREMIUM MODIFICATION
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25+	-15.0%

* THE TABLE VALUE IS DETERMINED BY ROUNDING THE ACTUAL FTE PER POLICY USING THE .50 ROUNDING RULE.

PREMIUM MODIFICATION FOR PART TIME PRACTICE, NEW TO PRACTICE AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

FTE POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MID-TERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
GROUP RATING RULE

ANY GROUP PRACTICE CONSISTING OF TWO OR MORE HEALTHCARE PROFESSIONALS MAY BE COLLECTIVELY RATED. ("GROUP PRACTICE" SHALL MEAN A GROUP OR BODY OF INSURED'S WHO MAKE A COLLECTIVE BUYING DECISION TO PURCHASE INSURANCE AS THE OWNERS, EMPLOYEES, OR AGENTS OF A SPECIFIC AND DISTINCT CORPORATION, PARTNERSHIP, OR ASSOCIATION.)

1. THE PREMIUM FOR THE GROUP WILL BE DETERMINED BY MULTIPLYING THE "GROUP'S NET PREMIUM" BY ANY CREDITS OR DEBITS ASSIGNED TO THE GROUP UNDER THE SCHEDULE RATING PLAN, AFTER FACTORING IN ANY COMMISSION FEE OR OTHER EXPENSE VARIATIONS ASSOCIATED WITH THE GROUP. (THE COMPANY WILL NEGOTIATE AN APPROPRIATE COMMISSION WITH THE INSURED'S AGENT BASED UPON THE GROUP'S SIZE AND THE AMOUNT OF WORK TO BE PERFORMED BY THE AGENT. UPON REQUEST, THE COMPANY WILL WRITE THE GROUP ON A NET OF COMMISSION BASIS IF THE GROUP HAS NEGOTIATED A SEPARATE FEE AGREEMENT WITH ITS AGENT.)
2. THE "GROUP'S NET PREMIUM" WILL EQUAL THE SUM OF THE "INDIVIDUAL NET PREMIUMS" FOR EACH INDIVIDUAL OR ENTITY RECEIVING SEPARATE LIMITS OF LIABILITY.

FILED

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
GROUP RATING RULE

3. THE "INDIVIDUAL NET PREMIUMS" WILL EQUAL THE FILED RATE FOR THE INSURED AFTER BEING ADJUSTED FOR ANY APPLICABLE NON-DISCRETIONARY DEBITS OR CREDITS. HOWEVER, ONCE THE PREMIUM FOR THE GROUP HAS BEEN ESTABLISHED, THE COMPANY MAY ALLOCATE THAT PREMIUM AMONG THE INDIVIDUAL INSUREDS BASED UPON APPLICABLE UNDERWRITING CRITERIA.
4. FOR INDIVIDUAL INSUREDS WITHIN THE GROUP, THE EXTENSION CONTRACT PREMIUM WILL BE CALCULATED PER THE FILED EXTENSION CONTRACT RATING RULE.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROFESSIONAL WHO IS ON A LEAVE OF ABSENCE FOR A CONTINUOUS PERIOD OF 45 DAYS OR MORE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE, IF REPORTED TO THE COMPANY WITHIN 30 DAYS. ONLY ONE APPLICATION OF THIS CREDIT MAY BE APPLIED TO AN ANNUAL POLICY PERIOD. LEAVE OF ABSENCE MAY INCLUDE THE FOLLOWING:

- THE BIRTH OF INSUREDS NEWBORN, PLACEMENT OF FOSTER CHILDREN OR INSURED ADOPTS A CHILD, PROVIDED THE LEAVE IS COMPLETED WITHIN 12 MONTHS OF THE BIRTH, PLACEMENT OR ADOPTION.
- TO CARE FOR A SPOUSE, CHILD OR PARENT WHO HAS A SERIOUS HEALTH CONDITION.
- TO CARE FOR INSUREDS OWN HEALTH CONDITION WHICH PREVENTS THE INSURED FROM WORKING.
- TIME TO ENHANCE THE INSUREDS EDUCATION OR OTHER REASON WHILE NOT PRACTICING.

THIS CREDIT IS NOT AVAILABLE TO AN INSUREDS LEAVE OF ABSENCE FOR VACATION PURPOSES. THE MINIMUM PREMIUM RATING RULE APPLIES TO INSUREDS ELIGIBLE FOR THE LEAVE OF ABSENCE CREDIT.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
LOCUM TENENS

COVERAGE FOR A HEALTHCARE PROFESSIONAL SUBSTITUTING FOR AN INSURED HEALTHCARE PROFESSIONAL WILL BE LIMITED TO COVER ONLY PROFESSIONAL SERVICES RENDERED ON BEHALF OF THE INSURED HEALTHCARE PROFESSIONAL FOR THE SPECIFIED TIME PERIOD. LOCUM TENENS WILL SHARE IN THE HEALTHCARE PROFESSIONAL'S LIMIT OF LIABILITY. NO ADDITIONAL CHARGE WILL APPLY FOR THIS COVERAGE.

THE LOCUM TENENS HEALTHCARE PROFESSIONAL MUST COMPLETE AN APPLICATION AND SUBMIT IT TO THE COMPANY IN ADVANCE FOR APPROVAL PRIOR TO THE REQUESTED EFFECTIVE DATE.

LOCUM TENENS COVERAGE IS NOT AVAILABLE FOR INSURED WHO ARE COVERED ON A 500 HOUR OR LESS MOONLIGHTING POLICY.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE PROGRAM

MEMBERSHIP ASSOCIATION CREDIT

A PREMIUM CREDIT OF 5% SHALL BE GIVEN TO THOSE INSURED WHO ARE A MEMBER OF A DESIGNATED MEDICAL PROTECTIVE HEALTHCARE PROFESSIONAL ASSOCIATION.

FILED

JUN 01 2010

MAC-CW

Edition Date: 06/01/09

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROFESSIONAL WHO IS ON A MILITARY LEAVE OF ABSENCE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE.

THE MINIMUM PREMIUM RATING RULE DOES NOT APPLY TO INSURED THAT ARE ELIGIBLE FOR THE MILITARY LEAVE OF ABSENCE CREDIT.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
MINIMUM PREMIUM REQUIREMENT RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF \$250. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELLED AS OF THE INCEPTION DATE.

FILED

JUN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Edition Date: 06/01/09

MPR-CW

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
MOONLIGHTING RATING RULE

MOONLIGHTING PRACTITIONERS MAY BE ELIGIBLE FOR COVERAGE AT A REDUCED RATE.

MOONLIGHTING PRACTITIONERS MEANS ANY INDEPENDENT CONTRACTOR OR HEALTHCARE PROFESSIONAL WHO DOES NOT HAVE COVERAGE UNDER ANY OTHER VALID AND COLLECTIBLE INSURANCE OR ANY SELF-INSURANCE PLAN. THE MOONLIGHTING PRACTITIONER MUST PROVIDE MOONLIGHTING SERVICES LESS THAN 1,000 HOURS ANNUALLY TO BE ELIGIBLE FOR THE REDUCED PREMIUM, AS OUTLINED IN THE FOLLOWING SCHEDULE:

0-1000 HOURS ANNUALLY 50%

NO OTHER CREDITS CAN BE APPLIED IN CONJUNCTION WITH THIS RATING RULE EXCEPT THE DISPOSABLE PRODUCTS CREDIT.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
NEW TO PRACTICE CREDIT

A PRACTITIONER IN THEIR FIRST YEAR OF PRACTICE, AFTER GRADUATION, WILL RECEIVE A 50% CREDIT APPLIED TO CURRENTLY FILED RATES.

A PRACTITIONER IN THEIR SECOND YEAR OF PRACTICE, AFTER GRADUATION, WILL RECEIVE A 25% CREDIT APPLIED TO CURRENTLY FILED RATES.

NEW TO PRACTICE CREDITS CANNOT BE APPLIED IN COMBINATION WITH MOONLIGHTING OR PART TIME CREDITS.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
PARTNERSHIP OR CORPORATION COVERAGE

THE PREMIUM WILL EQUAL 10% OF THE SUM OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS AND EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION.

LIMITS OF COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS, OR EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
PART TIME PRACTICE CREDIT RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,000 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE:

AVERAGE NUMBER OF HOURS PRACTICED PER WEEK:	0-20
MAX. AGGREGATE HOURS PER YEAR	1,000
CREDIT	50 %

NO OTHER CREDITS OR DISCOUNTS ARE TO APPLY CONCURRENT WITH THIS RULE EXCEPT RISK MANAGEMENT CREDIT, DISPOSABLE PRODUCTS CREDIT, MEMBERSHIP ASSOCIATION CREDIT OR SCHEDULE RATING MODIFICATIONS.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
PRIOR ACTS COVERAGE

THE POLICY SHALL BE EXTENDED TO PROVIDE PRIOR ACTS COVERAGE IN ACCORDANCE WITH THE APPLICABLE RETROACTIVE DATE(S). THE RETROACTIVE DATE CAN BE ADVANCED ONLY WITH THE WRITTEN ACKNOWLEDGEMENT OF THE INSURED AND THE APPROVAL BY THE COMPANY.

FILED

JUN 01 2010

PAC-CW

Edition Date: 06/01/09

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
RISK MANAGEMENT CREDIT RULE

THE INSURED WILL RECEIVE FIVE PERCENT (5%) PREMIUM CREDIT FOR A RISK MANAGEMENT COURSE APPROVED FOR CREDIT BY THE MEDICAL PROTECTIVE COMPANY.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
SCHEDULE RATING PLAN

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR CERTAIN INSURED(S), OR GROUPS OF INSURED(S), WHO IN THE OPINION OF THE MEDICAL PROTECTIVE COMPANY, UNIQUELY QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING, SUBJECT TO A MAXIMUM MODIFICATION OF -25 % / +25 %, TO RECOGNIZE RISK CHARACTERISTICS THAT ARE NOT REFLECTED IN THE OTHERWISE APPLICABLE PREMIUM. ALL MODIFICATIONS APPLIED UNDER THIS SCHEDULE RATING PLAN ARE SUBJECT TO PERIODIC REVIEW.

THE MODIFICATION SHALL BE BASED ON ONE OR MORE OF THE FOLLOWING CONSIDERATIONS:

1. HISTORICAL LOSS EXPERIENCE:
THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.

FILED

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN

2. CUMULATIVE YEARS OF PATIENT EXPERIENCE:
THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE, LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.
3. CLASSIFICATION ANOMALIES:
CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.
4. CLAIM ANOMALIES:
ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES OR TRENDS THAT WILL POSTIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).
5. MANAGEMENT CONTROL PROCEDURES:
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

FILED

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN

6. NUMBER/TYPE OF PATIENT EXPOSURES:
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSTIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.
7. ORGANIZATIONAL SIZE/STRUCTURE:
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSUREDS ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.
8. HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW:
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE, (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTH CARE SERVICES BEING RENDERED AND/OR (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.
9. OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES:
ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY OR SEVERITY OF CLAIMS.

FILED

JUN 01 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
SCHEDULE RATING PLAN

10. TRAINING, ACCREDITATION AND CREDENTIALING:
THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.
11. RECORD-KEEPING PRACTICES:
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.
12. UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES:
DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, PROVIDING ABOVE OR BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

THE AFOREMENTIONED MODIFICATIONS CONTEMPLATE THE STANDARD ALLOWANCE FOR EXPENSES AND ARE SUBJECT TO THE MAXIMUM MODIFICATION REFERENCED ABOVE. IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

FILED

The
Medical Protective Company
 Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

STANDARD CLAIMS MADE PROGRAM

SHARED VICARIOUS LIABILITY RATING RULE

A VICARIOUS LIABILITY SURCHARGE WILL BE APPLIED TO PRACTICES EMPLOYING INDEPENDENT CONTRACTORS. THE SURCHARGE IS BASED ON THE AVERAGE WEEKLY HOURS WORKED BY THE INDEPENDENT CONTRACTOR AND IS APPLIED TO THE AVERAGE HEALTHCARE PROFESSIONAL RATE OF THE GROUP.

THIS ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER CLAIM FILED OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE POLICY.

TOTAL # IND. CONTRACTOR WEEKLY HOURS	SURCHARGE
1 TO 19	5%
20 TO 39	10%
40 TO 59	15%
60 TO 79	20%
80 TO 99	25%
100 TO 119	30%
120 TO 139	35%
140 OR 160	40%
MORE THAN 160 HOURS PER WEEK	# OF HOURS/160 X 40% = SURCHARGE

FILED

Edition Date: 06/01/09

SVL-CW

JUN 01 2010

STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
SLOT RATING RULE

COVERAGE FOR GROUPS IS AVAILABLE, AT THE COMPANY'S OPTION, ON A SLOT BASIS. THE SLOT ENDORSEMENT WILL IDENTIFY THE INDIVIDUALS AND SETTINGS THAT ARE COVERED. COVERAGE WILL BE PROVIDED ON A SHARED LIMIT BASIS FOR THOSE INSUREDS MOVING THROUGH THE SLOT OR POSITION. A MAXIMUM OF TEN (10) INDIVIDUALS SHALL BE NAMED IN A SINGLE SLOT AND HAVE 2000 HOURS OR LESS PER ANNUAL POLICY TERM.

THE APPLICABLE MANUAL RATE WILL BE DETERMINED BY THE CLASSIFICATION OF THE SLOT. SLOT POLICIES WILL BE RATED AS A STANDARD CLAIMS MADE POLICY, UTILIZING THE RETROACTIVE DATE OF THE SLOT. EXTENSION CONTRACT COVERAGE MAY BE PURCHASED FOR THE SLOT BASED ON THE APPLICABLE RETROACTIVE DATE, CLASSIFICATION AND LIMITS.

PREMIUM MODIFICATIONS FOR NEW TO PRACTICE, PART TIME PRACTICE AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

SLOT POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MID-TERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

FILED

Edition Date: 06/01/09

JUN 01 2010

SRR-CW

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CERTIFIED REGISTERED NURSE ANESTHETIST
STANDARD CLAIMS MADE PROGRAM
SOLO CORPORATION COVERAGE

SOLO INDIVIDUAL PROFESSIONAL CORPORATIONS OR ASSOCIATIONS MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE.

THIS ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER CLAIM FILED OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

FILED

Edition Date: 06/01/09

JUN 01 2010

SCC-CW

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS